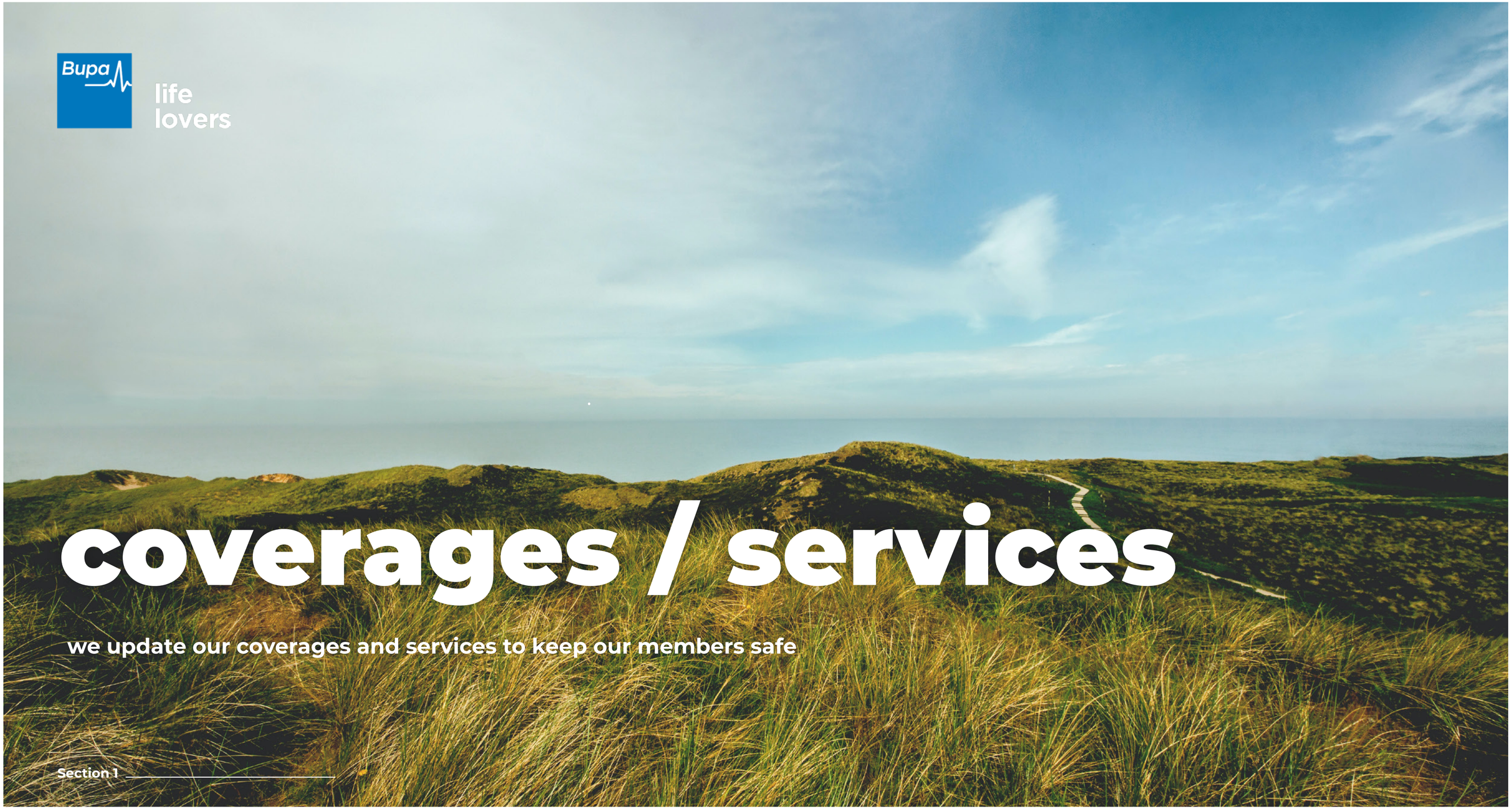
Bupa life lovers

TRINIDAD Y TOBAGO

Product update

A plan that grows with you

We have updated our products for you to accompany your customers to take each step in life with confidence. A lover of life deserves to have a service that is at their level, that's why each update has been done thinking about the welfare of our members.



coverages / services

we update our coverages and services to keep our members safe

Section 1

CORPORATE

The maximum benefit amount per incident for Medical Evacuation via Air Ambulance in case of emergency is increased:

- **from US$25,000 to US$50,000 option 1.**
- **from US$25,000 to US$100,000 option 2.**

Section 1

PRIVILEGE AND ADVANTAGE

We have included as an Out-Patient Benefit Pediatric Routine Health Checkup

The improvement is stated as follows:

- **Privilege**

  ROUTINE HEALTH CHECKUP: Routine physical examinations are covered up to a maximum of three hundred dollars (US$300) per insured, per policy year, with no deductible. Routine physical examinations may include diagnostic studies. Pediatric routine health checkups apply to insured dependents from twelve (12) months to seventeen (17) years; adult routine health checkups apply to insured eighteen and up.

- **Advantage**

  ROUTINE HEALTH CHECKUP: Routine physical examinations are covered up to a maximum of two hundred dollars (US$200) per insured, per policy year, with no deductible. Routine physical examinations may include diagnostic studies. Pediatric routine health checkups apply to insured dependents from twelve (12) months to seventeen (17) years; adult routine health checkups apply to insured eighteen and up.


ALL PRODUCTS

We believe that all our members should have access to safe and effective prescription drugs when they need them, which is why we present our **Highly Specialized Medications Unit (HSMU)** responsible for:

- Evaluating the best drug option for our member's condition.
- Managing the direct relationship with the best world-class pharmaceutical distributors.
- Searching the market for the supplier with the best conditions considering the active component of the drug in any of its generic or commercial presentations.
- Selecting the best medication taking into consideration the evaluation and approval criteria by official international organizations (FDA).
- Making sure the medication our member need gets to their hands where and when they need it.
- Sending the medication, according to the indication of our member´s doctor or specialist, to their home or pharmacy, taking care of the delivery, so that it’s received efficiently.
- Monitoring their case constantly to ensure the use of the medication and continuity of treatment.

Bupa life lovers

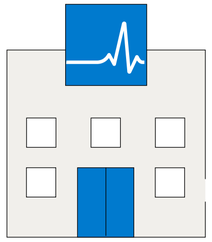
Explanation of benefits, exclutions and definitions

Section 2

CORPORATE

Modified Eligibility article

Amending General Conditions 8.1 ELIGIBILITY article, by eliminating the restriction of thirty (30) hours per week as minimum needed for workers to be subject to eligibility in the policy.



Declared as follows:

8.1 ELIGIBILITY: Bupa can enter into a Contract with legally incorporated companies. Legally incorporated companies located in the United States of America and its territories are not eligible, with the exception of Puerto Rico where the Contract may be issued solely on a surplus-lines basis. Members who are eligible for coverage include employees with an employment contract or any other agreement with the Principal Member and previously known and accepted by Bupa and that have a minimum of eighteen (18) years of age (except for eligible dependents). There is no maximum age limit to apply for this Corporate Care coverage. There is no maximum renewal age for Members covered under the Contract. The insured group must maintain the minimum requirement of five (5) Principal Members in order to be considered for renewal.

ALL PRODUCTS

The article of Proof of Claim was reviewed and adjusted to include in all policies, a standard time for the Insured to submit supporting documentation, once the claim application is closed, in the event of disagreement.

The following text is included in the article:

Proof of Claim: (...) In the event that the Insured does not agree with what was determined by the Insurer in relation to any claim (closed) or in the event that the insurer needs additional information, they will have up to 180 days from the date of issuance of the explanation of benefits to present such information.

We have included new figure of ´´Dependent Adult´´ which allows dependents born within the coverage of the policy and who meet special requirements, to remain in the same policy after they've reached 24 years old, enjoying all the benefits of an adult and paying the premium corresponding to their age at each renewal. The policyholder will still be responsible for paying the premium.

Section 2

In definitions:

DEPENDENT ADULT: A person who presents long-term or permanent functional limitation or disability, understood as a restriction in their physical, mental, intellectual, or sensory capacity, determined by an authorized physician or legally declared; therefore, requiring assistance from a third party.

Eligibility clause

Eligibility: (...) A dependent child born under the coverage of the insurance policy and who is classified as a Dependent Adult, based on the definition detailed in these Terms and Conditions, may continue to enjoy insurance coverage under this condition after reaching the age of twenty-four (24), for which the rates, benefits, restrictions and limitations corresponding to an adult person and specified in the Terms and Conditions and Table of Benefits of the policy will be applied for each renewal.

We have reviewed the definition of Urgent Care Centers in the USA to the products that already have coverage. Our purpose is to be cleared about which centers are covered, what type of care can they provide, how do they differ from a Hospital Emergency room.

In definitions:

TREATMENT IN URGENCY CARE CENTERS AND CONVENIENCE CLINICS: Are the treatments received in classified Urgent Care Centers in the United States of America. This is a type of medical service center specializing in the diagnosis and treatment of serious or acute medical conditions, which generally require immediate attention; but do not pose an imminent risk to life or health. This service is an intermediate care between the primary doctor and the emergency service. Services in hospital emergency centers or others that are not Urgent Care will not be covered under this benefit.

We have reviewed the definition of Highly specialized drugs in order to be more precise when it comes to the scope of coverage.

HIGHLY SPECIALIZED DRUGS: Medications with a special mechanism of action designed to treat highly complex and chronic medical conditions, with a high monthly cost and whose follow-up is done under the strict supervision of a specialist. The Insurer will evaluate and determine if it will cover the active component in any of its generic or commercially available presentations.

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