

Elite.



Expatriate Health Insurance
U.S. coverage





Elite.

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	\$5,000,000												
Policy Year Deductible Options [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>	<table border="1"> <thead> <tr> <th data-bbox="940 1131 1094 1171">OPTION</th> <th data-bbox="1094 1131 1333 1171">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td data-bbox="940 1171 1094 1211">1*</td> <td data-bbox="1094 1171 1333 1211">\$250</td> </tr> <tr> <td data-bbox="940 1211 1094 1251">2*</td> <td data-bbox="1094 1211 1333 1251">\$500</td> </tr> <tr> <td data-bbox="940 1251 1094 1291">3</td> <td data-bbox="1094 1251 1333 1291">\$1,000</td> </tr> <tr> <td data-bbox="940 1291 1094 1331">4</td> <td data-bbox="1094 1291 1333 1331">\$2,500</td> </tr> <tr> <td data-bbox="940 1331 1094 1371">5</td> <td data-bbox="1094 1331 1333 1371">\$5,000</td> </tr> </tbody> </table>	OPTION	DEDUCTIBLE	1*	\$250	2*	\$500	3	\$1,000	4	\$2,500	5	\$5,000
OPTION	DEDUCTIBLE												
1*	\$250												
2*	\$500												
3	\$1,000												
4	\$2,500												
5	\$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, 10% 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	30 days												
Deductible Carry Over [Applies to the last 3 months of the Policy Year]	Included												

*This deductible option is not available for new policies effective September 1, 2018.



INPATIENT BENEFITS	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Hospital Room & Board	90%	50%	100%
Intensive Care Unit (ICU)	90%	50%	100%
Inpatient Ancillary Hospital Services Including, but not limited to X-rays, drugs, bandages, operating room fees, surgical implants	90%	50%	100%
Inpatient Physician / Specialist Visits Limited to one visit per day per specialty	90%	50%	100%
Inpatient Surgery	90%	50%	100%
Surgeon's Fees	90%	50%	100%
Assistant's Surgeon's Fees	20% of the Primary Surgeon approved fees	20% of the Primary Surgeon approved fees	20% of the Primary Surgeon approved fees
Anesthesiologist's Fees	30% of the Primary Surgeon approved fees	30% of the Primary Surgeon approved fees	30% of the Primary Surgeon approved fees
Pre-Admission Testing Must be performed before non-emergency hospitalization	90%	50%	100%
Extended Care Facility 30 days per policy year	90%	50%	100%
Human Organ Transplant & Acquisition Subject to 12-month waiting period	90% \$2,000,000 lifetime maximum	Not covered	100% \$2,000,000 lifetime maximum
Inpatient Mental / Nervous Health Subject to 12-month waiting period; Coverage limits apply to Inpatient & Outpatient visits combined	90% \$50,000 lifetime maximum	50% \$50,000 lifetime maximum	100% \$50,000 lifetime maximum

OUTPATIENT BENEFITS	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Outpatient Surgery	90%	50%	100%
Surgeon's Fees	90%	50%	100%
Assistant's Surgeon's Fees	20% of the Primary Surgeon approved fees	20% of the Primary Surgeon approved fees	20% of the Primary Surgeon approved fees
Anesthesiologist's Fees	30% of the Primary Surgeon approved fees	30% of the Primary Surgeon approved fees	30% of the Primary Surgeon approved fees
Chiropractic Services	90%	50%	100%
Diagnostic Testing MRI, CT Scan, PET Scan, and other diagnostic machine tests	90%	50%	100%
Dialysis	90%	50%	100%
Emergency Room Services	90%	50%	100%
Home Health Care	90%	50%	100%
Hospice Care 180 days per policy year	90%	50%	100%
Outpatient Physician / Specialist Visits	90%	50%	100%
Oncology / Cancer Treatment	90%	50%	100%
Reconstructive Surgery Due to covered injury or illness	90%	50%	100%
Outpatient Rehabilitation / Therapeutic Services Physical, Speech, Occupational Therapy	60 visits per policy year	60 visits per policy year	60 visits per policy year
Outpatient Mental / Nervous Health Subject to 12-month waiting period; Coverage limits apply to Inpatient & Outpatient visits combined	90% \$50,000 lifetime maximum	50% \$50,000 lifetime maximum	100% \$50,000 lifetime maximum
Wellness Benefit for Children under the age of 19 Subject to 12-month waiting period	Up to \$400 per policy year Deductible waived	Up to \$400 per policy year Deductible waived	Up to \$400 per policy year Deductible waived
Wellness Benefit for Adults Subject to 12-month waiting period	Up to \$500 per policy year Deductible waived	Up to \$500 per policy year Deductible waived	Up to \$500 per policy year Deductible waived



ALTERNATIVE MEDICINE	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Aroma & Herbal Therapy	80% up to \$50 per policy year	80% up to \$50 per policy year	80% up to \$50 per policy year
Magnetic Therapy	80% up to \$75 per policy year	80% up to \$75 per policy year	80% up to \$75 per policy year
Vitamin Therapy	80% up to \$100 per policy year	80% up to \$100 per policy year	80% up to \$100 per policy year

Acupuncture & Massage Therapy	80% up to \$150 per policy year	80% up to \$150 per policy year	80% up to \$150 per policy year
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MATERNITY CARE	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
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- Lifetime maximum of \$50,000
- Subject to 10-month waiting period
- For the \$5,000 deductible option, the Maternity Care will be subject to the deductible
- Deductible waived for deductible options under \$5,000

100% coverage up to the limits below for the insured female policyholder or insured dependent spouse only.

Normal Delivery Prenatal and postnatal care	90% \$50,000 lifetime maximum	50% \$50,000 lifetime maximum	100% \$50,000 lifetime maximum
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Cesarean Section	90% \$50,000 lifetime maximum	50% \$50,000 lifetime maximum	100% \$50,000 lifetime maximum
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Complications of Pregnancy and Birth	90% \$50,000 lifetime maximum	50% \$50,000 lifetime maximum	100% \$50,000 lifetime maximum
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ADDITIONAL BENEFITS	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Congenital Disorders, Birth Defects & Hereditary Conditions	90% \$250,000 lifetime maximum	50% \$250,000 lifetime maximum	100% \$250,000 lifetime maximum

Durable Medical Equipment	90%	50%	100%
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Prosthetic Limbs	90% Up to \$30,000 per prosthesis \$60,000 lifetime maximum	50% Up to \$30,000 per prosthesis \$60,000 lifetime maximum	100% Up to \$30,000 per prosthesis \$60,000 lifetime maximum
Prescription Medication	90% Up to \$20,000 per policy year	50% Up to \$20,000 per policy year	100% Up to \$20,000 per policy year
Emergency Dental Treatment To restore natural teeth damaged in a covered accident	90%	50%	100%
Non-Professional Sports	\$200,000 lifetime maximum	\$200,000 lifetime maximum	\$200,000 lifetime maximum
Emergency Medical Evacuation / Air Ambulance	100% Deductible waived	100% Deductible waived	100% Deductible waived
Insured's return ticket after an evacuation by air transportation [Plane ticket limited to economy-class]	Up to \$1,000 per event	Up to \$1,000 per event	Up to \$1,000 per event
Emergency Ground Ambulance	90%	50%	100%
Emergency Transportation of 1 Family Member	\$10,000 lifetime maximum Deductible waived	\$10,000 lifetime maximum Deductible waived	\$10,000 lifetime maximum Deductible waived
Repatriation of Mortal Remains or Local Burial [In lieu of repatriation]	\$50,000 lifetime maximum Deductible waived	\$50,000 lifetime maximum Deductible waived	\$50,000 lifetime maximum Deductible waived
Eye Examination One routine eye examination every two years	Up to \$100 per policy year Deductible waived	Up to \$100 per policy year Deductible waived	Up to \$100 per policy year Deductible waived
Eyeglasses or Contact Lenses Once every two years	Up to \$150 per policy year	Up to \$150 per policy year	Up to \$150 per policy year
Dental Care Subject to 6-month waiting period Class A Class B Class C	Up to \$700 per policy year \$50 Deductible 90% – No deductible applies \$50 deductible then payable at 70% \$50 deductible then payable at 50%		

