

TABLE OF MAXIMUM REIMBURSABLE BENEFITS

MAXIMUM ANNUAL RENEWABLE PER INSURED	US\$200,000.00
Coverage	Panama, Central America and Colombia (PCC)
Providers' Network:	
• Hospitals:	MEDIRED
Panama City: San Fernando, Santa Fe and Pacifica Salud	
Inland and Colon: All those in the Network	
• Other Providers: All those in the Network	MEDIRED
• Outside Panama:	BCBS – PPO's Network
Deductible per Policy-year by Insured:	
• Panama, Central America and Colombia (PCC)	US\$250.00
Stop Loss per Policy-year by Insured:	
• Panama, Central America and Colombia (PCC)	US\$5,000.00

HOSPITAL ADMISSION - Pre-Authorization Required

a. Private Room in Panama	CO-PAYMENT PER EVENT
b. Intensive or Semi-Intensive Care – Daily	
c. Hospital Services (Miscellaneous charges). Tests greater than US\$200.00 - Pre-Authorization Required	San Fernando and Santa Fe: US\$250.00 Pacifica Salud: US\$300.00 Inland and Colon Hospitals: US\$200.00
d. Surgery: Medical Fees Surgical Assistant – Pre-Authorization Required	
e. Anaesthesia: Medical Fees - Pre-Authorization Required	Maximum ten (10) days From the eleventh day (11), 80% will be covered (Co-insurance 20%) with the exception of major medical expenses (“) that will be covered at 80%, without being subject to deductible, from the first day
f. Inpatient Medical Visits: Medical Fees	
• Treating Physician – One (1) visit a day. In excess: Pre-Authorization Required	
• Specialized Physician Fees – Pre-Authorization Required	

OUTPATIENT SERVICES

Consultations at Satellite Clinics – General Physician	Without co-payment
Consultations at Satellite Clinics – Specialized Physician	Co-payment: US\$10.00
Outpatient Consultations – General Physician	Co-payment: US\$12.00
Outpatient Consultations – Specialized Physician	Co-payment: US\$20.00
Outpatient Consultations – Sub-Specialized Physician	Co-payment: US\$25.00
Rays-X and Laboratory – Pre-Authorization Required (Tests whose combined cost is greater than US\$100.00)	Co-payment: 25%
Special Tests – Pre-Authorization Required	Co-payment: 35%
Diagnostic tests or studies – Pre-Authorization Required	Co-payment: 35%
Special Procedures – Pre-Authorization Required	Co-payment: 35%
Prescription medications:	
• Innovative or Commercial	60% after the applicable deductible
• Bioequivalent or Generic	70% after the applicable deductible
	Maximum per year: US\$7,500.00
Physical or Rehabilitation Therapies – Pre-Authorization Required	Co-payment per Session: US\$10.00
In excess of the annual limit, subject to approval	Fifteen (15) sessions
Inhalotherapies o Nebulizations	Co-payment per Session: US\$10.00
Hemodialysis, Chemotherapies and Radiotherapies	
Pre-Authorization Required	Co-payment: 35%
Targeted treatment, immunotherapy, monoclonal and hormone therapy	Co-payment: 35%
	Maximum per Year: US\$40,000.00

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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	Co-payment: US\$75.00 Maximum per event: US\$500.00

OUTPATIENT SURGERY –Pre-Authorization Required

CO-PAYMENT PER EVENT	
a. Performed in a Hospital, Clinic or Outpatient Surgery Center (Miscellaneous charges and Medical Fees)	
- Panama City: All those in the Network - San Fernando, Santa Fe and Outpatient Centers - Pacifica Salud - Inland and Colon: All those in the Network	Co-payment: US\$200.00 Co-payment: US\$250.00 Co-payment: US\$150.00 with the exception of major medical expenses (“) that will be covered at 80%, without being subject to deductible
b. Performed in a Doctor's Office (Miscellaneous Charges and Medical Fees)	Co-payment: 30%

MATERNITY - Applies to Main Insured or Spouse, single or married

Waiting Period:	18 months to become pregnant. Pregnancy will be covered if it begins on or after the first day of the 19th month
Coverage:	Maximum per event: US\$3,500.00
Hospital Admission: Pre-Authorization Required	Co-payment as detailed in Hospital Admission
Outpatient Services:	Co-payment: US\$20.00
- Pre-natal Consultations - Obstetrical Ultrasounds - Labs – Pre-Authorization required Tests whose combined cost is greater than US\$100.00 - Medications and Vitamins	Maximum per Event: Eight (8) Co-payment: 30% Maximum per Event: Three (3) Co-payment: 30%
a. Healthy Newborns or with Non-premature Medical Condition: Children born under the policy	60% or 70% after the applicable deductible, as detailed in Prescription Medications
b. Premature Newborns – Children born under the policy	Included under the maximum per maternity event
	100% no deductible applies Maximum per Event: US\$5,000.00

CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

Covered Medical Expenses per services and/or procedure detailed in this table, such as: Hospital Admission, Emergency Room, Outpatient Services, Outpatient Surgeries and Transplants	
a. Newborn under the policy Applies from the first day of birth.	100% no deductible applies Maximum for Life Each Child: US\$15,000.00

PREVENTIVE MEDICINE

WOMEN: Not applicable to dependent daughters - Annual control examination	Co-payment: 50%
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- Papanicolaou's Test	Co-payment: 50%
- Annual Mammography from the age of 35 years	Co-payment: 50%
MEN:	
- Annual Antigen Prostatic Test from the age of 35 years	Co-payment: 50%

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.	100% no deductible applies Maximum per year: US\$5,000.00 Maximum for Life: US\$15,000.00
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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.	100% no deductible applies Maximum per year: US\$2,500.00 Maximum for Life: US\$12,500.00
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ORGAN AND TISSUE TRANSPLANT – Pre-Authorization Required

Waiting Period	Twelve (12) 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.	80% no deductible applies Maximum for Life: US\$100,000.00

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.	100% no deductible applies Maximum per year: US\$200.00
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AMBULANCE SERVICES

Land - Panama Private Ambulance for Emergencies	Maximum per Event: US\$200.00 100% Membership included in Panama
Air - Panama – Pre-Authorization Required	Maximum per Event: US\$1,500.00

ADDITIONAL BENEFITS – Applies to Main Insured and Dependents

Allergies	100% no deductible applies Maximum per Year: US\$200.00
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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: Three (3) months
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SERVICES OUTSIDE THE PROVIDERS' NETWORK

Applies to all benefits listed in this table and incurred in the Republic of Panama	60% Reimbursement of the costs agreed with suppliers in Panama
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MEDICAL CARE OUTSIDE PANAMA: Applies for Central America and Colombia

- Subject to Prior Authorization and Approval by the Company.
- Applies to the Insured's medical condition in elective or scheduled cases.
 - Requires the use of providers within the Blue Cross and Blue Shield System Network (PPO).
- Deductibles:
 - Panama, Central America and Colombia (PCC): The deductible amount detailed in this table applies for medical expenses incurred and covered within the territory of the Republic of Panama, Colombia and any Central American country, whether for Emergency Medical Expenses due to accident or illness, or for Elective and Scheduled cases.
- Benefits Covered:
 - Do not apply to Preventive Medicine Benefit.
 - Reimbursements of Charges for Outpatient Services apply against receipt.
 - All other benefits apply based on the conditions and limits described in this table at 80% after the applicable deductible, with the exception of the Emergency Room for Accident or Listed Critical Illness which will be covered against reimbursement at 100% without being subject to the deductible, according to the scenarios detailed below:

• Pre-Authorization and Approval by the Company with BCBS Network Providers • No Pre-Authorization or Approval by the Company • Pre-Authorization and Approval by the Company with Providers outside the BCBS Network • Pre-Authorization and No Approval by the Company, according to medical condition – Elective or Scheduled Treatments	• Benefit is covered at 80% and a deductible amount applies, as indicated above. • Benefit is covered but it is reduced to 50% reimbursement and a deductible amount applies, as indicated above. • Benefit is covered but it is reduced to 60% reimbursement and a deductible amount applies, as indicated above. • Benefit is covered but it is reduced to 50% reimbursement for URA charges in Panama and applies a deductible amount for Panama, Central America and Colombia (PCC).
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INSURED'S MAXIMUM CONTRIBUTION (STOP LOSS)

Maximum annual limit of the insured as co-insurance of all expenses covered under the policy, excess as reimbursed at 100%

Medical expenses penalized for lack of pre-authorization or approval by the Company; not using the providers of the BCBS Network in the required cases and/or any other case detailed in the policy, are not considered.	Per Policy-Year US\$5,000.00
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(*) Major Medical Expenses

Neurological and neurosurgical diseases, including strokes, cardiovascular and heart diseases, cancer and hematological conditions, major trauma (polytrauma), major orthopedic surgery and arthroscopies, kidney diseases, including chronic renal insufficiency

(**) Listed Critical Diseases

Myocardial infarction or coronary insufficiency, states of unconsciousness or sudden obtundation and/or disorientation, acute allergic or anaphylactic reactions, hemorrhage of all types including obstetric and gynecological, convulsions, intoxications, renal colic, hepatic or vesicular colic, episodes of angina pectoris, pulmonary embolisms, acute attack of bronchial asthma, vomiting and diarrhea with or without dehydration, acute abdominal pain, shock or coma of any nature, acute retention of urine, high fever in infants and any other illness that could endanger the Insured's health, provided it is approved by the Company.



Esta información se debe tomar solo como ilustración, para los términos y condiciones contractuales refiérase al contrato póliza.



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