



BUPA INSURANCE COMPANY

Table of Benefits

Bupa Supreme

Effective January 1, 2021

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 UCR rates (Usual, Customary and Reasonable)	x	
Coinsurance (only as indicated below)		x
Maximum coverage per insured, per policy year	US\$5 Million	
Geographical coverage: Worldwide		
In-patient benefits and limitations	Coverage	
Hospital services	100%	
Hospital room and board (standard private/semi-private) <ul style="list-style-type: none"> In Bupa hospital network In other hospitals, per day 	100%	US\$2.000
Intensive care unit <ul style="list-style-type: none"> In Bupa hospital network In other hospitals, per day 	100%	US\$4.000
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%	
Accommodation charges for companion of a hospitalized child, per day	US\$400	
Guest meals, per day	US\$50	
Out-patient benefits and limitations	Coverage	
Ambulatory surgery	100%	
Physicians and specialists, per visit <ul style="list-style-type: none"> Maximum 40 visits per policy year 	US\$300	
Out-patient prescription drugs: <ul style="list-style-type: none"> Following hospitalization or out-patient surgery (for a maximum of 6 months) Out-patient or non-hospitalization (with 20% co-insurance) 	US\$2.000	US\$2.000
Diagnostic procedures, maximum per test, all inclusive: <ul style="list-style-type: none"> CT scan MRI scan Colonoscopy Endoscopy All other diagnostic procedures (radiology, lab tests, Doppler echocardiography, ultrasound, PET scan) 	US\$700	US\$1.000 US\$1.100 US\$500 100%
Physical therapy and rehabilitation services, per session (must be pre-approved) <ul style="list-style-type: none"> Maximum 80 sessions per policy year 	US\$100	
Home health care, per day (must be pre-approved) <ul style="list-style-type: none"> Maximum 30 days per policy year 	US\$250	
Routine health checkup (all inclusive) <ul style="list-style-type: none"> No deductible applies 	US\$600	
Complementary therapist, per visit/session, maximum 80 visits/sessions <ul style="list-style-type: none"> Treatment from an osteopathic doctor, chiropractor, podiatrist, and/or psychiatrist Acupuncture and homeopathic treatment Treatment for behavioral and developmental disorders Medically prescribed short-term speech therapy Sleep disorders 	US\$100	
Dietetic guidance with an authorized dietician, maximum 4 consultations	100%	

Urgent Care Facilities or Walk-in Clinics in the U.S.A. Expenses derived from treatment in emergency care centers and convenience clinics in the United States of America that are necessary to treat an injury, illness or medical condition covered under the policy <ul style="list-style-type: none"> • US\$50 copay • No deductible applies 	100%
Maternity benefits and limitations	Coverage
Pregnancy, maternity, and birth, per pregnancy <ul style="list-style-type: none"> • Includes normal delivery, cesarean delivery, and all pre- and post-natal treatment) • 10-month waiting period • Plans 1 and 2 only • No deductible applies 	US\$10.000
Complications of pregnancy, maternity, and birth <ul style="list-style-type: none"> • 10-month waiting period • Plans 1 and 2 only • No deductible applies 	100%
Provisional coverage for newborn children (for a maximum of 90 days after delivery) <ul style="list-style-type: none"> • Covered pregnancies only • No deductible applies 	US\$50.000
Well baby care visits (5 visits within 6 months of delivery)	100%
Evacuation benefits and limitations	Coverage
Medical emergency evacuation: <ul style="list-style-type: none"> • Air ambulance • Ground ambulance • Return journey • Repatriation of mortal remains Must be pre-approved and coordinated by USA Medical Services.	100%
Other benefits and limitations	Coverage
Cancer treatment (chemotherapy/radiation)	100%
End-stage renal failure (dialysis)	100%
Transplant procedures (lifetime maximum per diagnosis) <ul style="list-style-type: none"> • Maximum coverage of costs of organ, cell, or tissue procurement, transportation, harvesting, and donor workup (US\$25.000 included as part of the total) 	US\$750.000
Congenital and/or hereditary disorders	100%
Prosthetic limbs <ul style="list-style-type: none"> • Lifetime maximum US\$120.000 	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%
Treatment of the jaw	100%
Non-cosmetic podiatric care	100%
Coverage of hazardous activities and sports (amateur, professional, or for compensation)	100%
HIV/AIDS (only secondary to work-related accident or blood transfusion)	100%
Extended coverage to eligible dependents upon death of policyholder	2 years
Required second surgical opinion <ul style="list-style-type: none"> • 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. 	100%
SUPPLEMENTARY OPTIONS WITH THE PURCHASE OF RIDER (not automatically included)	
Optional coverage benefits and limitations	Coverage
Maternity and perinatal complications rider (per rider) <ul style="list-style-type: none"> • 10-month waiting period after effective date of rider 	US\$500,000
Transplant procedures rider (lifetime per insured, per diagnosis) <ul style="list-style-type: none"> • Additional optional coverage for organ, tissue, or cell transplant procedures 	N/A

- | | |
|--|--|
| <ul style="list-style-type: none">• 6-month waiting period after effective date of rider | |
|--|--|