



BUPA INSURANCE COMPANY
Table of Benefits
Critical Care

Effective January 1, 2026

General information	Yes	No
Benefits in the United States of America, Latin America and the Caribbean are subject to a provider network	x	
Coverage requires pre-authorization for all benefits	x	
All benefits are covered according to UCR rates (Usual, Customary and Reasonable)	x	
Coinurance		x
Maximum coverage per insured, per policy year	US\$1 Million	
Geographical coverage: Latin America, the Caribbean, and the United States of America		
This policy only pays benefits for the following medical conditions and treatments	Coverage	
Neurological illnesses, including cerebral vascular accidents	US\$150,000	
Open cardiac revascularization surgery and angioplasty	US\$150,000	
Cancer treatment, including chemotherapy, radiation therapy, and reconstructive surgery, see exclusions 7.23 and 7.24 of the Terms and Conditions	US\$200,000	
Severe trauma and/or polytrauma, including rehabilitation	US\$150,000	
Chronic renal insufficiency (dialysis)	US\$100,000	
Severe burns, including reconstructive surgery	US\$300,000	
Septicemia (severe infectious disorder)	US\$150,000	
Transplant procedures (lifetime maximum per diagnosis):		
• Heart	US\$300,000	
• Heart/lung	US\$300,000	
• Lung	US\$250,000	
• Pancreas	US\$250,000	
• Pancreas/kidney	US\$300,000	
• Kidney	US\$200,000	
• Liver	US\$200,000	
• Bone marrow	US\$250,000	
• Maximum coverage of costs of organ, cell, or tissue procurement, transportation, harvesting, and donor workup (US\$25,000 included as part of the total)		
The following benefits are subject to the coverage limits specified above		
In-patient benefits and limitations	Coverage	
Hospital services	100%	
Hospital room and board (standard private/semi-private)	100%	
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 scans, ultrasounds, and endoscopies)	100%	
Out-patient benefits and limitations	Coverage	
Ambulatory surgery	100%	
Physicians and specialists' visits	100%	
Out-patient prescription drugs following hospitalization or out-patient surgery (for a maximum of 6 months)	100%	
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 (must be pre-approved)	100%	

Evacuation benefits and limitations	Coverage
Medical emergency evacuation: <ul style="list-style-type: none"> • Air ambulance • Ground ambulance • Return journey • Repatriation of mortal remains <p>Must be pre-approved and coordinated by USA Medical Services.</p>	US\$25,000 100% 100% N/A
Other benefits and limitations	
Congenital and/or hereditary disorders	10%
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)	100%
Emergency room (with or without hospital admission)	100%
Emergency dental coverage	100%
Hospice/terminal care	100%
Required second surgical opinion <ul style="list-style-type: none"> • If the insured does not obtain the 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%