



BUPA INSURANCE COMPANY

Table of Benefits

Bupa Alpha

Effective January 1, 2026

| General information | Yes | No |
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| Benefits in the United States of America and the rest of the world are subject to a provider network | x | |
| In-patient out-of-network coverage at 70% in U.S. hospitals only | | |
| 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\$1.5 Million | |
| Geographical coverage: Worldwide | | |
| In-patient benefits and limitations | Coverage | |
| Out-of-network coverage at 70% in U.S. hospitals | | |
| Hospital services | 100% | |
| Hospital room and board (standard private/semi-private) <ul style="list-style-type: none">Within the Bupa Alpha provider networkOut-of-network hospital in the U.S., maximum per day | 100% US\$750 | |
| Intensive care unit <ul style="list-style-type: none">Within the Bupa Alpha provider networkOut-of-network hospital in the U.S., maximum per day | 100% US\$1,500 | |
| 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 <ul style="list-style-type: none">Maximum US\$1,000 per admission | US\$100 | |
| Out-patient benefits and limitations | Coverage | |
| Ambulatory surgery | 100% | |
| Physicians and specialists' visits | 100% | |
| Out-patient prescription drugs: <ul style="list-style-type: none">Following hospitalization or out-patient surgery (for a maximum of 6 months)Outpatient or non-hospitalization (with 20% co-insurance) | 100% US\$6,000 (*) | |
| Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scans, ultrasounds, and endoscopies) | 100% | |
| Physical therapy and rehabilitation services (must be pre-approved) | 100% | |
| Home health care, per day (must be pre-approved) <ul style="list-style-type: none">Maximum 90 days per policy year | US\$300 | |
| Vaccines (medically necessary) <ul style="list-style-type: none">No deductible appliesSubject to 20% of coinsurance | US\$150 (*) | |
| 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">US\$50 copayNo deductible applies | 100% | |

(*) Subject to 20% of coinsurance

| Maternity benefits and limitations | Coverage |
|---|--|
| Pregnancy, maternity, and birth, per pregnancy <ul style="list-style-type: none"> Includes normal delivery, complicated delivery, cesarean delivery, all pre- and post-natal treatment including required vitamins during pregnancy, and well-baby care) 10-month waiting period Plans 2 and 3 only No deductible applies | US\$3,000 |
| 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\$15,000 |
| 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\$50,000 100% 100% US\$10,000 |
| 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"> Maximum coverage of costs of organ, cell, or tissue procurement, transportation, harvesting, and donor workup (US\$25,000 included as part of the total) | US\$200,000 |
| Congenital and/or hereditary disorders: <ul style="list-style-type: none"> Diagnosed before 18 years of age (lifetime maximum) Diagnosed at 18 years of age or after | US\$250,000 100% |
| Prosthetic limbs <ul style="list-style-type: none"> 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) 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 <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 10-month waiting period after effective date of rider | US\$500,000 |
| Transplant procedures rider (lifetime per insured, per diagnosis) <ul style="list-style-type: none"> Additional optional coverage for organ, tissue, or cell transplant procedures 6-month waiting period after effective date of rider | US\$500,000 |