



Group Medical Coverage for Expats

Understanding your benefits.

Travel with confidence knowing we've got your back.

Concordia Plan Services - Czech R Spain
January 1, 2026



We'll take care of *you* while you take on *the world*.

Your plan: Group Medical Coverage for Expats

- For trips abroad 180 days or more
- Worldwide coverage

Welcome to your health plan!

Wherever the assignment takes you, Blue Cross Blue Shield Global SolutionsSM (BCBS Global SolutionsSM) has your back. Our plans are created for the unique needs of those living abroad. It's healthcare that's simple, easy to access and designed for you.

What your plan includes.*

- Coverage for you and your covered dependents
- Care for inpatient, outpatient and emergency visits
- Care for preventive and well visits
- Pre-departure program for health guidance before you travel
- Medically necessary evacuation and repatriation
- Assistance during political unrest or natural disasters (plan dependent)[†]
- Wellness programs to support physical and mental well-being
- Prescriptions
- Family building, parenthood and hormonal health support
- Emergency bedside visit from a family member or a loved one

3 easy ways to connect to care.



Telemedicine services at no cost, anytime, anywhere



Easy-to-use apps and online resources for managing your care



24/7/365 support from global health and safety experts

When you travel with us, you're not just covered—*you're cared for.*

*Subject to employer plan purchase. Refer to your plan coverage for your full list of benefits.

[†]Just call the number on your ID card if support is needed. View your Certificate of Coverage for exclusions and limitations.



Getting started with your plan.

Managing your health abroad doesn't have to be complicated. Our tools make it easy for you to access care so you can take charge of your health. Here's what you need to get started.

Make sure you have your two ID cards.

As a member of a Group Medical Coverage for Expats plan from BCBS Global Solutions, you'll receive two ID cards. You need to show your ID card(s) when you receive healthcare services.



If you're accessing care inside the U.S.
Show your BCBS Global Solutions ID card



If you're accessing care outside the U.S.
Show your Bupa Global ID card*

Here's how to access your ID cards:

Physical cards: You'll receive physical ID cards in the mail.

Digital cards: View electronic versions of your ID cards through the Member Portal or mobile app.

Replacement cards: Request replacement ID cards through the Member Portal and mobile app.



When you receive your ID cards, please check that your information is correct. If you find any errors, please contact our Global Service Center.

*Some policies restrict areas of coverage. Please check your plan Certificate of Coverage for details, limitations, restrictions and exclusions.

Register to access our digital tools.

You can register for the Member Portal at bcbsglobalsolutions.com by clicking on Login. Or, you can register in our mobile app. Just follow the easy step-by-step instructions. You'll have to verify your email address to complete your registration. After you register, you can use the same login for both the Member Portal and mobile app.

Use our digital tools to:



Access your Certificate of Coverage for details on your benefits.



View digital versions of your ID cards anytime.



Find and review profiles of preferred doctors and hospitals inside and outside the U.S.



Arrange direct payment to your provider for services you've received.

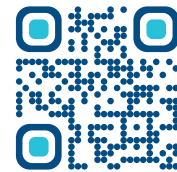


Follow your claim process and access your current benefit spend.

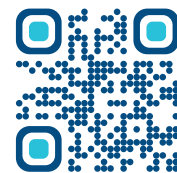


Access global health and safety tools including medical translations, medicine equivalents, news and safety information.

Download these apps to stay connected to care wherever you are.



Mobile app



Telemedicine app

Enter your certificate number when prompted on each app.

→ Important tips:

- You must register for the mobile app before the telemedicine app.
- Be sure to use the same email address to register for both apps.
- For the mobile app: if you're registering a dependent, enter both the subscriber's and dependent's policy numbers.





Remote and in-person care options

Accessing care outside of the U.S.

Getting care when you're outside the U.S. can feel a bit overwhelming. That's *why we're here.*

We understand how healthcare works in other countries. And we provide options that work within those systems—and with your lifestyle.

Want to get the care you need, when you need it? *No problem.*

With our telemedicine services, you can talk to a doctor any time—day or night. There's no limit to how often you can use it, and many doctors speak different languages. Just call or video chat for help with non-urgent health needs.

Prefer an in-person visit? *We've got you.*

You have access to the Bupa Global provider network outside the U.S. It's one of the largest Direct Pay networks in the world.*



Here's how to start accessing the care you need.



Finding a provider.

1. Go to the Member Portal on bcbsglobalsolutions.com or open the mobile app.
2. First select Provider Finder. Then select International Provider Search. To select a Preferred Language Speaking Provider, click on Advanced Search.
3. Once you select your provider, contact them directly using the information in their profile to schedule your appointment.

In the Provider Finder, you'll see a Preferred Provider designation. This means the provider accepts Direct Pay for medical services.

- You're free to see any doctor in-network or out-of-network without a reduction in benefits.
- But if you choose to see a doctor out-of-network, you'll need to request Direct Pay before your appointment. If Direct Pay cannot be arranged, you will need to pay the provider directly and submit a claim for reimbursement.

*You're required to pay any applicable copayments, coinsurance or deductibles at the time of service.



Requesting Direct Pay.

Bupa Global offers access to one of the largest Direct Pay networks outside the U.S. However, if you choose to receive care from a provider outside of their network, you can still request Direct Pay before for your visit. Direct Pay ensures you don't have to pay upfront and file a claim for reimbursement.* To request Direct Pay:

- Use the Member Portal or mobile app to find a provider and schedule your appointment.
- Complete the Direct Pay form found in the quick links bar on the homepage.
- Or call the number on the back of your ID card.

Please contact us **at least 48 hours before your appointment**. This gives us time to arrange Direct Pay with your provider.



Show your Bupa ID card!

Make sure you present your blue Bupa ID card (hard copy or digital version) when you receive medical care. For most covered care, we pay the doctor or facility directly. They'll confirm your benefits and arrange Direct Pay. For outpatient (office-based) care, Direct Pay is offered at the provider's choice.



Using telemedicine.

With our telemedicine services, you can access care at a time and place that works for you. It's this easy:

1. Download our telemedicine app (via the Apple® App Store® or Google Play™ store).
2. Schedule a remote visit with one of our multilingual doctors for anyone in your family.
3. Providers are available around the clock for same-day appointments to address your non-emergency needs.
4. Prescriptions may also be provided, as appropriate (subject to local regulations).

Telemedicine puts high-quality medical care in the palm of your hand. And it's **free!**

*Hospitals/facilities with the Preferred Provider designation in their profile have agreed to accept Direct Pay for inpatient services. At their discretion, they may accept Direct Pay for outpatient services. Physicians and other non-facility providers will accept Direct Pay in most instances for their services.



Remote and in-person care options

Accessing care in the U.S.

Life is busy, and your needs can change day to day. That's why we provide care that fits **you**—not the other way around.

Want to see a provider in person? ***No problem.***

You have access to the leading Blue Cross® and Blue Shield® network within the U.S., Puerto Rico and U.S. Virgin Islands. Providers are located across all areas including cities, suburbs and rural areas.

Prefer a remote visit? ***We've got you.***

With our telemedicine services, you can talk to a doctor any time—day or night. There's no limit to how often you can use it, and many of the doctors speak different languages. Just call or video chat for help with non-urgent health needs.



Here's how to start accessing the care you need.



Finding a provider.

1. Go to the Member Portal on bcbsglobalsolutions.com or open the mobile app.
2. First select Provider Finder. Then select U.S. Provider Search. To select a Preferred Language Speaking Provider, click on Advanced Search.
3. Choose your provider. Then contact them using the information in their profile to schedule your appointment.

For most covered care, we pay the doctor or facility directly. In-network providers can check your plan details at the time of your visit. They'll confirm your benefits and arrange for direct payment. For outpatient (office-based) care, direct payment is offered at the provider's choice.

- You're free to see any doctor, but if you choose to see a doctor out-of-network, you'll need to pay out of pocket. Then you'll submit a claim for reimbursement.



Getting pre-certification.

Pre-certification, sometimes referred to as pre-authorization, means checking ahead of time if a procedure, treatment or service will be covered by your plan. It also helps make sure you get the right care in the right place. This can help you avoid paying too much—or paying for care you don't need.

Most of the time, an in-network provider will handle pre-certification for you. If you go to a provider who's not in our network, you'll need to start the process yourself.

- Need more information about pre-certification? See the Certification Requirements and Pre-certification section in your Certificate of Coverage which can be found in the Member Portal and mobile app.
- Need to request pre-certification? Contact us at 800 952 3404.



Dealing with a medical emergency.

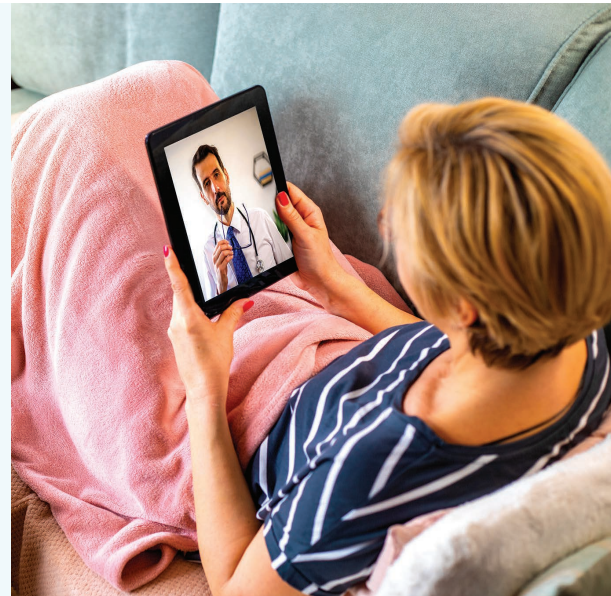
If you have a medical emergency, go to the nearest doctor or hospital right away. Once you're safe, call us using the number on the back of your ID card. We'll monitor your case closely to make sure you get the right care and that local resources are available for you.

Using telemedicine.

With our telemedicine services, you can access care at a time and place that works for you. It's this easy:

1. Download our telemedicine app (via the Apple® App Store® or Google Play™ store).
2. Schedule a remote visit with one of our multilingual doctors for anyone in your family.
3. Providers are available around the clock for same-day appointments to address your non-emergency health needs.

Telemedicine puts high-quality medical care in the palm of your hand. And it's **free!**





Prescription benefits

Easy access to your prescriptions all over the world.

As part of your coverage, you may have access to retail pharmacy and mail order prescription benefits. You can use these services both inside and outside the U.S. They're available through our partner, Universal Rx.*

Just present your ID card at any participating pharmacy. You'll be charged according to your plan benefits. To locate a provider, use our Provider Finder on the Member Portal or in the mobile app.

Prescription benefits inside the U.S.

Go to over 70,000 participating pharmacies in the U.S. Show your ID card to get medication at a discounted rate. The pharmacist will file the claim for you.

The pharmacy may ask for these numbers or codes.

- Processor Control Number (PCN): **PDMI**
- Bank Identification Number (BIN): **610020**
(it's located on your ID card)

How to use mail order in the U.S.

You can also have your prescriptions delivered to your home. This service is offered through the Universal Rx Birdi® mail order program. It's important to set up a mail order account before you order. To do this, go to Birdi's website, birdirx.com, and follow the steps to create your account. Once your account is ready, you can start using the service to order your medicine.

- Place a new order or reorder your prescriptions through Birdi's website.
- Call 1 855 247 3479 toll free within the U.S. 24 hours daily.
- Mail your prescription(s) to: BirdiRx, 43811 Plymouth Oaks Blvd, Plymouth, MI 48170.

Make sure to check your benefits. Copayments and coinsurance may apply.

Prescription benefits outside the U.S.

Expatriate Prescription Services (EPS) sends prescriptions to more than 200 countries. Note that they can't ship to Belarus, Mexico, Moldova, Peru or Sweden.

How to use mail order outside the U.S.

- Complete the online order form at expatps.com.
- Email your prescription request to eps@universalrx.com.
- Call +1 540 777 1450 (8:30 a.m.– 5:00 p.m. ET, U.S.)
- Fax your prescription details to +1 540 777 7184.



Note: If you use a pharmacy outside this program, or if EPS can't ship to your location, you'll have to pay upfront for the prescription. Then you'll submit a claim for reimbursement. Submit your claim directly to us through the Member Portal, mobile app or the mail.

Dental and vision services



Quality care, wherever you are.

Great news! Your plan provides worldwide coverage for both dental and vision services. Here's how to access the care you need.

Dental

For dental services in the U.S., we've teamed up with United Concordia Dental[®]. Their Advantage Plus network covers all 50 states. When seeking dental care outside of the U.S., you are free to see any dental provider you choose. This means you can find affordable, quality dental care no matter where you live, work or travel.

How to find an Advantage Plus network dentist in the U.S.

Log in to the Member Portal or mobile app

- Go to the Provider Finder page and select U.S. Dental Search.
- Click on Launch U.S. Dentist Search Website.

Note that you can choose to see an out-of-network dentist. But you'll likely pay more out of pocket. Please be sure your dentist contacts BCBS Global Solutions to verify your eligibility and benefits and where to submit your dental claim.

Vision

We don't work with a specific network of vision care providers. That means you're free to see any vision care provider, worldwide, you choose. If you need help finding a provider, use our Provider Finder in the Member Portal or mobile app.

Billing for out-of-network dental care and all vision care services.

Check with your provider's office to see if they will bill us directly. If so, they should send the claim form and invoice to:

Blue Cross Blue Shield Global Solutions
Attn: Claims Department
P.O. Box 1748
Southeastern, PA 19399-1748, USA

Email: claims@bcbsglobalsolutions.com

Fax: +1 610 482 9623

If direct billing isn't an option, you can still see that provider. But you'll have to pay for services upfront at the provider's office. Then you'll submit a claim for reimbursement.



Don't forget!

Always present your ID card at the time of services for both dental and vision care.



Wellness services

Whole-health support when you're abroad.

Life's challenges can affect your health, work and personal life. We're here to support you and your family. And help you manage these challenges in a way that works for you.

We offer short-term counseling with a goal of finding solutions. These services are designed to give you the support, tools and confidence to move forward and make things better.

Help with emotional, physical and practical issues.*



Emotional

Everyone needs help with their feelings sometimes. It often helps to talk to a counselor or get some coaching. Emotions like anxiety, stress and anger can make problems worse. It's better to deal with them before they become more serious. You may need help with things like:

- Workplace conflicts
- Change in the workplace
- Death of a loved one
- Traumatic event
- Expecting a child
- Holidays and gatherings
- Illness



Physical

Many people have trouble with nutrition, fitness and managing stress. Our physical health can affect our mental well-being, so it's important to take care of our bodies. We can guide you in areas like:

- Wellness coaching
- Health assessment
- Nutrition
- Stress management
- Fitness
- Expecting a child



Practical

Personal problems can cause stress and make it hard to focus on work and daily life. Practical support helps with everyday things like finding a home, childcare and legal issues. It makes it easier to adjust when you're in a new place. We can help with things like:

- Personal growth
- Legal consultations
- Financial consultations
- Retirement
- Relocating/moving
- Elder care
- Dependent care (pre-school age, children and teens)
- Divorce
- Travel

*Up to six sessions of counseling per issue, per year.

How to access wellness services.

Mobile app

- Click the telehealth icon in the app.
- Select Talk to a counselor.
 - If you're looking for a wellness coach, just ask to speak with one.

Wellness Portal

- Go to the Member Portal on bcbsglobalsolutions.com.
- Select Wellness.
- Click the link for the portal.
- Select Connect With Us to schedule an appointment, live chat or request a counselor or wellness coach.



The Wellness Portal has something for everyone!

You get access to:

- Wellness articles
- Webinars
- Recipes
- Perks at Work
- And more!

Wherever you are,
we're here for ***your well-being.***



Self-service tools



We put care right in your hands.

Our digital tools connect you to the plan information, care and resources you need. Just log in to the Member Portal or our mobile app for 24/7/365 access to all these features.



Telehealth

Talk to a doctor or counselor via phone or video chat. It's free, and you don't need to leave your home!



Provider Finder

Review profiles of network providers and hospitals. Find the best match for your needs and view their contact information.



ID Card

Get a digital copy of your ID card(s). You can also request replacements of your hard copy ID card(s).



Direct Pay

Request Direct Pay for future appointments. This helps you avoid paying upfront for care outside the U.S.



Claims

Submit claims to request payment for expenses related to care you've received. You can also track the status of your claims.



Translation Tools

It's like having your own remote healthcare interpreter! You can use the tools to translate symptoms, medical terms and medications.



My Benefits

View your benefit history. You can also see what you've paid toward your deductible and other costs your plan doesn't fully cover.



News & Safety

Get real-time safety and health alerts based on your location. And look up data on crime, terrorism and natural disasters in your city or country.



Need support?

No problem! Click the Contact Us page on the Member Portal or in our mobile app. You'll find answers to common FAQs. Or, just fill out a form to request help in non-emergency situations.



Submitting claims

We make the process easy.

To submit a claim.

We think you should see the right provider for your needs. So, no matter which provider you choose, we make the claim process quick and easy.

If you see an in-network provider, you don't have to submit a claim. We pay them directly. If you see an out-of-network provider, you can request Direct Pay from us before your appointment. This means you won't have to pay for services upfront or submit a claim for reimbursement. If you forget to request Direct Pay or a provider doesn't accept it, you can always submit a claim for reimbursement. Here's how to do it.



eClaims

This is the quickest and most convenient way to submit claims. Pick the method that's best for you.

- **Do it all online.** Submit an eClaim through our Member Portal or mobile app. You can easily find it on the quick links bar on the homepage.
- **Fill out our paper form.** Download the claim form from the Claims section of the Member Portal or mobile app. Print it, fill it out and take a photo of the completed form. Then upload your photo through the Member Portal or mobile app.

Email, fax or mail

Download the claim form from the Claims section of the Member Portal or mobile app. Complete the form. Then send it to us by one of the following methods. Be sure to include all supporting documents with the form. (For example, receipts from your doctor or hospital visit.)

- **Email:** claims@bcbsglobalsolutions.com
- **Fax:** +1 610 482 9623
- **Mail:** Blue Cross Blue Shield Global Solutions, Attn: Claims Department, P.O. Box 1748, Southeastern, PA 19399-1748, USA



Need to check the status of your claim?

Just go to the Claims section of the Member Portal or mobile app. If you have questions, call the number on the back of your ID card.



Insurance glossary

What we mean when we say...

Certificate of Coverage: It explains the benefit plan that covers you and your dependents. For example, it may describe your medical, dental and vision coverage. It lists the rules for your benefits.

Claim: A request for payment from your healthcare provider or you for care you received.

Coinsurance: The percentage of your healthcare costs that isn't paid by the health insurance plan. In other words, it's the percentage of the cost you're responsible for.

Coinsurance Maximum: The most you have to pay for coinsurance during the policy year for covered expenses. Some limits may apply.

Copay or Copayment: The set amount of money you pay at the time of service.

Coverage Period: The length of time your policy covers you.

Deductible: The amount you have to pay for care before your insurance begins to pay.

Direct Pay: The provider submits an invoice for payment directly to BCBS Global Solutions. This means you don't have to pay upfront. But you may still have to pay the deductible, coinsurance or copays. The health insurance contract defines what you'll have to pay.

Explanation of Benefits (EOB): An EOB is not a bill. It's a summary of how your claims were processed and what you may owe. Your healthcare provider may bill you directly for the remainder of what you owe.

Guarantee Letter: A legal document from BCBS Global Solutions that promises we'll pay your provider. It shows the benefits that apply. The guarantee is based on your coverage at the time of service. It's also called a Guarantee of Payment (GOP).

Inpatient: When a facility keeps you overnight or for more than 24 hours.

Medical Evacuation: This applies if you get sick or hurt outside your home country. Your insurance will pay to take you to the nearest facility that can provide proper care.

Network: Doctors, hospitals and other providers that work with your health insurance company. They sign contracts agreeing to discounted rates and/or to directly bill the insurer for services received by insured members.

Out-of-Network Provider: A provider who doesn't work with your health insurance company. Higher coinsurance usually applies. You may end up paying more than if you used an in-network provider.

Out-of-Pocket Maximum: The most you'll have to pay in a policy period before your health plan pays all covered costs. Most policy periods are one year.

Outpatient: When you get care at a facility but leave the same day or stay 24 hours or less.

Performing Provider: The licensed person or group that provided medical services to you.

Premium: The amount paid each month for your health insurance coverage. This is in exchange for the health insurance company paying a portion of your healthcare costs.

Prescription (Rx): A prescription is an instruction from a healthcare provider that tells you what medicine or treatment to take, how much to take and how often and how long to take it.

Primary Care Physician (PCP): A doctor you see for your routine and preventive health needs. You would go to your PCP first when you're sick, need a check-up or have questions about your health. PCPs also provide ongoing care for many kinds of medical conditions. But they don't provide care for specialized conditions.

Overview of Benefits

Schedule of Benefits

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Lifetime Maximum	Unlimited	Unlimited	Unlimited
The Percentage of Covered Expenses the Plan Pays	100%	85%	60% of the Maximum Reimbursable Charge
Maximum Reimbursable Charge	Not Applicable	Not Applicable	150% of Medicare Rates
<p>Maximum Reimbursable Charge is determined based on the lesser of the Provider's normal charge for a similar service or supply; or a percentage of Charges made by Providers of such service or supply in the geographic area where the service is received. These Charges are compiled in a database We have selected. Note: The Provider may bill You for the difference between the Provider's normal charge and the Maximum Reimbursable Charge, in addition to applicable Deductibles and Coinsurance.</p>			
Calendar Year Medical Deductible			
Individual	\$0	\$350	\$700
Family Maximum	\$0	2 times the individual Deductible	2 times the individual Deductible
<p>Family members meet only their individual Deductible and then their claims will be covered under the Plan Coinsurance; if the family Deductible has been met prior to their individual Deductible being met, their claims will be paid at the Plan Coinsurance.</p>			
Out-of-Pocket Maximum			
Individual	n/a	\$1,750	\$4,650
Family Maximum	n/a	2 times the individual Out-of-Pocket Maximum	2 times the individual Out-of-Pocket Maximum
<p>Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.</p>			
Physician's Services			
Physician's Office Visit - Primary Care Physician	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Office Visit – Specialist	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Surgery Performed In the Physician's Office	100%	85%, After Deductible	60%, After Deductible
Second Opinion Consultations (provided on a voluntary basis)	100%	100%, No Deductible, \$25 Copay	60%, No Deductible

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Allergy Treatment/Injections	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Preventive Care Routine Preventive Care – all ages Immunizations – all ages	100% not subject to Plan Deductible or Copayments 100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments 100% not subject to Plan Deductible or Copayments	60%, No Deductible 60%, No Deductible
Travel Immunization Calendar Year Maximum \$500	100%	100%, No Deductible	100%, No Deductible
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible
Lead Poisoning Screening Tests For Children under age 6	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible
Inpatient Hospital – Facility/Professional Charges Bed and Board Charges Physician's Visits/Consultations Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	100% 100% 100%	85%, After Deductible 85%, After Deductible 85%, After Deductible	60%, After Deductible 60%, After Deductible 60%, After Deductible
Inpatient Services at Other Health Care Facilities Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities Calendar Year Maximum of 120 day limit.	100%	85%, After Deductible	60%, After Deductible

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
<p>Ambulatory Surgical Services</p> <p>Operating Room, Recovery Room, Procedure Room, Treatment Room and Observation Room</p> <p>Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)</p>	<p>100%</p> <p>100%</p>	<p>85%, After Deductible</p> <p>85%, After Deductible</p>	<p>60%, After Deductible</p> <p>60%, After Deductible</p>
<p>Emergency and Urgent Care Services</p> <p>Hospital Emergency Room</p> <p>Outpatient Professional Services (radiology, pathology and ER Physician)</p> <p>Urgent Care Facility</p> <p>X-ray and/or Lab performed at the Emergency Room or Urgent Care Facility (billed as part of the visit)</p> <p>X-ray and/or Lab performed at the Independent facility in conjunction with the Emergency Room visit</p> <p>Ambulance</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>	<p>85%, After Deductible</p> <p>85%, After Deductible</p> <p>85%, After Deductible</p> <p>85%, After Deductible</p> <p>85%, After Deductible</p> <p>85%, After Deductible</p>	<p>If You have a true Emergency Medical Condition, the benefits will be paid at the U.S. Participating Provider Rate</p> <p>60%, After Deductible</p> <p>60%, After Deductible</p> <p>60%, After Deductible</p> <p>60%, After Deductible</p> <p>60%, After Deductible</p> <p>60%, After Deductible</p>
<p>Laboratory and Radiology Services (includes pre-admission testing)</p> <p>Inpatient Facility</p>	<p>100%</p>	<p>85%, After Deductible</p>	<p>60%, After Deductible</p>

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Independent X-ray and/or Lab Facility	100%	85%, After Deductible	60%, After Deductible
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans and PET Scans)			
Inpatient Facility	100%	85%, After Deductible	60%, After Deductible
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Independent Facility	100%	85%, After Deductible	60%, After Deductible
Maternity Care/Obstetrical Services			
Physician's Office visit to confirm pregnancy	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Global Maternity Fee (Prenatal, Postnatal and Physician's delivery charge)	100%	85%, After Deductible	60%, After Deductible
Physician's Office visits in addition to the global maternity fee	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Laboratory, Radiology Services and or Advance Radiological Imaging	100%	85%, After Deductible	60%, After Deductible
Delivery Charges – Facility (Hospital, Birthing Center)	100%	85%, After Deductible	60%, After Deductible
Services of a Doula In home or facility up to 10 visits (pre and post-natal combined)	100%	Not Covered	Not Covered
Termination of Pregnancy			
Medically Necessary	100%	85%, After Deductible	60%, After Deductible
Elective	Not covered	Not covered	Not covered

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
<p>Infertility Expenses – Basic</p> <p>Covered Expenses include Charges made by a Physician to diagnose and to surgically treat the underlying medical cause of infertility.</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>	<p>100%, No Deductible, \$25 Copay</p> <p>85%, After Deductible</p> <p>85%, After Deductible</p> <p>85%, After Deductible</p>	<p>60%, No Deductible</p> <p>60%, After Deductible</p> <p>60%, After Deductible</p> <p>60%, After Deductible</p>
<p>Family Planning/Contraception Management</p> <p>See benefit description for specific coverages</p> <p>For Women</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p> <p>For Men</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p>	<p>100% not subject to Plan Deductible or Copayments</p> <p>100% not subject to Plan Deductible or Copayments</p> <p>100% not subject to Plan Deductible or Copayments</p> <p>100% not subject to Plan Deductible or Copayments</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>	<p>100% not subject to Plan Deductible or Copayments</p> <p>100% not subject to Plan Deductible or Copayments</p> <p>100% not subject to Plan Deductible or Copayments</p> <p>100% not subject to Plan Deductible or Copayments</p> <p>100%, No Deductible, \$25 Copay</p> <p>85%, After Deductible</p> <p>85%, After Deductible</p> <p>85%, After Deductible</p>	<p>60%, No Deductible</p> <p>60%, No Deductible</p> <p>60%, No Deductible</p> <p>60%, No Deductible</p> <p>60%, No Deductible</p> <p>60%, No Deductible</p> <p>60%, After Deductible</p> <p>60%, After Deductible</p> <p>60%, After Deductible</p>

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
<p>Obesity/Bariatric Surgery</p> <p>Subject to Medical Necessity and Clinical guidelines for someone who is Morbidly Obese. Pre-authorization is required</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>	<p>100%, No Deductible, \$25 Copay</p> <p>85%, After Deductible</p> <p>85%, After Deductible</p> <p>85%, After Deductible</p>	<p>60%, No Deductible</p> <p>60%, After Deductible</p> <p>60%, After Deductible</p> <p>60%, After Deductible</p>
<p>Organ Transplant Services</p> <p>Includes all medically appropriate, non-Experimental transplants. Pre-authorization is required</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Physician's Services</p> <p>Lifetime Travel Maximum: \$10,000 per transplant</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100% of Reasonable Expenses</p>	<p>100%, No Deductible, \$25 Copay</p> <p>85%, After Deductible</p> <p>85%, After Deductible</p> <p>100% of Reasonable Expenses after Plan Deductible</p>	<p>60%, No Deductible</p> <p>60%, After Deductible</p> <p>60%, After Deductible</p> <p>Not Covered</p>
<p>Nutritional Evaluation</p> <p>Calendar Year Maximum of 3 visit limit. Limit does not apply to treatment of diabetes or for services due to a mental health or substance abuse diagnosis.</p> <p>Physician's Office Visit</p>	<p>100%</p>	<p>100%, No Deductible, \$25 Copay</p>	<p>60%, No Deductible</p>
<p>Nutritional Formulas</p>	<p>100%</p>	<p>85%, After Deductible</p>	<p>60%, After Deductible</p>
<p>Acupuncture</p> <p>Physician's office visit</p>	<p>100%</p>	<p>100%, No Deductible, \$25 Copay</p>	<p>60%, No Deductible</p>

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Chiropractic Care/Spinal Manipulations Physician's office visit Calendar Year Maximum of 50 visit limit.	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Telehealth	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Dental Services due to an Injury and Oral and Maxillofacial Treatment (Mouth, Jaws and Teeth) Limited Benefits – please see the benefit description for limitation on Dental Services due to an Injury Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	100% 100% 100% 100%	100%, No Deductible, \$25 Copay 85%, After Deductible 85%, After Deductible 85%, After Deductible	60%, No Deductible 60%, After Deductible 60%, After Deductible 60%, After Deductible
TMJ Treatment	100%	85%, After Deductible	60%, After Deductible
Diabetic Equipment	100%	85%, After Deductible	60%, After Deductible
Durable Medical Equipment	100%	85%, After Deductible	60%, After Deductible
External Prosthetic Appliances	100%	85%, After Deductible	60%, After Deductible
Wigs (for hair loss due to alopecia areata or cancer treatment) Calendar Year Maximum of \$500	100%	85%, After Deductible	60%, After Deductible
Mental Health Inpatient Facility Outpatient (Includes Individual, Group and Intensive Outpatient)	100%	85%, After Deductible	60%, After Deductible

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Physician's Office Visit	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Psycho-Educational Testing	100%	85%, After Deductible	60%, After Deductible
Substance Abuse Health			
Inpatient Facility	100%	85%, After Deductible	60%, After Deductible
Outpatient (Includes Individual, Group and Intensive Outpatient)			
Physician's Office Visit	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Hearing Benefit			
One Examination per 12 month period	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Hearing Aid Benefit			
Up to \$1,000 per hearing aid unit necessary for each hearing impaired ear every 36 months	100%	85%, After Deductible	60%, After Deductible
Home Health Care Services			
Calendar Year Maximum of 120 visit limit.	100%	85%, After Deductible	60%, After Deductible
Private Duty Nursing			
Calendar Year Maximum of 120 visit limit.	100%	85%, After Deductible	60%, After Deductible
Hospice Care Services	100%	85%, After Deductible	60%, After Deductible
Infusion Therapy			
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Physician's Services	100%	85%, After Deductible	60%, After Deductible

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
<p>Short Term Rehabilitative Therapy</p> <p>Calendar Year Maximum of 30 visit limit for all therapies combined.</p> <p>Physician's Office Visit</p> <p>Outpatient Hospital Facility</p> <p>Note: The Short Term Rehabilitative Therapy maximum does not apply to the treatment of autism.</p>	<p>100%</p> <p>100%</p>	<p>100%, No Deductible, \$25 Copay</p> <p>85%, After Deductible</p>	<p>60%, No Deductible</p> <p>60%, After Deductible</p>

Prescription Drugs - Schedule of Benefits

Prescription Drugs Purchased Outside of the United States	
Retail Pharmacies or Drugs dispensed by a Physician or medical facility on an Outpatient basis – Copayments based on a one (1) month supply	
Tier 1 Prescription Drugs – Generic	\$10 Copayment per Prescription or refill. Deductible does not apply.
Tier 2 Prescription Drugs – Preferred Brand	\$10 Copayment per Prescription or refill. Deductible does not apply.
Tier 3 Prescription Drugs – non Preferred Brand	\$10 Copayment per Prescription or refill. Deductible does not apply.
Mail Order Prescription Drugs using the Insurer's mail order Prescription Drug vendor – Copayments based on a three (3) month supply	
Tier 1 Prescription Drugs – Generic	\$30 Copayment per Prescription or refill. Deductible does not apply.
Tier 2 Prescription Drugs – Preferred Brand	\$30 Copayment per Prescription or refill. Deductible does not apply.
Tier 3 Prescription Drugs – non Preferred Brand	\$30 Copayment per Prescription or refill. Deductible does not apply.

Prescription Drugs Purchased Inside of the United States

Retail Pharmacies or Drugs dispensed by a Physician or medical facility on an Outpatient basis – Copayments based on a one (1) month supply

	Participating Retail Pharmacy	Non-Participating Retail Pharmacy
Tier 1 Prescription Drugs – Generic	\$10 Copayment per Prescription or refill. Deductible does not apply.	\$10 Copayment per Prescription or refill. Deductible does not apply.
Tier 2 Prescription Drugs – Preferred Brand	\$30 Copayment per Prescription or refill. Deductible does not apply.	\$30 Copayment per Prescription or refill. Deductible does not apply.
Tier 3 Prescription Drugs – non Preferred Brand	30% Copayment per Prescription or refill. Deductible does not apply. The Maximum Copayment per 1 month supply is \$150.	30% Copayment per Prescription or refill. Deductible does not apply. The Maximum Copayment per 1 month supply is \$150.

Mail Order Prescription Drugs using the Insurer's mail order Prescription Drug vendor – Copayments based on a three (3) month supply

	Participating Provider Mail Order Pharmacy	Non-Participating Mail Order Pharmacy
Tier 1 Prescription Drugs – Generic	\$30 Copayment per Prescription or refill. Deductible does not apply.	Not Covered
Tier 2 Prescription Drugs – Preferred Brand	\$90 Copayment per Prescription or refill. Deductible does not apply.	Not Covered
Tier 3 Prescription Drugs – non Preferred Brand	30% Copayment per Prescription or refill. Deductible does not apply. The Maximum Copayment per 3 month supply is \$450.	Not Covered

Exclusions


Exclusions and Expenses Not Covered

Additional coverage limitations determined by Plan or Provider type are shown in the Schedule of Benefits. Payment for the following is specifically excluded from this Plan:

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if You are legally entitled to such treatment and facilities are reasonably available.
- For or in connection with an Injury or Sickness which is due to participation in riot, civil commotion or police action.
- For claim payments that are illegal under applicable law.
- Charges which You are not obligated to pay or for which You are not billed or for which You would not have been billed except that they were

covered under this Plan.

7. Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Care or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
8. Non-Treatment Facilities, Institutions or Programs - Benefits are not provided for institutional care, housing, incarceration or programs from facilities that are not licensed to provide medical or behavioral health treatment for covered conditions. Examples are prisons, nursing homes, juvenile detention facilities, group homes, foster homes and adult family homes. Benefits are provided for Medically Necessary medical or behavioral health treatment received in these locations.
9. For or in connection with Experimental, Investigational or unproven services.
Experimental, Investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the utilization review Physician to be:
 - Not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or Sickness for which its use is proposed;
 - not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use;
 - the subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section(s) of this Plan; or
 - the subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" section(s) of this Plan.
10. Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
11. The following services are excluded from coverage regardless of clinical indications: macromastia or gynecomastia surgeries; abdominoplasty; panniculectomy; rhinoplasty; blepharoplasty for cosmetic reasons; redundant skin surgery; removal of skin tags for cosmetic reasons; acupressure; craniosacral/cranial therapy; dance therapy, movement therapy; applied kinesiology; rolfing; prolotherapy; and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
12. Medical and surgical services, initial and repeat, intended for the treatment or control of Obesity, except for treatment of clinically severe (Morbid) Obesity as shown in Covered Expenses, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of Obesity or clinically severe (Morbid) Obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
13. Unless otherwise covered in this Plan, for reports, evaluations, physical examinations, or Hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
14. Court-ordered treatment or Hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this Plan.
15. Infertility, Assisted Reproduction And Sterilization Reversal
 - a. Treatment of infertility, including procedures, supplies and drugs;
 - b. Any assisted reproduction techniques, regardless of reason or origin of condition, including but not limited to, artificial insemination, in-vitro fertilization, and gamete intra-fallopian transplant (GIFT) and any direct or indirect complications thereof;Please Note: This exclusion does not apply to the diagnosis of infertility or the surgical correction or a condition causing infertility. This would be treated the same as any other medical condition.
16. Reversal of male or female voluntary sterilization procedures.
17. Any services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia, and premature ejaculation.
18. Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this Plan.
19. Non-medical or Non-mental health related counseling or ancillary services, including but not limited to Custodial Care services, education, training, vocational rehabilitation, behavioral training, gym or swim therapy, legal or financial counseling, biofeedback, neuro-feedback, hypnosis, sleep therapy, employment counseling, back to school, return to work services, work hardening programs and driving safety programs.
20. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the

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- acute medical problem and when significant therapeutic improvement is not expected.
21. Family and marital counseling except when Medically Necessary to treat the diagnosed mental or substance use disorder or disorders of a Covered Person.
 22. Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this Plan.
 23. Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
 24. Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets and wigs other than for scalp hair prostheses worn due to alopecia areata or due to cancer treatment.
 25. Hearing aids, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as covered under this Plan as shown in the Schedule of Benefits section. A hearing aid is any device that amplifies sound.
 26. Aids or devices that assist with nonverbal communications, including but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books except as shown in the Covered Expenses section for treatment of autism.
 27. Vision treatment, eye exercise, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive Keratotomy (PRK). We will pay for eligible treatment or surgery of a detached retina, glaucoma, cataracts or keratoconus.
 28. Vision exams, lenses and hardware, including eyeglasses, contact lenses and the examination for prescribing or fitting of glasses or contact lenses or for determining the refractive state of the eye. This Plan never covers non-prescription eyeglasses or contact lenses, or other special purpose vision aids (such as magnifying attachments), sunglasses or light-sensitive lenses, even if prescribed.
 29. All non-injectable Prescription Drugs, injectable Prescription Drugs that do not require Physician supervision and are typically considered self-administered drugs, Non-Prescription Drugs, and Investigational and Experimental drugs, except as provided in this Plan.
 30. Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
 31. Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs or voluntary support groups.
 32. Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
 33. Dental implants for any condition.
 34. Dental services or supplies except as specifically stated.
 35. Orthodontia services, regardless of condition, including casts, models, X-rays, photographs, examinations, appliances, braces and retainers.
 36. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
 37. Blood administration for the purpose of general improvement in physical condition.
 38. Cosmetics, dietary supplements and health and beauty aids.
 39. Drugs, supplies, equipment or procedures to replace hair, slow hair loss or stimulate hair growth.
 40. All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.
 41. For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit. This exclusion does not apply if the Group does not furnish Worker's Compensation or Defense Based Act insurance.
 42. Telephone, e-mail, and Internet consultations unless specifically approved by the Administrator due to limited resources while located in a country outside of the United States.

Dental Services Rider

<ul style="list-style-type: none"> Calendar Year Maximum Combined Benefit for Diagnostic and Preventive Service, Basic Services and Major Services 	\$3,000
<ul style="list-style-type: none"> Orthodontic Lifetime Maximum <i>Limited to Covered Persons under age 19</i> 	\$1,500
<ul style="list-style-type: none"> Per Person Calendar Year Dental Deductible <i>Not applicable to Diagnostic and Preventive Services</i> <ul style="list-style-type: none"> Family Maximum 	\$0
<ul style="list-style-type: none"> Per Person Calendar Year Orthodontic Deductible 	\$0
<ul style="list-style-type: none"> Diagnostic and Preventive Services 	0%
<ul style="list-style-type: none"> Basic Services 	20%
<ul style="list-style-type: none"> Major Services 	20%
<ul style="list-style-type: none"> Orthodontic Services <i>Limited to Covered Persons under age 19</i> 	50%

Vision Care Rider

Examinations One Eye Exam every 12 Consecutive months	100% coverage, not subject to any Deductible
Lenses & Frames One pair of glasses or contact lenses per 12 Consecutive months	100% coverage, not subject to any Deductible, up to a Maximum Benefit of \$250

Medical Assistance Rider

EMERGENCY MEDICAL EVACUATION	Maximum Benefit up to \$250,000
REPATRIATION OF MORTAL REMAINS	Maximum Benefit up to \$25,000
EMERGENCY FAMILY TRAVEL ARRANGEMENTS	Maximum Benefit up to \$2,500



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