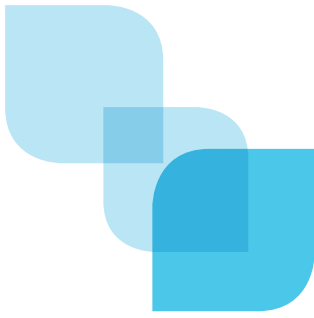


Care.



Expatriate Health Insurance





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 excluding U.S. Coverage
Policy Lifetime Maximum per Insured	\$1,000,000
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>	\$250 \$500 \$1,000 \$2,500 \$5,000
Co-Insurance Limit (Out-of-Pocket)	No co-insurance applies
Policy Waiting Period	30 days
Deductible Carry Over [Applies to the last 3 months of the Policy Year]	Included

INPATIENT BENEFITS	COVERAGE
Hospital Room & Board 60 days per hospital admission. 240 days per policy year.	100% Up to \$600 per day
Intensive Care Unit (ICU) 45 days per confinement. 180 days per policy year.	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	100%
Inpatient Physician / Specialist Visits 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
Pre-Admission Testing Must be performed before non-emergency hospitalization	100%
Extended Care Facility 30 days per policy year	100%
Human Organ Transplant & Acquisition Subject to 12-month waiting period	100% \$250,000 lifetime maximum
Inpatient Mental / Nervous Health	Not covered
OUTPATIENT BENEFITS	COVERAGE
Outpatient Surgery	100%
Surgeon's Fees	100%

OUTPATIENT BENEFITS (Continued)	COVERAGE
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% Up to \$50 per visit *
Diagnostic Testing MRI, CT Scan, PET Scan, and other diagnostic machine tests; Limited to \$250 per scan	100%
Dialysis	100%
Emergency Room Services	100%
Home Health Care 30 days per policy year	100%
Hospice Care 30 days per policy year	100%
Outpatient Physician / Specialist Visits Limited to one visit per day	100% Up to \$70 per visit *
Oncology / Cancer Treatment	100%
Reconstructive Surgery Due to covered injury or illness	100%
Outpatient Rehabilitation / Therapeutic Services Physical, Speech, Occupational Therapy	30 visits per policy year
Outpatient Mental / Nervous Health Subject to 12-month waiting period	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
Wellness Benefit for Adults Subject to 12-month waiting period	Not covered

ALTERNATIVE MEDICINE	COVERAGE
Aroma & Herbal Therapy	Not covered
Magnetic Therapy	Not covered
Vitamin Therapy	Not covered
Acupuncture & Massage Therapy	Not covered
MATERNITY CARE (OPTIONAL RIDER)	COVERAGE
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	100% Up to \$5,000 per pregnancy
Cesarean Section	100% Up to \$7,500 per pregnancy
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 \$10,000 per prosthesis \$20,000 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% Up to \$1,000 per policy year

ADDITIONAL BENEFITS (Continued)	COVERAGE
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	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.

