BUPA INSURANCE COMPANY
Table of Benefits
Bupa Supreme

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$5 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%
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$400
Guest meals per day	US$50

Out-patient benefits and limitations	Coverage
Ambulatory surgery • Pre-authorization required	100%
Physicians and specialists, per visit • Maximum 40 visits per policy year	US$300
Out-patient prescription drugs: • Following hospitalization or out-patient surgery (for a maximum of 6 months) • Outpatient or non-hospitalization (with 20% co-insurance)	 US$2.000 US$2.000
Diagnostic procedures, maximum per test, all inclusive: • CT scan • MRI scan • Colonoscopy • Endoscopy • All other diagnostic procedures (radiology, lab tests, Doppler echocardiography, ultrasound, PET scan)	 US$700 US$1.000 US$1.100 US$500 100%
Physical therapy and rehabilitation services, per session • Maximum 80 sessions per policy year Pre-authorization required	US$100
Home health care, per day • Maximum 30 days per policy year Pre-authorization required	US$250
Routine health checkup (all inclusive) • No deductible applies	US$600
Complementary therapist, per visit/session, maximum 80 visits/sessions • Treatment from an osteopathic doctor, chiropractor, podiatrist, and/or psychiatrist • Acupuncture and homeopathic treatment • Treatment for behavioral and developmental disorders • Medically prescribed short-term speech therapy • Sleep disorders	US$100

Dietetic guidance with an authorized dietician, maximum 4 consultations	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%

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 applies	US$10.000
Complications of pregnancy, maternity, and birth • 10-month waiting period • Plans 1 and 2 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
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) • 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$750.000
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%
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 • 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