

**Please Note: Not all benefits may be applicable to you.  
Please refer to your Individual Benefit Statement for  
confirmation of benefits elected.**

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## FREQUENTLY ASKED QUESTIONS

### ELIGIBILITY

**1. Will I need a medical examination to join the plan?**

No, however you and any eligible Dependents will be required to complete a health questionnaire as part of the enrollment process.

### COVERAGE

**1. Are pre-existing medical conditions covered?**

Yes, in most cases. In extreme cases, pre-existing medical conditions may be excluded from claims payment. You will be informed in writing should any of the above situations apply, at time of enrollment.

**2. Can I seek treatment from a doctor or Hospital of my choice?**

Yes, we do not restrict you from using any legitimate, qualified medical provider or Hospital. Should your treatment be required due to a medical Emergency, please contact MEDEX Global Solutions for directions.

**3. What happens if I am in a country where the appropriate treatment cannot be provided?**

Once the treatment has been deemed medically necessary, MEDEX Global Solutions must be contacted and they will then make the necessary evacuation arrangements.

**4. Can I elect to go to any country of my choice for medical treatment?**

Yes, provided that it is medically necessary and within your geographical area of coverage.

**5. What do I do if the attending Medical Personnel do not speak my language?**

Refer them to the MEDEX Global Solutions toll free number. MEDEX Global Solutions multilingual staff will be able to communicate effectively on your behalf.

**6. How do I obtain the names of preferred Physicians or medical facilities in my location?**

Contact MEDEX Global Solutions or log onto the MEDEX Global Solutions Website at <http://www.medexassist.com>, they will be able to provide referrals to Physicians or medical facilities in your area.

**7. Does my coverage extend to include cosmetic surgery?**

No, not if the surgery is elective. However, if the surgery is required because of an Accident that occurred while you were insured, your policy will cover the costs.

### LIFE EVENTS

**1. Can I receive treatment when returning to my Home Country?**

Yes, provided that it is medically necessary and within your geographical area of coverage. Benefits shall be limited to a period of 90 consecutive days per trip for Insured Persons returning or receiving medical treatment in their Home Country, except as approved in advance by the Insurer.

Insured Persons must notify Norfolk Mobility Benefits Inc., or David Cummings Insurance Services Ltd., of the date of return to their Home Country within 30 days of the date of return to be eligible for any applicable refund of premium.

## **CLAIMS**

### **1. Where are my claims processed and paid?**

All claims are processed at Norfolk Mobility Benefits Inc.'s global claim center located at:

Suite 300, 999 – 8<sup>th</sup> Street S.W.  
Calgary, Alberta, Canada T2R 1J5

All documentation relating to the claim including the claim form and accounts must be provided. Copies of original documents will be accepted for amounts up to \$2,500 USD. The original receipts must be retained by the Insured member for a period of 24 months from the date the claim was incurred during which time Norfolk Mobility Benefits may request these documents to validate any claim at any time. In the event the original copy cannot be produced, the Insured member will be responsible for any claim payments made in regards to that receipt.

### **2. What is the deadline for submitting Medical and Dental claims?**

All claims must be submitted no later than 365 days after the claim was incurred or 90 days after the termination of coverage.

### **3. How do I make a claim?**

Claims should be submitted as per the guidelines outlined on page 16.

### **4. Do claims need to be translated into English or converted into Canadian funds for processing?**

No, Norfolk can process claims received in many different languages or currencies.

### **5. Do I have to provide a "Deposit" against my claim when I am admitted to the Hospital?**

This is not required unless requested by the service provider. If so, contact MEDEX Global Solutions in this regard.

Call Collect From Anywhere in the World  
00 1 (410) 453-6330

### **6. Will the plan provide direct reimbursement to a Hospital or medical provider?**

On approval of the Hospital or medical provider, direct reimbursement can be made. Please have your provider complete the direct pay authorization form or contact the Norfolk Mobility Benefits Inc. pre-certification department via email, fax or telephone.

You will be required to provide the Hospital or provider's name, location, telephone and fax numbers so that arrangements can be made for direct payment as allowed by provider.

**Pre-approval of Medical Treatment please email**

**[NMBprecertification@norfolkmobility.com](mailto:NMBprecertification@norfolkmobility.com)**

**Or**

**Fax to the Attention of Precertification Department  
(Canada) 001-403-265-9425**

**7. What happens in the event of a medical Emergency?**

Contact MEDEX Global Solutions at the number shown on your I.D. card,

Call Collect From Anywhere in the World:

**00 1 (410) 453-6330**

**Please do not hesitate to contact Norfolk Mobility Benefits Inc. should you have any questions regarding your Benefit program.**

**Norfolk Mobility Benefits' Client Service Centre**

Phone: 00 1 (403) 537-8843

Toll Free: 1 (866) 767-5928 (within North America)

Email: [clientservice@norfolkmobility.com](mailto:clientservice@norfolkmobility.com)

## **INSURING AGREEMENT**

In consideration of the payment of the premium, the Insurer (various underwriters of Lloyd's of London), agrees with the policyholder to reimburse up to the limits detailed in this policy for costs incurred during the policy term subject to all of the exceptions, limitations and provisions of this policy.

Any word explained in the Definitions section herein will have the same meaning throughout this document. **The currency of this policy is expressed in United States dollars (USD) or Canadian dollars (CDN) as elected at time of enrolment.**

**GEOGRAPHICAL AREA OF COVERAGE** Worldwide

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

**Please be advised that if You wish to take advantage of the Direct Billing Option for Medical Expenses incurred within the United States You can elect treatment from a Physician or facility that belongs to the Hygeia Network ([www.hygeia.net](http://www.hygeia.net))**

## **EFFECTIVE DATE AND POLICY TERM**

This policy takes effect at 12:00 a.m., local standard time on the date stated in the application for coverage or the date coverage is approved by the Insurer and from which date all insurance months shall be calculated. It continues in force for the period for which premium has been paid. Coverage may be renewed for further consecutive terms, not exceeding 12 months, on payment of premium at the rate and in the amount determined at the time of renewal by the Insurer.

## **WAR RISK COVERAGE**

The Insurer reserves the right to exclude or surcharge coverage in countries deemed to be locations of extreme risk. Locations of extreme risk are subject to change based on the Insurer's assessment. Advance notification of 15 days will be provided by Norfolk Mobility Benefits Inc. to Insured Persons or Dependents in locations deemed to be of extreme risk before any surcharge becomes applicable.

## **TERMINATION OF MASTER POLICY**

This master policy may be terminated by either party with prior notice provided at least 90 days in advance of the requested termination date.

## **ELIGIBILITY**

For the purposes of this policy, Insured Persons shall be considered as those persons who:

1. Are residing outside of their Home Country;
2. Are eligible Dependents of the Insured, as defined by this policy, whom are residing outside of their Home Country;
3. Are under age 65 unless insured for 2 continuous years prior to age 65 in which case they remain eligible under Plan Options D, E, or F up to age 80. For ages 70 to 80 annual medical qualifying is required.
4. Have completed and signed the application form in acceptance of the policy terms and conditions;
5. Have paid the required premium or had such premium paid on their behalf by the policyholder.

## **TERMINATION DATE OF INSURANCE**

The insurance of an Insured Person shall terminate on the earliest of the following:

1. The date this policy is terminated;
2. The date that any premium required or due on the part of the Insured Person remains unpaid;
3. The expiry date following the Insured Person's 65<sup>th</sup> birthday unless continuation is continued as per eligibility requirements stated;
4. The expiry date following the date the Insured Dependent ceases to be an eligible Dependent as defined by this policy.

Termination of the insurance of any Insured Person because of termination of this policy will not prejudice consideration of any claim that may have occurred prior to such termination.

## **REFUNDS**

A full refund of the premium paid, less administration fee of \$25.00 will be made provided the Insurer receives a written request to terminate within 30 days of an Insured becoming ineligible.

The premium may be partially refunded on a pro rata basis (a minimum of 30-days premium is retained) should the Insured Person's situation change during the Policy Term. Once the Insurer has received satisfactory evidence that the Insured Person is eligible for a refund, it will be calculated from the return date to their Home Country, otherwise refund calculations will be based on the postmarked date of the Insured Person's written request.

## **OTHER INSURANCE**

If, at the time of loss, the Insured Person has insurance from another source for Benefits provided under this policy, the policy with the earliest Effective Date will be deemed to be first payor. Any Benefits payable by the following shall not be considered as a covered cost under this policy:

1. Any group or individual Hospital or medical plan.
2. Any government Hospital or medical plan.
3. Any Worker's Compensation Act.
4. Any public or tax-supported agency.

## **PRIVACY GUIDELINES**

Norfolk Mobility Benefits Inc., recognize and respect every individual's right to privacy. When You apply for coverage or submit a claim, we establish a confidential file of personal information.

We use the information to administer the individual Benefit plan under which You are covered. This includes many tasks, such as:

1. Determining Your eligibility for coverage under the plan
2. Enrolling You for coverage
3. Assessing Your claims and providing You with payment
4. Managing Your claims
5. Verifying and auditing eligibility and claims
6. Underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
7. Preparing regulatory reports, such as tax slips

We limit access to information in Your file to Norfolk Mobility Benefits Inc. staff or persons authorized by Norfolk Mobility Benefits Inc. who require it to perform their duties, to persons to whom You have granted access, and to persons authorized by law. Norfolk Mobility Benefits Inc., Your health care provider, other insurance and reinsurance companies, and Your plan administrator may also exchange information when the information is needed to administer the group Benefit plan.

## **DEFINITIONS**

**Accident:** Any sudden and unforeseen event occurring during the policy term, resulting in bodily Injury, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control.

**Benefits:** Any covered expenses/services that the Insurer will pay under this policy.

**Convalescent Care Facility:** An institution that is licensed to keep patients regularly overnight. The facility must provide supervision by a legally qualified Physician or a registered professional nurse, 24-hour skilled nursing care by licensed nursing personnel under the direction of a full-time registered professional nurse, and training in self-care for the essential activities of daily living. The institution must also maintain a complete medical record on each patient and have a utilization review plan for all of its patients. An institution is not a Convalescent Facility if it is used principally for the care of mental retardation or any other form of mental disorder. Institutions such as clinics, or places for rest, educational care, care of the aged, Custodial Care, care of drug addicts or alcoholics do not qualify as Convalescent Facilities. To qualify for coverage, confinement in a Convalescent Facility must occur within 14 days after a minimum three-day Hospital Confinement for the same illness.

**Day Patient:** A patient who occupies a Hospital bed or is charged for a Hospital bed.

**Deductible:** The dollar amount for which the Insured Person is liable, as stated on his / her Confirmation of Insurance, before any remaining eligible expenses are reimbursed under this Policy.

**Dependent:**

1. The spouse or common law spouse (including same sex) of an Insured Person (but excluding those legally separated), and under the age of 80.
2. Unmarried children, step-children, foster children and legally adopted children, provided that such children are not less than 15 days old (unless Maternity Benefits are selected and the appropriate premium has been remitted to the Insurer) and not more than 18 years old at the date the Policy was purchased (or 24 years old provided it can be proved that the child is continuing in full-time education).
3. Unmarried children, step-children, foster children and legally adopted children, provided that such children are dependant on the Insured Person for support due to physical or mental Disability regardless of age.

**Diagnostic Services:** Laboratory tests and x-ray services, radiographs and nuclear medicine procedures used to diagnose and treat medical conditions.

**Disability:** the inability to perform the principal duties of any occupation in relation to Your education, skills, training and experience.

**Effective Date:** The date on which the coverage under this policy begins per Certificate holder.

**Emergency:** A sudden and unexpected turn of events or change of condition which requires immediate medical treatment and which first manifests itself while this policy is in force as to the Insured Person.

**Expatriate:** A person who leaves his / her Home Country to reside in a foreign country for which he / she does not hold a valid passport.

**Home Country:** The country for which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be taken to mean the country that the Insured Person has declared on the Application Form.

Where a family is to be covered by the Policy, there will be deemed to be one Home Country for that family, which will be the Home Country declared on the Application Form.

Coverage in Home Country shall be limited to a maximum period of 90-consecutive days per trip back in the Home Country and provides for medical care only unless pre-approved.

**Hospital:** Any medical or surgical institution which is legally licensed in the country in which it is located and whose main activities are not those of a rehabilitation centre, spa, hydro clinic, sanatorium, nursing home or home for the aged. It must be under the constant supervision of a resident Physician.

**Hospital Services:** Costs for accommodation, nursing, operating theatres, drugs, dressings, diagnostic procedures or any other necessary costs made by the Hospital for medical treatment.

**Immediate Family Member:** Refers to spouse, son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, brother-in-law, sister-in-law, father-in-law, mother-in-law, grandson, granddaughter, grandfather or grandmother of the Insured Person.

**Injury:** An unexpected and unforeseen harm to the body caused by an Accident occurring while the policy is in force and resulting, directly and independently of all other causes, in the Insured Person incurring Medical Expenses.

**Inpatient:** A patient who occupies a Hospital bed for more than 24 hours for medical treatment and for which admission was recommended by a Physician or Surgeon.

**Insured Person/You/Your:** An eligible person as defined in the eligibility section of this policy.

**Insurer:** Certain underwriters at Lloyd's of London, England who provide this insurance.

**Maternity Care:** Refers to the medically necessary expenses associated with pregnancy and childbirth.

**Medical Appliances:** Minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, orthotics and the temporary rental of a wheelchair when prescribed by a Physician or Surgeon.

**Medical Assistance Provider:** MEDEX Global Solutions.

**Medical Expenses:** Those medical and related expenses for which coverage is provided under the Major Medical Benefits section of this policy which are necessarily incurred as a result of Injury or Sickness while coverage is in force under this policy as to the Insured Person.

**Newborn Nursery Care:** The medically necessary expenses associated with the care and treatment of a newborn child while in Hospital immediately following birth and any medically necessary expenses incurred up to the guaranteed period of coverage elected under Maternity Care.

**Norfolk Mobility Benefits Inc:** The third party administrator and claims administrator appointed by the Insurer.

**Outpatient:** An Insured Person who receives treatment, including Diagnostic Services at a Hospital, or other medical institution, or at a Physician's office; where the Insured Person is not admitted or confined to a Hospital bed as an Inpatient or Day Patient.

**Overall Maximum Limit:** The total aggregate lifetime limit that may be claimed by an Insured Person for all medical coverage bound under the Binding Authority granted to Norfolk Mobility Benefits Inc. by the various Syndicates for Lloyd's of London. Such limit is indicated in the wording of this policy.

**Physician or Surgeon:** A legally licensed medical practitioner recognised by the law of the country where treatment is provided and who, in rendering such treatment, is practising within the scope of his/her licensing and training. A Physician or Surgeon must not be the Insured Person or an Immediate Family Member of an Insured Person.

**Policy Year:** the 12-month period beginning on the date the Insured Person's coverage under the Policy commences. Subsequent Policy Years commence on the anniversary of that date and assume uninterrupted coverage with no change in plan Deductible or currency of policy.

**Primary Location of Foreign Residency** wherever used in this policy means the location out-side of the Insured Person's Home Country where the majority of the policy term is spent

**Reasonable and Customary Costs:** Costs incurred for approved, eligible treatment or supplies that do not exceed the standard costs of other providers of similar standing in the same region, for the same treatment of a similar Sickness or Injury.

**Routine Care:** Designated for patients who require a Physicians visit for a medical service, including Diagnostic Services and medication, that is not considered urgent at the time of the initial visit. Routine Care does not include Routine Annual Check-ups or physicals.

**Sickness:** Any unexpected and unforeseen illness or disease manifesting itself while this policy is in force as to the Insured Person and which causes the Insured Person to incur Medical Expenses.

**Well Baby Care:** The customary Health Care services provided to a healthy newborn that are determined to be medically necessary, even though they are not provided as a result of illness, Injury or congenital defect. This includes a series of regularly scheduled check ups, hearing loss assessments and immunizations. Please refer to the Medical Benefit for coverage and limitations.

## **GENERAL EXCLUSIONS**

This policy does not cover expenses caused or contributed to directly or indirectly by:

1. Air travel, other than as a fare paying passenger or licensed pilot in a certified commercial aircraft that provides passenger service and complies with government regulations concerning pilot licensing and current certificates of airworthiness;
2. Active participation in war or any act of war, or while participating in any armed forces training exercises or manoeuvre; radioactive contamination or committing or attempting to commit any criminal act;
3. Intentionally self-inflicted Injury, suicide or self-destruction or any attempt (while sane or insane);
4. Pregnancy, miscarriage, childbirth or termination of pregnancy or expenses relating thereto, except as provided under the optional Maternity Benefit of this Policy if elected at the time of application;
5. Mountaineering, scuba diving, rock or precipice climbing, hang gliding, paragliding, sport parachuting, sky diving unless approved by in advance by the Insurer, athletic or sports activities for remuneration or prize money, or while riding or driving in or on any motorised vehicle or device in any race of speed contents;
6. Misuse of medication, use of intoxicants or illegal drugs, or treatment thereof or Accidents related thereto;
7. Injuries received as a direct consequence or as a result of the Insured Person having blood content of more than 80 milligrams of alcohol per 100 millilitres of blood or, in the absence of a specific measurement, in the professional opinion of the attending Physician;
8. Mental, nervous or emotional disorders;
9. Any claim arising from a trip or assignment undertaken outside the Home Country that has been arranged solely for the purpose of securing treatment or therapy unless it has been pre-approved by the Insurer.

In addition to the above, Benefits will not be payable for:

10. Examinations by, or the services of, a Physician if required solely for the use of a third party;
11. Any costs incurred during any period for which the appropriate premium has not been paid or while the policy is not in force as to the Insured Person.

This policy also includes the following exclusion:

**NUCLEAR, CHEMICAL, BIOLOGICAL TERRORISM EXCLUSION**

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes any losses, directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement:

“Nuclear, chemical, biological terrorism” shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent during the period of this insurance by any person or group(s) of persons, whether acting along or on behalf of or in connection with any organization(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Chemical” agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

“Biological” agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

## **GENERAL PROVISIONS AND LIMITATIONS**

**Arbitration:** Any differences with respect to medical opinion will be settled between two medical experts appointed by the two parties. This dispute resolution will be in writing. Any differences of opinion between the two medical experts shall be referred to an umpire who shall have been appointed in writing at the outset by the two medical experts.

**Legal Proceedings:** No legal proceedings shall be commenced until 60 days after a claim had been correctly submitted and no such action shall be brought unless commenced within three years from the first date of treatment.

This policy is governed by the Laws of Canada and the province of Alberta and any dispute arising out of this policy shall be settled in the courts of Alberta.

**Misrepresentation and Fraud:** All Benefits under this policy shall be voidable if the Insurer determines, whether before or after the loss, the Insured Person has concealed or misrepresented any material fact or circumstance concerning this policy or his/her interest therein, or in the case of fraud or false swearing by You or if You refuse to disclose information or permit the use of such information, pertaining to any of the Insured Persons under this policy. The completed and signed application form is the basis of and forms part of this policy and any erroneous responses therefore constitute material misrepresentation. Any claim to which any concealed or misrepresented material fact or circumstance pertain shall not be payable under this policy and You shall be solely responsible for all expenses relating to Your claim, including Emergency medical evacuation costs.

**Payment of Benefits:** The claims administrator will, on behalf of the Insurer, make payment to the Insured Person or legal representative or directly to the provider of treatment or services. Payment will be made in Currency of the policy elected at time of application.

**Pre-Authorization:** It is recommended that Insured Persons obtain pre-authorization from Norfolk Mobility Benefits Inc. or the Medical Assistance Provider for all Inpatient and Day Patient hospitalizations and special Outpatient Services.

**Return to Home Country:** Benefits shall be limited to a period of 90 consecutive days per trip for Insured Persons returning or receiving medical treatment in their Home Country, except as approved in advance by the Insurer. Insured Persons must notify Norfolk Mobility Benefits Inc., or David Cummings Insurance Services Ltd., of the date of return to their Home Country within 30 days of the date of return to be eligible for any applicable refund of premium.

**Subrogation:** If an Insured Person suffers a loss covered under this policy, the Insurer is granted the right from the Insured Person to take action to enforce all the rights, powers, privileges and remedies of the Insured Person, to the extent of Benefits paid under this policy, against any person or organisation which caused such loss. Additionally, if no fault Benefits or other collateral sources of payment of expenses are available to the Insured Person, regardless of fault, the Insurer is granted the right to make a demand for, and recover those Benefits. If the Insurer institutes an action, the Insurer may do so at its' own expense, in the Insured Person's name, and the Insured Person will attend at the place of loss to assist in the action. If the Insured Person institutes a demand or action for a covered loss he or she shall immediately notify the Insurer so that it may safeguard its' rights. The Insured Person shall take no action after a loss that will impair the rights of the Insurer.

**Statutory Conditions**

The application, the policy, any document attached to the policy when issued, and any amendment to the contract agreed upon in writing after the policy is issued, constitute the entire contract. Any provision of the policy which, on its Effective Date, is in conflict with the statutes of the jurisdiction in which the policy was issued is hereby amended to conform to the minimum requirements of such statutes.

**Identification of Insurer/Action Against Insurer**

This insurance has been effected in accordance with the authorization granted to the undersigned by certain underwriters at Lloyd's, whose definitive members and proportions underwritten by them can be ascertained by references to this policy which bears the seal of Lloyd's Policy Signing Officer and has been certified by the Underwriter's Attorney In Fact in Canada and may be seen at the office of the undersigned. The underwriters identified in the said contract shall be liable hereunder each for his own part and not one for another in proportion to the several sums by each of them subscribed to the said contract.

## **CLAIMS PROCEDURES APPLICABLE TO MEDICAL AND DENTAL BENEFITS**

The Insurer will pay Benefits provided that:

1. Written details of all claims have been sent to the claims administrator as soon as possible and in any event not later than 365 days from the beginning of the medical treatment or 90 days after date of termination;
2. All documentation relating to the claim including the claim form and accounts must be provided. Copies of original documents will be accepted for amounts up to \$2,500 USD. The original receipts must be retained by the Insured member for a period of 24 months from the date the claim was incurred during which time Norfolk Mobility Benefits may request these documents to validate any claim at any time. In the event the original copy cannot be produced, the Insured member will be responsible for any claim payments made in regards to that receipt.
3. The required premiums have been paid relative to the Insured Person making the claim.

It is understood that:

4. The Insurer can ask for medical information from any Physician or Surgeon as often as required and if necessary examine the Insured Person;
5. The Insurer shall be notified of any circumstances that may lead to a claim against a third party or any other insurance;
6. In the case of a claim in the Insured Person's Home Country, proof of the Insured Person's entry date into their Home Country is provided.

**All pertinent information shall be sent to:**

**Norfolk Mobility Benefits Inc.  
300, 999 8<sup>th</sup> Street S.W.  
Calgary, Alberta, Canada T2R 1J5**

**Claim Inquiries can be directed to the above or:**

**Phone (403) 232-8545  
Toll Free 1-800-672-6089 (North America)  
Fax (403) 265-9425  
Email [claims@norfolkmobility.com](mailto:claims@norfolkmobility.com)**

## **LLOYD'S POLICYHOLDERS' COMPLAINT PROCEDURE**

Should a policyholder wish to file a complaint relative to a Lloyd's policy affected through a correspondent, the policyholder must be provided with the following Lloyd's Complaint Protocol:

### **HOW TO MAKE A COMPLAINT**

If You have a complaint with any aspect of Your Lloyd's Insurance, please refer to the broker/agent who arranged Your policy for You.

If You are not satisfied, please submit Your written complaint to:

Lloyd's Canada Inc.  
Broker & Management Services  
1155 rue Metcalfe, Suite 1540  
Montreal, Quebec H3B 2V6

Tel: 1-877-4LLOYDS  
Fax: (514) 861-0470  
Email: [lineage@lloyds.ca](mailto:lineage@lloyds.ca)

Your written complaint will be forwarded to Lloyd's Complaints Department in London, which ensures that Lloyd's Underwriters and their representative's deal with claims and complaints in an acceptable manner. It acts as an impartial mediator. When undertaking a review, this Department takes account of general legal principles, good insurance practice, and whether all events surrounding a given case have been considered fairly.

### **RESIDENTS OF ONTARIO**

You may avail Yourself of the services of the Insurance Ombudsman by requesting a letter from the broker/agent who arranged Your policy for You (stating their final position on Your complaint) and forwarding this letter along with Your written complaint to:

Insurance Ombudsman  
Financial Services Commission of Ontario  
Box 85, 5160 Yonge Street  
North York, Ontario M2N 6L9

Fax: (416) 590-8480

## **MAJOR MEDICAL BENEFITS**

### **Overall Maximum Limit**

Notwithstanding the limits stated in the separate sections of this policy, the Overall Maximum Limit for Medical Expenses shall not exceed three million dollars (\$3,000,000) per lifetime of the Insured Person.

**Major Medical Class 1:** Reimbursement is 100% of eligible expenses for In-Patient and Out-Patient services, after the Policy Year Deductible, as elected at time of enrolment.

**Major Medical Class 2:** Eligible expenses for **In**-Patient Hospital Services are reimbursed at 100%. All **Out-patient** services are reimbursed at 80/20 Co-Insurance.

Under the 80/20 co-insurance for Out-patient services, each Insured Person has a maximum Out-of-Pocket amount of \$5,000 per Policy Year, not including any applicable deductible. This means that within each Policy Year, each insured's portion (the 20%) of eligible expenses will not exceed \$5,000 + any applicable deductible amount. If the Out-of-Pocket limit is reached, further eligible Out-Patient expenses incurred within the same Policy Year are reimbursed at 100%.

**\*Reimbursement of eligible expenses is 100% under Class 1 and Class 2 for Medical Evacuation including Air Ambulance, and on all services insured by MEDEX.**

For Insured Persons who must contractually change due to age, from Plan B or C to Plan D, E, or F and have contributed to the current Policy Year Deductible under Plan B or C, will have these Deductible amounts credited towards the Policy Year Deductible of Plan D, E, or F.

**Please be advised that if you wish to take advantage of the Direct Billing Option for Medical Expenses incurred within the United States you can elect treatment from a Physician or facility that belongs to the Hygeia Network ([www.hygeia.net](http://www.hygeia.net))**

### **Eligibility**

All primary Insured members, their spouses and eligible Dependent children (as defined by this policy) are eligible for Medical coverage.

### **Hospital Benefits**

When, by reason of Injury or Sickness, an Insured Person is confined to a Hospital, the Insurer will pay the Reasonable and Customary Costs for room and board charges (up to and including semi-private room accommodation), including the costs relating to Physicians, Surgeons, nursing, operating room, prescription drugs, dressings, Diagnostic Services, Medical Appliances, and any other necessary cost made by the Hospital for Inpatient Hospital Services, Day Patient Hospital Services, as well as costs incurred in an intensive care unit. **It is recommended that Insured Persons obtain pre-authorization from Norfolk Mobility Benefits Inc. or the Medical Assistance Provider. Requests for pre-authorization of Hospital Services considered non-Emergency should be submitted at least 10 days prior to the anticipated service date. Pre-authorization requests will be processed within 3 to 5 business days.**

### **Medical, Surgical and Diagnostic Services**

When by reason of Injury or Sickness, an Insured Person incurs expenses for any of the following while under the regular care and attendance of a Physician or Surgeon, the Insurer will pay the Reasonable and Customary Costs incurred for the following:

1. **Diagnostic, X-Ray, and Laboratory Services.** X-Ray or Laboratory examinations under the attendance or supervision of a Physician or Surgeon for Diagnostic Services. Laboratory and x-ray services must be provided by or ordered by a Physician. This policy does not cover magnetic resonance imaging (MRI), cardiac catheterisation, computerised axial tomography (CAT) scans for reasons considered non-Emergency unless prescribed by a Physician.
2. **Paramedical Services.** The services of a registered or certified massage therapist, chiropractor, physiotherapist, psychologist, osteopath, naturopath, speech therapist, podiatrist or acupuncturist up to a maximum of \$500 per profession, per Policy Year, per Insured.
3. **Nursing at Home.** The Reasonable and Customary Cost for the medical services of a licensed nurse in the Insured Person's home when prescribed by a Physician and related directly to a medical condition for which the Insured Person has received or is receiving treatment covered under this policy. This Benefit is available for up to 12 weeks per Injury or Sickness. The nurse cannot be an Immediate Family Member or currently residing with the Insured Person.
4. **Routine Annual Check-ups.** Insured to a maximum of \$500 per Insured per 12 month period after 6 months of continuous coverage, including costs associated with Routine Diagnostic Testing, X-Rays or Laboratory Services.
5. **Convalescent Care Facility.** The Reasonable and Customary Cost for of a Convalescent Care Facility when prescribed by a Physician and related directly to a medical condition for which the Insured Person has received or is receiving treatment covered under this Policy. This Benefit is available for up to 60 days per Policy Year.

### **Outpatient Services**

When by reason of Injury or Sickness, an Insured Person incurs expenses for any of the following while under the regular care and attendance of a Physician or Surgeon, Registered Nurse, Licensed Practical Nurse or Nurse Practitioner the Insurer will pay the Reasonable and Customary Costs incurred for the following:

1. Physician, Surgeon, Registered Nurse, Licensed Practical Nurse or Nurse Practitioner service fees;
2. Drugs, medicine, serums and vaccines obtainable only upon a written prescription and dispensed by a pharmacist, a Physician, chemist or Surgeon, limited to a 90 day supply per claim;  
A maximum 12 month supply of drugs may be purchased at one time providing the drugs are not readily available within the member's assignment location (excluding narcotics which are limited to a 90 day supply within a 3 month period);
3. The rental (or purchase, at the option of the Insurer) of crutches, casts, splints, canes, slings, trusses, braces, hospital-type bed, ventilator, respirator, or other approved durable equipment for temporary therapeutic use and the temporary rental of a wheelchair when prescribed by a Physician or Surgeon;
4. Orthotics to a maximum of \$200 per Policy Year;
5. Prosthetics when required as a result of a surgical procedure;
6. Blood or blood plasma (includes the administration of blood);

7. Ambulance Charges. Charges for licensed ground or air ambulance transportation to the nearest Hospital, or from one Hospital to another or from a Hospital to the Insured Person's residence.

#### **Emergency Dental Treatment**

When an accidental blow to the mouth or face results in Injury to an Insured Person, the Insurer will pay for the Emergency dental treatment necessary to restore or replace permanently attached artificial teeth or sound natural teeth lost or damaged in an Accident, and for which dental treatment is initiated within 30 days following an Accident and completed within the policy term. Detailed medical documentation from a Physician or dentist must be provided to support an Insured Person's claim.

All indemnity payable under this section is subject to a maximum amount of \$5,000 per Insured Person, per Injury.

#### **Repatriation or Local Burial**

When Injury or Sickness results in loss of life of an Insured Person outside his/her Home Country, the Insurer will pay for the preparation and the transportation of the mortal remains of the Insured Person from the place of death, or the preparation and local burial of the mortal remains. This Benefit is limited to \$10,000. If this Benefit is provided by another Insurer this policy becomes the second payor.

#### **Emergency Medical Evacuation**

When, by reason of Injury or Sickness, it is deemed medically necessary to evacuate an Insured Person who has a critical medical condition as determined by the Insurer or the Medical Assistance Provider, to the nearest Hospital equipped to provide appropriate care and facilities, the Insurer will reimburse the Reasonable and Customary Cost of Emergency evacuation and medical care to such Hospital. The Insurer will also reimburse reasonable transportation costs for one other person accompanying the patient when this is deemed necessary, and will pay the cost of a one-way economy airfare back to the Insured Person's home or host country. If this Benefit is provided by another Insurer, this policy becomes the second payor.

#### **Compassionate Emergency Travel**

In the event that an Insured Person suffers an Injury or Sickness and is expected to be confined to Hospital outside their Home Country for a minimum period of seven consecutive days (based on confirmation from the treating medical Physician), or suffers loss of life outside their Home Country, the Insurer will pay a single round-trip economy airfare for an Immediate Family Member to attend the Insured Person and/or identify the Insured Person and arrange for repatriation of the Insured Person's remains. This Benefit is limited to \$3,000 per Insured Person, per Injury or Sickness and must be pre-approved by Norfolk Mobility Benefits. Expenses that have not been pre-approved will not be eligible for reimbursement under any circumstances. The Insurer reserves the right to obtain written certification from the attending Physician that such attendance was medically appropriate.

#### **Parent Accompanying Child**

When an Insured Person under 15 years of age is confined to Hospital as an Inpatient, the Insurer will pay the Reasonable and Customary Costs charged by the Hospital for one parent to stay with the child.

Further, if an Insured Person who is a single parent is confined to a Hospital as an Inpatient, the Insurer will pay the Reasonable and Customary Costs for a Dependent child under 15 years of age to stay with such Insured Person.

**Daily Expense Allowance**

A daily expense allowance while outside of country of residency of up to \$100 per day is paid when treatment is received as an Outpatient of a Hospital or medical facility provided such treatment is not available at the place of foreign residency as certified by an attending Physician. The daily expense allowance is limited to a maximum of 14 days per Injury or Sickness, and will not be paid unless receipts issued by a commercial facility are submitted.

**Life Saving Organ Transplants**

Reasonable and Customary charges associated with the cost of life saving organ transplants when deemed required by a licensed Physician shall be covered up to a lifetime maximum of \$200,000 combined for all organ transplants.

**HIV/AIDS Coverage**

Expenses incurred as a result of a positive HIV, AIDS, or ARC diagnosis, which was diagnosed after coverage commenced, will be based on standard terms and conditions of the Policy and covered to a lifetime maximum of \$10,000, and these expenses will form a part of the overall Medical maximum.

**MEDICAL EXCLUSIONS AND LIMITATIONS**

The following expenses are not eligible for reimbursement under this policy:

1. Glasses and contact lenses;
2. Hearing aids;
3. Elective and/or cosmetic surgery, whether or not for psychological reasons unless required as the result of Injury incurred while this policy is in force;
4. Fertility or infertility treatment and/or drugs related to;
5. Sexual transmitted diseases except as provided under the HIV/AIDS provision of this policy.

Benefits will not be payable for the following:

6. Any medical expense incurred while covered under the plan but submitted 365 days following the date the expense was incurred or 90 days after the coverage has been terminated, whichever is earlier.

Please refer to the General Exclusions section for additional limitations.

THE FOLLOWING BENEFITS ARE PROVIDED BY

**MEDEX**



Plan designed and administered by  
**Norfolk Mobility Benefits Inc.**  
Modified April 2011

## **IN A MEDICAL EMERGENCY**

**In the event of a medical Emergency, please contact:**

**MEDEX Global Solutions  
24 Hour Emergency Number  
IDENTIFICATION NO. 31511  
POLICY NO. RG4335FRW**

**CALL COLLECT  
00 1 (410) 453-6330**

In order to assist you in an Emergency situation, MEDEX will require the following information when you contact them.

- Name of caller, telephone number and relationship to the patient.
- Name of the patient, age, sex and location and their certificate number.
- Name of organization.
- MEDEX Identification number (31511), Group RG4335FRW.
- Nature of medical problem.
- Telephone numbers of medical personnel involved.
- How and when the next communication will take place

**In the event of a medical Emergency, you must contact MEDEX immediately. They will take the appropriate action to assist you and monitor your card until the situation is resolved – 24 hours a day, 7 days a week, 365 days a year.**



## **MEDEX PLUS**

**The travel program that provides international assistance, Emergency evacuation and repatriation.**

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**MEDEX Global Solutions provides numerous assistance services to Insureds while they are away from their Home Country. It is important that MEDEX is contacted in the case of a medical Emergency so as to ensure you are receiving the best possible care.**

### **PROGRAM DESCRIPTION**

#### **How To Access MEDEX PLUS Services 24 hours a day, 7 days a week, 365 days a year**

The MEDEX identification card is your key to travel security. If you have a medical or travel problem call MEDEX. Printed on your ID card are the phone numbers for the worldwide MEDEX Network. Call the toll-free number of the country you are in. If you are in a country not listed, call the Baltimore, Maryland coordinator centre collect (1-410-453-6330).

A multilingual coordinator will ask your name, your company or group name, your group number and a description of the situation. MEDEX will immediately render whatever assistance is necessary. A full listing of the services follows.

If the condition is an Emergency, you should go immediately to the nearest Physician or Hospital without delay and then contact the Coordination Centres. MEDEX will then take the appropriate action to assist you and monitor your care until the situation is resolved.

MEDEX PLUS provides You with Medical Assistance Services, Travel Assistance Services, Medical Evacuation and Repatriation Services, Personal Security Services and Worldwide Destination Intelligence as described below. These services are subject to certain Conditions, Limitations, and Exclusions also described below.

Keep this document with you while you travel. Program membership is valid during the dates shown on the MEDEX enrollment record for each Member.

**MEDEX GLOBAL SOLUTIONS**  
8501 LaSalle Road, Suite 200  
Towson, MD 21286  
410-453-6330  
800-537-2029

## MEDICAL ASSISTANCE SERVICES

**Worldwide Medical and Dental Referrals:** We will provide referrals to help You locate appropriate treatment or care.

**Monitoring of Treatment:** Our Assistance Coordinators will continually monitor Your case. In addition, Our MEDEX Physician Advisors provide Us consultative and advisory services, including review and analysis of the quality of medical care You are receiving.

**Facilitation of Hospital Payments:** Upon securing payment or a guarantee to reimburse, We will either wire funds or guarantee required Emergency Hospital admittance deposits. You are ultimately responsible for the payment of the cost of medical care and treatment, including Hospital Expenses.

**Transfer of Insurance Information to Medical Providers:** We will assist You with Hospital admission, such as relaying insurance Benefit information, to help prevent delays or denials of medical care. We will also assist with discharge planning.

**Medication, Vaccine and Blood Transfers:** In the event medication, vaccines, or blood products are not available locally, or a prescription medication is lost or stolen, We will coordinate their transfer to You upon the prescribing Physician's authorization, if it is legally permissible.

**Dispatch of Doctors/Specialists:** In an Emergency where You cannot adequately be assessed by telephone for possible evacuation, or You cannot be moved and local treatment is unavailable, We will send an appropriate medical practitioner to You.

**Transfer of Medical Records:** Upon Your consent, We will assist with the transfer of medical information and records to You or the treating Physician.

**Continuous Updates to Family, Employer, and Home Physician:** With Your approval, We will provide case updates to appropriate individuals You designate in order to keep them informed.

**Hotel Arrangements for Convalescence:** We will assist You with the arrangement of hotel stays and room requirements before or after hospitalization.

**Replacement of Corrective Lenses and Medical Devices:** We will coordinate the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

## TRAVEL ASSISTANCE SERVICES

**Replacement of Lost or Stolen Travel Documents:** We will assist You in taking the necessary steps to replace passports, tickets, and other important travel documents.

**Emergency Travel Arrangements:** We will make new reservations for airlines, hotels, and other travel services in the event of an Illness or Injury.

**Transfer of Funds:** We will provide You with an Emergency cash advance subject to Us first securing funds from You or Your family.

**Legal Referrals:** Should You require legal assistance, We will direct You to an attorney and assist You in securing a bail bond.

**Translation Services:** Our multilingual Assistance Coordinators are available to provide immediate verbal translation assistance in a variety of languages in an Emergency; otherwise We will provide You with referrals to local interpreter services.

**Message Transmittals:** You may send and receive Emergency messages toll-free, 24-hours a day, through Our Emergency Response Center.

**Emergency Pet Housing and/or Pet Return:** We will coordinate arrangements for temporary boarding or the return of a pet left unattended as a result of Your Injury or Illness.

## **WORLDWIDE DESTINATION INTELLIGENCE**

**Pre-Travel Information:** Upon Your request, We can provide continuously updated destination intelligence for 173 countries covering subject areas such as weather, currency and culture.

**Travel and Health Information:** Upon Your request We can provide You with continuous updates on travel and health information such as immunizations, vaccinations, regional health concerns, entry and exit requirements, and transportation information.

**Real-time Security Intelligence:** Upon Your request We will provide You with the latest authoritative information and security guidance for over 173 countries and 283 cities. Our global security database is continuously updated and includes intelligence from thousands of worldwide sources.

## **MEDICAL EVACUATION & REPATRIATION SERVICES**

**Emergency Medical Evacuation:** If You sustain an Injury or suffer a sudden and unexpected Illness and adequate medical treatment is not available in Your current location, We will arrange and pay for a medically supervised evacuation to the nearest medical facility We determine to be capable of providing appropriate medical treatment. Your medical condition and situation must be such that, in the professional opinion of the health care provider and MEDEX, You require immediate Emergency medical treatment, without which there would be a significant risk of death or serious impairment.

**Transportation to Join a Hospitalized Member:** If You are traveling alone and are or will be hospitalized for more than seven consecutive days, We will coordinate and pay for economy round-trip airfare for a person of Your choice to join You.

**Return of Dependent Children:** If Your Dependent child(ren) age 18 or under are present but left unattended as a result of Your Injury or Illness, We will coordinate and pay for one-way economy airfare to send them back to Your Home Country. We will also arrange and pay for the services and transportation expenses of a qualified escort, if required and as determined by MEDEX.

**Transportation After Stabilization:** Following Emergency medical evacuation and stabilization, We will coordinate and pay for one-way economy airfare to Your point

of origin. If following stabilization We determine that hospitalization or rehabilitation should occur in Your Home Country, We will alternatively coordinate and pay for Your transportation there.

**Repatriation of Mortal Remains:** If You sustain an Injury or suffer a sudden and unexpected Illness that results in Your death, We will assist in obtaining the necessary clearances for Your cremation or the return of Your mortal remains. We will coordinate and pay for the expenses of the preparation and transportation of Your mortal remains to Your Home Country.

## **SECURITY AND POLITICAL EVACUATION SERVICES**

**Political Evacuation Services:** In the event of a threatening political situation, such as military uprising or coup, We will assist You in making evacuation arrangements, including flight arrangements, securing visas, and logistical arrangements such as ground transportation and housing. In more complex situations, We will assist You in making arrangements with providers of specialized security services.

**Security Evacuation Services:** In the event of a threatening security situation, such as rioting, or other violent situations, We will assist You in making evacuation arrangements, including flight arrangements, securing visas, and logistical arrangements such as ground transportation and housing. In more complex situations, We will assist You in making arrangements with providers of specialized security services.

**Transportation After Political or Security Evacuation:** Following a Security or Political Evacuation and when safety allows, We will coordinate Your return to either Your Host Country or Your Home Country.

## **PROGRAM DEFINITIONS**

The following definitions apply:

“Dependent” means the Member's legal spouse; the Member's unmarried children from birth and under age 19; or under age 23, if enrolled as a full-time student in an accredited college, university, vocational or technical school; and children whose support is required by a court decree. Children include natural children, stepchildren and legally adopted children. They must be primarily Dependent on the Member for support and maintenance and must live in a parent-child relationship with the Member. A spouse or child who is Insured under this Policy as a Member will not be eligible as a Dependent.

“Enrollment Period” means the period of time for which You are validly enrolled for MEDEX PLUS and for whom We have received the appropriate enrollment fee.

“Home Country” means the country as shown on Your passport or the country where You have Your permanent residence.

“Host Country” means a country or territory You are visiting or in which You are living which is not Your Home Country.

"Injury" means an identifiable accidental Injury caused by a sudden, unexpected, unusual, specific event that occurs during Your Enrollment Period.

"Illness" means a sudden and unexpected Sickness that manifests itself during Your Enrollment Period.

"MEDEX Physician Advisors" means Physicians, retained by MEDEX to provide us with consultative and advisory services, including the review and analysis of the quality of medical care You are receiving.

"We," "Us," "Our," and "MEDEX" means MEDEX Global Solutions.

"You" and "Your" means a person validly enrolled for MEDEX PLUS and for whom We have received the appropriate enrollment fee.

## **CONDITIONS AND LIMITATIONS**

The services described are available to You only during Your Enrollment Period and only when you are 100 or more miles away from Your permanent residence in Your Home Country.

**We will only cover the transportation costs under the Medical Evacuation and Repatriation Services if We have given Our prior approval or if those services are coordinated by Us.**

We have sole discretion in making the determination as to whether we will cover the cost of Emergency Medical Evacuations. Our decision will be based on medical considerations, including the opinions of the treating Physicians, Our MEDEX Physician Advisors and Our medical director with respect to Your condition and ability to travel. We will determine the appropriate method, destination, and timing of any evacuation. The destination will be the nearest facility capable of providing appropriate care, as determined by Us.

We have sole discretion in making the coverage determination for your Transportation After Stabilization. Our determination will be based on Your need for continuing medical care. We will not return You to Your Home Country for the sole sake of Your convenience.

In the event We are arranging transportation by commercial air under the Medical Evacuation and Repatriation Services, and You hold an original return airline ticket, We may use that ticket and are only responsible for any applicable change fees.

We will only direct-pay any transportation costs under the Medical Evacuation and Repatriation Services to the transportation providers, unless otherwise approved by Us in advance.

We are not responsible for the availability, quality, results of, or failure to provide any medical, legal or other care or service caused by conditions beyond Our control. This includes Your failure to obtain care or service or where the rendering of such care or service is prohibited by U.S. law, local laws, or regulatory agencies.

Your legal representative shall have the right to act for You and on Your behalf if You are incapacitated or deceased.

## **EXPENSES NOT COVERED**

We shall not be responsible for any costs or expenses arising from:

- (1) Hospital or Medical Expenses of any kind or nature.
- (2) Travel arrangements that were neither coordinated by nor approved by Us in advance.
- (3) Your traveling against the advice of a Physician or traveling for the purpose of obtaining medical treatment.
- (4) Suicide, attempted suicide, or willful self-inflicted Injury.
- (5) Taking part in military or police service operations.
- (6) The commission of, or attempt to commit, an unlawful act.
- (7) Injury or Illness caused by or contributed to by use of drugs or alcohol.
- (8) Pregnancies, except in the case of a major, vital complication during the first two trimesters of pregnancy which presents a clear and significant risk of death or imminent serious Injury or harm to the mother or fetus.
- (9) Initial transportation to local facilities, including ground ambulance fees, except as arranged by Us.
- (10) Mountaineering or rock climbing necessitating the use of guides or ropes, spelunking, skydiving, parachuting, ballooning, hang gliding, racing of any kind other than on foot, bungee jumping, operating a vehicle when not properly licensed, or participating in professional sports unless otherwise agreed in writing by Us prior to Your Enrollment Period.
- (11) Incidental expenses, including but not limited to accommodations, local transportation, meals, telephone, and facsimile charges.
- (12) Services not otherwise shown as covered.

## **REIMBURSEMENT TO MEDEX AND RIGHTS OF SUBROGATION**

You or a responsible party on Your behalf shall either pay the cost of medical care and treatment, including Hospital Expenses directly or shall reimburse Us upon demand for all such costs and expenses which may be imposed upon Us by health care providers for the cost of medical care and treatment, including Hospital Expenses, or related assistance services either authorized by You or deemed to be advisable and necessary by Us under urgent medical circumstances, to the extent that such expenses are not Our responsibility. Such reimbursement shall be without regard to the specific terms, conditions, or limitations of any insurance policies or Benefits available to You.

We shall be fully and completely subrogated to Your rights against parties who may be liable for the payment of, or a contribution toward the payment of, the costs and expenses of assistance services provided by Us or medical care and treatment, including Hospital Expenses, in the event that We pay or contribute to the payment of them. You must assign to Us any and all rights of recovery under any such insurance plans, including any occupational Benefit plan, health insurance, or other insurance plan or public assistance program, up to the sum of any payments by Us.

Listed below are the telephone numbers for the worldwide MEDEX Global Solutionsnetwork. If you have a medical or travel problem, call MEDEX. Printed on your ID card are the telephone numbers for the worldwide MEDEX network. Call the toll-free number for the country you are in if one is available. If you are in a country that is not listed or if the call will not go through, please call the Baltimore, Maryland coordination center *collect*. Be prepared to give MEDEX your name, identification number, organization's name, and a brief description of your problem.

Australia and Tasmania	1-800-127-907
Austria	0-800-29-5810
Belgium	0800-1-7759
Brazil	0800-891-2734
China	10811-800-527-0218
Egypt* (inside Cairo)	510-0200-1-877-569-415
Egypt* (outside Cairo)	02-510-0200-1-877-569-4151
Finland	0800-114402
France and Monaco	0800-90-8505
Germany	0800-1-811-401
Greece	00-800-4412-8821
Hong Kong	800-96-4421
Indonesia	001-803-1471-0621
Israel	1-800-941-0172
Italy, Vatican City and San Marino	800-877-204
Japan	00531-11-4065
Mexico	001-800-101-0061
Netherlands	0800-022-8662
New Zealand	0800-44-4053
Philippines	1-800-1-111-0503
Portugal	800-84-4266
Republic of Ireland (Eire)	1-800-409-529
Republic of South Africa	0800-9-92379
Singapore	800-1100-452
South Korea	00798-1-1-004-7101
Spain and Majorca	900-98-4467
Switzerland and Liechtenstein	0800-55-6029
Thailand	001-800-11-471-0661
Turkey	00-800-4491-4834
UK & N. Ireland, Isle of Jersey and Isle of Man	0800-252-074
United States, Canada, Puerto Rico, US Virgin Islands, Bermuda	1-800-527-0218

**MEDEX GLOBAL SOLUTIONSCOORDINATION CENTER**

**(call collect)**

United States

Baltimore, Maryland

(1)-410-453-6330

**Please note the following:**

When a toll free number is not available, travelers are encouraged to call MEDEX collect. **The toll free numbers listed are only available when physically calling from within the country.**

- The toll free ISRAEL line is not available from payphones and there is a local access charge.
- The toll free ITALY, VATICAN CITY and SAN MARINO number has a local charge for access.
- The toll free JAPAN line is only available from touchtone phones (including payphones) equipped for International dialing.
- If calling from MEXICO on a payphone, the payphone must be a La Datel payphone.

# ACCESSING MEDICAL PROVIDERS WITHIN THE USA



Plan designed and administered by  
**Norfolk Mobility Benefits Inc.**  
Modified April 2011

## **HYGEIA / FIRST HEALTH NETWORK**

Norfolk Mobility Benefits Inc. has partnered with Hygeia / First Health Network Corporation in an effort to ensure our members have access to an exceptional provider network within the United States.

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### **WHO IS HYGEIA / FIRST HEALTH NETWORK?**

Hygeia / First Health Network is a professional health service intermediary providing Insured members access to quality US medical services through a contracted network of medical providers.

### **WHAT CAN HYGEIA / FIRST HEALTH NETWORK DO FOR ME?**

Hygeia / First Health Network has created the "Hygeia / First Health Network Preferred Provider Network", which includes more than 450,000 Physicians and 4,200 Hospitals in all 50 states. These providers are required to certify that they meet and maintain the criteria established by the National Committee for Quality Assurance in order to participate in the Hygeia / First Health Network Network.

**By accessing a provider who is a member of this network, Hygeia / First Health Network will ensure Norfolk Mobility Benefits is directly billed by your provider so you will not have to pay for your services up front. Should you prefer to access a provider who is not part of the network, Norfolk Mobility Benefits will work with the provider to arrange a direct billing to Norfolk Mobility Benefits, if possible.**

### **WHAT DO I NEED TO DO?**

Upon admission to any facility, present your Norfolk Mobility Benefits Inc. member card. This card will identify your insurance carrier as a member of the Hygeia / First Health Network. In the occurrence that an employee at a provider's office is not familiar with Hygeia / First Health Network, simply ask the provider to call Norfolk Mobility Benefits to confirm our relationship with the provider. Norfolk Mobility Benefits' contact information is provided on the member card.

To locate a provider within the Hygeia / First Health Network Preferred Provider Network, please log on to [www.Hygeia.net](http://www.Hygeia.net) and click on the Public Provider Search. This function will allow you to locate a facility or practitioner in your area, based on the type of service you require.

If an Insured member encounters problems with a Hygeia/First Health Network Provider due to the Billing Address for Norfolk Mobility Benefits Inc. being in Canada they may request (in this situation only) that the Provider's Invoice be sent to the following address:

**Norfolk Mobility Benefits Inc.  
C/o Hygeia  
3100 SW 145<sup>th</sup> Avenue, Suite 101  
Miramar, Florida  
United States 33027**

Please note: this will cause delays in the settlement of the direct billed amount.

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Please do not hesitate to contact the Client Service department at Norfolk Mobility Benefits Inc. should you have any questions or concerns:

Phone: 1 (403) 232-8545  
Toll Free: 1 -866-767-5928 (North America)  
Email: [norfolk@norfolkmobility.com](mailto:norfolk@norfolkmobility.com)



THE FOLLOWING BENEFITS ARE PROVIDED BY

## **Shepell-fgi**



Plan designed and administered by  
**Norfolk Mobility Benefits Inc.**  
Modified April 2011

## **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

*Provided by Shepell-fgi*

### **The Benefit**

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Your Expatriate Employee Assistance Program (Expatriate EAP) is a confidential and voluntary support service that can help you solve problems and challenges in your life while you are on assignment in a different country.

You and your immediate family members (as defined in your employee benefit plan) can receive support over the telephone, in person and online. You can also take advantage of online resources to help manage your work-life and personal well-being while on international assignment.

You'll get practical, relevant support, fast and in a way that is most suited to your preference and lifestyle. Whether you are feeling anxious about changes associated to your relocation or are simply concerned about a parenting issue, caring professionals can help you select a support option that works best for you.

Is this service confidential?

Your Expatriate EAP is a confidential service within compliance to professional standards and legal requirements.

How much will it cost?

There is no cost to use the service. If you need more specialized or longer-term support, your Expatriate EAP will help you identify suitable resources that can provide further assistance. While fees for these additional resources are your responsibility, some may be covered by your benefit plan.

Your Expatriate EAP helps you:

- Cope with isolation and loneliness
- Adapt across cultures
- Identify and cope with culture shock
- Manage family and marital relationships
- Get parenting advice
- Achieve personal well-being
- Address anxiety, stress or other personal and emotional difficulties
- Address the personal impact of the relocation
- Tackle addictions or substance abuse
- Address workplace challenges
- Access crisis and trauma support while on assignment

### **How do I access the Expatriate EAP?**

For information, general assistance or to arrange for an appointment, simply give us a call.

Toll-Free English Language Services

**Call Canada Collect**

1-905-886-3605

**In North America**

1-888-509-5560

**Outside North America**

(+)\* 800-7466-3344

\*Please ensure you dial your country code before the number.

**Note: this number will not work within North America.**

Online Appointment Request

You can also go online to request an appointment. Log onto the Shepell-fgi Expatriate Services website, at:

[www.fgiworldmembers.com](http://www.fgiworldmembers.com)

Or please go to [www.shepellfgi.com/go/members](http://www.shepellfgi.com/go/members)

Username: **norfolk**

Password: **mobility**