



Insurance for Medical Expenses

For more information contact us, we will be happy to assist you:

Panama

Plaza Comercial San Fernando
Local No. 33 2nd. Plant

Telephones: 229-1200 / 229-1210

Chiriquí

Tower Hospital Chiriquí
Office no. 14 1st. Floor

Telephones: 775-1068

Chitré

Plaza Azuero, Chitré Local BZ-16

Telephones: 996-4589 / 996-9161



Requirements to apply for Family Medical Care insurance

- Application
- Know your client form (policy payer)
- COVID Form
- Collection Form (ACH or credit card)
- Copy of ID or birth certificate
- Certificate of good health issued by a pediatrician (only for children between 0.2 and 12 years old).

FLEXI CANCER

- Family Plan \$100.80 (annual payment)
- Individual Plan \$63.00 (annual payment)

COVID-19 Requirement:

- 65 years to 75 years.
- It is necessary that each applicant be immunized, that is, that they have their complete 2-dose vaccination schedule.
- Attach digital vaccination card in green status.



Local Coverage



SURGERIES AND HOSPITALIZATION

After 12 months of validity. The insured must pay a copayment of \$500.00 and 30% of eligible expenses. Private room is covered, maximum 20 day including stay in intensive care.



PREVENTIVE MEDICINE

After 12 months of validity, 50% of eligible expenses are covered, maximum 1 per year.



PRE-EXISTING CONDITIONS

After 24 months of validity. It is covered at 50%.



EYE SURGERIES

After 36 months of validity, 30% copayment.



HIP AND KNEE REPLACEMENTS

After 36 months of validity, 70% of eligible expenses are covered.



PHYSICAL THERAPIES

50% refund with a maximum of 10 therapies per year (with prior authorization of the company)



MATERNITY

After 12 months of validity. Pre-Natal: 9 Consultations, laboratory tests, 3 ultrasounds, 2 monitoring under the maximum annual limit of the policy.

- Maximum limit for expenses for delivery by cesarean section or normal delivery of US\$3,500.00, covered at 70%.

- Amount for newborn expenses US\$500.00.

- Maximum limit for abortions US\$400.00.

Family Medical Care is the insurance for medical expenses designed by **Pan-American Life** to protect the well-being of all family members and provide greater peace of mind day by day.

Eligible Expenses of \$50,000.00 renewable per year

Eligibility: Up to 75 years of age

— Benefits Family Medical Care

EMERGENCIES

Outpatient emergencies due to accidents, 100% covered up to a maximum of \$750.00. The surplus will be covered at 70%. Detailed critical illness emergencies, covered at 70% of eligible expenses.

Ambulance service covered at 100% up to a maximum of \$350.00 per event.

Emergency services outside Panama are reimbursed 70% after the deductible of \$3,500.00 has been covered (deductible applies).

SPECIALIZED MEDICAL CONSULTATION

The insured has the benefit of 12 annual consultations, \$15.00 copayment for medical providers in the PALIGMED network.

Maximum reimbursement of \$35.00 (non-affiliated physician).



FUNERAL SERVICES

Funeral expenses are covered 100%, up to a maximum of \$1,000.00.



LABORATORIES, CLINICAL ANALYSIS AND ANATOMOPATHOLOGICAL

After 30 days of being covered, one per month, 70% of eligible expenses are reimbursed. Medical order with diagnosis.



X-RAYS

After 60 days, one per month, 70% of eligible expenses are reimbursed. Medical order with diagnosis.



BASIC DENTAL EMERGENCY PLAN

Dental emergencies covered 100%.



DIAGNOSTIC STUDIES

After 6 months of policy validity, one per month. Copayment of 50% of eligible expenses subject to approval by the Medical Committee.



OUTPATIENT SURGERIES

After 12 months of validity. The insured must pay a copayment of \$200.00 and 30% coinsurance of eligible expenses.



TELEMEDICINE SERVICE

Unlimited free consultations for insured and their dependents when downloading the app. **PALIG Telemedicine** from a smartphone or tablet. General medical care Monday to Sunday from 7:00 a.m. to 11:00 p.m. and 24 hours through by PALIC S.O.S. at 800-4200.



COVERAGE FOR CHILDREN

From 2 months to 18 years old they can purchase an individual health policy from Family Medical Care.



TARIFAS

PLAN INDIVIDUAL

EDADES	MENSUALIDAD
0.2-18	B/.32.00
19-29	B/.42.00
30-39	B/.51.98
40-49	B/.71.19
50-59	B/.94.30
60-69	B/.117.30
70-75	B/.146.25

PLAN FAMILIAR

BENEFICIARIO	EDADES	MENSUALIDAD
HIJO	0.2-19	B/.26.00
CÓNYUGE	19-29	B/.33.60
CÓNYUGE	30-39	B/.40.68
CÓNYUGE	40-49	B/.56.50
CÓNYUGE	50-59	B/.78.00
CÓNYUGE	60-69	B/.96.00
CÓNYUGE	70-75	B/.120.00

**Estas tarifas no incluyen el 5% de impuesto.*



FAMILY
MEDICAL CARE

PROTECTOR DE FIDUCIARIOS LA COMPAÑIA S.A. 2011