



TABLE OF BENEFITS MEDIRED ELITE

Lifetime Maximum	B/.500,000.00
Coverage	Local and International
Network Providers:	Medired
- Local	BCBS – PPO
- International	
Deductible per policy year:	
- Panama and Central America	B/.300.00
- Other Countries	
* Emergencies	B/.1,000.00
* Elective Cases	B/.7,000.00
Stop Loss per policy year	B/.10,000.00

IN PATIENT EXPENSES – Preauthorization required

<p>Hospitals: Panama City: San Fernando, Santa Fe, Paitilla, Punta Pacifica and Hospital Nacional Colon and Interior: Hospitals in Network</p> <p>a. Daily Room and Board – Private Room</p> <p>b. Intensive Care Unit</p> <p>c. Miscellaneous Hospital Charges Exams greater than B/.200.00 – Preauthorization required</p> <p>d. Surgeon Fees Assistant Surgeon – Preauthorization required</p> <p>e. Anesthesiologist Fees</p> <p>f. Inpatient Visits</p> <ul style="list-style-type: none"> • Main Physician Visits – 1 visit a day. Additional visits requires preauthorization • Additional Specialist Visits – Preauthorization required 	<p style="text-align: center;">HOSPITALS IN PANAMA</p> <p>B/.150.00 per day copayment in San Fernando and Santa Fe. B/.200.00 per day copayment in Punta Pacifica and Paitilla. B/.250.00 per day copayment in Hospital Nacional up to 4 days. From the 5th to the 10th day of hospitalization will be covered at 100%. From the 11th day of hospitalization, eligible expenses will be covered at 80% with a coinsurance of 20%.</p> <p style="text-align: center;">HOSPITALS IN THE INTERIOR AND COLON</p> <p>B/.100.00 per day copayment up to 4 days. From the 5th to the 10th day of hospitalization will be covered at 100%. From the 11th day of hospitalization, eligible expenses will be covered at 80% with a co-insurance of 20%</p>
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OUTPATIENT EXPENSES

General Physician (Satellite Clinics)	100% No Copayment
General Physician in network	Copayment B/.12.00
Specialist Physician in network	Copayment B/.20.00
Sub Specialist Physician in network	Copayment B/.25.00
X Rays and Laboratory Tests – Exams with total costs greater than \$100 – Preauthorization required	Copayment 25%
Special Exams – Preauthorization required	Copayment 30%
Prescription Drugs	80% after deductible





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Acupuncture – Pre Authorization required Maximum per policy year Lifetime Maximum	Copayment B/.15.00 5 sessions 20 sessions
Chiropractic Care – Pre authorization required Maximum per policy year	Copayment B/.15.00 20 sessions
Physical Therapy and Rehabilitation Maximum per policy year In excess of the annual limit, pre authorization required	Copayment B/.10.00 15 sessions
Inhaloteraphy and Immunizations	Copayment B/.10.00
Chemotherapy, Radiation Therapy, Hemodialysis Preauthorization required	Copayment 30% by session
Durable Medical Equipment – Preauthorization required	80% alter deductible B/.2,500.00 Maximum Lifetime

EMERGENCY ROOM

a. Accident and Detailed Illness (*)	100%, No Copayment
b. No Detailed Illness	Copayment B/.75.00

AMBULATORY SURGERY – Preauthorization required

a. In Hospital Facility (Miscellaneous Charges and Physician Fees) Panama: San Fernando, Santa Fe and Ambulatory Centers Panama: Punta Pacifica y Paitilla Panama: Hospital Nacional Colon and Interior	Copayment B/.200.00 per event Copayment B/.300.00 per event Copayment B/.350.00 per event Copayment B/.150.00 per event
b. In Doctor's Office (Miscellaneous Charges and Physician Fees)	Copayment 30% per event

MATERNITY (Applies to principal insured and spouse. Single or married women)

Waiting period	12 months to get pregnant. Maternity will be covered if the pregnancy begins the first day of 13 th month.
Maximum per event	B/.5,000.00
Pre Natal Care and Hospitalization	
- Pre-Natal Visits: Up to 8 per event	Copayment B/.20.00
- Ultrasounds: Up to 3 per event	Copayment 25%
- Hospitalization	Under hospitalization copayment
Maternity coverage includes: Childbirth, abortions, complications and healthy newborn	
Newborn Coverage	100% up to B/.5,000.00 per event
Premature Newborn	100% up to B/.15,000.00 per event

NEONATAL CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

Only for children born under the policy	B/.30,000.00 Lifetime maximum 100% per child
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ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Maximum per policy year	100% up to B/.5,000.00
Lifetime Maximum	100% up to B/.25,000.00

NERVOUS AND MENTAL DISORDERS (PSYCHIATRIC)

Maximum per policy year	80% after deductible B/.1,000.00
Lifetime Maximum	B/.25,000.00

DENTAL COVERAGE

Maximum per policy year	80% after deductible B/.500.00
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ORGAN TRANSPLANT

Lifetime Maximum	80%, no deductible B/.250,000.00
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NURSING CARE

Preauthorization required	100%, maximum 30 sessions 8 hours each session
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AMBULANCE

Local	
▪ Ground ambulance	100% up to B/.100.00
▪ Air ambulance - Preauthorization required	100% up to B/.1,000.00
International	
▪ Ground or Air Ambulance - Preauthorization required	80% up to B/.10,000.00, no deductible

PREVENTIVE CARE MEDICINE

<p>Healthy Child Control</p> <ul style="list-style-type: none"> • Routine Consultation <table style="margin-left: 20px; border: none;"> <tr> <td style="padding-right: 20px;">0 to 12 months</td> <td>Up to 8 visits per year</td> </tr> <tr> <td>13 to 24 months</td> <td>Up to 4 visits per year</td> </tr> <tr> <td>3 to 6 years</td> <td>Up to 2 visits per year</td> </tr> </table> ▪ Annual control tests (Hemogram, stool, urinalysis, glucose) • Vaccines BCG, Diphtheria + Tetanus, DTaP, Hepatitis A, Hepatitis B, Hibtiter, MMR, Neumococo, Poly IM, Rotavirus, Varicella. ▪ HPV Vaccine for children (3 applications) 	0 to 12 months	Up to 8 visits per year	13 to 24 months	Up to 4 visits per year	3 to 6 years	Up to 2 visits per year	Copayment 50%
0 to 12 months	Up to 8 visits per year						
13 to 24 months	Up to 4 visits per year						
3 to 6 years	Up to 2 visits per year						





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Women (do not apply to dependent daughters) <ul style="list-style-type: none"> ▪ Annual Control and PAP Smear Test ▪ Annual Mammography after the age 40 	Copayment 50%
Men <ul style="list-style-type: none"> ▪ PSA test after the age 40 	Copayment 50%

REPATRIATION OF REMAINS

If the insured dies outside the Republic of Panama	100% up to B/.5,000.00
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COVERAGE OUTSIDE OF PANAMA:

- Applies to all benefits indicated in this Table (with the exception of Preventive Medicine) and according to the limits indicated.
- Benefits are covered at 80% after the deductible indicated
- Pre-authorization and approval is required, and the medical condition in elective and programmed cases.
- Required to use providers of the Blue Cross and Blue Shield (PPO) Network
- **Deductibles:**
 - Panama and Central America: Applies for all covered medical expenses incurred in the territory of the Republic of Panama and Central American, whether for emergency or elective and programmed cases.
 - Other Countries: Applies for all covered medical expenses incurred in any country, with the exception of Panama and Central America, as detailed in this table.
 - The deductible in Panama and Central America, does not accumulate with deductible of other countries.

<ul style="list-style-type: none"> • Pre-authorization and approval of the insurance company with BCBS Network Providers • No pre-authorization or approval of the insurance company • Pre-authorization and approval of the insurance company with providers outside of BCBS Network • Pre-authorization and lack of approval of the insurance company, according to medical condition – Elective or programmed cases 	<ul style="list-style-type: none"> • Subject to deductible and benefits according Table of Benefits. • Subject to deductible and benefits reimbursed at 50% • Subject to deductible and benefits reimbursed at 60% • Subject to Panama and Central America deductible. Benefits reimbursed at 50% of the usual and reasonable charges in Panama.
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MAXIMUM PARTICIPATION (STOP LOSS)

**Maximum per policy year limit, in respect of coinsurance, of all expenses covered under the policy.
Excess will be pay at 100%**

Not applicable for: Lack of preauthorization or approval of the insurance company, usage of providers outside BCBS network in required cases, or any other indicated in the policy.	B/.10,000.00 per policy year
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OUT OF NETWORK PROVIDERS

Apply to all the benefits indicated in this table	60% refund, based on the negotiated costs agreed with Network Providers
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Detailed Illness (*):

Medical services in acute cases of: Infarcted myocardium or coronary insufficiency, loss of knowledge or obnubilation, sudden disorientation, acute allergic reactions or anaphylactic, hemorrhages of all type including gynecological and obstetrics, convulsions, intoxications, nephritic colic, hepatic or biliary colic, episodes of chest angina, pulmonary embolism, acute bronchial asthma attack, vomits and severe diarrheas with or without dehydration, acute abdominal pain, state of "shock" and any type of coma, acute urine retention, high fever on infants and any other diseases that endangers health of the insured, must be approved by the company

Note: This information is intended as a brief summary of benefits. For additional information about exclusions, limitations, and terms, please refer to your Policy Contract in Spanish





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LIMITATIONS

During the first year of an individual insurance for each main Insured or his/her dependents, this insurance shall not cover any treatments, consultation fees, supplies or surgeries rendered for or related to:

- Tonsils and adenoids
- Arthroscopy
- Bronchial Asthma
- Cataracts
- Circumcision
- Cholecystectomy
- Disease by sport injuries
- Peptic Ulcer Disease
- Fibromas
- Hemorrhoids
- Hernia of any type
- Renal Lithiasis
- Chronic Migraine
- Sub-mucus resection of the nasal septum, of cornets, sinusitis or rhinitis or nasal turbinated bone
- Tumors or Benign Injuries of the skin
- Uterus, ovaries and their annexes
- Varicose Veins
- Varicocelelectomy

