FISHER INVESTMENTS®

PAN AMERICAN LIFE INSURANCE DE COSTA RICA, S.A.
Compañía miembro de Pan-American Life Insurance Group

EMPLOYEE BENEFITS UPDATE

MEDICAL SERVICE PREAUTHORIZATION

New threshold effective September 1, 2026

WHAT PREAUTHORIZATION MEANS

Preauthorization is a requirement to approve specific medical services or treatments before they are provided to ensure that the requested service is medically necessary and appropriate. See page 2 for examples of services that may require preauthorization. The updated preauthorization amount means you will now need preauthorization for fewer services, reducing delays or disruptions in your everyday care.

PREAUTHORIZATION IS REQUIRED WHEN THE UNIT COST IS EQUAL TO OR GREATER THAN

USD 900
USD-denominated policies

CRC 450.000
CRC-denominated policies

FOR A SMOOTHER REVIEW

Submit quotations and supporting documents clearly and, preferably, in U.S. dollars, consistent with the currency in which FI policy 583 is denominated.

EXCHANGE RATE

For USD-denominated policies, any equivalent amount in colones is calculated using the BCCR prevailing sell exchange rate on the date the service is provided.

IMPORTANT

Some services still require prior authorization regardless of amount. See page 2.

UNISERSE
CORREDURÍA DE SEGUROS

NEED ASSISTANCE?

UNISERSE
fi@uniserse.com | +506 7059-4565

PALIG
+506 2204-6300
WhatsApp +506 6257-8814

FISHER INVESTMENTS®

PAN AMERICAN LIFE INSURANCE DE COSTA RICA, S.A.
Compañía miembro de Pan-American Life Insurance Group

EMPLOYEE BENEFITS UPDATE

PREAUTHORIZATION REQUIREMENTS

NO CHANGE TO THESE CASES

Prior authorization remains required regardless of the amount involved.

01 Physical therapy

Second courses of physical therapy.

02 GLP-1 medications

All GLP-1 medications.

03 Emergency diagnostics

Respiratory-virus and gastrointestinal laboratory panels, plus CT and MRI scans ordered in emergency departments.

04 Allergy panels

Panels for IgE-mediated or other duly supported immunological mechanisms. Food-intolerance panels do not apply.

05 GI-MAP testing

GI-MAP testing remains subject to preauthorization.

06 Specialized therapies

Respiratory, pelvic floor, shockwave, diamagnetic pump, hyperbaric oxygen, and other specialized therapies.

07 Injections & minor surgery

When any anesthesia or sedation is required, except in emergency cases.

08 Policy-specific requirements

Any other service expressly identified in the policy terms and conditions as subject to preauthorization.

PLEASE NOTE

This is not an inclusive list. Please reference the Table of Benefits for a full overview.

View the Table of Benefits

UNISERSE
CORREDURÍA DE SEGUROS

NEED ASSISTANCE?

UNISERSE

fi@uniserse.com | +506 7059-4565

PALIG

+506 2204-6300

WhatsApp +506 6257-8814