

Schedule of Benefits

Covered Expenses

Covered Expenses with respect to the ASPE are limited to the following Usual, Reasonable and Customary charges:

1. Fees for diagnosis and treatment by a physician, surgeon, registered nurse, professional anesthetist, or radiologist, including physical therapy related to a covered Injury.
2. Hospital room and board charges. Payment will be limited to the Hospital's normal charge for semi-private accommodation. *Please note: The cost of telephone service, television rental and other similar services of a personal nature are not covered under the ASPE.*
3. Laboratory, diagnostic and X-ray examinations.
4. Drugs and medicines for Outpatient treatment which require a Physician's written prescription, and which can only be dispensed by a licensed pharmacist.
5. Rental charge for Durable Medical Equipment, or the purchase of this equipment, whichever is less. Prostheses and Orthopedic Appliances are covered only if required as the result of an accident. If a prosthesis or an orthopedic appliance is required for a condition that is not pre-existing, coverage determination will be made by USDOS on a case by case basis. Supporting documentation is to be forwarded to USDOS for inclusion in the review.
6. Professional ambulance service.
7. During the period of an individual's participation in a Department funded exchange activity, the ASPE will cover medical expenses for maternity care including childbirth during this period. Maternity benefits end at the end of the enrollment period regardless of other conditions of this policy. In addition to the medical expenses of maternity care required by the participant herself, the medical expenses of the child newly born to her during the grant period are covered to the \$50,000 limit for the newborn's first 31 days. For coverage beyond the 31 day period, a participant must obtain commercial insurance coverage for the newborn dependent at personal expense. The ASPE does not pay the expenses of a child newly born to a dependent of a participant. The participant is advised to obtain commercial insurance for the maternity care of the dependent which will cover the newborn.
8. This program will pay the actual expense incurred as a result of a covered Injury or Sickness for medical evacuation of the Covered Person, including physician or nurse accompaniment to the nearest suitable medical facility. For Americans abroad, medical evacuation expenses will be paid only upon written certification by an embassy

approved medical authority that appropriate medical care is not available at the place of assignment. Expenses associated with medical evacuation require prior approval of the Department or embassy official. Evacuation costs will be paid directly by the Department; associated medical expenses will be paid by the Administrator.

9. Expenses incurred for treatment of nervous or mental disorders. The Department shall not be liable

for more than one such Inpatient or Outpatient occurrence per lifetime under this Program with respect to any one Covered Person. Treatment of Mental and Nervous condition is payable subject to the following schedule:

Inpatient Care: Maximum 30 days of hospital confinement

Outpatient Care: Up to \$75 per visit to a maximum benefit of twenty visits subject to the deductible per illness outlined in the schedule of benefits

Authorized providers of care: A licensed physician, licensed clinical psychologist or a master of social work (MSW) may provide services that are medically necessary for mental and nervous disorder only.

The Third Party Administrator will notify USDOS when it receives claims for more than five visits for any one Covered Person.

10. In the event of a Covered Person's death, the Department will pay for actual charges incurred up to the Maximum limit shown on the Schedule of Benefits in connection with the preparation and transportation of the body to the person's place of residence in his or her home country. This benefit does not include the transportation expense of anyone accompanying the body.

11. Physical and Occupational Therapy medically prescribed and directly related to the complications associated with an Injury or Sickness incurred during the period of coverage. Speech Therapy is covered only if required as the result of an accident.

[28]

12. Acupuncture is a covered expense prescribed and performed by a physician or physical therapist to treat a covered injury or sickness. Limited to 25 visits.

13. Massage therapy is a covered expense and is limited to 6 visits.

14. Chemotherapy and Radiation Therapy services are covered for medical conditions that are not considered Pre-Existing.

15. Home Health and Skilled Nursing Services may be covered if the medical condition is not pre-existing and the cost of the service is less than an inpatient stay. Coverage determination will be made by USDOS on a case by case basis.

Deductible Amount: The deductible is the dollar amount of Covered Expenses which must be incurred as an out-of-pocket expense by each Covered Person on a per Injury or Sickness basis before certain benefits are payable under the ASPE. The Basic Medical Expense Deductible Amount is shown in the Schedule of Benefits.

accidentandsicknessprogramforexchanges

