



# BUPA INSURANCE COMPANY

## Table of Benefits

### Bupa Optimum

Effective January 1, 2021

General information	Yes	No
Benefits are subject to a provider network: <ul style="list-style-type: none"><li>In the United States of America</li><li>In the rest of the world</li></ul>	x	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\$2,5 Million	
Geographical coverage: Worldwide		
In-patient benefits and limitations	Coverage	
Hospital services	100%	
Hospital room and board (standard private/semi-private)	100%	
Intensive care unit	100%	
Emergency room treatment with hospitalization	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%	
Accommodation charges for companion of a hospitalized child, per day	US\$350	
Guest meals, per day	N/A	
Out-patient benefits and limitations	Coverage	
Ambulatory surgery	80%	
Emergency room treatment without hospitalization	80%	
Physicians and specialists, per visit (with 20% co-insurance) <ul style="list-style-type: none"><li>Maximum 30 visits per policy year</li></ul>	US\$200	
Out-patient prescription drugs following hospitalization or out-patient surgery (for a maximum of 6 months; with 20% co-insurance)	US\$2.000	
Diagnostic procedures, maximum per test, all inclusive (with 20% co-insurance): <ul style="list-style-type: none"><li>CT scan</li><li>MRI scan</li><li>Colonoscopy</li><li>Endoscopy</li><li>All other diagnostic procedures (radiology, lab tests, Doppler echocardiography, ultrasound, PET scan)</li></ul>	US\$500 US\$600 US\$900 US\$400 80%	
Physical therapy and rehabilitation services, per session (must be pre-approved; with 20% co-insurance) <ul style="list-style-type: none"><li>Maximum 40 sessions per policy year</li></ul>	US\$80	
Home health care, per day (must be pre-approved; with 20% co-insurance) <ul style="list-style-type: none"><li>Maximum 30 days per policy year</li></ul>	US\$200	
Routine health checkup (all inclusive) <ul style="list-style-type: none"><li>No deductible or co-insurance apply</li></ul>	US\$300	
Complementary therapist, per visit/session, maximum 40 visits/sessions (with 20% co-insurance) <ul style="list-style-type: none"><li>Treatment from an osteopathic doctor, chiropractor, and/or psychiatrist</li></ul>	US\$80	
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, and all pre- and post-natal treatment)</li> <li>10-month waiting period</li> <li>Plans 1 and 2 only</li> <li>No deductible or co-insurance apply</li> </ul>	US\$7.500
Complications of pregnancy, maternity, and birth <ul style="list-style-type: none"> <li>10-month waiting period</li> <li>Plans 1 and 2 only</li> <li>No deductible applies</li> <li>Out-patient treatment with 20% co-insurance</li> </ul>	US\$1.000.000
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 applies</li> <li>Out-patient treatment with 20% co-insurance</li> </ul>	US\$30.000
Well baby care visits (5 visits within 6 months of delivery)	N/A
Evacuation benefits and limitations	Coverage
Medical emergency evacuation: <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\$125.000 100% 80% 100%
Other benefits and limitations	Coverage
Cancer treatment (chemotherapy/radiation)	100%
End-stage renal failure (dialysis)	100%
Transplant procedures (lifetime maximum per diagnosis) <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\$600.000
Congenital and/or hereditary disorders diagnosed before the age of 18 <ul style="list-style-type: none"> <li>Out-patient treatment with 20% co-insurance</li> </ul>	US\$1.000.000
Congenital and/or hereditary disorders diagnosed on or after the age of 18 (lifetime) <ul style="list-style-type: none"> <li>In-patient treatment</li> <li>Out-patient treatment</li> </ul>	100% 80%
Prosthetic limbs <ul style="list-style-type: none"> <li>Lifetime maximum US\$120.000</li> <li>Out-patient treatment with 20% co-insurance</li> </ul>	US\$30.000
Special treatments (prosthesis, implants, appliances and orthotic devices, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs) <ul style="list-style-type: none"> <li>In-patient treatment</li> <li>Out-patient treatment</li> </ul>	100% 80%
Emergency dental coverage	80%
Hospice/terminal care	80%
Treatment of the jaw <ul style="list-style-type: none"> <li>In-patient treatment</li> <li>Out-patient treatment</li> </ul>	100% 80%
Coverage of hazardous activities and sports (amateur, professional, or for compensation) <ul style="list-style-type: none"> <li>In-patient treatment</li> <li>Out-patient treatment</li> </ul>	100% 80%
HIV/AIDS (only secondary to work-related accident or blood transfusion) <ul style="list-style-type: none"> <li>In-patient treatment</li> <li>Out-patient treatment</li> </ul>	100% 80%
Extended coverage to eligible dependents upon death of policyholder	2 years
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%



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

Optional coverage benefits and limitations	Coverage
Maternity and perinatal complications rider (per rider) <ul style="list-style-type: none"> <li>10-month waiting period after effective date of rider</li> </ul>	US\$500,000
Transplant procedures rider (lifetime per insured, per diagnosis) <ul style="list-style-type: none"> <li>Additional optional coverage for organ, tissue, or cell transplant procedures</li> <li>6-month waiting period after effective date of rider</li> </ul>	N/A