

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 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.

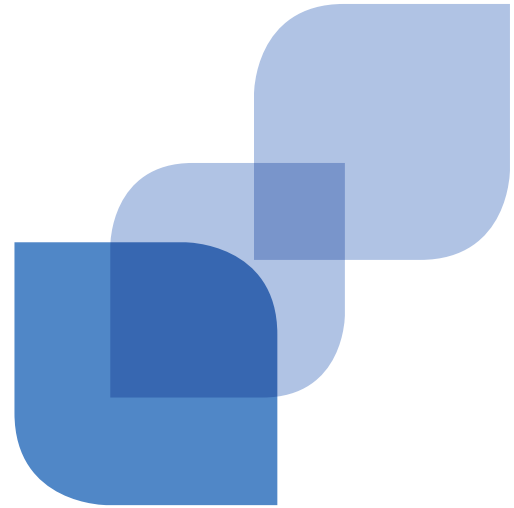
#### THE FOLLOWING SERVICES REQUIRE PRE-CERTIFICATION

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.*

# Select.



## GENERAL

## COVERAGE

### Area of Coverage

Worldwide including U.S. Coverage

**Policy Lifetime Maximum per Insured**

\$3,000,000

**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	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		
Anesthesiologist's 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		
Anesthesiologist's Fees	30% of the Primary Surgeon approved fees		
Chiropractic Services	80%	50%	100%
<b>Diagnostic Testing</b> 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%
<b>Hospice Care</b> 180 days per policy year	80%	50%	100%
Outpatient Physician / Specialist Visits	80%	50%	100%
Oncology / Cancer Treatment	80%	50%	100%
<b>Reconstructive Surgery</b> Due to covered injury or illness	80%	50%	100%
<b>Outpatient Rehabilitation / Therapeutic Services</b> Physical, Speech, Occupational Therapy	40 visits per policy year		



<b>OUTPATIENT BENEFITS</b> (Continued)	<b>U.S. IN NETWORK</b>	<b>U.S. OUT OF NETWORK</b>	<b>OUTSIDE THE U.S.</b>
<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		
<b>Wellness Benefit for Adults</b> Subject to 12-month waiting period	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		
<b>Magnetic Therapy</b>	80% up to \$75 per policy year		
<b>Vitamin Therapy</b>	80% up to \$100 per policy year		
<b>Acupuncture &amp; Massage Therapy</b>	80% up to \$150 per policy year		
<b>MATERNITY CARE (OPTIONAL RIDER)</b>	<b>U.S. IN NETWORK</b>	<b>U.S. OUT OF NETWORK</b>	<b>OUTSIDE THE U.S.</b>
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.			
<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>	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 \$20,000 per policy year	50% Up to \$20,000 per policy year	100% Up to \$20,000 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		
<b>Emergency Medical Evacuation / Air Ambulance</b>	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		
<b>Emergency Ground Ambulance</b>	80%	50%	100%
<b>Emergency Transportation of 1 Family Member</b>	\$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		
<b>Eye Examination</b> One routine eye examination every two years	Not covered		
<b>Eyeglasses or Contact Lenses</b> Once every two years	Not covered		
<b>Dental Care</b> Subject to 6-month waiting period	Not covered		

All amounts are in USD.

