



## TABLE OF BENEFITS MEDIRED

Lifetime Maximum	B/.300,000.00
Coverage	Local
Provider Network	Medired
Deductible per policy year	B/.300.00
Stop Loss per policy year	B/. 4,000.00

### 1- INPATIENT EXPENSES – Preauthorization required

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

### 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
Acupuncture – Preauthorization required Maximum per policy year Lifetime Maximum	Copayment B/.15.00 5 sessions 20 sessions
Chiropractic Care – Preauthorization 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, preauthorization required	Co-payment B/.10.00 15 sessions
Inhaloteraphy and Immunizations	Copayment B/.10.00
Chemotherapy, Radiation Therapy, Hemodialysis Preauthorization required	Copayment 30% by session





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### 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 <sup>th</sup> month.
Maximum per event	B/.3,500.00
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/.10,000.00 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

### NURSING CARE

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

Ground Ambulance	100% up to B/.100.00
Air Ambulance – Preauthorization required	100% up to B/.1,000.00

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### PREVENTIVE CARE MEDICINE

<p><b>Healthy Child Control</b></p> <ul style="list-style-type: none"> <li>• 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> </li> <li>• Vaccines BCG, Diphtheria + Tetanus, DTaP, Hepatitis A, Hepatitis B, Hibtiter, MMR, Neumococo, Poly IM, Rotavirus, Varicella.</li> </ul>	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						
<p><b>Women (do not apply to dependent daughters )</b></p> <ul style="list-style-type: none"> <li>▪ Annual Control and PAP Smear Test</li> <li>▪ Annual Mammography after the age 40</li> </ul>	Copayment 50%						
<p><b>Men</b></p> <ul style="list-style-type: none"> <li>▪ PSA test after the age 40</li> </ul>	Copayment 50%						

### EMERGENCY ATTENTION OUTSIDE OF PANAMA

This coverage is applied to all benefits detailed in this table, up to the limits indicated for each one.	60% refund will be based on the negotiated costs with Network Providers 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/.4,000.00 per policy year
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### OUT OF NETWORK PROVIDERS

Apply to all benefits indicated in this table	60% refund, based on the negotiated costs 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 o 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

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