

COMPARISON GUIDE BUPA CARE TRINIDAD & TOBAGO 2022



	Bupa Privilege Care		Bupa Advantage Care		Bupa Secure Care		Bupa Essential Care	
Maximum annual coverage	US\$7 M		US\$4 M		US\$3 M		US\$2 M	
Geographical coverage	Worldwide (Open network)		Worldwide (Bupa Advantage network)		Worldwide (Bupa Secure network)		Worldwide (Bupa Essential network)	
Deductible options	In-country	Out-of-country	In-country	Out-of-country	In-country	Out-of-country	In-country	Out-of-country
Plan 2	US\$1,000	US\$2,000	US\$1,000	US\$2,000	US\$1,000	US\$2,000	US\$1,000	US\$2,000
Plan 3	US\$2,000	US\$3,000	US\$2,000	US\$3,000	US\$2,000	US\$3,000	US\$2,000	US\$3,000
Plan 4	US\$5,000	US\$5,000	US\$5,000	US\$5,000	US\$5,000	US\$5,000	US\$5,000	US\$5,000
Plan 5	US\$10,000	US\$10,000	US\$10,000	US\$10,000	US\$10,000	US\$10,000	US\$10,000	US\$10,000
Plan 6	US\$20,000	US\$20,000	US\$20,000	US\$20,000	US\$20,000	US\$20,000	US\$20,000	US\$20,000
Extended coverage for eligible dependents	2 years		2 years		1 year		1 year	
In-patient benefits and limitations								
Hospital services: room and board	100% (In Bupa hospital network) US\$1,000 (In other hospitals, per day)		100%		100%		100%	
Intensive Care Unit	100% (In Bupa hospital network) US\$3,000 (In other hospitals, per day)		100%		100%		100%	
Medical and nursing fees	100%		100%		100%		100%	
Drugs prescribed while in-patient	100%		100%		100%		100%	
Diagnostic procedures	100%		100%		100%		100%	
Bariatric Surgery (24-month waiting period)	US\$15,000		US\$15,000		N/A		N/A	
Accommodation charges for companion of a hospitalized child, per day	US\$300		US\$300		US\$100		N/A	
Out-patient benefits and limitations								
Ambulatory surgery	100%		100%		100%		100%	
Physicians and specialists visits	100%		100%		100%		100%	
Prescription drugs:								
• Following hospitalization or out-patient surgery	• 100% (Max. 6 months)		• 100% (Max. 6 months)		• 100% (Max. 6 months)		• 100% (Max. 6 months)	
• Out-patient or non-hospitalization	• 100%		• US\$6,500		• US\$3,000		• US\$1,500 (with 20% co-insurance)	
Diagnostic procedures	100%		100%		100%		100%	
Physical therapy and rehabilitation services	100%		100%		100% (Max. 60 sessions)		100% (Max. 40 sessions)	

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Home health care	100%	100%	US\$300 per day (Max. 90 days)	US\$200 per day (Max. 60 days)
Routine health checkup	US\$300 (No deductible)	US\$150 (No deductible)	N/A	N/A
Urgent Care Facilities or Walk-in Clinics in the U.S.A. • US\$50 copay • No deductible applies	100%	100%	100%	100%
Maternity benefits and limitations				
Pregnancy, maternity, and birth, per pregnancy	US\$7,500 (10-month waiting period. No deductible. Plans 1, 2 and 3 only)	US\$5,000 (10-month waiting period. No deductible. Plans 2 and 3 only)	US\$3,500 (10-month waiting period. No deductible. Plans 1, 2 and 3 only)	US\$2,000 (10-month waiting period. No deductible. Plans 1, 2 and 3 only)
Provisional coverage for newborn children	US\$30,000 (Covered pregnancies only. No deductible)	US\$30,000 (Covered pregnancies only. No deductible)	US\$15,000 (Covered pregnancies only. No deductible)	US\$10,000 (Covered pregnancies only. No deductible)
Umbilical cord blood storage	US\$1,000 (No deductible. Plans 2 and 3 only)	US\$500 (No deductible. Plans 1, 2 and 3 only)	N/A	N/A
Complications of pregnancy, maternity, and birth	US\$1,000,000 (10-month waiting period. No deductible. Plans 2 and 3 only)	N/A	N/A	N/A
Evacuation benefits and limitations (must be pre-approved and coordinated by USA Medical Services)				
Air ambulance	US\$125,000	US\$100,000	US\$50,000	US\$25,000
Ground ambulance	100%	100%	100%	100%
Return journey	100%	100%	100%	100%
Repatriation of mortal remains	100%	100%	US\$10,000	US\$5,000
Other benefits and limitations				
Cancer treatment	100% (including bone marrow transplant and preventive surgery)	100% (including bone marrow transplant and preventive surgery)	100% (including bone marrow transplant and preventive surgery)	100% (including bone marrow transplant and preventive surgery)
End-stage renal failure (dialysis)	100%	100%	100%	100%
Transplant procedures	US\$1,500,000 (Lifetime maximum per diagnosis)	US\$1,000,000 (Lifetime maximum per diagnosis)	N/A	N/A
Congenital and/or hereditary disorders diagnosed before the age of 18	US\$1,000,000 (Max. per lifetime)	US\$300,000 (Max. per lifetime)	US\$150,000 (Max. per lifetime)	US\$100,000 (Max. per lifetime)

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Congenital and /or hereditary disorders diagnosed on or after the age of 18	100%	100%	100%	100%
Prosthetic limbs	US\$30,000 (Lifetime max. US\$120,000)	US\$30,000 (Lifetime max. US\$120,000)	US\$30,000 (Lifetime max. US\$120,000)	US\$30,000 (Lifetime max. US\$120,000)
Special treatments	100%	100%	100%	100%
Emergency room (with or without admission)	100%	100%	100%	100%
Emergency dental coverage	100%	100%	100%	100%
Hospice/terminal care	100%	100%	100%	100%
Complementary therapist (max. 20 visits/sessions)	100%	N/A	N/A	N/A
HIV/AIDS	100% (Under certain conditions)	100% (Under certain conditions)	100% (Under certain conditions)	100% (Under certain conditions)
Supplementary Options with the Purchase of Riders (not automatically included)				
Transplant procedures rider	N/A	US\$500,000 (per insured, per diagnosis, per lifetime) • 6-month waiting period after effective date of rider	US\$500,000 (per insured, per diagnosis, per lifetime) • 6-month waiting period after effective date of rider	US\$500,000 (per insured, per diagnosis, per lifetime) • 6-month waiting period after effective date of rider
Maternity and perinatal complications rider	US\$500,000 (per rider) • Plans 4, 5, & 6 (subject to deductible) • 10-month waiting period after effective date of rider	US\$500,000 (per rider) • Plans 1, 2 & 3 (not subject to deductible) • Plans 4, 5 & 6 (subject to deductible) • 10-month waiting period after effective date of rider	US\$500,000 (per rider) • Plans 1, 2 & 3 (not subject to deductible) • Plans 4, 5 & 6 (subject to deductible) • 10-month waiting period after effective date of rider	US\$500,000 (per rider) • Plans 1, 2 & 3 (not subject to deductible) • Plans 4, 5 & 6 (subject to deductible) • 10-month waiting period after effective date of rider

Notes:

- Policy benefits are per member per policy year, except in cases specified in the policy.
- The Usual, Customary, and Reasonable rates (UCR) for medical fees apply to all plans according to the geographical region where the treatment took place.
- Some procedures, treatments, services and benefits stated in this Comparison Guide may be subject to prior authorization by the insurer, as stipulated in the Table of Benefits.
- This Comparison Guide is for information purposes only. All benefits details, as well as limitations and exclusions, are part of the Terms and Conditions, which will prevail over any informative documents.