

# Table of Covered Medical Services

## International Plan

	In Network The Plan Will Pay	Out-Of-Network The Plan Will Pay
<b>Doctor's Office Visits</b>		
For Illness	90%	80% of the Maximum Reimbursable Charge (MRC)*, after deductible
<b>Routine Preventive Care</b>	100%	100% of MRC, after deductible
For all ages - Includes coverage for standard annual physicals and services, such as urinalysis, EKG, standard blood panels, and other standard laboratory tests as part of the preventive care benefit as defined by the administrator.		
For all ages - Immunizations (including cost of biologicals that are immunizations or medications for the purpose of travel)		
For adults - Includes routine annual mammogram, PAP smear, and PSA tests.		
Routine preventive care does not include "executive type" annual physical exams, "Life Line" screenings, or genetic testing packages.		
<b>Mental Health and Substance Abuse</b>		
Inpatient (Medical necessity review after 45 days.)	100%	80% of MRC, after deductible
Outpatient - Physician's Office	90%	80% of MRC, after deductible
Outpatient - All other Services	100%	80% of MRC, after deductible
<b>Surgery</b>	100%	80% of MRC, after deductible
<b>Second Opinion for Surgery (includes Lab &amp; X-ray)</b>	100%	100% of MRC, after deductible

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<b>Pre-admission Testing</b> (up to 7 days prior to surgery)	100%	80% of MRC, after deductible
<b>Inpatient Hospital Facility Services</b>		
Semi-private (SP) room	100% (of negotiated rate)	80% of MRC, after deductible
Private room	100% (of SP negotiated rate)	80% of MRC, after deductible (up to SP rate limit)
Intensive Care Unit (ICU)	100% (of negotiated rate)	80% of MRC, after deductible (up to ICU daily rate limit)
Doctor's Visits/Consultations	90%	80% of MRC, after deductible
Professional Services	100%	80% of MRC, after deductible
<b>Outpatient Surgery</b>		
Facility services	100%	80% of MRC, after deductible
Professional services	100%	80% of MRC, after deductible
<b>Urgent Care</b>	100%	100% of MRC

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<b>Emergency Care</b>		
Includes ambulance services when medically necessary	100%	100% of MRC
First Aid for injuries-for services received within 72 hours after the accident	100%	100% of MRC
In a doctor's office or other ambulatory facility	100%	100% of MRC
Hospital Emergency Room Visit	100%, after a \$100 deductible. Deductible is waived if re-routed from Urgent Care facility for hospital services or admitted as inpatient or "under observation" at a U.S. hospital.	100%, after a \$100 deductible. Deductible is waived if re-routed from Urgent Care facility for hospital services or admitted as inpatient or "under observation" at a U.S. hospital.*
*Immediate hospital admissions through the emergency room, either as inpatient or "under observation" at an out-of-network U.S. hospital, are also covered at 100%.		
<b>Lab &amp; X-Ray Services</b>		
Inpatient at a hospital	100%	80% of MRC, after deductible
Outpatient at a hospital	100%	80% of MRC, after deductible
At a lab and x-ray facility*	90%	80% of MRC, after deductible
At a doctor's office	90%	80% of MRC, after deductible
Mammograms are covered at 100% regardless of the place of service and of whether they are preventive or diagnostic.		
*If any of these services are related to an annual physical exam, they are covered at 100%.		
<b>Outpatient Short-Term Rehabilitation</b>		
Medical necessity review required after 30 visits per calendar year	90%	80% of MRC, after deductible

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<b>Acupuncture</b>	90%	80% of MRC, after deductible
<b>Applied Behavioral Therapy (ABA)</b>		
When medically necessary: \$40,000 annual limit per child for dependent children under the age of 19.	90%	80% of MRC, after deductible
Plan members should contact the administrator to ensure understanding of and criteria of medical necessity before obtaining these services.		
<b>Kidney Dialysis</b>	90%	80% of MRC, after deductible
<b>Home Health Aides, Skilled Home Health Care Nursing Services, Skilled Home Private Duty Nursing Care</b>		
	90%	80% of MRC, after deductible
Covered for up to 40 days per calendar year total for any combination of the listed services, if deemed medically necessary under a provider's written Home Health Care Plan or Physician's Care Plan which includes clinical notes/progress notes. Assessment for continuation of any of the above services also requires submission of the foregoing documentation. Any continuation of services beyond 40 visits per calendar year must be reviewed for medical necessity supported by clinical information from the provider.		
<b>Hospice</b>		
Hospice, semi-private (SP) room	100%, (based on negotiated rate)	80% of MRC, after deductible (up to SP rate limit)
Hospice, private room	100%, (based on SP negotiated rate)	80% of MRC, after deductible (up to SP rate limit)

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<b>Organ Transplants (Includes all medically necessary non-experimental transplants)</b>		
Inpatient facility	100%	80% of MRC, after deductible (up to SP rate limit)
Semi-private (SP) room	100%, limited to negotiated rate	80% of MRC, after deductible (up to SP rate limit)
Private room	100%, limited to SP negotiated rate	80% of MRC, after deductible (up to SP daily rate limit)
Intensive care unit (ICU)	100%, of negotiated Rate	80% of MRC, after deductible (up to ICU daily rate limit)
Physician (surgical) services	100%	80% of MRC, after deductible
Inpatient visits/consultations	90%	80% of MRC, after deductible
<b>Durable Medical Equipment</b>	90%	80% of MRC, after deductible
<b>External Prosthetic Appliances</b>	90%	80% of MRC, after deductible
<b>Maternity</b>		
Initial visit to determine pregnancy	90%	80% of MRC, after deductible
Delivery (includes all subsequent prenatal and postnatal visits)	100%	80% of MRC, after deductible
Hospital (includes birthing centers)	100%	80% of MRC, after deductible

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<b>Abortion (Includes elective or non-elective procedures for any eligible family member)</b>		
Office visits	90%	80% of MRC, after deductible
Inpatient facility	100%	80% of MRC, after deductible
Outpatient facility	100%	80% of MRC, after deductible
Physician's (surgical) services	100%	80% of MRC, after deductible
<b>Family Planning</b>		
Office visits for preliminary tests and counseling	90%	80% of MRC, after deductible
Surgical sterilization procedures (for vasectomy / tubal ligation, including reversals of the same)	100%	80% of MRC, after deductible
<b>Infertility Treatment when Medically Necessary; Lifetime maximum of \$50,000 – Split \$30,000 Medical Services, \$20,000 Prescription Drugs</b>		
Office visits (including tests and counseling)	90%	80% of MRC, after deductible
Surgical procedures for infertility (including AI, IVF, GIFT, ZIFT, etc.)	100%	80% of MRC, after deductible

Members contemplating infertility treatment should contact the applicable plan administrator to confirm that medical necessity criteria are met.

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<b>Hearing Aid Benefit</b>		
Hearing evaluation or test, and any hearing aid(s) prescribed, including their repair.	80% Up to a maximum of \$5,000 every five years	80%, up to a maximum of \$5,000 every five years
<b>Vision</b>		
First pair of glasses following a cataract surgery	80%	80% of MRC, after deductible



## International Plan



To learn more about your Health Benefits for the International Plan visit the IDB Group Medical Benefits Web App following this link.