

Southern Odyssey Emergency Travel Medical Coverage



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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.

Your policy may not provide coverage for medical conditions and/or symptoms that existed before your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date. In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is made.

If your policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

Please read your policy carefully before you travel

Southern Odyssey Emergency Travel 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 **home province** or territory of residence provided:

- You are covered under the provincial health plan of your province of residence for the duration of your travels outside of your province or territory of residence;
- You are not outside your **home province** or territory of residence for a period exceeding the amount allowed by your government health insurance plan or for a period of exceeding 365 days; and
- The policy is in force at the time of the emergency.

It is your responsibility to ensure you have provincial coverage for the duration of your travels, as each province and territory has different regulations. Failure to do so may affect your coverage under this policy. Provided you meet conditions a) and b) listed above, if you have purchased a Single trip Daily Plan, Southern Odyssey Emergency Travel Medical will cover for the duration of your travels. 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, 30, 60 or 125 day limit per **trip**. **Trips** taken when covered by the Multi-Trip Annual plan must be separated by a minimum return of 24 hours in Canada.

Please see your **Confirmation of Coverage** to confirm the per-trip day limit of the Multi-Trip Annual Plan you have purchased. You may purchase an additional number of days to extend a **trip** within the **coverage period** of your Multi-Trip Annual Plan provided you respect conditions a) and b) listed above. 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 provided you respect conditions a) and b) listed above.

Eligibility

You are eligible for coverage if:

- You are a **Canadian resident**, and you must be **insured** or eligible for benefits under a Canadian government health care plan of the province or territory in which you reside for the full duration of your coverage period.
- The expenses you incur result from an unexpected **emergency**, which first occurs and the **treatment** is provided outside your **home province**.
- The length of travel out of your **home province** does not exceed the number of days selected at the time of **application** or authorized extension period.

IMPORTANT NOTICE ABOUT PRE-EXISTING MEDICAL CONDITIONS

Your policy will exclude conditions which do not meet the following **stability** requirements:

| Plan Name | Stability Period |
|--|------------------|
| Diamond Plus Plan | 0 Days |
| Under 55, Emerald, Platinum, Vacation, Gold Plus & Silver Plus Plans | 90 Days |
| Under 55 Plus, Diamond, Emerald Plus & Platinum Plus Plans | 30 Days |
| Gold Plan | 180 Days |
| Silver Plan | 365 Days |
| Bronze Plan | See Below |

The Bronze Plan will not cover **pre-existing conditions** that have been **treated** in the 365 days prior to your **departure date**. This exclusion includes **pre-existing medical conditions** which have been **stable** and **treated** in the 365 days prior to your **departure date**.

Insurance Agreement

In consideration of having paid the required premium in full for the coverage(s) chosen and having accurately completed in full the **application** which has been provided to you either by **Medi-Quote Insurance Brokers** or one of its **designated representatives**, this policy wording booklet becomes your Policy of Insurance. The **company** hereby agrees to provide Insurance in accordance with the terms and conditions of the Policy as set forth herein. All the limits of Insurance under each benefit are per **trip**.

If your payment, when by cheque or credit card, is declined due to insufficient funds you are responsible to retribute any fees to **Medi-Quote Insurance Brokers** in addition to the premium owed. **Medi-Quote Insurance Brokers** has the right to terminate your coverage in full if the payment owed, including any fee, is not remitted prior to your **effective date**.

After Departure Waiting Period

If you purchase this coverage after departure from your **home province** (unless currently covered by a Southern Odyssey multi-trip annual plan where your maximum number of days outside of Canada has not lapsed) a 48 hour waiting period will be imposed. The 48 hour waiting period applies from the **effective date** of the policy to any **sickness** that manifests, even if related expenses are incurred after the 48 hour waiting period.

Confirmation of Coverage

At the time the required premium is paid your coverage will be validated when the **company** or the **designated representative** provides you with a completed, dated and numbered **Confirmation of Coverage**.

This **Policy** and your **Confirmation of Coverage** 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 Coverage** with you on your covered trip.

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Important Notice: Should there be any change to *your* current medical condition or a change in medication prior to the **departure date** of *your* covered *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 **Exclusions 1 and 2**.

Period of Coverage - Multi Trip Annual

This Policy begins at 12:01 AM on the **effective date** as shown on your **Confirmation of Coverage** and remains in force for a period of one year from the **effective date**. Coverage commences on the time and date of each departure from your **home province**, which must be on or after the **effective date** as shown on the **application**. The **insured** may travel as many times as they wish during the period of coverage provided that no one **trip** outside of Canada exceeds the maximum number of days as specified on your **Confirmation of Coverage**. Each **trip** must be separated by a 24 hour return to Canada before the Multi Trip Annual can be used again, subject to the maximum duration limitation of each **trip** as specified on your **Confirmation of Coverage**, or at 12:00 midnight on the expiry date, whichever occurs first.

This policy offers unlimited travel within Canada (excluding your **home province/territory of residence**). Unlimited coverage terminates on each return to your **home province** or at 12:00 midnight on the expiry date, whichever occurs first.

Period of Coverage - Single Trip

Coverage commences at 12:01 AM on the **effective date** as shown on the **Confirmation of Coverage**, which is the same as the date you are scheduled to depart from your **home province**. Coverage terminates on the date when you return to your **home province**, or at 12:00 midnight on the expiry date as shown on the **Confirmation of Coverage**, whichever occurs first.

Period of Coverage - Top-Up

When this Policy is purchased to top-up any other insurance plan, coverage commences the day following the expiry date of the insurance plan named in the **Confirmation of Coverage** under top-up coverage. Top-up coverage is only valid provided the policy being topped up is valid and in force.

Coverage shall be void in the following cases:

1. If purchased for a **trip** not originating in Canada;
2. If purchased after you have been outside of your **home province/territory of residence** without insurance for more than 7 (seven) days.

If you have already departed on your **trip** on your Southern Odyssey Multi-Trip Annual Policy, you must contact your broker before the final covered day of your **trip** to arrange top-up coverage, provided no claim has been incurred, there is no gap in your coverage, you have not developed a new medical condition and any **pre-existing medical condition** has remained **stable**.

When topping up the Southern Odyssey Multi-Trip Annual plan, the **effective date** of your top-up coverage must count from your departure and return to Canada, not your **home province**.

Additional Coverage

Plus Plan Trip Interruption Upgrade

When purchased as a supplement to your Southern Odyssey emergency medical policy, the insurer will reimburse up to \$1,500 for a loss caused by a covered risk during the period of coverage, between the effective and expiry date, that necessitates the **insured's** immediate return home.

This cost would be defined as the least expensive of:

1. The fee charged to change an existing return trip ticket;
2. One-way, economy transportation home.

The Trip Interruption Benefit can only be used once per **trip**, and does not offer benefits to return you to your destination.

Benefits

Maximum limit – \$2,000,000 per insured person, per trip.

If **hospitalization** or **treatment** due to a medical **emergency** is required by you while travelling outside your **home province**, the **company** will pay you or the **physician** and **hospital** of your choice for all eligible medical related expenses up to the sum insured in the event of a covered claim as outlined in the benefits below to an overall maximum of \$2,000,000. The **company** will pay such eligible expenses, subject to all terms and conditions indicated in the policy, only in excess of any other valid insurance policies, plans or contracts, including any private or provincial automobile insurance.

Benefit 1. Emergency Medical Expenses: The **company** agrees to pay you or the **physician** and **hospital** directly in respect of the expenses set out below for losses incurred in excess of the amount of the **deductible** as shown on the **Confirmation of Coverage** per covered claim.

Benefit 2. Ambulance Services: The services of a licensed, ground ambulance, from the scene of the **accident** or place of onset of the **sickness** to the nearest **hospital**.

Benefit 3. Hospitalization and Treatment: **Emergency hospital** confinement (up to semi-private accommodation rate or in intensive or coronary care unit when **medically necessary**) and/or **emergency treatment** by a **physician** for the actual, usual and customary charges for reasonable and necessary **hospital** and medical expenses.

Benefit 4. Physician Fees: The services for **treatment** provided by a **physician**.

Benefit 5. X-Ray and Lab Tests: Laboratory tests and x-rays prescribed by the attending **physician** due to an **emergency**.

Benefit 6. Prescription Drugs: This Policy covers the cost of prescription drugs, limited to a supply of 30 days, if prescribed because of an **emergency**. While you are confined to **hospital**, this policy will reimburse the total cost of prescribed drugs.

Benefit 7. Registered Private Duty Nurse: Licensed private duty nursing services to a maximum of \$5,000, other than a **family member** or relative.

(This benefit is payable only when pre-approved and arranged by the **assistance company**)

Benefit 8. 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**.

(This benefit is payable only when pre-approved and arranged by the **assistance company**)

Benefit 9. Essential Medical Appliances: 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.

Benefit 10. Follow-up Visit: One **follow-up** visit following an **Emergency hospital** confinement (not including ongoing **treatment**), when the medical process in dealing with the **emergency** requires such **follow-up** visit. The **follow-up** visit must take place within 14 days of the initial **emergency**. In the case of **hospital** confinement any coverage related to the **hospital** confinement terminates upon release from **hospital**.

Benefit 11. Emergency Dental services: This Policy covers the dental expenses when required as **emergency treatment** and ordered by or received from a **physician** or 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** up to a maximum of \$2,000. 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 \$350, and the complete cost of prescription drugs (limited to a supply of 30 days).

Benefit 12. Emergency air transportation:

- a) Medical air evacuation to the nearest medical facility equipped to provide the required **treatment**, or for return to Canada; or,
- b) the cost of stretcher fare or one-way economy airfare on a commercial flight via the most direct route to return to your **home province** for immediate **treatment** as a result of an **emergency** providing **treatment** is sought within 48

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hours of arrival to **home province**, and if the attending **physician** providing **treatment** outside your **home province** recommends it in writing; and, c) the cost of a return economy airfare on a commercial flight via the most direct route for a qualified medical attendant (other than a relative or **family member**), to accompany you when the attendant is **medically necessary** or required by the airline.

(This benefit is payable only when pre-approved and arranged by the assistance company)

Benefit 13. Return of insured travelling companion: If you are returned to your **home province** under the emergency air transportation benefit or the repatriation of remains benefit, the **company**

will cover expenses to change existing return ticket(s) to one-way economy class ticket(s), or if the existing ticket(s) cannot be changed or there is no existing ticket(s), the cost of one-way economy class ticket(s) to the **home province**, for one travelling companion up to a maximum of \$3,000.

(This benefit is payable only when pre-approved and arranged by the assistance company)

Benefit 14. Transportation to Bedside: If an attending **physician** considers it necessary, the **company** will reimburse one economy return airfare or ground transportation costs for a **family member** to be with you while you are in **hospital** due to a covered **sickness** or **injury**, and up to a maximum of \$150 per day for meals and commercial accommodation.

(This benefit is payable only when pre-approved and arranged by the assistance company)

Benefit 15. Accommodation, Meals and Out-of-Pocket Expenses: The **company** will reimburse you, up to \$150 per day to a maximum of \$1,500, to cover hotel expenses, meals and taxi fares; if you or your travel companion, because of receiving **treatment** for a covered **emergency**, are delayed beyond the date you were scheduled to return to your **home province**.

Benefit 16. Hospital Allowance: Expenses of \$50 per day to a maximum of \$500 are allowed to cover incidental **hospital** charges, which are billed by the **hospital**, such as TV rental and telephone charges.

Benefit 17. 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, and your travelling companion is unable to do so for you, this Policy covers the reasonable costs up to the maximum benefit of \$3,000 to return the **vehicle** to your residence in Canada or to the rental agency.

(This benefit is payable only when pre-approved and arranged by the assistance company)

Benefit 19. Repatriation of Remains: In the event of your death during a **trip** as a result of a covered **emergency** covered under the Policy benefits, the **company** will reimburse to a maximum 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.
- 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, up to a maximum of 3 days. The cost of a casket, urn or burial coffin is not covered by this benefit.

Benefit 20. Suspend Coverage for Single Trip plans: This Policy covers a return to your **home province** of residence without terminating your coverage. There is no coverage under this plan in your **home province** or territory of residence. There will be no refund of premium for any of the days you spend in your **home province** or territory of residence. If you experience any change in your health during the suspension of coverage, you must notify **Medi-Quote Insurance Brokers** prior to leaving your province or territory of residence for confirmation of continued coverage.

Benefit 21. Return of Accompanying Pet: In the event you are **hospitalized** or repatriated due to a covered **emergency**, the **company** will reimburse up to a maximum of \$500 for the cost of returning your accompanying cat or dog to Canada.

Additional Plus Plan Benefits

Benefit 22. Stability Requirement Reduction:

If you qualify for the Gold or Silver plans, purchasing the Plus Plan will reduce your **pre-existing condition stability** requirement to 90 days.

If you qualify for the Vacation, Under 55, Emerald or Platinum plans purchasing the Plus Plan upgrade will reduce your **pre-existing stability** requirement to 30 days.

If you qualify for the Diamond plan purchasing the Plus Plan upgrade will reduce your **pre-existing stability** requirement to 0 days.

Benefit 22. Trip Break Upgrade: If you have to return home from your trip before your scheduled return date because of the following reasons:

- A trip home as a result of the **sickness**, hospitalization or death of a **family member**, **key employee** in Canada or your host at your trip destination.
- A trip home as a result of your principle residence or place of business in Canada rendered uninhabitable by natural disaster, fire or burglary.

The insurer will reimburse up to \$1,500 for a loss caused by a covered risk during the period of coverage, between the **effective date** and expiry date that necessitates the **insured's** immediate return to their **home province**.

This cost would be defined as the least expensive of:

- The fee charged to change an existing return trip ticket;
- One-way, economy transportation home.

Exclusions

The **company** will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

Exclusion 1 Costs incurred due to or resulting from your **pre-existing condition** or related condition that was not **stable** at any time during your specified **stability** period as defined below:

Stability Periods:

Applicable to Diamond Plus plan: 0 days prior to the **departure date** of a covered **trip**.

Applicable to the Under 55 Plan, Vacation Plan, Emerald, Platinum, Gold Plus and Silver Plus plans: 90 days prior to the **departure date** of a covered **trip**.

Applicable to Vacation Plus, Diamond, Emerald Plus Platinum Plus and Under 55 plans: 30 days prior to the **departure date** of a covered **trip**.

Applicable to the Gold plan: 180 days prior to the **departure date** of a covered **trip**.

Applicable to the Silver Plan: 365 days prior to the **departure date** of a covered **trip**.

Applicable to the Bronze Plan: Pre-Existing Conditions treated in the 365 days prior to the **departure date** of a covered **trip** are excluded from coverage, regardless of **stability**.

Applicable to Multi Trip Annual: On any subsequent covered **trip**, no coverage will apply unless such medical condition which required the medical attention has remained **stable** as follows:

Pre-existing conditions that do not meet the criteria set out above are not covered.

Exclusion 2. Any subsequent claim of the same medical condition, or related medical condition with respect to a **sickness** or **injury** which occurred during a covered **trip**, unless meeting the criteria for **Benefit 10 Follow-up** visit.

Exclusion 3. Expenses incurred after emergency air transportation, when the emergency air transportation was not arranged by the **assistance company**.

Exclusion 4. Conditions or any related conditions for which, prior to departure, testing or investigative consultation took place, was scheduled to take place or was recommended for the purpose of establishing a diagnosis (not including routine check-up or routine monitoring for a **stable** and controlled condition), and for which results had not yet been received at the time of departure. This includes tests that were recommended or scheduled prior to departure, but had not yet taken place at the time of departure, or for which you are still awaiting **treatment** or a diagnosis.

Exclusion 5. Tests and investigative consultation, including but not limited to biopsies, except when performed at the time of initial **emergency sickness** or **injury**.

Exclusion 6. This Policy does not provide reimbursement for expenses once the **emergency** ends and in the opinion of the attending **physician** or dentist, you

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are able to travel to your **home province** for any further **treatment** relating to the **sickness** or **accident** that led to the **emergency**.

Exclusion 7. Loss of or damage to prescription glasses, contact lenses, implants, prosthetic devices or hearing aids.

Exclusion 8. Treatment or services that contravene any provisions of any provincial government health care plan of the province in which you reside.

Exclusion 9. Any **treatment** which is a continuation of or subsequent to an **emergency, sickness** or **accident**, unless you are declared by an attending **physician** medically unfit to return to your **home province**.

Exclusion 10. Expenses incurred for **trips** where the date of departure from Canada preceded the effective date of coverage under this Policy, unless authorized in advance by **Medi-Quote Insurance Brokers**.

Exclusion 11. This insurance does not provide coverage for a **recurrence** of Cancer, Kidney Stones, Gallstones or Gout. Only new manifestations of these conditions would be covered.

Exclusion 12. This insurance does not provide coverage for any expenses relating to AIDS, HIV or for sexually transmitted diseases.

Exclusion 13. If you purchased the Plus Plan and have to return home from your **trip** before your scheduled return date, claims will be excluded because of the following reasons:

- a. Loss of enjoyment by you or anyone travelling with you.
- b. Reasonable circumstances that would have prevented travel prior to departure, or events which would have reasonably expected you to have to interrupt your **trip** (e.g. Jury duty, change of employment, upcoming surgery/**investigation**) to return home;
- c. A return to your destination following a covered return home, or a return home on or after the expiry date of the policy;
- d. **Pre-Existing Medical Conditions, sickness** or **injury** for either the Applicant(s), **Family member(s)** or **Key Employee** that exhibited a change in **stability**, new or changed symptoms, required any **investigation**, consultation with a **physician** or specialist, change in **treatment** or **hospitalization** within 90 days of your **departure date**;
- e. Any claim relating to a **family member** diagnosed as terminally ill, undergoing palliative care or residing in a nursing home or long-term care facility within 90 days of your **departure date**.

Exclusion 14. Suicide, attempted suicide, intentionally self-inflicted **injury** (whether sane or insane), or any unlawful acts committed by you, **family members**, or **travel companions**, whether they are **insured** or not.

Exclusion 15. Treatment, services or prescriptions required for ongoing care, provided in a psychiatric **hospital**, chronic care facility of a **hospital** or convalescent or nursing home, health spa, or rehabilitation centre.

Exclusion 16. A **trip** that is undertaken against a **physician's** advice or after a diagnosis of a **terminal condition**.

Exclusion 17. Any **elective** (non-emergency) **treatment** or **surgery**.

Exclusion 18. Any medical condition or recognized complication of a condition, where the purpose of your **trip** is to seek **treatment** or advice for that medical condition, and where the medical evidence indicates the **treatment** is related to that medical condition.

Exclusion 19. Any medical condition for which **treatment** or **hospitalization** could have been reasonably expected.

Exclusion 20. Injury or **sickness** while participating in **professional sporting** or **high risk activities**, or any motorized speed contests.

Exclusion 21. Injury or **sickness** while 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.

Exclusion 22. Psychotherapeutic **treatment** or rehabilitative **treatment**, psychological, **emotional** or **mental disorders** unless **hospitalized**.

Exclusion 23. Air ambulance or other medical evacuation by air unless pre-approved and arranged by the **assistance company**.

Exclusion 24. Treatment or services that contravene any provisions of any government health care plan of the province or territory in which you reside.

Exclusion 25. Medication, drugs or toxic substance abuse or overdose (whether sane or insane); alcohol abuse, alcoholism or an **accident** while being impaired

by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 milliliters of blood.

Exclusion 26. War (whether declared or undeclared), acts of war, civil war, military duty, civil disorder or unrest; terrorism or **act of terrorism**; any event of contamination or the poisoning of people by nuclear, radioactive contamination, chemical, bacteriological and/or biological substances which causes **illness, injury**, disablement or death; or any action taken in controlling, preventing or suppressing any, or all of the above

Exclusion 27. Your travel to a country, region or city for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued a travel advisory to avoid all travel or non-essential travel prior to your **departure date**.

Exclusion 28. Expenses incurred as a result of the **insured's** failure to accept or non-compliance with the **physician's** advice, **treatment** or recommended **treatment**, or prescribed medical therapy.

Exclusion 29. Regular, routine or ongoing care of a chronic condition including check-ups.

Exclusion 30. Fertility **treatments, elective** abortion, routine pre-natal care or maternity benefits, a child born during your **trip**, childbirth, pregnancy or complications of pregnancy.

Exclusion 31. Any expenses incurred when travelling for the purpose of **treatment**.

Exclusion 32. Unless otherwise stated in this Policy (see Provisions 2 and 3), expenses incurred if other insurance policies, plans or contracts, including any private or provincial automobile insurance, cover the loss. If, however, the loss exceeds the limits of the other policies, plans or contracts and if this Insurance covers losses and periods not covered by those other policies, plans or contracts, this Insurance shall then apply in excess of all other valid insurance.

Exclusion 33. If your government/provincial health insurance coverage is not in place for the full duration of your **trip**, you are not entitled to any benefits on the Southern Odyssey plan.

Limitation of Benefits

Once you are deemed medically **stable** to return to your province or territory of residence (with or without a medical escort) either in the opinion of the Insurer or by virtue of discharge from **hospital**, your **emergency** is considered to have ended, whereupon any further consultation, **treatment, recurrence** or complication related to the medical **emergency** will no longer be eligible for coverage under this Policy.

Deductible

This Policy will reimburse eligible medical expenses for losses incurred in excess of the amount of the **deductible** as shown on the **Confirmation of Coverage**, per **insured**. This **deductible** applies to the portion of eligible expenses listed in the **Benefits** section for **Emergency treatment**, remaining after payment by your provincial government health care plan or other insurance policies, plans or contracts, including private or provincial automobile insurance.

Deductible options of \$0, \$99, \$250, \$300, \$500, \$1,000, \$5,000, \$10,000 and \$50,000 are available to both the Single Trip Daily and the Multi-Trip Annual Plans. Deductibles apply per trip, and not per claim.

General Provisions and Conditions

Provision 1. Qualification, Misrepresentation, Non-Disclosure and Fraud Eligibility for Coverage:

The eligibility requirements are basic conditions of coverage and material to the risk for which Insurance is sought. Consequently, the entire coverage under this Policy shall be void if you did not meet the eligibility requirements for the plan selected as set out in the **application** and medical questionnaire.

Material Misrepresentation within Selected Plan:

In the event you unintentionally fail to answer any qualification question in the Medical Health Questionnaire accurately, the coverage under this Policy shall be subject to an additional **deductible** of \$15,000 USD, and no claims will be considered until a completed medical questionnaire is submitted and accepted, including any premium owed to cover the correction to the policy. The \$15,000 USD deductible is in addition to any other **deductible** amount selected at the time of arranging your policy/policies.

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However, the coverage under this Policy shall be voidable at the discretion of the insurer if, before or after any loss or claim, you or your representative intentionally or with reckless disregard, conceal, misrepresent or fail to disclose any material fact or commit any fraud or false swearing pertaining to you or any claim. If your coverage is voided for non-disclosure your premium will be refunded in full and your claim denied.

Provision 2. Coordination of Benefits: The *company* will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your* country of origin that are in excess of the amounts for which *you* are insured under such other coverage. This insurance is a second payor plan.

Provision 3. Subrogation: The *company* will not subrogate against any employment plans if the lifetime maximum limit for all in-country and out-of-country benefits under that plan is \$100,000 or less. If *you* acquire any right of action against any person, firm or organization for loss covered hereunder, *you* shall, if requested by the *company*, assign and transfer such claim or right of action to the *company* and will permit suit to be brought in *your* name under the direction and expense of the *company*. This right of subrogation is in addition to all other rights of subrogation existing under common law, equity or statute. *You* shall do nothing after a loss to prejudice the *company's* rights of subrogation. In the event that *you* make any legal claim against a third party based on an event that led to the payment of a claim under this Policy, *you* will include the amount of that claim in *your* legal claim against the third party, and will account to the *company* for any recovery from the third party.

Provision 4. Any extension request when a claim has been made must be authorized prior to your current policy expiring by *Medi-Quote Insurance Brokers*. If a claim has been made against the policy, no further claims can be made for the same *pre-existing condition* following an approval of extension. Industrial Alliance Insurance and Financial Services Inc. retain the right to deny an extension to coverage if a change in health has occurred following your *departure date*.

Provision 5. *You* shall be responsible for the verification of any *hospital* and medical expenses incurred and shall obtain itemized accounts of all *hospital* and medical services which have been provided.

Provision 6. If any of the terms or conditions of this Policy are in conflict with the statutes of the province or territory in which this Policy is issued, the terms and conditions are hereby amended to conform to such statutes.

Provision 7. In the event of *your treatment* or other circumstances that have led or may lead to a claim under this Policy, *you* authorize any *hospital*, *physician* or other person or organization that has records or knowledge of *you* or *your* health, medical history or other information relevant to the claim to provide that information to the *company* or the *assistance company* and authorize the *company* and the *assistance company* to use and disclose that information for the purpose of determining whether any claim that may be made is covered by this Policy or by another plan or Policy.

Provision 8. If requested by the *company* or *Medi-Quote Insurance Brokers* or the *assistance company*, *you* must furnish or consent to the release of *your* medical records for the relevant period prior to the effective date and/or during the term of the insurance required in order to determine if the claim is payable. Failure to produce these records will invalidate *your* claim.

Provision 9. In the event of unresolved disputes respecting any claim or portion thereof, the following should be contacted: *Medi-Quote Insurance Brokers*.

Provision 10. The availability, quality, results or effects of any *treatment*, *assistance*, *hospitalization*, transportation or *your* failure to obtain any of the above, is not the responsibility of either the *company* or *Medi-Quote Insurance Brokers* or any company or agency providing services on their behalf.

Provision 11. The *company* reserves the right to accept or to decline any person as an *insured*.

Provision 12. The *assistance company* has been appointed by the *company* to be the sole provider of all assistance and claims processing services.

Provision 13. In the case of duplicate benefits in this Policy, claims are payable for one benefit only.

Provision 14. The *company* and the *assistance company* shall comply with all applicable privacy legislation and regulations.

Provision 15. The *company* shall not be liable for any expense incurred after a period of 365 days has elapsed following the date on which the *emergency* first occurred or commenced during the period of coverage.

Provision 16. In the event of a claim, *you* may be required to establish the date of departure and initially planned date of return of the *trip* in order to comply with the terms of the Policy.

Provision 17. Currency: Any dollar amount expressed as a limit of coverage or benefit payable under this Policy is deemed by the *company* to be in Canadian currency unless otherwise stated.

Provision 18. Due Diligence: *You* must act at all times so as to minimize the costs to the *company*.

Provision 19. The law of the *home province* or territory of Canada in which *you* ordinarily reside will govern this Policy, including all issues of its interpretation and performance. Any legal action or other proceeding related to or connected with this Policy that is commenced by *you* or anyone claiming on *your* behalf or by an assignee of benefits under this Policy must take place in the courts of the province or territory of Canada in which *you* ordinarily resided or in which *you* purchased this Policy, and no other court has jurisdiction to hear or determine any such action or proceeding. Please note that this policy is not available to residents of the province of Quebec.

Extensions

Authorized Extensions to Period of Coverage

You can extend *your* period of coverage by calling *Medi-Quote Insurance Brokers* during general business hours. All extensions must be authorized by *Medi-Quote Insurance Brokers*. Please refer to contact information.

You must meet the following conditions:

1. *You* have not submitted a claim and have no intent to submit a claim;
2. *You* have not seen a *physician* since *your departure date* or the effective date of the Policy;
3. *You* are in good health;
4. *Your* period of coverage has not already expired;
5. Extensions are not available if total *trip* length exceeds one year from the *effective date* of the original Policy.

Automatic Extensions to Coverage

This Policy will be automatically extended in the following circumstances:

1. Coverage will be automatically extended for seventy-two (72) hours in the event of a delay, due to circumstances beyond *your* control, of the *conveyance* in which *you* are riding or are scheduled to ride as a passenger. The *delay of conveyance* must occur prior to the coverage expiry date and the *conveyance* must be due to arrive prior to the coverage expiry date.
2. If *you* are *hospitalized* during the term of this Policy, for the period of *hospital* confinement plus seventy-two (72) hours following *your* release to allow *you* time to return *home*.

Refunds

10-Day Full Refund Provision

You have ten (10) days from the *application* date to review this Policy to ensure it meets *your* insurance needs. A full refund is available provided no travel has taken place and/or no claim has been or will be submitted. To cancel *your* Policy, *you* must contact *Medi-Quote Insurance Brokers* during general business hours. The written request must be received no later than ten (10) days from the *application* date of the Policy.

Other refunds may be available, please refer to the **Refunds** section further below.

For Early Return Refunds (when applicable), we do not require original copies of *your* proof of early return home. Clear scanned images are acceptable.

Once a refund has been processed, no claims can be submitted against the refunded policy.

Applicable to Multi Trip Annual, Top Up and Single Trip

1. Refunds are not available if a claim has been, will be, or is intended to be submitted.

Southern Odyssey Emergency Travel Medical Coverage



- When the request for refund is received in writing prior to the **effective date** of the Policy and no travel has taken place, a full refund is available.
- When the request for refund is received AFTER the **effective date** of the Policy and provided no travel has taken place:
 - A full refund is available within ten (10) days of the **application** date; or,
 - A refund less an administration fee of \$30 is available when the request for refund is received more than 10 days after the **application** date but no later than thirty (30) days after the **effective date** and prior to the **expiry date** of the Policy.
 - Refunds must be requested in writing.

Applicable to Single Trip and Top Up on other coverage only

- In the case of early return to **your home province**, partial refunds may be available provided:
 - A satisfactory proof of return to **your home province** is sent to **Medi-Quote Insurance Brokers**; and
 - The request is received by **Medi-Quote Insurance Brokers** no later than thirty (30) days after your policy **expiry date**. Refunds will be calculated from the date of return. All partial refunds will be subject to a minimum refundable amount of \$30.
 - All refunds must be requested in writing or by email.

Please note that refunds will not be provided if you exercise the suspension of coverage or trip break benefits and/or return to your trip without notifying **Medi-Quote Insurance Brokers** to refund any unused days. Refunds are also not available for unused days when you depart later than the **departure date** listed on your **Confirmation of Coverage**.

Applicable to Top Up when Topping Up a Southern Odyssey Multi Trip Annual Plan only

- In the case of early return to Canada, partial refunds may be available provided:
 - A satisfactory proof of return to Canada is sent to **Medi-Quote Insurance Brokers**; and
 - The request is received by **Medi-Quote Insurance Brokers** no later than thirty (30) days after your policy **expiry date**. Refunds will be calculated from the date of return. All partial refunds will be subject to a minimum refundable amount of \$30.
 - All refunds must be requested in writing or by email.

Please note that refunds will not be provided if you exercise the suspension of coverage or trip break upgrade benefit and/or return to **your trip** without notifying **Medi-Quote Insurance Brokers** to refund any unused days. Refunds are also not available for unused days when you depart later than the **departure date** listed on your **Confirmation of Coverage**.

Statutory Conditions

The Contract

The **application**, the **Confirmation of Coverage**, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract and no agent has authority to change the contract or waive any of its provisions.

Waiver

The insurer is deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

Copy of Application

The insurer must, upon request, furnish to **insured** or to a claimant under the contract a copy of the **application**.

Material Facts

No statement made by the **insured** or a person insured at the time of **application** for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the **application** or any other written statements or answers furnished as evidence of insurability.

Notice and Proof of Claim

Notice of a claim must be given in accordance with the claims procedures clause included in this policy as soon as practical but in no case later than thirty (30)

days from the date a claim arises under this policy. You must also within ninety (90) days from the date the claim arises under this policy furnish such proof and additional information as is reasonably possible and if required by the **company**, furnish a certificate from a **physician** detailing the cause or nature of the **sickness** or **injury** for which the claim has been instituted.

Failure to give Notice or Proof

The **insured** or a person **insured**, or a beneficiary entitled to make a claim, or the agent of any of them, must:

- give written notice of claim to the insurer:
 - by delivery of the notice, or by sending it registered mail, to the head office or chief agency of the insurer in the province, or
 - by delivery of the notice to an authorized agent of the insurer in the province, not later than 30 days after the date a claim arises under the contract on account of an **accident** or **sickness**;
 - within 90 days after the date a claim arises under the contract on account of an **accident** or **sickness**, furnish to the insurer such proof as is reasonably possible in the circumstances of:
 - the happening of the **accident** or the start of the **sickness**,
 - the loss caused by the **accident** or **sickness**,
 - the right of the claimant to receive payment,
 - the claimant's age, and
 - if relevant, the beneficiary's age; and
 - if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the **accident** or **sickness** for which claim is made under the contract and, in the case of **sickness**, its duration.
- Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if:
 - the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the **accident** or the date a claim arises under the contract on account of **sickness**, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition; or
 - in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

For any benefit requiring pre-approval from the **assistance company** if you or someone on your behalf does not notify the **assistance company** prior to the arrangement of medical care or a medical service then you will be responsible for 50% of any gross eligible expenses incurred.

Insurer to Furnish Forms for Proof of Claim

The insurer must furnish forms for proof of claim within fifteen (15) days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement detailing the cause or nature of the **accident**, **sickness** or disability giving rise to the claim and of the extent of the loss, including any relevant supporting documentation such as original receipts, invoices, boarding passes, customs/immigration stamps or itemized bills.

Rights of Examination

- As a condition precedent to recovery of insurance money under the contract,
- the claimant must give the insurer an opportunity to examine the person of the person **insured** when and as often as it reasonably requires while a claim is pending, and
 - in the case of death of the person **insured**, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

When Money Payable

All money payable under this contract shall be paid by the insurer within sixty (60) days after it has received proof of claim.

Limitation Periods

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of

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Ontario). For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Applicable to Saskatchewan residents

Notwithstanding any other provisions herein contained, this contract is subject to statutory conditions in Saskatchewan Insurance Act respecting contracts of **accident** insurance.

Claims Procedures and Payment of Benefits

Applicable to All Claims

Claims 1. You must contact **The Assistance Company** before seeking care. If you do not contact **The Assistance Company**, or if you choose to receive **emergency treatment** from a service provider other than that suggested by **the assistance company** you will be responsible for 30% of your eligible expenses, in addition to any **deductible** under this Policy. In addition, the total reimbursement under this Policy will be limited to \$50,000. If your **emergency** prevents you from calling **the assistance company** 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.

The numbers to call are as follows, 24 hours a day, 7 days a week:

Toll Free Assistance and Claims

+1 (800) 705-5991

Direct Assistance and Claims

Call collect by pressing 0 and waiting for the operator and ask to call collect Canada at +1 (613) 701-8424

Case submission and all assistance questions

Assistance - mediquoteassist@penfieldcare.com

Claim submission and status requests

Claims - mediquoteclaims@penfieldcare.com

Claims 2. Any notices of claim or correspondence concerning a claim should be promptly sent to:

Penfield Care, Inc (From USA)

Claims Department
431 State Street
Suite 1235
Ogdensburg, NY 13669

Penfield Care, Inc (From Canada)

Claims Department
130 Terence Matthews
Suite A1
Ottawa, Ontario
Canada K2M 0J1

Claims 3. Any cost incurred by the **assistance company** in obtaining further documentation required to confirm eligibility of your claim is also the responsibility of the claimant.

Claims 4. Claim forms will be provided to the claimant for completion must be returned to **the assistance company**. It is the responsibility of the claimant to complete and/or produce any documentation required by **the assistance company** to enable them to process and confirm the eligibility of the claim.

Claims 5. To receive benefits, any requested supporting documentation must be submitted along with your notice of claim. If any supporting documentation is not supplied with your claim form, your claim may be delayed.

Claims 6. To qualify for reimbursement, original, itemized receipts from the medical care provider(s) must be provided as support for all eligible expenses. If original itemized receipts are not provided, the expense will not be reimbursed.

Claims 7. All required documentation must be received within one year from the date of occurrence. Failure to do so will result in the denial of the claim.

Claims 8. **The assistance company** will submit a claim for medical expenses to your provincial government health care plan offices PROVIDED THAT the claim form, as well as the appropriate provincial assignment form are completed in

full and forwarded together with receipts from the medical care provider(s) along with medical certificate(s) from attending **physician(s)** within the time frame provided. The claim must be submitted to your provincial government health care plan offices within ninety (90) days from the date of service. If you fail to meet this time line, you will be responsible for the provincial government health care plan portion.

Claims 9. Claims will not be considered unless the claim form is completed in full and signed by the claimant (or legally authorized representative). If requested by the **assistance company** a Certificate of Canadian **Physician** must also be completed. Failure to provide fully completed forms will invalidate your claim.

Claims 10. Only bills from **physicians**, hospitals and other medical care provider(s) that are original, itemized and which state **insured's** name, diagnosis, date(s) of service and type of **treatment** or service will be considered. Only original pharmacy prescription receipts will be considered. For all other benefits, original itemized receipts are required.

International Assistance Services

The following services will be provided to all Policyholders:

- Toll-free help line 24 hours a day, every day.
- Vital communications link between claimant/hospital regarding insurance coverage and procedures.
- Medical (**physician** and surgeon) consultative and advisory services including review of appropriateness and analysis of medical care.
- Monitoring of progress during **treatment** and recovery.
- Establishing contact with **family**, personal **physician** and/or employer as appropriate.
- Multilingual capabilities.
- Coordination of payments.
- Special assistance respecting claims.
- Management, arrangement and authorization of emergency medical evacuation.
- Arrangement and coordination of repatriation of remains.
- Interpretation of policy wordings.
- Assistance in locating the nearest and most appropriate medical care.
- Payment to **hospitals** and other medical providers for **emergency** medical expenses will be guaranteed where possible relieving claimant of credit responsibilities.
- Travel arrangement assistance for **family members**.
- Provision of medical assistant to travel with claimant when necessary.
- In addition to **physicians**, **hospitals**/administrators and ambulance, arrangements and communications are concluded on your behalf with:
 - Consulates Travel Agents
 - Embassies Tour Guides
 - Airlines Police
 - Foreign Affairs Department
- Legal referral services in order to meet the legal needs of travellers.

To access this service, please refer to the Contact Information at the end of this policy wording booklet.

Notice Concerning Privacy and Personal Information

Medi-Quote Insurance Brokers and Industrial Alliance Insurance and Financial Services Inc. are committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information, including your medical history, will be collected, used and disclosed only for the purpose of providing you with the requested insurance services. For a copy of our privacy policy, please contact us or visit our website at <http://mediquote.ca/privacy-policy> or <http://ia.ca/privacy-policy>.



MEDI-QUOTE
INSURANCE
BROKERS

Underwritten by Industrial Alliance Insurance and Financial Services Inc.

Effective: July 2018

DEFINITIONS

The following definitions apply throughout the application and policy wording for the Southern Odyssey plan

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

Act of Terrorism means an act, or acts, of any person(s), organization(s), group(s) or government(s), committed for ethnic, ideological, political, religious or similar purposes with the intention to influence any government and/or instill fear in the public or a section of the public and/or, but not be limited to, the use of force or threat of violence or force. Furthermore, the perpetrators of terrorism can either be acting alone, or on behalf of, or in connection with any person(s), organization(s), group(s) or government(s).

Activities of daily living means dressing and undressing, assistance with bathing and hygiene, managing medication or feeding, getting into and out of bed or a wheelchair, assistance using the toilet.

Acute means initial or *emergency* short course (not chronic) *treatment* phase of a *sickness* or *injury*.

Application means the printed form, printed or electronic receipt, Policy declaration, group manifest or document provided by *Medi-Quote Insurance Brokers* or one of its *designated representatives*. The *application* forms part of the Insurance contract.

The **Assistance Company** is Penfield Care, Inc.

Autologous stem cell transplant is a transplant where the same type of cells are removed from, stored and given back to the same person as part of *treatment*.

Canadian Resident means a person who meets at least one of the following conditions:

- is eligible for or has a provincial government health care plan in place; or,
- is a Canadian citizen with a primary permanent residence in Canada; or,
- is a permanent or temporary resident who has landed immigrant status in Canada and a primary permanent residence in Canada.

Company means Industrial Alliance Insurance and Financial Services Inc.

Conveyance means a *vehicle*, airline, bus, train, or government-operated ferry system.

Contracted means specified in the travel documents for the insured *trip* with respect to any destination, date and time/place of arrival or departure.

Deductible means the portion of eligible expenses you must pay from *your* own pocket when an eligible claim occurs. For all medical insurance plans, the *deductible* applies to the expenses remaining after payment by *your* government health care plan. Deductibles are applicable per *trip*.

Delay of Conveyance means delay solely due to an unannounced and unpublished strike, weather conditions or hijacking. Such delay coverage does not include loss from or contributed by a) detention by customs officials, b) war, c) air traffic delays caused by congestion in the skies; and d) mechanical breakdown.

Departure Date means the day you leave your *home province* /territory of residence on a *trip*.

Designated Representative means an appointed agent of *Medi-Quote Insurance Brokers*.

Effective Date means the date indicated on your *Confirmation of Coverage*, either on or after your *departure date*. Your *effective date* is when coverage commences.

Elective (non-emergency) Treatment or surgery means any *treatment*, *investigations* or surgery either: a) not required for the immediate relief of *acute* pain and suffering; or, b) which reasonably could be delayed until *you* return to Canada or, c) which *you* elect to have provided during an insured *trip* following *emergency treatment* of a medical condition or the diagnosis of a medical condition, which on medical evidence would not prevent *you* from returning to Canada prior to such *treatment* or surgery.

Emergency means an unforeseen *sickness* or *injury*, which requires immediate *treatment* to alleviate existing danger to life or health. An *emergency* no longer exists when the medical evidence indicates that *you* are able to continue the *trip* or return to *your home province* or territory of ordinary residence. Once such *emergency* ends, no further benefits are payable in respect of the condition which caused the *emergency*.

Emotional or Mental Disorder means an emotional upset or condition, state of anxiety, situational crisis, anxiety or panic attack, or other mental health disorders that may be treated with tranquilizers or anti-anxiety medication.

Follow-Up means re-examination of *you* to monitor the effects of earlier *treatment* related to the initial *emergency*, except while *hospitalized*. *Follow-up* does not include further diagnostic or investigative testing related to the initial *emergency*.

Gastrointestinal Condition is Ulcerative Colitis, Crohn's disease, Diverticular disorder requiring surgery or prescription medication, Gastric bypass, H. Pylori, C. difficile, Gastritis, Irritable Bowel Syndrome requiring prescription medication or Barrett's esophagus. We do not include acid reflux, gastroesophageal reflux disease (GERD), heartburn, polyps removed during a routine colonoscopy or external hemorrhoids.

Heart Disease/Condition is any Angioplasty or Stenting in or around the heart, Angina, Atrial Fibrillation, Congestive Heart Failure, Heart Attack/Myocardial Infarction, any form of Irregular Heartbeat or Heart Murmur, Pacemaker/Defibrillator insertion, any Cardiovascular, Valve or Bypass surgery or any other condition or diagnosis relating to the Heart or Blood Vessels of the Heart.

High Risk Activities means hang-gliding, rock-climbing, mountaineering, parachuting or skydiving; participating in a motorized speed or endurance contest; or your professional participation in a sport, piloting (or learning to pilot) any aircraft, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupations.

Home Province means *your* province/territory of ordinary residence in Canada.

Hospital means a legally constituted medical facility under the medical supervision of a *physician*, with either permanent facilities on the premises for surgery or a formal arrangement with another institution making such facilities available, and providing 24-hour nursing services. The term *hospital* does not include convalescent, nursing, rest or skilled nursing facilities, whether separate or a part of a regular general *hospital*, operated exclusively for the *treatment* of persons who are mentally ill, aged, or drug or alcohol abusers.

Hospitalization or Hospitalized means admitted to a hospital as an in-patient.

Immediate Family or Family Member means (whether by birth, adoption or marriage) *your* legal or common-law **spouse**, parents, step-parents, brothers, sisters, in-laws, natural or adopted children, stepchildren, stepbrother or stepsister, grandparents, grandchildren, aunts, uncles, nieces, nephews, or any individual of whom *you* are a legal guardian.

Injury means physical **injury** to an **insured** which occurs while Insurance under this Policy is in force, caused by violent external and accidental means, but does not include any **injury** caused by an event, act or omission which was caused or contributed to by the abuse of any alcohol, drugs or medication by *you*.

Insured or Insured Persons means all insureds named in the **Confirmation of Coverage** attached to and forming part of this Policy.

Investigation/Investigated means testing, evaluating or examining signs of illness or **injury** to establish the diagnosis of a medical condition. Note that if you are being investigated for a medical condition and are pending results, you are expected to declare "Yes" to that medical condition on the Southern Odyssey Medical Questionnaire until a diagnosis/test results clearly show that you do not have this medical condition. Please Note: **Investigation** does not include **Regular Medical Check-Up** or routine monitoring of a **Pre-Existing Condition**.

Key Employee means an employee/partner who is critical to the ongoing operation of the business while you are absent.

Lung Disease/Condition is Asthma, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Pneumonia, Pulmonary Edema or any other lung or respiratory disease/condition for which you require(d) or have a prescription for any form of inhaler or corticosteroid.

Medically Necessary, in reference to a given service or supply, means such service or supply:

1. Is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
2. Is not experimental or investigative in nature;
3. Cannot be omitted without adversely affecting *your* condition or quality of medical care;
4. Cannot be delayed until *your* return to *your home province*, territory of residence or Canada.

Metastatic Cancer means a cancer that has spread from its original site to one or more other areas.

Medi-Quote Insurance Brokers means Medi-Quote Insurance Brokers Incorporated.

Minor Ailment means a condition which does not require the use of medication for a period of greater than 15 days, which did not require a **follow-up** or referral visit to a **physician** or specialist, and which did not require surgery or **hospitalization**. A chronic condition is not considered a **minor ailment**.

Physician means a medical practitioner who is not yourself or an immediate **family member** and is currently registered and duly licensed in accordance with the regulations applying in the jurisdiction where they practice. A **physician** does not include a naturopath, an herbalist or a homeopath.

Pre-Existing Condition means a medical condition, illness or **injury** known to *you* as the Applicant(s), **family member** (s) or **key employee**, and for which *you* as the Applicant(s), **family member** (s) or **key employee** have received diagnosis, and/or **treatment** and/or a medical consultation by a **physician** prior to the commencement date of a covered **trip** and includes a medically recognized complication or **recurrence** of a medical condition.

Professional Sport means a sporting activity which is *your* main paid occupation.

Prosthesis means any device or implant (internal, external or artificial) used to repair, replace or augment a missing or impaired part of the body (this includes stents, bypasses and valve replacements).

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.

Regular Medical Check-Up means any routine medical examination unrelated to any specific medical condition or **investigation** and which is carried out for the purpose of health monitoring, health screening or preventative care.

Sickness means an **acute** illness requiring immediate **emergency treatment** as a result of a sudden onset of symptoms manifested when travelling under coverage provided by this policy, but does not include any illness or symptoms caused or contributed to by the consumption or abuse of any alcohol, drugs or medication by *you*.

Spouse means the person *you* are legally married to or in a legal civil union with, or a person *you* have been residing with for a minimum period of twelve months and who is publicly presented as *your spouse*.

Stable/Stability means any medical condition (other than a **minor ailment**) for which the following are true:

- 1) There has been no alteration or change in medication or change in **treatment**;
- 2) There has been no new **treatment** prescribed or recommended by a **physician** or received within the period specified in this Policy before the **departure date** of a covered **trip**;
- 3) There have been no new symptoms, more frequent or more severe symptoms, or test results showing deterioration within the period specified in this Policy before the **departure date** of a covered **trip**;
- 4) There has been no:
 - **Hospitalization**;
 - Referral to a specialist (made or recommended).
- 5) You are not waiting on further **investigation** (s) or test results prior to the **departure date** of a covered **trip**.

**Alteration or change includes an increase or decrease in medication dosage, usage or a change in medication type, but does not include changes in brand due solely to the availability of your usual brand or due to government regulations regarding reference-based pricing. Exceptions would be the routine adjustment of Coumadin, Warfarin or Insulin or medication used to control Diabetes as long as they are not newly prescribed or stopped.*

Terminal Illness means a medical condition for which a **physician** gave a prognosis of eventual death within 12 months of *your departure date* or for which palliative care was received.

Treatment/Treated/Treat means that *you* have been **hospitalized**, have been prescribed, taken or are currently taking prescription medication (including prescribed as needed), have a **prosthesis**, or have undergone a medical or surgical procedure. Note that aspirin/ASA is not considered **treatment**.

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

Vehicle means an automobile, recreational **vehicle**, motorcycle, boat or other land or water **conveyance** used for the covered **trip**.

You or Your means the same as **insured** or **insured persons**.