

BUPA INSURANCE COMPANY Table of Benefits Privilege Care

General information	Yes	No
Benefits in the United States of America and the rest of the world are subject to a provider network		х
Coverage requires pre-authorization		х
All benefits are covered according to UCR rates (Usual, Customary and Reasonable)	x	
Coinsurance		x
kimum coverage per insured, per policy year		Million
Geographical coverage: Worldwide		
n-patient benefits and limitations	Cov	erage
Hospital services	10	0%
Hospital room and board (standard private/semi-private)		
In Bupa hospital network	-	0%
In other hospitals, per day ntensive care unit	03\$	1,000
In Bupa hospital network	10)0%
In other hospitals, per day	US\$	3,000
Medical and nursing fees	100%	
Mental Health (related to a covered condition)	100%	
Must be pre-approved		
Drugs prescribed while in-patient	100%	
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scans, ultrasounds, and endoscopies)	100%	
Bariatric surgery (24-month waiting period)	US\$15,000	
Accommodation charges for companion of a hospitalized child, per day	US\$300	
Guest meals, per day	N	I/A
Dut-patient benefits and limitations	Cov	erage
Ambulatory surgery	10)0%
Physicians and specialists' visits	10	0%
Dut-patient prescription drugs	10)0%
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scans, ultrasounds, and endoscopies)	10)0%
Physical therapy and rehabilitation services (must be pre-approved)	10)0%
Home health care (must be pre-approved)	10)0%
 Routine health checkup (all inclusive) No deductible applies 	US	\$600
/accines (medically required)		4 000
No deductible applies Subject to 20% of coinsurance	US\$	1,600
Jrgent Care Facilities or Walk-in Clinics in the U.S.A.		
Expenses derived from treatment in emergency care centers and convenience clinics in the United States of		
America that are necessary to treat an injury, illness or medical condition covered under the policy	10)0%
 US\$50 copay No deductible applies 		
		orage
Maternity benefits and limitations	Cov	eraye
		57,500

 10-month waiting period Plans 2 and 3 only 		
 No deductible applies 		
Complications of pregnancy, maternity, and birth (lifetime)		
 10-month waiting period 		
Plans 2 and 3 only	US\$1,000,000	
No deductible applies		
Provisional coverage for newborn children (for a maximum of 90 days after delivery)		
Covered pregnancies only	US\$30,000	
No deductible applies		
Umbilical cord blood storage (lifetime maximum per covered pregnancy)		
Plans 2 and 3 only	US\$1,000	
No deductible applies		
Well baby care visits (5 visits within 6 months of delivery)	N/A	
Evacuation benefits and limitations	Coverage	
Medical emergency evacuation:		
Air ambulance	US\$125,000	
Ground ambulance	100% 100%	
 Return journey Repatriation of mortal remains 	100%	
Must be pre-approved and coordinated by USA Medical Services.		
Other benefits and limitations	Coverage	
Cancer treatment (chemotherapy/radiation/bone marrow transplant/preventive surgery)	Coverage 100%	
End-stage renal failure (dialysis) Transplant procedures (lifetime maximum per diagnosis)	100%	
 Maximum coverage of costs of organ, cell, or tissue procurement, transportation, harvesting, and donor 	US\$1,500,000	
workup (US\$50,000 included as part of the total)	0001,000,000	
Congenital and/or hereditary disorders:		
Diagnosed before 18 years of age (lifetime maximum)	US\$1,000,000	
 Diagnosed before 18 years of age (lifetime maximum) Diagnosed at 18 years of age or after 	US\$1,000,000 100%	
 Diagnosed before 18 years of age (lifetime maximum) Diagnosed at 18 years of age or after Prosthetic limbs 	100%	
 Diagnosed before 18 years of age (lifetime maximum) Diagnosed at 18 years of age or after Prosthetic limbs Lifetime maximum US\$120,000 		
 Diagnosed before 18 years of age (lifetime maximum) Diagnosed at 18 years of age or after Prosthetic limbs Lifetime maximum US\$120,000 Special treatments (prosthesis, implants, appliances and orthotic devices, durable medical equipment, 	100% US\$30,000	
 Diagnosed before 18 years of age (lifetime maximum) Diagnosed at 18 years of age or after Prosthetic limbs Lifetime maximum US\$120,000 Special treatments (prosthesis, implants, appliances and orthotic devices, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs) 	100%	
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 Diagnosed before 18 years of age (lifetime maximum) Diagnosed at 18 years of age or after Prosthetic limbs Lifetime maximum US\$120,000 Special treatments (prosthesis, implants, appliances and orthotic devices, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs) Must be pre-approved Emergency room (with or without hospital admission) Emergency dental coverage Hospice/terminal care Complementary therapist Out-patient treatment received from an osteopathic doctor, a chiropractor, and/or a psychiatrist 	100% US\$30,000 100% 100% 100% 100% 100% N/A 100% 100% 100%	

SUPPLEMENTARY OPTIONS WITH THE PURCHASE OF RIDER (not automatically included)	
Optional coverage benefits and limitations	Coverage
Maternity and perinatal complications rider (per rider)	
 10-month waiting period after effective date of rider 	US\$500,000
Plans 4, 5 and 6 only	
Transplant procedures rider (lifetime per insured, per diagnosis)	
 Additional optional coverage for organ, tissue, or cell transplant procedures 	N/A
6-month waiting period after effective date of rider	