COMPARISON GUIDE BUPA CARE 2026

	Bupa Exclusive Care	Bupa Privilege Care	Bupa Advantage Care	Bupa Secure Care	Bupa Essential Care	Bupa Critical Care
Maximum annual coverage	US$10M	US$7M	US$4M	US$3M	US$2M	US$1M with limits per condition
Geographical coverage	Worldwide	Worldwide	Worldwide (within network)	Worldwide (within network)	Worldwide (within network)	United States, Latin America, and the Caribbean
Provider network	Open network	Open network	Bupa Advantage	Bupa Secure	Bupa Essential	Bupa Critical
Out-of-network option	Yes	Yes	No (medical emergency only for covered conditions)	No (medical emergency only for covered conditions)	No (medical emergency only for covered conditions)	No (medical emergency only for covered conditions)
Notification required	No • It is recommended • UCR will apply	No • It is recommended • UCR will apply	Yes (30% penalty applies if not notified)	Yes (30% penalty applies if not notified)	Yes (30% penalty applies if not notified)	Yes (30% penalty applies if not penalty)
Waiting period	30 days	30 days	30 days	30 days	30 days	60 days
Hospitalization	100% (up to policy's maximum coverage)	100% (up to policy's maximum coverage)	100% (up to policy's maximum coverage)	100% (up to policy's maximum coverage)	100% (up to policy's maximum coverage)	100% (up to policy's maximum coverage)
Room & Board	• 100% (in network) • US$2,000/day (out of network)	• 100% (in network) • US$1,000/day (out of network)	100% (in network)	100% (in network)	100% (in network)	100% (in network)
Intensive Care Unit	• 100% (in network) • US$4,000/day (out of network)	• 100% (in network) • US$3,000/day (out of network)	100% (in network)	100% (in network)	100% (in network)	100% (in network)
Bariatric surgery	US$15,000	US$15,000	US$15,000	N/A	N/A	N/A
Cancer treatment	100% (including bone marrow transplant and preventive surgery)	100% (including bone marrow transplant and preventive surgery)	100% (including bone marrow transplant and preventive surgery)	100% (including bone marrow transplant and preventive surgery)	100% (including bone marrow transplant and preventive surgery)	US$200,000
Pregnancy, maternity, and birth (except plans 4, 5 & 6; no deductible applies; 10-month waiting period)	US$10,000	US$7,500	US$5,000	US$3,500	US$2,000	N/A
Provisional newborn coverage (no deductible applies)	US$50,000 (up to 90 days after delivery)	US$30,000 (up to 90 days after delivery)	US$30,000 (up to 90 days after delivery)	US$15,000 (up to 90 days after delivery)	US$10,000 (up to 90 days after delivery)	N/A
Well baby care	100% (max. five (5) vists after birth)	Included in pregnancy, maternity, and birth coverage	Included in pregnancy, maternity, and birth coverage	Included in pregnancy, maternity, and birth coverage	Included in pregnancy, maternity, and birth coverage	N/A
Pregnancy, maternity and birth complications (except plans 4, 5 & 6; no deductible applies)	100%	US$1M	Included in pregnancy, maternity, and birth coverage	Included in pregnancy, maternity, and birth coverage	Included in pregnancy, maternity, and birth coverage	N/A
Umbilical cord blood storage	US$2,000 (lifetime per pregnancy for covered pregnancies)	US$1,000 (lifetime per pregnancy for covered pregnancies)	US$500 (lifetime per pregnancy for covered pregnancies)	N/A	N/A	N/A

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	Bupa Exclusive Care	Bupa Privilege Care	Bupa Advantage Care	Bupa Secure Care	Bupa Essential Care	Bupa Critical Care
Additional coverage for maternity and perinatal complications (Rider)	US$500,000 (per rider) • Plans 4, 5, & 6 (subject to deductible) • 10-month waiting period after effective date of rider	US$500,000 (per rider) • Plans 4, 5, & 6 (subject to deductible) • 10-month waiting period after effective date of rider	US$500,000 (per rider) • Plans 1, 2 & 3 (not subject to deductible) • Plans 4, 5 & 6 (subject to deductible) • 10-month waiting period after effective date of rider	US$500,000 (per rider) • Plans 1, 2 & 3 (not subject to deductible) • Plans 4, 5 & 6 (subject to deductible) • 10-month waiting period after effective date of rider	US$500,000 (per rider) • Plans 1, 2 & 3 (not subject to deductible) • Plans 4, 5 & 6 (subject to deductible) • 10-month waiting period after effective date of rider	N/A
Congenital and hereditary conditions	US$10M	• <18 years: US$1M (lifetime) • ≥18 years: 100%	• <18 years: US$300,000 (lifetime) • ≥18 years: 100%	• <18 years: US$150,000 (lifetime) • ≥18 years: 100%	• <18 years: US$100,000 (lifetime) • ≥18 years: 100%	Up to 10% for covered condition
Transplant procedures	• US$2,000,000 (lifetime per diagnosis) • US$60,000 (max. for donor work-up)	• US$1,500,000 (lifetime per diagnosis) • US$50,000 (max. for donor work-up)	• US$1,000,000 (lifetime per diagnosis) • US$40,000 (max. for donor work-up)	N/A	N/A	Specific benefit per diagnosis
Additional coverage for transplant (Rider)	N/A	N/A	US$500,000 (per insured, per diagnosis, per lifetime) • 6-month waiting period after effective date of rider	US$500,000 (per insured, per diagnosis, per lifetime) • 6-month waiting period after effective date of rider	US$500,000 (per insured, per diagnosis, per lifetime) • 6-month waiting period after effective date of rider	N/A
Companion for a hospitalized child	US$400/day	US$300/day	US$300/day	US$100/day (max. US$1,000 per admission)	N/A	N/A
Air ambulance	100% (must be pre-approved and coordinated by USA Medical Services)	US$125,000/year (must be pre-approved and coordinated by USA Medical Services)	US$100,000/year (must be pre-approved and coordinated by USA Medical Services)	US$50,000/year (must be pre-approved and coordinated by USA Medical Services)	US$50,000/year (must be pre-approved and coordinated by USA Medical Services)	US$25,000/year (must be pre-approved and coordinated by USA Medical Services)
Repatriation of mortal remains	100% (must be pre-approved and coordinated by USA Medical Services)	100% (must be pre-approved and coordinated by USA Medical Services)	100% (must be pre-approved and coordinated by USA Medical Services)	US$10,000 (must be pre-approved and coordinated by USA Medical Services)	US$5,000 (must be pre-approved and coordinated by USA Medical Services)	N/A
Prescription drugs	• 100% (while in-patient) • 100% (out-patient)	• 100% (while in-patient) • 100% (out-patient)	• 100% (while in-patient) • 100% (following hospitalization or out-patient surgery; max. 6 months) • US$6,500 (for out-patient or non-hospitalization treatments)	• 100% (while in-patient) • 100% (following hospitalization or out-patient surgery; max. 6 months) • US$3,000 (for out-patient or non-hospitalization treatments; 20% co-insurance)	• 100% (while in-patient) • US$10,000 (following hospitalization or out-patient surgery; max. 6 months) • US$1,500 (for out-patient or non-hospitalization treatments; 20% co-insurance)	• 100% (while in-patient) • 100% (following hospitalization or out-patient surgery; max. 6 months)

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	Bupa Exclusive Care	Bupa Privilege Care	Bupa Advantage Care	Bupa Secure Care	Bupa Essential Care	Bupa Critical Care
Physicians and specialists visits	100%	100%	100%	100%	100%	100% (for covered conditions)
Diagnostic procedures	100%	100%	100%	100%	100%	100% (for covered conditions)
Home healthcare	100% (up to policy limit; must be pre-approved)	100% (up to policy limit; must be pre-approved)	100% (up to policy limit; must be pre-approved)	US$300/day (max. 90 days per policy year; must be pre-approved)	US$200/day (max. 60 days per policy year; must be pre-approved)	100% (up to policy limit per condition; must be pre-approved)
Complementary therapist	100% (maximum 80 visits/sessions)	100% (maximum 20 visits/ sessions)	N/A	N/A	N/A	N/A
Physical therapy/rehabilitation	100% (must be pre-approved)	100% (must be pre-approved)	100% (up to policy limit; must be pre-approved)	100% (max. 60 sessions per policy year; must be pre-approved)	100% (max. 40 sessions per policy year; must be pre-approved)	100% (up to policy limit per condition)
Hospice/terminal care	100%	100%	100%	100%	100%	100%
Hazardous activities	100% (up to policy limit; professional and amateur)	100% (up to policy limit; professional and amateur)	100% (up to policy limit; professionals are covered)	100% (up to policy limit; amateur only)	100% (up to policy limit; amateur only)	100% (up to policy limit per condition; amateur only)
Prescribed dietician guidance	100% (max. of four visits)	N/A	N/A	N/A	N/A	N/A
Adult routine health check-up (no deductible applies)	US$1000 (all inclusive)	US$600 (all inclusive)	US$400 (all inclusive)	US$300 (all inclusive)	US$200 (all inclusive)	N/A
Pediatric routine health checkup (no deductible applies)	US$1000 (all inclusive)	US$600 (all inclusive)	US$400 (all inclusive)	N/A	N/A	N/A
HIV/AIDS	Only secondary to work-related accident or blood transfusion	Only secondary to work-related accident or blood transfusion	Only secondary to work-related accident or blood transfusion	N/A	N/A	N/A
Urgent Care Facilities or Walk-in Clinics in the U.S.A. • **US$50 copay** • **No deductible applies**	100%	100%	100%	100%	100%	N/A
Assisted/ custodial care after Alzheimer diagnosis	US$5,000 per lifetime	US$5,000 per lifetime	N/A	N/A	N/A	N/A

Notes:

- Policy benefits are per member per policy year, except in cases specified in the policy.
- The Usual, Customary, and Reasonable rates (UCR) for medical fees apply to all plans according to the geographical region where the treatment took place.