Expatriate Health Insurance
U.S. coverage

pa group℠

Care.

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 Policy Wording 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 Policy Wording. 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.

Care.

GENERAL	COVERAGE
Area of Coverage	Worldwide including U.S. Coverage
Policy Lifetime Maximum per Insured	$1,000,000
Policy Year Deductible Options (Certificate of Coverage defines your selection) • Individual • Family *Deductible for Family is a maximum of two (2) individually met deductibles per policy year.*	$250 $500 $1,000 $2,500 $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	30 days
Deductible Carry Over (Applies to the last 3 months of the Policy Year)	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% Up to $600 per day	50% Up to $600 per day	100% 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% $250,000 lifetime maximum	Not covered	100% $250,000 lifetime maximum
Inpatient Mental / Nervous Health	Not covered		

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%

OUTPATIENT BENEFITS (Continued)	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Assistant's Surgeon's Fees	20% of the Primary Surgeon approved fees		
Anesthesiologist's Fees	30% of the Primary Surgeon approved fees		
Chiropractic Services	80% Up to $50 per visit *	50% Up to $50 per visit *	100% Up to $50 per visit *
Diagnostic Testing MRI, CT Scan, PET Scan, and other diagnostic machine tests; Limited to $250 per scan	80%	50%	100%
Dialysis	80%	50%	100%
Emergency Room Services	80%	50%	100%
Home Health Care 30 days per policy year	80%	50%	100%
Hospice Care 30 days per policy year	80%	50%	100%
Outpatient Physician / Specialist Visits Limited to one visit per day	80% Up to $70 per visit *	50% Up to $70 per visit *	100% Up to $70 per visit *
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	30 visits per policy year		
Outpatient Mental / Nervous Health Subject to 12-month waiting period	80% Up to $60 per visit *	50% Up to $60 per visit *	100% Up to $60 per visit *
Wellness Benefit for Children under the age of 19 Subject to 12-month waiting period	100% Up to $200 per policy year Deductible waived	50% Up to $200 per policy year Deductible waived	100% Up to $200 per policy year Deductible waived

OUTPATIENT BENEFITS (Continued)	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Wellness Benefit for Adults Subject to 12-month waiting period		Not covered	

ALTERNATIVE MEDICINE	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Aroma & Herbal Therapy		Not covered	
Magnetic Therapy		Not covered	
Vitamin Therapy		Not covered	
Acupuncture & Massage Therapy		Not covered	

MATERNITY CARE (OPTIONAL RIDER)	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Lifetime maximum of $50,000; Subject to 10-month waiting period; Deductible waived for deductible options of $2,500 or less. 100% coverage up to the limits below for the insured female policyholder or insured dependent spouse only.			
Normal Delivery 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
Cesarean Section	80% Up to $7,500 per pregnancy	50% Up to $7,500 per pregnancy	100% Up to $7,500 per pregnancy
Complications of Pregnancy and Birth	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.
Congenital Disorders, Birth Defects & Hereditary Conditions	80% $250,000 lifetime maximum	50% $250,000 lifetime maximum	100% $250,000 lifetime maximum
Durable Medical Equipment	80%	50%	100%

ADDITIONAL BENEFITS (Continued)	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Prosthetic Limbs	80% Up to $10,000 per prosthesis $20,000 lifetime maximum	50% Up to $10,000 per prosthesis $20,000 lifetime maximum	100% Up to $10,000 per prosthesis $20,000 lifetime maximum
Prescription Medication	80% 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	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		
Emergency Medical Evacuation / Air Ambulance	100% up to $50,000 policy year Deductible waived		
Insured's return ticket after an evacuation by air transportation (Plane ticket limited to economy-class)	Up to $250 per event		
Emergency Ground Ambulance	80% Up to $1,500 per event	50% Up to $1,500 per event	100% Up to $1,500 per event
Emergency Transportation of 1 Family Member	Not covered		
Repatriation of Mortal Remains or Local Burial (In lieu of repatriation)	$25,000 lifetime maximum Deductible waived		
Eye Examination One routine eye examination every two years	Not covered		
Eyeglasses or Contact Lenses Once every two years	Not covered		
Dental Care Subject to 6-month waiting period	Not covered		

All amounts are in USD.
*For Care plan option: Office visits, mental nervous and chiropractic visits combined have a maximum of 25 visits.