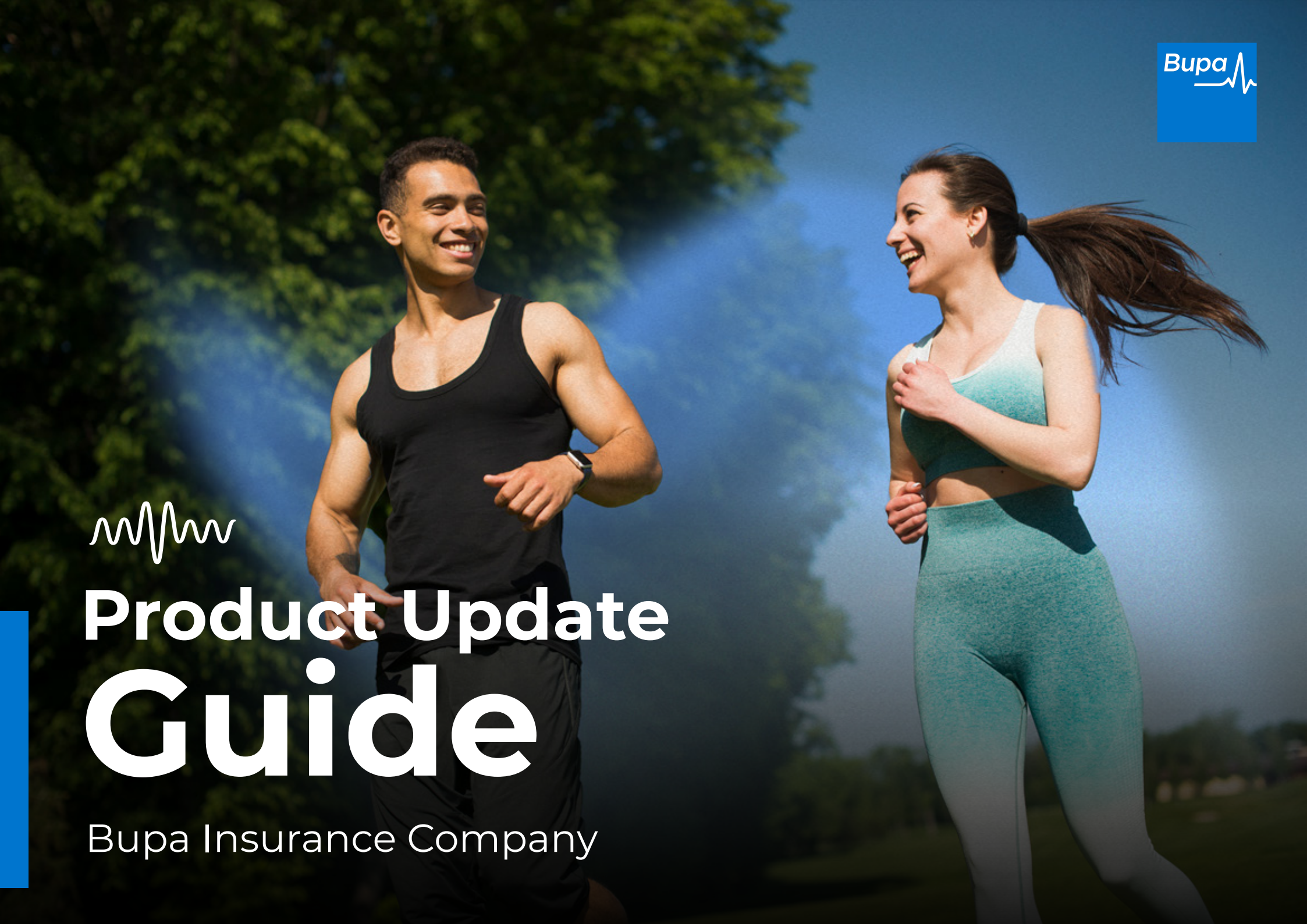


Product Update Guide

Bupa Insurance Company

Explanation of Benefits, Exclusions and Definitions

Individual & Corporate

We have redefined Emergency Medical Evacuation / Emergency Transportation scope and protocols.

Emergency Medical Evacuation / Emergency Transportation

The selection of the closest medical transfer facility will be made according to the following prioritization:

1. Nearest medical center **within the country** where the insured had the emergency and/or where the insured is located at the time when transport is requested or,

2. closest medical center in the **country bordering** the country where the insured had the emergency and/or where the insured is located at the time when transport is requested or

3. medical center in another **country within the region** where the insured had the emergency and/or where the insured is located at the time when transport is requested or,

4. In the case of medical evacuation to the **United States of America**, the appropriate medical center in the city closest to the country where the insured is hospitalized will be considered. The Insurer will not authorize transfers to another city in the United States of America unless medically necessary due to the availability of treatment at the nearest facility.

   In cases where a **ground ambulance** is required, due to an accident, the insurer must be notified within seventy-two (72) hours of the occurrence of the event.

   Scheduled care that is not considered an emergency will not be covered by the Emergency Medical Evacuation benefit.

Air Ambulance Transportation:

...If the insured does not obtain prior authorization, the Insurer reserves the right not to pay expenses.

The Insurer will not pay any other costs related to the transfer, such as travel expenses.

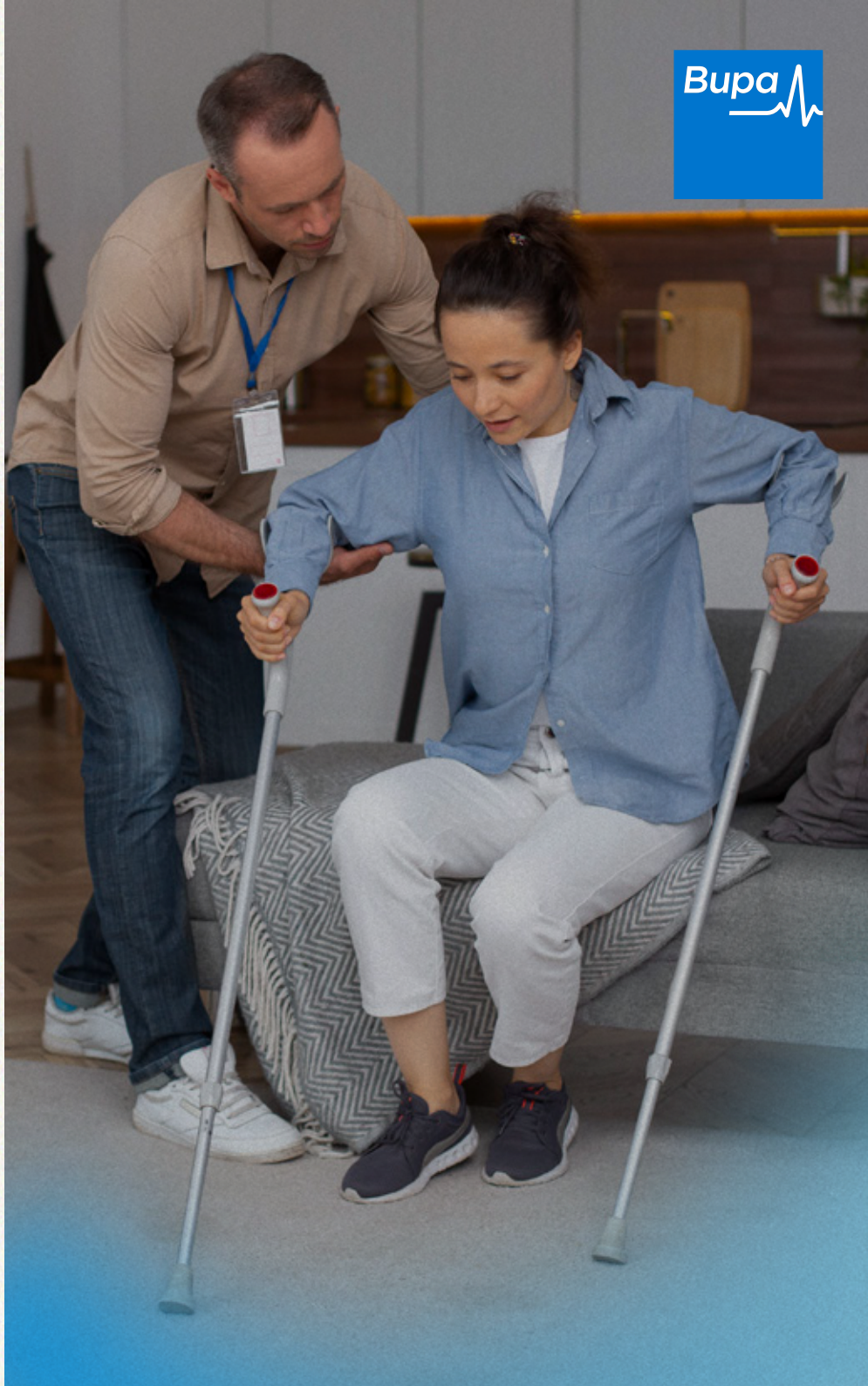
We have clarified Palliative Care definition

... Palliative radiotherapies or chemotherapies for treatment of pain are not included.

We have clarified additional deductibles established for certain limitations of the insured do not apply to transfer to the following policy year.

DEDUCTIBLE:

...This benefit does not apply to additional deductibles to the regular annual deductible of the policy, which may be applied for certain limitations of the Insured.



We have included the benefit description, definition and exclusion of Hair Prosthesis (wig) for ongoing cancer treatment

BENEFIT DESCRIPTION:

Coverage is subject to the following conditions:

a. When the Insured is undergoing treatment for cancer.

b. The hair loss is directly and exclusively a consequence of the cancer treatment.

c. Must be pre-authorized by the Insurer.

EXCLUSION:

Acquisition expenses for hair prosthesis as a consequence of a diagnosis for cancer are excluded if:

a. They are not pre-authorized by the insurer.

b. They are associated with maintenance of wigs, including, but not limited to wig holders, styling services, hair care products and necessary adjustments.

DEFINITION:

The hair prosthesis is a piece formed by a special base in the form of a mesh to which hair fibers are attached.

We have included Payment of Non-Covered Claims clause

PAYMENT OF NON COVERED CLAIMS: The Insurer is under not obligated to provide coverage and/or pay excluded claims or claims not covered under the Terms and Conditions of the policy under any circumstances (such as, but not limited to, those cases where: the Insurer, by an error, on its part, made payments of a claim that is subsequently identified as excluded or not covered under the Terms and Conditions of the policy.)

Any payment for excluded conditions or conditions not covered by the Terms and Conditions of the policy shall be considered an error that in no way constitutes a right on the part of the Insured. Such payments shall not constitute a precedent and/or reference for other and/or future coverage related to the same or similar diagnosis or any related claim; therefore, the Insured does not have the right to demand coverage for any claim derived from the same event and/or any event, claim, or excluded condition or not covered under the Terms and Conditions of the policy.

In those cases where The Insurer makes payments on claims not covered by the Terms and Conditions of the policy, the Insurer may, at its sole discretion:

I. Request the return of any monies made in error to the policyholder insured (refund must be made within thirty days from the date of collection by the insurer from the insured);

II. Reduce the paid amount in error from any pending or future claims;

III. Reduce the paid amount in error from the unearned premium;

IV. Execute any necessary action to obtain a refund of the related amount to the claims paid in error.

We have included the definition and exclusion of Euthanasia or Assisted Death.

DEFINITION:

Voluntary, explicit, and consented act of ending the life of a person who has been previously diagnosed with a terminal phase of an illness (terminal prognosis), through predetermined medical procedures, as they suffer from a severe and incurable disease, or a severe, chronic, irreversible, and incapacitating condition, causing constant and intolerable physical or psychological suffering.

EXCLUSION:

This policy does not cover any expense derived from euthanasia or assisted death, in any of its modalities (active voluntary, passive voluntary or assisted suicide), even if in the country where the insured is located, such procedure is legalized and/or regulated.

Individual

We have clarified accumulated deductibles are not transferred to migrated product or plan.

CHANGE OF PRODUCT OR PLAN:

...The benefits earned by seniority of the insured **(except for accumulated deductibles)** will not be affected as long as the new product or plan contemplates them.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