



BUPA INSURANCE COMPANY

Table of Benefits

Critical Care

Effective January 1, 2021

| General information | Yes | No |
|---|-----|----|
| Benefits in the United States of America, Latin America and the Caribbean are subject to a provider network | x | |
| Coverage requires pre-notification | x | |
| All benefits are covered according to UCR rates (Usual, Customary and Reasonable) | x | |
| Coinsurance | | x |

| Maximum coverage per insured, per policy year | US\$1 Million |
|---|---------------|
| Geographical coverage: Latin America, the Caribbean, and the United States of America | |

| This policy only pays benefits for the following medical conditions and treatments | Coverage |
|--|--|
| Neurological illnesses, including cerebral vascular accidents | US\$150,000 |
| Open cardiac revascularization surgery and angioplasty | US\$150,000 |
| Cancer treatment, including chemotherapy, radiation therapy, and reconstructive surgery | US\$200,000 |
| Severe trauma and/or polytrauma, including rehabilitation | US\$150,000 |
| Chronic renal insufficiency (dialysis) | US\$100,000 |
| Severe burns, including reconstructive surgery | US\$300,000 |
| Septicemia (severe infectious disorder) | US\$150,000 |
| Transplant procedures (lifetime maximum per diagnosis): <ul style="list-style-type: none"> • Heart • Heart/lung • Lung • Pancreas • Pancreas/kidney • Kidney • Liver • Bone marrow • Maximum coverage of costs of organ, cell, or tissue procurement, transportation, harvesting, and donor workup (US\$25,000 included as part of the total) | US\$300,000 US\$300,000 US\$250,000 US\$250,000 US\$300,000 US\$200,000 US\$200,000 US\$250,000 |

The following benefits are subject to the coverage limits specified above

| In-patient benefits and limitations | Coverage |
|--|----------|
| Hospital services | 100% |
| Hospital room and board (standard private/semi-private) | 100% |
| Intensive care unit | 100% |
| Medical and nursing fees | 100% |
| Drugs prescribed while in-patient | 100% |
| Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scans, ultrasounds, and endoscopies) | 100% |

| Out-patient benefits and limitations | Coverage |
|---|----------|
| Ambulatory surgery | 100% |
| Physicians and specialists' visits | 100% |
| Out-patient prescription drugs following hospitalization or out-patient surgery (for a maximum of 6 months) | 100% |
| Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scans, ultrasounds, and endoscopies) | 100% |
| Physical therapy and rehabilitation services (must be pre-approved) | 100% |
| Home health care (must be pre-approved) | 100% |

| Evacuation benefits and limitations | Coverage |
|--|-----------------------------------|
| Medical emergency evacuation: <ul style="list-style-type: none"> • Air ambulance • Ground ambulance • Return journey • Repatriation of mortal remains Must be pre-approved and coordinated by USA Medical Services. | US\$25,000 100% 100% N/A |
| Other benefits and limitations | Coverage |
| Congenital and/or hereditary disorders | 10% |
| Prosthetic limbs <ul style="list-style-type: none"> • Lifetime maximum US\$120,000 | US\$30,000 |
| Special treatments (prosthesis, implants, appliances and orthotic devices, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs) | 100% |
| Emergency room (with or without hospital admission) | 100% |
| Emergency dental coverage | 100% |
| Hospice/terminal care | 100% |
| Required second surgical opinion <ul style="list-style-type: none"> • If the insured does not obtain a required second surgical opinion, he/she will be responsible for 30% of all covered medical and hospital charges related to the claim, in addition to the plan deductible. | 100% |