BUPA INSURANCE COMPANY
Table of Benefits
Exclusive Care

Effective January 1, 2027

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		x

Maximum coverage per insured, per policy year	US$10 Million
Geographical coverage: Worldwide	

In-patient benefits and limitations	Coverage
Hospital services	100%
Hospital room and board (standard private/semi-private) • In Bupa hospital network • In other hospitals, per day	 100% US$2,000
Intensive care unit • In Bupa hospital network • In other hospitals, per day	 100% US$4,000
Medical and nursing fees	100%
Mental Health (related to a covered condition) • Pre-authorization required	100%
Drugs prescribed while in-patient	100%
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scans, ultrasounds, and endoscopies)	100%
Bariatric surgery (24-month waiting period) • Pre-authorization required	US$15,000
Accommodation charges for companion of a hospitalized child, per day	US$400
Guest meals per day	US$50

Out-patient benefits and limitations	Coverage
Ambulatory surgery • Pre-authorization required	100%
Physicians and specialists' visits	100%
Out-patient prescription drugs	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%
Adult Routine health checkup (all inclusive) • No deductible applies	US$1,000
Pediatric Routine health checkup (all inclusive) • No deductible applies	US$1,000
Vaccines (medically required) • No deductible applies • Subject to 20% of coinsurance	100% (*)
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 • US$50 copay • No deductible applies	100%

(*) Subject to 20% of coinsurance

Maternity benefits and limitations	Coverage
Pregnancy, maternity, and birth, per pregnancy • Includes normal delivery, cesarean delivery, and all pre- and post-natal treatment including required vitamins during pregnancy) • 10-month waiting period • Plans 2 and 3 only • No deductible applies	US$10,000
Complications of pregnancy, maternity, and birth • 10-month waiting period • Plans 2 and 3 only • No deductible applies	100%
Provisional coverage for newborn children (for a maximum of 90 days after delivery) • Covered pregnancies only • No deductible applies	US$50,000
Umbilical cord blood storage (lifetime maximum per covered pregnancy) • Plans 2 and 3 only • No deductible applies	US$2,000
Well baby care visits (5 visits within 6 months of delivery)	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.	100%

Other benefits and limitations	Coverage
Cancer treatment (chemotherapy/radiation/bone marrow transplant/preventive surgery) • Pre-authorization required	100%
Custodial care after Alzheimer's diagnosis (per lifetime)	US$5,000
End-stage renal failure (dialysis) • Pre-authorization required	100%
Transplant procedures (lifetime maximum per diagnosis) • Maximum coverage of costs of organ, cell, or tissue procurement, transportation, harvesting, and donor workup (US$60,000 included as part of the total) Pre-authorization required	US$2,000,000
Congenital and/or hereditary disorders • Pre-authorization required	100%
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%
Complementary therapist • Out-patient treatment received from an osteopathic doctor, a chiropractor, a podiatrist, and/or a psychiatrist • Acupuncture and homeopathic treatment • Out-patient treatment for behavioral and developmental disorders, including medically prescribed short-term speech therapy and sleep disorders • Maximum 80 visits/sessions	100%
Prescribed dietician guidance • Maximum 4 visits	100%
Treatment of the jaw	100%
Non-cosmetic podiatric care	100%

Coverage of hazardous activities and sports (amateur, professional, or for compensation)	100%
HIV/AIDS (only secondary to work-related accident or blood transfusion)	100%
Extended coverage to eligible dependents upon death of policyholder	2 years
Required second surgical opinion	100%

SUPPLEMENTARY OPTIONS WITH THE PURCHASE OF RIDER (not automatically included)

Optional coverage benefits and limitations	Coverage
Maternity and perinatal complications rider (per rider) • 10-month waiting period after effective date of rider • Plans 4, 5 and 6 only	US$500,000