

# BUPA INSURANCE COMPANY

## Table of Benefits

### Bupa Flex



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 the Bupa Fee Schedule	x	
Coinsurance (20% of the first US\$10,000 per insured, or US\$20,000 per policy)	x	
<b>Maximum coverage per insured, per policy year</b>	<b>US\$500,000</b>	
Geographical coverage: Latin America, the Caribbean and the United States of America		
In-patient benefits and limitations (subject to deductible and 20% coinsurance)	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%	
Out-patient benefits and limitations (subject to deductible and 20% coinsurance)	Coverage	
Ambulatory surgery	100%	
Physicians and specialists, per visit <ul style="list-style-type: none"> <li>(*) Applies 20% of coinsurance</li> </ul>	US\$100 (*)	
Out-patient prescription drugs: <ul style="list-style-type: none"> <li>Following hospitalization or out-patient surgery (for a maximum of 6 months)</li> <li>Out-patient or non-hospitalization</li> </ul>	US\$7,000 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)	100%	
Home health care, per day (must be pre-approved) <ul style="list-style-type: none"> <li>Maximum 60 days per policy year</li> </ul>	US\$200	
Vaccines (medically necessary) <ul style="list-style-type: none"> <li>No deductible applies</li> <li>Subject to 20% of coinsurance</li> </ul>	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"> <li>US\$50 copay</li> <li>No deductible applies</li> </ul>	100%	
Maternity benefits and limitations	Coverage	
Pregnancy, maternity, and birth, per pregnancy <ul style="list-style-type: none"> <li>Includes normal delivery, cesarean delivery, all pre- and post-natal treatment including required vitamins during pregnancy, well-baby care, and umbilical cord blood storage)</li> <li>10-month waiting period</li> <li>Plans 2 and 3 only</li> <li>No deductible or coinsurance applies</li> </ul>	US\$2,000	
Provisional coverage for newborn children (for a maximum of 90 days after delivery) <ul style="list-style-type: none"> <li>Covered pregnancies only</li> <li>No deductible or coinsurance applies</li> </ul>	US\$10,000	

<p>Complications of pregnancy, maternity, and birth, per pregnancy</p> <ul style="list-style-type: none"> <li>• 10-month waiting period</li> <li>• Plans 2 and 3 only</li> <li>• No deductible or coinsurance applies</li> </ul>	US\$50,000
<p><b>Evacuation benefits and limitations (subject to deductible and 20% coinsurance)</b></p>	<b>Coverage</b>
<p>Medical emergency evacuation:</p> <ul style="list-style-type: none"> <li>• Air ambulance</li> <li>• Ground ambulance</li> <li>• Return journey</li> <li>• Repatriation of mortal remains</li> </ul> <p>Must be pre-approved and coordinated by USA Medical Services.</p>	<p>US\$25,000 100% 100% US\$4,000</p>
<p><b>Other benefits and limitations (subject to deductible and 20% coinsurance)</b></p>	<b>Coverage</b>
Cancer treatment (chemotherapy/radiation)	100%
End-stage renal failure (dialysis)	100%
<p>Transplant procedures (lifetime maximum per diagnosis)</p> <ul style="list-style-type: none"> <li>• Maximum coverage of costs of organ, cell, or tissue procurement, transportation, harvesting, and donor workup (US\$25,000 included as part of the total)</li> </ul>	US\$200,000
<p>Congenital and/or hereditary disorders:</p> <ul style="list-style-type: none"> <li>• Diagnosed before 18 years of age (lifetime maximum)</li> <li>• Diagnosed at 18 years of age or after</li> </ul>	<p>US\$75,000 100%</p>
<p>Prosthetic limbs</p> <ul style="list-style-type: none"> <li>• Lifetime maximum US\$120,000</li> </ul>	US\$30,000
<p>Special treatments (prosthesis, implants, appliances and orthotic devices, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs)</p> <p>Must be pre-approved</p>	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
<p>Required second surgical opinion</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	100%