

# BUPA INSURANCE COMPANY

## Table of Benefits

### Bupa Flex

Effective January 1, 2019

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General information	Yes	No
Benefits in the United States of America and the rest of the world are subject to a provider network	x	
Coverage requires pre-notification	x	
All benefits are covered according to the Bupa Fee Schedule	x	
Coinsurance (20% of the first US\$10,000 per insured, or US\$20,000 per policy)	x	
Maximum coverage per insured, per policy year	US\$500,000	
Geographical coverage: Latin America, the Caribbean and the United States of America		
In-patient benefits and limitations (subject to deductible and 20% coinsurance)	Coverage	
Hospital services	100%	
Hospital room and board (standard private/semi-private)	100%	
Intensive care unit	100%	
Medical and nursing fees	100%	
Drugs prescribed while in-patient	100%	
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scans, ultrasounds, and endoscopies)	100%	
Out-patient benefits and limitations (subject to deductible and 20% coinsurance)	Coverage	
Ambulatory surgery	100%	
Physicians and specialists, per visit	US\$80	
Out-patient prescription drugs: <ul style="list-style-type: none"><li>Following hospitalization or out-patient surgery (for a maximum of 6 months)</li><li>Out-patient or non-hospitalization</li></ul>	US\$7,000 US\$1,500	
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scans, ultrasounds, and endoscopies)	100%	
Physical therapy and rehabilitation services (must be pre-approved)	100%	
Home health care, per day (must be pre-approved) <ul style="list-style-type: none"><li>Maximum 60 days per policy year</li></ul>	US\$200	
Maternity benefits and limitations	Coverage	
Pregnancy, maternity, and birth, per pregnancy <ul style="list-style-type: none"><li>Includes normal delivery, cesarean delivery, all pre- and post-natal treatment, well-baby care, and umbilical cord blood storage)</li><li>10-month waiting period</li><li>Plans 2 and 3 only</li><li>No deductible or coinsurance applies</li></ul>	US\$2,000	
Provisional coverage for newborn children (for a maximum of 90 days after delivery) <ul style="list-style-type: none"><li>Covered pregnancies only</li><li>No deductible or coinsurance applies</li></ul>	US\$10,000	
Complications of pregnancy, maternity, and birth, per pregnancy <ul style="list-style-type: none"><li>10-month waiting period</li><li>Plans 2 and 3 only</li><li>No deductible or coinsurance applies</li></ul>	US\$50,000	

<b>Evacuation benefits and limitations (subject to deductible and 20% coinsurance)</b>	<b>Coverage</b>
Medical emergency evacuation: <ul style="list-style-type: none"> <li>• Air ambulance</li> <li>• Ground ambulance</li> <li>• Return journey</li> <li>• Repatriation of mortal remains</li> </ul> Must be pre-approved and coordinated by USA Medical Services.	US\$25,000 100% 100% US\$4,000
<b>Other benefits and limitations (subject to deductible and 20% coinsurance)</b>	<b>Coverage</b>
Cancer treatment (chemotherapy/radiation)	100%
End-stage renal failure (dialysis)	100%
Transplant procedures (lifetime maximum per diagnosis) <ul style="list-style-type: none"> <li>• Maximum coverage of costs of organ, cell, or tissue procurement, transportation, harvesting, and donor workup (US\$25,000 included as part of the total)</li> </ul>	US\$200,000
Congenital and/or hereditary disorders: <ul style="list-style-type: none"> <li>• Diagnosed before 18 years of age (lifetime maximum)</li> <li>• Diagnosed at 18 years of age or after</li> </ul>	US\$75,000 100%
Prosthetic limbs <ul style="list-style-type: none"> <li>• Lifetime maximum US\$120,000</li> </ul>	US\$30,000
Special treatments (prosthesis, implants, appliances and orthotic devices, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs)	100%
Emergency room (with or without hospital admission)	100%
Emergency dental coverage	100%
Hospice/terminal care	100%
Coverage of hazardous activities and sports (only amateur)	100%
Extended coverage to eligible dependents upon death of policyholder	1 year
Required second surgical opinion <ul style="list-style-type: none"> <li>• If the insured does not obtain a required second surgical opinion, he/she will be responsible for 30% of all covered medical and hospital charges related to the claim, in addition to the plan deductible.</li> </ul>	100%