

SPECIAL U.S.A.

VENDEE PROTECT

International Private Medical Insurance Summary of Benefits



www.vendee-insurance.com

“We are on your side to protect your health worldwide



Developed to protect your health, and that of your family, worldwide, including in your home country, **Vendee Protect** is a comprehensive self-paid international private medical insurance plan specifically designed for people of any nationality who reside or are settling in the United States of America.

Through its three levels plans, (Silver, Gold, and Platinum) the **Vendee Protect** plan offers extensive protection that best meets your requirements and is in line with your budget.

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.

How deductible and coinsurance work

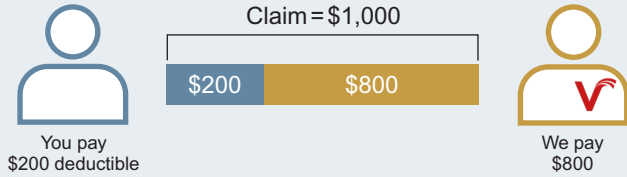
DEDUCTIBLE

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

Example:

Claim amount: \$1,000

Deductible: \$200



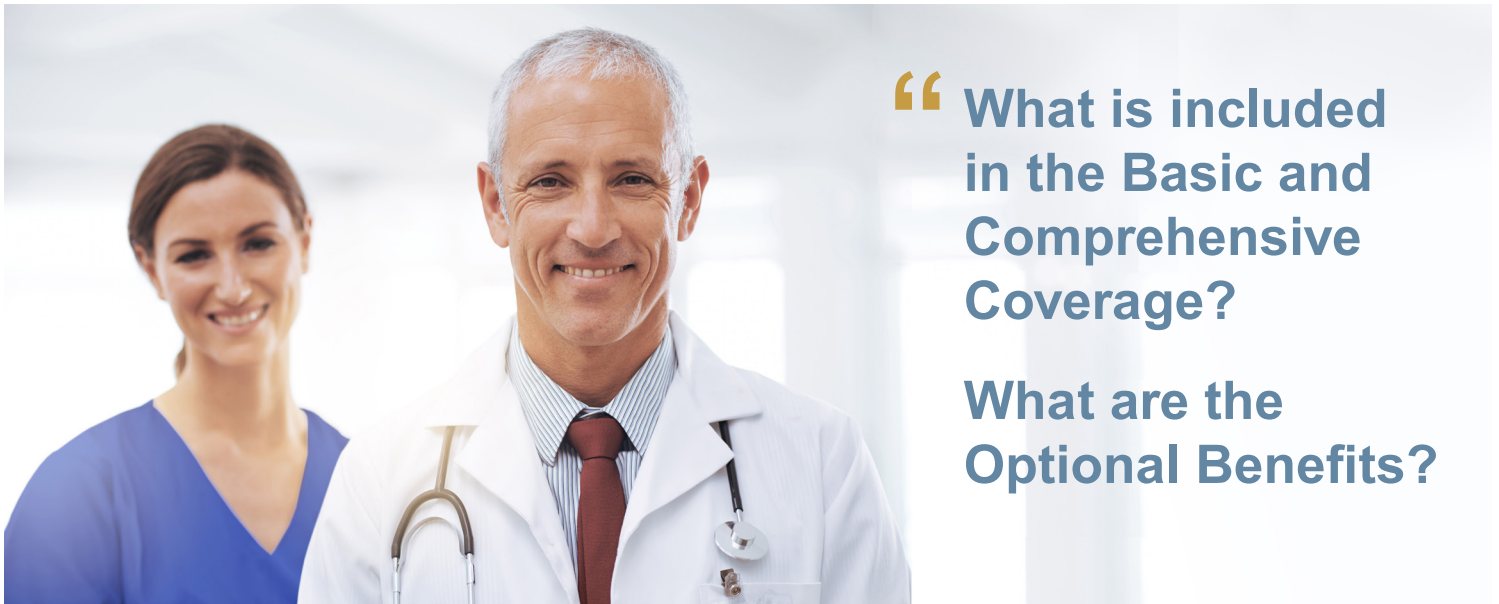
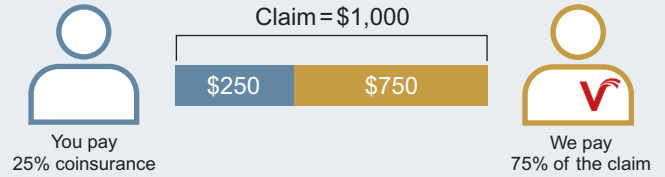
COINSURANCE

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 (Silver, Gold or Platinum).



BASIC COVERAGE • BASIC COVERAGE • BASIC COVERAGE • BASIC COVERAGE

 OVERALL MAXIMUM LIMIT			
BENEFITS	SILVER	GOLD	PLATINUM
Overall Maximum Limit	\$1,500,000	\$2,000,000	\$2,000,000

 MEDICAL TRANSPORTATION			
BENEFITS	SILVER	GOLD	PLATINUM
Emergency Ground Ambulance Transportation Limited to a one-way trip. Only for hospitalization and hospital services.	100% UCR	100% UCR	100% UCR
Medical Evacuation (Mandatory pre-authorization required)	Included	Included	Included
Medical Repatriation Air Ambulance Service (Mandatory pre-authorization required)	Included	Included	Included
Commercial Airline Repatriation Only one-way trip except special authorization provided by us. (Mandatory pre-authorization required)	100% UCR	100% UCR	100% UCR

 INPATIENT AND OUTPATIENT CARE INCLUDING OUTPATIENT HOSPITAL SERVICES 			
Mandatory pre-authorization required except for emergency hospitalization			
BENEFITS	SILVER	GOLD	PLATINUM
Hospital Accommodation According to the hospital's policy and availability.	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
Hospital Accommodation for a parent or guardian According to the hospital's policy and availability, for parents or legal tutor accompanying a child under 21 years old.	Up to \$1,500	Up to \$2,500	100% UCR

BENEFITS	SILVER	GOLD	PLATINUM
Hospital Charges: ✓ 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
Advanced Diagnostic Imaging 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 \$15,000	Up to \$20,000
Pandemics and Epidemics Illnesses	100% UCR	100% UCR	100% UCR
Breast and Facial Reconstructive Surgery Directly related to and following an accident, or a critical illness during the period of coverage.	Up to \$5,000	Up to \$15,000	Up to \$20,000
Intensive Care Unit (ICU) and Coronary Care Unit (CCU)	100% UCR	100% UCR	100% UCR
Medical Implant Device and tissue	Up to \$15,000	Up to \$30,000	Up to \$50,000
External Prosthetic Device	Up to \$5,000	Up to \$10,000	Up to \$15,000
Inpatient Rehabilitation Directly related to and following an accident, a hospitalization, or a critical illness.	Up to \$4,000	Up to \$6,000	Up to \$8,000
Inpatient Mental Health Condition  (Subject to a 10-month waiting period)	Not covered	Up to \$8,000	Up to \$15,000
Home Health Care Directly related to and following an accident, a hospitalization, or a critical illness.	Up to \$5,000	Up to \$10,000	Up to \$15,000
Palliative Care	Up to \$30,000	Up to \$50,000	Up to \$70,000

 CRITICAL ILLNESS 			
BENEFITS	SILVER	GOLD	PLATINUM
Cancer Surgical oncology, radiation therapy, chemotherapy, tests and prescribed drugs	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
Kidney Dialysis	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)
Organ Transplant	100% UCR	100% UCR	100% UCR

MEDICAL SERVICES TO BE PAID UPFRONT





MEDICAL EMERGENCY


BENEFITS	SILVER	GOLD	PLATINUM
Emergency Room (ER) 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
Urgent Care	100% UCR	100% UCR	100% UCR
Emergency Dental Care Directly related to and following an accident during the period of coverage.	Up to \$400	Up to \$600	Up to \$800
Dental Reconstructive Surgery Directly related to and following an accident, or a critical illness during the period of coverage. (Mandatory pre-authorization required)	Up to \$3,000	Up to \$5,000	Up to \$7,000




ROUTINE HEALTH CARE

BENEFITS	SILVER	GOLD	PLATINUM
Consultation Only, Without Medical Procedure <ul style="list-style-type: none"> • General Practitioner (GP) • Ophthalmologist Ophthalmic emergency only 	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
Consultation With Medical Procedure <ul style="list-style-type: none"> • General Practitioner (GP) • 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. 	Up to \$1,000	Up to \$1,500	Up to \$2,000
Insertion or Removal of a Contraception Device by a General Practitioner (GP) or Specialist Contraceptive implant, ring diaphragm and IUD	Up to \$150	Up to \$250	Up to \$350
Teleconsultation General practitioner (GP) and nurse	100% UCR	100% UCR	100% UCR
Psychiatrist and Psychologist Session (Subject to a 6-month waiting period Mandatory pre-authorization required) 	Not covered	Up to \$1,000	Up to \$2,500
Speech Therapy Session (Subject to a 6-month waiting period Mandatory pre-authorization required) 	Not covered	Up to \$1,500	Up to \$2,500
Basic Diagnostic Services For example, but NOT limited to: Electrocardiogram (ECG), X-Ray, ultrasound and laboratory tests (Mandatory prescription required)	100% UCR	100% UCR	100% UCR



BENEFITS	SILVER	GOLD	PLATINUM
Advanced Diagnostic Imaging 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 \$4,000 (Only approved for Vendee Insurance designated facilities)	Up to \$8,000 (Only approved for Vendee Insurance designated facilities)	Up to \$10,000 (Only approved for Vendee Insurance designated facilities)
Physiotherapy Session <ul style="list-style-type: none"> • Related to an inpatient or outpatient care rehabilitation: Mandatory prescription required, pre-authorization NOT required. • NOT related to an inpatient or outpatient hospitalization rehabilitation. Initial Evaluation: Pre-authorization NOT required. Additional Session(s): Pre-authorization required	Up to \$1,500	Up to \$3,000	Up to \$6,000
Chiropractic and Osteopathy Session Initial Evaluation: Pre-authorization NOT required. Additional Session(s): Pre-authorization required	Up to \$500	Up to \$1,000	Up to \$2,000
Allergy: Consultation, Testing, Treatment and Drugs	Not covered	Up to \$400	Up to \$800
Acne: Consultation, Testing, Treatment and Drugs Covered up to 21 years old	Up to \$300	Up to \$500	Up to \$800
Durable Medical Equipment (DME) For example, but NOT limited to: crutches, cane, walker, orthosis, helmet for baby and wheelchair (Mandatory prescription required)	Up to \$500	Up to \$1,500	Up to \$2,000






PRESCRIPTION DRUGS AND PHARMACY







BENEFITS	SILVER	GOLD	PLATINUM
Generic Drugs	100% UCR	100% UCR	100% UCR
Brand Name Drugs	50% coinsurance Up to \$5,000	50% coinsurance Up to \$7,500	50% coinsurance Up to \$10,000
Preferred Brand Name Drugs	25% coinsurance Up to \$5,000	25% coinsurance Up to \$7,500	25% coinsurance Up to \$10,000
Specialty Drugs (Mandatory prescription and pre-authorization required)	50% coinsurance Up to \$7,000	50% coinsurance Up to \$10,000	50% coinsurance Up to \$15,000
Psychotropic Medication and Sleeping Pills	Up to \$200	Up to \$400	Up to \$600
Contraceptive Implant, Pill, Ring Diaphragm, Birth Control Patch and IUD	Up to \$ 200	Up to \$350	Up to \$450
Nicotine Replacement	Up to \$100	Up to \$150	Up to \$200

 VACCINES 		SILVER	GOLD	PLATINUM
BENEFITS				
Preventive Vaccine for Adults	Up to \$400	Up to \$600	Up to \$1,000	
Preventive and Mandatory Vaccine for Children				
Requested Vaccine for School Entry				
Compulsory Travel Vaccine Except for pandemics and epidemics				

 PREVENTIVE FEMININE CARE Subject to a 6-month waiting period 		SILVER	GOLD	PLATINUM
BENEFITS				
Cervical Cancer Screening (PAP Test) Every year	100% UCR	100% UCR	100% UCR	
Mammogram Every year, for women aged 40 and older	Up to \$500	Up to \$700	Up to \$900	
Bone Densitometry Every 2 years, for women aged 45 and older	Up to \$250	Up to \$500	Up to \$1,000	

 ALTERNATIVE MEDICINE		SILVER	GOLD	PLATINUM
BENEFITS				
Acupuncture, Ayurveda, Cupping Therapy, Herbal Medicine, Homeopathy, Naturopathy, Reflexology and Traditional Chinese Medicine Does not include soft drugs and hard drugs	Not covered	Up to \$1,000	Up to \$2,000	

 WELLNESS SCREENING (CHECK-UP) Subject to a 10-month waiting period.   		SILVER	GOLD	PLATINUM
BENEFITS				
Wellness Screening	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)	
Colonoscopy Every 4 years, for insured members aged 45 and older (Mandatory pre-authorization required)	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)

Preventive and Basic Dental Services: subject to a 3-month waiting period
Major Dental Services: subject to a 6-month waiting period
Orthodontics Treatments: subject to a 10-month waiting period



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



VISION (Optional Benefit)

Subject to a 6-month waiting period



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



MATERNITY (Optional Benefit)

Subject to a 10-month waiting period
Pregnancy must begin after the waiting period



BENEFITS	SILVER	GOLD	PLATINUM
Maternity Package Includes 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	Up to \$5,000
Normal Labor and Delivery Included: inpatient hospitalization expenses, obstetrician fees and anesthesiologist fees	Not available	Up to \$7,000	Up to \$15,000
Childbirth Complication and Cesarean Section Surgery* 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	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.
- Personalized care team always by your side.
- Comprehensive level of coverage with a fair price.



* Preferred Providers Organization

Protected & Peaceful

OUR PARTNER

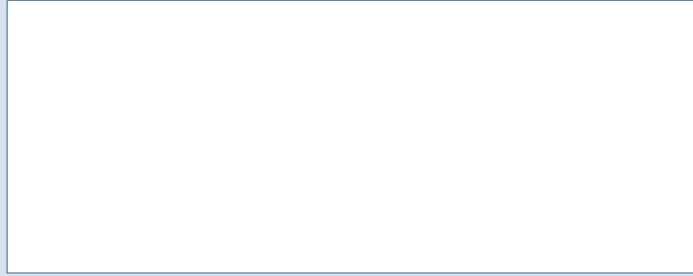
To improve customer satisfaction and facilitate the use of your health plan, we have developed a partnership with a leading company in the health insurance field.



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



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