BUPA INSURANCE COMPANY
Table of Benefits
Bupa Corporate Care – Option 2

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.
- 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.
- Members are not required to obtain treatment from the Provider Network.
- Some benefits are subject to coinsurance, after the deductible has been applied, taking into consideration specific limits
- 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.

Annual maximum coverage per member	US$3,000,000
Area of coverage: Worldwide (excluding USA)	In or outside Provider Network
Area of coverage: USA	In or outside Provider Network

In-patient benefits and limitations	Coverage
Hospital services	100%
Hospital room and board (private/semiprivate): ○ Bupa hospital network ○ In other hospitals, max. per day	 100% US$1,000
Companion of a minor of 18 year old in case of a hospitalization, per day	US$300
Intensive care unit: ○ Bupa hospital network ○ In other hospitals, max. per day	 100% US$3,000
Medical and nursing fees	100%
Bariatric surgery, 24-month waiting period ○ Pre-authorization required	100%
Drugs prescribed while in-patient	100%
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scan, ultrasound, echocardiography, and endoscopies)	100%
Mental Health during hospitalization, max. 30 visits per insured, per policy year until 90 days for life ○ Pre-authorization required	100%

Out-patient benefits and limitations	Coverage
Ambulatory surgery ○ Pre-authorization required	100%
Physicians and specialists' visits	100%

Prescription drugs first prescribed during hospitalization or out-patient surgery	US$10,000
Prescription drugs not prescribed after hospitalization or ambulatory surgery ○ Subject to 20% coinsurance	US$10,000 (*)
Diagnostic procedures (pathology, lab tests, X-rays, MRI/CT/PET scan, ultrasound, echocardiography, and endoscopies)	100%
Physical therapy and rehabilitation services (max. 30 days) ○ Pre-authorization required	100%
Home health care (max. 30 days)	100%
Routine health checkup (all inclusive) ○ No deductible applies	US$600
Mental Health (max. 30 visits) ○ Pre-authorization required	100%
Vaccines (medically required) ○ No deductible applies ○ Subject to 20% coinsurance	US$300
Urgent Care Facilities or Walk-in Clinics in the U.S.A. ○ US$50 copay ○ No deductible applies	100%

(*) 20% co-insurance applies

Maternity benefits and limitations (Plans $0/$1,000 and $500/$2,000 only)	Coverage
Pregnancy, maternity, and birth: Normal delivery (max. per pregnancy) Prescribed caesarean section (max. per pregnancy) ○ Includes pre- and post-natal treatment, required vitamins during pregnancy, and well-baby care ○ 10-month waiting period ○ No deductible applies	US$8,000
Complications of maternity and birth (max. per lifetime)	US$400,000
Provisional coverage for newborn children (for a maximum of 90 days after delivery) ○ No deductible applies	US$10,000

Evacuation benefits and limitations	Coverage
Medical emergency evacuation: ○ Air ambulance (max. per incident, no deductible applies) ○ Ground ambulance local (max. per incident, no deductible applies) ○ Ground ambulance International (max. per incident, no deductible applies) ○ Return journey ○ Repatriation of mortal remains Pre-authorization and coordination by USA Medical Services required	 US$100,000 100% US$1,000 100% US$5,000

Other benefits and limitations	Coverage
Cancer treatment (chemotherapy/radiation therapy/bone marrow transplant) ○ Pre-authorization required	100%
End-stage renal failure (dialysis) ○ Pre-authorization required	100%
Transplant procedures (max. per diagnosis, per lifetime) ○ Pre-authorization required	US$1,000,000
Congenital conditions and hereditary disorders ○ Diagnostic before 18 years old (max. per lifetime) ○ Diagnostic after 18 years old (max. per lifetime) Pre-authorization required	 US$500,000 100%
Special treatments (prosthesis, implants, appliances and orthotic devices implanted during surgery, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs) ○ Pre-authorization required	100%
Emergency room treatment in connection with acute illness or accident	100%
Accident-related dental treatment (within 6 months or accident)	100%

Hospice/terminal care ○ Pre-authorization required	100%
HIV/AIDS (max. per lifetime) ○ 12-month waiting period	US$500,000
Autism ○ Pre-authorization required	US$20,000
Extension of coverage for eligible dependents due to death of the principal insured	1 year

Optional coverage benefits and limitations (not automatically included)	Coverage
Dental Care rider (not subject to deductible, 20% co-insurance applies) ○ Basic and major dental care, per member, per membership year ○ Orthodontia, per child 18 years old or younger, per lifetime	 US$1,500 (*) US$1,500 (*)
Vision Care rider (not subject to deductible) ○ Eye exams, lenses, contact lenses, frames	US$200

(*) 20% co-insurance applies