

NORFOLK MOBILITY BENEFITS

GROUPE
LCF ROTHSCHILD



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ENVOY PLANS

**IMPORTANT NOTE FOR EXPENSES INCURRED WITHIN
THE UNITED STATES OF AMERICA**

This table summarizes reimbursement levels for expenses provided under the **Hygeia Network**.

If medical services are received **OUTSIDE** of the Hygeia Network, reimbursement will be reduced. Reimbursements paid within the Network at 100%, 80%, and 50% are reduced to 70%, 60%, and 25%, respectively when incurred outside of Network. In addition all specified dollar maximums within the policy are reduced by 50% when incurred outside of the Network.

Comprehensive Medical	Envoy			
	1	2	3	4
Annual Deductible Per Insured	\$250	\$1,000	\$250	\$1,000
Overall Maximum	\$1,000,000 per Lifetime			
Doctor Office Consultation	80%	80%	100%	100%
Out-Patient Services Such as Laboratory, Diagnostic Testing, and Injections	80%	80%	100%	100%
Prescription Drugs	80%	80%	100%	100%
Out-Patient Surgery and Hospital Expenses	100%			
In-Patient Hospital Expenses Such as Room and Board, Medication, Surgical Theatres/Operating Rooms, and Medical Supplies	100%			
Home Care Nursing	60-Days Per Illness or Injury			
Paramedical Services (Chiropractor, Massage Therapy, Physiotherapist, Etc.)	100%			
Annual Routine Physical Exam	Not Insured			
Mental, Nervous, Emotional Disorder and Detoxification	\$10,000 Out-Patient Lifetime Maximum \$10,000 In-Patient Lifetime Maximum			

Maternity	<p>Medical expenses associated with pregnancy, childbirth, newborn nursery care, and well baby care are insured as per the medical plan elected. These expenses are included in the overall plan maximum.</p> <p>The newborn is guaranteed coverage for the first 14-days after birth.</p> <p>Any expenses incurred resulting from pregnancy must be after a minimum of 12-months from the original effective date.</p>
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Dental and Vision Care (optional)	Envoy
Deductible Per Insured Per Policy Year	\$0
Preventative Services	100%
Basic Services	80%
Major Services	50% (12-month waiting period)
Combined Annual Maximum	\$2,000
Orthodontic Services	50% to Lifetime maximum of \$1,000
Vision Care	\$300 maximum per policy year

All Benefits provide cover for acts of war, whether declared or undeclared, civil unrest, or acts of terrorism provided you are not an active participant

All Benefits provide coverage for temporary visits back to your Home Country, defined as the Country under whose passport you travel.