BUPA INSURANCE COMPANY
Table of Benefits
Bupa Optimum

Effective January 1, 2027

General information	Yes	No
Benefits are subject to a provider network: • In the United States of America • In the rest of the world	x	 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$2,5 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%
Emergency room treatment with hospitalization	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%
Accommodation charges for companion of a hospitalized child, per day	US$350

Out-patient benefits and limitations	Coverage
Ambulatory surgery • (*) Applies 20% of coinsurance Pre-authorization required	100% (*)
Emergency room treatment without hospitalization • (*) Applies 20% of coinsurance	100% (*)
Physicians and specialists, per visit (with 20% co-insurance) • Maximum 30 visits per policy year	US$200
Out-patient prescription drugs following hospitalization or out-patient surgery (for a maximum of 6 months; with 20% co-insurance)	US$2.000
Diagnostic procedures, maximum per test, all inclusive (with 20% co-insurance): • CT scan • MRI scan • Colonoscopy • Endoscopy • All other diagnostic procedures (radiology, lab tests, Doppler echocardiography, ultrasound, PET scan) ○ (*) Applies 20% of coinsurance	 US$500 US$600 US$900 US$400 100% (*)
Physical therapy and rehabilitation services, per session (20% co-insurance) • Maximum 40 sessions per policy year ○ (*) Applies 20% of coinsurance Pre-authorization required	100% (*)
Home health care, per day (20% co-insurance) • Maximum 30 days per policy year Pre-authorization required	US$200
Routine health checkup (all inclusive) • No deductible or co-insurance apply	US$300

Complementary therapist, per visit/session, maximum 40 visits/sessions (with 20% co-insurance) • Treatment from an osteopathic doctor, chiropractor, and/or psychiatrist ○ (*) Applies 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%

(*) Applies 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) • 10-month waiting period • Plans 1 and 2 only • No deductible or co-insurance apply	US$7.500
Complications of pregnancy, maternity, and birth • 10-month waiting period • Plans 1 and 2 only • No deductible applies • Out-patient treatment with 20% co-insurance	US$1.000.000
Provisional coverage for newborn children (for a maximum of 90 days after delivery) • Covered pregnancies only • No deductible applies • Out-patient treatment with 20% co-insurance	US$30.000

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$125.000 100% 80% 100%

Other benefits and limitations	Coverage
Cancer treatment (chemotherapy/radiation) • Pre-authorization required	100%
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$25.000 included as part of the total) Pre-authorization required	US$600.000
Congenital and/or hereditary disorders diagnosed before the age of 18 • Out-patient treatment with 20% co-insurance Pre-authorization required	US$1.000.000
Congenital and/or hereditary disorders diagnosed on or after the age of 18 (lifetime) • In-patient treatment • Out-patient treatment ○ (*) Applies 20% of coinsurance Pre-authorization required	100% 100% (*)
Prosthetic limbs • Lifetime maximum US$120.000 • Out-patient treatment with 20% co-insurance Pre-authorization required	US$30.000
Special treatments (prosthesis, implants, appliances and orthotic devices, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs) • In-patient treatment • Out-patient treatment ○ (*) Applies 20% of coinsurance Pre-authorization required	100% 100% (*)
Emergency dental coverage ○ (*) Applies 20% of coinsurance	100% (*)

Hospice/terminal care ○ (*) Applies 20% of coinsurance Pre-authorization required	100% (*)
Treatment of the jaw • In-patient treatment • Out-patient treatment ○ (*) Applies 20% of coinsurance	 100% 100% (*)
Coverage of hazardous activities and sports (amateur, professional, or for compensation) • In-patient treatment • Out-patient treatment ○ (*) Applies 20% of coinsurance	 100% 100% (*)
HIV/AIDS (only secondary to work-related accident or blood transfusion) • In-patient treatment • Out-patient treatment ○ (*) Applies 20% of coinsurance	 100% 100% (*)
Extended coverage to eligible dependents upon death of policyholder	2 years
Required second surgical opinion • 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%

(*) Applies 20% of coinsurance

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	US$500,000