

PLAN MEDICO INTERNACIONAL DELUXE MONTHLY PREMIUS

The contracting party, principal insured and / or payment responsible is aware that the initial premium agreed in favor of the company as compensation for the contracted coverage (s) will increase as the insured's health expectation increases, as well as the inflationary factor in the supplies and / or medical benefits of the market and as long as it is technically approved by the Superintendency of Insurance and Reinsurance of Panama.

Age Ranges	Local Deductible B/. 1,000.00		Local Deductible B/. 1,500.00		Local Deductible B/. 2,000.00		Local Deductible B/. 4,000.00		Local Deductible B/. 10,000.00		Local Deductible B/. 20,000.00	
	Insured Only	Insured and spouse	Insured Only	Insured and spouse	Insured Only	Insured and spouse	Insured Only	Insured and spouse	Insured Only	Insured and spouse	Insured Only	Insured and spouse
18-25	112.90	222.40	102.50	201.90	97.30	191.60	82.50	162.50	78.40	154.40	70.10	138.10
26-29	121.10	238.60	109.40	215.60	104.20	205.30	88.60	174.50	84.10	165.80	75.30	148.30
30-34	134.80	265.50	122.30	240.90	116.10	228.70	98.40	193.80	93.50	184.10	83.60	164.70
35-39	158.00	311.20	143.60	282.80	136.50	268.90	115.20	227.00	109.40	215.60	97.90	192.90
40-44	173.80	342.30	157.80	310.80	149.80	295.00	127.60	251.40	121.20	238.80	108.50	213.70
45-49	198.80	391.60	177.10	348.90	170.00	334.80	148.50	292.40	141.00	277.80	126.20	248.60
50-54	263.10	518.20	237.10	467.00	227.00	447.10	192.00	378.30	182.40	359.40	163.20	321.60
55-59	303.30	597.50	270.70	533.30	263.30	518.70	224.40	442.00	213.10	419.90	190.70	375.70
60-64	463.80	913.60	421.20	829.80	400.20	788.30	340.10	670.00	323.10	636.50	289.10	569.50
65-69	585.60	1,153.40	530.50	1,045.00	504.90	994.60	428.10	843.40	406.70	801.20	363.90	716.90
70-74	773.20	1,522.90	698.50	1,376.00	663.50	1,307.20	562.70	1,108.40	534.50	1,053.00	478.30	942.10
75-79	849.10	1,672.50	767.00	1,511.00	728.70	1,435.50	617.90	1,217.30	587.00	1,156.40	525.20	1,034.70
80 o más	952.40	1,876.00	860.40	1,695.00	817.40	1,610.20	693.10	1,365.40	658.40	1,297.10	589.10	1,160.60
Dependent												
One child		75.20		63.10		63.50		53.20		47.90		43.10
Two Children		150.40		126.20		127.00		106.40		95.80		86.20
Three Children		225.60		189.30		190.50		159.60		143.70		129.30
Each additional		37.60		31.60		31.80		26.60		23.90		21.60

Do not include insurance tax 5%

The corresponding premiums of the main insured and their spouse will be calculated on the actuarial age or age reached in six months at the moment of effectiveness of the insurance and will be applied in the renewal of each anniversary of the policy.

Note: This information is intended as a brief summary of benefits. For additional information about,exclusions, limitations, and terms, please refer to your Policy Contract in Spanish.



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

PMI DELUXE - 09/11 - Rev. 09/19
C.G. PMI - 7/96 - Rev. 09/19

Regulated and supervised by the Superintendence of Insurance and Reinsurance of Panama