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BUPA INSURANCE COMPANY

Table of Benefits

Essential Care

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\$2 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%	
Bariatric surgery (24-month waiting period)	N/A	
Accommodation charges for companion of a hospitalized child, per day	N/A	
Guest meals, per day	N/A	
Out-patient benefits and limitations	Coverage	
Ambulatory surgery	100%	
Physicians and specialists' 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\$1,500	
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 40 sessions per policy year 	100%	
Home health care, per day (must be pre-approved) <ul style="list-style-type: none"> Maximum 60 days per policy year 	US\$200	
Routine health checkup (all inclusive) <ul style="list-style-type: none"> No deductible applies 	US\$200	
Vaccines (medically required) <ul style="list-style-type: none"> No deductible applies Subject to 20% of coinsurance 	US\$150	
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, complicated 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\$2,000	

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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\$10,000
Umbilical cord blood storage (lifetime maximum per covered pregnancy) <ul style="list-style-type: none"> • Plans 1, 2 and 3 only • No deductible applies 	N/A
Well baby care visits (5 visits within 6 months of delivery)	N/A
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\$25,000 100% 100% US\$5,000
Other benefits and limitations	Coverage
Cancer treatment (chemotherapy/radiation/bone marrow transplant/preventive surgery)	100%
End-stage renal failure (dialysis)	100%
Transplant procedures	N/A
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\$100,000 100%
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%
Complementary therapist	N/A
Prescribed dietician guidance	N/A
Treatment of the jaw	N/A
Non-cosmetic podiatric care	N/A
Coverage of hazardous activities and sports (only amateur)	100%
HIV/AIDS	N/A
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