



Worldwide

Global Health Plans

About PA Group's Purpose

Since its establishment, PA Group has become a successful company offering clients the best solutions to protect and improve their lives.



Our Mission

We protect and support clients worldwide throughout their lives' most significant events. Our simplified health solutions offer clients protection and peace of mind to live life confidently.



Why PA Group Global Health

PA Group's Global Health plans are exclusively developed to provide comprehensive protection worldwide. These plans are tailored to non-U.S. residents in need of worldwide coverage, including medical care within the United States.

We offer three plans to choose from

UltraCare.

Optima.

Secure.

Benefits of Choosing PA Group's Global Health Plans

You may have different reasons why you would require a global health plan. Some reasons include: the quality of healthcare in your home country is substandard, you want the flexibility of having peace of mind anywhere in the world knowing that you and your family are protected, or simply to safeguard your family's financial future by avoiding unexpected medical expenses. Additionally, there are added benefits PA Group's Global Health plans offer such as:

- ✓ Eligibility up to 75 years of age and guaranteed renewability for life
- ✓ Deductible waived for major accidents anywhere in the world
- ✓ Travel assistance coverage up to US\$50,000 per trip (deductible waived)
- ✓ Remote Second Medical Opinion
- ✓ Patient concierge services and access to top doctors and hospitals in the U.S.
- ✓ 2 coverage area options to choose from
- ✓ Online claims submission with ability to monitor the progress of your claim
- ✓ Deductible forgiveness with 3 years of no claims history
- ✓ Optional Disability Income Benefit available up to a maximum of US\$500,000
- ✓ 2 years of premium payments waived for surviving dependents
- ✓ Unlimited coverage for non-professional sports
- ✓ Deductible carry over (applies to the last 3 months of the Policy Year)

In addition, PA Group's Global Health plans distinguishes itself from other plans by providing its clients with:

- Simplicity: the most important coverages are included in all of our health plans without having to purchase optional riders
- Coverage is not only available in your country of residence but also worldwide, including the United States
- Access to thousands of medical centers in more than 125 countries through the most recognized networks of providers available
- Customer service 24/7/365 in case of emergencies
- Backed by a strong reinsurer recognized worldwide
- Policy portability that covers you anywhere around the globe

Access to the Best Medical Care in the United States

If you require medical treatment for an elective procedure in the U.S., you can choose from a list of top-rated U.S. hospitals. There are significant advantages when selecting a preferred provider, including guarantee of direct payments.

UnitedHealthcare® is our U.S. provider network. With more than 800,000 network providers across the country, you have plenty of choice when it comes to finding the best care available to meet your needs.



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 DEDUCTIBLE OPTIONS

Outside U.S. / Inside U.S.

Deductible for family is a maximum of two (2) individually met deductibles per policy year

Option 1	\$1,000 / \$2,000	\$1,000 / \$2,000	–
Option 2*	\$2,000 / \$3,000	\$2,000 / \$3,000	\$2,000 / \$3,000
Option 3	\$5,000 / \$5,000	\$5,000 / \$5,000	\$5,000 / \$5,000
Option 4	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000
Option 5	\$20,000 / \$20,000	\$20,000 / \$20,000	\$20,000 / \$20,000



GENERAL OVERVIEW

Maximum Annual Coverage	\$8,000,000 per insured	\$4,000,000 per insured	\$2,000,000 per insured
International Network	100% UCR	100% UCR	100% UCR
U.S. In-Network	100% UCR	100% UCR	100% UCR
U.S. Out-of-Network	70% UCR	70% UCR	70% UCR
Age Limit to Apply	75	75	75
Waiting Period	30 days	30 days	30 days
Area of Coverage	Worldwide	Worldwide	Worldwide
Guaranteed Renewability No age limit	Yes	Yes	Yes



INPATIENT BENEFITS

Hospital Room & Board Payable up to 365 days per policy year	100% Private Room	100% Private Room	100% Private Room
Intensive Care Unit (ICU) Payable up to 365 days per policy year	100%	100%	100%

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Inpatient Ancillary Hospital Services Including, but not limited to X-rays, drugs, bandages, operating room fees, surgical implants	100%	100%	100%
Inpatient Psychiatric Treatment Subject to 12-month waiting period	100%	100%	100%
Inpatient Physician / Specialist Visits Limited to one visit per day per specialty	100%	100%	100%
Inpatient Surgery Including Primary Surgeon fees	100%	100%	100%
Complications of Birth Covered separately from Maternity Benefits	\$150,000 lifetime	\$125,000 lifetime	\$100,000 lifetime
Adult Companion of Hospitalized Child For a hospitalized child under the age of 19	Up to \$200 per day 10 days per policy year	Up to \$100 per day 10 days per policy year	Up to \$100 per day 10 days per policy year
Pre-Admission Testing Must be performed 3–5 days in advance	100%	100%	100%
Inpatient Prescriptions	100%	100%	100%
Extended Care Facility	100%	100%	100%
OUTPATIENT BENEFITS			
Outpatient Surgery Including Primary Surgeon fees	100%	100%	100%
Assistant Surgeon	100%	100%	100%
Anesthesiologist	100%	100%	100%
AIDS / HIV / ARC Subject to 24-month waiting period	100%	Up to \$250,000 lifetime	–
Acupuncture	Up to \$70 per visit 10 visits per policy year	Up to \$60 per visit 10 visits per policy year	–
Bariatric Surgery Subject to 24-month waiting period	Up to \$30,000 lifetime	Up to \$15,000 lifetime	Up to \$10,000 lifetime

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Chiropractic Services	Up to \$80 per visit 80 visits per policy year	Up to \$75 per visit 20 visits per policy year	–
Congenital Disorders, Birth Defects & Hereditary Conditions	Up to \$1,000,000 lifetime if diagnosed before 18 years of age; 100% if diagnosed after 18 years of age	Up to \$500,000 lifetime if diagnosed before 18 years of age; or 100% if diagnosed after 18 years of age	Up to \$300,000 lifetime if diagnosed before 18 years of age; or 100% if diagnosed after 18 years of age
Diagnostic Testing Echocardiography, Ultrasound, CAT Scan, PET Scan, MRI, Endoscopy, Gastroscopy, Colonoscopy, Cystoscopy, X-rays, laboratory, etc.	100%	100%	Up to \$20,000 per policy year
Dialysis	100%	100%	100%
Durable Medical Equipment	100%	Up to \$7,000 per policy year	Up to \$6,000 per policy year
Emergency Dental Treatment	100%	100%	100%
Major Accident	100% Deductible waived	100% Deductible waived	100% Deductible waived
Emergency Ground Ambulance	100% Deductible waived	100% Deductible waived	Up to \$1,500 per policy year Deductible waived
Home Health Care Services	100%	100% Up to \$7,000 per policy year	100% Up to \$4,000 per policy year
Hospice Care	100% 180 days lifetime	100% 120 days lifetime	100% 90 days lifetime
Outpatient Physician Visits / Specialist Visits	100%	100%	100%
Home Visits by a Physician	Up to \$80 per visit 5 visits per policy year	Up to \$75 per visit 5 visits per policy year	–
Oncology / Cancer Treatment	100%	100%	100%

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Cancer Risk Reduction or Prophylactic Surgery Subject to 12-month waiting period	Up to \$30,000 per insured per lifetime	Up to \$25,000 per insured per lifetime	Up to \$20,000 per insured per lifetime
Wisdom Teeth Removal Subject to 12-month waiting period	Up to \$1,200 per policy year	Up to \$1,000 per policy year	Up to \$700 per policy year
Podiatric Services Subject to 24-month waiting period	100%	100%	Up to \$10,000 per policy year
Prosthetic Limbs	Up to \$45,000 per policy year Up to \$150,000 lifetime maximum	Up to \$30,000 per policy year Up to \$130,000 lifetime maximum	Up to \$30,000 per policy year Up to \$130,000 lifetime maximum
Reconstructive Surgery Due to covered injury or illness	100%	100%	100%
Outpatient Rehabilitation / Therapeutic Services Physical, Speech, & Occupational Therapy	100%	100% 80 visits per policy year for all therapies combined	100% 70 visits per policy year for all therapies combined
Organ Transplant & Services Subject to 6-month waiting period	Up to \$1,000,000 per organ/tissue per lifetime	Up to \$750,000 per organ/tissue per lifetime	Up to \$350,000 per organ/tissue per lifetime
Organ Acquisition Includes organ harvesting, acquisition, transportation and living transplant donor	Up to \$60,000 per transplant	Up to \$30,000 per transplant	Up to \$20,000 per transplant
Outpatient Mental / Nervous Health Subject to 12-month waiting period	Up to \$100 per visit 40 visits per policy year	Up to \$95 per visit 30 visits per policy year	–
Bereavement Counseling No waiting period applies	Up to \$80 per visit 3 visits per policy year	Up to \$80 per visit 3 visits per policy year	–
Prescription Medication	100%	Up to \$20,000 per policy year	Up to \$6,500 per policy year
Wellness Benefit for Children under the age of 19 Subject to 12-month waiting period	Up to \$1,000 per policy year –•– Deductible waived –•– Includes dental preventive care	Up to \$750 per policy year –•– Deductible waived –•– Includes dental preventive care	Up to \$500 per policy year –•– Deductible waived

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Wellness Benefit for Adults Subject to 12-month waiting period	Up to \$750 per policy year -- Deductible waived -- Includes dental preventive care	Up to \$500 per policy year -- Deductible waived -- Includes dental preventive care	Up to \$350 per policy year -- Deductible waived
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MATERNITY BENEFITS

Only for deductible options of \$5,000 or less**

Normal Delivery or C-Section Subject to 10-month waiting period	Up to \$10,000 per pregnancy -- Benefit will increase to \$12,000 after 3 years of membership if both parents have been insured in the same policy -- Deductible waived	Up to \$7,000 per pregnancy -- Deductible waived	Up to \$5,000 per pregnancy -- Deductible waived
Complications of Pregnancy Subject to 10-month waiting period	Up to \$1,000,000 per pregnancy Deductible waived	Up to \$500,000 per pregnancy Deductible waived	Up to \$300,000 per pregnancy Deductible waived
Inclusion of Newborn [requires notification to Insurer within 90 days of birth]	Covered up to policy max without underwriting if born under a Covered Maternity	Covered up to policy max without underwriting if born under a Covered Maternity	Covered up to policy max without underwriting if born under a Covered Maternity
Extraction & Storage of Stem Cells	Up to \$2,000 per child Deductible waived	Up to \$1,400 per child Deductible waived	Up to \$1,000 per child Deductible waived



ADDITIONAL BENEFITS

Free coverage for first 2 children under two years of age	Children must be born under the policy from a Covered Maternity and both parents must be covered under the same policy	-	-
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Emergency Air Transportation	Up to \$150,000 per event Deductible waived	Up to \$100,000 per event Deductible waived	Up to \$25,000 per event Deductible waived
Insured's and companion's return ticket after an evacuation by air transportation	Economy class return travel ticket for insured and companion	Economy class return travel ticket for insured and companion	Economy class return travel ticket for insured and companion
Repatriation of Mortal Remains	Up to \$50,000 for Repatriation; or Up to \$10,000 for Local Burial in Lieu of Repatriation --•-- Deductible waived	Up to \$20,000 for Repatriation; or Up to \$10,000 for Local Burial in Lieu of Repatriation --•-- Deductible waived	Up to \$10,000 for Repatriation or for Local Burial in Lieu of Repatriation --•-- Deductible waived
Extended Medical Death Coverage / Surviving Dependents Benefit	2 years of premium waived	2 years of premium waived	2 years of premium waived
Deductible Reduction Only for deductible options of \$5,000 or less	100% after 3 years	100% after 3 years	100% after 3 years
Deductible Carry Over Applies to the last 3 months of the Policy Year	Included	Included	Included
Remote Second Medical Opinion & Patient Navigation Services	100%	100%	100%
Travel Assistance Coverage This benefit is administered by Seven Corners. Please refer to the policy wording specific to the travel benefit for more details about your coverage. For this travel benefit, PA Group policy is always secondary.	Up to \$50,000 per occurrence per trip --•-- Deductible waived	Up to \$50,000 per occurrence per trip --•-- Deductible waived	Up to \$50,000 per occurrence per trip --•-- Deductible waived

All amounts are expressed in USD.

* For policies where country of residence is Brazil: Deductible Option 2 is \$2,000 / \$2,000.

** The maternity benefit is not available for the \$5,000 deductible option for Secure plan policies.

Benefits and information are subject to change at any time. Some plans and/or deductibles are not available in all zones.

Disclaimer: This brochure is intended as a brief summary of benefits and services and does not supersede in any way the governing policy documents. Benefits are subject to all deductibles, coinsurance, provisions, terms, exclusions and limitations in the Conditions of Coverage. If there is any difference between this brochure and your policy documents, the provisions of the policy documents will prevail.



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