

YOUR HEALTHCARE PARTNER

Certain underwriters at Lloyd's are offering this insurance coverage to residents of Trinidad & Tobago. Bupa Worldwide Corporation, an affiliate of the British United Provident Association (Bupa), is an approved Lloyd's coverholder and is issuing contract documentation of behalf of those certain underwriters at Lloyd's.

Bupa, one of the largest and most experienced health insurance companies in the world, provides a variety of products and services to residents of Latin America and the Caribbean. Bupa began as a provident association in the United Kingdom in 1947 with just 38,000 members. Today, Bupa looks after the health and wellbeing of millions of individuals around the world, giving us a unique global advantage for the benefit of our members.

Since its inception more than 70 years ago, Bupa has maintained a sustained financial growth and continues to consolidate its credentials as a healthcare leader. Bupa has no shareholders, which allows for the reinvestment of all profits to optimize products and services in synergy with accredited healthcare providers.

Lloyd's is the world's specialist in the insurance and reinsurance market, bringing together an outstanding concentration of underwriting expertise and talent. It is often the first to insure emerging, unusual and complex risks. Around 96 syndicates are underwriting insurance at Lloyd's, covering all classes of business. Together they interact with thousands of brokers daily to create insurance solutions for businesses in over 80 countries and territories around the world. Lloyd's insures the majority of FTSE 100 and Dow Jones industrial average companies. Lloyd's enjoys strong financial security supported by excellent ratings. Visit www.lloyds.com for more information.

Trust in healthcare personnel and services are critical for everyone. Our commitment to our members for over half a century is testament of our capacity to safeguard your health as the most important patrimony.

OUR PURPOSE

Bupa's purpose is longer, healthier, happier lives. We fulfill this promise by being our members' advocate, providing a range of personalized healthcare services and support throughout the lives of our members. As your healthcare partner, we enable you to make informed healthcare decisions. We believe that prevention is a proactive approach that can positively impact your health.

OUR PEOPLE

The expertise of our people is essential to deliver the best quality healthcare. Bupa employs over 85,000 people worldwide who live up to the highest quality standards of care, service, and expertise. We encourage our staff members to express their opinions so that we can be distinguished as one of the best employers of choice.

WELCOME TO BUPA

Welcome to Bupa Corporate Care, brought to you by Bupa.

This Membership Guide contains information about your membership and a summary of your benefits, information about how to contact us, and what to do if you need to use your coverage. For more details about what is covered and the exclusions and limitations to your coverage, please review the Terms and Conditions of your policy. Please also review your Membership Certificate, which shows your deductible and other important information regarding the coverage.

The Group Administrator shall advise the Members of their rights set out in the contract and provide them with an updated copy of the Terms and Conditions of their policy. Also, the Group Administrator shall notify Members of any modifications, additions or deletions made to the Master Certificate of Coverage as compared to previous versions.

BUPA CUSTOMER SERVICE HELPLINE

The Bupa Corporate Service Team is available Monday through Friday from 9:00 A.M. to 5:00 P.M. (EST) and is staffed by professional and multilingual service executives who are trained to help you with:

- Questions about your coverage
- Updating your personal information
- The status of your claims

Tel: +1 (868) 224 5748 +1 (305) 398 8266 Fax: +1 (305) 398 7333

service@bupalatinamerica.com

www.bupasalud.com

MEDICAL EMERGENCIES

In the event of a medical emergency outside of our usual business hours, please contact the USA Medical Services team at:

Tel: +1 (305) 275 1500 Fax: +1 (305) 275 1518

usamed@bupalatinamerica.com

USA MEDICAL SERVICES

YOUR DIRECT LINE TO MEDICAL EXPERTISE

As part of the Bupa group of companies, USA Medical Services provides Members with professional support at the time of a claim. We understand that it is natural to feel anxious at a time of ill health, so we will do everything we can to help coordinate your hospitalization and provide you with the advice and assistance you require.

USA Medical Services wants you to have the peace of mind that you and your family deserve. In the event of a medical crisis, whether it is verifying benefits or the need of an air ambulance, our healthcare professionals at USA Medical Services are just a phone call away, 24 hours a day, 365 days a year. Our staff of healthcare professionals will be in constant communication with you and your family, guiding you through any medical crisis to the proper medical specialist and/or hospital.

WHEN THE WORST HAPPENS, WE ARE JUST A PHONE CALL AWAY

In the event of an emergency evacuation, USA Medical Services provides advanced alert of patient arrival to the medical facility and maintains continuous critical communication during transport. While treatment and initial

care are being provided, USA Medical Services monitors your progress and reports any change in your status to your family and loved ones.

When every second of your life counts... count on USA Medical Services.

REQUIREMENT TO NOTIFY BUPA

The Member must contact USA Medical Services, Bupa's claims administrator, at least seventy-two (72) hours in advance of receiving any medical care. Emergency treatment must be notified within seventy-two (72) hours of beginning such treatment.

If the Member fails to contact USA Medical Services as stated herein, he/she will be responsible for thirty percent (30%) of all covered medical and hospital charges related to the claim, in addition to the plan's deductible and co-insurance, if applicable.

AVAILABLE 24 HOURS A DAY, 365 DAYS A YEAR

In the USA:

+1 (305) 275-1500

Free of charge from the USA:

+1 (800) 726-1203 +1 (305) 275-1518

Fax:

usamed@bupalatinamerica.com

E-mail address:
Outside the USA:

Phone number can be located on your ID card, or at www.bupasalud.com

COVERAGE OPTIONS

GEOGRAPHICAL COVERAGE

Bupa offers the choice of worldwide coverage including the United States of America in or outside provider network or only within Corporate network in order to accommodate your group's specific regional or pricing needs. Please check your Membership Certificate or ask your Group Administrator about the option selected for your group.

Certain underwriters at Lloyd's, Bupa Worldwide Corporation, 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.

Coverage option	Option 1	Option 2
Annual maximum coverage per member	US\$1 million	US\$2 million
Area of coverage	Worldwide (excluding USA)	Worldwide (including USA)

OPTIONAL ADDITIONAL COVERAGE

We offer three riders for additional Corporate Care plan will apply to any coverage, which can be selected by your Group Administrator. The benefits Care riders are not subject to the Bupa provided under the riders are subject Corporate Care plan deductible. to all the terms, conditions, exclusions, limitations, and restrictions of coverage of the underlying Bupa Corporate Care membership. Please refer to your Membership Certificate or your Group Administrator for more information.

Your Group Administrator may choose one or, both of them, to cover the needs of the group. If a rider is not selected at the time of application of the Bupa Corporate Care plan, they may be added on the anniversary date of the policy. Riders apply to all Principal Members and their dependents insured under the Bupa Corporate Care plan.

The Bupa Corporate Care riders are in effect as long as the Bupa Corporate Care plan is in force. The geographic area of coverage chosen for the Bupa

rider selected. The Dental and Vision

- Dental Care Rider: This rider offers US\$1,500 for basic and major dental care per Member, per membership vear, to cover eligible dental treatment received from a licensed dental practitioner. It does not provide coverage for cosmetic dentistry, cosmetic dental surgery (required solely to improve appearance). It also offers US\$1,500 for orthodontia treatment per lifetime for Members 18 years old or younger.
- Vision Care Rider: This rider offers US\$200 per Member, per membership year, for routine eye examinations, frames, prescription lenses, and contact lenses. It does not provide coverage for radial keratomy and/or other procedures to correct eye refraction disorders.

DEDUCTIBLE OPTIONS

There are different deductible options available depending on the plan and geographic coverage selected for your group by your Group Administrator. These annual deductibles will apply before any benefits for eligible expenses are paid. Please refer to your Membership Certificate or your Group Administrator for more information about your specific plan and deductible option.

WORLDWIDE COVERAGE (OPTION 1)

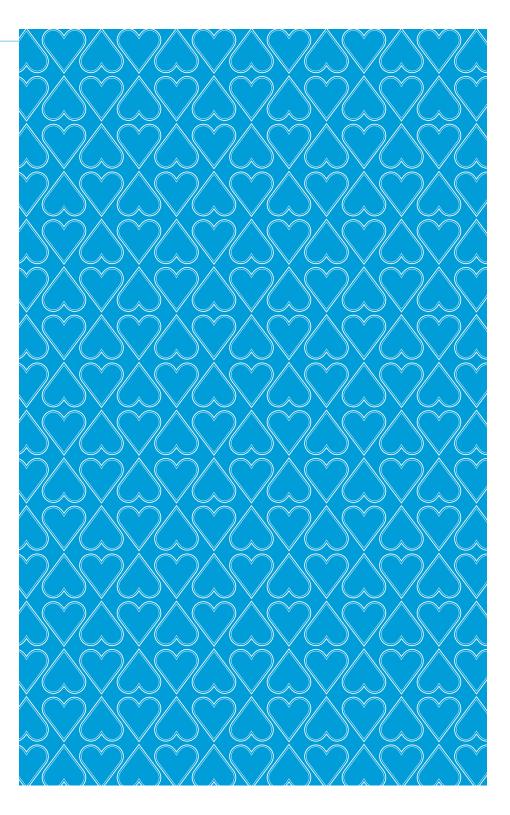
There is only one deductible per Member, per membership year. However, to help you reduce the cost of your family's coverage, Bupa applies a maximum total of two deductibles per family, per membership year.

Deductible (US\$)				
Plan	I	II	III	IV
Worldwide deductible per member	0	500	2,000	10,000
Maximum deductible per family	0	1,000	4,000	20,000

WORLDWIDE COVERAGE (OPTION 2)

There are two levels of deductibles per Member, per membership year depending on where the treatment takes place. However, to help you reduce the cost of your family's coverage, Bupa applies a maximum total of two USA deductibles per family, per membership year.

Deductible (US\$)				
Plan	I	II	III	IV
Worldwide deductible per member	0	500	2,000	10,000
USA deductible per member	1,000	2,000	5,000	10,000
Maximum deductible per family	2,000	4,000	10,000	20,000



BENEFITS

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 Bupa 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 considered eligible for payment, adjusted for a specific region or geographical area.
 - O Certain underwriters at Lloyd's, Bupa Worldwide Corporation, 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.

TABLE OF BENEFITS

Coverage Option	Option 1	Option 2
Annual maximum coverage per member	US\$1 million	US\$2 million
Area of coverage	Worldwide: In or outside provider network In USA: only within Corporate Network	Worldwide/ USA: In or outside provider network

In-patient benefits and limitations	Option 1 Coverage	Option 2 Coverage
Hospital services	100%	100%
Hospital room and board (private/semi private) Bupa hospital network In other hospitals, max. per day	100% US\$1,000	100% US\$1,000
Intensive care unit Bupa hospital network In other hospitals, max. per day	100% US\$3,000	100% US\$3,000
Medical and nursing fees	100%	100%
Drugs prescribed while in-patient	100%	100%
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scan, ultrasound, echocardiography, and endoscopies)	100%	100%

Out-patient benefits and limitations	Option 1 Coverage	Option 2 Coverage
Ambulatory surgery	100%	100%
Physicians and specialists visits (max. 20 visits)	80%	80%
Prescription drugs first prescribed during hospitalization or out-patient surgery	US\$10,000	US\$10,000
Prescription drugs not prescribed after hospitalization or ambulatory surgery 20% co-insurance applies	US\$2,000	US\$5,000
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scan, ultrasound, echocardiography, and endoscopies)	80%	80%
Physical therapy and rehabilitation services (must be pre-approved, max. 30 days)	80%	80%
Home health care (must be pre-approved, max. 30 days)	80%	80%
Routine health checkup (all inclusive) No deductible applies	US\$150	US\$150

Maternity benefits and limitations (Plans 1 and 2 only)	Option 1 Coverage	Option 2 Coverage
Pregnancy, maternity, and birth: Normal delivery (max. per pregnancy) Prescribed cesarean section (max. per pregnancy) Includes pre- and post-natal treatment and well-baby care 10-month waiting period No deductible applies	US\$5,000 US\$8,000	US\$5,000 US\$8,000
Complications of maternity and birth (max. per lifetime)	US\$100,000	US\$250,000
Provisional coverage for newborn children (for a maximum of 90 days after delivery) No deductible applies	US\$10,000	US\$10,000

Evacuation benefits and limitations	Option 1 Coverage	Option 2 Coverage
Medical emergency evacuation: Air ambulance (max. per incident) Ground ambulance (max. per incident) Return journey Repatriation of mortal remains Must be pre-approved and coordinated by USA Medical Services.	US\$25,000 US\$1,000 100% US\$5,000	US\$25,000 US\$1,000 100% US\$5,000

Other benefits and limitations	Option 1 Coverage	Option 2 Coverage
Cancer treatment (chemotherapy/radiation therapy)	100%	100%
End-stage renal failure (dialysis)	100%	100%
Transplant procedures (max. per diagnosis, per lifetime)	US\$500,000	US\$750,000
Congenital conditions and hereditary disorders (max. per lifetime)	US\$300,000	US\$300,000
Special treatments (prosthesis, implants, appliances and orthotic devices implanted during surgery, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs)	100%	100%
Emergency room treatment in connection with acute illness or accident	100%	100%
Accident-related dental treatment (within 6 months of accident)	100%	100%
Hospice/terminal care	100%	100%
HIV/AIDS (max. per lifetime, 12-month waiting period)	US\$50,000	US\$50,000
Mental health (psychologist, psychiatrist, psychotherapist)	Not covered	10 visits

Optional coverage benefits and limitations (not automatically included)	Option 1 Coverage	Option 2 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	US\$1,500 US\$1,500
Vision Care rider (not subject to deductible) • Eye exams, lenses, contact lenses, frames	US\$200	US\$200



THE CLAIM PROCESS

Members are required to pre-notify USA Medical Services as soon as they know they will need any type of treatment.

FOUR REASONS WHY YOU SHOULD NOTIFY USA MEDICAL SERVICES AT +1 (305) 275 1500

- 1. **Assistance** in understanding and coordinating your benefits with direct 24-hour access to our team of professional personnel.
- 2. **Support** from our staff offering guidance to you or your family for the best possible medical care and services: top rated hospitals, reputable physicians and community resources.
- Access to qualified representatives with extensive experience in the industry to help you avoid or reduce unnecessary medical expenses and overcharges.
- By notifying us, we can provide the **best** possible care management before, during and after your treatment or service.

BFFORF

Once USA Medical Services is notified that a Member needs any type of treatment, our staff begins handling the case by communicating directly with the patient's doctor and medical facility. As soon as we receive all the necessary information from your provider, including medical records, we will coordinate direct payment and confirm your benefits. This is how we guarantee our insureds a smooth admission to the hospital without worrying about payments or reimbursement. Additionally, we are here to coordinate and schedule air ambulances and second surgical and medical opinions.

DURING

During treatment and/or hospitalization, our professional staff continues to monitor the patient by communicating frequently with the doctor and hospital staff, and following up on needed treatments, progress and outcomes. We can also provide information and support to your family about the latest medical advances and treatments. Members of our staff visit patients, contact families to provide assistance, answer questions, and ensure that the patient is receiving the best quality service.

AFTER

Following the patient's treatment or discharge from the hospital, our staff at USA Medical Services will coordinate any follow-up treatment or therapy, and will make the necessary arrangements until the payment of the claim is completed.

NOTIFICATION BEFORE TREATMENT

This section shows you what to do if your doctor informs you that you need a procedure or follow-up treatment. It also tells you what information you will need when you contact us, and what we will do to help you during the claim process.

The authorization of a claim is handled by our team of professionals at USA Medical Services. They will help you get access to treatment as promptly as possible and are there to offer you guidance and information, as well as confirm coverage for any procedure. Please make sure that you have notified USA Medical Services by calling +1 (305) 275 1500 or sending an e-mail to usamed@bupalatinamerica.com at least 72 hours in advance of receiving any medical care, or within the first 72 hours of receiving emergency treatment.

IF THE DOCTOR RECOMMENDS A SPECIALIST OR SPECIFIC MEDICAL TESTS

Call or send an e-mail to USA Medical Services. It will help us speed up the process if you have the following details on hand:

- 1. Name of the referring doctor
- 2. Name of the doctor or specialist that the patient has been referred to
- 3. Medical tests that need to be performed
- 4. Hospital of preference

It will also help if you can ask your doctor for a copy of his/her case notes or records regarding your condition, as we will need to review them. You can email or fax them to us. USA Medical Services will make arrangements for the tests, and confirm your coverage with the doctor and hospital. This normally takes a few days once we have all the information we need.

IF THE DOCTOR RECOMMENDS SURGERY OR OTHER TREATMENT

Call or send an email to USA Medical Services. When you contact us, we will need the following:

- 1. Condition or symptoms being treated
- 2. Proposed treatment
- 3. Referring doctor
- 4. Doctor and hospital of preference

Again, it will help us expedite the process if you send us copies of your doctor's case notes or records. Once we have all of the information we need, we will:

- 1. Verify that your membership is in effect at the time of treatment
- 2. Verify that the condition and treatment are covered under the terms of the membership
- 3. Confirm coverage to the hospital and doctor
- 4. Schedule a convenient appointment for you at the hospital

To fully settle your claim once you leave the hospital, a claim form, medical records, and original invoices are required. We usually receive these documents directly from the hospital. However, your claim may be delayed if we do not receive these documents and need to request them.

Once the claim has been approved, USA Medical Services will confirm the amounts paid and will notify the Member of any amount that needs to be paid to the hospital or doctor (for example, a deductible or coinsurance on the membership). In most cases, once the request is reviewed and approved, USA Medical Services will pay the hospital and doctor directly, but there are some cases when this may not be possible. Cases include treatment that takes place in a hospital that is not part of the Provider Network, when Members fail to notify the treatment to USA Medical Services, or if more information about the Member's condition is required.

IF THE DOCTOR RECOMMENDS PHYSICAL THERAPY OR REHABILITATION FOLLOWING SURGERY

Call or send an e-mail to USA Medical Services. When you contact us, we will need the following:

- 1. Therapy plan
- 2. Therapist of preference

The doctor should provide a therapy plan that outlines how many therapy sessions the Member will need and what kind of progress the Member is expected to make. USA Medical Services needs to approve this plan before the therapy is authorized.

HOW TO SUBMIT A CLAIM

If the Member has followed the necessary steps, and the treatment or service is covered under the membership, USA Medical Services will issue a direct payment to the provider. However, there are circumstances when this is not possible, and USA Medical Services will need to process a reimbursement directly to the Member. In those cases, there are certain guidelines that the Member should follow, which are specified below.

In order to expedite the processing of your claim, the Member needs to complete the following steps:

- Complete the claim form. A copy of the claim form can be found in your membership kit.
- Attach all medical documents if you have not already sent them in. For example:
 - Physician's summary
 - Diagnostic and lab tests
 - Prescription
 - Medical equipment request
- Enclose all original receipts. Duplicates or copies are not accepted. For example:
 - Invoices
 - Proof of payment
- **4. Send** the claim form, documents, and receipts no later than 180 days from the date of service to your Group Administrator or directly to:

USA Medical Services.

17901 Old Cutler Road, Suite 400 Palmetto Bay, Florida 33157, USA

