



## TRINIDAD AND TOBAGO

# Summary of changes

# Your plan in its best version

**Thanks for your feedback!** Thanks to your suggestions and comments, we can keep our products updated and offer the best version of our plans.

This year, our update includes benefit enhancements, as well as an explanation of these. We also bring news about the administration of personal information, which will allow us to provide a better experience, always protecting the information of our clients.



# 2022

This is an informative document, the details of the benefits, limitations and exclusions can be found in the general conditions and / or in the Table of Benefits of each product / policy.



**We keep our  
coverage updated  
and improved.**



## Individual

### Your plan at the medical forefront:

- ✓ Your peace of mind really matter. We include the Genetic Prenatal Screening test under your maternity benefit. **Option 1 and 2**



## Corporate

### More Coverage:

- ✓ Increase Maximum amount of insurance from US\$2 Million to US\$ 3 millions. **Option 2**

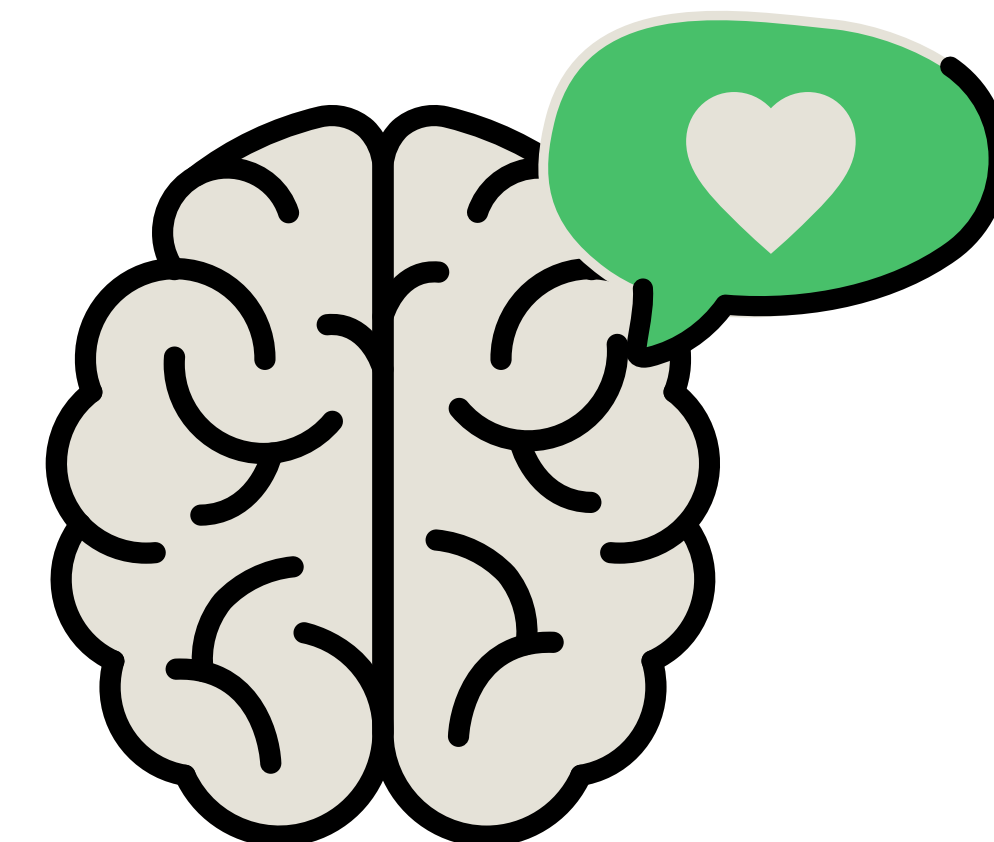
### More deductibles options

- ✓ Increase deductible options in and our USA.

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

This is an informative document, the details of the benefits, limitations and exclusions can be found in the general conditions and / or in the Table of Benefits of each product / policy.





## We take care of the mental health

**Outpatient:** We offers psychologist and psychiatrist coverage as a primary condition with a maximum of 30 visits per insured per policy year. **Option 1 and 2**

The Insurer / Company will pay the expenses derived from psychological or psychiatric treatment on an outpatient basis, as long as it is medically necessary, and up to the maximum limit indicated in the Table of Benefits.

**Inpatient :** We now offers psychologist and psychiatrist coverage as a result of a covered condition, with a maximum of 30 visits per insured per policy yea up to 90 visits per lifetime. Must be pre-approved. **Option 2**

The Insurer / Company will pay the derived expenses for psychological or psychiatric treatment during hospitalization as long as it is medically necessary, as a result of a covered medical condition, and up to the maximum limit indicated in the Table of Benefits.

**Exclusion:** Diagnostic procedures or treatment of psychiatric disorders, unless resulting from treatment for a covered condition according to the Table of Benefits. Mental illnesses, chronic fatigue syndrome, sleep apnea, and any other sleep disorders.

**Autism:** A new coverage is added with a maximum coverage of US\$20,000 per insurer, per policy year. **Option 2**

Coverage is offered per Insured, per year of membership as indicated in the Table of Benefits, for costs related to autism, including medical consultations, and medications once the syndrome (disorder) is diagnosed in any of its manifestations (spectrum ).

This benefit also includes speech therapy, occupational therapy and behavior modification therapy (ABA) as long as they are performed by a certified physician or specialist and in a medical institution (clinic or hospital and therapy center).

This benefit must be preauthorized by the Insurer's medical team.

**Exclusion:** Treatments related to learning disabilities, problems related to physical or developmental disorders, disorders of-behavioral, developmental problems treated in an educational setting to support educational development, psycho-pedagogical evaluations, psychometric tests, therapies for psycho educational purposes or psycho-pedagogical, or child development treatments will not be covered. Diagnostics and autism treatments are limited to coverage under the benefit of autism when coverage is specified in the Table of Benefits.

This is an informative document, the details of the benefits, limitations and exclusions can be found in the general conditions and / or in the Table of Benefits of each product / policy.



## Corporate Products

### New Benefits

- ✓ Companion of hospitalized child, maximum US\$300 per day. **Option 1 and 2**

Charges included in the hospital bill for accommodation for companion of a hospitalized dependent under the age of eighteen (18) years will be paid as indicated in the Table of Benefits.

- ✓ Genetic prenatal screening test has been included under the maternity benefit. **Option 1 and 2**

Maternity benefits only apply for covered pregnancies under Plans 1 and 2. There is no maternity coverage under this membership for dependent children. Covered medical expenses related to maternity include:

- Pre-natal care, including non-invasive genetic prenatal screening (free fetal DNA screening), ultrasound scans, and vitamins required during pregnancy" .....



- ✓ Bariatric Surgery a 100%. **Option 2**

**The procedure will be covered after a waiting period of twenty-four (24) months and meeting the following criteria:**

- (a) Have a body mass index (BMI) of forty (40) or over and have been diagnosed as being morbidly obese;
- (b) Have a body mass index (BMI) between thirty-five (35) and forty (40) and has a serious weight-related health problem;
- (c) Can provide documented evidence of other methods of weight loss which have been tried over the past twenty-four (24) months, and
- (d) Have been through a psychological assessment which has confirmed that it is appropriate for the insured to undergo the procedure.

The bariatric surgery technique needs to be evaluated by the insurer's medical teams and is subject to the insurer's medical policy criteria. The insured must contact the insurer for pre-authorization before proceeding with treatment.

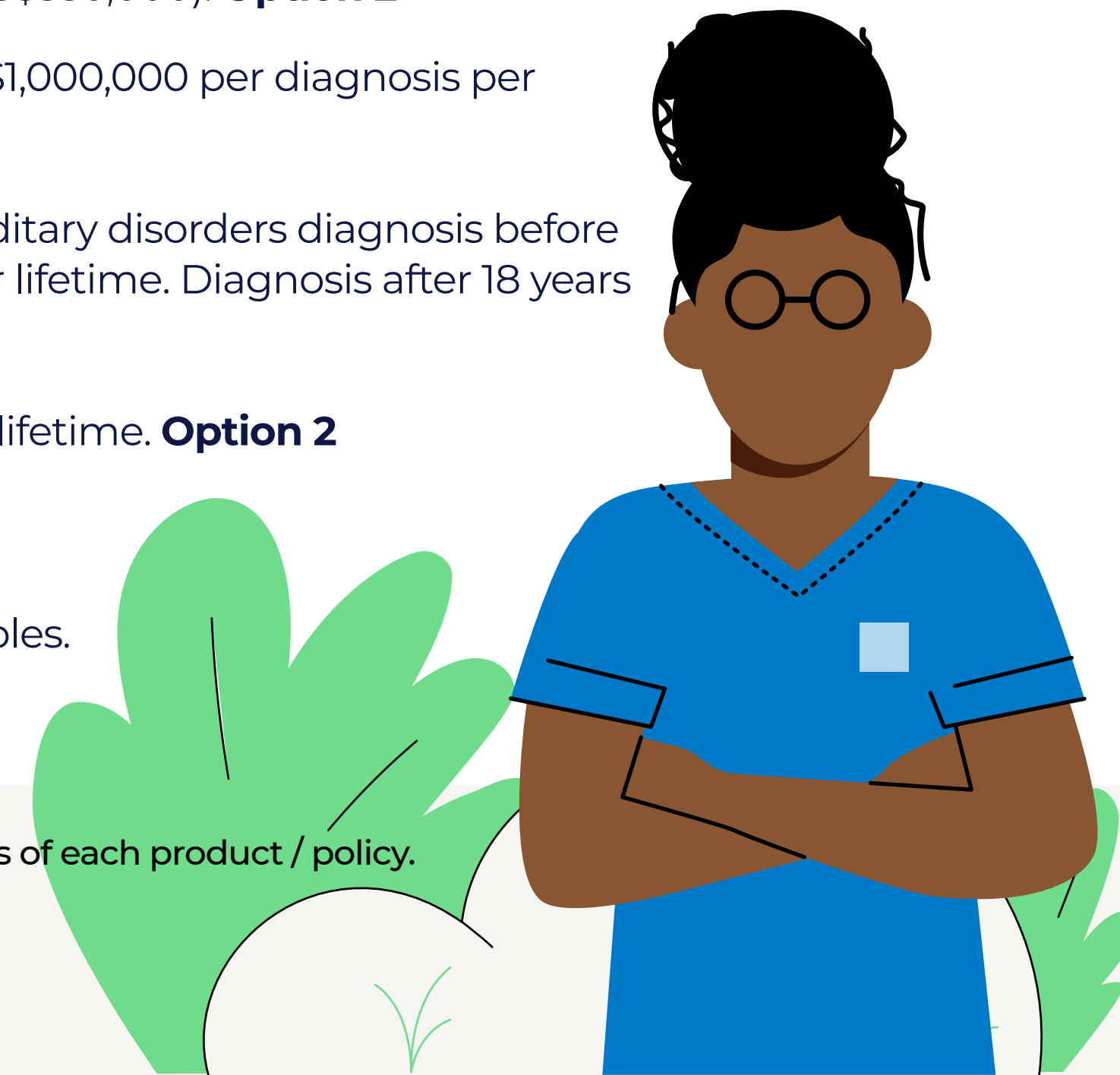
Benefit may not be paid unless pre-authorization has been provided.

This is an informative document, the details of the benefits, limitations and exclusions can be found in the general conditions and / or in the Table of Benefits of each product / policy.



## Updated and improved coverage

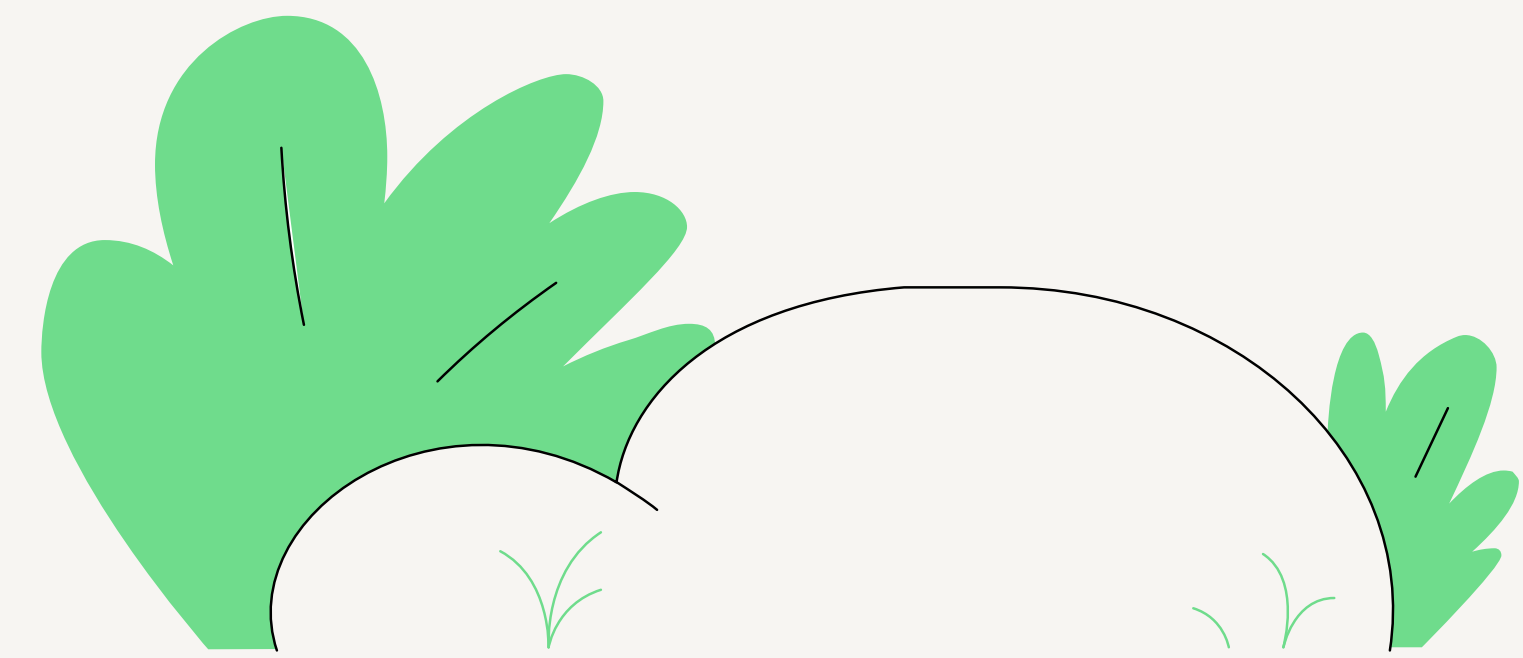
- ✓ Prescription drugs not prescribed after a hospitalization or ambulatory surgery for a medical condition covered under this policy (20% co-insurance applies). **Option 1** US\$5,000 and **Option 2** US\$10,000
- ✓ Air ambulance (no deductible). **Option 1** and **2**
- ✓ Local Ground Ambulance Transportation cover a 100% (no deductible). **Option 1** and **2**
- ✓ International Ground Ambulance Transportation: is coverage a one thousand (US\$1,000) per incident (no deductible). **Option 1** and **2**
- ✓ Fees and charges for laboratory exams (such as blood and urine tests), X-rays, echocardiograms, ultrasounds, MRI, CT scans, endoscopic procedures (such as colonoscopy and cystoscopy), and other diagnostic procedures are covered at hundred percent (100%) when recommended by the patient's doctor to help determine or assess the patient's condition for 100%. **Option 2**
- ✓ Physical therapy and rehabilitation services are covered at hundred percent (100%) up to a maximum of thirty (30) days per membership year and not separately for each condition or therapy. Services must be pre-approved by USA Medical Services. **Option 2**
- ✓ Home health care after a covered hospitalization is covered at hundred percent (100%) up to a maximum of thirty (30) days per membership year. **Option 2**
- ✓ Routine physical examinations are covered up to a maximum of four hundred (US\$400) per Member, per membership year (no deductible). **Option 2**
- ✓ Complications of maternity and birth will be covered up to a maximum of three hundred and fifty thousand (US\$350,000). **Option 2**
- ✓ Transplant procedures up to US\$1,000,000 per diagnosis per lifetime. **Option 2.**
- ✓ Congenital Conditions and hereditary disorders diagnosis before 18 years old US\$500,000 max per lifetime. Diagnosis after 18 years old 100% per lifetime. **Option 2**
- ✓ HIV/AIDS : US\$500,000 max. per lifetime. **Option 2**
- ✓ Physicians and specialists visits: 100% max 20 visits, applies 20% of co-insurance and no deductibles. **Option 2**

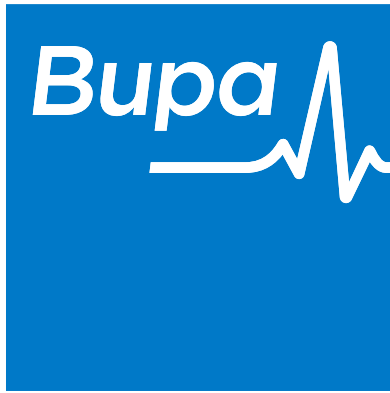


This is an informative document, the details of the benefits, limitations and exclusions can be found in the general conditions and / or in the Table of Benefits of each product / policy.



**We have improved  
the explanation of **benefits,**  
**exclusions and definitions.****





All Products

## Better language, better comprehension

### ✓ Podiatric Care

#### Under Benefit:

**NON-COSMETIC Podiatric Care:** Consult your Table of Benefits to confirm if your product offers this coverage for podiatric care to treat functional disorders of the structures of the feet, including but not limited to corns, calluses, bunions, plantar warts, plantar fasciitis, Hallux valgus, hammer toe, Morton's neuroma, flat feet, weak arches, and weak feet.

#### Under Exclusion:

**Podiatric care:** Cosmetic or non-medically necessary podiatric care, as well as pedicure, special shoes and supports of any type or shape and/or podiatric care to treat functional foot disorders, except when you specify coverage in your Table of Benefits.



### ✓ Orthotic durable medical equipment (Special Treatments)

#### Under Benefit:

**Special Treatments:** Prosthesis, appliances, orthotic durable medical equipment (implanted during surgery), implants, radiation therapy, chemotherapy, and the following highly specialized drugs: Interferon beta-1a, PEGylated Interferon alpha-2a, Interferon beta-1b, Etanercept, Adalimumab, Bevacizumab, Cyclosporine A, Azathioprine, and Rituximab will be covered but must be approved and coordinated in advance by USA Medical Services.

If special treatments are not pre-approved and coordinated as required, they will be paid or reimbursed at the usual, customary, and reasonable cost that the insurer would have incurred.

#### Under Exclusion:

**Examinations and aids for eyes and ears:** Routine eye and ear examinations, hearing aids, eye glasses, contact lenses, radial keratotomy and/or other procedures to correct eye refraction disorders, except when coverage is specified in your Table of Benefits

This is an informative document, the details of the benefits, limitations and exclusions can be found in the general conditions and / or in the Table of Benefits of each product / policy.



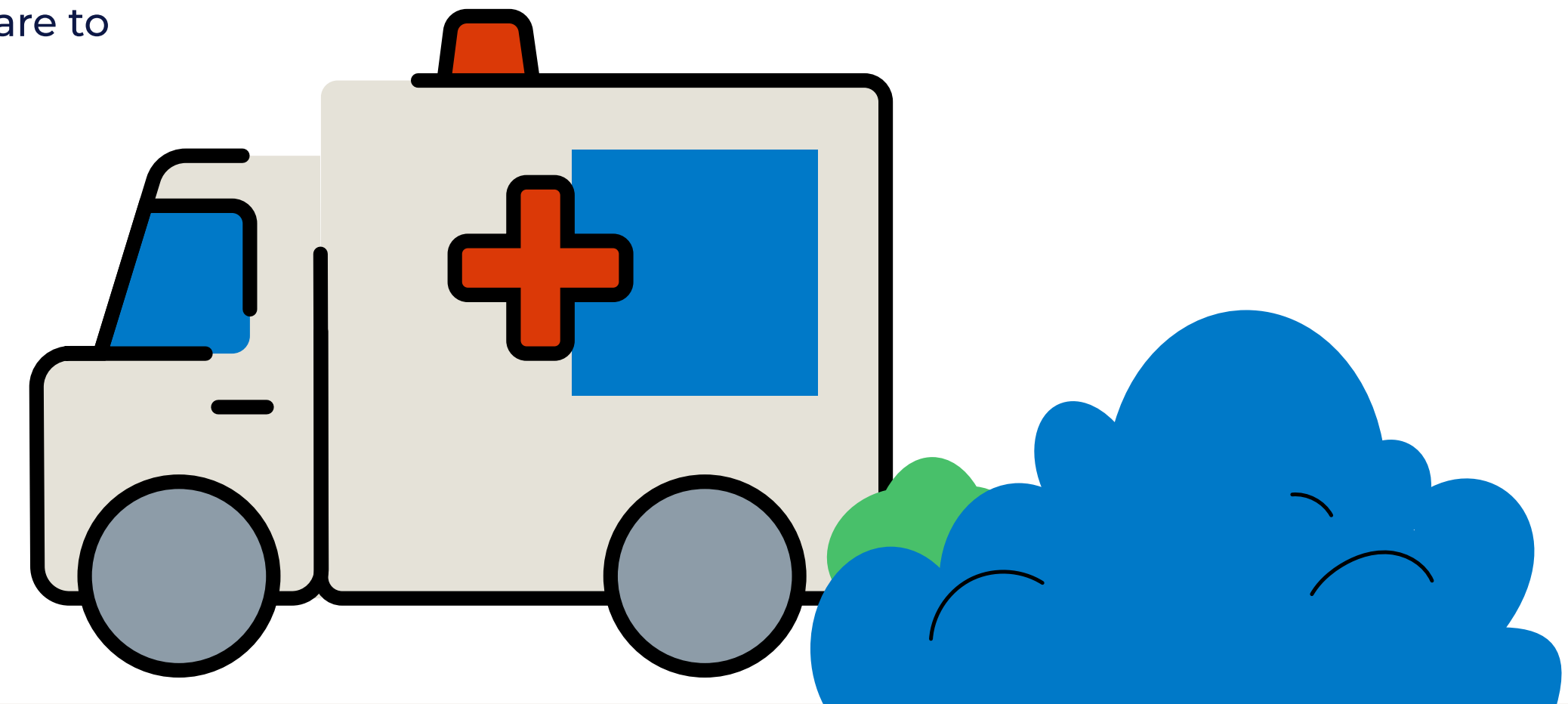


Corporate

## Better language, better comprehension

Emergency transportation (by ground or air ambulance) is only covered if related to a covered condition for which treatment cannot be provided locally, and transportation by any other method would result in loss of life or limb. Emergency transportation must be provided by a licensed and authorized transportation company to the nearest medical facility. The vehicle or aircraft used must be staffed by medically trained personnel and must be equipped to handle a medical.

- (a) Ground ambulance transportation: The maximum amount payable for this benefit is indicated under your Table of Benefits, and will only be covered when the services of the local ground ambulance used are to transport the insured:
- i. from the location of an accident to the hospital,
  - ii. for transfer from one hospital to another, or
  - iii. from your home to the hospital, if it is
    - medically necessary,
    - related to a covered condition, and
    - transportation by any other means could result in loss of life or limb



This is an informative document, the details of the benefits, limitations and exclusions can be found in the general conditions and / or in the Table of Benefits of each product / policy.



## All Products

# Clear definitions, better understanding

- ✓ It is very important to understand how the deductible, copayment, coinsurance, coinsurance maximum, and out-of-pocket maximum play a role in a health insurance policy.

**Copayment:** The copay is the fixed rate of covered expenses that every insured must pay directly to the medical or hospital provider before receiving services regardless of benefit limits indicated in the Table of Benefits.

**Coinsurance:** Coinsurance is the percentage of eligible medical expenses that the insured must pay, after satisfying/covering the deductible, for the benefits indicated in the table of benefits, in and/or out country and taking into consideration the benefit limits.

**Stop Loss:** The maximum coinsurance is the total sum of coinsurance money that the insured must pay annually, in addition to the deductible, before the company can pay the benefits at 100%. The maximum coinsurance or "Stop Loss" is reached when the insured has paid the deductible and reached the maximum annual amount of direct disbursement for co-insurance.

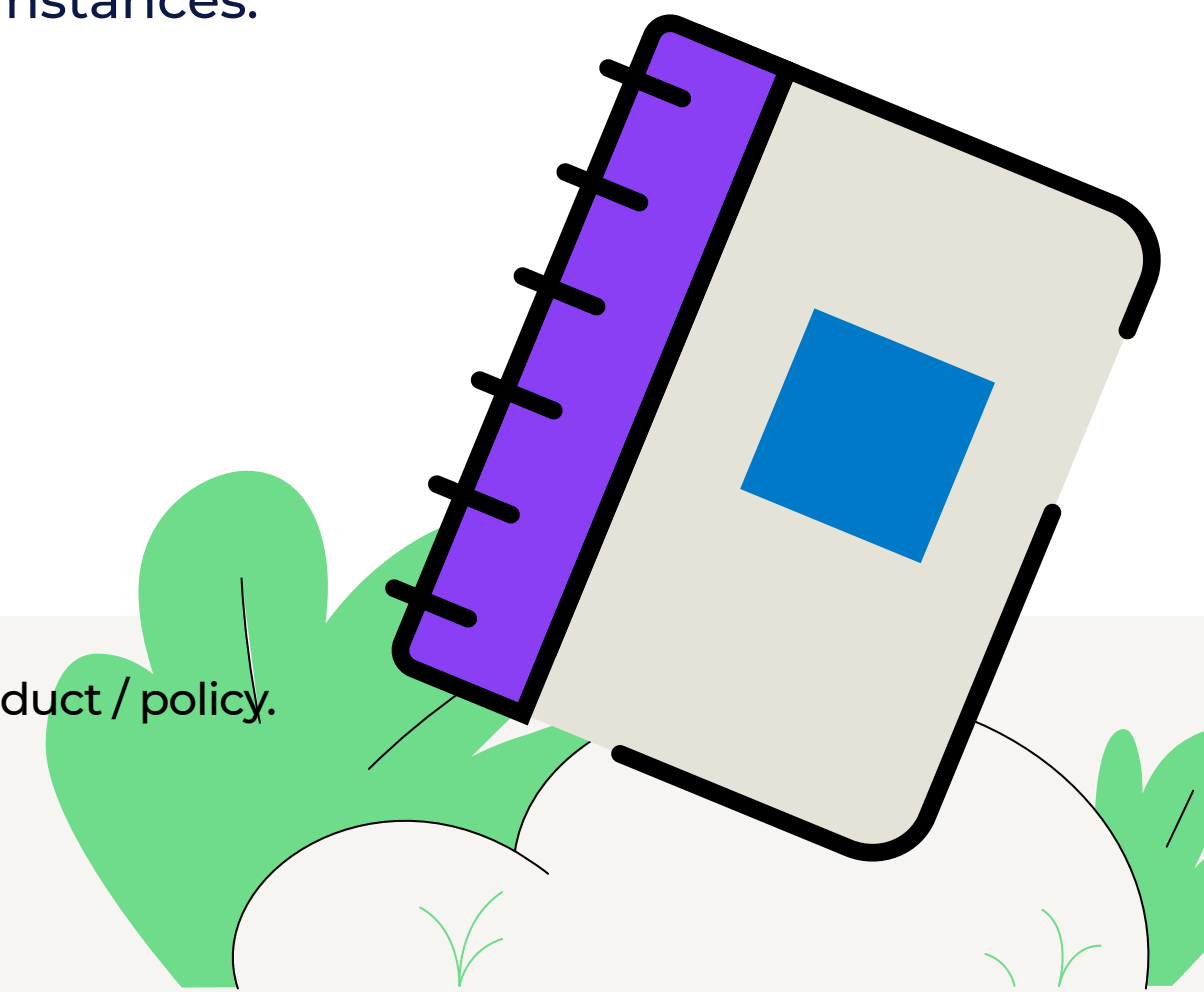
**Out of Pocket Maximum:** The maximum outlay is the maximum amount the insured must pay for medical expenses covered in a policy year. This amount includes the deductible, coinsurance, and co-pay.

- ✓ We updated our language to make the difference between a general waiting period and the specific waiting period, which helps to understand our customers coverages and benefits such as automatic addition and elimination of waiting period etc., which is even clearer, benefit the waiting period and the automatic addition of newborns.

**General Waiting Period:** The period during which the insured will not have any benefit, except for diseases and accidents caused by an accident that occurs within this period, or those diseases of infectious origin that manifest themselves for the first time during this period.

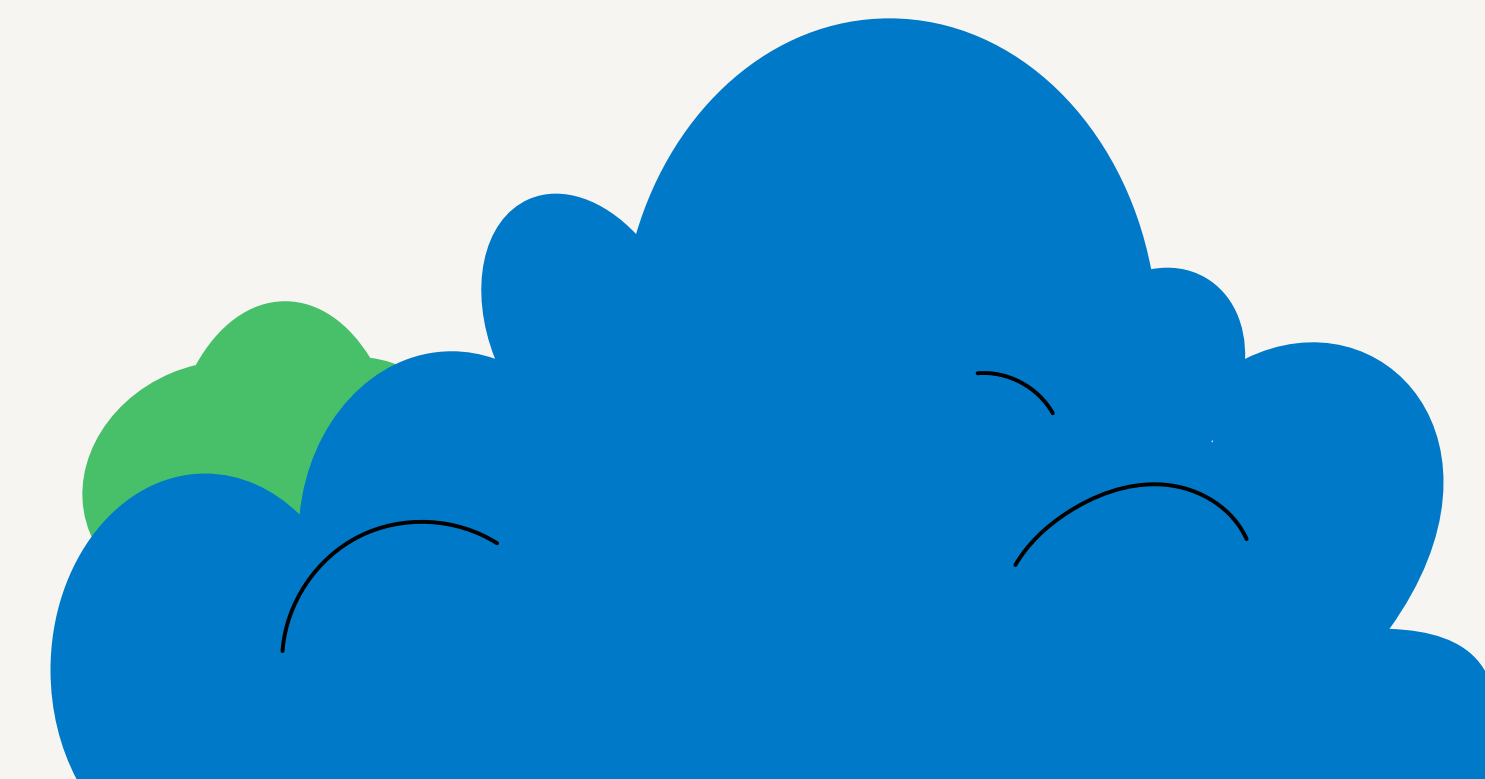
**Specific Waiting Period:** The period specified for certain coverages during which the insured will not be able to file a claim for services related to such benefits that have been performed before the corresponding waiting period indicated in the Table of Benefits has been completed. Benefits with specific waiting periods are not exempted or waived under any circumstances.

This is an informative document, the details of the benefits, limitations and exclusions can be found in the general conditions and / or in the Table of Benefits of each product / policy.





**In addition to the health of our customers, we take care of **their information** and the experience of their **loved ones** at all times.**





## All Products

The management of your information is vital for us, that is why we have updated our privacy notice.

We know that there are difficult time and we want to improve your experience and that of your loved ones to ensure that you can receive the benefits, whether or not you are present as a primary insured. That is why you can now designate an emergency contact and designate the beneficiaries in case of death of the main insured, accessing [www.bupasalud.com/Mi Bupa](http://www.bupasalud.com/Mi Bupa).

