

TABLE OF MAXIMUM REIMBURSABLE BENEFITS

Lifetime Maximum Limit per Insured	US\$500,000.00
Coverage	Panama, Central America and Colombia (PCC)
Providers Network:	Medired BCBS – PPO Network
Deductible per Policy Year per Insured	Alternatives: A - Without Deductible in Panama, Central America and Colombia B - US\$5,000.00 in Panama, Central American and Colombia C - US\$10,000.00 in Panama, Central America and Colombia

DISEASES OR CONDITIONS COVERED:

Annual Maximum Limit per Insured

Neurological Diseases	US\$150,000.00
Heart Surgery and Cardioplasty	US\$150,000.00
Cancer	US\$200,000.00
Poly-trauma	US\$125,000.00
Chronic Renal Insufficiency	US\$125,000.00
Third-degree Burns	US\$200,000.00
Organ Transplants	US\$250,000.00
- Heart	US\$300,000.00
- Heart and Lung	US\$250,000.00
- Lung	US\$250,000.00
- Pancreas	US\$250,000.00
- Pancreas and Kidney	US\$300,000.00
- Kidney	US\$200,000.00
- Liver	US\$200,000.00
- Bone Marrow	US\$250,000.00

BENEFITS COVERED are those listed below which will be covered in accordance with the limits and conditions set forth for each benefit and as described in the Diseases or Conditions Covered section of this table, up to the Annual or Lifetime Limit established for each benefit per Insured, except those benefits for airfare, lodging for one accompanying person, repatriation expenses and funeral expenses, which limits shall apply in addition to those established for the Diseases or Conditions Covered section, provided that all covered expenses do not exceed the Lifetime Maximum Limit per Insured, subject to all conditions, exclusions and limitations established in the Policy Contract.

HOSPITAL ADMISSION – Pre-Authorization Required

a. Hospital Room and Food per day: Private Room in Panama, Central America and Colombia	100% after the applicable Deductible
b. Intensive Care	
c. Hospital Services (Miscellaneous charges) Tests: costs higher than US\$200.00 Pre-Authorization Required	
d. Surgery (Medical Fees) Surgical Assistant – Pre- Authorization Required	
e. Anesthesiologist (Medical Fees) Assistant Anesthesiologist –Pre-Authorization Required	
f. Inpatient Medical Visits (Medical Fees) <ul style="list-style-type: none"> • Treating Physician - One (1) visit a day More than one visit requires Pre-Authorization • Additional Physician - Requires Pre-Authorization 	

OUTPATIENT SERVICES

Outpatient Consultations with a General Physician and Specialist.	100% Reimbursement after the applicable Deductible
X-Rays and Laboratory – Tests whose combined cost exceeds US\$100.00 require Pre-Authorization.	100% Reimbursement after the applicable Deductible
Special Tests – Pre-Authorization Required	100% Reimbursement after the applicable Deductible
Prescription Medications <ul style="list-style-type: none"> Innovative or Commercial Bioequivalent or Generic 	100% Reimbursement after the applicable Deductible 100% Reimbursement after the applicable Deductible
Physical or Rehabilitation Therapies Maximum sessions per year In excess of the maximum number of Sessions – Pre-Authorization Required	100% Reimbursement after the applicable Deductible Twenty (20) sessions
Chemotherapies, Radiotherapies and Hemodialysis Outpatient Sessions– Pre-Authorization Required	100% Reimbursement after the applicable Deductible
Targeted treatment, immunotherapy, monoclonal and hormone therapies. Applies only to Cancer diseases covered Pre-Authorization Required	100% Reimbursement after the applicable Deductible Annual Maximum Limit US\$50,000.00

EMERGENCY ROOM

Accident and Diseases Covered	100% No Deductible applies
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OUTPATIENT SURGERY – Pre-Authorization Required

a. Performed in a Hospital, Clinic or Outpatient Surgery Center (Miscellaneous charges and Medical Fees)	100% After the applicable Deductible
b. Performed in a Doctor's Office (Miscellaneous Charges and Medical Fees)	100% After the applicable Deductible

AMBULANCE SERVICES

Local: Land Air - Pre-Authorization Required	100% after the applicable Deductible 100% after the applicable Deductible Maximum per Event: US\$1,500.00
International: Land or Air - Pre-Authorization	100% After the applicable Deductible Maximum per Event US\$15,000.00

AIR TICKET

Insured and one Accompanying Person Applies only to Insured's hospitalization for a covered medical condition and in a country covered by the Policy Pre-Authorization Required.	100% Reimbursement after the applicable Deductible Round Air Ticket Economic Class
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LOGGING OF AN ACCOMPANYING PERSON

Applies only for the days of hospitalization of the Insured due to a covered medical condition and in the country covered by the Policy. Pre-Authorization required	100% Reimbursement after the applicable Deductible US\$120.00 per day Maximum: 30 days
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REPATRIATION EXPENSES

In case an Insured dies outside the Republic of Panama due to a medical condition covered and in a country covered by the Policy.	100% Reimbursement after the applicable Deductible Up to US\$5,000.00
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FUNERAL EXPENSES

In case an Insured dies due to a medical condition covered and in a country covered by the Policy	100% Reimbursement after the applicable Deductible Up to US\$2,500.00
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SERVICES OUTSIDE THE PANAMA PROVIDERS NETWORK

Applies to all benefits listed in this table	60% Reimbursement of the costs agreed with Providers in Panama
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MEDICAL CARE OUTSIDE PANAMA:

- o Subject to Prior Authorization and Approval by the Company.
- o Applies to Insured's medical condition in elective or scheduled cases.
- o Requires the use of providers within the Blue Cross and Blue Shield Network System (PPO).

• Deductibles:

- o Panama, Central America and Colombia (PCC): The deductible amount detailed in this table applies to the studies analyzed and/or medical expenses incurred and covered within the territory of the Republic of Panama, Colombia and any Central American country (PCC), whether for Emergency Medical Services due to accident or illness, or for Elective and Scheduled cases.

• Benefits Covered:

- o Applies only to Covered Diseases or Conditions.
- o Charges for Outpatient Services apply against reimbursement.
- o Other benefits apply based on the conditions and limits described in this table according to the scenarios detailed below:

<ul style="list-style-type: none"> • Pre-Authorization and Approval by the Company with BCBS Network Providers. • No Pre-Authorization or Approval by the Company, except in case of emergencies, as indicated in the General Conditions. • Pre-Authorization and Approval by the Company with Providers outside the BCBC Network. • Pre-Authorization and Non-approval by the Company, according to medical condition – Elective or Scheduled Treatments 	<ul style="list-style-type: none"> • Subject to applicable deductible and benefits according to the Table of Benefits. • Not Applicable Coverage • Subject to applicable deductible and reimbursable benefits at 50% • Subject to Panama, Central America and Colombia deductible and reimbursable benefits at 50% of the agreed charges with Providers in Panama
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