

SPECIAL U.S.A.

# BUSINESS PROTECT PLUS

## International Private Medical Insurance Summary of Benefits



[www.vendee-insurance.com](http://www.vendee-insurance.com)

“We are on your side to protect your health worldwide



Developed to protect your health, and that of your employees, worldwide, **Business Protect Plus** is a comprehensive international private medical insurance plan for groups.

Through its three levels plans, (BP 1, BP 2, BP 3, BP 4) the **Business Protect Plus** plan offers extensive protection as well as an employee benefits program that is the most adapted to your requirements and is in line with your budget.

As a Vendee Insurance Member, your employees receive a dedicated Care Team and a 24/7 assistance service.

Through our leading partners in the insurance industry, you have access to networks providing you a cashless experience in the U.S.A. making it easier for you to facilitate the use of your health plan.

## ABOUT US

Vendee Insurance is a company committed to developing and providing innovative international health insurance solutions for expatriates and locals.

Thanks to our expertise and partnerships with leading companies in the insurance industry, we can offer comprehensive cover all over the world that is tailored to location and context, as well as to group or individual requirements.

Through our combined accumulated experience, we at Vendee Insurance have come to the conclusion that **emotions are all that matter**. That is why, drawing on our knowledge of risk management and international living, our ambition is for you to feel complete peace of mind about one of the most essential elements of a stress-free life: your Health.

# “ Who is eligible?



## EMPLOYEES

All following category of employees are eligible for all benefits.

- Full-time Employees
- Part-time Employees
- Variable-hour and other Employees



## YOUR DEPENDENTS

- Spouse and partner
- Unmarried children under age 26 (of yours, your spouse and domestic partner)

To validate the enrollment of your spouse or partner you must provide proof of relationship

# How deductible and coinsurance work

In this health plan certain benefits contain deductibles and coinsurance.

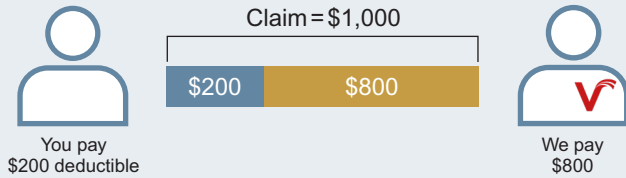
## DEDUCTIBLE

The amount the insured member must pay for eligible health care services before we start to pay.

### Example:

Claim amount: \$1,000

Deductible: \$200



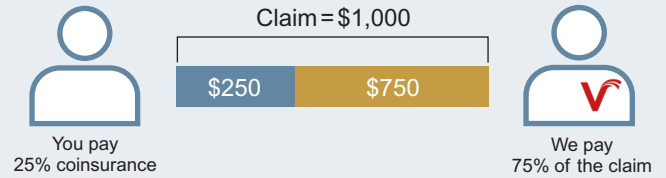
## COINSURANCE

The percentage of claim amount for eligible health care service the insured member must pay.

### Example:

Claim amount: \$1,000

Coinsurance: 25%



“ What is included in the Basic and Comprehensive Coverage?

What are the Optional Benefits?

## BASIC COVERAGE

- Medical Transportation
- Inpatient and Outpatient Care including Outpatient Hospital Services
- Critical Illness

## COMPREHENSIVE COVERAGE

- Basic Coverage
- +
  - Medical Emergency
  - Routine Health Care
  - Prescription Drugs and Pharmacy
  - Vaccines
  - Preventive Feminine Care
  - Alternative Medicine
  - Wellness Screening (Check-Up)

## OPTIONAL BENEFITS\*

- Dental & Vision
- Maternity

\*Optional Benefits can only be subscribed in addition to the Comprehensive Coverage.



Personalized Assistance

# Summary of Benefits in USD


All benefits contained in this Summary of Benefits are per insured member and per twelve (12)-month period of coverage from the effective date.


All benefits contained in this Summary of Benefits must be according to Usual, Customary and Reasonable (UCR) charges as defined in this Policy Terms and Conditions.



All benefits contained in this Summary of Benefits must be in compliance with the Policy Terms and Conditions. The information in this Summary of Benefits does NOT supersede, in any way, the Summary of Benefits in the Policy Terms and Conditions.

All benefits with the mention “100% UCR” means up to the Overall Maximum Limit shown for your selected formula (BP 4, BP 3, BP 2 and BP 1).

BASIC COVERAGE • BASIC COVERAGE • BASIC COVERAGE • BASIC COVERAGE

 <b>OVERALL MAXIMUM LIMIT</b>				
BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Overall Maximum Limit</b>	\$1,500,000	\$1,500,000	\$2,000,000	\$2,000,000

 <b>MEDICAL TRANSPORTATION</b>				
BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Emergency Ground Ambulance Transportation</b> Limited to a one-way trip. Only for hospitalization and hospital services.	100% UCR	100% UCR	100% UCR	100% UCR
<b>Medical Evacuation</b> (Mandatory pre-authorization required)	Included	Included	Included	Included
<b>Medical Repatriation Air Ambulance Service</b> (Mandatory pre-authorization required)	Included	Included	Included	Included
<b>Commercial Airline Repatriation</b> Only one-way trip except special authorization provided by us. (Mandatory pre-authorization required)	100% UCR	100% UCR	100% UCR	100% UCR

 <b>INPATIENT AND OUTPATIENT CARE INCLUDING OUTPATIENT HOSPITAL SERVICES</b> 				
Mandatory pre-authorization required except for emergency hospitalization				
BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Hospital Accommodation</b> According to the hospital's policy and availability.	100% UCR Semi-private room. Television and Internet NOT included	100% UCR Semi-private room. Television and Internet NOT included	100% UCR Private room. Television and Internet included	100% UCR Private room. Television and Internet included

BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Hospital Accommodation for a parent or guardian</b> According to the hospital's policy and availability, for parents or legal tutor accompanying a child under 21 years old.	Up to \$1,000	Up to \$1,500	Up to \$2,500	100% UCR
<b>Hospital Charges:</b> ✓ Pre-Admission Testing (PAT) ✓ Consultation with Specialist ✓ Operating Room and Recovery Room ✓ Surgeons' and Anesthetists' Fees ✓ Laboratory Test ✓ Basic Diagnostic Services ✓ Prescribed Drugs and Dressings for inpatient or outpatient care only	100% UCR	100% UCR	100% UCR	100% UCR
<b>Advanced Diagnostic Imaging</b> For example, but NOT limited to: CT scan, mammogram, MRA, MRI, nuclear cardiology scan, PET scan, endoscopy and colonoscopy	Up to \$10,000	Up to \$10,000	Up to \$15,000	Up to \$20,000
<b>Pandemics and Epidemics Illnesses</b>	100% UCR	100% UCR	100% UCR	100% UCR
<b>Breast and Facial Reconstructive Surgery</b> Directly related to and following an accident, or a critical illness during the period of coverage.	Up to \$5,000	Up to \$5,000	Up to \$15,000	Up to \$20,000
<b>Intensive Care Unit (ICU) and Coronary Care Unit (CCU)</b>	100% UCR	100% UCR	100% UCR	100% UCR
<b>Medical Implant</b> Device and tissue	Up to \$15,000	Up to \$15,000	Up to \$30,000	Up to \$50,000
<b>External Prosthetic Device</b>	Up to \$5,000	Up to \$5,000	Up to \$10,000	Up to \$15,000
<b>Inpatient Rehabilitation</b> Directly related to and following an accident, a hospitalization, or a critical illness.	Up to \$4,000	Up to \$4,000	Up to \$6,000	Up to \$8,000
<b>Inpatient Mental Health Condition</b>	Not covered	Not covered	Up to \$8,000	Up to \$15,000
<b>Home Health Care</b> Directly related to and following an accident, a hospitalization, or a critical illness.	Not covered	Up to \$5,000	Up to \$10,000	Up to \$15,000
<b>Palliative Care</b>	Up to \$15,000	Up to \$30,000	Up to \$50,000	Up to \$70,000



## CRITICAL ILLNESS



BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Cancer</b> Surgical oncology, radiation therapy, chemotherapy, tests and prescribed drugs	100% UCR	100% UCR	100% UCR	100% UCR
Immunotherapy treatment, hormone therapy and stem cell transplants	Up to \$50,000	Up to \$50,000	Up to \$50,000	Up to \$50,000
<b>Kidney Dialysis</b>	Up to \$100,000 (Only approved for Vendee Insurance designated facilities)	Up to \$100,000 (Only approved for Vendee Insurance designated facilities)	Up to \$100,000 (Only approved for Vendee Insurance designated facilities)	Up to \$150,000 (Only approved for Vendee Insurance designated facilities)
<b>Organ Transplant</b>	100% UCR	100% UCR	100% UCR	100% UCR



## MEDICAL EMERGENCY

BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Emergency Room (ER)</b> Only covered in case of Medical Emergency as defined in the Policy Terms and Conditions Page 2 - Section 1 - Glossary.	100% UCR after \$250 deductible	100% UCR after \$250 deductible	100% UCR after \$250 deductible	100% UCR after \$250 deductible
<b>Urgent Care</b>	100% UCR	100% UCR	100% UCR	100% UCR
<b>Emergency Dental Care</b> Directly related to and following an accident during the period of coverage.	Up to \$200	Up to \$400	Up to \$600	Up to \$800
<b>Dental Reconstructive Surgery</b> Directly related to and following an accident, or a critical illness during the period of coverage. (Mandatory pre-authorization required)	Up to \$1,500	Up to \$3,000	Up to \$5,000	Up to \$7,000




## ROUTINE HEALTH CARE


BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Consultation Only, Without Medical Procedure</b> <ul style="list-style-type: none"> <li>• General Practitioner (GP)</li> <li>• Ophthalmologist Ophthalmic emergency only</li> </ul>	5 consultations covered up to \$150. From the 6th consultation covered up to \$100 per consultation	5 consultations covered up to \$300. From the 6th consultation covered up to \$150 per consultation	10 consultations covered up to \$400. From the 11th consultation covered up to \$250 per consultation	10 consultations covered up to \$600. From the 11th consultation covered up to \$350 per consultation
<b>Consultation With Medical Procedure</b> <ul style="list-style-type: none"> <li>• General Practitioner (GP)</li> <li>• Specialist Including injection and non-surgical treatment/procedure on an outpatient basis, which is recommended by a GP and/or a specialist as being medically necessary.</li> </ul>	Up to \$1,000	Up to \$1,000	Up to \$1,500	Up to \$2,000
<b>Insertion or Removal of a Contraception Device by a General Practitioner (GP) or Specialist</b> Contraceptive implant, ring diaphragm and IUD	Up to \$150	Up to \$150	Up to \$250	Up to \$350
<b>Teleconsultation</b> General practitioner (GP) and nurse	100% UCR	100% UCR	100% UCR	100% UCR
<b>Psychiatrist and Psychologist Session</b> (Mandatory pre-authorization required)	Not covered	Not covered	Up to \$1,000	Up to \$2,500
<b>Speech Therapy Session</b> (Mandatory pre-authorization required)	Not covered	Not covered	Up to \$1,500	Up to \$2,500
<b>Basic Diagnostic Services</b> For example, but NOT limited to: Electrocardiogram (ECG), X-Ray, ultrasound and laboratory tests (Mandatory prescription required)	Up to \$2,000	100% UCR	100% UCR	100% UCR
<b>Advanced Diagnostic Imaging</b> For example, but NOT limited to: CT scan, mammogram, MRA, MRI, nuclear cardiology scan, PET scan, endoscopy and colonoscopy (Mandatory prescription and pre-authorization required)	Up to \$2,500 after \$100 deductible (Only approved for Vendee Insurance designated facilities)	Up to \$4,000 after \$100 deductible (Only approved for Vendee Insurance designated facilities)	Up to \$8,000 after \$100 deductible (Only approved for Vendee Insurance designated facilities)	Up to \$10,000 after \$100 deductible (Only approved for Vendee Insurance designated facilities)
<b>Physiotherapy Session</b> <ul style="list-style-type: none"> <li>• Related to an inpatient or outpatient care rehabilitation: Mandatory prescription required, pre-authorization NOT required.</li> <li>• NOT related to an inpatient or outpatient care rehabilitation. Initial Evaluation: Pre-authorization NOT required. Additional Session(s): Pre-authorization required</li> </ul>	Up to \$1,000	Up to \$1,500	Up to \$3,000	Up to \$6,000




BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Chiropractic and Osteopathy Session</b> Initial Evaluation: Pre-authorization NOT required. Additional Session(s): Pre-authorization required	Not covered	Up to \$500	Up to \$1,000	Up to \$2,000
<b>Allergy: Consultation, Testing and Treatment and Drugs</b>	Not covered	Not covered	Up to \$400	Up to \$800
<b>Acne: Consultation, Testing and Treatment and Drugs</b> Covered up to 21 years old	Not covered	Up to \$300	Up to \$500	Up to \$800
<b>Durable Medical Equipment (DME)</b> For example, but NOT limited to: crutches, cane, walker, orthosis, helmet for baby and wheelchair (Mandatory prescription required)	Up to \$250	Up to \$500	Up to \$1,500	Up to \$2,000




## PRESCRIPTION DRUGS AND PHARMACY



BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Generic Drugs</b>	100% UCR	100% UCR	100% UCR	100% UCR
<b>Brand Name Drugs</b>	Not covered	50% coinsurance Up to \$5,000	50% coinsurance Up to \$7,500	50% coinsurance Up to \$10,000
<b>Preferred Brand Name Drugs</b>	25% coinsurance Up to \$3,000	25% coinsurance Up to \$5,000	25% coinsurance Up to \$7,500	25% coinsurance Up to \$10,000
<b>Specialty Drugs</b> (Mandatory prescription and pre-authorization required)	50% coinsurance Up to \$5,000	50% coinsurance Up to \$7,000	50% coinsurance Up to \$10,000	50% coinsurance Up to \$15,000
<b>Psychotropic Medication and Sleeping Pills</b>	Not covered	Up to \$200 \$30 copay	Up to \$400 \$30 copay	Up to \$600 \$30 copay
<b>Contraceptive Implant, Pill, Ring Diaphragm, Birth Control Patch and IUD</b>	Up to \$200	Up to \$200	Up to \$350	Up to \$450
<b>Nicotine Replacement</b>	Not covered	Up to \$100	Up to \$150	Up to \$200



## VACCINES



BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Preventive Vaccine for Adults</b>	Up to \$400	Up to \$400	Up to \$600	Up to \$1,000
<b>Preventive and Mandatory Vaccine for Children</b>				
<b>Requested Vaccine for School Entry</b>				
<b>Compulsory Travel Vaccine</b> Except for pandemics and epidemics				



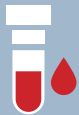
## PREVENTIVE FEMININE CARE

BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Cervical Cancer Screening (PAP Test)</b> Every year	100% UCR	100% UCR	100% UCR	100% UCR
<b>Mammogram</b> Every year, for women aged 40 and older	Up to \$500	Up to \$500	Up to \$700	Up to \$900
<b>Bone Densitometry</b> Every 2 years, for women aged 45 and older	Up to \$250	Up to \$250	Up to \$500	Up to \$1,000



## ALTERNATIVE MEDICINE

BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Acupuncture, Ayurveda, Cupping Therapy, Herbal Medicine, Homeopathy, Naturopathy, Reflexology and Traditional Chinese Medicine</b> Does not include soft drugs and hard drugs	Not covered	Not covered	Up to \$1,000	Up to \$2,000



## WELLNESS SCREENING (CHECK-UP)



BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Wellness Screening</b>	Up to \$500 after \$50 deductible (Only approved for Vendee Insurance designated facilities)	Up to \$500 (Only approved for Vendee Insurance designated facilities)	Up to \$1,500 (Only approved for Vendee Insurance designated facilities)	Up to \$2,000 (Only approved for Vendee Insurance designated facilities)
<b>Colonoscopy</b> Every 4 years, for insured members aged 45 and older (Mandatory pre-authorization required)	Up to \$1,000 after \$100 deductible (Only approved for Vendee Insurance designated facilities)	Up to \$1,000 (Only approved for Vendee Insurance designated facilities)	Up to \$1,500 (Only approved for Vendee Insurance designated facilities)	Up to \$2,000 (Only approved for Vendee Insurance designated facilities)



## DENTAL (Optional Benefit)

BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Preventive Dental Services</b> Exams, x-rays and cleaning	Not available	Up to \$1,000	Up to \$2,000	Up to \$3,000
<b>Basic Dental Services</b> Extractions, tooth decay & cavities and periodontics				
<b>Major Dental Services</b> Crowns and caps, implants, root canals, veneers, etc.				
<b>Orthodontics Treatments</b> Covered up to 18 years old	Not available	Not covered	Up to \$1,000	Up to \$1,500



## VISION (Optional Benefit)

BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Routine Vision Exam</b>	Not available	Up to \$50	Up to \$100	Up to \$200
<b>Lenses, Contact Lenses and Frames</b> (Mandatory prescription required for lenses and contact lenses.) Limited to 1 pair of frames every 2 years.	Not available	Up to \$200	Up to \$400	Up to \$600
<b>Laser Vision Correction</b> Astigmatism, cataract, hyperopia, keratoconus and myopia (Mandatory prescription required)	Not available	Not covered	Up to \$500	Up to \$700



## MATERNITY (Optional Benefit) Subject to a (3)-month waiting period.



BENEFITS	BP 4	BP 3	BP 2	BP 1
<b>Maternity Package Includes</b> Office visit, obstetrician fees, prenatal care, childbirth preparation classes, postnatal care (received by the mother and immediate care of newborns)	Not available	Up to \$4,000 after \$500 deductible	Up to \$4,000	Up to \$5,000
<b>Normal Labor and Delivery</b> Included: inpatient hospitalization expenses, obstetrician fees and anesthesiologist fees	Not available	Up to \$7,000 after \$1,000 deductible	Up to \$7,000	Up to \$15,000
<b>Childbirth Complication and Cesarean Section Surgery*</b> Included: inpatient hospitalization expenses, obstetrician fees and anesthesiologist fees  *Only in case of emergency or if instructed by the obstetricians as a medical necessity.	Not available	Up to \$14,000 after \$1,500 deductible	Up to \$14,000	Up to \$20,000

**Notice:** the information in this Summary of Benefits does NOT supersede, in any way, the Summary of Benefits in the Policy Terms and Conditions.

## “ Why do we make the difference in the International Health Insurance Industry for the U.S. market?

- An international health insurance solution backed by a performing 100% American plan administrators and a PPO\* medical network for highly effective care management.
- Plans combining nationwide and worldwide coverage.
- Account manager always by your side.
- Comprehensive level of coverage with a fair price.



\* Preferred Providers Organization

## Protected & Peaceful

### OUR PARTNER

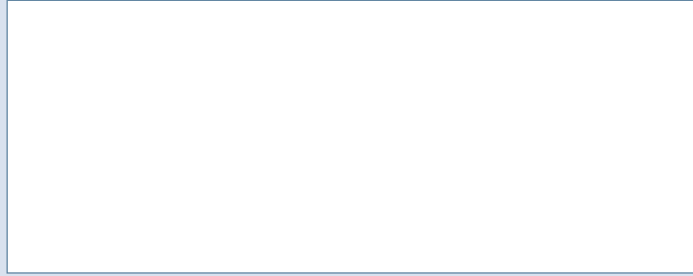
To improve customer satisfaction and facilitate the use of your health plan, we have developed a partnership with a leading company in the health insurance field.



#### Plan Administrator

We believe that our success in medical cost containment is attributed to working with a group of specialists in their respective areas when needed. Our partners have built the expertise necessary in their respective regions, allowing us to benefit from their maximum savings. We have also built, from our years of experience, our own proprietary network of direct contracts and successful negotiations.

For further information or to obtain a quote,  
please contact your health insurance broker



[contact@vendee-insurance.com](mailto:contact@vendee-insurance.com)



**For General Information  
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