



CareEssential.

Expatriate Health Insurance
U.S. coverage



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PA Group offers comprehensive expatriate healthcare solutions so you can focus on what matters most. In this schedule of benefits you will find detailed information regarding plan coverage features, limits and benefits.

All benefits are subject to Usual, Customary and Reasonable (UCR) fees. The benefits, coverage and exclusions listed herein are only a summary, and are subject to the specific terms and conditions of the plan concerning eligible benefit, limitations, eligibility and exclusions. Please refer to the Conditions of Coverage for details.

Penalties to the benefits payable under this plan may apply if the requirements are not met. Please refer to the section labeled Pre-Certification Requirements and Procedures in the plan's Conditions of Coverage. You must contact the pre-certification provider number listed on your identification card.

THE FOLLOWING SERVICES REQUIRE PRE-CERTIFICATION:

HOSPITALIZATION | SURGERIES | DIAGNOSTIC TESTING | ONCOLOGY TREATMENT | REPATRIATION OF MORTAL REMAINS | THERAPY | ORGAN TRANSPLANT | MEDICAL AIR EVACUATION / AIR AMBULANCE | REHABILITATION | HOME HEALTH CARE | EXTENDED CARE FACILITY

Failure to perform the pre-certification requirements within a minimum of 5 business days prior to the planned treatment of a non-emergency service or within 72 hours of an emergency service, will result in a penalty of 30% of the allowable charge for the entire episode of care. The penalty will not count toward the deductible or co-insurance maximum as defined on the Certificate of Coverage.

For Travel Assistance all notifications must be done within 24 hours of occurrence, if applicable.

All amounts are in USD

GENERAL	COVERAGE
Area of Coverage	Worldwide including U.S. Coverage
Policy Lifetime Maximum per Insured	\$1,000,000
Policy Year Deductible [Certificate of Coverage defines your selection] <ul style="list-style-type: none">• Individual• Family <i>Deductible for Family is a maximum of two (2) individually met deductibles per policy year.</i>	\$5,000
Co-Insurance Limit (Out-of-Pocket) Outside the U.S.	No co-insurance applies
Co-Insurance Limit (Out-of-Pocket) U.S. In-Network	After the deductible, 20% of the first \$5,000 of covered medical charges
Co-Insurance Limit (Out-of-Pocket) U.S. Out-of-Network	After the deductible, 50% of covered medical charges
Policy Waiting Period	90 days
Deductible Carry Over [Applies to the last 3 months of the Policy Year]	Not included

INPATIENT BENEFITS	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Hospital Room & Board 60 days per hospital admission. 240 days per policy year.	80% Semi-Private room, up to \$600 per day	50% Semi-Private room, up to \$600 per day	100% Semi-Private room, up to \$600 per day
Intensive Care Unit (ICU) 45 days per confinement. 180 days per policy year.	80% Up to \$1,500 per day	50% Up to \$1,500 per day	100% Up to \$1,500 per day
Inpatient Ancillary Hospital Services Including, but not limited to X-rays, drugs, bandages, operating room fees, surgical implants	80%	50%	100%
Inpatient Physician / Specialist Visits Limited to one visit per day per specialty	80%	50%	100%
Inpatient Surgery	80%	50%	100%
Surgeon's Fees	80%	50%	100%
Assistant's Surgeon's Fees	20% of the Primary Surgeon approved fees		
Anesthesiologist's Fees	30% of the Primary Surgeon approved fees		
Pre-Admission Testing Must be performed before non-emergency hospitalization	80%	50%	100%
Extended Care Facility 30 days per policy year	80%	50%	100%
Human Organ Transplant & Acquisition Subject to 12-month waiting period	80% \$125,000 lifetime maximum	Not covered	100% \$125,000 lifetime maximum
Dialysis	80%	50%	100%
Emergency Room Services resulting in hospital admission	80%	50%	100%
Oncology / Cancer Treatment	80%	50%	100%
Reconstructive Surgery Due to covered injury or illness	80%	50%	100%
Rehabilitation / Therapeutic Services following a hospitalization Physical, Speech, Occupational Therapy	30 visits per policy year	30 visits per policy year	30 visits per policy year
Durable Medical Equipment	80%	50%	100%
Emergency Dental Treatment To restore natural teeth damaged in a covered accident	80% Up to \$1,000 per policy year	50% Up to \$1,000 per policy year	100% Up to \$1,000 per policy year
Non-Professional Sports	\$50,000 lifetime maximum	\$50,000 lifetime maximum	\$50,000 lifetime maximum

ADDITIONAL BENEFITS	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Emergency Medical Evacuation / Air Ambulance	100% Up to \$10,000 policy year Deductible waived	100% Up to \$10,000 policy year Deductible waived	100% Up to \$10,000 policy year Deductible waived
Emergency Ground Ambulance	80% Up to \$1,500 per event	50% Up to \$1,500 per event	100% Up to \$1,500 per event

Inpatient Mental / Nervous Health	Not covered
Eye Examination	Not covered
Eyeglasses or Contact Lenses	Not covered
Dental Care	Not covered
Outpatient Services	Not covered
Alternative Medicine	Not covered
Maternity Care Rider	Not available

