



# BUPA INSURANCE COMPANY

## Table of Benefits

### Secure Care

Effective January 1, 2026

General information	Yes	No
Benefits in the United States of America and the rest of the world 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	
Coinsurance (only as indicated below)	x	
Maximum coverage per insured, per policy year	US\$3 Million	
Geographical coverage: Worldwide		
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%	
Mental Health (related to a covered condition) <ul style="list-style-type: none"><li>• Must be pre-approved</li></ul>	90 visits per life	
Accommodation charges for companion of a hospitalized child, per day <ul style="list-style-type: none"><li>• Maximum US\$1,000 per admission</li></ul>	US\$100	
Out-patient benefits and limitations	Coverage	
Ambulatory surgery	100%	
Physicians and specialist's visits	100%	
Out-patient prescription drugs: <ul style="list-style-type: none"><li>• Following hospitalization or out-patient surgery (for a maximum of 6 months)</li><li>• Outpatient or non-hospitalization (Subject to 20% of coinsurance)</li></ul>	100% US\$3,000 (*)	
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scans, ultrasounds, and endoscopies)	100%	
Physical therapy and rehabilitation services (must be pre-approved) <ul style="list-style-type: none"><li>• Maximum 60 sessions per policy year</li></ul>	100%	
Home health care, per day (must be pre-approved) <ul style="list-style-type: none"><li>• Maximum 90 days per policy year</li></ul>	US\$300	
Routine health checkup (all inclusive) <ul style="list-style-type: none"><li>• No deductible applies</li></ul>	US\$300	
Vaccines (medically required) <ul style="list-style-type: none"><li>• No deductible applies</li><li>• Subject to 20% of coinsurance</li></ul>	US\$300 (*)	
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"><li>• US\$50 copay</li><li>• No deductible applies</li></ul>	100%	

(\*) Subject to 20% of coinsurance

Maternity benefits and limitations	Coverage
Pregnancy, maternity, and birth, per pregnancy <ul style="list-style-type: none"> <li>Includes normal delivery, cesarean delivery, required vitamins during pregnancy, all pre- and post-natal treatment, and well-baby care)</li> <li>10-month waiting period</li> <li>Plans 1, 2 and 3 only</li> <li>No deductible applies</li> </ul>	US\$3,500
Complications of pregnancy, maternity, and birth <ul style="list-style-type: none"> <li>10-month waiting period</li> <li>Plans 1, 2 and 3 only</li> <li>No deductible applies</li> </ul>	Included in Pregnancy, maternity, and birth benefit
Provisional coverage for newborn children (for a maximum of 90 days after delivery) <ul style="list-style-type: none"> <li>Covered pregnancies only</li> <li>No deductible applies</li> </ul>	US\$15,000

Evacuation benefits and limitations	Coverage
Medical emergency evacuation: <ul style="list-style-type: none"> <li>Air ambulance</li> <li>Ground ambulance</li> <li>Return journey</li> <li>Repatriation of mortal remains</li> </ul> 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/bone marrow transplant/preventive surgery)	100%
End-stage renal failure (dialysis)	100%
Congenital and/or hereditary disorders: <ul style="list-style-type: none"> <li>Diagnosed before 18 years of age (lifetime maximum)</li> <li>Diagnosed at 18 years of age or after</li> </ul>	US\$150,000 100%
Prosthetic limbs <ul style="list-style-type: none"> <li>Lifetime maximum US\$120,000</li> </ul>	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"> <li>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.</li> </ul>	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"> <li>10-month waiting period after effective date of rider</li> </ul>	US\$500,000
Transplant procedures rider (lifetime per insured, per diagnosis) <ul style="list-style-type: none"> <li>Additional optional coverage for organ, tissue, or cell transplant procedures</li> <li>6-month waiting period after effective date of rider</li> </ul>	US\$500,000