

Insurer:



Insurance Brokers:



TABLE OF BENEFITS

LIMIT MAXIMUM OF COVERAGE	PLAN INTERNATIONAL
Maximum Annual Renewable per person	\$350.000
Lifetime Maximum for Services associated with the AIDS	\$52.500
Maximum Aggregate Deductible 3 per family	
Deductible Year Calendar - Central america	\$100
Deductible Year Calendar - International	\$1.000
STOP - LOSS Limit of Insurance per year policy - Central america (Applies to expenses for hospitalization within hospital only)	\$2,500 to the
STOP - LOSS Limit of Cotinsurance per policy year - International (Add up all the expenses where applicable coinsurance for inpatient Hospitalization – Not contemplated Fees Medical)	To \$5,000
Coinsurance inside of Network	10%
Coinsurance out of Network	10%
Type of Network	NETWORK PALIGMED
Period of pre-existence	3 months

EMERGENCIES AND MEDICAL CONSULTATIONS

Health Network = PALIGMED
Coverage Method = Payment Directly, Without Application of a Deductible, 100%

BENEFIT	PLAN INTERNATIONAL
Use of Emergency Room due to an Accident (Accident incurred in last 48 hours)	100% of the charges eligible except fees of specialist and tests of diagnosis (subject to co-insurance)

Health Network = PALIGMED
Coverage Method = Payment Directly, Without Applying a Deductible

BENEFIT	PLAN INTERNATIONAL
Use of Emergency Room due to Diseases (See list of Critical Detailed Diseases listed in the overview)	Coinsurance 10%
Consultation Medical Outpatient - Medical specialist	Cost Maximum Quote of \$90 Copayment of \$15
Consultation Medical Ambulatoria - Doctor general	Maximum Cost Quote of \$45 co-pay of \$5
Care Primary of Health Integral (*Diseases Listed in the Special Conditions). Includes consultation with a general practitioner, diagnostic studies, and medical treatment (a maximum of 3 days).	Applies only in Primary Care Centers under Paligmed Essential Network. Coverage for the coinsurance 90%-10% Without applying a deductible in Direct Payment.

Insurer:



Insurance Brokers:



OUTPATIENT COVERAGE

Coverage Method (Inside Network) = Payment Directly, Without Application of a Deductible, the 90%

Coverage Method (Out of Network) = Payment by Reimbursement, Application of the Deductible, the 90%

BENEFIT	PLAN INTERNATIONAL
Treatment Outpatient	10% Coinsurance
Studies of images outpatient Rays(X, Resonances , Magnetic, etc)	10% Coinsurance
Laboratories Clinical outpatient and studies of cabinet	10% Coinsurance
Therapies Physical	Maximum \$30 for Therapeutic purposes and 50 therapies annual 10% Coinsurance
Consultation Specialist in fourth of urgency by Disease or Accident	Maximum of \$150 per visit 10% Coinsurance
Medicines prescribed (Inside of Pharmacy Preferred) – Without applying a deductible	10% Coinsurance
Medicines prescribed – (Off of Pharmacies Preferred) – Applies deductible	10% Coinsurance

Direct Payment for Medications, Chronic Diseases,

Insured shall be identified as a PALIG insured in the Direct Payment Pharmacy of your choice, submit the prescription drug issued by your physician along with the Claim Form original duly completed and signed by the insured and treating physician.

Pharmacy Direct Payment Provider shall retain the proof of claim form, authorization and prescription of medication for your records with PALIG.

Benefit applies with a 20% coinsurance if the invoice on drugs is less than or equal to ₡25.000 colones

If the invoice on drugs is greater than or equal to ₡90.000 colones it requires preauthorization of the Insurer.

Benefit applies only in Pharmacies with Direct Payment agreement.

Prolonged Treatments:

Refund will be made on month-to-month basis, PALIG does not pay in advance the full treatment.

Is has to be submitted a copy of the prescription with the indication of the treatment period, a copy of the completed form by the physician, original form full by the insured and original invoice and disaggregated.

The prescription must be renewed every 6 months.

Insurer:



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HOSPITALIZATION COVERAGE

Coverage Method (Inside Network) = Payment Directly, Without Application of a Deductible, the 90%

Coverage Method (Out of Network) = Payment by Reimbursement, Application of the Deductible, the 90%

BENEFIT	PLAN INTERNATIONAL
Surgical Fees to Surgeon Major (According to UCR).	10% Coinsurance
Surgeon Assistant Fee (Maximum 25% of the fees approved the Surgeon Major)	10% Coinsurance
Anesthesiologist Fee (Maximum 35% of the fees UCR in Costa Rica approved for the Surgeon Major)	10% Coinsurance
Hospital – Miscellaneous Services	10% Coinsurance
Transplantation of organs	10% Coinsurance
Medical-Hospital Visit in Standard Room	Maximum 1 daily visit, with no limit on number of days Maximum \$250 per justified doctor 10% Coinsurance
Medical-Hospital Visit in Intermediate Care Room	Maximum 1 daily visit, with no limit on the number of days Maximum \$350 per justified doctor 10% Co-insurance
Medical-Hospital Visit in ICU Room (Intensive Care Unit)	Maximo 1 visit daily, with no limit on number of days Maximum \$500 per doctor justified 10% Coinsurance
Daily Recognized Hospital Standard Room and Food fee – Central America	Maximum \$450 10% Coinsurance
Daily Recognized Hospital Standard Room and Food fee – International	Maximum \$450 10% Coinsurance
Daily Recognized Hospital Intermediate Room and Food fee	Maximum \$750 10% Coinsurance
Daily Recognized Hospital Intensive Care Room Fee – Central America	Maximum \$1.250 10% Coinsurance
Daily Recognized Hospital Intensive Care Room Fee – International	Maximum \$1.250 10% Coinsurance
Bed for adult companion (Coverage applies only to dependent children),	Maximum \$60 10% Coinsurance

UCR = Usual, Customary, and Reasonable costs

AMBULANCE BENEFIT

Coverage Method = Payment Refund, at 90%, not applicable/builds up to the deductible

BENEFIT	PLAN INTERNATIONAL
Land Ambulance – Central America	Maximum \$300
Air Ambulance - Central America (prior authorization required)	Maximum \$10.000
Air Ambulance - International (prior authorization required)	Maximum of \$15.000

Insurer:



Insurance Brokers:



MATERNITY COVERAGE

Coverage Method (Inside Network) = Payment Directly, Without Application of a Deductible, the 90%

Coverage Method (Out of Network) = Payment by Reimbursement, Application of the Deductible, 90%

Prenatal Expenses by Reimbursement

BENEFIT	PLAN INTERNATIONAL
Cesarean section and/or Multiple Delivery (*)	Maximum \$4.000
Normal Labor (*)	Maximum \$4.500
Spontaneous Abortion	Maximum \$2.500
Threat of Abortion	Maximum \$2.500
Complications in the Pregnancy (**)	90% - 10%
Neonatal Critical Care	Maximum \$100.000
Healthy Newly Born	Maximum \$1.000
Coinsurance inside of Network	90% - 10%
Coinsurance out of Network	90% - 10%
Period of wait	0 months

The maternity benefit includes single mothers. The undergoing maternities will be covered

Not to be paid infertility treatments, or services for medical or surgical “in vitro fertilization”

The prenatal expenses may be presented since their incurrence to the time of the authorization of the delivery, and the expenses will be deducted from the aggregate of the applicable coverage.

(*) Is included: 9 medical consultations, 2 ultrasounds, 2 monitoring, medications, labs, vitamins, hospitalization up to the above mention limit, - 10% coinsurance. Epidural in childbirth is covered up to a maximum of \$280 – 10% co-insurance.

(**) The complications of Motherhood, where the mother's life is directly in danger, Within these include: Detachment of the Placenta, Pre-Eclampsia and Eclampsia, Placenta Previa in the third trimester is associated with Transvaginal Bleeding, Hospitalization associated to Hyperemesis Gravidarum, Infection by Influenza type a H1N1 and Cerclajes in the event of misconduct Uterine. Coverage for the coinsurance as applicable.

Child dependents will be eligible for this insurance starting from the 11th day of birth, as long as the enrollment is effective within its first 30 days of age. After this period, enrollment must submit with Insurability Evidence and ends at 19 years of age.

Dependent Childs will be coverage up to 25 years of age, as long as they are economically dependent on their parents and are studying full-time (against presentation of the receipt for registration of a period effect and will require a minimum of 3 subjects)

Insurer:



Insurance Brokers:



SPECIAL BENEFITS

Coverage Method = Reimbursement Payment, Application of the Deductible, the 90%

BENEFIT	PLAN INTERNATIONAL
Alcohol and Drugs Treatment (Inside an Hospital)	UCR
Test for allergies and Treatment (Panel of allergies, Immunotherapies)	\$300
- Control for Healthy Child - from the 11th day up to 6 years of age Consultations Pediatric Vaccines up to 6 years and in accordance with the costs reasonable and customary: BCG, MMR, Meningitis caused by haemophilus Type B, DPT, IPB, Rotavirus, MMR, Hepatitis B, Pneumococcus, HPI, Chickenpox Vitamins and Laboratories	\$500
Gynecologic Control - PAP Examination, ultrasound and medical consultation once a year - insured holders and insured dependent spouses. - Mammogram screening applicable from 40 years up - insured holders and dependent spouses.	UCR
Urological Control - PSA in blood Examination, 1 time a year – insured holders and dependent insured spouses, older than 40 years (Includes medical consultation)	UCR
Salpingectomy (main insured only)	\$600
Vasectomy (main insured)	\$300
Impacted Third Molars Treatment (Extraction, Surgery, Panoramic X-Ray and medications) Main insured and insured dependents (See overview)	\$175 each
Nutritional Benefit (main insured only)	\$42 per visit up to 6 consultations a year,
Transmission Sexual Diseases (main insured only)	\$2.500

Treatment of Impacted Molars:

Covers only the fee of the extraction up to the maximum amount stated in the schedule of benefits.

Covers medications, plates, or other expenses

For the acceptance of the case; its required to submit as part of the process the panoramic X-Ray as a support to the impacted molar-

Coverage Method= Reimbursement Payment, Application of the Deductible, the 50%

BENEFIT	PLAN INTERNATIONAL
Shoes or Orthopedic insoles – until 6 years	\$200 Maximum 2 pairs per year

Coverage Method = Reimbursement Payment, Application of the Deductible, the 80%

BENEFIT	PLAN INTERNATIONAL
Psychiatry & Psychology Benefit (Hospitalization requires pre-authorization)	\$100 per consultation Maximum 30 consultations per year Prescribed Medications

UCR = Usual, Customary, and Reasonable costs

Insurer:



Insurance Brokers:



PREVENTIVE MEDICINE BENEFITS

Available for the Main Insured and insured dependents

BENEFIT	PLAN INTERNATIONAL	
Ophthalmological Check-Up – Includes consultation and purchase of lens	\$250	
General Medical Check-Up	\$250	
Telemedicine	Available through BLUE MEDICAL provider	
Emergency-Medical – Care at Home	Home Medical Consultation (1)	Unlimited (3)
	Telemedicine	Unlimited (3)
	Transfer of Patients	25%
	Protected Area	Unlimited (3)
	Tele Nutrition	Limitless (3)
	Tele Psychology (1)	Unlimited (3)
	Dental services (1)	discounts Are offered

Notes:

- The above mentioned check-ups, do not have a waiting period.
- General Medical check-up does not require pre-authorization,
- General Medical check-up is coordinated directly with the medical center that are part PALIGMED Network of Providers, applying direct payment only in providers PALIGMED authorized.
- General Medical check-up, will apply conditions of limit of benefit, coinsurance, copayments and/or deductibles
- Preexisting conditions will not be covered during the first 3 months.
- (1) Applies a copayment for this service of ₡5.000 + VAT. Applies to diseases that requires valuation without any risk to life. These diseases are mostly known as acute non-urgent issues such as: colds, migraine, diarrhea, etc
- It coordinates the medical visit at home without any problem as long as the conditions of admission to the place (road conditions, weather, safety and adverse situations such as floods, blockages, closure of roads, etc) permit.
- (2) Service 24/7.
- (3) Requires coordination prior to enjoy the benefit.

Insurer:



Insurance Brokers:



WELLNESS PLAN



Asistencia Wellness

ASISTENCIA FISIOTERAPIA

Visita de un fisioterapeuta al domicilio o consultorio

LIMITE

1 hora

EVENTOS

3

Consulta y localización de mejores precios para exámenes

Sin límite

Sin límite

ASISTENCIA NUTRICIONAL

Asistencia presencial con especialista en Nutrición

LIMITE

1 hora

EVENTOS

3

Información y orientación nutricional telefónica

- Consejos nutricionales

- Guía para la preparación de dietas saludables y bien balanceadas

- Información sobre contenido calórico de los alimentos o tabla de calorías

- Recetas especiales diabetes, sobrepeso o intolerantes a lactosa

Sin límite

Sin límite

Referencia de especialistas en nutrición

Descuentos en exámenes médicos (hemograma, exámenes de heces u orina, otros exámenes)

ASISTENCIA WELLNESS**LIMITE****EVENTOS**

Descuentos en gimnasios de la red

Sin límite

Sin límite

Descuentos en compra de artículos deportivos

Prueba de rangos de movimiento

Prueba de resistencia aeróbica

\$50

3

Pruebas de endurance

Seguimiento trimestral de las pruebas

Insurer:



Insurance Brokers:


SPECIAL DENTAL BENEFIT
Apply to the Main Insured and insured eligible dependents

BENEFIT		PLAN INTERNATIONAL
Maximum Annual Renewable by Year Calendar Combined. Applicable to the types I, II, III.		\$ 1.000
Deductible for the Year Calendar per person Insured for the Types I, II, III and IV		\$50
Maximum Aggregate Deductible 3 per family		
REFUNDS		
Type I	Tests, oral prophylaxis, application of fluoride, X Ray, Lab Tests and other tests for diagnosis, and dental sealants.	80% No Waiting Period applicable
Type II	Holders of space, palliative treatments of emergency, simple extractions (routine), shims, surgical extractions, oral surgery, Alveolectomía, anesthesia, injections, therapeutic, restorative, endodontics and periodontics.	80% 3 months Waiting Period
Type III	Inlays, crowns, repair of dentures or bridges , and dentures.	50% 6 months Waiting Period
Type IV	Orthodontics Applies only to active dependent and up to 25 years of age	50% 6 months Waiting Period

Direct Payment in Plan Dental:

To facilitate the usage of the Plan, PALIG has available a network of providers where you only need to cover coinsurance, deductibles or co-payments stipulated in the insurance policy

This benefit is offered by providers of the PALIGMEND authorized Network.

All dental procedures independent of the cost of required pre-authorization issued by PALIG, and the request must be processed through the mail autorizacionescr@palig.com with 48 hours of advance notice.

Notes:

- For the treatments, preventive TYPE I, the services of sealants will be limited to children of 14 years or less, limited to teeth posterior to the cuspids; not more than one application per calendar year per tooth.
- Amount maximum annual eligible.
- Apply the transfer of the deductible of the last three months of the year.
- Orthodontics, including instruments and treatment. The insured must provide PALIG information of the treatment dental for review and pre-approval before you give start with the treatment. For this benefit to apply a waiting period of 6 months from the date of the affiliation of the Insured to be eligible for this benefit and its protection is via a Refund counting with free choice of professional to obtain the benefit

Type I - TREATMENT PREVENTIVE

- Testing Oral – exams oral routine including diagnosis, but not more than two examinations with respect to the same Insured during any Calendar Year.
- Prophylaxis – including cleaning, scraping of teeth, polishing, but not more than two times during any Year Calendar with respect to the same Insured.
- X – ray- including X-rays of all the teeth, but no more than a series of X-rays in a period of three years; and X-rays with a plate held parallel to the teeth, but not more than two times per Calendar Year.
- Tests of laboratory and other tests for diagnosis.
- Sealants:
 - Limited to pieces dental subsequent to the cusps, and
 - Not more than one application per Year Calendar by piece dental

Insurer:



Insurance Brokers:



Type II - TREATMENT RESTORATIVE

- A. Maintainers of space
- B. Treatment is palliative in emergency
- C. Extractions simple (routine)
- D. Extractions surgical
- E. Surgery oral (see table of procedures included)
- F. Alveolectomía
- G. Anesthesia
- H. Injections of therapeutic
- I. Restoration – shim later or earlier, filling of amalgam or process synthetic, but excluding specifically the following:
 - 1. Crown
 - 2. Installation initial of dentures , full or partial and replacement of dentures or units of bridge fixed.
- J. Endodontics
- K. Periodontology
 - 1. The amount total of benefits payable during the life of each Insured by any diagnostic services, surgery, or additional related with periodontal disease will not exceed in any case the maximum of periodontology indicated in the Table of Insurance, and
 - 2. The total amount of the benefits (including benefits related to treatment of periodontology) payable for expenses covered dental services, incurred during any Calendar Year, not exceed in any case the Maximum of the Calendar Year indicated in the Table of Insurance.

Type III - SERVICES MAJOR

- A. Inlays
- B. Crowns
- C. Repair of denture and bridge
- D. Prosthesis – including bridges and dentures
 - 1. The installation initial or addition to work of dentures, full or partial or bridge fixed will be eligible, provided that:
 - a) The installation or addition is required as a result of the extraction of one or more natural teeth due to an accident or illness on or after the effective date of the insurance to the Insured under this Policy;
 - b) The installation or addition to above mentioned include the replacement of such a tooth extracted; and
 - c) The work of the denture or bridge to be completed within of the twelve (12) months following to the extraction. The work of denture or bridge is to be considered as initially installed, only if such dentures or bridge is not replenished at any denture or bridge existing.
 - 2. The replacement or alteration of complete dentures or partials or fixed bridge is considered to be payable if the replacement or alteration is necessary, if it occurred on or after the date effective of the insurance to the Insured under this Policy and if it is completed within twelve (12) months after: an accidental injury that requires surgical treatment, or oral Surgery for hardware muscle, or the removal of a tumor, cyst, elevations small or redundant tissue.
 - 3. The replacement of a complete denture or partial when the same is required as a result of a structural change in the mouth, provided that: the replacement will be made after five (5) years from the date of installation of the denture, and any replacement shall not, in any case, if the insurance of the Insured under this Policy has not been in force for at least two (2) years.

TYPE IV- SERVICES MAJOR

- 4. On the basis of the seventh month of coverage. The insured must provide the insurance company with information of dental treatment for their review and approval 90 days prior to the treatment.
- 5. Orthodontics applies to all the employees and their dependents

EXCLUSIONS

Don't you pay any benefit for the following Charges for Treatments of Dental care:

- 1. Expenses incurred for services or supplies that have been provided to the Insured, at no cost to him, in accordance with the laws or regulations of any government or governmental agency, with the exception of those cases in which a Charge is made to the Insured, by which it is legally obligated to pay.
- 2. Charges for services received from the dental department or provider of any employer, union, guild, union, and partnership for the benefit of the employee, administrator, or similar organization, or for services of a dentist or dental clinic contracted for or by any organization of this kind.
- 3. Charges for care or services that may be necessary as a result of any act attributable to the Insured person, by commission or by the intention of committing an assault, assault, felony or act of aggression, insurrection, rebellion, or participation in a riot, or as a result of an act of or in the course of a war, declared or not.

Benefits Group Policy N° 583
Health – Dental & Life

Insurer:



Insurance Brokers:



4. Charges for services dental with the end cosmetics.
5. Charges for the replacement of extracted teeth prior to the effective date of coverage of the Insured under this Policy, unless the replacement meets one of the conditions listed under the stipulation "Inclusions" of this Policy.
6. Charges for dentures, crowns, inlays, onlays, bridges or instruments or services to increase the dimensions vertical.
7. Charges for adjustments of dentures or bridges, inside of the three (3) months following to your installation.
8. Charges for the replacement of prosthesis lost or stolen, or by a prosthesis duplicate.
9. Fees for programs or instructions of hygiene oral, dietary, or of control of plates.
10. Charges for protective mouth athletic.
11. Charges for porcelain crowns or pontiac on or to replace a tooth or teeth back to the bicuspid second, which exceeds the amount payable for reasonable and customary for crowns plated acrylic or pónicas.
12. Charges for dentures or bridges temporary that, when combined with the charge for dentures or permanent bridge, exceeds the amount payable for reasonable and customary for the denture or permanent bridge.
13. Fees charged by the dentist in the concept of visit, to the which the patient is not turned.
14. Those charges for implantology and for the crowns that will be required.
15. Charges for procedures, services or supplies that do not fill the requirements acceptable established in the practice of dental.
16. Charges for treatments initiated while the Insured is not was covered under this Policy.
17. Treatment, supplies or services that are considered experimental or for research.

Insurer:



Insurance Brokers:



LIFE BENEFIT

BENEFITS	PLAN INTERNATIONAL
Life Insurance	
<ul style="list-style-type: none"> - Considers a 50% advance of the amount for Terminal Serious Illness - Consider a \$2.000 advance for Funeral Expenses 	
Death, Accidental Dismemberment and Loss of sight accidental	\$10.000
ITP (Total and Permanent Disability)	

The benefit of Death, Accidental Dismemberment and Loss of the View Accidental

In case of accidental death, the Company shall pay to the beneficiaries designated an additional benefit to the sum of the basic life insurance, provided the Individual Certificate respective is in force, or to the insured himself, the percentage corresponding to the sum insured in the following way:

Type of Loss	Percentage
The life	100%
Both arms or both hands	100%
Both legs or feet	100%
The sight of both eyes	100%
One hand and sight of one eye	100%
A foot and the sight of one eye	100%
A arm or a hand along with a leg or a foot	100%
A arm or a leg , along with the loss irreparable to the sight of an eye	100%
Palsy is incurable, that prevents all work	100%
A arm	65%
A leg	65%
Loss irreparable to the speech	50%
Deafness total and incurable of both ears	50%
A hand	50%
A foot	50%
The sight of an eye	50%
Finger thumb or index of a hand	25%
Finger of the hand	6%
Finger fat of the foot	8%
Any other finger of the foot	4%

Insurer:



Insurance Brokers:



Total loss is understood as the amputation or the total and permanent functional disability of the injured limb. The sum of all percentages payable in relation to a single accident shall not exceed 100% of the insured amount for this coverage

DOUBLE INDEMNITY FOR DEATH ACCIDENTAL

If incidental losses occur on the following circumstances, the insurance will pay the triple of what you regularly what would you do:

- a) Traveling as a passenger in a public conveyance is not air, and servicing of passengers on a route is established, on the basis of rent, but not at the time of deal or alighting from the vehicle, or as a result; or
- b) Traveling as a passenger inside of an elevator stream of passengers (with the exception of lifts in mines); or
- c) As a result of fire in a theatre, hotel, or any other building of access to the public in the which the insured is found at the beginning of the fire.

FINAL CONSIDERATIONS

Physiotherapy

Treatments need to be pre-authorized, even though these are managed via a refund. It is important to consider that the first cycle does not require pre-authorization and payment of treatments shall be carried out according to the protocol of physical therapy in force, whether that be processed for refund as by direct payment. In direct payment is not deductible applies

Coverage outside of the Network: to query medical outside of the provider network, the same will be covered by the reimbursement, in accordance with the cap, copayments and/or coinsurance stated in the policy. All other expenses incurred outside of the network of providers Palig shall be reimbursed to the insurance quoted after deductible according to rate Palig.

Pre-Authorizations

In cases of elective surgery, scheduled procedures, treatments, drugs, studies of diagnostics (Lab, RX, MRI, CT), whose unit cost is equal to or greater than \$500; the insured must request pre-authorization to PALIG, with at least 5 days prior to the scheduled date of the procedure. PALIG could request information, documentation or additional studies, as deemed appropriate, or required to document and validate the coverage requested.

In the same way, if required, PALIG you may request a second medical assessment with another specialist to confirm the diagnosis and/or procedure to be performed.

In case of non - Pre-authorized, in accordance with the foregoing, the company of insurance could reduce the percentage of coverage up to in a 50%.

Limit of Coinsurance Central america

Reimbursement per Calendar Year for all eligible expenses incurred while in the hospital, after the deductible has been applied.

It covers the 90% of the first \$25,000 of expenses eligible expenses incurred by the Insured, or of the first \$75,000 ha of expenses eligible expenses incurred by family insured. Once these thresholds are covers 100% of eligible expenses thereafter incurred while in the hospital.

- Pocket maximum per person \$5,000; - Pocket maximum for core family \$15,000

Limit of co-Insurance International

Reimbursement per Calendar Year for all eligible expenses incurred while in the hospital, after the deductible has been applied.

It covers the 90% of the first \$50,000 of expenses eligible incurritwo by the Insured, or of the first \$to 150,000 of expenses eligible expenses incurred by family insured. Once these thresholds covers the the 100% of the eligible costs subsequent costs, incurred while in the hospital.

- Pocket maximum per person \$5,000; - Pocket maximum for core family \$15,000

Conditions Catastrophic

It will cover the coinsurance quoted after you complete the applicable deductible all those expenses by or related to the following treatments or procedures: Hemodynamics, Neurosurgery, Chronic Renal Failure, open heart Surgery, Acquired Immunodeficiency Syndrome and its complications (according to what is indicated in the schedule of benefits), Transplantation of organs, multiple trauma, Cases of Oncology (radiation and Chemotherapy), Critical Care Neonatal (according to what is indicated in the schedule of benefits), and the Examination of Magnetic Resonance imaging.

Insurer:



Insurance Brokers:


Conditions Pre-Existing

Refers to any such condition or symptom, injury, disease, present at the time of taking the insurance, including the pregnancy of an insured, without having in account that the Insured had or not knowledge of that such symptoms may be associated with such a condition or disease; or that condition which, according to the medical experience indicates that such a condition is initiated before the effective date of the insurance.

Emergency by Disease

Under this coverage, you will recognize the medical expenses for care in the emergency room of a hospital, only for the following diseases: hypertensive Crisis, stroke, chest pain (first 12 hours), respiratory system diseases, high fever continued in under six (6) years, asthmatic crisis, loss of awareness, or blurred vision, abdominal pain, acute Abdomen, surgical, Pelvic Inflammatory Disease, among others), biliary colic/cholecystitis acute, bleeding, inadequate acute respiratory tract (including Pneumonia), dehydration moderate-to-severe, acute intoxication, colic nefro the urethra, thrombosis, gastroenteritis (vomiting or diarrhea), seizures, severe allergic reactions, acute urinary retention, myocardial infarction, episodes of acute neurological, state of shock (shock) of any order, eat, foreign body in eyes, ears, nose, throat and ears, biting animals, sprains, burns, fractures, dislocations, wounds, sharp, short, sharp, contusas and gun, scrotum, acute, decompensated diabetic acute.

If the person generates expenses for emergency services within or outside of the network, due to a disability not listed, you will need to cancel the entirety of the expenses incurred, and shall be reimbursed in accordance with the costs negotiated in-Network outpatient services, outpatient, laboratory, drugs, images, etc that define the table of benefits. Not be covered the expenses inherent to the use of the room of the emergency room

Diseases Listed under Care Primary of Health Integral:

Hypertensive Crisis without injury to a target organ, Decompensated diabetic simple, Hypoglycemia, Reaction atopic systemic mild Reaction atopic systemic moderate – to- severe, Prostatitis, acute Infection of the respiratory tract (Box flu), asthma, acute Bronchitis, Pneumonia, uncomplicated, Box Febrile child (less than 38.5°C), Febrile Picture in children (greater than 38.5°C), sore throat adult, Pharyngitis purulent very symptomatic (adults), Gonalgia (knee pain) unilateral or bilateral, allergic Rhinitis, acute, acute abdominal Pain, biliary Colic, acute Cholangitis, acute diarrhoeal Disease - Enterocolitis, acute without dehydration, acute diarrhoeal Disease - Enterocolitis acute dehydration > 5% (adult), acute diarrheal Illness with dehydration > 5% (child), epigastric pain (Gastritis acute) with reflux Disease, acute Sinusitis, Trauma with pain, moderate – severe, acute Dermatitis, Otitis external and stockings acute Hemorrhoid pain with moderate – severe – bleeding – not thrombosed, Headache-migraine-acute, urinary tract Infection, uncomplicated, Colic renoureteral, irritable bowel Syndrome (acute colitis with constipation or diarrhea and channeling gas), acute abdominal Pain, with intense constipation and poor pipeline of gases, Pinkeye (infectious or allergic), allergic Cough, persistent, Sprains, strains and sprains (grade 1-2), Cervicalgia with or without contracture, Other muscle contractures with or without a tear, low back Pain posturo mechanical without neurological manifestations, low back Pain posturo mechanics with neurological manifestations and Hepatitis.

Coverage Of Central America

Expenses are covered within the Network of Providers, otherwise, the insured must pay the full amount of the expenses and subsequently must submit your claim for reimbursement, which will be implemented as reasonable and customary to the maximum that covers the network of providers of Costa Rica to the co-insurance after deductible.

Commitment of cash

The employer will be responsible for reimbursement to the Company of the eligible expenses incurred by employees laid off who has been retained by the card, or dependent excluded from the policy-for-age.