

BUPA INSURANCE COMPANY

Table of Benefits

Secure 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 (only as indicated below) | x | |
| Maximum coverage per insured, per policy year | US\$3 Million | |
| Geographical coverage: Worldwide | | |
| In-patient benefits and limitations | 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% | |
| Mental Health (related to a covered condition) <ul style="list-style-type: none"> • Must be pre-approved | 90 days per life time | |
| Accommodation charges for companion of a hospitalized child, per day <ul style="list-style-type: none"> • Maximum US\$1,000 per admission | US\$100 | |
| Out-patient benefits and limitations | Coverage | |
| Ambulatory surgery | 100% | |
| Physicians and specialist's visits | 100% | |
| 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% coinsurance) | 100% US\$3,000 | |
| Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scans, ultrasounds, and endoscopies) | 100% | |
| Physical therapy and rehabilitation services (must be pre-approved) <ul style="list-style-type: none"> • Maximum 60 sessions per policy year | 100% | |
| Home health care, per day (must be pre-approved) <ul style="list-style-type: none"> • Maximum 90 days per policy year | US\$300 | |
| Routine health checkup (all inclusive) <ul style="list-style-type: none"> • No deductible applies | US\$300 | |
| Vaccines (medically required) <ul style="list-style-type: none"> • No deductible applies • (*)Applies 20% of coinsurance | US\$300 (*) | |
| 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, required vitamins during pregnancy, all pre- and post-natal treatment, and well-baby care) • 10-month waiting period • Plans 1, 2 and 3 only • No deductible applies | US\$3,500 |
| Complications of pregnancy, maternity, and birth <ul style="list-style-type: none"> • 10-month waiting period • Plans 1, 2 and 3 only • No deductible applies | Included in Pregnancy, maternity, and birth benefit |
| 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\$15,000 |

| 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. | US\$50,000 100% 100% US\$10,000 |

| Other benefits and limitations | Coverage |
|--|---------------------|
| Cancer treatment (chemotherapy/radiation/bone marrow transplant/preventive surgery) | 100% |
| End-stage renal failure (dialysis) | 100% |
| Congenital and/or hereditary disorders: <ul style="list-style-type: none"> • Diagnosed before 18 years of age (lifetime maximum) • Diagnosed at 18 years of age or after | US\$150,000 100% |
| 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% |
| 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"> • 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 • 6-month waiting period after effective date of rider | US\$500,000 |