



TABLE OF ANNUAL MAXIMUM REIMBURSABLE BENEFITS

Annual Maximum Renewable per Insured

Coverage

Medical Providers' Network: - within Panama out of Panamá

Deductible per Policy-Year, per Insured:

Panama, Colombia and Central America (PCC)

Other Countries

Emergencies

Elective or scheduled surgery

Stop Loss per Policy-Year, per Insured:

US\$2,000,000.00 **Panama and International** Does not Apply **BCBS** -Traditional Network

Selected Option

US\$1,000 / 1,500/ 2,000 / 4,000 / 10,000 / 20,000

Amount equal to PCC

Amount equivalent to twice the amount of PCC,

Minimum: US\$5,000 **Does not Apply**

HOSPITAL ADMISSION – Pre-Authorization Required

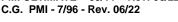
a.	Private Room in Panama, Colombia and Central America	
	Semi-Private Room in Other Countries	
b.	Intensive and Semi-intensive Care	
C.	Hospital Services (Miscellaneous charges).	Panama, Colombia and Central America
	Tests greater than US\$200.00 - Pre-Authorization Required	100% No Deductible applies
d.	Surgery: Medical Fees	
	Surgical Assistant - Pre-Authorization Required	Other Country:
e.	Anaesthesia: Medical Fees - Pre-Authorization Required	100% after the applicable deductible
f.	Inpatient Medical Visits: Medical Fees	
	 Treating Physician – One (1) visit a day. 	
	In excess: Pre-Authorization Required	
	 Specialized Physician Fees – Pre-Authorization Required 	

OUTPATIENT SERVICES

Outration Madical Consultations	4000/ effects and a ship to
Outpatient Medical Consultations	100% after the applicable deductible
X-rays and Laboratory	100% after the applicable deductible
Special Tests – Pre-Authorization Required	100% after the applicable deductible
Diagnostic tests or studies – Pre-Authorization Required	100% after the applicable deductible
Special Procedures – Pre-Authorization Required	100% after the applicable deductible
Prescription medications	100% after the applicable deductible
	100% after the applicable deductible
Acupuncture	Maximum per year: Five (5) sessions
	Maximum for life: Twenty (20) sessions
Okinamaatia	100% after the applicable deductible
Chiropractic	Maximum per year: Twenty (20) sessions
Physical and Rehabilitation Therapies	100% after the applicable deductible
In Excess of Annual Maximum - Pre-Authorization Required	Maximum per year: Twenty (20) sessions
Hemodialysis, Chemotherapies and Radiotherapies Pre-Authorization Required	100% after the applicable deductible
Targeted treatment, immunotherapy, monoclonal and hormone therapy	100% after the applicable deductible
	100% after the applicable deductible
Durable Medical Equipment - Pre-Authorization Required	Maximum for life: US\$10,000.00
Evapraethasis or Orthotics: Artificial arms, hands, logs, and feet	100% no deductible applies
Exoprosthesis or Orthotics: Artificial arms, hands, legs and feet	Maximum per year: US\$25,000.00
Pre-Authorization Required	Maximum for life: US\$100,000.00



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EMERGENCY ROOM

a.	Accident	100% no deductible applies
b.	Listed critical Diseases	100% no deductible applies
C.	Non-listed critical Diseases	80% no deductible applies

OUTPATIENT SURGERY – Pre-Authorization Required

Medical Fees and Miscellaneous Charges a. Performed in a hospital, clinic or outpatient surgery center	Panama, Colombia and Centroamérica 100% no deductible applies
Performed in a Doctor's office	Other Country: 100% after the applicable deductible

MATERNITY - Applies to Main Insured or Spouses, Single or Married

Waiting Period	Twelve (12) months to cover expenses, from the date of inclusion of the Insured.
Coverage:	
Panama, Colombia and Central America	As any other covered condition
Other Countries	Maximum per Event: US\$20,000.00
Hospital Admission: Pre-Authorization Required Includes: • Suite-type room • Anaesthesia (Epidural) in Normal Delivery	Panama, Colombia and Central America 100% no deductible applies Other Country: 100% after the applicable deductible
 Salpingectomy Outpatient Services: Consultations, Labs, Vitamins, Medications and Pre-Natal Fetal Monitoring Obstetrical Ultrasounds 	100% after the applicable deductible
 Structural Ultrasounds, 4D 	Maximum per Event: Two (2)
Stem Cell Storage	50% after the applicable deductible Maximum per Event: US\$3,000.00
a. Healthy Newborns - Children born under the policy.	100% no deductible applies
b. Premature Newborns – Children born under the policy	100% no deductible applies Maximum per Event: US\$100,000.00

CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

Covered Medical Expenses per service and/or procedure detailed in	
this table, such as: Hospital Admission, Emergency Room, Outpatient	
Services, Outpatient Surgeries and Transplants.	
	100% no deductible applies
a. Newborn under the policy	Maximum for life Each child: US\$150,000.00
b. Not born under the policy	100% after the applicable deductible
Waiting Period:Two (2) years	Maximum for life: US\$150,000.00



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PLANMÉDICO INTERNACIONAL

MEDICINA PREVENTIVA: - Applies only in Panama

<u>Children:</u> - Control Consultation, up to 6 years of age.	100% no deductible applies
- Control Vaccines: BCG (Tuberculosis), DPT (Diphtheria, Pertussis, Tetanus), MMR or SPR (Measles, Rubella, Mumps), Polio (Poliomyelitis), Hepatitis A, Hepatitis B, Hibtiter (Meningitis), Varicella (Chickenpox), Pentavalent (Diphtheria, Tetanus, Pertussis, Meningitis due to Haemophilus Type B and Hepatitis B), Rotavirus and Pneumococcus.	100% no deductible applies
-HPV vaccine for boys and girls (3 applications)	100% no deductible applies
Women: Not applicable to dependent daughters - Annual Gynecological consultation and Papanicolaou's test	100% no deductible applies
- Annual Mammography from the age of 35 years.	100% no deductible applies
- Annual control Tests from the age of 45 years: Hemogram, Glycaemia, Lipid Profile, Urinalysis, Chest X-Ray, EKG, and General Physical Examination.	100% no deductible applies Maximum per year: US\$300.00
Men: - Annual blood PSA from the age of 35 years.	100% no deductible applies
- Annual control examination from the age of 45 years: Hemogram, Glycaemia, Lipid Profile, Urinalysis, Chest X-Ray, EKG, and General Physical Examination.	
Dental Cleaning: (Prophylaxis) Applies to all Insureds.	100% no deductible applies Maximum per year: One (1) Consultation

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Covered Medical Expenses for services and/or procedures listed in	100% no deductible applies
this table, such as: Hospital Admission, Emergency Room and	Maximum per year: US\$50,000.00
Outpatient Services.	Maximum for Life: US\$250,000.00

MENTAL AND NERVOUS DISORDERS - Psychiatric Treatments

this table, such as: Hospital Admission, Emergency Room and Maximum per year: U\$\$5,000.00	Covered Medical Expenses for services and/or procedures listed in	100% after the applicable deductible
Outpotient Comings	this table, such as: Hospital Admission, Emergency Room and	Maximum per year: US\$5,000.00
Outpatient Services.	Outpatient Services.	Maximum for Life: US\$50,000.00

DENTAL

Covered Medical Expenses for services and/or procedures listed in	
this table, such as: Hospital Admission, Emergency Room, Outpatient	100% after the applicable deductible
Services and Outpatient Surgeries. It does not apply to treatments	Maximum per year: US\$5,000.00
and/or procedures for control, maintenance or esthetic purposes.	

ORGAN AND TISSUE TRANSPLANT

I Walting Period	Six (6) months from the date of inclusion of the Insured to cover expenses.
Covers surgical procedures for transplantation of organs or tissues into the body of an Insured from a deceased or living donor. Includes the donor's expenses.	100% no deductible applies Maximum for Life: US\$1,000,000.00



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PRIVATE NURSE SERVICES - Pre-Authorization required

,	
	100% after the applicable deductible
Duly licensed and registered graduate nurses.	Maximum for Life: 30 shifts of Eight (8)
	hours each

HOME CARE AND TERMINAL OR PALLIATIVE CARE - Previous Authorization Required

a. Home Care:	100% after the applicable deductible
Up to 30 days	Maximum per day: US\$300.00
b. Terminal or Palliative Care:	100% after the applicable deductible
Up to 60 days	Maximum per day: US\$300.00

AMBULANCE SERVICES - Panama and International

a.	Land	100% after the applicable deductible
	* Private Ambulance for Emergencies	100% Membership included in Panama
b.	Air	100% after the applicable deductible

AIR TICKET - Pre-Authorization Required

Applies to Main Insured and one accompanying person. Only for Hospitalization of an Insured and according to medical necessity.	100% no deductible applies Round air ticket Economic class
	Economic class

LODGING OF AN ACCOMPANYING PERSON - Pre-Authorization Required

Applies only for days of nospitalization of an insured and according to	
	Maximum for Life: Ninety (90) days

REPATRIATION EXPENSES

In the event of the death of an Insured outside the Republic of Pana	ama 100% no deductible applies
	Maximum per Event: US\$10,000.00

ADDITIONAL BENEFITS - Applies to Main Insured and Dependents

Optical coverage – Purchase of Prescription Eyeglasses	100% no deducible applies
Nutritionist coverage	Maximum per Year: US\$200.00
Nutritionist coverage	Maximum per Year: US\$250.00

DAILY INCOME OR RENT FOR HOSPITALIZATION

Applies to Main Insured only.	100% no deductible applies
Benefit is covered as of the second day of hospitalization	Maximum per Day:US\$100.00
	Maximum for Life: US\$36,500.00

PREMIUM PAYMENT EXEMPTION

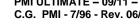
For insured dependents, in the event of death of the Main Insured	100% of the premium
due to a condition covered by the policy.	Maximum Period: Twelve (12) months.

LIFE INSURANCE

Mail Insured	US\$50,000.00
Spouse	US\$25,000.00
Each child	US\$10,000.00



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MEDICAL CARE OUTSIDE PANAMA:

- Subject to Prior Authorization and Approval by the Company.
- Applies to the Insured's medical condition in elective or scheduled cases, except policies with the Premium Endorsement.
- o Requires the use of providers within the Blue Cross and Blue Shield System Network.

• Deductibles:

- Panama, Colombia and Central America (PCC): Applies an amount equal to the deductible indicated in the
 particular conditions of the policy, for medical expenses incurred and covered within the territory of the
 Republic of Panama, Colombia and any Central American country, whether for Medical Emergency due to
 accident or illness, or for Elective and scheduled cases, for the Benefits that apply as established in this table.
- Other Countries: Applies to medical expenses incurred and covered in any country in the world except Panama, Colombia and Central America, for the Benefits that apply as set forth in this table and as detailed below.
 - Emergency Medical Accident and Illness: Applies an amount equal to the deductible of Panama, Colombia and Central America, as established in the particular conditions of the policy.
 - Elective or Scheduled Treatments: Applies an amount equivalent to double the deductible of Panama, Colombia and Central America, as established in the particular conditions of the policy, with a minimum of US\$5,000.00, except for the US\$10,000 and US\$20,000 deductible options, which will apply an equal deductible, without duplicating them.
- The amount of deductible accumulated in Panama, Colombia and Central America does not apply to complete
 or accumulate the deductible corresponding to other countries.

• Benefits Covered:

- o Do not apply to Preventive Medicine Benefit.
- o Reimbursements of Charges for Outpatient Services apply against receipt.
- Applies to the other benefits described in this table, based on the conditions and limits described for Panama,
 Colombia and Central America, unless otherwise indicated for Other Countries, according to the scenarios detailed below:
 - Pre-Authorization and Approval by the Company with BCBS Network Providers
 - No Pre-Authorization or Approval by the Company
 - Pre-Authorization and Approval by the Company with Providers outside the BCBS Network

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- Pre-Authorization and No Approval by the Company, according to medical condition – Elective or Scheduled Treatments
- Benefit is covered and a deductible amount applies, as indicated above.
- Benefit is covered but it is reduced to a 50% reimbursement and a deductible amount applies, as indicated above.
- Benefit is covered but it is reduced to a 60% reimbursement and a deductible amount applies, as indicated above.
- Benefit is covered but it is reduced to a 50% reimbursement for URA charges in Panama and applies a deductible amount for Panama, Colombia and Central America (PCC).

Esta información se debe tomar solo como ilustración, para los términos y condiciones contractuales refiérase al contrato póliza.



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