

Expatriate Insurance

Proposed Group Insurance Medical Plan

Tanisha Systems, Inc.

Effective Date: 12/01/2019

Plan Name		Choice Plus Expatriate Insurance Plan 1968A MOD		
Medical Expenses				
Eligibility Provision		Active full-time Expatriate employees of working a minimum of 30 hours per week.		
Dependent		Spouse; domestic partner; children under the age of 26.		
Lifetime Maximum		Unlimited		
Plan Highlights		Outside the U.S.	U.S. In-Network	U.S. Out of Network
Deductible (Single/Family)		\$250 / \$750	\$1,500 / \$3,000	\$3,000 / \$6,000
Out-of-Pocket Maximum (Includes Deductible. Combined International & U.S. In-Network)		\$500 / \$1,500	\$3,000 / \$6,000	\$4,500 / \$9,000
Coinsurance (covered expenses after deductible)		90%	100%	80%
Pharmacy - Mail Order Pharmacy coverage is included in the United States.		90%	\$10 / \$25 / \$60 (2.5x MO)	\$10 / \$25 / \$60
Preventive Care				
Physician Office Services:		100% not subject to deductible	100% not subject to deductible	80% after deductible
Includes: routine physical examinations, well baby and well child care, immunizations and hearing screenings.				
Lab, X-ray or other preventive tests:		100% not subject to deductible	100% not subject to deductible	80% after deductible
Includes: Screening mammography, screening colonoscopy or sigmoidoscopy, cervical cancer screening, prostate cancer screening and bone mineral density tests.				
Frequently Accessed Services				
Primary Physician Office Visit		100% not subject to deductible	100% after a \$20 Copay	80% after deductible
Specialist Physician Office Visit		100% not subject to deductible	100% after a \$20 Copay	80% after deductible
Urgent Care Center Services		100% not subject to deductible	100% after a \$50 Copay	80% after deductible
Emergency Services – Outpatient		100% not subject to deductible	100% after a \$100 Copay	100% after a \$100 Copay
Hospital – Inpatient Stay		100% not subject to deductible	100% after deductible	80% after deductible

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Additional Core Benefits			
Acupuncture - \$2,500 per year	100% not subject to deductible	100% after a \$20 Copay	80% after deductible
Ambulance Services (Air and Ground)	90% after deductible	100% after deductible	100% after deductible
Durable Medical Equipment (limited to a single purchase of each type every 3 years)	90% after deductible	100% after deductible	80% after deductible
Hearing Aids - \$5,000 per year and are limited to a single purchase (including repair/replacement) per hearing impaired ear every three years.	90% after deductible	100% after deductible	80% after deductible
Home Health Care (up to 120 visits per year)	90% after deductible	100% after deductible	80% after deductible
Hospice Care	90% after deductible	100% after deductible	80% after deductible
Lab, X-Ray and Diagnostics – Outpatient	100% not subject to deductible	100% not subject to deductible	80% after deductible
Lab, X-Ray and Major Diagnostics – CT, PET, MRI, MRA & Nuclear Medicine – Outpatient	90% after deductible	100% after deductible	80% after deductible
Pregnancy-Maternity Services	90% after deductible	100% after deductible	80% after deductible
Prosthetic Devices - A single purchase of each type of prosthetic device every three years.	90% after deductible	100% after deductible	80% after deductible
Rehabilitation Services	100% not subject to deductible	100% after a \$20 Copay	80% after deductible
Physical Therapy	up to 20 visits	up to 20 visits	up to 20 visits
Occupational Therapy	up to 20 visits	up to 20 visits	up to 20 visits
Manipulative Treatment	up to 20 visits	up to 20 visits	up to 20 visits
Speech Therapy	up to 20 visits	up to 20 visits	up to 20 visits
Skilled Nursing Facility (up to 120 days per year)	90% after deductible	100% after deductible	80% after deductible
Surgery - Outpatient	90% after deductible	100% after deductible	80% after deductible
Temporomandibular Joint Disorder	90% after deductible	100% after deductible	80% after deductible
Virtual Visits	100%	100%	Not covered
Medical Evacuation and Repatriation			
Emergency Evacuation	100%	N/A	N/A
Emergency Family Reunion	100%	100%	N/A
Medical Repatriation	100%	100%	N/A
Repatriation of Remains	100%	100%	N/A

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Mental Health and Substance Use Disorders / Neurobiological Disorders			
Inpatient	90% after deductible	100% after deductible	80% after deductible
Outpatient	100% not subject to deductible	100% after a \$20 Copay	80% after deductible
Vision Benefits			
Eye Exam (1 exam every 12 months)	100% not subject to deductible	100% after a \$20 Copay	80% after deductible
Vision Materials (\$300 maximum reimbursement per year)	Excluded	Excluded	Excluded
Additional Member Benefits and Tools			
Assistance Services	<p>Medical Assistance:</p> <ul style="list-style-type: none"> - Medical evacuations and repatriations - Return of minor children during evacuation - Transportation to join a hospitalized patient - Medical provider and dental referrals - Monitoring of treatment - Relaying of medical and insurance information - Facilitation of hospital payment - Updates to family and employer - Hotel arrangements - Medication and vaccine transfers - Replacement of corrective lenses and medical devices <p>Travel Assistance:</p> <ul style="list-style-type: none"> - Destination Intelligence - Help with emergency travel planning - Transfer of funds - Lost document assistance - Legal referrals - Emergency translation 		
International Employee Assistance Program	Included for members is five hours of face-to-face counseling and re-integration support for employees and their families returning to their home country. Members also have access to unlimited telephonic counseling and a specialist network of counselors 24/7/365.		

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Additional Member Benefits and Tools Continued

Digital Tools and Wellbeing Services	<ul style="list-style-type: none"> ■ My Wellbeing is our online portal which provides members with ready access to an extensive array of health content, screeners, tools, resources and self-help programs ■ My Wellbeing is our wellness portal we offer to members where they can take an online health survey and access personalized activities, individual goals and more ■ Our new Health Management Program provides personal support if members or their family members are living with chronic health conditions or have a child with special needs. The program provides direct access to a clinician with whom a relationship is built to help manage: medication management, durable medical equipment and supplies assistance, dietary management, assistance in finding specialty providers for complex issues and action planning for urgent needs
Onboarding Services for Members	<ul style="list-style-type: none"> ■ Pre-departure outreach calls and emails including an assessment for the employee and spouse and a follow-up outreach call and assessment six to eight weeks into the assignment ■ Custom webinars (either live or recorded) for employees – these can be provided to the employer to save on intranet sites ■ Evaluation of ongoing clinical needs for enrollment into our Health Management programs ■ Follow-up emails and assessments ■ Online health risk assessment

Optional Coverage

Enhanced Physical Examination / Ningen Dock	Excluded	Excluded	Excluded
Private Room - Hospital (Inpatient Stay)	Excluded	Excluded	Excluded
Infertility Services	Excluded	Excluded	Excluded
Infertility RX Services	Excluded	Excluded	Excluded
Obesity Surgery	Excluded	Excluded	Excluded
Private Duty Nursing	Excluded	Excluded	Excluded
Urinary Catheters	Excluded	Excluded	Excluded
Vision Therapy	Excluded	Excluded	Excluded

Prior authorization may be required for certain benefits.