

EMERGENCY MEDICAL

When It Applies

If **you** experience a medical **emergency** while on **your covered trip**.

What We Cover

1. **Emergency medical expenses:** as listed below and ordered or prescribed by a **physician** as **medically necessary** for diagnosis or **treatment of your emergency sickness or injury:**
 - a) the services of a **physician**, surgeon or in-hospital duty nurse;
 - b) **hospital** room and board charges up to the semi-private room rate. This will include expenses for a cruise ship cabin or hotel room, not already included in the cost of **your covered trip**, if recommended as a substitute for a **hospital** room for recovery of an **injury** or **sickness**;
 - c) transportation furnished by a professional ambulance company to and from a **hospital**;
 - d) up to \$50 each way if a local taxi service is required to get **you** to and from the nearest medical service provider for a minor **emergency**;
 - e) **your emergency** evacuation from a remote location to the nearest appropriate **hospital** that can provide the necessary **emergency** medical **treatment** as determined and arranged by **our emergency assistance provider**;
 - f) diagnostic procedures, laboratory procedures and **treatment**, subject to prior approval by **us**;
 - g) medical equipment purchased or rented for therapeutic purposes subject to prior approval by **us**;
 - h) prescription medications required to **treat** any **emergency medical condition** or **injury**, which are prescribed by a **physician** and

dispensed by a licensed pharmacist (maximum 30 day supply).

- i) One follow-up visit following **emergency treatment** or one follow-up visit following **hospital** discharge for an **emergency** that is covered by this **policy**. The follow-up visit must be recommended by a **physician** at the time of discharge and take place within the required time frame recommended for an initial follow-up visit. The cost of this follow-up visit is limited to \$500.
 - With respect to all **emergency** medical expenses, **you** or someone acting on **your** behalf are required to immediately contact **our** 24 hour assistance line at the telephone numbers provided on page 8 of this **policy** before admission to **hospital** or within 24 hours after a life or organ-threatening **emergency**. Failure to do so will result in **you** being responsible for 30% of any eligible expenses incurred.
 - The **company** reserves the right to return **you** to Canada or to **your departure point** before any **treatment** or following **emergency treatment** for **sickness** or **injury**, if the medical evidence obtained from **our** medical advisor and **your** local attending **physician** confirms **you** are able to return to Canada without endangering **your** life or health.
 - If **you** elect not to return to Canada following the **company's** recommendation to do so, any further expenses related to the **emergency** will not be covered by this **policy** and all benefits will end.
2. **Prescription drugs:** up to \$50 for prescription drugs lost, stolen or damaged during **your covered trip**. Up to \$75 will be allowed if the services of a local **physician** are required to secure the replacement prescription. **You** must contact **our emergency assistance provider**.
3. **Emergency dental:** treatment ordered by a licensed dentist or dental surgeon as follows:

- a) Up to \$4,000 will be paid for **treatment** or repair of natural or permanently attached artificial teeth which are damaged by an **injury** to the head or mouth. Continuing dental **treatment** completed within 90 days after **you** return to Canada is available provided the **treatment** is related to the **injury**. Services performed by a **family member** are not covered;
- b) up to \$300 to relieve acute pain and suffering not related to an **injury**. Services performed by a **family member** are not covered.
4. **Emergency paramedical services:** performed by a chiropractor, chiropodist, physiotherapist, osteopath or podiatrist for **emergency treatment** up to \$300 per category of practitioner. Services performed by a **family member** are not covered.
5. **Accommodation and meals:** commercial accommodation, meals, essential telephone calls, taxi fares or rental vehicle charges incurred by **you, your travelling companion**, or a **family member** travelling with **you** if one of you is relocated to receive **emergency medical treatment** or one of you is hospitalized beyond **your expiry date** due to **sickness** or **injury**.
- This benefit is limited to \$350 per day to a maximum of \$1,750. Original receipts and the local attending **physician's** written diagnosis of the **sickness** or **injury** must be submitted for this benefit to qualify for payment.
6. **Medical evacuation or return home:** in response to an **emergency sickness** or **injury** as follows:
- a) the extra cost of a one way **fare** on a commercial airline via the most direct route to return **you** to **your** place of residence; or
- b) the cost to accommodate a stretcher on a commercial airline via the most direct route to return **you** to **your** place of residence or to the most appropriate medical facility closest to **your** home, plus the reasonable cost of meals, accommodations and airfare expenses for a qualified medical attendant to accompany **you** if it is deemed **medically necessary**; or
- c) air ambulance transportation when it is **medically necessary**.
- Benefits must be pre-approved and arranged by **us** in consultation with **our** medical advisors, the local treating **physician** and **our emergency assistance provider** for coverage to apply. If **your** unused return travel ticket is refundable, **we** will deduct the value of the refund from the return transportation cost **we** arranged or **you** may choose to turn **your** unused return ticket over to **us**.
7. **Bedside visit:** If **you** are admitted to **hospital** for an **emergency sickness** or **injury** and the local attending **physician** recommends that a relative or close friend should visit at **your** bedside, remain with **you**, or accompany **you** home, **we** will reimburse the cost of a round-trip **fare** by the most direct route and **up to** \$750 for commercial accommodation and meals. **We** will automatically insure the accompanying **family member** or friend for Emergency Medical coverage under this **policy** until **you** are medically stable to return to Canada, subject to the eligibility, limitations, conditions, & exclusions of this **policy**.
- These benefits are subject to prior approval by **us**.
8. **Return and escort of children:** This benefit is payable if **you** are confined to a **hospital** for more than 24 hours or **you** must return to **your** home because **you** have a medical **emergency** which is covered by this **policy** or in case of **your** death. **We** will pay for the transportation expenses incurred, up to the cost of a one way **fare** for the return home of any **children** who are accompanying **you**. If **your** child is under 18 years of age, **we** will also pay the extra cost of a round trip airfare via the most direct route, overnight commercial accommodation, and reasonable meal expenses for an escort to

accompany **your** child home. If the unused return travel ticket is refundable, **we** will deduct the value of the refund from the return transportation cost **we** arranged or **you** may choose to turn **your** unused return ticket over to **us**.

9. **Child care cost:** If **you** are admitted to hospital for an **emergency sickness or injury** during **your covered trip** and need to be relocated to receive **emergency medical treatment** or are delayed beyond **your expiry date**, **we** will reimburse **you** up to \$50 per day to a maximum of \$500 for the professional child care cost incurred during **your covered trip** to care for **children** travelling with **you**.

- Original receipts from the professional child care provider are required.

10. **Return of travelling companion:** If **you** must return to **your departure point** because of a medical **emergency** covered by this **policy**, **we** will reimburse **you** for the extra cost of a one way **fare** on a commercial flight via the most direct route to return **your travelling companion** back to **your departure point**. If the unused return travel ticket is refundable, **we** will deduct the value of the refund from the return transportation cost **we** arranged.

11. **Repatriation of remains:** If **you** die during **your covered trip**, **we** will reimburse the reasonable expenses incurred up to the maximum amount specified in the Schedule of Maximum Benefits for:

- a) preparing and transporting **your** remains or ashes back to **your departure point** ; or
- b) the cremation or burial of **your** remains at the location where death occurs.

No benefit is payable for the cost of a headstone, casket and/or funeral service expenses.

Benefits under this section shall not duplicate any benefits available under any other section of this **policy**.

12. **Identification of remains:** If someone is legally required to identify **your** remains before **your** body is released, **we** will reimburse the cost of one person to travel to the place where **your** remains are located via a round-trip **fare** by the most direct route and up to \$500 for commercial accommodation and meals. **We** will automatically insure this person for Emergency Medical coverage under this **policy** for not more than 3 days until they return to Canada, subject to the eligibility, limitations, conditions, and exclusions of this **policy**.

- This benefit must be pre-arranged and approved by **us**.

13. **Vehicle return:** **We** will pay the expenses associated with returning **your** vehicle to **your** home or **your** rental vehicle to the appropriate rental agency if **you** are unable to do so because of a medical **emergency**, up to \$2,000. Return of commercial vehicles is not covered.

14. **Return of baggage and personal effects:** In the event of **your** medical evacuation or repatriation of remains arranged by the **company**, if there is insufficient space to accommodate **your baggage and personal effects** aboard the transport provided, **we** will reimburse **you** up to \$500 to cover the cost of shipping these items to **your departure point**.

15. **Incidental expenses:** If **you** are required to stay in a **hospital** for **treatment** of an **emergency sickness or injury** as an in-patient while on **your covered trip**, **we** will reimburse **you** up to \$250 for **your** out of pocket expenses such as television, wi-fi and parking charges. Original receipts (no copies) and proof of payment must be submitted.

16. **Eyeglasses replacement:** In the event **your** eyeglasses are damaged as a result of a covered **injury**, **we** will reimburse **you** up to \$200 to replace them during **your covered trip**.

17. **Return to destination:** If, following **your emergency** medical evacuation arranged by the **company** to **your** place of residence, **you** wish

to return to **your** destination, **we** will reimburse **you** for the cost of a one way **fare** to the city from where the medical evacuation occurred.

- This benefit is available only if:
 - a) **Your** attending **physician** at **your** place of residence determines that **you** require no further **treatment**,
 - b) **You** receive prior approval by **us**,
 - c) **You** choose this benefit instead of benefit #13, vehicle return, and
 - d) **Your** return must be prior to **your expiry date**.
- Once **you** return to **your** destination, a **recurrence** of the **medical condition** which necessitated **your emergency** medical evacuation or related **medical condition** will not be covered under this **policy**.
- This benefit can only be used once during **your covered trip**. Upon return to **your** destination, the **effective date** of coverage is the day **you** leave **your departure point** to return to **your** destination.

18. **Pet care:** If **you** are admitted to **hospital** for 12 or more hours while on **your covered trip** coverage is provided up to \$1,500 for **your family pet** travelling with **you** on **your covered trip** for:

- a) The necessary quarantine accommodations and care in a pet boarding facility while **you** are admitted to **hospital**;
- b) The necessary preparation and transportation costs to return to **your departure point** if **you** are evacuated or repatriated by the **company**.

All benefits must be pre-approved and arranged by **us**.

POLICY EXCLUSIONS

There is no coverage and no benefit will be payable for any claims resulting from or attributable to:

1. **Your** or **your travelling companion's pre-existing condition** that was not **stable** during the time periods indicated in the Stability Table:

| STABILITY TABLE | | |
|-----------------|------------------|--------------------|
| Age | Stability Period | Counting Back From |
| 0-59 | 60 days | Departure Date |
| 60-74 | 180 days | |
| 75-89 | 365 days | |

2. Any **sickness** or **injury** resulting from:
 - a. a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina within the time periods listed in the Stability Table
 - b. a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone) within the time periods listed in the Stability Table;