BUPA INSURANCE COMPANY
Table of Benefits
Critical Care

Effective January 1, 2027

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	
Coinsurance		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 • Pre-authorization required 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) • Pre-authorization required	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 • Heart/lung • Lung • Pancreas • Pancreas/kidney • Kidney • Liver • Bone marrow • Maximum coverage of costs of organ, cell, or tissue procurement, transportation, harvesting, and donor workup (US$25,000 included as part of the total) Pre-authorization required	 US$300,000 US$300,000 US$250,000 US$250,000 US$300,000 US$200,000 US$200,000 US$250,000

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 • Pre-authorization required	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 • Pre-authorization required	100%
Home health care • Pre-authorization required	100%

Evacuation benefits and limitations	Coverage
Medical emergency evacuation: • Air ambulance • Ground ambulance • Return journey • Repatriation of mortal remains Pre-authorization and coordination by USA Medical Services required.	 US$25,000 100% 100% N/A

Other benefits and limitations	Coverage
Congenital and/or hereditary disorders • Pre-authorization required	10%
Prosthetic limbs • Lifetime maximum US$120,000 Pre-authorization required	US$30,000
Special treatments (prosthesis, implants, appliances and orthotic devices, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs) • Pre-authorization required	100%
Emergency room (with or without hospital admission)	100%
Emergency dental coverage	100%
Hospice/terminal care • Pre-authorization required	100%
Required second surgical opinion • 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%