

Southern Exposure Emergency Medical Coverage

Southern Exposure Emergency Medical Coverage provides reimbursement for costs associated with medical and dental emergencies, and for transportation expenses needed to obtain adequate care if you are faced with an *emergency* while travelling outside of your province or territory of residence for a period of up to 183 days (212 days for Ontario residents) if you have purchased a Single Trip Daily Plan. If you have purchased a Multi-Trip Annual Plan this coverage is active for an unlimited number of *trips* within a 1 year period, beginning on the date of purchase with the option of an 8, 15, 35 or 60-day limit per *trip*, providing the total of all *trips* does not exceed 183 days (212 days for residents of Ontario). Please see your *Confirmation of Insurance* to confirm the per-trip day limit of the Multi-Trip Annual Plan you have purchased. *Deductible* options of \$200, \$500, \$5,000 and \$10,000 are available to both the Single Trip Daily and the Multi-Trip Annual Plans.

You may purchase an additional number of days to extend a *trip* within the *coverage period* of your Multi-Trip Annual Plan to a maximum of 183 consecutive days (212 days for Ontario residents). This plan may also be used to *Top Up* the coverage you may have with another insurance provider or to purchase an additional number of days to extend a Single Trip Daily Plan past its original *expiry date* to a maximum of 183 consecutive days (212 days for Ontario residents).

In this *Policy*, certain terms have defined meanings. Those defined terms are as indicated on your *Confirmation of Insurance*, or as below in the section titled "Definitions", and appear throughout this *Policy* in italics.

Benefits per Insured	Benefit Maximums
Emergency Medical and Dental Coverage	\$2,000,000
Emergency Medical Transportation	Included
Vehicle Return	\$3,000
Repatriation of Remains	\$5,000
Accommodations and Meals	\$175 per day to a maximum of \$1,750
24-Hour Emergency Travel Assistance	Included

Maximum aggregate payable for all benefits under the *Policy* is \$2,000,000.

Coverage is for travellers who are under age 86 at the time coverage is purchased and remain under age 86 until the *effective date*.

For complete information, please read the *Policy of Insurance* below.

Policy of Insurance

Exclusively underwritten by Echelon General Insurance Company (herein called "we", "us", "our").

IMPORTANT- PLEASE READ CAREFULLY

We have issued this *Policy* to the person(s) named on the *Confirmation of Insurance* (herein called "you" or "your").

If you believe that the *Confirmation of Insurance* sent to you is incorrect, please contact your broker.

This *Policy* and your *Confirmation of Insurance* describe your insurance and its terms and conditions, which may limit benefits and amounts payable to you. Please read the *Policy* carefully to understand the conditions of all coverages for which you have paid a premium.

Be sure to take this document and your *Confirmation of Insurance* with you on your *trip*.

This *Policy* contains a number of exclusions and limitations, including a Pre-Existing Conditions Exclusion, which may apply to a medical condition and/or symptoms that existed prior to your *trip*.

Important Notice: Should there be any change to your current medical condition or a *change in medication* prior to the commencement of your *trip*, you are required to complete another *Medical Questionnaire* which may result in a change in the plan for which you qualify as well as the premium payable by you. If you do not notify us accordingly, you may not qualify for coverage under the Pre-Existing Conditions Clause or if you are no longer eligible for the plan you purchased, your claim will be denied, your *Policy* will be voided and any premium paid will be refunded. If you have purchased a Multi-Trip Annual Plan and your health changes or does not remain *stable* after the *effective date*, your eligibility will not be affected but coverage for that medical condition will be excluded in accordance with the Pre-existing Conditions Exclusion. If you have purchased coverage to top-up another insurance provider's policy and your health changes or does not remain *stable* after your *departure date* but prior to your *effective date*, your eligibility will not be affected but coverage for that medical condition will be excluded in accordance with the Pre-existing Conditions Exclusion.

IF YOU ARE IN NEED OF EMERGENCY MEDICAL OR DENTAL CARE WHILE TRAVELLING, YOU MUST CALL THE MEDICAL ASSISTANCE PROVIDER AT ONE OF THESE NUMBERS BEFORE SEEKING EMERGENCY TREATMENT:

1-866-374-0896 toll-free from the Canada and the U.S. including Hawaii and Alaska, 416-977-3538 collect from anywhere else in the world.

The medical assistance provider is here to help you 24 hours a day, 365 days a year.

Please have the following information ready for the medical assistance provider representative when you call:

- your name and *Policy* Number (per your *Confirmation of Insurance*) and
- your location and local phone number.

Please note that this *Policy* provides for a limitation of benefits, if you do not call before seeking *emergency treatment*, in addition to any deductible, you will be responsible for 30% of any eligible expenses. If your injury or illness prevents you from calling before seeking emergency treatment, you must call the medical assistance provider as soon as medically possible. As an alternative, someone else may call on your behalf.

The minimum of \$200.00 per insured per claim as a penalty depending on which amount is greater as stated in the application will not apply.

Right to Examine this *Policy*

If you notify us that you are not completely satisfied with your purchased plan prior to the *effective date* of your coverage as indicated on your *Confirmation of Insurance* we will provide a full refund if you have not already departed on your *trip* and have not incurred or filed a claim.

Full refunds are only available when your broker receives your request for a refund prior to your *effective date*.

Insured benefits under this *Policy* include:

- Emergency Medical Expenses (including *emergency* medical and dental treatment)
- Emergency Medical Assistance Services
- Emergency Medical Transportation

Coverage is for travellers who are under age 86 at the time coverage is purchased and remain under age 86 until the *effective date*.

What risks are insured?

This *Policy* covers the *reasonable and customary, medically necessary* expenses, in excess of *your deductible* and any benefits available to *you* under *your government health insurance plan* and any other similar insurance coverage *you* may have in effect, for *emergency treatment* arising from an *injury* or *illness* that occurs while *you* are travelling outside of *your province* or territory of residence. In addition, it covers only the eligible medical expenses in excess of those covered under *your government health insurance plan* and by any other insurance or benefit plan under which *you* are covered. We reserve the right, in *our sole discretion*, to reject applications for coverage.

For more information, please see the terms and conditions within this *Policy*.

What must you do in an emergency?

You must contact the medical assistance provider before seeking emergency treatment. Failure to call *the medical assistance provider* gives us the right to impose a 30% reduction of eligible expenses, in addition to any *deductible*, to the amount reimbursed for the eligible expenses *you* have incurred or may result in no reimbursement if the *emergency treatment* provided is not covered or is inappropriate to *your emergency*. In addition, *the medical assistance provider* must arrange all *emergency* medical procedures (including but not limited to cardiac procedures and cardiac catheterisation) in advance.

When *you* contact *the medical assistance provider*, they will refer *you* or may transfer *your call*, when medically appropriate, to an accredited medical service provider within a network.

The medical assistance provider may also make a request for the medical service provider to bill the eligible medical expenses covered under this *Policy* directly to us instead of to *you*. We will guarantee payments up to the amounts provided under this *Policy*, if needed, to secure your *medically necessary* admission to a *hospital*. *You* must repay us any amount guaranteed for payments if we determine that amount is not payable under this *Policy*.

Section I - Definitions

Accident/Accidental - an unexpected external event, occurring during an insured *trip*, which is due solely to a sudden, unintended or violent cause beyond *your* control.

Change in Medication - A new medication or an alteration in usage or dosage of a medication constitutes a *change in medication*. A change from a brand name drug to a generic drug does not constitute a *change in medication* provided the usage and dosage has not been modified. The sliding scale of *treatment* with coumadin or insulin does not constitute a *change in medication*.

Children - unmarried persons who are dependent on *you* for support and are:

- under 21 years of age; or
- under 26 years of age if a full-time student; or
- mentally or physically handicapped and over 20 years of age.

Coverage Period - the time insurance is in effect under this *Policy*, beginning on the *effective date* and ending on the *expiry date*.

Covered Service - a service or supply specified herein, for which we provide benefits under this *Policy*.

Chronic: an ongoing medical condition that persists over a long period of time or is marked by frequent recurrence and for which treatment will only relieve or control the symptoms but not cure the condition.

Confirmation of Insurance – the printed form, computer printout, invoice or document provided by *your* Broker which confirms the insurance coverage *you* have purchased, the *coverage period* and the premium *you* have paid. The *Confirmation of Insurance* forms part of the insurance contract.

Deductible – the dollar amount in U.S. dollars for which *you* are liable for each claim, as stated on *your Insurance Application* and shown on *your Confirmation of Insurance*, before any remaining eligible expenses are reimbursed under this *Policy*.

Departure Date - the date on which *you* actually start *your trip*.

Departure Point - the location in *your* province or territory of residence from which *you* depart on *your trip* on *your departure date*.

Effective Date – the date on which coverage under this *Policy* takes effect, which is:

- For Single Trip Daily Plan – the later of *your departure date* or the effective date for *your* Single Trip Daily Plan as shown on *your Confirmation of Insurance*
- For Multi-Trip Annual Plan – the later of the date of *your Insurance Application* or the date *you* designate as *your* Multi-Trip Annual Plan effective date on *your Insurance Application* as shown on *your Confirmation of Insurance* (which cannot be more than 6 months from the date of *your Insurance Application*).
- For *Top-Up* or *Extension* – the day immediately following the expiry of *your* coverage under the annual plan to be topped up or *your* Single Trip Daily Plan to be extended.

Emergency - an unforeseen *illness* or *injury* that is acute (onset is sudden and unexpected) and considered life threatening or if left unattended could deteriorate resulting in serious and irreparable harm that occurs on a *trip* and makes it necessary to receive immediate *emergency treatment*. An *emergency* no longer exists when the medical evidence indicates that *you* are able to continue the *trip* or return to *your* province or territory of residence to receive treatment. Once such *emergency* ends, no further benefits are payable in respect of the condition that caused the *emergency* or related condition.

Emergency Treatment - the services or supplies provided by a *physician*, licensed dentist, *hospital* or other licensed provider that are *medically necessary* to treat *your emergency*.

Expiry Date - means the date coverage under this *Policy* ends, which is:

- For Single Trip Daily Plan – the earliest of the date *you* return to *your* province or territory of residence or the expiry date shown on *your Confirmation of Insurance*
- For Multi-Trip Annual Plan – 1 year from *your effective date*
- For *Top-Up* or *Extension* – the earliest of the date *you* return to *your* province or territory of residence or the new expiry date specified by us upon approval of *your top-up* or *extension*.

Family Member - includes *your spouse*; parents; *children*, including *children* who are, or are in the process of becoming adopted; siblings; grandparents or grandchildren; step-parent; step-child; or step-sibling; in-laws (parent, son, daughter, brother or sister, grandparents); aunt; uncle; niece; nephew; legal guardian; or ward; whether or not they travel with *you*.

Government Health Insurance Plan - the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

Hospital - an establishment that is licensed as a hospital and is operated for the care and treatment of *inpatients*, has a registered nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the hospital. *Hospital* does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged, or health spa.

Illness - a sickness, infirmity or disease occurring during the insured *trip* that requires *emergency treatment*, which did not occur prior to the *effective date*.

Injury - harm to the body, resulting directly and independently of all other causes, from an *accident*, which did not occur prior to the *effective date*.

Inpatient - a person who is treated as a registered bed patient in a *hospital* and for whom a room and board charge is made.

Insurance Application – the printed form, computer printout, or document supplied by *your* Broker and which was completed and signed by *you* and by which *you* requested this travel insurance coverage. The *Insurance Application* forms part of the insurance contract.

Medical Assistance Provider - the company that we have appointed to provide assistance, orientation, referral services and claims adjudication to *you* during *your trip*.

Medical Questionnaire – the form that contains questions regarding your health, which must be answered fully and accurately. Once completed and signed this will form part of the insurance contract. *Your* answers to the *Medical Questionnaire* and the *Insurance Application* together determine the coverage and/or the applicable premium payable by *you*. *You* must complete the *Medical Questionnaire* if *you* are 55 years of age or older.

Medically Necessary - the services or supplies provided by a *hospital*, *physician*, licensed dentist, or other licensed provider that are required to identify or treat *your illness* or *injury* and that we determine are:

- consistent with the symptoms or diagnosis and *treatment* of *your* condition, *illness*, ailment or *injury*;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of *you*, a *physician* or other provider;
- the most appropriate supply or level of service that can be safely provided to *you*;
- cannot be reasonably delayed until *your* return to *your* province or territory of residence without endangering *your* health.

When applied to the care of an *inpatient*, it further means that *your* medical symptoms or conditions require that the services cannot be safely provided to *you* as an *outpatient*.

Minor ailment: A single event of short duration, which did not result in the deterioration or impairment of *your* health and did not require: (i) more than 14 days of medication or treatment, (ii) more than one follow-up visit to a *physician*, (iii) hospitalization, (iv) surgical intervention, or (v) referral to a specialist. A *chronic* condition or any complication of a *chronic* condition is not considered a minor ailment.

Mountain Climbing - the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabineers and lead or top-rope anchoring equipment.

Physician - a person (other than *you*) who is not related to *you* by blood or marriage who is licensed to prescribe drugs and administer medical *treatment* (within the scope of such license) at the location where the *treatment* is provided. A *physician* does not include a naturopath, an herbalist or a homeopath.

Policy - the entire Policy of Insurance document containing the terms and conditions of this insurance and issued to *you* by *us*. The *Insurance Application*, *Confirmation of Insurance* and *Medical Questionnaire* (if applicable) forms part of the insurance contract.

Prepaid - paid prior to *your departure date*.

Prescription Drug - a drug or medicine that can only be issued upon the prescription of a *physician* or licensed dentist and is dispensed by a licensed pharmacist.

Professional - engaged in a specified activity as *your main paid occupation*.

Reasonable and Customary Charge - a charge in an amount consistently made by other vendors/providers for a given service in the same geographic area, which reflects the complexity of the service taking into account availability of experienced personnel, services or supplies.

Return Date - the date on which *you* actually return to *your departure point*

Spouse - the person who is:

- legally married or in a legal civil union with *you*; or
 - living with *you* in a conjugal relationship and is publicly represented as *your spouse* or *your domestic partner* in the community in which *you* reside.
- You may only have one spouse for the purposes of this Policy.*

Stable - any medical condition or related condition (including any heart condition or lung condition) for which all the following statements for that medical condition or related condition (including any heart condition or any lung condition) are true:

- there has been no new *treatment* or prescribed medication;
- there has been no change in *treatment* or *change in medication*
- there has been no new symptoms, more frequent symptoms or more severe symptoms;
- there have been no test results showing deterioration;
- nitro-glycerine has not been taken more than once per week specifically for the relief of angina pain;
- there has been no *treatment* with home oxygen or oral steroids (prednisone or prednisolone) for any lung condition;
- there has been no hospitalization or referral to a specialist (made or recommended) or the result of further investigations has not yet been completed.

Terminal Illness – *you* have a medical condition that is cause for a *physician* to estimate that *you* have less than 12 months to live or for which *you* have received palliative care.

Terrorism or Act of Terrorism - an ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

Top-Up or Extension - the coverage provided under this *Policy* to extend the length of travel insurance coverage provided by *us* or another insurance provider to top-up coverage under an annual plan or to extends coverage under *your* Single Trip Daily Plan under the “top up or extension” conditions stated in this *Policy*. If *you* are topping-up coverage under another insurer’s annual plan, it is *your* responsibility to ensure the policy to be topped-up allows this.

Travel Advisory - a formal written notice issued by the Canadian government to advise travellers not to enter a foreign country or a given region in that country. It does not include travel information reports.

Travel Companion - one person with whom *you* are sharing travel arrangements and *prepaid* accommodations and who is also covered under a Southern Exposure Emergency Medical Coverage Plan.

Treatment - A medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician*, including but not limited to prescribed medication (whether taken or not), investigative testing and surgery, whether or not a definitive diagnoses of a medical condition has been made. *Treatment* does not include regular medical checkups where no medical signs or symptoms existed or were found during the checkup.

Trip - a period of round trip travel to a destination outside of *your* province or territory of residence, occurring during *your coverage period*, that is not for the purpose of obtaining health care or *treatment* of any kind.

We, us, our – Echelon General Insurance Company

You, your or yourself – the person(s) named on the *Confirmation of Insurance*

Section II - What Do You Need to Know?

Are you eligible for coverage?

You must meet all of the following eligibility requirements to be eligible for any insurance coverage under this *Policy*:

- *you* must be a Canadian citizen or be a permanent or temporary resident of Canada;
- *you* must be covered under *your government health insurance plan* for the full duration of *your coverage period*;
- *you* must be under age 86 at the time this coverage is purchased and *you* remain under age 86 until *your effective date*;
- *you* must not be travelling for more than 183 consecutive days (212 days for Ontario residents) outside *your* province or territory of residence;
- if *you* are age 55 or older *you* must have completed and signed a *Medical Questionnaire* and have qualified for coverage as indicated on the *Medical Questionnaire*;
- *you* must not be travelling against the advice of a *physician* or have been diagnosed with a *terminal illness*;
- *you* must not be travelling outside of Canada for more than the maximum number of consecutive days allowed per *trip*, depending on which Multi-Trip Annual Plan option *you* have purchased this could be either of 8, 15, 35 or 60 consecutive days per *trip* unless *you* have purchased *top-up* coverage for the additional number of days of *your trip*, providing the total of all *trips* does not exceed 183 days (212 days for residents of Ontario).

PLEASE NOTE: The consecutive days include *your departure date* from and *return date* to *your departure point*.

If *you* are planning to travel outside of Canada for a longer period than allowed under the day limit applicable to the Multi-Trip Annual Plan *you* have purchased, *you* must *top-up your* coverage as outlined in this *Policy*. If *you* do not *top-up your* coverage for a *trip* that is longer than the day limit allowed under *your* plan, or meet all of the eligibility requirements described above, *you* will not have coverage for any claim during that *trip*.

Travel within Canada outside of *your* province or territory of residence is not restricted to the per trip day limit of *your* Multi-Trip Annual Plan, providing the total of all *trips* does not exceed 183 days (212 days for residents of Ontario). Any travel outside of *your* province or territory of residence for a period of more than 183 days (212 days for Ontario residents) requires that *you* notify *your government health insurance* prior to *your* departure to confirm that *your* coverage under that plan will be continued.

What coverage types are offered?

The following coverage types are available (please refer to *your Confirmation of Insurance* to determine which coverage *you* purchased):

- **Single Trip Daily Plan** – this plan provides coverage for a one-time *trip*. The maximum period of coverage under this plan, including any *top-up(s)* or *extension(s)*, is 183 days (212 days for residents of Ontario). Coverage under this plan begins on *your effective date* and terminates on the earlier of the date *you* return to *your* province or territory of residence or *your expiry date*.
- **Multi-Trip Annual Plan** (depending upon *your* age, there is a choice of an 8, 15, 35 or 60 day Multi-Trip Annual Plan) – This plan provides coverage for any number of *trips* of the allowable trip duration for the plan chosen (trip length calculation includes *your departure date* and *return date*) during the *coverage period* for travel outside Canada. It also provides unlimited travel within Canada outside of *your* province or territory of residence, providing the total of all *trips* does not exceed 183 days (212 days for residents of Ontario). Coverage under this plan begins on *your effective date* and terminates on the first anniversary of *your effective date*. Individual *trips* must be separated by a return to Canada for a period of no less than 24 hours. *You* are not required to provide advance notice of when *your trip* occurs. However, in the event of a claim under the Multi-Trip Annual Plan, the responsibility of proof of the *departure date* and the duration of the *trip* will rest with *you*. *You* will be required to provide proof of *departure date* at the time of claim. Proof can include *your* airline/train ticket, credit card or bank statements showing purchases in Canada just prior to a *departure* and/or a *stamped passport*.
- **Day Supplemental Multi-Trip Annual Plan for the Public Service Health Care Plan (PSHCP) members** –This plan provides coverage:
 - If *you* are a federal government retiree and *your* PSHCP travel insurance plan provides \$500,000 coverage for the first 40 consecutive days of a trip outside of *your* province or territory of residence.
 - This coverage are payable in excess of the first \$500,000 payable by your PSHCP travel insurance plan. **All other terms and conditions of this Policy will apply to such coverage.**
 - With respect to this benefit, the Pre-Existing Medical Conditions Exclusion is established on the *departure date* of the covered *trip* and the Pre-Existing Stability Period applicable will be based on the rate category that *you* have qualified for on *your Medical Questionnaire*.
 - Coverage under this plan begins on *your effective date* and terminates on the first anniversary of *your effective date*. Individual *trips* must be separated by a return to Canada for a period of no less than 24 hours. *You* are not required to provide advance notice of the *departure date* and *return date* of each *trip*; however, *you* will be required to provide evidence of *your departure date* and *return date* when filing a claim. Coverage for each *trip* begins on *your departure date* from *your* province or territory of residence as long as coverage is in effect.
 - No coverage is provided for a *trip* that commenced prior to the *effective date* of *your* PSHCP travel insurance coverage or if *your* PSHCP travel insurance coverage is terminated. If *you* experience an *emergency* during the first 40 days of *your trip*, call the PSHCP assistance company directly. Please consult your PSHCP travel insurance policy for emergency numbers.

How do you become insured?

You become insured and this *Policy* becomes an insurance contract:

- when you are named on the completed *Insurance Application* and on the *Confirmation of Insurance*; and
- upon payment of the required premium on or before your *effective date*; and
- if you are age 55 or older and have completed and signed the *Medical Questionnaire* and you have qualified for coverage as indicated on the *Medical Questionnaire*.

When can your coverage be reinstated?

Your coverage under a Single Trip Daily Plan or *Top-Up* or *Extension* will be automatically reinstated if you temporarily return to your province or territory of residence prior to your *return date* and then resume your *trip*, provided:

- you have not incurred a claim under this *Policy*;
- you have not developed a new medical condition and any existing medical condition has remained *stable* during your temporary return to your province or territory of residence and you were fit to resume travel on your *trip*;
- if applicable, still met the eligibility requirements of the *Medical Questionnaire*.

Please note: Any reoccurrence of a new medical condition or related symptom or an existing medical condition that did not remain *stable* which occurred during your temporary return to your province or territory of residence will be considered a pre-existing condition once you have resumed your *trip* and will not be covered under this *Policy*.

When will your coverage be automatically extended?

Regardless of your *expiry date*, coverage will be extended, provided:

- there has been no gap in your emergency medical coverage for the entire duration of your *trip*; and
- your return is delayed by unforeseeable circumstances beyond your control (including the hospitalization as an *inpatient* or due to an *emergency* of you or your *travel companion*, flight delays due to weather or mechanical failure, or your transport to the airport is involved in a traffic *accident*); and
- you provide us with documentation of your reason for the delay that is satisfactory to us.

If coverage is automatically extended for the above reasons, coverage will end on the earliest of either:

- your arrival at your province or territory of residence or return destination based on your travel itinerary; or
- 5 days after your *return date*. However, if you are hospitalized as an *inpatient*, we will extend your insurance for up to 72 hours from the time you are discharged but under no circumstances for more than 3 months from your *return date*.

What must you do if you decide to extend your trip?

Single Trip Daily Plan:

If you decide to extend your *trip* you may purchase an extension of your coverage by contacting your Broker and paying the additional premium before your *expiry date*, provided no claim has been incurred, there is no gap in your coverage and you have not developed a new medical condition and any existing medical condition has remained *stable*. Any extension requested will be subject to prior approval and the completion of a statement of Good Health. If a claim has been made, an extension may be granted upon our review of your file.

Multi-Trip Annual Plan:

If you are travelling for more than 8, 15, 35 or 60 consecutive days, depending on the Multi-Trip Annual Plan you have purchased, you must purchase an extension of this coverage:

- You must contact your broker to purchase a top-up to your *trip* prior to your departure on your *trip*; or
 - If you have already departed on your *trip*, you must contact your broker before the final covered day of your *trip*;
 - provided no claim has been incurred, there is no gap in your coverage and you have not developed a new medical condition and any existing medical condition has remained *stable*
 - any extension requested will be subject to prior approval and the completion of a statement of Good Health. If a claim has been made, an extension may be granted upon our review of your file.

If you do not purchase a *top-up* of your coverage for a *trip* that is longer than the allotted number of days under the Multi-Trip Annual Plan you have purchased, you will not have coverage for any claim at any time during that *trip*.

Top-up of another travel insurance provider's coverage

If you are already covered by another travel insurance provider you may purchase *top-up* coverage to extend your existing other insurer's coverage, provided you make the purchase and pay the required premium prior to your *departure date*. Coverage under this *Policy* must commence the day after the expiry of the other insurer's coverage.

We accept no responsibility for the coverage and/or content of any other insurance provider's travel insurance plan. It is therefore your responsibility to confirm that the other insurance provider's plan may be topped up.

Conditions applicable to the purchase of all Top-ups or Extensions

1. you are eligible for coverage;
2. you cannot purchase a Multi-Trip Annual Plan as a *top-up* or *extension*;
3. the total duration of your entire *trip* may not exceed 183 consecutive days (212 days for Ontario residents);
4. you are covered by your government health insurance plan for the entire duration of the *trip*;
5. a *top-up* or *extension* can only be purchased when it completes and covers the remaining duration of your *trip*;
6. in the event of a claim, we will give no consideration to coverage from another insurance provider and will adjudicate your claim only on the basis of the contents and the *coverage period* of the insurance coverage provided by this *Policy*;
7. you must pay the required premium before your *departure date* or before your current coverage ends;
8. the terms, conditions and exclusions of this *Policy* will apply during the extended period of your *trip*;
9. any change in your health or a medical condition that does not remain *stable* prior to the *effective date* of the *top-up* or *extension* will be considered a pre-existing condition and will not be covered under this *Policy*;
10. any illness or injury which first appeared, whether diagnosed or not, or for which treatment may or may not have been received prior to the *effective date* of the extension of coverage will not be covered under this *Policy*;
11. a minimum premium of \$25 applies to all *top-ups* and *extensions*.

Please Note: A gap in coverage between the end of the final day of the initial period of coverage of your *trip* and the beginning of the *top-up* or *extension* period of coverage will void the coverage of your entire *trip*.

Can you obtain a refund?

Single Trip Daily Plan

All requests for refunds must be submitted to the Broker from whom you purchased this *Policy*. We will provide a full refund if the request for refund is received prior to your *effective date*.

A partial refund of the premium paid will be made in the event you return to your province or territory of residence a minimum of 48 hours prior to your *return date* and provided no claim has been incurred at any time during your *trip*. You must contact the Broker from whom you purchased this *Policy* within 30 days of your early return. Proof of your early return, satisfactory to us (such as airline boarding pass, customs/immigration stamp or credit card receipt), must be provided. The minimum refund provided is \$10. There is an administration fee of \$20 per *Policy* for any early return refund.

Multi-Trip Annual Plan

All requests for refunds must be submitted to the Broker from whom you purchased this *Policy*. We will provide a full refund if the request for refund is received prior to your *effective date*. There will be no refund under a Multi-Trip Annual Plan after the *effective date*.

Section III - Description of Coverage

Emergency Medical and Dental Coverage

COVERED BENEFITS

Emergency Medical and Dental Coverage reimburses *you* for eligible expenses if *you* require *emergency treatment* during *your trip*. This coverage will also cover eligible expenses for Emergency Medical Transportation back to *your* province or territory of normal residence. Reimbursement is subject to the *deductible* option *you* have selected. In the event of *injury* or *illness* while on a *trip*, during the *coverage period*, we will make payment to the *hospital* on *your* behalf or reimburse *you* for *reasonable and customary charges* for the following *medically necessary* expenses required by *you*.

Emergency Medical Expenses

We provide coverage for the *reasonable and customary charges* for the following *covered services*:

Emergency Medical Treatment (including x-rays and lab)

This *Policy* covers *emergency treatment* in the event of an *emergency*.

Emergency Dental Treatment (including x-rays and lab)

This *Policy* covers the following dental expenses when required as *emergency treatment* and ordered by or received from a licensed dentist:

- If *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an *accidental* blow to *your* face, *you* are covered for the *medically necessary* dental expenses *you* incur during *your trip*. *You* are also covered up to a maximum of \$1,000 to continue necessary treatment after *your* return to *your* province or territory of residence. However, this treatment must be completed within 90 days after the date of the *accident*.
- If *you* need *emergency treatment* to relieve dental pain, *you* are covered for the dental expenses *you* incur during *your trip* for such relief, up to a maximum of \$250, and the complete cost of *prescription drugs* (limited to a supply of 30 days).

Professional Fees

This *Policy* covers expenses for treatment by a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, to a maximum of \$250 per profession, which is *medically necessary* as a result of a covered *emergency*.

Licensed private duty nurse

This *Policy* covers the cost of licensed private duty nursing services (other than by a *family member*) to a maximum of \$5,000 while *you* are an *inpatient*; when arranged in advance by *the medical assistance provider*.

Prescription Drugs

This *Policy* covers the cost of *prescription drugs*, limited to a supply of 30 days, if prescribed because of an *emergency*.

Medical Appliances

This *Policy* covers the cost of medical appliances including wheelchair, braces, crutches, walker, or hospital-type beds, if ordered by a *physician*. We will pay the lesser of the rental or the purchase price.

Ambulance

This *Policy* covers the cost of local ground transport by ambulance to a medical service provider in an *emergency*.

Medical Assistance Services

Medical Assistance

If *you* have a medical problem or *emergency*, *you* must contact *the medical assistance provider*, who will refer *you* to a local *physician*, dentist, *hospital*, medical facility, or other appropriate resource.

Medical Consultation and Monitoring

If *you* are hospitalized, the *medical assistance provider* will keep in contact with *you* and *your* treating *physician* to get information on the care *you* are receiving and monitor the need for further assistance. *The medical assistance provider* may also contact *your* personal *physician* and family at home, when required.

Emergency Medical Transportation

We will arrange and pay for medical transportation services as specified below, which are required by *you* as a result of an *emergency* that requires transportation to an appropriate medical facility or return to *your* province or territory of residence.

All the following Emergency Medical Transportation services must be arranged in advance and organized by *the medical assistance provider*. Any Emergency Medical Transportation services that *the medical assistance provider* has not arranged shall not be covered.

Transportation to an Appropriate Medical Facility

If *our* consulting *physician* and the local attending *physician* determine that adequate *emergency treatment* is not available locally, *you* will be transported to the nearest appropriate medical facility.

Return to *your* Province or Territory of Residence

If *the medical assistance provider* determines *you* are able to and recommends that *you* return home to receive medical care, we will arrange for *you* to return to *your* province or territory of residence.

We will arrange and pay for the following services and expenses to evacuate *you* to *your* province or territory of residence:

- The cost of an economy class one-way ticket on a commercial flight via the most cost effective route, less any refunds from any unused return trip tickets. If *medically necessary* or required by the airline, we will also pay the expenses for a qualified medical attendant to accompany *you*.
- The cost of a stretcher fare on a commercial flight via the most cost effective route to *your* province or territory of residence, if a stretcher is *medically necessary*.
- The cost of air ambulance transportation to the most appropriate facility in *your* province or territory of residence, if the use of an air ambulance is required and *medically necessary*.

Accommodation and Meals

A maximum benefit of up to \$175 per day to a maximum of \$1,750 is provided to cover hotel expenses, meals and taxi fares, if *you* or *your travel companion*, because of receiving a covered *emergency treatment*.

- are delayed beyond the initial *return date*; or
- have to relocate to receive the medical attention.

Bedside Visits

If *you* are travelling alone and will be hospitalized as an *inpatient* for more than 3 consecutive days, we will pay for the cost of a round-trip economy fare on a commercial flight via the most cost effective route, to bring one *family member* or a close personal friend to *your* bedside. We will also pay up to \$150 per day (up to a total of 10 days) for that person's reasonable accommodation, taxi fares and meals.

Repatriation of Remains

In the event of *your* death during *your trip* from a covered *emergency*, this *Policy* covers up to a maximum benefit of \$5,000 for:

- the cost for reasonable and necessary services needed for the transport of *your* remains from the place of death to *your* city of residence in Canada; or
- the burial or the cremation of *your* remains where *your* death occurred; and

- If someone is legally required to identify *your* remains, this *Policy* covers the cost of a round-trip economy fare on a commercial flight via the most cost effective route for that person. Meals and accommodations for that person are covered up to a maximum of \$150 per day, for up to a maximum of 3 days.

The cost of a burial coffin or urn is not a covered expense.

Return of Travel Companion

If *you* are travelling with a *travel companion*, this *Policy* covers him or her for the lesser of the extra cost of a one-way return economy airfare or the transfer fees of a one-way economy air fare on a commercial flight via the most cost effective route to return to their *departure point*, if *you* must return to *your* province or territory of residence because of a covered *emergency*.

Resumption of Your Trip

This benefit must be arranged in advance by *the medical assistance provider* and can only be used once during *your* entire *coverage period*.

We will reimburse *you* up to the cost of a one-way economy air fare on a commercial flight via the most cost effective route, for *you* to resume *your trip* if after *you* have been returned by *us* to *your* province or territory of residence for immediate medical *treatment* as a result of an *emergency*, provided *your* attending *physician* in Canada determines that *you* require no further *treatment* and *you* are fit to resume *your trip*.

Any recurrence or medical complications related to the medical condition for which *you* were treated will not be covered under this *Policy*.

Return of Children and Escort for Children to their Departure Point

If *children* insured under one of *our* Southern Exposure Emergency Medical Coverage plans travels with *you* or joins *you* during *your trip* and *you* are hospitalized for more than 24 hours or *you* must return to *your* province or territory of residence because of *your* covered *emergency*, this *Policy* covers:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route for the return of those *children* to their *departure point*; and
- the cost of a round-trip economy air fare via the most cost effective route on a commercial flight for an escort, if the airline requires that the *children* be escorted.

Vehicle Return

If, as a result of a covered *emergency*, *you* are unable to return *your* vehicle or *your* rented vehicle to its point of origin, this *Policy* covers the reasonable costs up to the maximum benefit of \$3,000 to return the vehicle to *your* residence or to the rental agency.

Emergency Travel Assistance Services

Travel Document and Ticket Replacement Assistance

If *your* passport or other travel documents are lost or stolen, we will provide *you* with information and assistance to obtain replacement documents. We will also help *you* to replace lost airline and other travel tickets and assist *you* in obtaining money for this purpose. These funds will come from *you*, *your* family or friends. We will make all necessary arrangements for *you* and assist *you* to return home if *your trip* is interrupted.

Legal Assistance

If *you* have legal issues while travelling, *our* assistance coordinators will help *you* find a local legal advisor. If *you* require the posting of bail or immediate payment of legal fees, we will help arrange a cash transfer from *your* family or friends.

Emergency Cash Transfer

If *your* cash or traveller's cheques are lost or stolen, or if *you* need funds for the immediate payment of unexpected expenses, we will help arrange for emergency cash (in currency, traveller's cheques or any other form acceptable to *us*) to be transmitted to *you* in a timely fashion. These funds will come from *you*, *your* family or friends. *Our* assistance coordinators will make all the necessary arrangements for *you*.

Emergency Message Center

In an emergency, call *the medical assistance provider*, identify *yourself* by name and *your Policy* number, and give the assistance coordinator *your* message. We will make at least 3 attempts in 24 hours to reach *your* requested party, and we will provide *you* with an update on the results of *our* efforts to deliver the message. We are not responsible for delivery of a message if the recipient cannot be reached. This service can be used for *trips* anywhere in the world.

Section IV - General Conditions, Limitations and Exclusions

Your coverage under this *Policy* is subject to the terms set out as follows in this document.

GENERAL CONDITIONS

1. All premiums, benefit maximums and benefit payments are stated in Canadian dollars unless otherwise specified. At *our* option, we may pay a claim for benefits in the currency where the loss occurred or in Canadian currency.
2. In the event of a dispute over the reimbursement of a claim, *you* may request that a committee reassess the claim. This committee will take into consideration all pertinent information provided by *you* and a decision will be rendered in writing within 30 days based on the general provisions and guidelines of the *Policy*. Requests to review a claim decision must be made in writing no later than 30 days after the date *you* receive *our* decision in writing. Send request for claim revision to:
Travel Insurance Claim Review Committee
Echelon General Insurance Company
2680 Matheson Blvd., East, Suite 300
Mississauga, ON L4W 0A5
Fax: (905) 214-7891
If disputed issues are not resolved by the committee, parties shall seek binding arbitration.
3. No agent or other person has authority to accept or make representations of information or alter, modify or waive any of the provisions of this *Policy*.
4. *You* must submit claims to *the medical assistance provider* within 90 days from date of loss. Failure to furnish proof of claim within 90 days does not invalidate *your* claim, if proof is furnished as soon as reasonably possible and in no event later than 1 year from the date of loss. If applicable law provides for a longer period, *you* must submit *your* claim within the longer period provided for by law. For *your* claim to be valid, *you* must provide all of the documents we require to support *your* claim.
5. We will void this *Policy* in the case of fraud or attempted fraud by *you* or if *you* conceal or misrepresent any circumstance or fact that is material. The *Insurance Application* and *Medical Questionnaire* (if applicable) must be completed fully and correctly, failing which we will void all *your* coverage.
6. *You* must repay to *us* amounts paid or authorized for payment on *your* behalf, if we determine the amount is not payable under this *Policy*.
7. We may require a *physician*(s) of *our* choice to physically examine *you* as often as reasonably needed while a claim is pending. We may also require an autopsy in the case of death, where law does not forbid it. We will bear all necessary costs.
8. If *you* incur losses covered by this *Policy* because of a third party, we may take legal action against that party at *our* expense. We have full rights of subrogation. *You* agree to allow *us* to fully assert *our* right to subrogation and to cooperate fully with *us* by delivering such documents as we may deem necessary. *You* agree to do nothing that would prejudice *our* rights to recover funds from any source.
9. We, *the medical assistance provider* and *our* agents are not responsible for the availability, quality or outcome of any *emergency treatment* or of any medical transportation, or *your* failure to obtain *emergency treatment*.
10. All benefit payments under this *Policy* are in excess of similar insurance benefits payable by another insurer. If *you* are eligible from more than one insurer for benefits, which are similar to those for which *you* are insured hereunder, the total benefits paid to *you* by all insurers cannot exceed *your* actual covered losses.
11. Notice of Statutory Conditions - Notwithstanding any other provision herein contained, this *Policy* is subject to the statutory conditions in the Insurance Act of *your* province or territory of residence respecting contracts of accident and sickness insurance. This condition does not apply to the province of Quebec.

LIMITATIONS

1. You must contact *the medical assistance provider* before seeking care. If you do not notify *the medical assistance provider* or if you choose to receive *emergency treatment* from a service provider other than that suggested by *the medical assistance provider* you will be responsible for 30% of your eligible expenses, in addition to any *deductible* under this *Policy*.
2. If your *emergency* prevents you from calling *the medical assistance provider* before seeking *emergency treatment*, you must call as soon as medically possible. As an alternative, someone else (*family member*, friend, *hospital* or *physician's office staff*, etc.) may call us on your behalf.
3. *The medical assistance provider* must arrange all major procedures, including but not limited to cardiac procedures (i.e.: cardiac catheterization), in advance. Major procedures that *the medical assistance provider* does not arrange are not covered.
4. This *Policy* will not pay for any interest.
5. If your employer (or former employer if you are retired) provides an extended health insurance plan and:
 - if your lifetime maximum coverage is less than \$50,000, we will not co-ordinate payment;
 - if your lifetime maximum coverage is more than \$50,000, we will co-ordinate payment in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.

PRE-EXISTING CONDITIONS EXCLUSION

This *Policy* will not pay for any expenses incurred relating directly, or indirectly, to a medical conditions occurring during the Pre-Existing Stability Period applicable to you as indicated in the table below.

Rate Schedule Plan Name	Pre-Existing Condition Stability Period
Age 54 and under	90 days
Age 55 and over	Applicable Pre-existing Condition Stability Period
Diamond	90 days
Platinum	90 days
Gold	90 days
Silver	180 days
Bronze	180 days

All plans listed above do not cover any expenses incurred directly or indirectly as a result of:

1. Any medical condition or related medical condition, if at any time in the applicable Pre-Existing Stability Period immediately prior to your *departure date* on an insured *trip* or your *effective date*, whichever is later, has not been *stable*.
2. Any medical condition for which future investigation or *treatment* (other than routine monitoring) was planned before the *departure date* on an insured *trip* or your *effective date*, whichever is later.

General Exclusions

These exclusions apply to all program benefits and services. This *Policy* provides no payment for any loss arising directly or indirectly out of or as a result of the following:

1. Coverage is not provided for:
 - any *treatments*, services, supplies, or charges we determine are not the results of an *emergency* or can be reasonably delayed until your return to your province or territory of residence;
 - any *treatment* received in unlicensed facilities or given by unlicensed health care providers, or given by a *family member* or a *travel companion*, whether or not a licensed provider;
 - regular care of a *chronic* condition;
 - any *treatment* received if the purpose of the travel is to receive medical care, medication or treatment;
 - any medical condition for which it was reasonable to expect *treatment* or hospitalization during your *trip*;
 - any medical condition for which you had symptoms before your *effective date* or your *departure date*, whichever is later, that would have caused a prudent person to seek diagnosis or *treatment* (including *emergency treatment*);
 - recurrence or complication of any medical condition following *emergency treatment* during your *trip* where *the medical assistance provider* determined and recommended you should return home and you chose not to do so;
 - ongoing or follow-up care, rehabilitative care or a related condition once the *emergency* has been declared over by the attending *physician*
 - *treatment* or surgery for a specific medical condition, or a related condition, which had caused your *physician* to advise you not to travel;
 - services which are not *medically necessary*
 - varicose veins, arthritis or cataracts
2. Intentionally self-inflicted harm, suicide or attempted suicide (whether sane or insane);
3. Routine pre-natal care, fertility treatments, elective abortion, a child born during your *trip*, complications of your pregnancy when they occur in the 9 weeks before or after the expected date of delivery;
4. Mental or nervous health disorders unless admitted to an acute care *hospital*;
5. Alcohol, medication, substance or drug use or abuse, or related illnesses; non-compliance with prescribed medical therapy or *treatment* or restrictions;
6. An event which occurred while your blood alcohol concentration was in excess of 80 mg of alcohol in 100 ml of blood;
7. War (whether declared or undeclared), acts of war, military duty, civil disorder or unrest; *terrorism* or act of *terrorism*; Any event of contamination or the poisoning of people by nuclear, chemical, bacteriological and/or biological substances which causes *illness*, *injury* or death;
8. Amateur or *professional* sports, or other athletic activities, which are organized and/or sanctioned. Full-contact bodily sports, skydiving, hang gliding, bungee jumping, zip lining, parasailing, parachuting, *mountain climbing*, caving, heli-skiing, any skiing or snowboarding outside marked trails, any motorized race or motorized speed contest.
9. Scuba diving, unless you hold a basic SCUBA designation from a certified school or other licensing body or you are accompanied by a dive master or are diving in water not deeper than 10 metres;
10. Any unlawful acts committed by you, *family members*, or *travel companions*, whether they are insured or not;
11. Cosmetic or any other elective surgery;
12. Air travel except while you are riding, boarding or alighting as a ticketed passenger on a certified passenger aircraft provided by a regularly scheduled airline or charter on a regularly scheduled trip or charter trip;
13. Any medical condition or related condition when you knew prior to your *trip* that you would require or seek *treatment* or surgery for that condition; or
14. Your travel to a country, region or city for which the Canadian government has issued a *travel advisory*, prior to your *departure date*.

Section V - Claim Filing Procedures

You must contact *the medical assistance provider* before seeking *emergency treatment*.

When you contact *the medical assistance provider*, you will be referred to a medically appropriate and accredited medical service provider. The *medical assistance provider* may also arrange for the medical expenses covered under this *Policy* to be billed directly to us instead of to you.

Failure to call *the medical assistance provider* may result in a reduction to the amount reimbursed or no reimbursement for the expenses you have incurred. Please note: *the medical assistance provider* must arrange all major procedures, including but not limited to all cardiac procedures, (i.e.: cardiac catheterization), in advance.

Please note that this *Policy* provides for a reduction of benefits if you do not call before seeking *emergency treatment*. If your *emergency* prevents you from calling before seeking *emergency treatment*, you must call *the medical assistance provider* as soon as medically possible. As an alternative, someone else may call on your behalf.

Please contact *the medical assistance provider* at 1-866-374-0896 toll-free from the Canada and the U.S. including Hawaii and Alaska, 416-977-3538 collect from anywhere else in the world to obtain a claim form.

All benefits will be paid in Canadian dollars unless otherwise stated. If currency conversion is necessary, we will use the exchange rate on the date the last service was rendered to you.

This *Policy* does not pay for any interest.

Information to Submit When Filing a Claim

As a condition to the payment of benefits under this *Policy*, we will need certain information from you if you need to file a claim. This documentation will include, at a minimum and is not limited to, the following:

1. Original receipts, invoices and itemized bills for all eligible expenses.
2. The fully completed claim form supplied to you by the *medical assistance provider*.
3. For *accidental* dental expenses, we require proof of the *accident*.
4. Proof of *departure date* from and *return date* to your province or territory of residence (such as airline boarding pass, customs/immigration stamp or credit card receipt).

You must submit all claims to the *medical assistance provider* within 90 days from date of loss. Failure to complete the required claim and authorization forms in full will delay the assessment of your claim. Failure to furnish proof of claim within 90 days does not invalidate your claim if proof is furnished as soon as reasonable possible and in no event later than 1 year from the date of loss. If applicable law provides for a longer period, you must submit your claim within the longer period provided by law.

Notice Concerning Personal Information

We respect your privacy and are committed to protecting it. We may use agents, brokers and service providers to collect, use, store and/or process personal information and personal health information on our behalf, and such information may be transferred to these entities to assess underwriting risk and claims experience, underwrite and administer the insurance, investigate and settle claims and detect and prevent fraud for any insurance policy issued to you. Personal information or personal health information may be collected, used, disclosed, transferred, stored or processed outside of Canada and may therefore be subject to legal requirements in such foreign countries. Full details of our privacy policy may be accessed at www.echelon-insurance.ca.