Bupa

BUPA INSURANCE COMPANY Table of Benefits Secure Care

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 UCR rates (Usual, Customary and Reasonable) x Coinsurance (only as indicated below) x Maximum coverage per insured, per policy year US\$3 Million Geographical coverage: Worldwide Coverage n-patient benefits and limitations Coverage Advisuance (and not board (standard private/semi-private) 100% Hospital services 100% Holdical 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% Wental Health (related to a covered condition) 90 visits per lift Nushum US\$1.000 per admission Coverage Dut-patient benefits and limitations Coverage Mubulatory surgery 100% Physicalians and specialist's visits 100% Dut-patient penefits and limitations ervices (must be pre-approved) 100% • Must be pre-approved US\$100 • Lopatient pre-nothospit	Effective January 1, 2025		
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(*) Subject to 20% of coinsurance

Maternity benefits and limitations	Coverage
 Pregnancy, maternity, and birth, per pregnancy Includes normal delivery, cesarean delivery, required vitamins during pregnancy, all pre- and post-natal treatment, and well-baby care) 10-month waiting period Plans 1, 2 and 3 only No deductible applies 	US\$3,500
Complications of pregnancy, maternity, and birth 10-month waiting period Plans 1, 2 and 3 only No deductible applies 	Included in Pregnancy, maternity, and birth benefit
 Provisional coverage for newborn children (for a maximum of 90 days after delivery) Covered pregnancies only No deductible applies 	US\$15,000
Evacuation benefits and limitations	Coverage
Medical emergency evacuation: Air ambulance Ground ambulance Return journey Repatriation of mortal remains Must be pre-approved and coordinated by USA Medical Services.	US\$50,000 100% 100% US\$10,000
Other benefits and limitations	Coverage
Cancer treatment (chemotherapy/radiation/bone marrow transplant/preventive surgery)	100%
End-stage renal failure (dialysis)	100%
Congenital and/or hereditary disorders: • Diagnosed before 18 years of age (lifetime maximum) • Diagnosed at 18 years of age or after	US\$150,000 100%
Prosthetic limbs	US\$30,000
 Lifetime maximum US\$120,000 Special treatments (prosthesis, implants, appliances and orthotic devices, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs) Must be pre-approved 	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
 Required second surgical opinion 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. 	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
 Transplant procedures rider (lifetime per insured, per diagnosis)
 Additional optional coverage for organ, tissue, or cell transplant procedures
 6-month waiting period after effective date of rider

US\$500,000