

Select.



Expatriate Health Insurance  
U.S. coverage





# Select.

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	\$3,000,000												
<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="943 1138 1096 1178">OPTION</th> <th data-bbox="1097 1138 1338 1178">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td data-bbox="943 1180 1096 1220">1*</td> <td data-bbox="1097 1180 1338 1220">\$250</td> </tr> <tr> <td data-bbox="943 1222 1096 1262">2*</td> <td data-bbox="1097 1222 1338 1262">\$500</td> </tr> <tr> <td data-bbox="943 1264 1096 1304">3</td> <td data-bbox="1097 1264 1338 1304">\$1,000</td> </tr> <tr> <td data-bbox="943 1306 1096 1346">4</td> <td data-bbox="1097 1306 1338 1346">\$2,500</td> </tr> <tr> <td data-bbox="943 1348 1096 1388">5</td> <td data-bbox="1097 1348 1338 1388">\$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, 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	60 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	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Hospital Room & Board	80%	50%	100%
Intensive Care Unit (ICU)	80%	50%	100%
<b>Inpatient Ancillary Hospital Services</b> Including, but not limited to X-rays, drugs, bandages, operating room fees, surgical implants	80%	50%	100%
<b>Inpatient Physician / Specialist Visits</b> 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	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
<b>Pre-Admission Testing</b> Must be performed before non-emergency hospitalization	80%	50%	100%
<b>Extended Care Facility</b> 30 days per policy year	80%	50%	100%
<b>Human Organ Transplant &amp; Acquisition</b> Subject to 12-month waiting period	80% \$1,000,000 lifetime maximum	Not covered	100% \$1,000,000 lifetime maximum
<b>Inpatient Mental / Nervous Health</b> Subject to 12-month waiting period; Coverage limits apply to Inpatient & Outpatient visits combined	80% Up to \$10,000 per policy year and \$50,000 lifetime maximum	50% Up to \$10,000 per policy year and \$50,000 lifetime maximum	100% Up to \$10,000 per policy year and \$50,000 lifetime maximum

OUTPATIENT BENEFITS	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Outpatient Surgery	80%	50%	100%
Surgeon's Fees	80%	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	80%	50%	100%
Diagnostic Testing MRI, CT Scan, PET Scan, and other diagnostic machine tests	80%	50%	100%
Dialysis	80%	50%	100%
Emergency Room Services	80%	50%	100%
Home Health Care	80%	50%	100%
Hospice Care 180 days per policy year	80%	50%	100%
Outpatient Physician / Specialist Visits	80%	50%	100%
Oncology / Cancer Treatment	80%	50%	100%
Reconstructive Surgery Due to covered injury or illness	80%	50%	100%
Outpatient Rehabilitation / Therapeutic Services Physical, Speech, Occupational Therapy	40 visits per policy year	40 visits per policy year	40 visits per policy year

<b>Outpatient Mental / Nervous Health</b> Subject to 12-month waiting period; Coverage limits apply to Inpatient & Outpatient visits combined	80% Up to \$10,000 per policy year and \$50,000 lifetime maximum	50% Up to \$10,000 per policy year and \$50,000 lifetime maximum	100% Up to \$10,000 per policy year and \$50,000 lifetime maximum
<b>Wellness Benefit for Children under the age of 19</b> Subject to 12-month waiting period	Up to \$200 per policy year Deductible waived	Up to \$200 per policy year Deductible waived	Up to \$200 per policy year Deductible waived
<b>Wellness Benefit for Adults</b> Subject to 12-month waiting period	Up to \$250 per policy year Deductible waived	Up to \$250 per policy year Deductible waived	Up to \$250 per policy year Deductible waived
<b>ALTERNATIVE MEDICINE</b>	<b>U.S. IN NETWORK</b>	<b>U.S. OUT OF NETWORK</b>	<b>OUTSIDE THE U.S.</b>
<b>Aroma &amp; Herbal Therapy</b>	80% up to \$50 per policy year	80% up to \$50 per policy year	80% up to \$50 per policy year
<b>Magnetic Therapy</b>	80% up to \$75 per policy year	80% up to \$75 per policy year	80% up to \$75 per policy year
<b>Vitamin Therapy</b>	80% up to \$100 per policy year	80% up to \$100 per policy year	80% up to \$100 per policy year
<b>Acupuncture &amp; Massage Therapy</b>	80% up to \$150 per policy year	80% up to \$150 per policy year	80% up to \$150 per policy year
<b>MATERNITY CARE</b> (OPTIONAL RIDER)	<b>U.S. IN NETWORK</b>	<b>U.S. OUT OF NETWORK</b>	<b>OUTSIDE THE U.S.</b>
<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 rider 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.			
<b>Normal Delivery</b> Prenatal and postnatal care	80% Up to \$5,000 per pregnancy	50% Up to \$5,000 per pregnancy	100% Up to \$5,000 per pregnancy
<b>Cesarean Section</b>	80% Up to \$7,500 per pregnancy	50% Up to \$7,500 per pregnancy	100% Up to \$7,500 per pregnancy
<b>Complications of Pregnancy and Birth</b>	80% \$50,000 lifetime maximum	50% \$50,000 lifetime maximum	100% \$50,000 lifetime maximum

ADDITIONAL BENEFITS	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
<b>Congenital Disorders, Birth Defects &amp; Hereditary Conditions</b> [If Maternity Care rider was purchased]	80% \$250,000 lifetime maximum	50% \$250,000 lifetime maximum	100% \$250,000 lifetime maximum
<b>Durable Medical Equipment</b>	80%	50%	100%
<b>Prosthetic Limbs</b>	80% Up to \$20,000 per prosthesis \$40,000 lifetime maximum	50% Up to \$20,000 per prosthesis \$40,000 lifetime maximum	100% Up to \$20,000 per prosthesis \$40,000 lifetime maximum
<b>Prescription Medication</b>	80% Up to \$5,000 per policy year	50% Up to \$5,000 per policy year	100% Up to \$5,000 per policy year
<b>Emergency Dental Treatment</b> To restore natural teeth damaged in a covered accident	80% Up to \$3,000 per policy year	50% Up to \$3,000 per policy year	100% Up to \$3,000 per policy year
<b>Non-Professional Sports</b>	\$150,000 lifetime maximum	\$150,000 lifetime maximum	\$150,000 lifetime maximum
<b>Emergency Medical Evacuation / Air Ambulance</b>	100% Deductible waived	100% Deductible waived	100% Deductible waived
<b>Insured's return ticket after an evacuation by air transportation</b> [Plane ticket limited to economy-class]	Up to \$450 per event	Up to \$450 per event	Up to \$450 per event
<b>Emergency Ground Ambulance</b>	80%	50%	100%
<b>Emergency Transportation of 1 Family Member</b>	\$10,000 lifetime maximum Deductible waived	\$10,000 lifetime maximum Deductible waived	\$10,000 lifetime maximum Deductible waived
<b>Repatriation of Mortal Remains or Local Burial</b> [In lieu of repatriation]	\$25,000 lifetime maximum Deductible waived	\$25,000 lifetime maximum Deductible waived	\$25,000 lifetime maximum Deductible waived

