



Expatriate Health Plans



Our 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 Expatriate Health

PA Group's Expatriate Health plans are exclusively developed to provide comprehensive protection worldwide for individuals of all nationalities. Our wide variety of products allows us to provide coverage to all categories of expatriates who reside outside of their home country.

We offer three plans to choose from

Elite.

Select.

CareEssential.

Benefits of Choosing PA Group's Expatriate Health Plans

When looking for comprehensive health coverage abroad, you have many options. However, PA Group's Expatriate Health plans are specifically designed to offer the most complete benefits supported by our unique service proposal and a dedicated claims and customer service staff. Added benefits of PA Group's Expatriate Health plans include:

- ✓ Eligibility up to 74 years of age and guaranteed renewability for life
- ✓ Online claims submission and monitoring the progress of your claim
- ✓ Coverage inside and outside the host country
- ✓ Flexible underwriting
- ✓ Comprehensive inpatient and outpatient benefits such as surgeries, cancer treatment, durable medical equipment and air/ground ambulance
- ✓ 24/7 emergency medical assistance
- ✓ Coverage for routine dental and vision [only for Elite plan]
- ✓ Optional maternity benefit rider [only for Select plan]
- ✓ Choose between two areas of coverage: Worldwide and Worldwide excluding the U.S.

In addition, PA Group's Expatriate Health plans distinguish themselves by providing members with:

- Three plans to choose from: CareEssential, Select, and Elite
- Optional riders to help you create a plan that meets your particular needs:
 - ☑ Maternity Care offering coverage for complications of pregnancy and birth, with a \$50,000 lifetime maximum [Available only for Select plan. Included in the Elite plan.]
 - ☑ Travel Assistance up to \$50,000 coverage with deductible waived
 - ☑ Life and Accidental Death & Dismemberment (AD&D) coverage options starting at \$10,000 up to \$100,000

Access to the Best Medical Care In the United States and Worldwide

PA Group works with the best global medical network of providers and reliable assistance services to ensure unparalleled client care and support. Our extended medical provider network includes:



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.*

Our international provider network is managed by PA Group who is continually growing our network of Preferred Providers. Contracting the best medical providers around the world to establish a top-notch network of hospitals and doctors that offer our Expatriate Health plan members exclusive coverage and benefits.



*Expatriate Health members should refer to their list of preferred providers.

All amounts are expressed in USD.

Elite.

Select.

 DEDUCTIBLE OPTIONS

Certificate of Coverage defines your selection

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

Option 1	\$1,000	\$1,000
Option 2	\$2,500	\$2,500
Option 3	\$5,000	\$5,000



GENERAL BENEFITS

Policy Lifetime Maximum per Insured	\$5,000,000	\$3,000,000
Co-Insurance Limit (Out-of-Pocket) Outside the U.S.	No co-insurance applies	No co-insurance applies
Co-Insurance Limit (Out-of-Pocket) U.S. In-Network	After the deductible, 10% of the first \$5,000 of covered medical charges	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	After the deductible, 50% of covered medical charges
Policy Waiting Period	30 days	60 days
Area of Coverage	Worldwide — or — Worldwide excluding U.S.	Worldwide — or — Worldwide excluding U.S.
Deductible Carry Over [Applies to the last 3 months of the Policy Year]	Included	Included



INPATIENT BENEFITS

Hospital Room & Board	Outside the U.S.:	Outside the U.S.:
	100%	100%
	U.S. In Network:	U.S. In Network:
90%	80%	
U.S. Out of Network:	U.S. Out of Network:	
50%	50%	

Elite.

Select.

Intensive Care Unit (ICU)	Outside the U.S.: 100% U.S. In Network: 90% U.S. Out of Network: 50%	Outside the U.S.: 100% U.S. In Network: 80% U.S. Out of Network: 50%
Inpatient Ancillary Hospital Services Including, but not limited to X-rays, drugs, bandages, operating room fees, surgical implants	Outside the U.S.: 100% U.S. In Network: 90% U.S. Out of Network: 50%	Outside the U.S.: 100% U.S. In Network: 80% U.S. Out of Network: 50%
Inpatient Physician / Specialist Visits Limited to one visit per day per specialty	Outside the U.S.: 100% U.S. In Network: 90% U.S. Out of Network: 50%	Outside the U.S.: 100% U.S. In Network: 80% U.S. Out of Network: 50%
Inpatient Surgery	U.S. In Network: 90% U.S. Out of Network: 50% Outside the U.S.: 100%	Outside the U.S.: 100% U.S. In Network: 80% U.S. Out of Network: 50%
Surgeon's Fees	Outside the U.S.: 100% U.S. In Network: 90% U.S. Out of Network: 50%	Outside the U.S.: 100% U.S. In Network: 80% U.S. Out of Network: 50%
Assistant's Surgeon's 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

Elite.

Select.

Pre-Admission Testing

Must be performed before non-emergency hospitalization

Outside the U.S.:
100%

U.S. In Network:
90%

U.S. Out of Network:
50%

Outside the U.S.:
100%

U.S. In Network:
80%

U.S. Out of Network:
50%

Extended Care Facility

30 days per policy year

Outside the U.S.:
100%

U.S. In Network:
90%

U.S. Out of Network:
50%

Outside the U.S.:
100%

U.S. In Network:
80%

U.S. Out of Network:
50%

Human Organ Transplant & Acquisition

Subject to 12-month waiting period

Outside the U.S.:
100%

U.S. In Network:
90%

U.S. Out of Network:
50%

\$2,000,000
lifetime maximum

Outside the U.S.:
100%

U.S. In Network:
80%

U.S. Out of Network:
50%

\$1,000,000
lifetime maximum

Inpatient Mental / Nervous Health

Subject to 12-month waiting period. Coverage limits apply to Inpatient and Outpatient visits combined.

Outside the U.S.:
100%

U.S. In Network:
90%

U.S. Out of Network:
50%

\$50,000
lifetime maximum

Outside the U.S.:
100%

U.S. In Network:
80%

U.S. Out of Network:
50%

Up to \$10,000
per policy year
and \$50,000
lifetime maximum



OUTPATIENT BENEFITS

Outpatient Surgery

Outside the U.S.:
100%

U.S. In Network:
90%

U.S. Out of Network:
50%

Outside the U.S.:
100%

U.S. In Network:
80%

U.S. Out of Network:
50%

Elite.

Select.

Surgeon's Fees	Outside the U.S.: 100%	Outside the U.S.: 100%
	U.S. In Network: 90%	U.S. In Network: 80%
	U.S. Out of Network: 50%	U.S. Out of Network: 50%
Assistant's Surgeon's 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
Chiropractic Services	Outside the U.S.: 100%	Outside the U.S.: 100%
	U.S. In Network: 90%	U.S. In Network: 80%
	U.S. Out of Network: 50%	U.S. Out of Network: 50%
Diagnostic Testing MRI, CT Scan, PET Scan, and other diagnostic machine tests	Outside the U.S.: 100%	Outside the U.S.: 100%
	U.S. In Network: 90%	U.S. In Network: 80%
	U.S. Out of Network: 50%	U.S. Out of Network: 50%
Dialysis	Outside the U.S.: 100%	Outside the U.S.: 100%
	U.S. In Network: 90%	U.S. In Network: 80%
	U.S. Out of Network: 50%	U.S. Out of Network: 50%
Emergency Room Services	Outside the U.S.: 100%	Outside the U.S.: 100%
	U.S. In Network: 90%	U.S. In Network: 80%
	U.S. Out of Network: 50%	U.S. Out of Network: 50%


Elite.

Select.

Home Health Care	Outside the U.S.: 100% U.S. In Network: 90% U.S. Out of Network: 50%	Outside the U.S.: 100% U.S. In Network: 80% U.S. Out of Network: 50%
Hospice Care	Outside the U.S.: 100% U.S. In Network: 90% U.S. Out of Network: 50% 180 days per policy year	Outside the U.S.: 100% U.S. In Network: 80% U.S. Out of Network: 50% 180 days per policy year
Outpatient Physician / Specialist Visits	Outside the U.S.: 100% U.S. In Network: 90% U.S. Out of Network: 50%	Outside the U.S.: 100% U.S. In Network: 80% U.S. Out of Network: 50%
Oncology / Cancer Treatment	Outside the U.S.: 100% U.S. In Network: 90% U.S. Out of Network: 50%	Outside the U.S.: 100% U.S. In Network: 80% U.S. Out of Network: 50%
Reconstructive Surgery Due to covered injury or illness	Outside the U.S.: 100% U.S. In Network: 90% U.S. Out of Network: 50%	Outside the U.S.: 100% U.S. In Network: 80% U.S. Out of Network: 50%
Outpatient Rehabilitation / Therapeutic Services Physical, Speech, Occupational Therapy	60 visits per policy year	40 visits per policy year

Elite.

Select.

<p>Outpatient Mental / Nervous Health Subject to 12-month waiting period. Coverage limits apply to Inpatient and Outpatient visits combined.</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 90%</p> <p>U.S. Out of Network: 50%</p> <p>\$50,000 lifetime maximum</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: 50%</p> <p>Up to \$10,000 per policy year and \$50,000 lifetime maximum</p>
<p>Wellness Benefit for Children under the age of 19 Subject to 12-month waiting period</p>	<p>Up to \$400 per policy year</p> <p>Deductible waived</p>	<p>Up to \$200 per policy year</p> <p>Deductible waived</p>
<p>Wellness Benefit for Adults Subject to 12-month waiting period</p>	<p>Up to \$500 per policy year</p> <p>Deductible waived</p>	<p>Up to \$250 per policy year</p> <p>Deductible waived</p>
<p> ALTERNATIVE MEDICINE</p>		
<p>Aroma & Herbal Therapy</p>	<p>80% up to \$50 per policy year</p>	<p>80% up to \$50 per policy year</p>
<p>Magnetic Therapy</p>	<p>80% up to \$75 per policy year</p>	<p>80% up to \$75 per policy year</p>
<p>Vitamin Therapy</p>	<p>80% up to \$100 per policy year</p>	<p>80% up to \$100 per policy year</p>
<p>Acupuncture & Massage Therapy</p>	<p>80% up to \$150 per policy year</p>	<p>80% up to \$150 per policy year</p>

Elite.

Select.



MATERNITY BENEFITS

INCLUDED WITH ELITE

OPTIONAL RIDER

- Lifetime maximum of \$50,000
- Subject to 10-month waiting period
- For the \$5,000 deductible option, the Maternity Care rider will be subject to the deductible
- Deductible waived for deductible options under \$5,000

100% coverage up to the limits below for the insured female policyholder or insured dependent spouse only.

Normal Delivery Prenatal and postnatal care	Outside the U.S.: 100%	Outside the U.S.: 100%
	U.S. In Network: 90%	U.S. In Network: 80%
	U.S. Out of Network: 50%	U.S. Out of Network: 50%
	\$50,000 lifetime maximum	Up to \$5,000 per pregnancy
Cesarean Section	Outside the U.S.: 100%	Outside the U.S.: 100%
	U.S. In Network: 90%	U.S. In Network: 80%
	U.S. Out of Network: 50%	U.S. Out of Network: 50%
	\$50,000 lifetime maximum	Up to \$7,500 per pregnancy
Complications of Pregnancy and Birth	Outside the U.S.: 100%	Outside the U.S.: 100%
	U.S. In Network: 90%	U.S. In Network: 80%
	U.S. Out of Network: 50%	U.S. Out of Network: 50%
	\$50,000 lifetime maximum	\$50,000 lifetime maximum

Elite.

Select.



ADDITIONAL BENEFITS

<p>Congenital Disorders, Birth Defects & Hereditary Conditions If Maternity Care rider was purchased. Elite plan includes the Maternity Care rider.</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 90%</p> <p>U.S. Out of Network: 50%</p> <p>\$250,000 lifetime maximum</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: 50%</p> <p>\$250,000 lifetime maximum</p>
<p>Durable Medical Equipment</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 90%</p> <p>U.S. Out of Network: 50%</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: 50%</p>
<p>Prosthetic Limbs</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 90%</p> <p>U.S. Out of Network: 50%</p> <p>Up to \$30,000 per prosthesis</p> <p>\$60,000 lifetime maximum</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: 50%</p> <p>Up to \$20,000 per prosthesis</p> <p>\$40,000 lifetime maximum</p>
<p>Prescription Medication</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 90%</p> <p>U.S. Out of Network: 50%</p> <p>Up to \$20,000 per policy year</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: 50%</p> <p>Up to \$5,000 per policy year</p>

Elite.

Select.

Emergency Dental Treatment To restore natural teeth damaged in a covered accident	Outside the U.S.: 100% U.S. In Network: 90% U.S. Out of Network: 50%	Outside the U.S.: 100% U.S. In Network: 80% U.S. Out of Network: 50% Up to \$3,000 per policy year
Non-Professional Sports	\$200,000 lifetime maximum	\$150,000 lifetime maximum
Emergency Medical Evacuation / Air Ambulance	100% Deductible waived	100% Deductible waived
Insured's return ticket after an evacuation by air transportation (Plane ticket limited to economy-class)	Up to \$1,000 per event	Up to \$450 per event
Emergency Ground Ambulance	Outside the U.S.: 100% U.S. In Network: 90% U.S. Out of Network: 50%	Outside the U.S.: 100% U.S. In Network: 80% U.S. Out of Network: 50%
Emergency Transportation of 1 Family Member	\$10,000 lifetime maximum Deductible waived	\$10,000 lifetime maximum Deductible waived
Repatriation of Mortal Remains or Local Burial (In lieu of repatriation)	\$50,000 lifetime maximum Deductible waived	\$25,000 lifetime maximum Deductible waived
Eye Examination One routine eye examination every two years	Up to \$100 per policy year Deductible waived	—
Eyeglasses or Contact Lenses Once every two years	Up to \$150 per policy year	—

Elite.

Select.

Dental Care
Subject to 6-month waiting period

Maximum Coverage:

Up to \$700 per policy year

Class A:

90%

Deductible waived

Class B:

70%

after \$50 deductible

Class C:

50%

after \$50 deductible

CareEssential.

 DEDUCTIBLE

Certificate of Coverage defines your selection

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

Policy Year Deductible \$5,000



GENERAL BENEFITS

Policy Lifetime Maximum per Insured \$1,000,000

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 90 days

Area of Coverage Worldwide
— or —
Worldwide excluding U.S.

Deductible Carry Over Not included
[Applies to the last 3 months of the Policy Year]



INPATIENT BENEFITS

Hospital Room & Board (Semi-Private Room)

60 days per hospital admission. 240 days per policy year.

Outside the U.S.:

100%

U.S. In Network:

80%

U.S. Out of Network:

50%

Intensive Care Unit (ICU)

45 days per confinement. 180 days per policy year.

Outside the U.S.:

100%

U.S. In Network:

80%

U.S. Out of Network:

50%

Up to \$1,500 per day

Inpatient Ancillary Hospital Services

Including, but not limited to X-rays, drugs, bandages, operating room fees, surgical implants

Outside the U.S.:

100%

U.S. In Network:

80%

U.S. Out of Network:

50%

Inpatient Physician / Specialist Visits

Limited to one visit per day per specialty

Outside the U.S.:

100%

U.S. In Network:

80%

U.S. Out of Network:

50%

Inpatient Surgery

Outside the U.S.:

100%

U.S. In Network:

80%

U.S. Out of Network:

50%

Surgeon's Fees

Outside the U.S.:

100%

U.S. In Network:

80%

U.S. Out of Network:

50%

<p>Assistant's Surgeon's Fees</p>	<p>20% of the Primary Surgeon approved fees</p>
<p>Anesthesiologist's Fees</p>	<p>30% of the Primary Surgeon approved fees</p>
<p>Pre-Admission Testing Must be performed before non-emergency hospitalization</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: 50%</p>
<p>Extended Care Facility 30 days per policy year</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: 50%</p>
<p>Human Organ Transplant & Acquisition Subject to 12-month waiting period</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: Not covered</p> <p>\$2,000,000 lifetime maximum</p>
<p>Dialysis</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: 50%</p>
<p>Emergency Room Services resulting in hospital admission</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: 50%</p>

<p>Oncology / Cancer Treatment</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: 50%</p>
<p>Reconstructive Surgery Due to covered injury or illness</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: 50%</p>
<p>Rehabilitation / Therapeutic Services following a hospitalization Physical, Speech, Occupational Therapy</p>	<p>30 visits per policy year</p>
<p>Durable Medical Equipment</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: 50%</p>
<p>Emergency Dental Treatment To restore natural teeth damaged in a covered accident</p>	<p>Outside the U.S.: 100%</p> <p>U.S. In Network: 80%</p> <p>U.S. Out of Network: 50%</p> <p>Up to \$1,000 per policy year</p>
<p>Non-Professional Sports</p>	<p>\$50,000 lifetime maximum</p>



ADDITIONAL BENEFITS

Emergency Medical Evacuation / Air Ambulance 100% Up to \$10,000 policy year
Deductible waived

Emergency Ground Ambulance

Outside the U.S.:
100%

U.S. In Network:
80%

U.S. Out of Network:
50%

Up to \$1,500 per event

Inpatient Mental / Nervous Health	Not covered
Eye Examination	Not covered
Eyeglasses or Contact Lenses	Not covered
Dental Care	Not covered
Outpatient Services	Not covered
Alternative Medicine	Not covered
Maternity Care Rider	Not available

Benefits and information are subject to change at any time.

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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