



BUPA INSURANCE COMPANY

Table of Benefits – Bupa Corporate Care - Option 1

Trinidad and Tobago

NOTES ON BENEFITS AND LIMITATIONS:

- The Table of Benefits is just a summary of benefits Payable to Members. For complete details, please review the Terms and Conditions of the policy.
- All benefits are in U.S. dollars, per Member, per membership year, unless otherwise stated.
- All benefits are subject to any applicable deductible, unless otherwise stated.
- Any diagnostic or therapeutic procedure, treatment, or benefit is covered only if resulting from a condition covered under the membership.
- Members are required to notify USA Medical Services prior to beginning any treatment.
- Members are not required to obtain treatment from the Provider Network.
- All reimbursements are paid in accordance with the Usual, Customary, and Reasonable (UCR) fees for the specific service. UCR is the maximum amount that Bupa will consider eligible for payment, adjusted for a specific region or geographical area.
- Bupa, USA Medical Services, and/or any of their applicable related subsidiaries and affiliates will not engage in any transactions with any parties or in any countries where otherwise prohibited by the laws in the United States of America. Please contact USA Medical Services for more information about this restriction.

Annual maximum coverage per member	US\$1,000,000
Area of coverage: Worldwide (excluding U.S.A.)	In or outside Provider Network
Area of coverage: U.S.A.	Only in Corporate Network

In-patient benefits and limitations	Coverage
Hospital services	100%
Hospital room and board (private/semiprivate):	
○ Bupa hospital network	100%
○ In other hospitals, max. per day	US\$1,000
Intensive care unit:	
○ Bupa hospital network	100%
○ In other hospitals, max. per day	US\$3,000
Medical and nursing fees	100%
Companion of a minor of 18 year old in case of a hospitalization, per day	US\$300
Drugs prescribed while in-patient	100%
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scan, ultrasound, echocardiography, and endoscopies)	100%

Out-patient benefits and limitations	Coverage
Ambulatory surgery	100%
Physicians and specialists' visits	
○ Subject to 20% coinsurance	100% (*)
Prescription drugs first prescribed during hospitalization or out-patient surgery	US\$10,000
Prescription drugs not prescribed after hospitalization or ambulatory surgery	US\$5,000 (*)
○ Subject to 20% coinsurance	
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/ PET scan, ultrasound, echocardiography, and endoscopies)	100% (*)
○ Subject to 20% coinsurance	
Physical therapy and rehabilitation services (must be pre-approved, max. 30 days)	
○ Subject to 20% coinsurance	100% (*)

Home health care (must be pre-approved, max. 30 days)	100% (*)
Subject to 20% coinsurance	
Routine health checkup (all inclusive)	US\$150
No deductible applies	
Mental health (max. 30 visits)	100%
Vaccines (medically required)	US\$300 (*)
- No deductible applies - Subject to 20% coinsurance	
Urgent Care Facilities or Walk-in Clinics in the U.S.A	100%
- US\$50 copay - No deductible applies	

(*) 20% co-insurance applies

Maternity benefits and limitations (Plans 0/1000 and 500/2000 only)	Coverage
Pregnancy, maternity and birth:	US\$8,000
Normal delivery (max. per pregnancy)	
Prescribed cesarean section (max. per pregnancy)	
- Includes pre- and post-natal treatment, required vitamins during pregnancy, and well-baby care 10-month waiting period - No deductible applies	
Complications of maternity and birth (max. per lifetime)	US\$150,000
Provisional coverage for newborn children (for a maximum of 90 days after delivery)	US\$10,000
No deductible applies	

Evacuation benefits and limitations	Coverage
Medical emergency evacuation:	
- Air ambulance (max. per incident). No deductible applies - Ground ambulance local (max. per incident). No deductible applies - Ground ambulance International (max. per incident). No deductible applies - Return journey - Repatriation of mortal remains	US\$50,000 100% US\$1,000 100% US\$5,000
Must be pre-approved and coordinated by USA Medical Services.	

Other benefits and limitations	Coverage
Cancer treatment (chemotherapy/radiation therapy/bone marrow transplant)	100%
End-stage renal failure (dialysis)	100%
Transplant procedures (max. per diagnosis, per lifetime)	US\$500,000
Congenital conditions and hereditary disorders (max. per lifetime)	US\$300,000
Special treatments, (must be pre-approved) Prosthesis, implants, appliances and orthotic devices implanted during surgery, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs	100%
Emergency room treatment in connection with acute illness or accident	100%
Accident-related dental treatment (within 6 months or accident)	100%
Hospice/terminal care	100%
HIV/AIDS (max. per lifetime, 12-month waiting period)	US\$50,000
Extension of coverage for eligible dependents due to death of the principal insured	1 year

Optional coverage benefits and limitations (not automatically included)	Coverage
Dental Care rider (not subject to deductible)	
- Basic and major dental care, per member, per membership year - Orthodontia, per child 18 years old or younger, per lifetime	US\$1,500 (*) US\$1,500 (*)
Vision Care rider (not subject to deductible)	US\$200
Eye exams, lenses, contact lenses, frames	

(*) 20% co-insurance applies