BUPA INSURANCE COMPANY
Table of Benefits
Secure 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 (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) • Pre-authorization required	90 visits per life
Accommodation charges for companion of a hospitalized child, per day • Maximum US$1,000 per admission	US$100

Out-patient benefits and limitations	Coverage
Ambulatory surgery • Pre-authorization required	100%
Physicians and specialist's visits	100%
Out-patient prescription drugs: • Following hospitalization or out-patient surgery (for a maximum of 6 months) • Outpatient or non-hospitalization (Subject to 20% of coinsurance)	100% US$3,000 (*)
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scans, ultrasounds, and endoscopies)	100%
Physical therapy and rehabilitation services • Maximum 60 sessions per policy year Pre-authorization required	100%
Home health care, per day • Maximum 90 days per policy year Pre-authorization required	US$300
Routine health checkup (all inclusive) • No deductible applies	US$300
Vaccines (medically required) • No deductible applies • Subject to 20% of coinsurance	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 • 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, required vitamins during pregnancy, all pre- and post-natal treatment, and well-baby care) • 10-month waiting period • Plans 1, 2 and 3 only • No deductible applies	US$3,500
Complications of pregnancy, maternity, and birth • 10-month waiting period • Plans 1, 2 and 3 only • No deductible applies	Included in Pregnancy, maternity, and birth benefit
Provisional coverage for newborn children (for a maximum of 90 days after delivery) • Covered pregnancies only • No deductible applies	US$15,000

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$50,000 100% 100% US$10,000

Other benefits and limitations	Coverage
Cancer treatment (chemotherapy/radiation/bone marrow transplant/preventive surgery) • Pre-authorization required	100%
End-stage renal failure (dialysis) • Pre-authorization required	100%
Congenital and/or hereditary disorders: • Diagnosed before 18 years of age (lifetime maximum) • Diagnosed at 18 years of age or after Pre-authorization required	US$150,000 100%
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%
Coverage of hazardous activities and sports (only amateur)	100%
Extended coverage to eligible dependents upon death of policyholder	1 year
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%

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
Transplant procedures rider (lifetime per insured, per diagnosis) • Additional optional coverage for organ, tissue, or cell transplant procedures • 6-month waiting period after effective date of rider Pre-authorization required	US$500,000