

| GROUPS BENEFIT PLAN | |
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| Coverage | |
| Max Benefit | \$1,000,000 per insured per year |
| Age Eligibility | Up to 74 years |
| Renewal | Lifetime Guaranteed |
| Network | WorldWide - Free choice of providers |
| Coverage % if preauthorization/precertification is not done | 70% of Reasonable Charges. |
| Country of Residence | Panamá |
| Deductible Options | 1,000 / 1,500 / 2,000 / 4,000 |
| Hospitalización Benefit | |
| Includes | |
| Food and Room | |
| Equipment and Medical Services in Hospital | |
| Emergency Room, Recovery Room, Operation Room | |
| Surgeons, Anesthesia and Assistant Fees. | |
| Diagnostic Tests | |
| Cáncer treatments (quimio and Radio) | |
| Diálisis. | |
| 100% after deductible - \$50 copay for max 5 days. | |
| In case of emergency in Panama Or Venezuela, no deductible Applies | |
| Emergencies | |
| High fever in infants (children under the age of two/acute respiratory failure/acute respiratory tract obstruction/acute respiratory tract obstruction/crisis/appendicitis/acute myocardial infarction/cardiac angina/acute allergic reactions following stings, food/medicines/animal bites/acute intoxication/acute poisoning/brain vascular | |
| accident/thrombosis/bleeding/seizures/seizures/seizure/severe retention of urine/biliary colic/coliconephroureteral/asthmatic crisis/severe dehydration due to vomiting/diarrhea/weird body in eyes, loss of consciousness or obstruction of consciousness/bed condition/burns/fractures, dislocations, sprains, wounds (sharps, blunt, sharp, contusions and firearms only) | |
| 100% (includes Doctor's fees) | |
| No deductible applies when in Panama or Venezuela, resto of the world does apply. | |
| Organ and Tissue Transplant | |
| Lifetime Max of \$1,000,000 - 100% after deductible | |
| Any costos related to live or dead donnor are considered within this limit. | |
| Outpatient Benefits | |
| Prescription Medication | 100% after deductible |
| Labs and Xray with medical prescription | 100% after deductible |
| Special tests | 100% after deductible |
| Outpatient Medical Attention (Doctor's Visits) | |
| In Panama Or Venezuela, 3 yearly consults without deductible and a copay of \$20 per consult. \$80 limit per consult. | |
| After which, covered at 100% after deductible. | |
| Rest of the world at 100% after deductible. | |
| Outpatient Surgery | |
| 100% after deductible (no deductible applies for cases considered emergencies). | |
| Preventive Medicine | |
| Women (doesn't apply for dependent daughters) - copay of 50% | |
| >Mammography after 40 y.o. | |
| >Annual gynecology and pap control. | |
| Annual Controls: Gynecology and Urology | |
| Men - copay og 50% | |
| >PSA after 40 y.o. | |
| >Annual urology control | |
| One even per year up to \$150 | |

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| Kids | Children from 0 to 12 months: maximum 3 visits per year. Amount to be covered for each visit: USD80 with co-payment of USD20 each, without application of the deductible. |
| General Tests: General Medical Yearly Consult Labs Hemogram Urinalysis | Children from 1 to 17 years old - 1 visit per year without application of the deductible. Limit per visit USD 100% - Annual aggregate limit USD 150, only for policyholders 18 years of age and over |
| Maternity And Newborn Attention | |
| Maternity - No deductible applies for plan 1 and 2 | Max Coverage of \$5,000 Elective Caesarea Waiting period of 10 months |
| Maternity Complications and Birth Complications | If the deductible is equal or less than \$1,500, it does'tn apply for maternity. Up to \$50,000 per event. Waiting period of 10 months. |
| Newborn inclusion | Automatic, no risk evaluation if born under covered maternity and inscribed during the first 60 days after being born. |
| Newborn coverage - Only for covered maternity | \$40,000 for the first 60 days of their life. |
| Congenital and/or hereditary conditions | |
| | For insureds whose birth was not covered by the Maternity coverage of the policy: Diagnosed before the age of 18: lifetime sublimit of USD500,000 per insured after the deductible. Diagnosed from 18 years of age onwards: no sub-limit will be applied, it will be covered as any other illness, after the deductible. However, if the insured's birth is covered by the Maternity coverage of the policy, any such condition will be covered as any other pathology (after the deductible). |
| Additional Benefits | |
| Dental Coverage due to Accident | 100% after deductible |
| Reconstructive Surgery in case of Disease or Accident | 100% after deductible |
| Outpatient Physical Therapy, Rehabilitation, Home Health Care (private duty nursing) | 100% after deductible for Outpatient Physical Therapy, Rehabilitation with limit of 50 visits per accident / 20 visits per illness. Home Health Care (private duty nurse): maximum 45 visits per year. |
| Policyholder's Death Benefit | Renewal guarantee, without payment of premium, for a period of two (2) years from the day after the Effective Date of the Policy, in case of death of the insured. |
| HIV/AIDS | 100% after deductible up to a maximum of USD15,000 per insured per policy year and USD45,000 per lifetime |
| Air Ambulance | Only if the urgency of the situation requires it and there are no alternative means of transportation. Pre-certification by the Insurer is required. Limit of USD10,000 per policy year. |
| Travel Assistance | As a service contracted with third parties. |
| ADD ONS | |
| Life Insurance | USD 25,000 for Death from any cause of owner USD 25,000 for Death from any cause of spouse USD 10,000 for Death from any cause for each child USD |
| Daily income for hospitalization | From the second day of hospitalization maximum per day per insured USD200 and for life USD25,000 |

This document has been translated to the English Language as a courtesy. In case of any difference between them, what is communicated in the Spanish Version will Prevail.



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