Expatriate Insurance

Proposed Group Insurance Medical Plan

Rice FW Technologies, Inc.

Effective Date: 03/01/2025

Plan Name	Choice Plus Expatriate Insurance Plan 2389A 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	$5,000 / $10,000	$10,000 / $30,000
Out-of-Pocket Maximum (Includes Deductible)	$0 / $0	$6,350 / $12,700	$20,000 / $40,000
Coinsurance (covered expenses after deductible)	100%	100%	50%
Pharmacy - Mail Order Pharmacy coverage is included in the United States.	100%	100% (1x MO)	100%
Preventive Care			
Physician Office Services: Includes: routine physical examinations, well baby and well child care, immunizations and hearing screenings.	100% not subject to deductible	100% not subject to deductible	50% after deductible
Lab, X-ray or other preventive tests: Includes: Screening mammography, screening colonoscopy or sigmoidoscopy, cervical cancer screening, prostate cancer screening and bone mineral density tests.	100% not subject to deductible	100% not subject to deductible	50% after deductible
Frequently Accessed Services			
Primary Physician Office Visit	100% not subject to deductible	100% after deductible	50% after deductible
Specialist Physician Office Visit	100% not subject to deductible	100% after deductible	50% after deductible
Urgent Care Center Services	100% not subject to deductible	100% after deductible	50% after deductible
Emergency Services – Outpatient	100% not subject to deductible	100% after deductible	100% after deductible
Hospital – Inpatient Stay	100% not subject to deductible	100% after deductible	50% after deductible

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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 deductible	50% 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: 50% 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	50% after deductible
Hearing Aids (Hearing Aids - Limits may apply)	100% not subject to deductible	100% after deductible	50% after deductible
Home Health Care (up to 120 visits per year)	100% not subject to deductible	100% after deductible	50% after deductible
Hospice Care	100% not subject to deductible	100% after deductible	50% after deductible
Lab, X-Ray and Diagnostics – Outpatient	100% not subject to deductible	100% not subject to deductible	50% after deductible
Lab, X-Ray and Major Diagnostics – CT, PET, MRI, MRA & Nuclear Medicine – Outpatient	100% not subject to deductible	100% after deductible	50% 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	50% 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 deductible	50% after deductible
Manipulative Treatment 20 visit limit per year	100% not subject to deductible	100% after deductible	50% 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	50% after deductible
Surgery - Outpatient	100% not subject to deductible	100% after deductible	50% 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

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Mental Health and Substance Use Disorders / Neurobiological Disorders			
Inpatient	100% not subject to deductible	100% after deductible	50% after deductible
Outpatient	100% not subject to deductible	100% after deductible	50% after deductible
Vision Benefits			
Eye Exam (1 exam every 12 months)	100% not subject to deductible	100% after deductible	50% 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.			