



TRAVEL INSURANCE

Policy

What
You
Need
to
Know



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In this document the masculine gender is used solely for convenience and includes the feminine.

Thank you for purchasing Travel Insurance from Pacific Blue Cross!

Before you leave for your trip, here are a few things to remember

- Your Travel Certificate outlines the specific travel insurance you have purchased.
- This Travel Policy defines all of the various types of benefits available. Only the sections associated with the benefits outlined on your Travel Certificate pertain to you.
- Read both of these documents carefully before you leave to make sure the coverage you purchased meets your needs.
- Fill out your Medi-Assist card with your Travel Plan Certificate number and take it with you. It's all you need. [See back cover](#)



Some important things to note

- Our Trip Cancellation and Interruption benefit protects you from further expenses or from losing everything you've booked when your travel plans are unexpectedly cancelled or interrupted. See page 15
- If you have an emergency while travelling, contact Medi-Assist within 24 hours. See page 25
- To claim for benefits under this Travel Policy, send a completed claim form with all original bills attached. See page 2
- Stable pre-existing conditions are covered provided they meet certain criteria for your age and type of travel plan. See pages 11 and 17
- If you decide to extend your travels*, you can also extend your travel insurance. Call your travel insurance Broker or Pacific Blue Cross before your coverage expires. See page 1

*Note that provincial and territorial government health insurance plans limit the time a person can be out of Canada while remaining eligible for coverage. Check your province's health plan for details.

Happy travels and come home safely!



Your Travel Policy

THIS IS YOUR POLICY — PLEASE READ IT CAREFULLY

The Travel Certificate attests the product purchased and determines the benefits of the Policy.

The Policy defines the various types of benefits and combined with your Travel Certificate constitutes your Travel Insurance Policy.

Despite any other provision contained in the Policy, the Policy is subject to the statutory conditions in the Insurance Act respecting policies of accident and sickness insurance.

These documents contain clauses which may limit the amounts payable. Please read them carefully.

CONDITIONS APPLICABLE TO ALL BENEFITS

Policy extension

Coverage under this Policy may be extended as long as the additional premium is paid, and the Covered persons remain eligible for insurance. If the extension of insurance affects the initial rate of the premium, the new premium will apply for the entire duration of the Policy.

If the Covered person files a claim during the initial Period of coverage, the Insurer's approval is required to extend the Policy. Once the approval to extend the Policy has been granted, any claim that pertains to an event that occurred during the initial Period of coverage will be rejected.

The Policyholder must file a request for extension only prior to the end of the initial coverage period by contacting the Insurer.

Automatic extension of coverage

All coverage will automatically be extended free of charge:

- up to 24 hours when the return home is delayed due to the carrier or as the result of a traffic accident or mechanical failure of the private vehicle returning to the departure point (claim must be supported by documentary proof),
- during the period of hospitalization and the 24 hours which follow the discharge from Hospital of a Covered person,
- up to 72 hours when the return home is delayed due to a Covered person's Illness occurring within 24 hours prior to the contracted return date and requiring emergency medical care.

Validity of the policy

The insurance will be valid only when purchased and paid for in full before the Effective date of the Policy.

The travel insurance must be purchased before the departure date and for the full duration of the trip, including the departure and return dates.

Repatriation of a Covered person

In the absence of medical contraindication, the Insurer can require repatriation of any Covered person or his transfer to other medical facilities. **Refusal by the Covered person cancels the coverage and the terminating notice to the Policyholder shall be sufficient. There will be no refund of premium allowed for early return in the event the Covered person refuses to be repatriated.**

Settlement of claims

The Insurer shall not assume responsibility under the Policy unless the Covered person gives written notice of loss to the Insurer within 30 days of acquiring knowledge of it, and transmits to the Insurer within 90 days of the loss, all the information, original and detailed accounts, and submits proof of these expenses acceptable to the Insurer, a proof of the duration of the trip, a medical certificate giving the complete diagnosis and any other document or information of any nature required by the Insurer for the study of a claim.

The Insurer shall be entitled to have the Covered person undergo examinations for claims adjustment purposes, and to have an autopsy performed in the event of death as long as it is not prohibited by law. Expenses for those examinations are the Insurer's responsibility.

All claims must be submitted to Us in English.

Method of payment

The Insurer shall make any refund by means of a cheque in the name of the provider of services and the Policyholder or his assignee, after receiving and assessing the relevant accounts and the necessary information pertaining thereto, in accordance with the terms and conditions provided. However, in all cases, the Insurer shall have the right to pay the provider of services directly.

Any amount paid by the Insurer or on its behalf relieves the Insurer of all obligations to the extent of such amount.

Coordination of benefits

The coverage outlined in this Travel Insurance Policy is excess insurance and is secondary to any other coverage for similar benefits which the Covered person may hold from any other source at the time of loss.

Pacific Blue Cross will pay eligible expenses only in excess of those covered by that other insurance company or insurance companies or other responsible party or parties, including insurance plans provided through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing hospital, medical or therapeutic coverage, or any third party liability insurance in force concurrently with this Travel Insurance Policy.

If the Covered person is entitled to similar benefits under a Pacific Blue Cross group or personal health plan, claims will be charged against the Travel Insurance Policy first.

If other coverage for similar benefits does not provide for secondary payment, the benefits payable under that coverage will be determined first.

If other coverage for similar benefits does provide for secondary payment, then benefits under this Travel Insurance Policy will be coordinated so that benefits from all sources shall not exceed the total loss incurred.

Coordination of benefits will be in accordance with the Coordinating Coverage Guidelines for Out-of-Country/Province Health Care Expenses issued by the Canadian Life and Health Insurance Association.

Subrogation

If, in the event of loss or damage, the Covered person shall acquire any right of action against any individual or legal entity for loss covered under this Policy, the Insurer shall be subrogated for all the Covered person's rights of recovery to the amount paid by the Insurer. The Covered person shall sign and deliver instruments and papers to this effect and do whatever is necessary to secure such rights.

Interpretation

This Policy is to be interpreted and enforced in accordance with the laws of the province of British Columbia and their amendments and Regulations, and to our By-laws.

Concealment, fraud or attempted fraud

This Policy is void in the case of fraud or attempted fraud by the Covered person, or if the Covered person conceals or misrepresents any material fact or circumstance concerning this insurance, either at the time of application to the insurance, at time of claim or any other moment during the life of the Policy.

Duty to disclose

A Member or applicant for benefits must disclose to Us in the application, on a medical examination (if applicable), and in any written statement or answers furnished as Evidence of insurability, every fact within the applicant's or person's knowledge that is material to the coverage.

Interest

No sum payable under this Policy shall bear interest.

Currency

All amounts of money mentioned in this Policy, as well as sums payable under this Policy, shall be in the legal currency of Canada.

Electronic communications

We may provide and accept documents electronically from You and covered Members in accordance with applicable legislation.

Modifications to the policy

The terms and conditions of this Policy may not be modified unless agreed upon in writing by the Policyholder and the Insurer. The Insurer's waiving or omitting to require any provision in the Policy to be executed or observed must not be interpreted as the Insurer's waiver of its right to require any provision to be carried out or observed.

Refund of premium

Any request for a refund of premium must be submitted to the Insurer's authorized agent from whom the insurance was purchased, before the Effective date of the Policy.

Following an early return, a refund could be made for the unused days, provided no claim was submitted. The postmark on the letter will be considered the date of return and the refund will be effective on the following day.

Administrative fees of \$25 per Policy are deducted from any refund, except for refund due to cancellation of the Policy before departure.

Refund of premium does not apply if:

1. You are covered for Trip Cancellation benefit, and/or
2. You are covered for Emergency Return Benefit, and/or
3. You are covered under an Annual Insurance plan.

PRODUCT CONDITIONS

The following conditions are in addition to those applicable to all benefits. For all plans, benefits are applicable only if indicated on the Travel Certificate.

Individual

- No additional conditions.

Package

- This insurance includes Package Plus, Standard Package, Canada Package, Package Plus without medical expenses, Standard Package without medical expenses, Package Plus without cancellation, Standard Package without cancellation, Canada Package without cancellation.
- The purchase and prepayment of land or sea arrangements or transportation ticket are compulsory.
- The Canada Package is applicable only within the Canadian territory. Any trip outside Canada is not covered under this product.

Annual

- This plan covers the Covered person for trips made outside his province of residence whose departure and return dates are included in the Period of coverage, provided each trip does not last for more than the number of days chosen on the Travel Certificate. Proof showing the duration of the trip will be required at the time a claim is submitted.
- There is no limit to the number of trips taken within the Period of coverage
- The Annual insurance also offers Trip Cancellation or Interruption benefit, Accidental Death or Dismemberment benefit, Air Flight Accident benefit and Baggage benefit when indicated on the insurance certificate.
- Trip exceeding the Period of coverage — If a Covered person wishes to obtain insurance coverage for a trip whose duration exceeds the maximum number of days allowable per trip, the Insurer will issue a new Policy to cover the complete duration of the trip. Moreover, the Insurer will provide coverage at no charge for a period equivalent to the Covered person's maximum allowable number of days per trip.

This discount applies only to the individual products, which are available through the Insurer's authorized agent from whom the Annual Insurance was purchased.

The new Policy covering the complete duration of the trip must be purchased before the end of the period covered by maximum number of days per travel of the Annual Policy.

The purchase of the new Policy is subject to the Insurer's approval if the Covered person files a claim during the initial Period of coverage.

Important — The Covered person is therefore no longer covered by his Annual Insurance for the trip. Only the coverage offered under the new policy is applicable, subject to the definitions, terms, conditions and exclusions contained therein.

DEFINITIONS APPLICABLE TO ALL BENEFITS

Accident — Means an unintentional, sudden, fortuitous and unforeseeable event due exclusively to an external cause of a violent nature and inflicting, directly and independently of all other causes, bodily injuries during the Period of coverage.

Accidental loss of sight of one eye — Means the total and irrecoverable loss of sight therein.

Accidental loss of use of one limb — Means the accidental loss of use of a hand or a foot, i.e. the total and irrecoverable loss of use thereof.

Act of terrorism — Means an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

Age — Means the age of the Covered person at the time the present policy is purchased.

Aircraft — Means any multi-engine transport-type aircraft with a maximum authorized take-off weight greater than 10,000 lbs (4,540 kg), operated between licensed airports by a scheduled or charter airline of Canadian or of foreign registry holding a valid Canadian Transportation Agency scheduled air carrier license, or a valid Canadian Transportation Agency regular specific point air carrier license, or charter air carrier license or its foreign equivalent, provided such aircraft is being used at the time to provide transportation authorized under such airline's scheduled, charter or regular specific point license.

Business meeting — Means a pre-arranged private meeting between unaffiliated companies pertaining to the full-time occupation or profession of the Covered person and which was the sole purpose of the trip (documentary evidence of meeting arrangements required). In no event shall business meeting include legal proceedings.

CanAssistance — Means the company authorized by the Insurer to provide assistance services to Covered persons.

Covered person — Means the Policyholder, his Spouse and/or their Dependent children, depending on the coverage selected. A child born during the first 32 weeks of pregnancy over the course of a trip is automatically covered by this insurance, if the medical costs of delivery and medical care to the mother are not excluded.

Dependent child — Means a child of the policy holder, his spouse, or both, over 30 days old before departure, who is dependent on the policy holder, who is not married, and who is:

- under 21 years of age, or
- under 25 years of age and attends an educational institution full-time as a duly registered student, or
- physically or mentally handicapped.

A child who is not a Canadian resident, who is at least 31 days old and is in the process of being adopted by a Canadian resident is considered a dependent child upon completion of all required documents and once the appropriate authorities in the adoptee's country of origin definitively and irrevocably release the child into the physical, visual and exclusive care of the adoptive parents or of the person who will accompany the child until his arrival in Canada.

In a single-parent or family plan, any child of the Policyholder or his spouse born after the effective date of the policy is automatically insured as soon as he meets the criteria of the definition of a dependent child, subject to the payment of a supplementary premium, as the case may be.

Effective date of coverage — Coverage begins on the last of the following dates:

1. For all benefits **except** Trip Cancellation and Interruption Benefits:
 - the effective date stated on the Travel Certificate, or
 - the departure date.
2. For Trip Cancellation and Interruption Benefits:
 - the date of application for insurance, or
 - the date of purchase or the date of the first non-refundable deposit on the trip or transportation ticket.

Evidence of insurability — Means written proof, satisfactory to Us, that the Member is an insurable risk under the terms of this Policy.

Expiry date of coverage — For all benefits, coverage ends on the first of the following dates:

- the termination date stated on the Travel Certificate, or
- the return date, whether planned or premature.

Government health plan — Means a plan, program, or arrangement, under the administrative control or regulatory power of any Canadian government (federal or provincial), which provides coverage or reimbursement for basic medical and hospital services and/or supplies (this includes MSP and Fair PharmaCare).

Hospital — Means an institution licensed as an accredited hospital and offering care and treatment to resident in-patients or out-patients, having a registered graduate nurse (R.N.) always on duty, a laboratory, and an operating room where surgical operations are performed by a legally qualified surgeon. In no event shall the term "Hospital" mean any hospital or institution or part of such licensed hospital or institution used primarily as a clinic, continued care or extended care facility, convalescent home, rest home, nursing home or home for the aged, health spa, or treatment centre for drug addicts or alcoholics.

Hospitalization — Means admission to a hospital to receive short-term care as a bedridden patient for a minimum stay of 18 hours.

Covered short-term care comprises preventive care, medical diagnosis and medical treatment (including surgery) for an acute illness and does not include convalescent care and physical and mental rehabilitation.

In the case of day surgery, the hospital stay is equivalent to 18 hours of hospitalization.

Illness — Means a deterioration in health or a disorder of the organism certified by a Physician, the cause of which originated during a trip within the Period of coverage. However, in the case of a trip cancellation, this deterioration or disorder must be serious enough to prevent the Covered person from continuing his trip as planned. Pregnancy is not considered to be an illness, except in the case of pathological complications arising within the first 32 weeks.

Insurer — Means Pacific Blue Cross for the Emergency Medical Care benefit, the Medical Follow-up in Canada benefit, and the Medi-Assist Travel Assistance benefit. British Columbia Life & Casualty Company is the insurer for the Accidental Death or Dismemberment benefit, the Air Flight Accident benefit, the Trip Cancellation or Interruption benefit, the Emergency Return benefit and the Baggage benefit.

Key employee — Means an employee whose presence is necessary for the smooth operation of the business during the absence of the Covered person.

Member of the family of the Covered person — Means Spouse, father and mother, grandparent, grandchild, step-parent, child (not necessarily dependent) of the Covered person and/or his Spouse, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, nephew.

Member of the immediate family of the Covered person — Means the Spouse, father, mother and children (not necessarily dependent) of the Covered person, his Spouse or both.

Minor ailment — Means any illness, injury, or condition related to a medical condition which ends at least 30 days prior to the effective date of coverage and does not require:

- the use of medication for a period greater than 15 days, or
- more than one follow-up visit to a physician, or
- a hospitalization, or
- a surgical intervention, or
- a consultation with a medical specialist.

A chronic medical condition or the complication of a chronic medical condition is not a minor ailment.

Period of coverage — Means the time between the Effective date of the Policy and the Expiry date indicated on the Travel Certificate.

Physician — Means a person who is not related in any way to the Covered person and who is legally authorized to practice medicine on the premises where medical services are provided.

Policy — Means this document, provided it has been validated by the Insurer, and any subsequent amendments to it.

Policyholder — Means the person who has applied and paid for coverage under this policy and in whose name this policy has been validated by the Insurer.

Prepayment — Means the deposit of a sum of money which is not refundable.

Public transportation — Refers to any common carrier (on land, sea, or by air) that is operated by a carrier holding a license issued by the public authorities competent to do so and providing transportation for fare-paying passengers.

Spouse — Means the person united to the Policyholder by marriage or a person who has been living permanently with the Policyholder for over one year. Following a separation of more than 3 months or dissolution of the marriage by divorce or annulment, this person will lose his status as spouse.

Travelling — Means occasional absence from the Covered person's residence for the purpose of a vacation, leisure or business. The Covered person must travel outside the province of residence or have at least a one night stay in a commercial accommodation establishment.

Travelling companion — Means the person who plans, leaves and returns with the Covered person on the same trip, to a maximum of six persons. A member of the immediate family of the Covered person who plans and leaves on the same trip as the Covered person is considered as a travelling companion but is not included in the six person maximum.

Travel supplier — Means any tour operator, wholesale group transportation, airline, cruise company or accommodation facility. Where two or more Travel suppliers are wholly-owned subsidiaries of one person or corporation they are deemed for the purpose of this clause to be one Travel supplier.

We, Us and Our — Means Pacific Blue Cross and British Columbia Life & Casualty Company.

EMERGENCY MEDICAL CARE BENEFIT

Eligibility

At the time of application and during the whole Period of coverage, all Covered persons must be covered under the Government health plan of their province/territory of residence.

Conditions particular to this benefit

The following conditions are in addition to those applicable to all benefits:

1. Benefits shall be payable only upon presentation of a certificate by the attending Physician attesting that services for which a claim is made have been provided or the covered loss has effectively occurred.
2. When reimbursement of Hospital, medical and assistance expenses is not claimed by the Covered person but settled between the Insurer and the provider of services, the Policyholder shall provide any original document required for such settlement. Failure to do so shall render the Policyholder responsible for the amounts the Insurer cannot recover.
3. Top-up insurance provided by Pacific Blue Cross may differ from the insurance that covers the initial part of the trip because of the terms, conditions and exclusions contained in the Policy. Pacific Blue Cross top-up insurance will not cover any claim that occurs during the initial part of the trip. It is your responsibility to verify that the initial part of your trip is covered by another insurance and that the purchase of Pacific Blue Cross top-up insurance does not jeopardize your eligibility for the other insurance.

What is covered

Benefits will be paid for reasonable and customary expenses incurred following an emergency resulting from an Accident or sudden Illness, which occurs on a trip during the Period of coverage. Eligible treatments are limited to what is declared necessary for the stabilization of the medical condition. The benefits provided by this coverage are over and above and may not be a duplication or substitution of benefits granted by the Government health plan.

The Insurer and CanAssistance are not responsible for the availability or quality of medical and Hospital care rendered, or the lack thereof.

Benefits

The following benefits are provided for each Covered person for reasonable and customary charges listed below, subject to a maximum of \$10,000,000 during the period of the Policy, **and provided that these charges are not incurred before obtaining the approval of Medi-Assist.**

• **Hospitalization, Medical and Paramedical Expenses**

1. **Hospitalization** — The cost of Hospital services in a private or semi-private room, which is in excess of the amount refunded or refundable under government programs.
2. **Incidental expenses** — The expenses inherent to hospitalization (telephone, television, parking etc.) upon presentation of documentary proof up to a maximum of \$100 per hospitalization.
3. **Physicians' fees** — The difference between fees charged by a Physician and benefits allowed under government programs.

4. **Medical appliances** — The purchase or rental cost of crutches, canes or splints and the rental cost of wheelchairs, orthopedic corsets and other medical appliances when prescribed by the attending Physician.
5. **Nursing care** — The fees of a registered nurse (other than a relative) for private care while hospitalized and when medically necessary and prescribed by the attending Physician.
6. **Professional services (when prescribed as part of emergency treatment)** — Professional services by a physiotherapist, chiropractor, osteopath or podiatrist when medically necessary and prescribed by the attending Physician, up to a maximum of \$300 per profession.
7. **Diagnostic services** — The charges for laboratory tests and x-rays when prescribed by the attending Physician.
8. **Drugs (when required as part of emergency treatment)** — The cost of drugs requiring a Physician's prescription, except when they are required for the continued stabilization of a chronic medical condition.
9. **Emergency dental care** — The fees of dental surgeons for treatment necessitated by an external injury (not as a result of deliberate introduction of food or an object into the mouth), only when natural and healthy teeth, which have had no previous treatment are damaged or to reduce a fracture or dislocation of the jaw. In all cases, treatment must begin during the Period of coverage and end within 6 months of the Accident. The Covered person must transmit to the Insurer an x-ray taken after the Accident and before the treatment begins, showing the damages sustained. The maximum refundable is \$2,000 per Accident per Covered person, and up to \$500 for any other emergency dental treatment, excluding root canal therapy. When this Policy terminates, We must be given written notice of any eligible claim within one hundred eighty (180) days following the termination in respect of benefits relating to accidental damage to teeth arising from an accident that occurred before the termination of the Policy.

● **Transportation Expenses**

The following services must be approved and planned by Medi-Assist:

1. **Ambulance or taxi service** — The cost of local ambulance or air ambulance service to the nearest Hospital or accredited medical facility, including inter-Hospital transfer when the attending Physician and Medi-Assist determine that existing facilities are inadequate to treat or stabilize the patient's condition.
2. **Repatriation to the province of residence** — The cost of repatriation of the Covered person to his province of residence by means of appropriate transportation in order to receive immediate medical attention **following the authorization of the attending Physician and Medi-Assist.**

The cost of simultaneous repatriation of a Travelling companion or any Member of the immediate family of the Covered person who is also covered under this Policy, if he is unable to return to the departure point, by means of the transportation initially planned for such return.

The cost of an escort person is covered in the case of child repatriation, as the case may be.

3. Transportation to visit the Covered person — When a family member or friend of the Covered person visits the Hospital where he is being treated, or travels to identify a deceased Covered person, if necessary, prior to transportation of the deceased, the Insurer covers the following expenses when they are incurred by the family member or friend of the Covered person who travels:

- i. Up to \$1,200 for:
 - a) the cost of accommodation, the cost of meals in a commercial establishment, and the cost of child care services, total up to a daily maximum of \$300,
 - b) the cost of travel insurance.
- ii. The total cost of round-trip, economy class transportation.

In the event that the family member or friend of the Covered person travels to the Hospital where the Covered person is being treated, the expenses described above will be reimbursed only if the Covered person remains hospitalized for at least 7 days and the attending Physician acknowledges in writing that the visit is necessary.

4. Return of the vehicle — The cost of returning a Covered person's vehicle, either private or rental, by a commercial agency, or by any person authorized by Medi-Assist, to the Covered person's residence or nearest appropriate vehicle rental agency when the Covered person is unable to return the vehicle due to Illness or Accident, subject to a maximum refund of \$5,000. A medical certificate from the attending Physician in the locality where the incapacity occurred is required, attesting that the Covered person is incapable of using his vehicle.

5. Baggage return — When the Covered person is repatriated for medical reasons to the province of residence at the Insurer's expenses, the cost to bring back the Covered person's baggage to the province of residence is covered, up to a maximum of \$300.

6. Return of a pet — When the Covered person is repatriated for medical reasons to the province of residence at the Insurer's expense, the cost to bring back the Covered person's pet to the province of residence is covered, up to a maximum of \$500.

7. Return of the deceased — The cost of preparation and transportation of the deceased person (excluding the cost of a coffin) to the departure point in the province of residence or the cost of cremation or burial at the place of death, subject to a total reimbursement of \$10,000.

• Subsistence Allowance

Up to \$3,000 (maximum \$300 per day) for the cost of accommodation and meals in a commercial establishment, when a Covered person's return must be delayed due to Illness or bodily injury to himself or to an accompanying immediate family member or Travelling companion.

What is not covered

Exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained or the expenses incurred result directly or indirectly from one of the following causes:

• Exclusions relating to pre-existing conditions

1. For persons:

- **under the age of 61 and covered by Individual, Package, Annual, or**
- **aged 61 to 75 and covered by Package Insurance for a period of 30 days or fewer and including the Trip Cancellation and Interruption benefit with an insured amount before departure:**

During the 3 months prior to the Effective date of coverage:

- a) any illness, injury or condition (with exception of a minor ailment) related to a medical condition for which the Covered person:
- consulted a Physician (other than for a regular checkup), or
 - was hospitalized, or
 - was prescribed or received a new treatment, or
 - received a change in an existing treatment, or
 - was prescribed or had taken a new medication, or
 - received a change in existing medication (including usage or dosage).

The insurer does not consider a change in existing medication the following elements:

- the routine adjustment of insulin or Coumadin,
 - a change from a brand name medication to a generic brand medication,
 - provided the dosage is the same,
 - Aspirin taken for non-prescribed medical purposes,
 - decrease of the dosage of cholesterol medication,
 - hormone replacement therapy,
 - vitamins and minerals and non-prescription medication,
 - creams or ointments prescribed for cutaneous irritations.
- b) any heart condition for which the Covered person has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain.
- c) any pulmonary condition for which the Covered person was treated with home oxygen or had recourse to a corticoid therapy.

2. For persons:

- **aged 61 to 75 and covered by Individual, Annual, or**
- **aged 61 to 75 and covered by Package Insurance for a period of 30 days or fewer and not including the Trip Cancellation and Interruption benefit with an insured amount before departure, or**
- **aged 61 to 75 and covered by Package Insurance for a period of 31 days or more, or**
- **aged 76 or over:**

a) During the 6 months prior to the Effective date of coverage, any illness or condition related to one of the medical conditions listed below for which the Covered person:

 - consulted a Physician (other than for a regular checkup), or
 - was hospitalized, or

- was prescribed or received a treatment, or
- was prescribed or had taken a medication for:
 - Cardiovascular conditions** — myocardial infarction, angina, arrhythmia, pacemaker, defibrillator, congestive heart failure, bypass, angioplasty, valvulopathy or valve replacement, aortic aneurysm, heart transplantation, peripheral vascular disease;
 - Chronic obstructive lung conditions** — asthma, emphysema, chronic bronchitis, lung transplantation;
 - Neurological conditions** — cerebral-vascular accident, transient ischemic attack;
 - Insulin-dependent diabetes** — diabetes treated with insulin injections;
 - Kidney failure, kidney transplantation;**
 - Gastrointestinal conditions** — cirrhosis, hepatitis, ulcers, internal bleeding, liver transplantation, intestinal obstruction;
 - Cancer or malignant tumor.**

- b) During the 6 months prior to the Effective date of coverage, **any other** illness, injury or conditions (with the exception of a minor ailment) related to a medical condition for which the Covered person:
- consulted a Physician (other than for a regular checkup), or
 - was hospitalized, or
 - was prescribed or received a new treatment, or
 - received a change in an existing treatment, or
 - was prescribed or had taken a new medication, or
 - received a change in existing medication (including usage or dosage).

The insurer does not consider a change in existing medication the following elements:

- the routine adjustment of insulin or Coumadin,
- a change from a brand name medication to a generic brand medication, provided the dosage is the same,
- Aspirin taken for non-prescribed medical purposes,
- decrease of the dosage of cholesterol medication,
- hormone-replacement therapy,
- vitamins and minerals and non-prescription medication,
- creams or ointments prescribed for cutaneous irritations.

• Other exclusions and reductions of coverage

1. Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, treatments, tests or procedures were not carried out.
2. Pregnancy and complications arising from the pregnancy within 8 weeks preceding the expected date of delivery.
3. Accident sustained by the Covered person while participating in a sport for remuneration or a sporting event where money prizes are awarded to the winners, any kind of motor vehicle competition or any kind of speeding event, a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes, according

to the scale of the Yosemite Decimal System — YDS), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning and any sport or activity with a high level of stress and risk involved.

The restrictions as for the speeding event does not apply to the amateur athletic activities which are non-contact and engaged in by the Covered person solely for leisure or fitness purposes.

4. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug addiction, and any condition arising therefrom, or driving a motor vehicle while ability to drive is impaired by drugs or by alcohol with an alcohol level of more than 80 milligrams per 100 millilitres of blood.
5. Trip undertaken for the purpose of receiving medical attention.
6. Suicide, attempted suicide or self-inflicted injury of the Covered person, whether sane or insane.
7. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation or nationalization or requisition or destruction of or damages to belongings due to any government or local or public authority.
8. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
9. Any condition resulting from a mental, nervous, psychological or psychiatric problem, unless the Covered person is hospitalized for that specific reason.
10. Any claim for patients in chronic care Hospitals or in chronic care units of public Hospitals, or in nursing homes or health spas.
11. Any care, treatment, products or services other than those declared by the appropriate authorities to be required for the treatment of the injury or disease or stabilization of the medical condition.
12. Custodial care or services rendered for the convenience of the patient.
13. Care or treatments for cosmetic purposes.
14. Care or treatments received outside the province of residence, when such care or treatments could have been obtained in the province of residence without endangering the life or health of the Covered person, with the exception of care for immediately necessary treatment following an emergency resulting from an Accident or sudden illness. Under this exclusion, the fact that the care available in the province of residence could be of lesser quality or take longer to obtain than the care available outside his province of residence does not constitute a danger to the Covered person's life or health. Without restricting the generality of this exclusion, no benefits are available under this plan for any Covered person travelling outside his province of residence primarily or incidentally to seek medical advice or treatment, even if such a trip is on the recommendation of a Physician.
15. Care or treatments received outside the province of residence, which are not covered under the Government health plan.
16. Care or treatments such as those rendered by a podiatrist, acupuncturist, homeopath, or naturopath.
17. Products listed below are not covered even when obtained by a prescription: processed food for infants, dietary or food supplements or substitutes of any kind, including protein, so-called natural products, multivitamins and drugs available over the counter, antacids,

digestives, laxatives, antidiarrheals, decongestants, antitussives, expectorants and any other flu or cold medications, gargles, oils, shampoos, lotions, soaps and all other dermatological products.

18. **Failure of the Covered person to communicate with Medi-Assist** in the event of medical consultation or hospitalization following an Accident or sudden Illness.
19. Any medical condition not requiring any more emergency care which occurred during the trip and is a potential claim, when the Covered person elects to continue the trip as planned.
20. Expenses incurred for a medical condition resulting from an infectious disease or Illness for which there is a travel advisory or health warning by the Canadian Department of Foreign Affairs and International Trade, or Health Canada and published or broadcast in the media prior to the Effective date of the Covered person's policy.

For your information

For the latest health or travel advisory, you can contact the Department of Foreign Affairs and International Trade by calling 1 800 267-8376 (in Canada and the US) or 613 944-9136.

You can also access their website at www.travel.gc.ca.

To contact Health Canada, please call 604 666-2083 for the British Columbia regional office. For the regional office in your area, please visit their website at www.hc-sc.gc.ca.

PRE-EXISTING CONDITION COVERAGE BENEFIT

Conditions particular to this benefit

The following conditions are in addition to conditions applicable to all benefits:

1. This benefit applies only if the Covered person purchased both:
 - The Emergency Medical Care Benefit; and
 - The Pre-Existing Condition Coverage Benefit.

The Pre-Existing Condition Coverage Benefit must be purchased when the Emergency Medical Care Benefit is purchased and prior to the departure date of a covered trip. If a detailed medical review is required prior to purchase of the Pre-Existing Condition Coverage Benefit, the Pre-Existing Condition Coverage Benefit must be added within 15 days of the Emergency Medical Care Benefit purchase and prior to the departure date.

2. This benefit does not apply if the Covered person has:
 - Been advised by his/her attending physician not to travel or been diagnosed with a medical condition in a terminal phase;
 - Kidney failure under dialysis;
 - A lung condition with oxygen or cortisone therapy; or
 - Cancer with metastasis.
3. Coverage is subject to the maximum benefit limits and to the terms and conditions specified for the Emergency Medical Care Benefit.
 - The section titled "Exclusions relating to pre-existing conditions" does not apply.
 - The section titled "Other exclusions and reductions of coverage" remains in force.

4. The Pre-Existing Condition Coverage Benefit does not amend any of the terms of the Trip Cancellation or Interruption Benefit, whether purchased as part of a Package plan or not.

What is covered

This benefit covers eligible expenses incurred following a medical emergency resulting from an Accident or sudden Illness due to a pre-existing condition that existed prior to the commencement date of a covered trip. Eligible expenses are outlined in the Emergency Medical Care Benefit section.

What is not covered

Exclusions and reductions of coverage

We are not liable for any services or expenses incurred directly or indirectly from any medical conditions and/or symptoms, other than a Minor ailment, which arose or worsened within the 7 days prior to the date of departure or on the date of departure.

TRIP CANCELLATION OR INTERRUPTION BENEFIT

Conditions particular to this benefit

The following conditions are in addition to the conditions applicable to all benefits:

- 1. Notice of an event** — When a covered event occurs prior to the departure date, the Covered person must contact his travel agent or the carrier, as the case may be, to cancel his trip **within the 48 hours** following the event and notify the Insurer within the same period.

Claim settlement shall be limited to the amounts stipulated on the Travel Certificate that are non-refundable at the time of the cause of cancellation.
- 2. Insured amount** — This benefit shall be valid solely when subscribed to **within the 72 hours** following purchase or the first non-refundable deposit for the trip or transportation ticket. The Covered person must be insured for all prepaid travel expenses that are non-refundable.
- 3. Documents required for a claim** — To substantiate a claim for non-refundable or extra costs, the Covered person must provide, where applicable:
 - a) a medical certificate completed by the legally qualified Physician in active personal attendance in the locality where the Illness or Accident occurred and providing a complete diagnosis; this medical supervision must have begun before the departure or return date, as the case may be,
 - b) documentary evidence that a non-excluded event was the cause of the claim,
 - c) originals or electronic versions of unused transportation tickets, original invoice from the travel provider, official receipts for return transportation, credit note, or all four,
 - d) receipts for land arrangements and other expenses.

Failure to provide the applicable substantiation shall invalidate any claim under this benefit.

What is covered

- 1. Non-refundable prepaid expenses** — The non-refundable portion of unused prepaid travel expenses when the Covered person cancels, interrupts or misses part of the planned trip
- 2. New occupancy charges** — The additional cost of new occupancy charges incurred by the Covered person who chooses to continue his trip when a travelling companion must cancel.
- 3. Additional transportation costs** — All extra costs associated with the most economical transportation (including charges for schedule changes) to the destination or back to the departure point when the Covered person must interrupt, extend or modify his trip.
- 4. Vehicle return costs** — The cost of returning a Covered person's vehicle, either private or rental, to the Covered person's residence or nearest appropriate vehicle rental agency, subject to a maximum refund of \$5,000, when the Covered person is unable to return the vehicle as planned. The person carrying out the return must be authorized by Medi-Assist.
- 5. Subsistence allowance** — An allowance of \$300 per day per Covered person for accommodation, meals in a commercial establishment, essential phone calls and transportation by taxi:
 - a) during transit to get to the destination when the Covered person must modify the trip, or,
 - b) during transit to get back to the departure point when the Covered person is unable to return by the planned means, or,
 - c) when the Covered person must extend his trip.
 The subsistence allowance is subject to a maximum reimbursement of \$3,000 per Covered person.
- 6. Costs for returning the remains of a deceased person** — In case of death, the cost of preparation and transportation of the deceased person (excluding the cost of a coffin) to the point of departure in the province of residence, or for the cost of cremation or burial at the place of death, up to a maximum of \$10,000.

If the Vehicle return costs, Subsistence allowance or Costs for returning the remains of a deceased person are also covered under the Emergency Medical Care benefit of this Policy, the expenses are only payable under the Emergency Medical Care benefit.

What is not covered

Exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained or the expenses incurred result directly or indirectly from one of the following causes:

• **Reductions of coverage**

- 1. Insufficient coverage** — Benefits for Non-refundable prepaid expenses and New occupancy charges are reduced if the amount of insurance on the Travel Certificate is less than the non-refundable prepaid travel expenses. In this case, the settlement will be reduced in proportion to the insurance amount indicated on the Travel Certificate and the non-refundable prepaid travel expenses.

Additional transportation costs, Vehicle return costs, Subsistence allowance and Costs for returning the remains of a deceased person are not affected by the present reduction of coverage.

- 2. Travelling companion** — When an event affects several people who plan, leave and return together on the same trip, the settlement will be limited to the amount that corresponds to the settlements of the members of the immediate family plus a maximum of six other travelling companions.
- 3. Default protection** — The Insurer will reimburse the unused portion of prepaid, nonrefundable travel expenses further to cease of operation of a Travel supplier due to bankruptcy, insolvency or administrative supervision.

In the case of default of a travel supplier, the engagement of the Insurer is limited to the amounts indicated on the Travel Certificate, subject to a maximum of \$7,500 per Covered person.

An overall maximum of \$2,000,000 will be paid for all claims incurred due to the default of any one Travel supplier.

An overall maximum of \$5,000,000 will be paid under this benefit in any one calendar year.

- 4. Acts of terrorism** — The benefit payable is reduced to 50% when the loss is caused directly or indirectly by an Act of terrorism.

The total payout for which the Insurer will be responsible in case of an Act of terrorism, or a series of Acts of terrorism occurring within 72 hours shall not exceed \$5,000,000.

The total payout for which the Insurer will be responsible in case of Acts of terrorism shall not exceed \$10,000,000 per calendar year.

● **Exclusions relating to pre-existing conditions**

During the 3 months prior to the Effective date of coverage:

- a) any illness, injury or condition (with exception of a minor ailment) related to a medical condition for which the Covered person:
- consulted a Physician (other than for a regular checkup), or
 - was hospitalized, or
 - was prescribed or received a new treatment, or
 - received a change in an existing treatment, or
 - was prescribed or had taken a new medication, or
 - received a change in existing medication (including usage or dosage).

The insurer does not consider a change in existing medication the following elements:

- the routine adjustment of insulin or Coumadin,
 - a change from a brand name medication to a generic brand medication, provided the dosage is the same,
 - Aspirin taken for non-prescribed medical purposes,
 - decrease of the dosage of cholesterol medication,
 - hormone replacement therapy,
 - vitamins and minerals and non-prescription medication,
 - creams or ointments prescribed for cutaneous irritations.
- b) any heart condition for which the Covered person has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain.
- c) any pulmonary condition for which the Covered person was treated with home oxygen or had recourse to a corticoid therapy.

● **Other exclusions**

- a) Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, treatments, tests or procedures were not carried out prior to the date of purchase or the date of the first non-refundable deposit on the trip or transportation ticket.
- b) Trip undertaken by the Covered person for the purpose of obtaining medical care or visiting or attending an ailing person and the medical condition or ensuing death of that person is the cause of cancellation, curtailment or delayed return.
- c) Illness or hospitalization of any person other than a travelling companion, family member or person that takes care of the Covered person's business (key-employee) or residence during his trip.
- d) Illness that does not require hospitalization of the host at destination.
- e) Any condition resulting from a mental, nervous, psychological or psychiatric problem except if the Covered person must be hospitalized due to this condition.
- f) Pregnancy of the Covered person and complications arising from the pregnancy within 8 weeks preceding the expected date of delivery.
- g) Premature birth of a child if the anticipated trip is scheduled to take place during the last 8 weeks of pregnancy or during the first 8 weeks following the expected delivery date.
- h) Diagnosis of pregnancy after the effective date of coverage, if the departure or return date of the trip is scheduled to take place during the first 32 weeks of pregnancy.
- i) Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction by the Covered person, and any condition arising therefrom, or driving of a motor vehicle while ability to drive is impaired by drugs or by alcohol with an alcohol level of more than 80 milligrams per 100 millilitres of blood.
- j) Suicide, attempted suicide or self-inflicted injury of the Covered person, whether sane or insane.
- k) Accident sustained by the Covered person while participating in a sport for remuneration or a sporting event where money prizes are awarded to the winners, any kind of motor vehicle competition or any kind of speeding event, a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes, according to the Yosemite Decimal System — YDS), parachuting, gliding, hand-gliding, skydiving, bungee jumping, canyoning and any sport or activity with a high level of stress and risk involved.
 The restrictions as for the speeding event does not apply to the amateur athletic activities which are non-contact and engaged in by the Covered person solely for leisure or fitness purposes.
- l) Perpetration of or attempt to perpetrate, by the Covered person, directly or indirectly, a criminal act under any law.
- m) War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation, nationalization, requisition or destruction of or damages as a result of any government or local or public authority.

- n) Except for stops between 2 transportation segments, all missed transportation when the Covered person did not plan to arrive at the connecting point within the time frame recommended by the carrier.
- o) Financial problems, conflicts of Covered persons, disagreement with a travelling companion on the part of the Covered person, inability to obtain the accommodation desired, or aversion of the Covered person to the trip or the transportation.
- p) Loss of employment of the person who had a temporary, contract or permanent position for less than one year.
- q) Cancellation of a business meeting by the employer of the Covered person.
- r) Law enforcement officers being summoned for jury duty or subpoenaed as a witness or defendant in a case that is scheduled to be heard during the trip.
- s) Late visa application or request for a visa subsequent to a previous refusal or ineligibility of the Covered person to file a visa application.
- t) Refused entry at customs or security checkpoints, except in a case of mistaken identity.
- u) **Failure of the Covered person to communicate with Medi-Assist.**
- v) Cancellation of the trip prior to departure if adverse weather conditions cause a delay to the carrier of less than 30% of the total duration of the trip.
- w) **Situation known at the time of effective coverage that could reasonably lead to an event which may prevent the Covered person from making the trip as planned.**
- x) Any event that does not lead the government to issue a general recommendation not to travel in a region that is the trip destination; the insurance must have been purchased prior to the disclosure of the government recommendation.

EMERGENCY RETURN BENEFIT

What is covered

The Emergency Return benefit covers transportation expenses for the return to the province of residence and then the return to the original trip destination if the return is made necessary by:

- death, or hospitalization for at least 7 days of a Member of the family of the Covered person, a Member of the family or his Spouse or of the person for whom the Covered person acts as legal guardian or estate executor. It is not necessary to wait 7 days before departure, but expenses will be reimbursed only if the Covered person remains hospitalized for at least 7 days,
- disaster that renders the Covered person's principal residence uninhabitable or causes significant damages to his commercial establishment.

The refundable expenses correspond to the cost of a round-trip economy fare ticket by the most direct route.

What is not covered

Exclusions and reductions of coverage

1. Only one emergency return per trip shall be reimbursed.
2. When applying for insurance, the Covered person must not know the reason which would keep him from continuing his trip as originally planned.
3. Accommodation costs during transportation are not covered.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

What is covered

Subject to the provisions, conditions, exclusions and reductions of coverage of this Policy, the Insurer hereby insures the Covered person for the accidental loss of life or loss of use of one or several limbs.

The loss must result directly from an Accident sustained during the Period of coverage and occur within 12 months of the Accident.

The Insurer shall pay an amount corresponding to the percentage shown in the Benefits Chart of the sum insured indicated on the Travel Certificate.

Benefits chart

Accidental loss of	Percentage Payable of Sum Insured		
	< Age 18	Age 18 – 64	≥ Age 65
Life in public transportation	40%	200%	40%
Life under any other circumstance	20%	100%	20%
Use of several limbs or sight of both eyes	20%	100%	20%
Use of one limb or sight of one eye	10%	50%	10%

Limit and payment of the sum insured

Under no circumstances may the total amount paid under this plan exceed \$300,000 per Covered person. In case of the loss of life of a Covered person, the benefit shall be paid directly to the Policyholder if he is living, and to the designated beneficiary if the Policyholder is deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the Policyholder's estate. In the case of accidental loss of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the Covered person who has been the victim of the Accident, his representative, or to his legal guardian if he is a minor. If the Covered person sustains more than one loss, the Insurer shall pay for one loss only, namely that which allows the highest amount.

Limit applicable to the Accidental Death and Dismemberment benefit and the Air Flight Accident benefit (as described hereafter).

The total benefits payable under the Accidental Death and Dismemberment benefit and the Air Flight Accident benefit may in no way exceed \$300,000 per Covered person.

What is not covered

Exclusions and reductions of coverage

1. Accident sustained by the Covered person while participating in a sport for remuneration or to a sporting event where money prizes are awarded to the winners, any kind of motor vehicle competition or any kind of speeding event, to a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes, according to the Yosemite Decimal System — YDS), parachuting, gliding, hand-gliding, skydiving, bungee jumping, canyoning and any sport or activity with a high level of stress and risk involved.

The restrictions as for the speeding event does not apply to the amateur athletic activities which are non-contact and engaged in by the Covered person solely for leisure or fitness purposes.

2. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition arising therefrom, or driving of a motor vehicle while ability to drive is impaired by drugs or by alcohol with an alcohol level or more than 80 milligrams per 100 millilitres of blood.
3. Suicide, attempted suicide or self-inflicted injury of the Covered person, whether sane or insane.
4. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation, nationalization, requisition or destruction of or damages as a result of any government or local or public authority.
5. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
6. Act of terrorism.

AIR FLIGHT ACCIDENT BENEFIT

What is covered

Subject to the provisions, conditions, exclusions and reductions of coverage of this Policy, the Insurer hereby insures the Covered person for the accidental loss of life or loss of use of one or several limbs occurring while:

1. travelling as a paying passenger in an Aircraft operated from the departure point to the destination or return point,
2. riding as a passenger in a land or water conveyance at the expense of the airline,
3. riding as a passenger in a scheduled helicopter shuttle service to and from airports to connect with a flight insured under this insurance,
4. exposed to the elements due to the forced landing or disappearance of an Aircraft on which the Covered person is insured by this insurance,
5. waiting at the airport for the departure of a flight insured under this insurance.

The loss must result directly from an Accident sustained during the Period of coverage and occurring within 12 months of the Accident.

The Insurer shall pay an amount corresponding to the percentage shown in the Benefits Chart of the sum insured indicated on the Travel Certificate.

Benefits chart

Accidental loss of	Percentage Payable of Sum Insured
Life	100%
Use of several limbs or sight of both eyes	100%
Use of one limb or sight of one eye	50%

Limit and payment of the sum insured

Under no circumstances may the total amount paid under this benefit exceed \$300,000 per Covered person. In case of the loss of life of a Covered person, the benefit shall be paid directly to the Policyholder if the Policyholder is living, and to the designated beneficiary if the Policyholder is deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the Policyholder's estate. In the case of accidental loss of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the Covered person who has been the victim of the Accident, his representative or to his legal guardian if he is a minor. If the Covered person sustains more than one loss, the Insurer shall pay for one loss only, namely that which allows the highest amount.

Limit applicable to the Accidental Death and Dismemberment benefit and the Air Flight Accident benefit.

The total benefits payable under the Accidental Death and Dismemberment benefit and the Air Flight Accident benefit may in no way exceed \$300,000 per Covered person.

What is not covered

Exclusions and reductions of coverage

1. Suicide, attempted suicide or self-inflicted injury of the Covered person, whether sane or insane.
2. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation or nationalization or requisition or destruction of or damages to belongings due to any governmental or local or public authority.
3. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
4. Act of terrorism.

BAGGAGE BENEFIT

Conditions particular to this benefit

The following conditions are in addition to conditions applicable to all benefits:

1. Where loss is due to theft, burglary, vandalism or disappearance, the Covered person shall notify the police upon discovery of the loss. Failure to report the said loss to the authorities shall invalidate any claim under this benefit for such loss.
2. In the event of loss, the Covered person shall notify the Insurer as promptly as possible and take all reasonable precautions to protect,

safeguard or recover his property and shall also promptly notify the police and obtain from them written confirmation regarding such loss. The Covered person shall obtain written confirmation from the hotel manager, tour guide or transportation authorities. The Covered person shall furnish proof of loss or damage and value with a sworn statement within 90 days of the date of loss. Failure by the Covered person to comply with these conditions shall invalidate claims under this benefit.

3. If the covered property is checked with a public carrier and delivery is delayed until after expiry of the coverage, coverage shall be continued until such property is delivered by the public carrier.
4. The Insurer shall not be liable beyond the actual cash value of the property at the time any loss or damage occurs and may elect to repair or replace any damaged or lost property with other of like quality or value.
5. Upon the occurrence of any loss for which a claim is made, the amount of the applicable limit of liability is reduced by the amount equivalent to such loss.
6. This benefit shall not profit, directly or indirectly, any carrier or guarantor.

What is covered

This benefit shall cover loss of or damage to the baggage owned by a Covered person during a trip in or outside the province of residence within the Period of coverage.

In the event the checked baggage is delayed by the carrier for 12 hours or more while en route and before returning to the point of departure, the Insurer will reimburse 50% of the amount covered, up to a maximum reimbursement of \$500, for the purchase of necessary toiletries and clothing. Proof of delay of checked baggage from the carrier along with receipts of purchases must accompany the claim upon presentation to the Insurer when returning from the trip.

This benefit covers expenses to replace passport, driver's license, birth certificate or travel visa in case these documents are lost or stolen, up to a maximum of \$50.

The maximum amount payable under the Baggage benefit per Covered person, for the duration of the trip, is the amount chosen on the Travel Certificate subject to the exclusions and reductions of coverage.

What is not covered

Exclusions and reductions of coverage

The benefits are reduced or not payable in the event of or with regard to:

1. Loss of or damage to automobiles or automobile equipment, motorcycles, bicycles (unless registered with the carrier), boats, motors or other conveyances or their accessories, household furnishings or accessories, false teeth, artificial limbs, glasses, contact lenses, cash notes, securities, tickets and documents, professional equipment or property, goods brought with the intent of trading them, antiques and collectors items, perishable articles, cosmetics, personal effects, animals or any item that is not part of the usual baggage.
2. Breakage of fragile or brittle articles unless caused by fire or theft.
3. Loss or damage due to confiscation or damage by order of any government or public authority, or to illegal transportation or trade, war, demonstration or insurrection or hostilities between nations (whether or not war is declared).

4. Loss or damage caused by wear and tear, gradual deterioration, moths or vermin or while the article is actually being worked upon or processed.
5. Theft from an unattended automobile, trailer or other vehicle, unless such vehicle was securely locked or was equipped with a closed compartment, which was securely locked and the theft occurred as a result of forcible entry (of which there must be visible marks).
6. The maximum amount payable for loss or damage for each item comprising the Covered person's baggage is \$300.

For the purpose of calculating the maximum, the following items are grouped in categories, and each category is considered, pursuant to the Policy, as a single article:

- **jewelry** — jewelry, watches, silver, gold or platinum items,
- **furs** — fur or fur-trimmed articles,
- **photography equipment** — cameras and photography equipment, video cameras and video or audio equipment.

In addition, the maximum amount payable for loss or damage of the total of the 3 categories mentioned above is the lesser of \$500 or 50% of the maximum amount chosen.

7. Loss or damage caused by any imprudent action or omission by the Covered person. When an article or personal property in question cannot be located and the circumstances of its disappearance cannot be explained or do not lend themselves to a reasonable conclusion that a theft occurred.
8. Loss or damage to articles specifically insured under any other insurance policy at the time this benefit is in effect.
9. In the event of the loss of an article, which is part of a set, the measure of loss shall be in reasonable and fair proportion to the total value of the set, giving consideration to the importance of such article and with the understanding that such loss shall not be construed to mean total loss of the set.

MEDICAL FOLLOW-UP IN CANADA BENEFIT

This benefit applies only if the Covered person subscribed to the Emergency Medical Care benefit.

When a Covered person is repatriated to his place of residence in Canada at the Insurer's expense further to a Hospital stay out of Canada, the Insurer will reimburse the following costs if they are engaged within 15 days of the repatriation.

1. The cost of a semi-private room in a Hospital or a rehabilitation centre or a convalescent home up to a maximum of \$1,000.
2. The fees for home nursing care when medically required and provided by a registered nurse or a registered nursing assistant, up to a maximum of \$50 per day, for a maximum of 10 days.
3. The costs for the rental of the following devices, up to a maximum of \$150 — crutches, standard walker, canes, trusses, orthopedic corset and oxygen.
4. The cost for transportation (ambulance and/or taxi) in order to receive medical care up to a maximum of \$250.

MEDI-ASSIST WORLDWIDE EMERGENCY MEDICAL ASSISTANCE

This benefit is offered free of charge with the purchase of any travel insurance product included in this Policy. Medi-Assist Travel Assistance is provided through CanAssistance.

Medical assistance

If, following an Accident or sudden Illness, the Covered person must consult a Physician or require hospitalization, he must contact Medi-Assist immediately. Medi-Assist will make the necessary arrangements in order to provide the Covered person with the following services:

- for the State of Florida, direct the Covered person to an appropriate clinic or hospital member of the Preferred Patient Care network,
- for the State of South Carolina, direct the Covered person to an appropriate clinic or hospital member of the Preferred Personal Care network,
- for all other destinations, direct the Covered person to an appropriate clinic or Hospital and advance funds to the Hospital if necessary,
- confirm the medical insurance coverage in order to avoid paying a substantial deposit,
- provide the follow-up of the medical file and communicate with the family Physician,
- repatriate the Covered person to his province of residence, when necessary,
- coordinate the safe return home of Dependent children if the parent is hospitalized,
- make the necessary arrangements for the transportation of a Member of the family of the Covered person to the patient's bedside if the Covered person is hospitalized for at least 7 days and if the attending Physician advises such attendance,
- coordinate the return of the Covered person's vehicle if he is unable to bring it back due to Illness or Accident.

Notice

Failure to contact Medi-Assist in the event of medical consultation or hospitalization following an Accident or sudden Illness could result in refusal of the compensation requested. The Insurer and CanAssistance are not responsible for the availability or quality of medical and Hospital care rendered, or the lack thereof.

General assistance

In the event of **any other emergencies**, the Covered person can contact Medi-Assist in order to receive the following services:

- toll-free assistance lines available 24 hours a day, 7 days a week,
- transmission of urgent messages,
- coordination of claims,
- services of an interpreter for emergency calls,
- referral to legal counsel in the event of a serious Accident,
- settlement of formalities in the event of death,
- assistance in the event of loss or theft of identification papers,
- information regarding embassies and consulates.

Through Medi-Assist, the Insurer may also provide pre-travel information with regard to visas and vaccines.

PROTECTING YOUR PRIVACY

Pacific Blue Cross has a privacy policy which governs Our collection, use and disclosure of personal information (including personal health information) about individuals who are members and dependents. Our privacy policy requires Us to keep this information confidential, but does permit the use and disclosure of information in limited circumstances consistent with the proper administration of group or individual benefit and insurance coverage plans.

A copy of Our current privacy policy is available from Us on request or on Our website at www.pac.bluecross.ca. If you have any questions about Our privacy policy, please contact Our Chief Privacy Officer in writing or by e-mail.

Chief Privacy Officer

Pacific Blue Cross

PO Box 7000

Vancouver, BC V6B 4E1

E-mail: privacyofficer@pac.bluecross.ca

HOW TO REACH US

When and how to contact Medi-Assist

In Canada and the US call toll-free **1 888 699-9333**.

Outside of Canada/US, or where toll-free is not available, call Medi-Assist collect and Pacific Blue Cross will pay for the call **1 604 419-4487**.

Call Medi-Assist within 24 hours of an emergency. A customer service representative is accessible to you 24 hours a day, seven days a week. Assistance is provided in both French and English. Have a pen and paper ready. You will need to provide Medi-Assist with:

- Your Government Health Plan number
- Your Pacific Blue Cross Travel Certificate number



Settlement of claims

- Phone: **604 419-2200** (8 a.m. – 4:30 p.m. PST, Monday to Friday)
- Outside the Lower Mainland within British Columbia call toll-free **1 800 USE-BLUE (1 800 873-2583)**

Pacific Blue Cross

Travel Claims

PO Box 7000

Vancouver, BC V6B 4E1

Administration and travel extensions

Pacific Blue Cross

PO Box 7000

Vancouver, BC V6B 4E1

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- Fax: **604 419-2199**
- E-mail: inhealth@pac.bluecross.ca

Facing an emergency? You are not alone.

Medi-Assist provides the following services:

- Puts you in touch with qualified licensed physicians and medical services,
- Connects you with qualified legal services,
- Assists with lost or stolen identification papers,
- Arranges consular assistance and travel advice,
- Assists with arrangement of repatriation of remains in the event of a death,
- Helps to contact your family or business partners,
- Assists with the return of patient to province of residence.

Have your Travel Plan certificate number handy

In a medical emergency outside your province of residence

In Canada/US call toll-free **1 888 699-9333**

Outside of Canada/US, or where toll-free is not available, call Medi-Assist collect and Pacific Blue Cross will pay for the call **1 604 419-4487**

Medical services providers may call Medi-Assist for eligibility/coverage

Pacific Blue Cross general information and travel extensions

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Medi-Assist Cards

When?

Call Medi-Assist within 24 hours of an emergency. They are accessible to you 24 hours a day, 7 days a week. Assistance is provided in French and English.

How?

- In Canada/US call toll-free **1 888 699-9333**
- Outside of Canada/US, or where toll-free is not available, call collect and Pacific Blue Cross will pay for the call **1 604 419-4487**

Helpful tip

Before you leave on your trip, contact your local telephone service provider to find out how to reach an English-speaking international operator from your destination.



Medi-Assist

Worldwide Emergency Medical Assistance

Your Travel Plan Certificate number



Service provided through Medi-Assist

Issued to members of Pacific Blue Cross — Non-transferable — Not valid if coverage is terminated

CUPE 1816



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CUPE 1816

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