



BUPA INSURANCE COMPANY

Table of Benefits

Exclusive Care

Effective January 1, 2022

| 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 | | x |
| Maximum coverage per insured, per policy year | US\$10 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% | |
| Mental Health (related to a covered condition) Must be pre-approved | 100% | |
| Drugs prescribed while in-patient | 100% | |
| Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scans, ultrasounds, and endoscopies) | 100% | |
| Bariatric surgery (24-month waiting period) | US\$15,000 | |
| 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' visits | 100% | |
| Out-patient prescription drugs | 100% | |
| 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 (must be pre-approved) | 100% | |
| Routine health checkup (all inclusive) <ul style="list-style-type: none"> No deductible applies | US\$1,000 | |
| Vaccines (medically required) <ul style="list-style-type: none"> No deductible applies (*) Applies 20% of coinsurance | 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% | |

(*) Applies 20% of coinsurance

| 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 including required vitamins during pregnancy 10-month waiting period Plans 2 and 3 only No deductible applies | US\$10,000 |
| Complications of pregnancy, maternity, and birth <ul style="list-style-type: none"> 10-month waiting period Plans 2 and 3 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 |
| Umbilical cord blood storage (lifetime maximum per covered pregnancy) <ul style="list-style-type: none"> Plans 2 and 3 only No deductible applies | US\$2,000 |
| 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/bone marrow transplant/preventive surgery) | 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\$60,000 included as part of the total) | US\$2,000,000 |
| 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) Must be pre-approved | 100% |
| Emergency room (with or without hospital admission) | 100% |
| Emergency dental coverage | 100% |
| Hospice/terminal care | 100% |
| Complementary therapist <ul style="list-style-type: none"> Out-patient treatment received from an osteopathic doctor, a chiropractor, a podiatrist, and/or a psychiatrist Acupuncture and homeopathic treatment Out-patient treatment for behavioral and developmental disorders, including medically-prescribed short-term speech therapy and sleep disorders Maximum 80 visits/sessions | 100% |
| Prescribed dietician guidance <ul style="list-style-type: none"> Maximum 4 visits | 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 | 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• Plans 4, 5 and 6 only | US\$500,000 |