

CORPORATE CARE
MEMBERSHIP GUIDE

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YOUR HEALTHCARE PARTNER

Bupa is a leading and experienced health insurer, providing a variety of products and services to residents of Latin America and the Caribbean. Bupa began as a provident association in the United Kingdom in 1947 with just 38,000 members. Today, Bupa looks after the health and wellbeing of millions of individuals around the world, giving us a unique global advantage for the benefit of our members.

Since its inception more than 75 years ago, Bupa has maintained a sustained financial growth and continues to consolidate its credentials as a healthcare leader. Bupa has no shareholders, which allows for the reinvestment of all profits to optimize products and services in synergy with accredited healthcare providers.

Trust in healthcare personnel and services are critical for everyone. Our commitment to our members for over half a century is testament of our capacity to safeguard your health as the most important patrimony.

OUR PURPOSE

Bupa's purpose is longer, healthier, happier lives. We fulfill this promise by being our members' advocate, providing a range of personalized healthcare services and support throughout the lives of our members. As your healthcare partner, we enable you to make informed healthcare decisions. We believe that prevention is a proactive approach that can positively impact your health.

OUR PEOPLE

The expertise of our people is essential to deliver the best quality healthcare. Bupa employs over 85,000 people worldwide who live up to the highest quality standards of care, service, and expertise. We encourage our staff members to express their opinions so that we can be distinguished as one of the best employers of choice.

WELCOME TO BUPA

Welcome to Bupa Corporate Care, brought to you by Bupa, one of the largest and most experienced health insurance companies in the world.

This Membership Guide contains information about your membership and a summary of your benefits, information about how to contact us, and what to do if you need to use your coverage. For more details about what is covered and the exclusions and limitations to your coverage, please review the Terms and Conditions of your policy. Please also review your Membership Certificate, which shows your deductible and other important information regarding the coverage.

The Group Administrator shall advise the Members of their rights set out in the contract and provide them with an updated copy of the Terms and Conditions of their policy. Also, the Group Administrator shall notify Members of any modifications, additions or deletions made to the Master Certificate of Coverage as compared to previous versions.

DO YOU NEED HELP?

The Bupa Corporate Service Team is available Monday through Friday from 9:00 A.M. to 5:00 P.M. (EST) and is staffed by professional and multilingual service executives who are trained to help you with:

- Questions about your coverage
- Updating your personal information
- The status of your claims

Visit My Bupa in our display options
www.bupasalud.com/MyBupa

Tel. +1 (868) 224 5748, +1 (305) 398 7400
Fax +1 (305) 275 8484

MEDICAL EMERGENCIES

In the event of a medical emergency outside of our usual business hours, please contact the USA Medical Services team at:

Tel. +1 (305) 398 7400
Fax +1 (305) 275 8484
www.bupasalud.com/MyBupa

MAILING ADDRESS

18001 Old Cutler Road, Suite 500
Palmetto Bay, Florida 33157
USA

ONLINE TO MAKE YOUR LIFE EASIER!

Log in to www.bupasalud.com, search for "My Bupa" in our display options and follow the registration steps with your email to manage your policy from the comfort of your home or office. Enjoy our online services:

- Access to your policy documents and ID cards
- Payments
- Changes request
- Claim request and update information
- Pre-authorization services request
- Costumer Service
- Blua (digital health)

You are responsible for checking all documents and correspondence online.

USA MEDICAL SERVICES

YOUR DIRECT LINE TO MEDICAL EXPERTISE

As part of the Bupa group, USA Medical Services provides Bupa Members with professional support at the time of a claim. We understand that it is natural to feel anxious at a time of ill health, so we will do everything we can to help coordinate your hospitalization and provide you with the advice and assistance you require.

USA Medical Services wants you to have the peace of mind that you and your family deserve. In the event of a medical crisis, whether it is verifying benefits or the need of an air ambulance, our healthcare professionals at USA Medical Services are just a phone call away, 24 hours a day, 365 days a year. Our staff of healthcare professionals will be in constant communication with you and your family, guiding you through any medical crisis to the proper medical specialist and/or hospital.

WHEN THE WORST HAPPENS, WE ARE JUST A PHONE CALL AWAY

In the event of an emergency evacuation, USA Medical Services provides advanced alert of patient arrival to the medical facility and maintains continuous critical communication during transport. While treatment and initial care are being provided, USA Medical Services monitors your progress and reports any change in your status to your family and loved ones.

When every second of your life counts...count on USA Medical Services.

REQUIREMENT TO NOTIFY BUPA

The Member must contact USA Medical Services, Bupa's claims administrator, at least seventy-two (72) hours in advance of receiving any medical care. Emergency treatment must be notified within seventy-two (72) hours of beginning such treatment.

If the Member fails to contact USA Medical Services as stated herein, he/she will be responsible for thirty percent (30%) of all covered medical and hospital charges related to the claim, in addition to the plan's deductible and co-insurance, if applicable.

AVAILABLE 24 HOURS A DAY, 365 DAYS A YEAR

In the USA:	**+1 (305) 275-1500**
Free of charge from the USA:	**+1 (800) 726-1203**
Fax:	**+1 (305) 275-1518**
Visit My Bupa in our display options:	**www.bupasalud.com/MyBupa**
Outside the USA:	**Phone number can be located on your ID card, or at www.bupasalud.com**

COVERAGE OPTIONS

GEOGRAPHICAL COVERAGE

Bupa offers the choice of worldwide coverage including the United States of America in order to accommodate your group's specific regional or pricing needs. Please check your Membership Certificate or ask your Group Administrator about the option selected for your group.

Bupa, USA Medical Services, and/or any of their applicable related subsidiaries and affiliates will not engage in any transactions with any parties or in any countries where otherwise prohibited by the laws in the United States of America. Please contact USA Medical Services for more information about this restriction.

Coverage Option	Option 1	Option 2
Annual maximum coverage per member	US$1 million	US$3 millions
Area of coverage: worldwide (excluding USA)	In or outside provider network	In or outside provider network
Area of coverage: USA	Only in Corporate Network	In or outside provider network

OPTIONAL ADDITIONAL COVERAGE

Bupa offers three riders for additional coverage, which can be selected by your Group Administrator. The benefits provided under the riders are subject to all the terms, conditions, exclusions, limitations, and restrictions of coverage of the underlying Bupa Corporate Care membership. Please refer to your Membership Certificate or your Group Administrator for more information.

Your Group Administrator may choose one, or both to cover the needs of the group. If a rider is not selected at the time of application of the Bupa Corporate Care plan, they may be added on the anniversary date of the policy. Riders apply to all Principal Members and their dependents insured under the Bupa Corporate Care plan.

The Bupa Corporate Care riders are in effect as long as the Bupa Corporate Care plan is in force. The geographic area of coverage chosen for the Bupa Corporate Care plan will apply to any rider selected. The Dental and Vision, Care riders are not subject to the Bupa Corporate Care plan deductible.

- Dental Care Rider: This rider offers US$1,500 for basic and major dental care per Member, per membership year, to cover eligible dental treatment received from a licensed dental practitioner. It does not provide coverage for cosmetic dentistry, cosmetic dental surgery (required solely to improve appearance). It also offers US$1,500 for orthodontia treatment per lifetime for Members 18 years old or younger.
- Vision Care Rider: This rider offers US$200 per Member, per membership year, for routine eye examinations, frames, prescription lenses, and contact lenses. It does not provide coverage for radial keratomy and/or other procedures to correct eye refraction disorders.

DEDUCTIBLE OPTIONS

There are different deductible options available depending on the plan and geographic coverage selected for your group by your Group Administrator. These annual deductibles will apply before any benefits for eligible expenses are paid.

Please refer to your Membership Certificate or your Group Administrator for more information about your specific plan and deductible option. There is one deductible per Member, per membership year. However, to help you reduce the cost of your family's coverage, Bupa applies a maximum total of two deductibles per family, per membership year.

Deductible Plan	0 1,000	500 2,000	2,000 5,000	5,000 5,000	10,000 10,000	20,000 20,000
Outside U.S.A. per member	0	500	2,000	5,000	10,000	20,000
Maximum deductible per family outside U.S.A.	0	1,000	4,000	10,000	20,000	40,000
Inside U.S.A. per member	1,000	2,000	5,000	5,000	10,000	20,000
Maximum deductible per family inside U.S.A.	2,000	4,000	10,000	10,000	20,000	40,000

BENEFITS

NOTES ON BENEFITS AND LIMITATIONS

- The Table of Benefits is just a summary of benefits Payable to Members. For complete details, please review the Terms and Conditions of the policy.
- All benefits are in U.S. dollars, per Member, per membership year, unless otherwise stated.
- All benefits are subject to any applicable deductible, unless otherwise stated.
- Some benefits are subject to coinsurance, after the deductible has been applied, and taking into account the benefits specific limits.
- Any diagnostic or therapeutic procedure, treatment, or benefit is covered only if resulting from a condition covered under the membership.
- Members are required to notify USA Medical Services prior to beginning any treatment.
- Consult the Table of Benefits to confirm if the members obligated or not to use the Bupa Providers Network.
- All reimbursements are paid in accordance with the Usual, Customary, and Reasonable (UCR) fees for the specific service. UCR is the maximum amount that Bupa will consider eligible for payment, adjusted for a specific region or geographical area.
- Bupa, USA Medical Services, and/or any of their applicable related subsidiaries and affiliates will not engage in any transactions with any parties or in any countries where otherwise prohibited by the laws in the United States of America. Please contact USA Medical Services for more information about this restriction.

SUPPLEMENT

THE CLAIM PROCESS

Members are required to pre-notify USA Medical Services as soon as they know they will need any type of treatment.

FOUR REASONS WHY YOU SHOULD NOTIFY USA MEDICAL SERVICES THROUGH MY BUPA OR AT +1 (305) 275 1500

1. Assistance in understanding and coordinating your benefits with direct 24-hour access to our team of professional personnel.
2. Support from our staff offering guidance to you or your family for the best possible medical care and services: top rated hospitals, reputable physicians and community resources.
3. Access to qualified representatives with extensive experience in the industry to help you avoid or reduce unnecessary medical expenses and overcharges.
4. By notifying us, we can provide the best possible care management before, during and after your treatment or service.

BEFORE

Once USA Medical Services is notified that a Member needs any type of treatment, our staff begins handling the case by communicating directly with the patient's doctor and medical facility. As soon as we receive all the necessary information from your provider, including medical records, we will coordinate direct payment and confirm your benefits. This is how we guarantee our insureds a smooth admission to the hospital without worrying about payments or reimbursement. Additionally, we are here to coordinate and schedule air ambulances and second surgical and medical opinions.

DURING

During treatment and/or hospitalization, our professional staff continues to monitor the patient by communicating frequently with the doctor and hospital staff, and following up on needed treatments, progress and outcomes. We can also provide information and support to your family about the latest medical advances and treatments. Members of our staff visit patients, contact families to provide assistance, answer questions, and ensure that the patient is receiving the best quality service.

AFTER

Following the patient's treatment or discharge from the hospital, our staff at USA Medical Services will coordinate any follow-up treatment or therapy, and will make the necessary arrangements until the payment of the claim is completed.

NOTIFICATION BEFORE TREATMENT

This section shows you what to do if your doctor informs you that you need a procedure or follow-up treatment. It also tells you what information you will need when you contact us, and what we will do to help you during the claim process.

The authorization of a claim is handled by our team of professionals at USA Medical Services. They will help you get access to treatment as promptly as possible and are there to offer you guidance and information, as well as confirm coverage for any procedure. Please make sure that you have notified USA Medical Services by submit your pre-authorization request through My Bupa, www.bupasalud.com/My Bupa, or calling +1 (305) 275 1500, at least 72 hours in advance of receiving any medical care, or within the first 72 hours of receiving emergency treatment.

IF THE DOCTOR RECOMMENDS A SPECIALIST OR SPECIFIC MEDICAL TESTS

Contact USA Medical Services throught Mi Bupa, www.bupasalud.com/MyBupa, or calling +1 (305) 275 1500. It will help us speed up the process if you have the following details on hand:

1. Name of the referring doctor
2. Name of the doctor or specialist that the patient has been referred to
3. Medical tests that need to be performed
4. Hospital of preference

It will also help if you can ask your doctor for a copy of his/her case notes or records regarding your condition, as we will need to review them. You can send them throught Mi Bupa to us. USA Medical Services will make arrangements for the tests, and confirm your coverage with the doctor and hospital. This normally takes a few days once we have all the information we need.

IF THE DOCTOR RECOMMENDS SURGERY OR OTHER TREATMENT

Contact USA Medical Services throught Mi Bupa, www.bupasalud.com/MyBupa, or calling +1 (305) 275 1500. When you contact us, we will need the following:

1. Condition or symptoms being treated
2. Proposed treatment
3. Referring doctor
4. Doctor and hospital of preference

Again, it will help us expedite the process if you send us copies of your doctor's case notes or records. Once we have all of the information we need, we will:

1. Verify that your membership is in effect at the time of treatment
2. Verify that the condition and treatment are covered under the terms of the membership
3. Confirm coverage to the hospital and doctor
4. Schedule a convenient appointment for you at the hospital

To fully settle your claim once you leave the hospital, a claim form, medical records, and original invoices are required. We usually receive these documents directly from the hospital. However, your claim may be delayed if we do not receive these documents and need to request them.

Once the claim has been approved, USA Medical Services will confirm the amounts paid and will notify the Member of any amount that needs to be paid to the hospital or doctor (for example, a deductible or coinsurance on the membership). In most cases, once the request is reviewed and approved, USA Medical Services will pay the hospital and doctor directly, but there are some cases when this may not be possible. Cases include treatment that takes place in a hospital that is not part of the Bupa Corporate Provider Network, when Members fail to notify the treatment to USA Medical Services, or if more information about the Member's condition is required.

IF THE DOCTOR RECOMMENDS PHYSICAL THERAPY OR REHABILITATION FOLLOWING SURGERY

Contact USA Medical Services throught Mi Bupa, www.bupasalud.com/MyBupa, or calling +1 (305) 275 1500. When you contact us, we will need the following:

1. Therapy plan
2. Therapist of preference

The doctor should provide a therapy plan that outlines how many therapy sessions the Member will need and what kind of progress the Member is expected to make. USA Medical Services needs to approve this plan before the therapy is authorized.

HOW TO SUBMIT A CLAIM

If the Member has followed the necessary steps, and the treatment or service is covered under the membership, USA Medical Services will issue a direct payment to the provider. However, there are circumstances when this is not possible, and USA Medical Services will need to process a reimbursement directly to the Member. In those cases, there are certain guidelines that the Member should follow, which are specified below.

In order to expedite the processing of your claim, the Member needs to complete the following steps:

1. **Complete** the claim form. A copy of the claim form can be found in your membership kit.
2. **Attach** all medical documents if you have not already sent them in. For example:
   - Physician's summary
   - Diagnostic and lab tests
   - Prescription
   - Medical equipment request
3. **Enclose** all original receipts. Duplicates or copies are not accepted. For example:
   - Invoices
   - Proof of payment
4. **Send** the claim form, documents, and receipts no later than 180 days from the date of service to your Group Administrator or throught Mi Bupa, www.bupasalud.com/MyBupa.

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