



## TABLE OF BENEFITS - XTREME CARE CATASTROPHIC HEALTH INSURANCE PLAN

<b>Lifetime Maximum per person</b>	<b>B/.1,000,000</b>
<b>Coverage</b>	<b>Local and International</b>
<b>Network Providers:</b> - Local	<b>Medired</b>
- International	<b>BCBS – PPO</b>
<b>Deductible per policy year: Alternatives</b>	<b>Without deductible</b>
<b>A. Panama and Central America USA and other countries</b>	<b>B/.5,000</b>
<b>B. Panama and Central America USA and other countries</b>	<b>B/.5,000 \$10,000</b>
<b>C. Panama and Central America USA and other countries</b>	<b>B/.10,000 B/.20,000</b>

### CONDITIONS COVERED:

### Annual Maximum per insured

<b>Neurological Diseases (including stroke)</b>	<b>B/.200,000</b>
<b>Cardiac Surgery and Angioplasty</b>	<b>B/.200,000</b>
<b>Cancer (including chemotherapy, radiation and reconstructive surgery)</b>	<b>B/.250,000</b>
<b>Multiple trauma (including rehabilitation and reconstructive surgery)</b>	<b>B/.150,000</b>
<b>Chronic Renal Insufficiency (including Hemodialysis)</b>	<b>B/.150,000</b>
<b>Third-Degree Burns (includes reconstructive surgery)</b>	<b>B/.350,000</b>
<b>Organ Transplants:</b>	<b>B/.300,000</b>
- Heart	<b>B/.350,000</b>
- Heart and Lung	<b>B/.300,000</b>
- Lung	<b>B/.300,000</b>
- Pancreas	<b>B/.300,000</b>
- Pancreas and Kidney	<b>B/.350,000</b>
- Kidney	<b>B/.250,000</b>
- Liver	<b>B/.250,000</b>
- Bone Marrow	<b>B/.300,000</b>

**COVERED BENEFITS:** It will be payable until the annual maximum per insured limits established for each of the diseases or conditions covered until Lifetime Maximum Limit per insured.

### INPATIENT EXPENSES – Pre authorization required

a. Daily Room and Board: Private Room in Panama and Central America / Semi Private Room in other countries	<b>100%, after deductible</b>
b. Intensive Care Unit	
c. Miscellaneous Hospital Charges Exams greater than B/.200 – Pre authorization required	
d. Surgeon Fees Assistant Surgeon – Pre authorization required	
e. Anesthesiologist Fees Anesthesiologist Assistant – Pre authorization required	
f. Inpatient Visits <ul style="list-style-type: none"> <li>• Main Physician Visits - One (1) visit a day. Additional visits requires pre authorization</li> <li>• Specialist Visits - Pre authorization required</li> </ul>	



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### OUTPATIENT EXPENSES: Reimbursement

Outpatient Visits - General or Specialist Physician	100%, after deductible
X Rays and Laboratory Tests – Exams with total costs greater than \$100 – Preauthorization required	100%, after deductible
Special Exams – Preauthorization required	100%, after deductible
Prescription Drugs	100%, after deductible
Physical Therapy and Rehabilitation Maximum per policy year In excess of the annual limit, pre authorization required	100%, after deductible Twenty (20) sessions Preauthorization required
Chemotherapy, Radiation Therapy, Hemodialysis <b>Preauthorization required</b>	100%, after deductible
Durable Medical Equipment – Preauthorization required	100%, after deductible Maximum Lifetime B/.2,500
Exo-Prosthesis or Orthoses: Arms, hands, legs or feet artificial – pre authorization required	100%, after deductible Annual Maximum B/.25,000 Lifetime Maximum B/.50,000

### EMERGENCY ROOM

Accident and Detailed Illness	100%, after deductible
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### AMBULATORY SURGERY – Pre authorization required

a. In Hospital Facility (Miscellaneous Charges and Physician Fees)	100%, after deductible
b. In Doctor's Office (Miscellaneous Charges and Physician Fees)	100%, after deductible

### CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

Diseases or conditions covered under the policy Waiting period two years	100%, after deductible Lifetime Maximum B/.30,000
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### NERVOUS AND MENTAL DISORDERS (PSYCHIATRIC): Reimbursement

Insured psychiatric treatments affected by diseases or conditions covered	100%, after deductible Annual Maximum B/.1,000.00 Lifetime Maximum B/.25,000.00
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### NURSING CARE

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

Local – Ground Air – Preauthorization required	100%, after deductible 100%, after deductible Maximum per event B/.1,500
International: Ground or Air (Preauthorization required)	100%, after deductible Maximum per event B/.30,000

### AERIAL PASSAGE

Only in case of medical necessity. Preauthorization required. Insured and a companion	100%, after deductible Roundtrip Economic Class
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### LODGING OF A COMPANION

Only in case of medical necessity. Preauthorization required. Apply for insured hospital days	100%, after deductible B/.120.00 per day Maximum 90 days
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### REPATRIATION OF REMAINS

If an insured dies outside the Republic of Panama	100%, after deductible up to B/.10,000.00
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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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### COVERAGE OUTSIDE OF PANAMA:

- Applies to all benefits indicated in this Table and according to the limits indicated.
- Benefits are covered at 100% after the deductible indicated.
- 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 and Central America: Applies for all covered medical expenses incurred in the territory of the Republic of Panama and Central American, whether for emergency or elective and programmed cases.
  - Other Countries: Applies for all covered medical expenses incurred in any country, with the exception of Panama and Central America, as detailed in this table.
    - The deductible in Panama and Central America, does not accumulate with deductible of other countries.

<ul style="list-style-type: none"> <li>• Pre-authorization and approval of the insurance company with BCBS Network Providers</li> <li>• No pre-authorization or approval of the insurance company</li> <li>• Pre-authorization and approval of the insurance company with providers outside of BCBS Network</li> <li>• Pre-authorization and lack of approval of the insurance company, according to medical condition – Elective or programmed cases</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to deductible and benefits according Table of Benefits.</li> <li>• Not covered</li> <li>• Subject to deductible and benefits reimbursed at 50%</li> <li>• Subject to Panama and Central America deductible. Benefits reimbursed at 50% of the usual and reasonable charges in Panama.</li> </ul>
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Suscrito y Administrado por Cía. Internacional de Seguros, Licenciatarío Independiente de Blue Cross and Blue Shield Association, autorizado para operar como Blue Cross and Blue Shield of Panama.