



TABLE OF BENEFITS MEDIRED INFINITY

ANNUAL RENEWABLE	B/ 300,000.00
Coverage	Local, Central America and Colombia
Network Providers	Medired
<ul style="list-style-type: none"> • Panama <ul style="list-style-type: none"> – Hospitals: Punta Pacifica, Paitilla, Nacional, San Fernando, Santa Fe, Interior and Colón – Others: Listed in the Network Providers of the company – International 	BCBS – PPO
Deductible per policy year	B/.300.00
<ul style="list-style-type: none"> • Panamá, Central America and Colombia 	
Stop Loss per policy year	B/5,000.00
<ul style="list-style-type: none"> • Panama, Central America and Colombia 	

INPATIENT EXPENSES

a. Daily Room and Board – Private Room	PER EVENT CO-PAYMENT San Fernando y Santa Fe B/.200.00 Punta Pacifica and Paitilla B/.300.00 Nacional B/.350.00 Interior y Colón B/.150.00 Maximum ten (10) days From the 11th day of hospitalization, eligible expenses will be covered at 80% with a coinsurance 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"> • Main Physician Visits – 1 visit a day • Additional visits requires preauthorization • Additional Specialist - Preauthorization required 	

OUTPATIENT EXPENSES

Satellite Clinics – General Physician	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 B/.100.00	Copayment 25%
Preauthorization required	
Special Exams - Preauthorization required	Copayment 30%
Prescription Drugs	80% after deductible
Acupuncture – Preauthorization required	Copayment B/.15.00 by session
– Maximum per policy year	Five (5) sessions
– Lifetime Maximum	Twenty (20) sessions
Chiropractic Care – Preauthorization required	Copayment B/.15.00 by session
– Maximum per policy year	Twenty (20) sessions
Physical Therapy and Rehabilitation	No Limit. Copayment B/.10.00 per event
Inhalotherapy and Immunizations	Copayment B/.10.00 per session
Chemotherapy, Radiation Therapy, Hemodialysis	
Ambulatory Sessions – Preauthorization required	Copayment 30% by session

EMERGENCY ROOM

Panama	No Limit
Accident and Detailed Illness (*)	100%, no copayment
No Detailed Illness	Copayment B/.75.00



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AMBULATORY SURGERY – Preauthorization required

a. In hospital facility, clinic or outpatient centers (Miscellaneous Charges and Physician Fees)	No Limit
– San Fernando, Santa Fe y Centros Ambulatorios	Copayment B/.200.00
– Punta Pacífica and Paitilla	Copayment B/.250.00
– Nacional	Copayment B/.350.00
– Colón and Interior	Copayment B/.150.00
b. In doctor’s office (Miscellaneous Charges and Physician Fees)	Copayment 30% per event

MATERNITY

Waiting Period	12 month to get pregnant. Maternity will be covered if the pregnancy begins the first day of 13 month
Maximum per event	B/.4,000.00
Pre natal care and hospitalization	
- Pre-Natal Visits: No limit	Copayment B/.20.00
- Ultrasounds: No limit	Copayment 25%
- Laboratories	Copayment 25%
- Fetal Monitoring	Copayment 25%
- Prescribed drugs and vitamins	80% after deductible
- Hospitalization – Private Room	Under hospitalization copayment
Includes: Anesthesia (Epidural) in normal childbirth	100%
a. Newborn Coverage	100% up to B/.10,000.00 per event
Complete Neonatal Screening	100% up to B/.200.00
Circumcision – Preauthorization required	Under hospitalization – 100%
b. Premature Newborn	100% up to B/.15,000.00 per event

NEONATAL CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

Only for children born under the policy (Applies from the first day of life)	B/.30,000.00 Lifetime Maximum per child / 100%
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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	100% up to B/.5,000.00
Lifetime Maximum	100% up to B/.25,000.00

DENTAL COVERAGE

Maximum per policy year	100% up to B/.250.00
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ORGAN TRANSPLANT

Lifetime Maximum	80% / not subject to deductible B/.150,000.00
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NURSING CARE

Preauthorization required	100% / Maximum 30 sessions Eight (8) hours by session
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AMBULANCE

Local	
Ground Ambulance	100% up to B/.300.00
Air Ambulance – Preauthorization required	100% up to B/.2,500.00

PREVENTIVE CARE MEDICINE

Healthy Child Control <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> • Vaccines BCG, Diphtheria + Tetanus, DT aP, Hepatitis A, Hepatitis B, Hib Titer, MMR, Neumococo, Polio IM, Rotavirus, Varicela 	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						
WOMEN (do not apply to dependent daughters) <ul style="list-style-type: none"> • Annual Control • Papanicolau • Annual Mammography after the age 40 	Copayment 50%						
MEN <ul style="list-style-type: none"> • PSA Test after the age 40 	Copayment 50%						

EXEMPTION FOR PAYMENT OF PREMIUMS

In case of death of the policyholder	100% of the Premium for a period of three months
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COVERAGE OUTSIDE OF PANAMA (Central America and Colombia)

- 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 with the exception of Emergency Room for accident or detailed illness that will be covered at 100%, not subject to deductible (reimbursement).
- Outpatient expenses (reimbursement).
- 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, Central America and Colombia: Applies for all covered medical expenses incurred in Panama, Central America and Colombia, whether for emergency or elective and programmed cases.

<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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ADDITIONAL BENEFITS:

ALLERGIES COVERAGE

Maximum per policy year	100% up to B/.250.00
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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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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.	Per policy year Panama, Central America and Colombia B/.5,000.00
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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



Underwritten and Subscribed by Cía. Internacional de Seguros, S.A., Independent Licensee of Blue Cross and Blue Shield Association, authorized to operate as Blue Cross and Blue Shield of Panama.