



# BUPA INSURANCE COMPANY

## Table of Benefits

### Critical Care

Effective January 1, 2025

General information	Yes	No
Benefits in the United States of America, Latin America and the Caribbean 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		x

Maximum coverage per insured, per policy year	US\$1 Million
Geographical coverage: Latin America, the Caribbean, and the United States of America	

This policy only pays benefits for the following medical conditions and treatments	Coverage
Neurological illnesses, including cerebral vascular accidents	US\$150,000
Open cardiac revascularization surgery and angioplasty	US\$150,000
Cancer treatment, including chemotherapy, radiation therapy, and reconstructive surgery, see exclusions 7.23 and 7.24 of the Terms and Conditions	US\$200,000
Severe trauma and/or polytrauma, including rehabilitation	US\$150,000
Chronic renal insufficiency (dialysis)	US\$100,000
Severe burns, including reconstructive surgery	US\$300,000
Septicemia (severe infectious disorder)	US\$150,000
Transplant procedures (lifetime maximum per diagnosis): <ul style="list-style-type: none"> <li>• Heart</li> <li>• Heart/lung</li> <li>• Lung</li> <li>• Pancreas</li> <li>• Pancreas/kidney</li> <li>• Kidney</li> <li>• Liver</li> <li>• Bone marrow</li> <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\$300,000 US\$300,000 US\$250,000 US\$250,000 US\$300,000 US\$200,000 US\$200,000 US\$250,000

#### The following benefits are subject to the coverage limits specified above

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%

Out-patient benefits and limitations	Coverage
Ambulatory surgery	100%
Physicians and specialists' visits	100%
Out-patient prescription drugs following hospitalization or out-patient surgery (for a maximum of 6 months)	100%
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 (must be pre-approved)	100%
<b>Evacuation benefits and limitations</b>	
<b>Medical emergency evacuation:</b> <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> Must be pre-approved and coordinated by USA Medical Services.	US\$25,000 100% 100% N/A
<b>Other benefits and limitations</b>	
Congenital and/or hereditary disorders	10%
Prosthetic limbs <ul style="list-style-type: none"> <li>• Lifetime maximum US\$120,000</li> </ul>	US\$30,000
Special treatments (prosthesis, implants, appliances and orthotic devices, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs)	100%
Emergency room (with or without hospital admission)	100%
Emergency dental coverage	100%
Hospice/terminal care	100%
Required second surgical opinion <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%