

Elite.



Expatriate Health Insurance





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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 excluding U.S. Coverage												
Policy Lifetime Maximum per Insured	\$5,000,000												
<b>Policy Year Deductible Options</b> [Certificate of Coverage defines your selection] <ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul> <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 1331 1094 1371">OPTION</th> <th data-bbox="1094 1331 1334 1371">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td data-bbox="940 1371 1094 1411">1*</td> <td data-bbox="1094 1371 1334 1411">\$250</td> </tr> <tr> <td data-bbox="940 1411 1094 1451">2*</td> <td data-bbox="1094 1411 1334 1451">\$500</td> </tr> <tr> <td data-bbox="940 1451 1094 1491">3</td> <td data-bbox="1094 1451 1334 1491">\$1,000</td> </tr> <tr> <td data-bbox="940 1491 1094 1530">4</td> <td data-bbox="1094 1491 1334 1530">\$2,500</td> </tr> <tr> <td data-bbox="940 1530 1094 1570">5</td> <td data-bbox="1094 1530 1334 1570">\$5,000</td> </tr> </tbody> </table>	OPTION	DEDUCTIBLE	1*	\$250	2*	\$500	3	\$1,000	4	\$2,500	5	\$5,000
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1*	\$250												
2*	\$500												
3	\$1,000												
4	\$2,500												
5	\$5,000												
Co-Insurance Limit (Out-of-Pocket)	No co-insurance applies												
Policy Waiting Period	30 days												
<b>Deductible Carry Over</b> [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	COVERAGE
Hospital Room & Board	100%
Intensive Care Unit (ICU)	100%
<b>Inpatient Ancillary Hospital Services</b> Including, but not limited to X-rays, drugs, bandages, operating room fees, surgical implants	100%
<b>Inpatient Physician / Specialist Visits</b> Limited to one visit per day per specialty	100%
Inpatient Surgery	100%
Surgeon's Fees	100%
Assistant's Surgeon's Fees	20% of the Primary Surgeon approved fees
Anesthesiologist's Fees	30% of the Primary Surgeon approved fees
<b>Pre-Admission Testing</b> Must be performed before non-emergency hospitalization	100%
<b>Extended Care Facility</b> 30 days per policy year	100%
<b>Human Organ Transplant &amp; Acquisition</b> Subject to 12-month waiting period	100% \$2,000,000 lifetime maximum
<b>Inpatient Mental / Nervous Health</b> Subject to 12-month waiting period; Coverage limits apply to Inpatient & Outpatient visits combined	100% \$50,000 lifetime maximum

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

ALTERNATIVE MEDICINE	COVERAGE
Aroma & Herbal Therapy	80% up to \$50 per policy year
Magnetic Therapy	80% up to \$75 per policy year
Vitamin Therapy	80% up to \$100 per policy year
Acupuncture & Massage Therapy	80% up to \$150 per policy year

MATERNITY CARE	COVERAGE
<ul style="list-style-type: none"> <li>Lifetime maximum of \$50,000</li> <li>Subject to 10-month waiting period</li> <li>For the \$5,000 deductible option, the Maternity Care will be subject to the deductible</li> <li>Deductible waived for deductible options under \$5,000</li> </ul>	
100% coverage up to the limits below for the insured female policyholder or insured dependent spouse only.	
Normal Delivery Prenatal and postnatal care	100% \$50,000 lifetime maximum
Cesarean Section	100% \$50,000 lifetime maximum
Complications of Pregnancy and Birth	100% \$50,000 lifetime maximum

ADDITIONAL BENEFITS	COVERAGE
Congenital Disorders, Birth Defects & Hereditary Conditions	100% \$250,000 lifetime maximum
Durable Medical Equipment	100%
Prosthetic Limbs	100% Up to \$30,000 per prosthesis \$60,000 lifetime maximum
Prescription Medication	100% Up to \$20,000 per policy year
Emergency Dental Treatment To restore natural teeth damaged in a covered accident	100%
Non-Professional Sports	\$200,000 lifetime maximum
Emergency Medical Evacuation / Air Ambulance	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
Emergency Ground Ambulance	100%
Emergency Transportation of 1 Family Member	\$10,000 lifetime maximum Deductible waived
Repatriation of Mortal Remains or Local Burial [In lieu of repatriation]	\$50,000 lifetime maximum Deductible waived
Eye Examination One routine eye examination every two years	Up to \$100 per policy year Deductible waived
Eyeglasses or Contact Lenses Once every two years	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%

