EPC
Benefit Resources, Inc.

2019 EX-PAT GOLD MEDICAL/PRESCRIPTION DRUG PLAN COVERAGE

Medical Calendar Year Deductibles:

U.S.-based, In-Network Providers:

Per Individual: $900
Two-Person $1,800
Family Maximum $2,700

International Providers:

Per Individual: $0
Two-Person $0
Family Maximum $0

Prescription Drug Calendar Year Deductibles:

U.S.-based, In-Network Providers:

Per Individual: $100
Two-Person $200
Family Maximum $300

International Providers:

Per Individual: $0
Two-Person $0
Family Maximum $0

Medical/Prescription Drug Maximum Out-of-Pocket Cost (per Calendar Year):

U.S.-based, In-Network Providers:

Per Individual: $5,100
Two-Person $10,200
Family Maximum $10,200

NOTE 1: International claims paid will not be credited or accumulated for network deductible or out-of-packet maximums.

NOTE 2: Hospital Admissions must be pre-certified. Emergency admission must be reported within 48 hours of admission. A $150 per admission penalty will be applied to hospital expense benefits when certification is not obtained.

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SUMMARY OF MEDICAL BENEFITS AND COVERAGES *(after medical deductible is met)*	**U.S.-BASED IN-NETWORK**	**INTERNATIONAL**
Wellness and Preventive Care Visit	100%	100%
TELADOC medical consultations through audio/visual devices	$15 Co-Pay	N/A
Primary Physician Office Visit *(Co-Pay is not credited towards annual deductible)*	$20 Co-Pay	100%
Retail Clinic	$35 Co-Pay	100%
Specialist Office Visit *(Co-Pay is not credited towards annual deductible)*	$50 Co-Pay	100%
Urgent Care *(Co-pay is not credited towards annual deductible)*	$40 Co-pay	100%
Emergency Room Accident and Medical Treatment *(Co-pay is not credited towards annual deductible)* *(Co-Pay is waived if admitted as an inpatient)*	$150 Co-Pay	100%
Pre-admission / Pre-surgical testing	80%	100%
Hospital Expense Benefit Daily Room/Board, Semi-Private Room Rate Maximum Number of Days* Co-Pay per Admission	 80% 365 Days $250	 100% 365 Days $0
Mental Health, inpatient Maximum Number of Days* Co-Pay per Admission	80% 365 Days $250	100% 365 Days $0
Substance Abuse, inpatient Maximum Number of Days* Co-Pay per Admission	80% 365 Days $250	100% 365 Days $0
Pregnancy Expense Benefit Midwife Co-Pay per Admission	80% 80% $250	100% 100% $0

SUMMARY OF MEDICAL BENEFITS AND COVERAGES *(after medical deductible is met)*	**U.S.-BASED IN-NETWORK**	**INTERNATIONAL**
Birthing Centers Co-Pay per Admission	80% $250	100% $0
Surgical Expense Benefit	80%	100%
Inpatient Assistant Surgeon Expense	80%	100%
Optional second and subsequent surgical opinions	80%	100%
Consultations	80%	100%
Anesthesia	80%	100%
Organ Transplants	80%	100%
Infertility Counseling, Testing and Treatment Lifetime Maximum	80% $5,000	100% $5,000
Inpatient Physician Visits	80%	100%
Outpatient Facility	80%	100%
Blood Services	80%	100%
Ambulance Service	80%	100%
Home Health Care Services and Supplies Maximum Number of Days	80% 60 Days	100% 60 Days
Hospice Care Services and Supplies *(Deductible does not apply)*	100%	100%
Mental Health, Outpatient	80%	100%
Substance Abuse, Outpatient	80%	100%
Skilled Nursing Facility Maximum Number of Days Co-Pay per Admission	80% 60 Days $250	100% 60 Days $0
Orthotics (with Medical Necessity)	80%	100%

SUMMARY OF MEDICAL BENEFITS AND COVERAGES *(after medical deductible is met)*	**U.S.-BASED IN-NETWORK**	**INTERNATIONAL**
Therapy and Rehabilitation Services (with Medical Necessity) *NOTE: 30-visit limit to physical, speech, and occupational therapy*	80%	100%
Services rendered by Doctor of Chiropractic (DC) *NOTE: Benefits for x-rays received in connection with non-surgical spinal treatment are payable in the same manner as they are for other covered x-rays.*	50%	100%
Habilitative Therapy *NOTE: Limited coverage. Call member services for complete benefit information.*	80%	100%
Impacted Wisdom Teeth	80%	100%
Family and Marriage Counseling	80%	100%
Contact lenses for treatment of keratoconus Calendar Year Maximum (If changes to prescription) *NOTE: Above coverages for keratoconus are approved exceptions to the Plan. Special application must be made to Highmark.*	80% $500	100% $500

PRESCRIPTION DRUG PLAN BENEFIT COVERAGES	See Medical/ Prescription Drug Plan Document, Appendix 8.	100%