

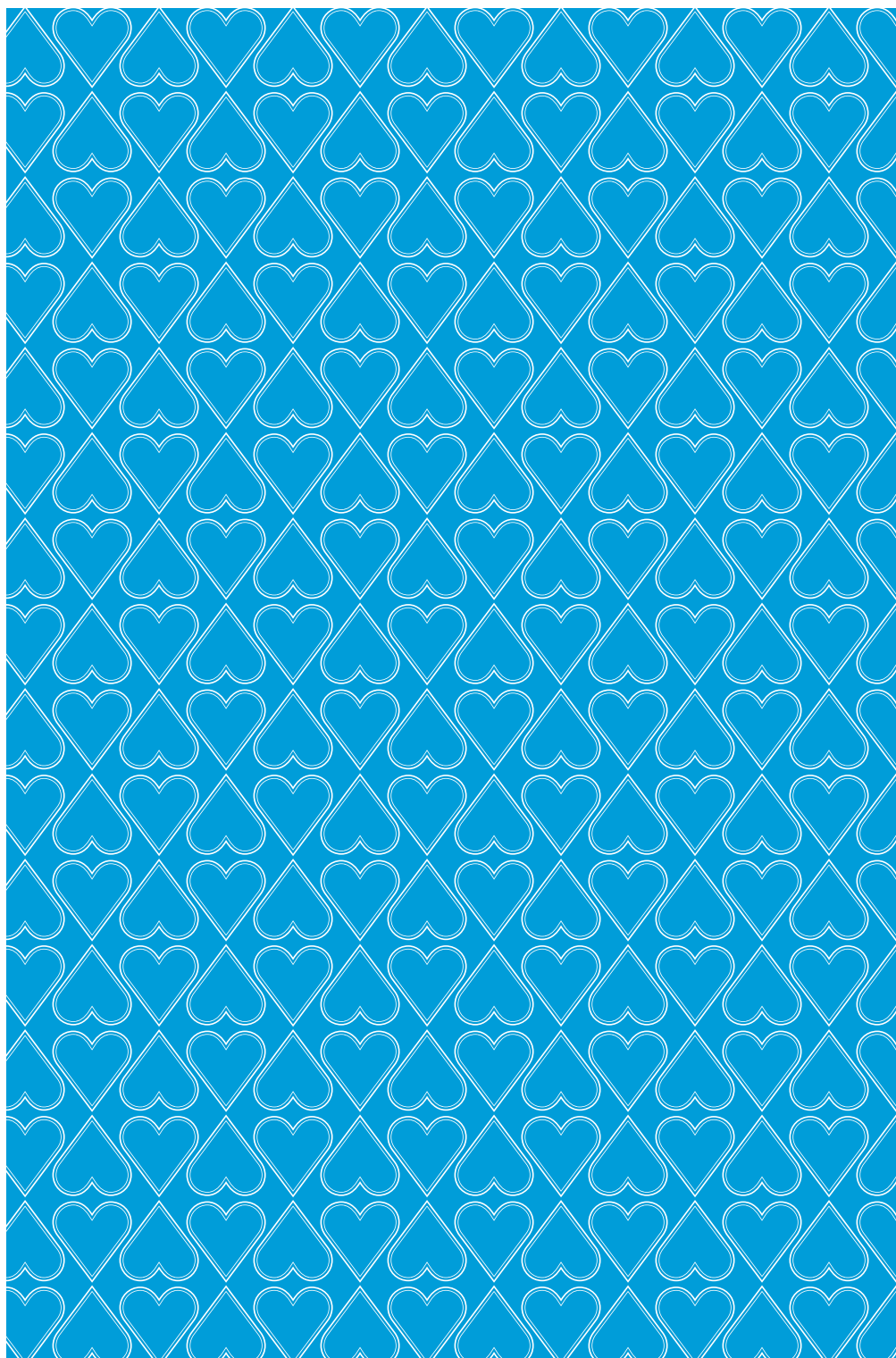


MEMBERSHIP GUIDE

BUPA ADVANTAGE CARE

TRINIDAD & TOBAGO

Coverholder at LLOYD'S





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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 on 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 (re)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. The Lloyd's market 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 is 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 their lives. 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

Thank you for choosing Bupa Advantage Care, brought to you by Bupa.

This Membership guide contains the conditions and benefits of your Bupa Advantage Care policy and other important information about how to contact us and what to do if you need to use your coverage. Please review your certificate of coverage, which shows the deductible you selected and any exclusions and/or amendments to your coverage.

If you have any questions about your plan, please contact the Bupa helpline.

BUPA CUSTOMER SERVICE HELPLINE

Our customer service team is available Monday through Friday from 9:00 A.M. to 5:00 P.M. (EST) to help you with:

- Questions about your coverage
- Making changes to your coverage
- Updating your personal information

Tel: +1 (868) 224 5748
+1 (305) 398 7400

Fax: +1 (305) 275 8484
service@bupalatinamerica.com
www.bupalud.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 insureds 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.

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
Fax:	+1 (305) 275-1518
E-mail address:	usamed@bupalatinamerica.com
Outside the USA:	Phone number can be located on your ID card, or at www.bupasalud.com

MANAGE YOUR POLICY ONLINE

As an insured, you have access to a range of online services. At www.bupasalud.com you will find:

- Tips on how to file a claim
- News about Bupa
- Information on our range of products
- Free premium quote

REGISTER FOR ONLINE SERVICES — FREE AND EASY

Through our Online Services, you get access to:

- A complete overview of your policy
- A copy of your application
- The status on the reimbursement of recent claims
- Online premium payments and receipts
- Change your demographic information
- Sign up to be a Paperless Customer

PAPERLESS CUSTOMER

Our Paperless Customer solution is a service for you who wish to avoid postal delays, letters lost in the mail, sorting of insurance documents and filing in binders. When you have logged in to Online Services, go to My Preferences under My Profile, and choose to receive documents online. Once you sign up, you will be responsible for checking all documents and correspondence online.

BUPA CARES ABOUT THE ENVIRONMENT

Bupa believes that thriving communities and a healthy planet are essential to everyone's wellbeing. We take care of the health of our members making sure it has a positive impact in society and the environment.

Bupa engages in sustainability strategies to ensure our people, products, and services contribute to a better society. We take our environmental impact seriously, establishing ecological policies that benefit the planet and all individuals in our workplace. We are committed to enhancing the quality of life of our customers and personnel as well as those of communities in need.

Still in the early stages of our environmental journey, we are committed to making a positive contribution in the long term, which is why we have taken steps to reduce our carbon footprint.

YOUR COVERAGE

GEOGRAPHICAL COVERAGE

Bupa Advantage Care offers you comprehensive coverage around the world within the Bupa Advantage Provider Network. However, 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.

OPTIONAL ADDITIONAL COVERAGE

We offer two riders for additional coverage, which can be purchased when filling out the individual health insurance application or at renewal time. The benefits provided under the riders are subject to all the terms, conditions, exclusions, limitations, and restrictions of coverage of the underlying Bupa Advantage Care policy.

- **Transplant Procedures Rider:** This rider offers US\$500,000 of additional coverage to the Transplant Procedures benefit under the Bupa Advantage Care policy, for a maximum benefit of US\$1,500,000 available for organ, tissue, or cell transplant procedures per insured, per diagnosis, per lifetime. A 6-month waiting period after the effective date of the rider applies. The benefits under the rider begin once the coverage for transplant procedures under the Bupa Advantage Care policy are exhausted, and the need for each transplant has been determined by a physician, certified by a second surgical or medical opinion, and approved by USA Medical Services.
- **Maternity and Perinatal Complications Rider:** This rider offers a US\$500,000 lifetime optional coverage for complications of the pregnancy, complications of delivery, and perinatal complications (not related to congenital or hereditary disorders), such as prematurity, low birth weight, jaundice, hypoglycemia, respiratory distress, and birth trauma. A 10-month waiting period applies after the effective date of the rider. Once issued, the rider will be renewed annually upon the anniversary date of the underlying policy, as long as the additional premium required for the rider is paid.

DEDUCTIBLE OPTIONS

We offer a range of annual deductible options to help you reduce the price you pay for your coverage — the higher the deductible, the lower the premium. You can choose between the following deductibles.

Deductible (US\$)					
Plan	2	3	4	5	6
In-country	1,000	2,000	5,000	10,000	20,000
Out-of-country	2,000	3,000	5,000	10,000	20,000
Max. per policy	4,000	6,000	10,000	20,000	40,000

There is only one deductible per person, per policy year. However, to help you reduce the cost of your family's coverage, we apply a maximum equivalent to two out-of-country deductibles on your policy, per policy year.

BENEFITS

NOTES ON BENEFITS AND LIMITATIONS

- Maximum coverage for all covered medical and hospital charges while the policy is in effect is limited to the terms and conditions of this policy. Unless otherwise stated herein, all benefits are per insured, per policy year. All amounts are in U.S. dollars.
- The Bupa Advantage Care policy provides coverage within the Bupa Advantage Provider Network only. No benefits are payable for services rendered outside the Bupa Advantage Provider Network, except as specified under the condition for Emergency Medical Treatment.
- 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.
- The Table of benefits is only a summary of coverage. Full details are included in the policy Terms and Conditions.
- Any diagnostic or therapeutic procedure, treatment, or benefit is covered only if resulting from a condition covered under this policy.
- Insureds are required to notify USA Medical Services prior to beginning any treatment.
- All in-patient and day-patient treatment must take place in a Bupa Advantage Network hospital.
- All benefits are subject to any applicable deductible, unless otherwise stated.
- 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

Maximum coverage per insured, per policy year	US\$4 Million
In-patient benefits and limitations	Coverage
Hospital services: room and board (private/semi private) <ul style="list-style-type: none"> Standard Intensive care unit 	100%
Medical and nursing fees	100%
Drugs prescribed while in-patient	100%
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scan, ultrasound, and endoscopies)	100%
Bariatric surgery (24-month waiting period)	US\$15,000
Accommodation charges for companion of a hospitalized child, per day	US\$300
Out-patient benefits and limitations	Coverage
Ambulatory surgery	100%
Physicians and specialists visits	100%
Prescription drugs: <ul style="list-style-type: none"> Following hospitalization or out-patient surgery (for a maximum of 6 months) Out-patient or non-hospitalization 	100% US\$6,500
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scan, ultrasound, and endoscopies)	100%
Physical therapy and rehabilitation services (must be pre-approved)	100%
Home health care (must be pre-approved)	100%
Routine health checkup (all inclusive) <ul style="list-style-type: none"> No deductible applies 	US\$200
Urgent Care Facilities or Walk-in Clinics in the U.S. 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"> US\$50 copay No deductible applies 	100%
Maternity benefits and limitations	Coverage
Pregnancy, maternity, and birth, per pregnancy (includes normal delivery, complicated delivery, cesarean delivery, all pre- and post-natal treatment, and well-baby care) <ul style="list-style-type: none"> 10-month waiting period No deductible applies Plans 1, 2 and 3 only 	US\$5,000
Provisional coverage for newborn children (for a maximum of 90 days after delivery) <ul style="list-style-type: none"> Covered pregnancies only No deductible applies 	US\$30,000

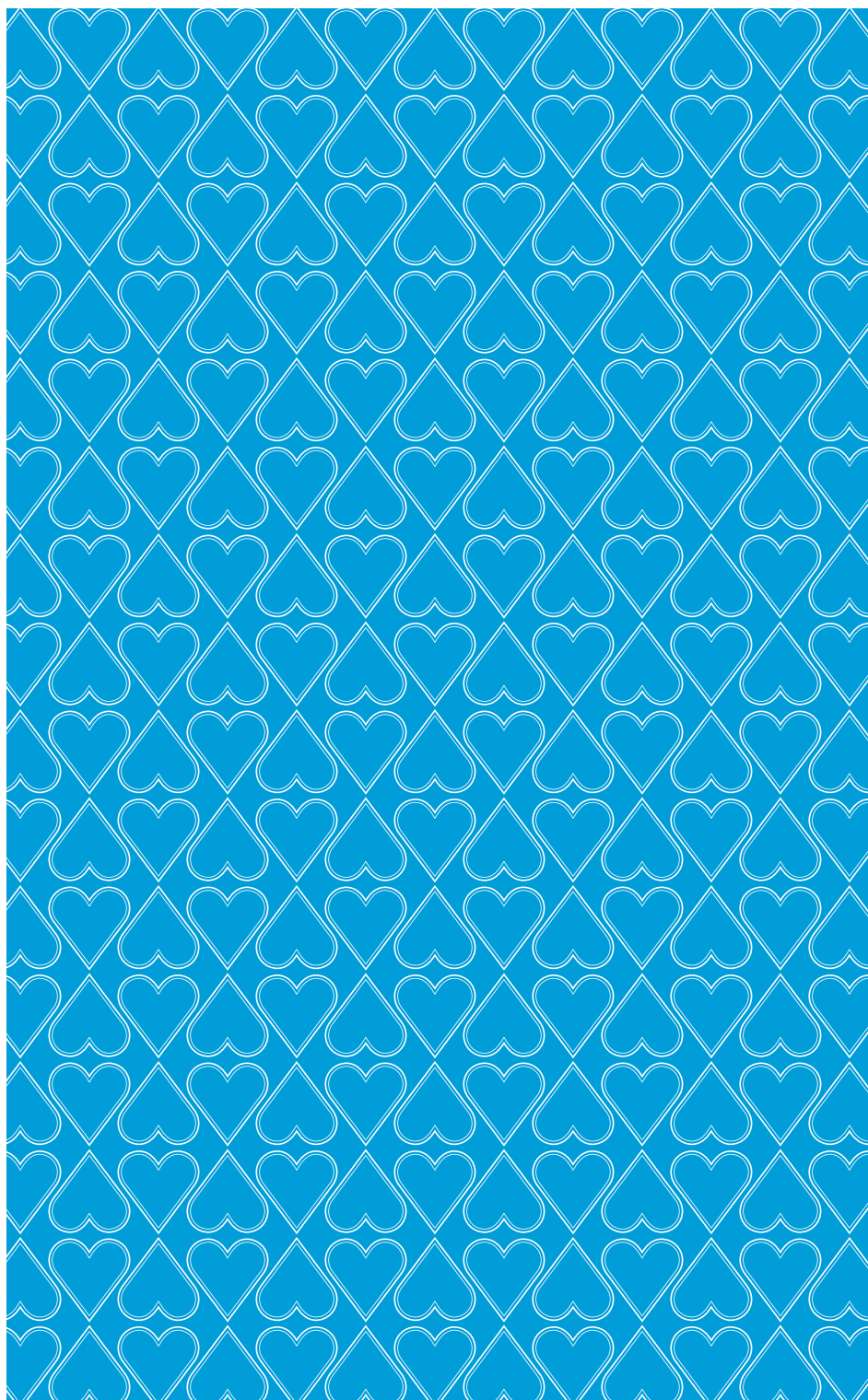
Umbilical cord blood storage (lifetime maximum per covered pregnancy) <ul style="list-style-type: none"> Plans 1, 2 and 3 only No deductible applies 	US\$500
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Evacuation benefits and limitations	Coverage
Medical emergency evacuation: <ul style="list-style-type: none"> Air ambulance Ground ambulance Return journey Repatriation of mortal remains Must be pre-approved and coordinated by USA Medical Services.	US\$100,000 100% 100% 100%

Other benefits and limitations	Coverage
Cancer treatment, including bone marrow transplant and preventive surgery	100%
End-stage renal failure (dialysis)	100%
Transplant procedures (lifetime maximum per diagnosis)	US\$1,000,000
Congenital and/or hereditary disorders: <ul style="list-style-type: none"> Diagnosed before the age of 18 (lifetime maximum) Diagnosed on or after the age of 18 	US\$300,000 100%
Prosthetic limbs (lifetime maximum US\$120,000)	US\$30,000
Special treatments (prosthesis, implants, appliances and orthotic devices, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs)	100%
Emergency room (with or without admission)	100%
Emergency dental coverage	100%
Hospice/terminal care	100%

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

Optional coverage benefits and limitations	Coverage
Transplant procedures rider (per insured, per diagnosis, per lifetime) Additional coverage for organ, tissue, or cell transplant procedures <ul style="list-style-type: none"> 6-month waiting period after effective date of rider 	US\$500,000
Maternity and perinatal complications rider (per rider) Additional coverage for complications not related to congenital or hereditary disorders <ul style="list-style-type: none"> 10-month waiting period after effective date of rider 	US\$500,000



SUPPLEMENT

THE CLAIM PROCESS

Insureds are required to 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.
3. **Access** to qualified representatives with extensive experience in the industry to help you avoid or reduce unnecessary medical expenses and overcharges.
4. By notifying us, we can provide the **best** possible care management before, during and after your treatment or service.

BEFORE

Once USA Medical Services is notified that an insured 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.

The insured must notify an accident to the insurer during the first seventy-two (72) hours following the accident, unless this is not possible due to a fortuitous event or force majeure, in which case the notification must be made as soon as the impediment ceases to delay notification. If this requirement is omitted, the claim might be declined or payment might be made according to the costs that the insurer would have incurred if the accident had been notified on time as required.

IF YOUR DOCTOR TELLS YOU THAT YOU NEED TO SEE A SPECIALIST OR HAVE SOME TESTS DONE

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

1. The name of your referring doctor
2. Who you have been referred to
3. The test you need
4. What hospital you would like to go to

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 YOUR DOCTOR TELLS YOU THAT YOU NEED SURGERY OR OTHER IN-PATIENT/DAY-PATIENT TREATMENT

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

1. The condition/symptoms being treated
2. The proposed treatment
3. Your referring doctor
4. The doctor and hospital you would like to go to

Again, it will help us expedite your claim promptly 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 your policy is in effect for the time of your treatment
2. Verify that the condition and treatment is eligible under the terms of your plan
3. Confirm coverage to the hospital and doctor
4. Schedule with the hospital a convenient appointment for you

Once you leave the hospital: To fully settle your claim, we will need a claim form, medical records, original invoices and the case notes. We usually receive these directly from the hospital; however, it may delay your claim if we do not get all these items and have to request them. Once your claim has been approved, we will confirm the amounts paid and notify you of any amount you need to pay the hospital or doctor (for example, the deductible you chose on your plan).

In most cases, USA Medical Services will pay the hospital and doctor directly, but there are some cases when this may not be possible. This is usually the case when treatment took place in a hospital that is not part of the Bupa Advantage Provider Network, if you did not notify us of the treatment, or if we require more information about your condition.

IF YOUR 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. Your therapy plan
2. The therapist you will be seeing

Your doctor should provide a therapy plan that outlines how many therapist sessions you need and what kind of progress you are expected to make. We need to see this plan before we approve your therapy.

HOW TO FILE FOR REIMBURSEMENT

If you have followed the right steps, we are probably in the process of issuing a direct payment to your provider. However, there are circumstances when this is not possible, and we will need to process a reimbursement to you. In those cases, there are certain guidelines that you should follow, which can be found below.

In order to expedite the processing of your claim, please be sure to complete the following steps:

1. Complete the claim form. Copy of the claim form can be found in your policy kit or at www.bupasalud.com.
2. 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
3. Enclose all original receipts. For example:
 - Invoices
 - Proof of payment
4. Send the claim no later than 180 days from the date of service to:

USA Medical Services

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

