GLOBAL ELITE HEALTH PLAN WELCOME GUIDE

A PARTNERSHIP OF TWO WORLD CLASS GLOBAL HEALTHCARE ORGANIZATIONS

BUPA GUATEMALA

CONTENT

WELCOME

Having a medical expenses insurance policy with Bupa Global and Blue Cross Blue Shield Global gives you all the benefits of two world class global healthcare organizations. This guide gives you a summary of your health plan, including important information regarding:

- What to do when you need a medical **treatment**
- How to include a **dependent** to your **policy**
- A step by step description of the **claim** process
- Useful and practical Information to help you make the most out of your **policy**

In order for you to take advantage of all the benefits included in your insurance **policy**, please carefully read the **Table of Benefits** and the Exclusions and Limitations section in your **Policy's** Terms and Conditions before and after contracting it. You will find all the information you need regarding all the benefits in your coverage plan.

BEFORE WE GET STARTED, THERE ARE A FEW THINGS WE WOULD LIKE TO BRING TO YOUR ATTENTION

WORDS IN BOLD	Words in **bold** are important terms for your coverage that are described in the Glossary section of your **policy's** Terms and Conditions.
GLOBAL COVERAGE	Your coverage area is global, as long as the treatment is covered under your insurance **policy**. You can receive **treatment** in any medical facility, **hospital** and clinic that is recognized within the geographic area of your Global Elite Plan insurance **policy**. We recommend the use of our preferred providers network, which you can view in our website www.bupasalud.com
COVERED TREATMENTS	Your Global Elite Health Plan insurance **policy** covers the expenses for the **treatment** of **lesions**, **diseases or illnesses** necessary to maintain and recover your health. **You will be covered if your treatment:** - is covered under the Terms and Conditions, and - is approved by the health authorities in the country where you are seeking treatment, and - is clinically appropriate on terms of type, duration, geographical location, and frequency.
ACCESSING CARE IN THE U.S.	As part of your healthcare insurance, you have access to the widest coverage in the United States of America, through Blue Cross Blue Shield Global. Some restrictions and limitations apply in certain locations. For more information, please visit www.bupasalud.com.

ANY QUESTIONS?

We are always ready to help you. Contact our Welcome Center through www.centrodebienvenida.com to get all the information you need about your policy, or call us Monday to Friday, from 8:00 to 17:00 hrs.

In Guatemala	PBX 2300-8000
Correo electrónico:	ServicioGuatemala@bupalatinamerica.com

Or through USA Medical Services, 24/7.

In the U.S.:	+1 (305) 275-1500
Toll free in the U.S.:	+1 (800) 726-1203
Fax:	+1 (305) 275-1518
E-mail:	usamed@usamedicalservices.com
Outside the U.S.:	You can find the phone number in the back of your insurance card, or at www.bupasalud.com

IF YOU ARE AWAKE, WE ARE AS WELL... LOOKING AFTER YOUR WELLBEING

You can call us at anytime during the day or night to receive support or assistance by our professionals who are ready to help you with:

- General medical information
- Assistance in searching local medical providers
- Coordination of medical appointments
- Access to a second medical opinion

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for you. Our assistance team will handle your case from start to finish, so you always talk to someone who knows what is happening.

NEED TREATMENT?

We want to make sure that everything runs as smoothly as possible whenever you need **treatment**, guiding you throughout the process so you can focus on your recovery.

When you contact us before going for **treatment**, we can explain your benefits and confirm that the **treatment** is covered by your Global Elite Health Plan insurance **policy.** If you need it, we can also assist you with information about **hospitals**, clinics and **specialists**.

Some benefits require prior authorization, as indicated in your **policy**'s **Table of Benefits**. Bupa reserves the right to deny payment of said benefits if no prior authorization has been granted.

When you need **treatment** in a **hospital**, contacting us also gives us an opportunity to contact your **hospital** or **clinic** and make sure they have everything they need, including a prior authorization for your **treatment**. If possible, we will arrange to pay them directly too. We will manage all the paperwork so that you can focus on your recovery.

The services offered by medical service providers to our **insureds** are provided independently from those services offered by **Bupa** under the terms of the insurance **contract**, which means the quality of those services is the exclusive responsibility of the medical service providers.

THE PRE-AUTHORIZATION PROCESS

The process is easy and fast, so you can continue with your **treatment** plans as soon as possible. Please contact us to obtain authorization at least seventy-two (72) hours prior to receiving **treatment**. **Emergency treatment** must be notified within seventy-two (72) hours of receiving **treatment**. If you fail to do so, you will be responsible for 30% of all covered medical and **hospital** charges related to the claim, in addition to the plan's **deductible** and **coinsurance**, if applicable. We may require different types of information and medical documentation, as well as asking you to fill out the corresponding forms in order to evaluate the circumstances of a claim. We may also require medical information in order to dismiss any **preexisting condition**, as well as any applicable exclusion. Once we have all the necessary information and the authorization is granted, we will send an authorization letter to you and your **hospital** or **clinic**.

Remember we offer a second medical opinion service

The solution to health problems is not always black and white. That is why we give you the opportunity to request a second opinion from independent world-class **specialists**.

OUR APPROACH TO EXPENSES

We cover expenses that are **usual, customary and reasonable**. These expenses known as UCR, represent the maximum amount we consider eligible for payment under your health insurance **policy.** UCR is determined by the continuous review of charges for a particular service, adjusted by region or geographical area.

Governmental facilities and official medical associations frequently publish guidelines for the payment of fees and medical **treatments** (including the appropriate course of **treatment** for an **illness** or condition). In these cases, or when publications with industry standards are available, we will use these general guidelines when evaluating a claim.

Once authorization is complete, you may receive treatment

Remember to always carry your insurance ID card, which identifies you as a Global Elite Health Plan **insured**, and to show it to your medical services provider in order to receive **treatment**, along with your authorization letter.

EXCEPTIONAL SERVICE

We are known for offering a high level of service in all our health **policies**, so you can:

- receive **treatment** anywhere in the world
- receive **hospital** or out-patient services
- benefit from medical evacuation when the **treatment** you need is not available locally
- receive **treatment** for cancer and other serious conditions as long as you need it while you are **insured** with us
- contract a **policy** up to 74 years of age
- have access to Medical Expert Opinion
- benefit from a worldwide **deductible**, up to the equivalent of two per family, per **policy year**.

WHY CHOOSE GLOBAL ELITE HEALTH PLAN?

This **policy** offers you exceptional health coverage wherever and whenever you need it, including dental coverage, home health care and a number of **complementary therapies.**

Global Elite Health Plan is an excellent option for families. We offer you an extensive maternity package, covering children of up to 10 years of age, when born within the policy without an aditional cost (max. two children per covered parent).

If you practice extreme sports, professionally or as an amateur, Global Elite Health Plan is the plan for you, covering your favorite activities.

HOW TO ADD DEPENDENTS TO YOUR POLICY

You can request to include **dependents** to your **policy** by filling out an insurance **application,** which you can easily download from our website www.bupa.com.mx; should you rather contact us directly, we will gladly send you the document via email.

When you fill out an **application** for the addition of a new **dependent** to the **policy**, please provide information and documentation regarding his/her health, which will be reviewed by our medical team, who may offer coverage for **preexisting illnesses and/or conditions**, special restrictions or exclusions, or it may result in the **application** for coverage being denied. Any special restriction or exclusion applies only to the new **dependent**, and it will be reflected in your **certificate of coverage**.

ADDING A NEWBORN?

Congratulations on the new addition to your family!

Your baby can be included in your **policy** from birth without the need for an insurance **application,** and he/she will be covered regardless of illnesses, as long as:

- at least one of the parents has been covered under this **policy** for at least 10 months before the birth of the child, and
- a copy of the birth certificate has been sent to us within 90 days following the date of birth

We would need you to submit an insurance **application** filled out in its entirety, along with the birth certificate, if:

- the birth certificate is not presented withing 90 days following the date of birth, as it is previously indicated
- none of the parents has been covered under this **policy** for at least 10 months before the child's birth
- none of the adults under this **policy** is the parent of the child
- the child was born as a result of a fertilization **treatment**, if he/she is adopted, or if he/she was born from surrogacy

In case you need to submit an insurance **application** for the **newborn**, we will follow the previously described process in order to include a **dependent** to your **policy**. If there are changes in the information you provided in the **application** after signing and before we approve the **application**, you should notify us immediately.

HOW TO MAKE A CLAIM

We offer you a fast and easy process to submit a claim, whether you chose direct pay or reimbursement. Some benefits require prior authorization; please make sure you read the **Table of Benefits** in your General Conditions. The section "Need **Treatment**?" details all you need to know to submit a claim.

We reserve the right to request more medical information in order to process your claim.

DIRECT PAY

We pay the medical services provider directly

REIMBURSEMENT

You pay the medical services provider and request a reimbursement

1

In order to proceed quickly and efficiently with all authorizations, the medical services team must receive from the medical services provider, agent or the **insured,** the medical statement with all the information, including physicians fees and the treating **physician's** signature. In some of the cases, it might be necessary to provide additional information for the approval.

Claim forms are available online. Should you rather contact us, please request a copy via email.

You may submit a claim through your insurance agent or directly to our offices:

Bupa Guatemala
5ª Avenida 5-55, Zona 14
Europlaza World Business Center
Torre III, Nivel 11, Oficina 1103
Ciudad de Guatemala

Should you need help with your claim, contact us at:

PBX 2300-8000

Or visit our website:

www.bupasalud.com

This contact information is also available in your insurance ID card.

2

When the case proceeds, we will send an authorization to the medical services provider, and you will be responsible for the **deductible** as described by your **policy**.

The medical services provider will send us an invoice.

The treating **physician** must sign and complete all the information in the medical section of the claim form.

You must sign and complete all other sections, attach original invoices and medical tests performed, and send us all the documentation.

3

We will pay the medical services provider directly.

We will review and evaluate the information to process the claim.

A report with payments made will be sent.

When we process your claim, your benefits are paid according to the **Table of Benefits.**

The **deductible** you selected for your **policy** will apply to these benefits.

USEFUL INFORMATION

HOW DOES THE DEDUCTIBLE WORK?

The **deductible** you have selected will be reflected in the **policy** cover and your insurance ID card.

The **deductible** is the amount you must cover each **policy year** before we begin to pay any expenses.

It is important that you send us all your claims, even if the value of your claim is lower than the **deductible**. The claim will be considered in the calculation of your **deductible**. If your claim is for an amount higher than the value of pending **deductible** we will pay the expenses according to your benefits.

The **deducible** applies:

- per **policy year**,
- individually for each **insured**, with a maximum equivalent to two **deductibles** per family,
- for all benefits of this insurance **policy**, except when stated otherwise.

The **Table of Benefits** in your General Conditions provides you with a detailed explanation of your covered benefits and limitations.

EXAMPLE (PLAN 1)	
For a surgery in Guatemala	
Total approved expenses: **US$5,000**	Your **deductible**: **US$250**
Amount we pay:	**US$4,750**
Approved **hospitalization** during the same **policy year** outside Guatemala: **US$6,000**	Pending **deductible** the same **policy year** is: **US$4,650**
Amount we pay:	**US$1,250**

CURRENCY

All benefits are estimated in US$ (U.S. dollars) and are calculated according to the currency exchange at the time of the service.

WAITING PERIOD

Some benefits are subject to waiting periods. This means a claim may not be submitted for those benefits until the corresponding waiting period has been completed.

BENEFITS LIMITS

There are three types of limits to benefits, as per the **Table of Benefits:**

1. The "**maximum limit**" – the maximum amount we will pay in total, for all the benefits, for each **insured**, per **policy year**
2. "Per lifetime" – the maximum amount of certain benefits we will pay per **insured** during their lifetime
3. Limits per sessions, visits, or days

   – the maximum amount we will pay for certain benefits, for example: **rehabilitation**

All limits are per **insured**. Some limits apply per **policy year**; this means that once a limit is reached, the benefit is no longer available until after the renewal of your insurance **policy**. Other limits apply per lifetime; this means that once a limit is reached, the benefit will no longer be paid, regardless of the **policy renovation**.

IMPORTANT

In order for us to give you the best service possible and help us control medical expenses, remember to always carry your insurance card with you. Not doing so may result in usual, customary and reazonable costs.

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