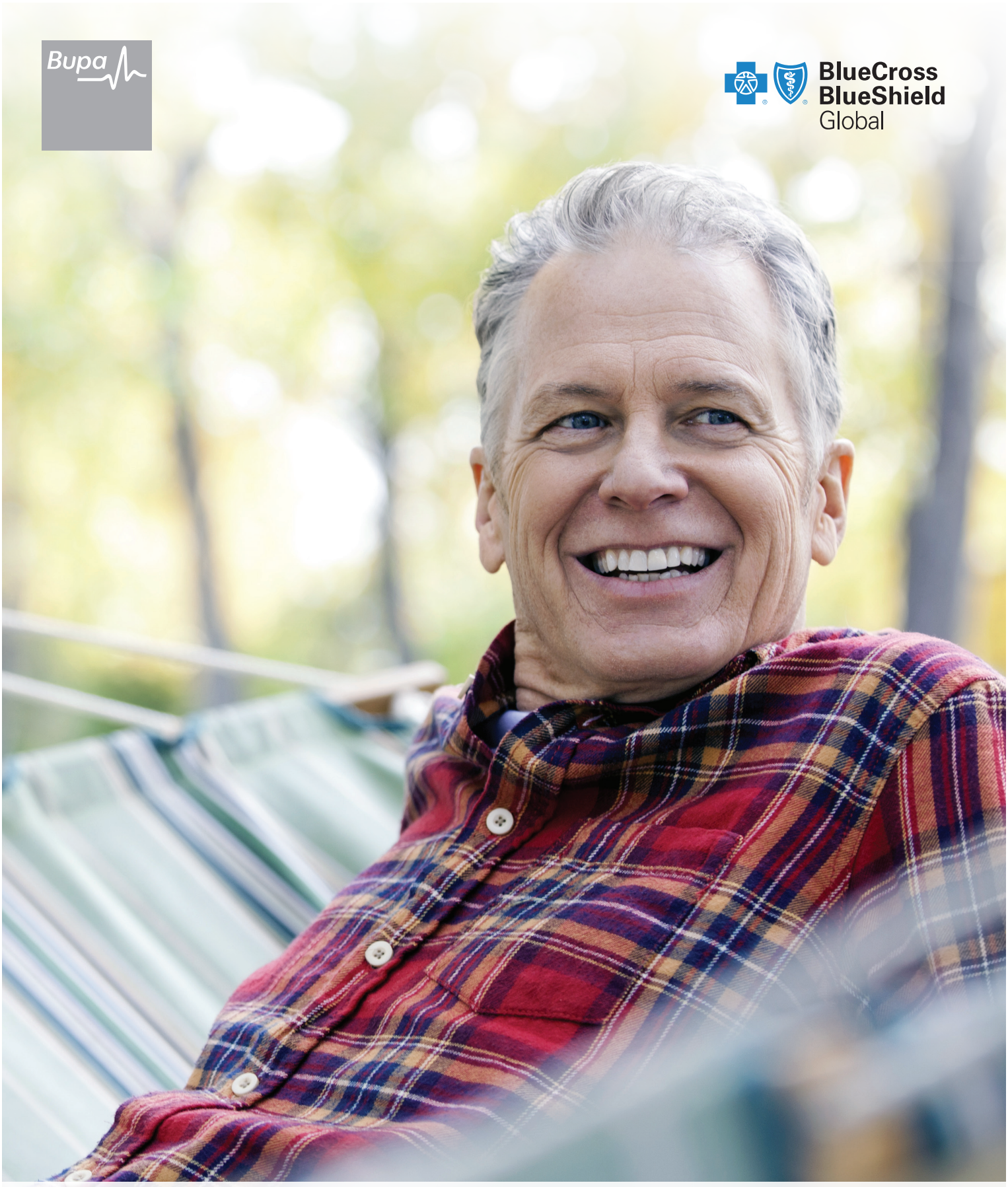

GLOBAL SELECT HEALTH PLAN WELCOME GUIDE

A COLLABORATION BETWEEN TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE

BUPA DOMINICANA

CONTENT

WELCOME

With a health plan from Bupa Global and Blue Cross Blue Shield Global, you benefit from the combined strength, scale, and expertise of two of the most respected names in global healthcare. Within this guide, you'll find easy to understand information about your health plan, including:

- What to do when you need a medical **treatment**
- How to add 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 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 Select Health Plan and within your plan's preferred **providers network**. For a complete list of providers, go to www.bupasalud.com.
COVERED TREATMENTS	Your Global Select Health Plan covers the expenses for the **treatment** of **lesions**, **diseases or illnesses** necessary to maintain or 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 in terms of type, duration, geographical location, and frequency.
ACCESSING CARE IN THE U.S.	As part of your insurance **policy**, you have access to the broadest coverage in the United States of America via Blue Cross Blue Shield's networks. Some restrictions and limitations apply in certain locations. For more information, visit www.bupasalud.com.

ANY QUESTIONS?

We are always ready to help you. Contact our Welcome Center at www.centrodebienvenida.com to get all the information you need about your policy contact us through:

My Bupa in our Inquiries option:	www.bupasalud.com/MyBupa
In the Dominican Republic:	Santo Domingo: (809) 955-2555
(Monday to Friday, from 8:00 to 17:00 hrs.)	Santiago: (809) 241-6314

In case of medical emergency, contact us throught our USA Medical Services, 24 hours a day, all year-round:

In the U.S.:	+1 (305) 275-1500
Toll free in the U.S.:	+1 (800) 726-1203
Fax:	+1 (305) 275-1518
Visit My Bupa in our Pre-authorization option:	www.bupasalud.com/MyBupa
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.

ONLINE TO MAKE YOUR LIFE EASIER

Log in to www.bupasalud.com, search for “My Bupa” in our display options and follow the registration steps with your email to manage your policy from the comfort of your home or office. Enjoy our online services:

- Access to your policy documents and ID cards
- Payments
- Changes Request
- Claim Request and update information
- Request pre- authorization services
- Costumer Service
- Request pre- authorization services
- Virtual Care (Telemedicine)

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 Select Health Plan**.** 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 to go ahead with your **treatment**. If possible, we will also arrange for direct payment and 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 Global Select Health Plan offers coverage only within the provider network. No benefits will be paid for services outside the **provider network**, except in case of emergency treatment.

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**. 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 Select Health Plan **insured**, and 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 for as long as you need it while you are **insured** with us
- contract a new **policy** up to 74 years of age
- have access to second medical opinions
- benefit from a worldwide **deductible**, up to the equivalent of two per family, per **policy year**.

WHY CHOOSE GLOBAL SELECT HEALTH PLAN?

This **policy** offers you exceptional health coverage wherever and whenever you need it, within our preferred providers network, including in the United States of America.

Global Select Health Plan is designed to fit your budget, providing you with the variety of health benefits you need.

HOW TO ADD DEPENDENTS TO YOUR POLICY

You can add **dependents** to your **policy** by filling out an insurance **application,** which you can easily download from our website www.bupasalud.com; you may also contact us directly, and we will send you the form by 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, resulting in coverage for **preexisting illnesses and/or conditions**, special restrictions or exclusions, or 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 added to 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

You can notify us through My Bupa, in our **policy** changes option, available on our website Bupasalud.com or through your insurance agent.

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

- the birth certificate is not submitted within 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 is adopted or born via surrogacy

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

HOW TO SUBMIT 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.

1

DIRECT PAY

We pay the medical services provider directly

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.

REIMBURSEMENT

You pay the medical services provider and request a reimbursement

You may submit a claim through www.bupasalud.com/MyBupa or your insurance agent or directly to our offices:

Bupa Dominicana, S.A.
Av. Winston Churchill No.1099
Acrópolis Center, 3er Nivel, Piantini
Santo Domingo

Should you need help with your claim, contact us through www.bupasalud.com/MyBupa in our Inquiries option

Or call us at:
(809) 955-2555

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

2

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

The medical services provider will send us an invoice.

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

You will receive confirmation your application was received and it is in process.

3

We will pay the medical services provider directly.

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

A report with payments made will be sent.

Your benefits are paid according to the **Table of Benefits**.

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

You can follow-up and check the status of your reimbustment through My Bupa, in the Claims option.

USEFUL INFORMATION

HOW DOES THE DEDUCTIBLE WORK?

The **deductible** you have selected will be reflected in your certificate of coverage 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 outstanding **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 the Dominican Republic	
Total approved expenses: **US$5,000**	Your **deductible**: **US$250**
Amount we pay:	**US$4,750**
Approved **hospitalization** during the same **policy year** outside the Dominican Republic: **US$6,000**	Outstanding **deductible**: **US$4,750**
Amount we pay:	**US$1,250**

CURRENCY

All benefits are in US$ (U.S. dollars) and calculated according to the currency exchange on the day of 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 offer you the best service you deserve and help us control medical expenses, remember to always present your insurance card. Not doing so may result in the application of usual, customary and reasonable costs.

This is a complimentary translation from the original document in Spanish. In case of discrepancy between the Spanish and the English versions, the Spanish version shall govern.

NOTES

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