BUPA INSURANCE COMPANY

Maximum coverage per insured, per policy year

Table of Benefits Exclusive Care



US\$10 Million

Effective January 1, 2025

| General information | Yes | No |
|--|-----|----|
| Benefits in the United States of America and the rest of the world are subject to a provider network | | Х |
| Coverage requires pre-notification | | Х |
| All benefits are covered according to UCR rates (Usual, Customary and Reasonable) | Х | |
| Coinsurance | | Х |

| Geographical coverage: Worldwide | • |
|--|------------|
| In-patient benefits and limitations | Coverage |
| Hospital services | 100% |
| Hospital room and board (standard private/semi-private) | |
| In Bupa hospital network | 100% |
| In other hospitals, per day | US\$2,000 |
| Intensive care unit | |
| In Bupa hospital network | 100% |
| In other hospitals, per day | US\$4,000 |
| Medical and nursing fees | 100% |
| Mental Health (related to a covered condition) | 100% |
| Must be pre-approved | 10070 |
| 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) | US\$15,000 |
| Accommodation charges for companion of a hospitalized child, per day | US\$400 |
| Guest meals, per day | US\$50 |

| Out-patient benefits and limitations | Coverage |
|--|-----------|
| Ambulatory surgery | 100% |
| Physicians and specialists' visits | 100% |
| Out-patient prescription drugs | 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% |
| Adult Routine health checkup (all inclusive) • No deductible applies | US\$1,000 |
| Pediatric Routine health checkup (all inclusive) No deductible applies | US\$1,000 |
| Vaccines (medically required) No deductible applies Subject to 20% of coinsurance | 100% (*) |
| 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 US\$50 copay No deductible applies | 100% |

(*) Subject to 20% of coinsurance

| Pregnancy, maternity, and birth, per pregnancy Includes normal delivery, casarean delivery, and all pre- and post-natal treatment including required vitamins during pregnancy) I-0-month waiting period Pilans 2 and 3 only No deductible applies Provisional coverage for newborn children (for a maximum of 90 days after delivery) No deductible applies Provisional coverage for newborn children (for a maximum of 90 days after delivery) No deductible applies Provisional coverage for newborn children (for a maximum of 90 days after delivery) No deductible applies Provisional coverage for newborn children (for a maximum of 90 days after delivery) No deductible applies Provisional coverage for newborn children (for a maximum of 90 days after delivery) No deductible applies Well bady care visits (5 visits within 6 months of delivery) No deductible applies Well bady care visits (5 visits within 6 months of delivery) No deductible applies Well bady care visits (5 visits within 6 months of delivery) No deductible applies Well bady care visits (5 visits within 6 months of delivery) No deductible applies Well bady care visits (6 visits within 6 months of delivery) No deductible applies Well bady care visits (6 visits within 6 months of delivery) No deductible applies Well bady care visits (6 visits within 6 months of delivery) No deductible applies Well bady care visits (6 visits within 6 months of delivery) No deductible applies Well bady care visits (6 visits within 6 months of delivery) No deductible applies Well bady care visits (7 visits within 6 months of delivery) No deductible applies Well bady care visits (8 visits within 6 months of delivery) No deductible applies Well bady care visits (8 visits within 6 months of delivery) No deductible applies Well bady care visits (8 visits within 6 months of delivery) No deductible applies Well bady care visits (8 visits within 6 months of delivery) No deductible applies Well bady care visits (8 visits within 6 months of delivery) No deductible applies Well bady care visits (8 vis | Maternity benefits and limitations | Coverage |
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| Evacuation benefits and limitations | Plans 2 and 3 only | US\$2,000 |
| Medical emergency evacuation: | Well baby care visits (5 visits within 6 months of delivery) | 100% |
| Medical emergency evacuation: | Evacuation benefits and limitations | Coverage |
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| Treatment of the jaw 100% Non-cosmetic podiatric care 100% | Prescribed dietician guidance | 100% |
| Non-cosmetic podiatric care 100% | | 100% |
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| | Coverage of hazardous activities and sports (amateur, professional, or for compensation) | 100% |

| HIV/AIDS (only secondary to work-related accident or blood transfusion) | 100% |
|---|---------|
| Extended coverage to eligible dependents upon death of policyholder | 2 years |
| Required second surgical opinion | 100% |

SUPPLEMENTARY OPTIONS WITH THE PURCHASE OF RIDER (not automatically included)

| Optional coverage benefits and limitations | Coverage |
|---|-------------|
| Maternity and perinatal complications rider (per rider) | US\$500,000 |
| 10-month waiting period after effective date of rider | |
| Plans 4, 5 and 6 only | |