

**SOUTHERN ODYSSEY  
EMERGENCY TRAVEL MEDICAL INSURANCE  
POLICY  
2010 – 2011**

**Important Notice – Please Read Carefully**

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that You read and understand Your Policy before You travel as Your coverage may be subject to certain limitations or exclusions.

A Pre-Existing Medical Condition exclusion may apply to Medical Conditions and/or symptoms that existed prior to Your trip. Check to see how this applies in this Policy and how it relates to Your Departure Date, date of purchase or Effective Date.

In the event a claim is reported for an illness or injury, Your prior medical history may be reviewed.

This Policy provides for Emergency medical assistance and You are required to notify the medical assistance centre. This Policy limits benefits should You not contact the medical assistance centre within the specified time period.

**Important Phone Numbers**

Medical Assistance Centre 1-800-360-4867 (or 905-667-5556 from outside the USA & Canada). E-mail: [assistance@oldrepublicgroup.com](mailto:assistance@oldrepublicgroup.com)

To order a claim form 1-866-304-1499 (905-667-0585 from outside Canada and the USA)

To change or extend coverage, cancel coverage, request a refund or questions about the coverage 1-800-661-3098 (Winnipeg 204-947-9210 or Calgary 403-259-2969 from outside Canada and the USA); Fax 1-877-259-2918. E-mail: [info@mediquote.ca](mailto:info@mediquote.ca)

**Please Read Your Policy Carefully Before You Travel**

Certain capitalized terms used in this Policy have specific meanings and are defined in Section XI of this Policy.

The Insurer has issued this Policy to You based on Your answers to the Eligibility Questionnaire and the Declaration/Authorization You submitted to the Insurer. If any information submitted to the Insurer is false, the Insurer will void this Policy and no coverage will be provided.

This Policy contains clauses that limit coverage. Please review it prior to Your trip and ask for a full refund if not satisfied. The refund provisions are outlined in Section XIII.

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**I Eligibility Requirements**

*You are eligible to purchase this insurance provided You are a resident of Canada and You are under 90 years of age on Your Departure Date and:*

1. You have not been diagnosed with a Terminal illness and are not currently under advisement from a Physician not to travel; AND
2. Your most recent coronary by-pass surgery was not prior to January 1, 2001; AND
3. In the 5 years prior to Your Departure Date, You have not:
  - a. been diagnosed with or received Treatment for 2 or more conditions in Table 1;
  - b. had 2 or more heart attacks, strokes or mini-strokes (TIA);
  - c. had 2 or more heart surgeries (including angioplasty and stenting);
  - d. had congestive heart failure;
  - e. had kidney failure;
  - f. had metastatic cancer; AND
4. In the 18 months prior to Your Departure Date, You have not:
  - a. been Hospitalized for any condition(s) in Table 1 or Table 2;
  - b. been diagnosed with or received Treatment for an aneurysm (unless it has been surgically repaired more than 18 months prior to Your Departure Date);
  - c. had any lung condition requiring home oxygen or prednisone tablets (except a one time usage of prednisone for up to 14 days in duration); AND
5. In the 12 months prior to Your Departure Date, You have not had chemotherapy, radiation therapy or out-patient surgery for cancer (excluding the removal of skin lesions other than malignant melanoma).

**Table 1**

- heart attack, angina or coronary artery disease
- abnormal heartbeat, arrhythmia or use of a pacemaker
- valvular heart disease
- cardiomyopathy
- any lung or respiratory condition requiring the use of prescription medication (including inhalers) prescribed for use on at least a daily basis
- diabetes requiring insulin
- stroke or mini-stroke (TIA)
- blood clots
- Parkinson's
- peripheral vascular disease
- aneurysm
- Alzheimer's or dementia

**Table 2**

- any lung or respiratory condition requiring the use of prescription medication (including inhalers) prescribed for use on an as needed basis
- diabetes requiring oral medication
- cancer (excluding the removal of skin lesions other than malignant melanoma)
- diverticulitis
- gastro-intestinal bleed
- bowel obstruction
- ulcerative colitis or Crohn's disease
- liver condition
- high blood pressure
- any seizure disorder
- osteoporosis

**Provided you are a resident of Canada and You are under 90 years of age on Your Departure Date, You are eligible for:**

- Plan Zero if You meet all five Eligibility Requirements in Section I of this Policy** and in the 5 years prior to Your Departure Date You have not been diagnosed with or received Treatment for any condition in Table 1 and, in addition, in the 2 years prior to Your Departure Date You have not been diagnosed with or received Treatment for any condition in Table 2.
- Plan 1 if You meet all five Eligibility Requirements in Section I of this Policy** and in the 5 years prior to Your Departure Date You have not been diagnosed with or received Treatment for any condition in Table 1 and, in addition, in the 2 years prior to Your Departure Date You have not been diagnosed with or received Treatment for more than 1 condition in Table 2.
- Plan 2 if You meet all five Eligibility Requirements in Section I of this Policy** and in the 5 years prior to Your Departure Date You have not been diagnosed with or received Treatment for any condition in Table 1 and, in addition, in the 2 years prior to Your Departure Date You have not been diagnosed with or received Treatment for more than 2 conditions in Table 2.
- Plan 3 if You meet all five Eligibility Requirements in Section I of this Policy** and: in the 5 years prior to Your Departure Date You have been diagnosed with or received Treatment for only 1 condition in Table 1 and in the 2 years prior to Your Departure Date You have not been diagnosed with or received Treatment for any condition in Table 2; OR, in the 2 years prior to Your Departure Date You have been diagnosed with or received Treatment for no more than 3 conditions in Table 2 and none in Table 1.
- Plan 4 if You meet all five Eligibility Requirements in Section I of this Policy** and: in the 5 years prior to Your Departure Date You have been diagnosed with or received Treatment for only 1 condition in Table 1 and in the 2 years prior to Your Departure Date, You have been diagnosed with or received Treatment for only 1 condition in Table 2; OR, in the 2 years prior to Your Departure Date You have been diagnosed with or received Treatment for no more than 4 conditions in Table 2 and none in Table 1.
- Plan 5 if You meet all five Eligibility Requirements in Section I of this Policy.**

**Important**

- If, prior to Your Departure Date, You become ineligible for the plan for which You have applied, then You must purchase a plan for which You do qualify.
- If, prior to Your Departure Date, You become ineligible for any plan that is offered, You must send a written request and You will receive a full refund of premium.
- If You are ineligible for coverage for the plan that You purchased, the Insurer will declare the Policy null and void from inception and no benefit will be paid for any claim.

## II Pre-Existing Medical Conditions Coverage

Subject to You meeting the eligibility requirements for the plan chosen, stipulated in Section I Eligibility Requirements of this Policy and all other provisions of this Policy, the Pre-Existing Medical Conditions coverage is:

**Plan Zero** covers Emergency Treatment for Pre-Existing Medical Conditions that were Stable and Controlled in the **3 months** prior to Your Effective Date.

**Plan 1** covers Emergency Treatment for Pre-Existing Medical Conditions that were Stable and Controlled in the **3 months** prior to Your Effective Date.

**Plan 2** covers Emergency Treatment for Pre-Existing Medical Conditions that were Stable and Controlled in the **12 months** prior to Your Effective Date except Medical Conditions that required Hospitalization in the **12 months** prior to Your Effective Date.

**Plan 2A** – If You have paid the required additional premium for the **3 month** Stable and Controlled period option, then this Policy covers Emergency Treatment for Pre-Existing Medical Conditions that were Stable and Controlled in the **3 months** prior to Your Effective Date except Medical Conditions that required Hospitalization in the **12 months** prior to Your Effective Date.

**Plan 3** covers Emergency Treatment for Pre-Existing Medical Conditions that were Stable and Controlled in the **12 months** prior to Your Effective Date except Medical Conditions that required Hospitalization in the **12 months** prior to Your Effective Date.

**Plan 3A** – If You have paid the required additional premium for the **3 month** Stable and Controlled period option, then this Policy covers Emergency Treatment for Pre-Existing Medical Conditions that were Stable and Controlled in the **3 months** prior to Your Effective Date except Medical Conditions that required Hospitalization in the **12 months** prior to Your Effective Date.

**Plan 4** covers Emergency Treatment for Pre-Existing Medical Conditions that were Stable and Controlled in the **12 months** prior to Your Effective Date except Medical Conditions that required Hospitalization in the **12 months** prior to Your Effective Date.

**Plan 4A** – If You have paid the required additional premium for the **3 month** Stable and Controlled period option, then this Policy covers Emergency Treatment for Pre-Existing Medical Conditions that were Stable and Controlled in the **3 months** prior to Your Effective Date except Medical Conditions that required Hospitalization in the **12 months** prior to Your Effective Date.

**Plan 5** covers Emergency Treatment for Pre-Existing Medical Conditions that were Stable and Controlled in the **12 months** prior to Your Effective Date except Medical Conditions that required Hospitalization in the **12 months** prior to Your Effective Date.

**Plan 5A** - If You have paid the required additional premium for the **3 month** Stable and Controlled period option, then this Policy covers Emergency Treatment for Pre-Existing Medical Conditions that were Stable and Controlled in the **3 months** prior to Your Effective Date except Medical Conditions that required Hospitalization in the **12 months** prior to Your Effective Date.

If You depart after Your Effective Date, the Pre-existing Medical Conditions periods shown above will be deemed to read “prior to Your Departure Date” in place of “prior to Your Effective Date”.

## III Period of Coverage

*If You want to change Your period of coverage, see Section XII on page 8.*

**Single Trip Plan:** Your coverage begins at 12:01 AM on the Effective Date and ends at 11:59 PM on the earlier of:

- i) the date You return to Your province or territory of residence, or
- ii) on the Termination Date shown on the Policy Receipt issued by the Insurer.

A temporary return to Your province or territory of residence suspends coverage until You return to Your destination. You must continue to meet the Eligibility Requirements in Section I on each Departure Date for coverage. The Effective Date for Pre-existing Conditions in Section II becomes the new Departure Date when You return to Your destination. Coverage cannot be suspended beyond the Policy Termination Date.

The maximum period of coverage available under this Policy, including any extension(s) of coverage, and any other policy that is Topped Up, cannot exceed 183 days (or 212 days if You are a resident of Ontario or Newfoundland and Labrador) out of Your province or territory of residence. Exception will be allowed for those up to 60 years of age for up to 365 days coverage provided You provide Us with written approval from Your provincial or federal government health insurance plan that Your coverage under that plan will be extended to cover the full duration of the covered trip.

If the common carrier on which You are travelling (does not include rented, leased or privately owned vehicles) is delayed for reasons beyond Your control, coverage will be extended for up to 72 hours beyond Your Termination Date as shown on Your Policy Receipt. In the event of a claim during this period of extension, verification by the common carrier of the delay is required.

**30-Day Annual Plan:** If Your Policy Receipt indicates that You have purchased the 30-Day Annual Plan, coverage for each trip begins at 12:01 AM on each Departure Date from Your province or territory of residence and ends the earlier of 30 consecutive days thereafter or on the Annual Plan Termination Date as shown on Your Policy Receipt. You must continue to meet the Eligibility Requirements in Section I on each Departure Date for coverage. All terms and conditions of this Policy apply to travelling worldwide and within Canada (excluding Your province or territory of residence). Individual trips must be separated by a return to Your province or territory of residence for at least 24 hours. In the event of a claim, You are responsible to provide proof of the Departure Date from Your province or territory of residence. For trips in excess of 30 days, coverage may be Topped Up with the Southern Odyssey Single Trip Plan.

**For Single Trip and 30-Day Annual Plans:** If You are Hospitalized on the Termination Date as a result of a covered Emergency, this insurance will remain in force for the period of the Hospitalization and for up to an additional 120 hours upon discharge from the Hospital to allow sufficient time for You to return to Your province or territory of residence. If You are discharged from a Hospital within 120 hours of the Termination Date, this insurance will remain in force a total of up to 120 hours following the discharge from the Hospital to allow sufficient time for You to return to Your province or territory of residence.

#### IV Federal Retiree Public Service Health Care Plan (PSHCP)

If You are a federal government retiree and:

- i) Your Public Service Health Care Plan (PSHCP) provides \$500,000 CDN coverage for the first 40 days of a trip outside of Your province or territory of residence, and
  - ii) Your Policy Receipt indicates that You have purchased 30 days or more of Top Up coverage,
- then Your PSHCP benefit of \$500,000 CDN will be increased by \$4,500,000 of excess medical coverage (secondary to all other coverages) during the first 40 days of the covered trip. All terms and conditions of this Policy will apply to such coverage. With respect to this benefit, the Pre-Existing Medical Conditions coverage under each plan for the first 40 days of the covered trip is established on the Departure Date of the covered trip.

The Pre-Existing Medical Conditions coverage under the Top Up is established on the Effective Date which in this case would be 12:01 AM on day 41 of the covered trip.

**Note: The PSHCP is not underwritten by Reliable Life Insurance Company, nor is it affiliated with the Southern Odyssey Plan**

#### V Deductibles

You will be responsible for paying the Deductible shown on the Policy Receipt for the covered expenses of each Emergency.

#### VI Emergency Procedures, Claims and Penalties

In the event of an Emergency, call the medical assistance telephone number shown on Your wallet card. These numbers are also shown on the first page of this Policy and are: **Medical Assistance Centre 1-800-360-4867 from the USA or Canada or collect 905-667-5556 from elsewhere.**

**E-mail address:** assistance@oldrepublicgroup.com.

Where possible, claims will be settled directly with service providers and amounts due from Your government health insurance plan will be recovered on Your behalf. In the event that You incur and pay for eligible expenses, contact the Insurer at 1-866-304-1499 and request a claim form. You may also write to the Insurer at: Box 557 - 100 King Street West, Hamilton ON L8N 3K9, Canada.

**Notice of claim must be submitted within 30 days of occurrence and proof of claim must be submitted within 90 days of occurrence but not more than 12 months after the date of occurrence.**

If the medical assistance centre is not contacted prior to obtaining Hospital out-patient or in-patient Treatment, Your claim will be subject to a \$200 US per Insured per claim penalty in addition to any Deductible. This \$200 US per Insured per claim penalty will be waived if You are unconscious or physically unable or someone on Your behalf is unable to contact the medical assistance centre. If the medical assistance centre is not contacted within 24 hours of You being Hospitalized, the Insurer will limit benefits under this Policy to 50% of eligible expenses. This penalty is waived if You are unconscious or physically unable or someone on Your behalf is unable to contact the medical assistance centre.

The medical assistance centre's obligation to provide services described in this Policy is subject to the terms, conditions, limitations and exclusions set out in this Policy. The medical professional(s) suggested or designated by the Insurer or the medical assistance centre to provide services according to the benefits and terms of this Policy are not employees of the Insurer or the medical assistance centre. Therefore, neither the Insurer nor the medical assistance centre shall be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any medical Treatment or service You may receive or Your failure to obtain or receive any medical Treatment or service.

#### VII Eligible Expenses

**Coverage for the following expenses is subject to the conditions, exclusions, limitations, Deductibles, penalties and maximums described in the Policy. Diagnostic, surgical, Hospital and air transportation expenses and services must be approved in advance by the Insurer. If You are unconscious or physically unable or someone on Your behalf is unable to contact the Insurer prior to incurring such expenses, You must contact the Insurer as soon as You are able.**

In the event of an Emergency occurring outside of Your province or territory of residence while this Policy is in force, the Insurer will reimburse You or pay providers of services for the medically necessary expenses listed below up to the Reasonable and Customary Expenses, less any applicable Deductible, to a plan maximum of \$5,000,000 CDN per Insured. The plan maximum is shown on Your Policy Receipt.

- A. **Hospital expenses** - Hospital room and board charges up to the semi-private room rate. **If medically necessary and authorized in advance by the Insurer**, expenses for services in an intensive or coronary care unit. Also covered are additional Hospitalization costs including but not limited to the use of an operating room, supplies and services needed to perform surgery and regular nursing costs.
- B. **Physician fees** - Fees of a licensed Physician or Surgeon for services rendered in a Hospital, Hospital Emergency ward, Hospital out-patient unit, clinic or doctor's office.
- C. **Diagnostic testing** - The cost of tests including but not limited to x-rays, sonograms, electrocardiograms, computerized axial tomography (CAT scan) and magnetic resonance imaging (MRI). **All diagnostic tests must be authorized in advance by the Insurer.**
- D. **Paramedical Services:** Services of a chiropractor, osteopath, podiatrist or physiotherapist, including x-rays, to a maximum of \$300 US per incident if medically necessary, when prescribed by a Physician and approved in advance by the Insurer.
- E. **Drugs and medication** - Drugs and medication that require a prescription when prescribed and purchased immediately after initial medical care (maximum 30 day supply).
- F. **Medical supplies and equipment** - Charges for medically necessary supplies and equipment, including but not limited to rental of braces, crutches and wheelchair and the cost of casts, splints and trusses.
- G. **Private nursing** - Services of a registered private nurse in a Hospital when ordered by a Physician (maximum \$5,000 US per Insured) **and if authorized in advance by the Insurer.**

- H. **Ambulance** - Licensed air or land ambulance service including the cost of paramedical services and medical accompaniment. **All air ambulance transportation must be authorized in advance by the Insurer.**
- I. **Dental** - Services of a dentist or dental Surgeon when required to repair natural teeth damaged by an accidental blow to the face (maximum benefit \$1,000 US per Insured).
- J. **Emergency relief of dental pain** – Charges for Emergency relief of dental pain that manifests itself while coverage is in effect. Treatment must be completed prior to Your return to Your province or territory of residence (maximum \$300 US per Insured and excludes crowns and root canals).
- K. **Incidental expenses** - Charges for Your out-of-pocket expenses such as telephone charges, television and parking while You are Hospitalized for an Emergency (maximum \$200 US per Insured). **Original receipts (no copies) must be submitted.**
- L. **Transportation to bedside** – If You are the only person covered under this Policy and the attending Physician provides written certification that Your condition is serious and You will be Hospitalized outside Your province or territory of residence for 7 or more days, a single round-trip economy airfare from Canada will be provided for a person of Your choice to be with You. The person at Your bedside will be covered under the same terms and limitations of Your Policy as long as he/she meets the Eligibility Requirements of this Policy. **All transportation costs must be authorized in advance by the Insurer.**
- M. **Meals and accommodations** - Up to \$100 US per day to a maximum of \$1,000 US for the cost of commercial accommodation and meals when Your trip is delayed beyond Your last day of coverage due to an illness or injury suffered by You or Your travelling companion insured under this Policy. The fact that You are unable to travel must be certified by the attending Physician. **Original receipts from commercial organizations for meals and accommodations must be supplied.**
- N. **Emergency return home** - If the Insurer elects to return You to Your province or territory of residence to obtain Emergency medical care, this Policy will cover the cost to transport You and any other person travelling with You that is insured under this Policy on a licensed airline, including the cost of accompaniment by an attendant if medically necessary. **All transportation costs for Emergency return home must be authorized in advance by the Insurer.**
- O. **Return of vehicle** - The cost of returning Your vehicle to Your Canadian home when the Insurer elects to return You to Your province or territory of residence to obtain Emergency medical care (maximum benefit \$1,500 US per Policy). This benefit does not apply if You paid to have Your vehicle delivered to Your out-of-province/territory destination. **All return of vehicle costs must be authorized in advance by the Insurer.**
- P. **Return of remains** - The cost of cremating or returning a deceased person covered under this Policy to his or her province or territory of residence, when the cause of death is a covered illness or injury (maximum \$5,000 US per Insured). Charges for headstone, casket, urn or funeral service are excluded. **All arrangements must be authorized in advance by the Insurer.**

## VIII Exclusions

This Policy does not cover, provide services or pay for expenses for claims resulting from:

- A. Any Medical Condition that is directly or indirectly related to a Pre-Existing Medical Condition except those that have been Stable and Controlled within the period specified for the plan You have chosen;
- B. Medical care for elective services, medical care not performed by or under the supervision of a Physician or medical care that is not for an Emergency;
- C. Routine or general physical examinations, drugs or medication available without a prescription, lost medication, eyeglasses or contact lenses, or services which are not medically necessary;
- D. Any expenses incurred in Your province or territory of residence;
- E. Hospital or medical Treatment, where this Policy was purchased with the intent to obtain such services outside Your province or territory of residence, whether or not recommended by Your attending Physician;
- F. Any Medical Condition for which You are Hospitalized at the time this Policy takes effect;
- G. Kidney stones or gallstones (except for first time diagnosis of these conditions);
- H. Cancer or tumour (except for first time diagnosis of any kind of cancer regardless of location in the body);
- I. Angioplasty and/or cardiac surgery including any associated diagnostic tests or charges, **which are not authorized in advance by the Insurer;**
- J. Arthritis, cataracts, gout, varicose veins, corns, calluses and bunions or any Medical Conditions resulting from the medical care thereof;
- K. Artificial joints, prosthetic devices, implants, organ or tissue transplants including any associated charges;
- L. Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV;
- M. Mental or emotional disorders or stress, intentional self-injury, suicide or attempted suicide;
- N. Sickness, death or injury sustained while under the influence of alcohol, drugs, medication or other intoxicants or a Medical Condition resulting from excessive use thereof;
- O. Voluntary participation in a riot or civil disorder or committing or attempting to commit a criminal offence;
- P. Expenses incurred directly or indirectly as a result of declared or undeclared war, terrorism, civil war, riot, insurrection, invasion, or any act of hostilities thereof;

- Q. Air transportation, surgery, magnetic resonance imaging (MRI), computerized axial tomography (CAT), biopsy or other diagnostic tests, including any associated charges, **which are not authorized in advance by the Insurer**;
- R. Expenses incurred after the date on which You decline medically approved transport to Canada;
- S. Pregnancy, miscarriage, childbirth or any complications thereof occurring within 10 weeks of the expected date of delivery; or
- T. Participation in:
  - body contact sports
  - motor or racing competition
  - parachuting
  - parasailing
  - gliding
  - organized sports
  - mountaineering
  - skydiving
  - bungee jumping
  - piloting an aircraft
  - underwater activities using self contained underwater breathing apparatus (unless You hold an open water diving certificate).

## IX General Conditions and Limitations

- A. The existence of a Medical Condition, for determining eligibility under this Policy or the validity of a claim under this Policy, will be established using the medical records of Your Physician(s), including Your Physician(s) in Canada, whether or not the contents of the medical records were made fully known to You before You incurred a claim under this Policy.
- B. The Insurer, in consultation with the attending Physician and a Physician designated by the Insurer, reserves the right to return You to Your province or territory of residence or transfer You to another medical facility capable of providing the necessary medical services when You require Emergency care, provided that You are medically able to return or be transferred without endangering Your life or health. If You elect not to return to Your province or territory of residence or to be transferred to another medical facility capable of providing the necessary medical services following the diagnosis of, or Emergency care for, a Medical Condition which requires continuing medical services or surgery, then expenses incurred after that date will not be covered under this Policy and all coverage for benefits under this Policy will cease.
- C. The Insurer has the right, and You must afford it the opportunity, to have You medically examined when and as often as may be reasonably required, when a claim under this Policy is pending. In the event of death, the Insurer has the right to request an autopsy if not prohibited by law.
- D. The Insurer and its contracted suppliers are not responsible for the availability, quality or results of any Treatment or transportation, or the failure of an Insured to obtain Treatment.
- E. If You are not eligible for coverage in accordance with Section I of this Policy, the Insurer will declare Your coverage null and void from inception and no benefit will be paid for any claim.
- F. Coverage will be null and void if a cheque is not honoured for any reason or if credit card charges are refused.
- G. If You have misstated Your date of birth or paid the incorrect premium according to Your age, smoking status and trip details as shown on Your application, this Policy will cover only the proportion of eligible expenses that the premium paid bears to the required premium.
- H. This Policy does not cover ongoing or recurring Medical Conditions. Once Emergency Treatment and care is completed, no further benefits for the same or related Medical Conditions will be covered.
- I. If You make a temporary return to Your province or territory of residence during Your period of coverage and receive medical Treatment, there will be no coverage for the condition(s) Treated or any related condition(s) for the balance of the coverage period. You must continue to meet the Eligibility Requirements in Section I on each Departure Date for coverage.
- J. In the event that Your coverage under the government health insurance plan (GHIP) of Your province or territory of residence is not in effect when You incur a claim, the Insurer will pay 80% of any eligible expenses incurred under this Policy.
- K. The Insurer, upon making any payment or assuming liability thereon under this Policy, shall be subrogated to all rights of recovery of the Insured against any person, corporation or other third party, and may bring action in the name of the Insured to enforce such rights. You agree to cooperate fully with the Insurer and to allow the Insurer, at its own expense, to bring a lawsuit in Your name against a third party.
- L. In the event that You are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any Policy provision, the Insurer has the right to reimbursement from You for any amount that it has paid on Your behalf to medical providers, air ambulance companies or other parties.
- M. You must begin any legal action or proceeding within 24 months of the date on which the cause of action takes place. All legal action must be brought in Your province or territory of residence.
- N. Notwithstanding any other provision herein, this contract is subject to the statutory conditions in the Insurance Act applicable to contracts of accident and sickness insurance in Your province or territory of residence in Canada.
- O. All currency amounts shown in this Policy shall be in Canadian funds unless specifically stated otherwise. If You have paid a covered expense, You will be reimbursed in Canadian currency at the prevailing rate of exchange on the date You made payment.

## **X Excess Insurance Provision**

This insurance is secondary to any other coverage from which You can recover expenses or losses incurred. If the other coverage also provides for secondary payment, then benefits payable under this 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 Medical Expenses issued by the Canadian Life and Health Insurance Association.

If You are covered as an active or retired employee under Your current or former employer's group health insurance plan for Extended Health Care benefits and the lifetime maximum amount is: a) \$100,000 CDN or less, Coordination of Benefits will not apply to such amount; or b) more than \$100,000 CDN, Coordination of Benefits will apply only to the amount of insurance in excess of \$100,000 CDN.

## **XI Definitions**

**Children** - for the purposes of determining eligibility for Family Rate, means any unmarried person who is dependent upon You for support, is travelling with You or who joins You during Your Trip and is either: i) under 21 years of age; ii) under 26 years of age if full-time student; or iii) Your child of any age who is mentally or physically handicapped.

**Deductible** - means the amount of covered expenses per Emergency that You are responsible for paying before any remaining covered expenses are paid under this Policy. The amount of the Deductible for which You are responsible for, if any, is shown on Your Policy Receipt.

**Departure Date** - means the later of the date shown as such on the Policy Receipt issued by the Insurer or the date You depart Your province or territory of residence.

**Effective Date** - For Single Trip Plans, Effective Date means the Departure Date as shown on Your Policy Receipt. If Topping Up another plan, Effective Date means the day after Your other coverage terminates (coverage will begin at 12:01 AM on this date). For the 30-Day Annual Plan, Effective Date means the Departure Date of each covered trip during the period of coverage of this Policy.

**Emergency** - means an unforeseen illness or injury that requires You to obtain immediate Treatment to prevent or alleviate existing danger to Your life or health. An Emergency no longer exists when the medical evidence indicates that You are able to return to Your province or territory of residence.

**Family Rate** - means the rate that You, Your Spouse and Your Children pay when a family option is chosen and the required premium has been paid. Family Rate is available for those up to 60 years of age on the departure date. The Family Rate is 2 times the higher rate payable by either parent.

**Hospital** - means a duly licensed institution with facilities to accommodate in-patient care, including a laboratory and an operating room for surgery. Not included are spas, clinics and any facility that is not operated 24 hours per day under the supervision of a Physician.

**Hospitalized or Hospitalization** - means being admitted to a Hospital as an in-patient. Hospitalized does not include pre-scheduled tests not requiring any further immediate Treatment in the Hospital.

**Insured** - means any person who is named on the Policy Receipt, meets the eligibility requirements in Section I of this Policy and for whom the required premium has been paid.

**Insurer** - means Reliable Life Insurance Company, its medical assistance provider or, where permitted, any other company contracted by them to provide services under this Policy.

**Medical Condition** - means an irregularity in Your health that required or requires medical advice, consultation, investigation, Treatment, care, service or diagnosis by a Physician.

**Physician (and Surgeon)** - means a legally qualified Doctor of Medicine authorized to practice medicine in the region where medical care is provided.

**Policy Receipt** - means the confirmation of coverage issued after You have paid the required premium.

**Pre-Existing Medical Condition** - means a Medical Condition for which Treatment has been taken or received, or which exhibited symptoms, prior to Your Effective Date and within the period specified for the plan You have chosen and includes a medically recognized complication or Recurrence of a Medical Condition.

**Reasonable and Customary Expenses** - means charges usually made for similar services and supplies to individuals of similar Medical Conditions for residents in the locality concerned.

**Recurrence** - means the appearance of symptoms caused by or related to a Medical Condition that was previously diagnosed by a Physician or for which Treatment was previously received.

**Stable and Controlled** - means the Medical Condition is not worsening and there has been no alteration in any medication for the Medical Condition or in its usage or dosage, nor any Treatment, prescribed or recommended by a Physician or received within the period specified for the plan You chose, prior to the Effective Date.

**Terminal** - means a Medical Condition for which, prior to Your Effective Date, a Physician gave a prognosis of eventual death or palliative care was received.

**Termination Date** - For Single Trip Plans, means the earlier of: a) the date You return to Your province or territory of residence; or, b) the date coverage under this Policy ends as shown on Your Policy Receipt. For 30-Day Annual Plans, means the earlier of: a) 30 days after Your Departure Date of any one trip during the period of coverage; or, b) the Annual Plan Termination Date as shown on Your Policy Receipt.

**Top Up or Topping Up** - means coverage commencing after the expiration date of other coverage for any reason.

**Treat, Treated or Treatment** - means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a Physician, including but not limited to prescribed medication, investigative testing and surgery. Do not count aspirin, acetaminophen or ibuprofen as treatment.

**You or Your** - means any person who is named on the Policy Receipt, meets the eligibility requirements in Section I of this Policy and for whom the required premium has been paid.

## XII Changing the Period of Coverage

If You wish to change the Effective Date of Your coverage, You must contact the us prior to Your Departure Date by phoning 1-800-661-308 or Winnipeg 204-947-9210 or Calgary 403-259-2969 from Monday–Friday from 9:00AM to 5:00 PM Central Time. You must submit a written request by fax, e-mail or mail, postmarked no later than the next business day.

You may extend Your insurance after Your Departure Date provided:

- You have not incurred a claim; and
- You agree that expenses related to Medical Conditions present on the date You apply for an extension will not be covered by this Policy; and
- You request the extension prior to Your Termination Date by phoning 1-800-661-3098 or Winnipeg 204-947-9210 or Calgary 403-259-2969 Monday to Friday from 9:00 AM to 5:00 PM Central Time. If Your Policy has terminated, You must purchase a new policy; and
- The maximum period of coverage available under this Policy, including any extension(s) of coverage, and any other policy that is Topped Up, does not exceed 183 days (or 212 days if You are a resident of Ontario or Newfoundland and Labrador) out of Your province or territory of residence; and
- You provide a letter confirming Your request for any extensions. Minimum extension premium \$25 per person.

However, if You have experienced a Medical Condition, had an Injury or received a medical consultation during the Trip, any extension of coverage granted will be subject to the Insurer's approval. Failure to make medical information known will render the Policy extension null and void.

In the event that the new Effective Date and/or Termination Date(s) extends the period of coverage and an additional premium is required, You must pay such premium by Visa or MasterCard.

**There are no service or administrative charges when You change Your period of coverage.**

## XIII Refunds

There are no service or administrative charges for refunds. All refund requests must be made in writing. Mail Your request for a refund to the representative who sold You this policy or email to [info@mediquote.ca](mailto:info@mediquote.ca) or fax toll free to 1-877-259-2918.

### Single Trip Plans

#### Full refunds

If You require a full refund for any reason prior to Your Departure Date, Your written request must be postmarked in Canada prior to the Departure Date. Upon receiving Your written request the Insurer will refund 100% of Your premium paid.

#### Partial refunds

- If You request a refund after the Departure Date and before Your Termination Date as shown on Your Policy Receipt, You must submit Your request providing proof of the date of Your return to Your province or territory of residence. All refund requests must be made in writing and postmarked within 30 days of the date You no longer require the coverage. If You cannot provide satisfactory proof of the date You returned to Your province or territory of residence, Your refund will be based on the date of receipt of Your written request. There are no refunds payable if You have incurred a claim under the Policy or if a claim is pending.
- The retained premium will be calculated as if You had purchased the proper duration of Your coverage initially using the Effective Date unless You provided notification of a different Effective Date prior to leaving Your province or territory of residence. The refund paid will be the original premium reduced by the recalculated premium and paid in Canadian funds. Minimum refund is \$10 per person.

### 30-Day Annual Plan

If You continue to meet the Eligibility Requirements of Section I for the Plan You have purchased, there are no refunds payable for the 30-Day Annual Plan after Your Annual Plan coverage start date. If Your Medical Condition changes or You develop a new Medical Condition resulting in You no longer being able to meet the Eligibility Requirements in Section I for the Plan You have purchased, then You can receive a refund for the unused portion of Your Plan. Minimum refund is \$10 per person.

## XIV Privacy *Reliable Life is committed to protecting Your privacy.*

Collecting personal information about You is essential to our ability to offer You high quality insurance products and service. The information provided by You will be used only for determining Your eligibility for coverage under the Policy, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties, such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that we must share your information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. We take great care to keep Your personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If You have any questions about our privacy policy, please contact our privacy officer at 905-523-5587 or by email to: [privacy@oldrepublicgroup.com](mailto:privacy@oldrepublicgroup.com)

Underwritten by  
Reliable Life Insurance Company



Paul M. Field, C.A.  
Chief Executive Officer  
July 2010



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