

Expatriate Insurance

Proposed Group Insurance Medical Plan

Rice FW Technologies, Inc.

Effective Date: 03/01/2025

Plan Name		Choice Plus Expatriate Insurance Plan 2388A Mod2		
Medical Expenses				
Eligibility Provision		Active full-time Eligible employees of Rice FW Technologies, Inc. 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)		\$0 / \$0	\$2,000 / \$4,000	\$5,000 / \$10,000
Out-of-Pocket Maximum (Includes Deductible)		\$0 / \$0	\$3,000 / \$6,000	\$20,000 / \$40,000
Coinsurance (covered expenses after deductible)		100%	100%	60%
Pharmacy - Mail Order Pharmacy coverage is included in the United States.		100%	\$15/\$50/\$75 (3.0x MO)	\$15/\$50/\$75
Preventive Care				
Physician Office Services:		100% not subject to deductible	100% not subject to deductible	60% 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	60% 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 \$30 Copay	60% after deductible
Specialist Physician Office Visit		100% not subject to deductible	100% after a \$30 Copay	60% after deductible
Urgent Care Center Services		100% not subject to deductible	100% after a \$50 Copay	60% after deductible
Emergency Services – Outpatient		100% not subject to deductible	100% after a \$250 Copay	100% after a \$250 Copay
Hospital – Inpatient Stay		100% not subject to deductible	100% after deductible	60% after deductible

Expatriate Insurance

Proposed Group Insurance Medical Plan

Rice FW Technologies, Inc.

Effective Date: 03/01/2025

Additional Core Benefits			
Acupuncture - \$2,500 per year (For California and Oregon Situs limited to 25 Visits and Dollar limits do not apply)	100% not subject to deductible	100% after a \$30 Copay	60% after deductible
Ambulance Services (Air)	100% not subject to deductible	100% after deductible	100% after U.S. In-Network deductible
Ambulance Services (Ground)	100% not subject to deductible	100% after deductible	Emergent: 100% after U.S. In-Network deductible Non Emergent: 60% after Out of Network deductible
Durable Medical Equipment (limited to a single purchase of each type every 3 years)	100% not subject to deductible	100% after deductible	60% after deductible
Hearing Aids (Hearing Aids - Limits may apply)	100% not subject to deductible	100% after deductible	60% after deductible
Home Health Care (up to 120 visits per year)	100% not subject to deductible	100% after deductible	60% after deductible
Hospice Care	100% not subject to deductible	100% after deductible	60% after deductible
Lab, X-Ray and Diagnostics – Outpatient	100% not subject to deductible	100% not subject to deductible	60% after deductible
Lab, X-Ray and Major Diagnostics – CT, PET, MRI, MRA & Nuclear Medicine – Outpatient	100% not subject to deductible	100% after deductible	60% after deductible
Pregnancy-Maternity Services	Benefit is based on place of service and type of service being provided.		
Prosthetic Devices - Limits may apply	100% not subject to deductible	100% after deductible	60% after deductible
Rehabilitation Services Physical Therapy 30 visit limit per year Occupational Therapy 20 visit limit per year Speech Therapy 20 visit limit per year	100% not subject to deductible	100% after a \$30 Copay	60% after deductible
Manipulative Treatment 20 visit limit per year	100% not subject to deductible	100% after a \$30 Copay	60% after deductible
Habilitative Services limits combined with Rehabilitation Services	Benefit is based on place of service and type of service being provided.		
Skilled Nursing Facility /Inpatient Rehabilitation Services (up to 120 days per year)	100% not subject to deductible	100% after deductible	60% after deductible
Surgery - Outpatient	100% not subject to deductible	100% after deductible	60% after deductible
Temporomandibular Joint Disorder	Benefit is based on place of service and type of service being provided.		
Virtual Care Services	100%	100%	Not covered

Expatriate Insurance

Proposed Group Insurance Medical Plan

Rice FW Technologies, Inc.

Effective Date: 03/01/2025

Mental Health and Substance Use Disorders / Neurobiological Disorders			
Inpatient	100% not subject to deductible	100% after deductible	60% after deductible
Outpatient	100% not subject to deductible	100% after a \$30 Copay	60% after deductible
Vision Benefits			
Eye Exam (1 exam every 12 months)	100% not subject to deductible	100% after a \$30 Copay	60% after deductible
Optional Coverage			
Prior authorization may be required for certain benefits.			
This is a high level benefits overview. Refer to actual plan documents, including benefits summary, for more detailed benefit descriptions.			