



**BlueCross  
BlueShield**  
Panama

**ULTIMATE  
PLANMÉDICO**  
INTERNACIONAL

## TABLE OF ANNUAL MAXIMUM REIMBURSABLE BENEFITS

<b>Annual Maximum Renewable per Insured Coverage</b> <b>Medical Providers' Network: - within Panama</b> <b>- out of Panamá</b> <b>Deductible per Policy-Year, per Insured:</b> <ul style="list-style-type: none"> <li>○ Panama, Colombia and Central America (PCC)</li> <li>○ Other Countries <ul style="list-style-type: none"> <li>▪ Emergencies</li> <li>▪ Elective or scheduled surgery</li> </ul> </li> </ul> <b>Stop Loss per Policy-Year, per Insured:</b>	<b>US\$2,000,000.00</b> <b>Panama and International</b> <b>Does not Apply</b> <b>BCBS –Traditional Network</b> <b>Selected Option</b> US\$1,000 / 1,500/ 2,000 / 4,000 / 10,000 / 20,000  Amount equal to PCC Amount equivalent to twice the amount of PCC, Minimum: US\$5,000  <b>Does not Apply</b>
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### HOSPITAL ADMISSION – Pre-Authorization Required

a. Private Room in Panama, Colombia and Central America	Panama, Colombia and Central America 100% No Deductible applies  <u>Other Country:</u> 100% after the applicable deductible
Semi-Private Room in Other Countries	
b. Intensive and Semi-intensive Care	
c. Hospital Services (Miscellaneous charges). Tests greater than US\$200.00 - Pre-Authorization Required	
d. Surgery: Medical Fees Surgical Assistant - Pre-Authorization Required	
e. Anaesthesia: Medical Fees - Pre-Authorization Required	
f. Inpatient Medical Visits: Medical Fees <ul style="list-style-type: none"> <li>• Treating Physician – One (1) visit a day. In excess: Pre-Authorization Required</li> <li>• Specialized Physician Fees – Pre-Authorization Required</li> </ul>	

### OUTPATIENT SERVICES

Outpatient Medical Consultations	100% after the applicable deductible
X-rays and Laboratory	100% after the applicable deductible
Special Tests – Pre-Authorization Required	100% after the applicable deductible
Diagnostic tests or studies – Pre-Authorization Required	100% after the applicable deductible
Special Procedures– Pre-Authorization Required	100% after the applicable deductible
Prescription medications	100% after the applicable deductible
Acupuncture	100% after the applicable deductible Maximum per year: Five (5) sessions Maximum for life: Twenty (20) sessions
Chiropractic	100% after the applicable deductible Maximum per year: Twenty (20) sessions
Physical and Rehabilitation Therapies In Excess of Annual Maximum - Pre-Authorization Required	100% after the applicable deductible Maximum per year: Twenty (20) sessions
Hemodialysis, Chemotherapies and Radiotherapies Pre-Authorization Required	100% after the applicable deductible
Targeted treatment, immunotherapy, monoclonal and hormone therapy	100% after the applicable deductible
Durable Medical Equipment - Pre-Authorization Required	100% after the applicable deductible Maximum for life: US\$10,000.00
Exoprosthesis or Orthotics: Artificial arms, hands, legs and feet Pre-Authorization Required	100% no deductible applies Maximum per year: US\$25,000.00 Maximum for life: US\$100,000.00



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**EMERGENCY ROOM**

a. Accident	100% no deductible applies
b. Listed critical Diseases	100% no deductible applies
c. Non-listed critical Diseases	80% no deductible applies

**OUTPATIENT SURGERY – Pre-Authorization Required**

Medical Fees and Miscellaneous Charges	<u>Panama, Colombia and Centroamérica</u> 100% no deductible applies
a. Performed in a hospital, clinic or outpatient surgery center	<u>Other Country:</u> 100% after the applicable deductible
Performed in a Doctor's office	

**MATERNITY - Applies to Main Insured or Spouses, Single or Married**

Waiting Period	Twelve (12) months to cover expenses, from the date of inclusion of the Insured.
Coverage:	
<ul style="list-style-type: none"> <li>Panama, Colombia and Central America</li> <li>Other Countries</li> </ul>	As any other covered condition Maximum per Event: US\$20,000.00
Hospital Admission: Pre-Authorization Required Includes:	<u>Panama, Colombia and Central America</u> 100% no deductible applies
<ul style="list-style-type: none"> <li>Suite-type room</li> <li>Anaesthesia (Epidural) in Normal Delivery</li> <li>Salpingectomy</li> </ul>	<u>Other Country:</u> 100% after the applicable deductible
Outpatient Services:	
<ul style="list-style-type: none"> <li>Consultations, Labs, Vitamins, Medications and Pre-Natal Fetal Monitoring</li> <li>Obstetrical Ultrasounds</li> <li>Structural Ultrasounds, 4D</li> </ul>	100% after the applicable deductible Maximum per Event: Two (2)
<b>Stem Cell Storage</b>	50% after the applicable deductible Maximum per Event: US\$3,000.00
a. <b>Healthy Newborns – Children born under the policy.</b>	100% no deductible applies
b. <b>Premature Newborns – Children born under the policy</b>	100% no deductible applies Maximum per Event: US\$100,000.00

**CONGENITAL, HEREDITARY OR ACQUIRED DISEASE**

Covered Medical Expenses per service and/or procedure detailed in this table, such as: Hospital Admission, Emergency Room, Outpatient Services, Outpatient Surgeries and Transplants.	
a. Newborn under the policy	100% no deductible applies Maximum for life Each child: US\$150,000.00
b. Not born under the policy Waiting Period: Two (2) years	100% after the applicable deductible Maximum for life: US\$150,000.00



**MEDICINA PREVENTIVA: - Applies only in Panama**

<p><b>Children:</b></p> <ul style="list-style-type: none"> <li>- Control Consultation, up to 6 years of age.</li> <li>- Control Vaccines: BCG (Tuberculosis), DPT (Diphtheria, Pertussis, Tetanus), MMR or SPR (Measles, Rubella, Mumps), Polio (Poliomyelitis), Hepatitis A, Hepatitis B, Hibtiter (Meningitis), Varicella (Chickenpox), Pentavalent (Diphtheria, Tetanus, Pertussis, Meningitis due to Haemophilus Type B and Hepatitis B), Rotavirus and Pneumococcus.</li> <li>-HPV vaccine for boys and girls (3 applications)</li> </ul> <p><b>Women:</b> Not applicable to dependent daughters</p> <ul style="list-style-type: none"> <li>- Annual Gynecological consultation and Papanicolaou's test</li> <li>- Annual Mammography from the age of 35 years.</li> <li>- Annual control Tests from the age of 45 years: Hemogram, Glycaemia, Lipid Profile, Urinalysis, Chest X-Ray, EKG, and General Physical Examination.</li> </ul> <p><b>Men:</b></p> <ul style="list-style-type: none"> <li>- Annual blood PSA from the age of 35 years.</li> <li>- Annual control examination from the age of 45 years: Hemogram, Glycaemia, Lipid Profile, Urinalysis, Chest X-Ray, EKG, and General Physical Examination.</li> </ul> <p><b>Dental Cleaning: (Prophylaxis) Applies to all Insureds.</b></p>	<p>100% no deductible applies</p> <p>100% no deductible applies</p> <p>100% no deductible applies</p> <p>100% no deductible applies</p> <p>100% no deductible applies Maximum per year: US\$300.00</p> <p>100% no deductible applies</p> <p>100% no deductible applies Maximum per year: US\$300.00</p> <p>100% no deductible applies Maximum per year: One (1) Consultation</p>
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**ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)**

Covered Medical Expenses for services and/or procedures listed in this table, such as: Hospital Admission, Emergency Room and Outpatient Services.	<p>100% no deductible applies</p> <p>Maximum per year: US\$50,000.00</p> <p>Maximum for Life: US\$250,000.00</p>
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**MENTAL AND NERVOUS DISORDERS - Psychiatric Treatments**

Covered Medical Expenses for services and/or procedures listed in this table, such as: Hospital Admission, Emergency Room and Outpatient Services.	<p>100% after the applicable deductible</p> <p>Maximum per year: US\$5,000.00</p> <p>Maximum for Life: US\$50,000.00</p>
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**DENTAL**

Covered Medical Expenses for services and/or procedures listed in this table, such as: Hospital Admission, Emergency Room, Outpatient Services and Outpatient Surgeries. It does not apply to treatments and/or procedures for control, maintenance or esthetic purposes.	<p>100% after the applicable deductible</p> <p>Maximum per year: US\$5,000.00</p>
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**ORGAN AND TISSUE TRANSPLANT**

Waiting Period	Six (6) months from the date of inclusion of the Insured to cover expenses.
Covers surgical procedures for transplantation of organs or tissues into the body of an Insured from a deceased or living donor. Includes the donor's expenses.	<p>100% no deductible applies</p> <p>Maximum for Life: US\$1,000,000.00</p>



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**PRIVATE NURSE SERVICES - Pre-Authorization required**

Duly licensed and registered graduate nurses.	100% after the applicable deductible Maximum for Life: 30 shifts of Eight (8) hours each
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**HOME CARE AND TERMINAL OR PALLIATIVE CARE – Previous Authorization Required**

a. Home Care: Up to 30 days	100% after the applicable deductible Maximum per day: US\$300.00
b. Terminal or Palliative Care: Up to 60 days	100% after the applicable deductible Maximum per day: US\$300.00

**AMBULANCE SERVICES - Panama and International**

a. Land * Private Ambulance for Emergencies	100% after the applicable deductible 100% Membership included in Panama
b. Air	100% after the applicable deductible

**AIR TICKET – Pre-Authorization Required**

Applies to Main Insured and one accompanying person. Only for Hospitalization of an Insured and according to medical necessity.	100% no deductible applies Round air ticket Economic class
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**LODGING OF AN ACCOMPANYING PERSON – Pre-Authorization Required**

Applies only for days of hospitalization of an Insured and according to medical necessity.	100% no deductible applies Daily Maximum: US\$120.00 Maximum for Life: Ninety (90) days
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**REPATRIATION EXPENSES**

In the event of the death of an Insured outside the Republic of Panama	100% no deductible applies Maximum per Event: US\$10,000.00
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**ADDITIONAL BENEFITS – Applies to Main Insured and Dependents**

<ul style="list-style-type: none"> <li>Optical coverage – Purchase of Prescription Eyeglasses</li> <li>Nutritionist coverage</li> </ul>	100% no deductible applies Maximum per Year: US\$200.00 Maximum per Year: US\$250.00
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**DAILY INCOME OR RENT FOR HOSPITALIZATION**

Applies to Main Insured only. Benefit is covered as of the second day of hospitalization	100% no deductible applies Maximum per Day: US\$100.00 Maximum for Life: US\$36,500.00
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**PREMIUM PAYMENT EXEMPTION**

For insured dependents, in the event of death of the Main Insured due to a condition covered by the policy.	100% of the premium Maximum Period: Twelve (12) months.
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**LIFE INSURANCE**

Mail Insured	US\$50,000.00
Spouse	US\$25,000.00
Each child	US\$10,000.00



**MEDICAL CARE OUTSIDE PANAMA:**

- Subject to Prior Authorization and Approval by the Company.
- Applies to the Insured's medical condition in elective or scheduled cases, except policies with the Premium Endorsement.
- Requires the use of providers within the Blue Cross and Blue Shield System Network.

• **Deductibles:**

- Panama, Colombia and Central America (PCC): Applies an amount equal to the deductible indicated in the particular conditions of the policy, for medical expenses incurred and covered within the territory of the Republic of Panama, Colombia and any Central American country, whether for Medical Emergency due to accident or illness, or for Elective and scheduled cases, for the Benefits that apply as established in this table.
- Other Countries: Applies to medical expenses incurred and covered in any country in the world except Panama, Colombia and Central America, for the Benefits that apply as set forth in this table and as detailed below.
  - Emergency Medical Accident and Illness: Applies an amount equal to the deductible of Panama, Colombia and Central America, as established in the particular conditions of the policy.
  - Elective or Scheduled Treatments: Applies an amount equivalent to double the deductible of Panama, Colombia and Central America, as established in the particular conditions of the policy, with a minimum of US\$5,000.00, except for the US\$10,000 and US\$20,000 deductible options, which will apply an equal deductible, without duplicating them.
- The amount of deductible accumulated in Panama, Colombia and Central America does not apply to complete or accumulate the deductible corresponding to other countries.

• **Benefits Covered:**

- Do not apply to Preventive Medicine Benefit.
- Reimbursements of Charges for Outpatient Services apply against receipt.
- Applies to the other benefits described in this table, based on the conditions and limits described for Panama, Colombia and Central America, unless otherwise indicated for Other Countries, according to the scenarios detailed below:

<ul style="list-style-type: none"> <li>• Pre-Authorization and Approval by the Company with BCBS Network Providers</li> <li>• No Pre-Authorization or Approval by the Company</li> <li>• Pre-Authorization and Approval by the Company with Providers outside the BCBS Network</li> <li>• Pre-Authorization and No Approval by the Company, according to medical condition – Elective or Scheduled Treatments</li> </ul>	<ul style="list-style-type: none"> <li>• Benefit is covered and a deductible amount applies, as indicated above.</li> <li>• Benefit is covered but it is reduced to a 50% reimbursement and a deductible amount applies, as indicated above.</li> <li>• Benefit is covered but it is reduced to a 60% reimbursement and a deductible amount applies, as indicated above.</li> <li>• Benefit is covered but it is reduced to a 50% reimbursement for URA charges in Panama and applies a deductible amount for Panama, Colombia and Central America (PCC).</li> </ul>
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Esta información se debe tomar solo como ilustración, para los términos y condiciones contractuales refiérase al contrato póliza.

