

# True Prime

## **INDIVIDUAL TRAVEL POLICY**

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Underwritten by: Northbridge General Insurance Corporation (the Company)  
Claims Assistance by: Active Claims Management (2018) Inc. Operating as Active Care Management Inc. ("ACM")  
Policy Managed by: AwayCare Inc.

### **PLEASE READ THIS DOCUMENT CAREFULLY!**

This Individual Travel Policy is issued in consideration of Your enrollment and payment of the premium due. This Policy of Insurance describes the insurance benefits underwritten by Northbridge General Insurance Corporation, herein referred to as the Company and also referred to as We, Us and Our.

This policy is a legal contract between You and the Company. It is important that You read Your policy carefully. Please refer to the accompanying confirmation of benefits, which provides You with specific information about the program policy You purchased. You should contact Your Agent immediately if You believe that the confirmation of benefits is incorrect. In the event of a conflict between the terms of this policy and the confirmation of benefits, the terms of the confirmation of benefits will take precedence.

**IMPORTANT** – failure to call claims assistance "ACM" prior to seeking medical attention may limit your coverage to 70%. In the case of an emergency it is Reasonable to expect that contact to ACM will be done at the earliest, safe time by the insured or any individual on behalf of the insured.

### **NOTICE OF RIGHT TO EXAMINE THE POLICY FOR THE MEDICAL EMERGENCY PROTECTION:**

The Insured Person(s) have ten (10) days, from the day You receive the policy, to inspect it and verify the accuracy of Your declaration and application. This policy contains limitations and exclusions. Please read it carefully and contact Your representative if needed before leaving. A refund would be provided if no travel has taken place.

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## SECTION I. IMPORTANT NOTIFICATION

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Please ensure that You read and understand this policy carefully before You travel.

This policy offers coverage for Reasonable and Customary costs incurred by You in case of an unexpected Accident or Sickness while You are travelling outside Your Province/ Territory for the benefits set out in this policy wording.

### A. Plans Accessible:

#### i. Eligibility

- To be eligible for this product You, at the Application Date of the policy you must be a Canadian resident and be covered by the government health insurance plan (GHIP) of your Canadian Province or territory of residence for the entire duration of your trip; and
- You must be at least 15 days old; and
- You must not be traveling against the advice of a physician or have neem diagnosed with a Terminal illness; or
- You must not have a kidney disease requiring dialysis; or
- You must not have been prescribed or used home oxygen during the 12 months prior to tour application date;

#### ii. Single Trip

- The Single Trip Plan option covers You for Your single Trip outside of Your Home Province/Territory. This plan can also be used as a top up to another plan. Coverage begins on the Policy Effective Date as specified by You on the confirmation of benefits and terminates on the earlier of the policy Expiry date as specified on the confirmation of benefits or the date You return to Your Home Province/Territory.
- If this policy is purchased after Your Departure Date from Your Home Province/Territory and there is a gap in coverage, a Benefit Waiting Period would apply.
- Travel within Canada - This plan applies within Canada while outside Your Home Province/Territory with no stability requirements.

#### iii. Multi Trip Annual Plan

- The policy begins on the Policy Effective Date shown on Your confirmation of benefits and is valid for a period of one year. You may travel as many times as You would like during this Policy Period up to the maximum allotted Trip days chosen illustrated on Your confirmation of benefits. Your Trip days are calculated using the Departure Date from Canada and return to Canada. The Insured Person must meet Stability prior to each Departure Date.
- If this policy is purchased after Your Departure Date from Your Home Province/Territory and there is a gap in coverage, a Benefit Waiting Period would apply.
- Travel within Canada but outside Your Home Province/Territory will be automatically provided, with no Stability requirements, under this Multi Trip Annual Plan.
- If Your health changes after the Policy Effective Date indicated on Your Confirmation of Benefits, coverage for that medical condition will be subject to the limitations and exclusions of the policy.
- No new medical declaration is required.

#### iv. Family Plan

- Family plans are available for individuals that are 54 or under with one Spouse or common law Spouse (also 54 or under) and Dependents Child(ren).
- "Family plan" follows the "single Trip" and "annual plan" restrictions, benefits and exclusions.

### IMPORTANT NOTICE:

**The AwayCare True Prime annual plan can only be topped up with an AwayCare True Prime product.**

### B. Automatic Extensions

- i. Your coverage will be automatically extended without any additional premium for up to 5 days, upon notifying ACM, if Your scheduled Return Date to Your Home Province/Territory is delayed beyond the Expiry Date of this insurance due to the following reasons:
  - The delayed arrival or departure of a Common Carrier aboard which You are travelling causes You to miss Your scheduled Return Date to Your Home Province/Territory.
  - The vehicle in which You are travelling is involved in an accident or mechanical breakdown that prevents You from returning to Your Home Province/Territory on or before Your Expiry date of this insurance.

- If driving, a delay due to inclement weather preventing You from returning to Your Home Province/Territory on or before your Expiry date of this insurance provided the return journey commences prior to the Expiry date of this insurance.
- You or Your Travel Companion's return is delayed beyond the Expiry date of this insurance as a direct result of Sickness or Injury for which You or Your Travel Companion are not deemed medically Stable to return to Your Home Province/Territory in the opinion of ACM.

Note: If You or Your Travel Companion must remain Hospitalized beyond the date coverage terminates for Your Trip for medical treatment, coverage will remain in force for as long as You or Your Traveling Companion remain confined to a Hospital, plus up to an additional 5 days after discharge from the Hospital. This benefit only applies to those insured by "the Company" and when the Hospitalized individual is insured by "the Company". All coverage will never be extended more than 365 days from Your Departure Date of Your Trip.

#### C. Extensions

- i. Your coverage can be extended as long as:
  - You do not have a claim on Your file and
  - You call in prior to the Expiry date of this insurance
  - You do not exceed the maximum number of days allowed by the plan

Review by the administrator is required for all extensions. The underwriter reserves the right to deny the request for extension at any time.

#### D. Early Returns/Cancellations

- i. A refund of the premium paid may be requested under the following circumstances:
  - If Your entire Trip is cancelled before Your Policy Effective Date: For a refund\*, You may request a refund by notifying Your broker or sales agent in writing before Your Policy Effective Date as shown on Your confirmation of benefits, otherwise if notification is made after Your Policy Effective Date, Your refund will be calculated based on the remaining days of coverage from the date of notification. Proof of non-departure is required.
  - If, after Your Departure Date, You return to Your Home Province/Territory (or Canada on Your Multi Trip Annual Plan when associated with a corresponding top up policy) before Your scheduled Return Date: For a partial refund, You may request a refund of premium\* for the remaining days of coverage, provided no claim has been reported or initiated. Your refund will be calculated based on the remaining number of days of coverage. Refunds of under \$20 will not be made. Your request must be made in writing to Your broker or sales agent with satisfactory proof (e.g. airline ticket or customs/immigration stamps) of Your Return Date to Your Home Province/Territory (or Canada on Your Multi Trip Annual Plan when associated with a corresponding top up policy), within 60 days of Your Return Date.
  - For Multi-Trip Annual Plans a refund of premium is only available by notifying Your broker or sales agent in writing before Your Policy Effective Date as shown on Your confirmation of benefits. The premium is non-refundable as of the Policy Effective Date as shown on Your confirmation of benefits.

*\*Administration fees may apply for the processing of any modification of premiums*

#### E. Deductible

- i. The full amount of the Deductible selected applies on each claim event. The Deductible will be applied in USD. The full Deductible amount applies to all benefits. The deductible applies to Hospitals, Emergency Rooms, Air/Land Ambulances and any internal or external Hospital clinics. The deductible does not apply to independent clinics.

## SECTION II. SCHEDULE OF BENEFITS

Maximum Benefit Amount **	<p>Maximum Limit Single Trip \$5,000,000 CAD per Trip</p> <p>Single Trip Family \$5,000,000 CAD per family member per Trip</p> <p>Multi Annual Plan \$5,000,000 CAD per policy period</p> <p><i>Note: On Family plans the sum insured is per family member. Individual benefits outlined below are as per USD amounts</i></p>
Benefit Waiting Period	48 hour period of time following the Policy Effective Date if the policy was purchased after departure and there was a gap in coverage that any claim related to Sickness would not be covered
Accident and Sickness Emergency Medical Treatment	Included see Benefit Description
Emergency Air Transportation	Included see Benefit Description
Hospital Allowance	\$50 per day up to \$250 per Hospitalization (applies to medical maximum limit)
Paramedical & Other Professional Services**	\$500 per type of medical specialty (applies to medical maximum limit)
Accidental Dental Service	\$2,500
Must be incurred within	48 hours
Treatment must be completed	No later than 90 days from the Accident
Emergency Dental	\$400
Must be incurred within	48 hours No later than 90 days from the first day of treatment
Treatment must be completed	
Return Excess Baggage**	Up to \$250 ( must be arranged by claim assistance company)
Return of Pets*	\$250
Return of Traveling, Companion ,Spouse, child/grandchild, Dependent Child(ren)**	\$150 per day to a maximum of \$1,500
Child care	Up to \$500 per day to a maximum of \$5,000
Return of Deceased (Repatriation of remains) **	Included see Benefit Description
Emergency Transportation to Insured Person Bedside**	Up to a maximum of \$150 per day with a maximum of \$1,500
Return of Vehicle ***	Up to \$3,000 see Benefit Description

Return to your Destination*	Included see Benefit Description
Pandemic/Epidemic	Up to a maximum \$150,000 (unless optional coverage was purchased)

\*these benefits are only applicable in coordination with any Emergency Transportation or Return of Deceased benefit \*\*Benefit is ONLY payable when pre-approved and arranged by claims assistance "ACM" \*\*\*Pre-approved and arranged by the claims assistance "ACM" as the maximum benefit payable is limited to the amount it would cost the Company and "ACM" to return Your Vehicle by a commercial agency.

### SECTION III. BENEFIT DESCRIPTIONS

The following benefits are provided for each Insured, for costs deemed Usual, Reasonable and Customary and in excess of amounts covered under the provincial government health insurance plans and/or any other plan covering the Insured Person. The overall amount of benefits payable after any other in force insurance is subject to a maximum amount as shown in the Schedule of Benefits.

- A. Accident and Sickness Emergency Medical Treatment – We will pay Reasonable and Customary cost for the following services for expenses incurred up to the maximum Benefit Amount shown in the Schedule of Benefits as a result of an Injury or Sickness, which first occurs during your Trip. Only Covered Expenses incurred during Your Trip will be reimbursed. Expenses incurred after Your Trip are not covered.

Covered Expenses means expenses incurred for the following:

- i. Hospital Services
  - Hospitalization services (limited to a semi-private room). Any coverage related to Hospitalization terminates upon release from the Hospital other than what is specified under the Follow-up Visit Benefit.
  - Out-patient medical treatment provided by a Hospital.
- ii. Hospital Allowance
  - We will pay a per day amount and up to a maximum amount per Hospitalization as shown in the Schedule of Benefits to cover incidental Hospital charges, such as but not limited to, TV rental, telephone charges and parking.
- iii. Physician's Fees
  - Fees charged by Physicians, up to the limit deemed Reasonable and Customary for the area where the Treatment is provided.
- iv. Paramedical & Other Professional Services
  - Care received from a licensed chiropractor, chiropodist, paramedical, optometrist, osteopath, physiotherapist or podiatrist, up to the maximum amount as shown in the Schedule of Benefits, when referred by a Physician and approved in advance by claims assistance "ACM"
- v. Ambulance Services
  - Local ground ambulance service to a medical service provider in an Emergency. Fire rescue expenses are also covered if a fire rescue team is dispatched in response to Your Emergency.
- vi. Emergency Air Transportation
 

**Benefit is ONLY payable when pre-approved and arranged by claims assistance "ACM"**

  - At the time of Hospitalization, medical air evacuation for return to Canada or medical air evacuation between medical facilities when the first medical facility is not equipped to provide the required medical Treatment; or,
  - 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/territory of residence for immediate medical treatment as a result of an Emergency providing the medical treatment is sought within 48 hours of arrival to Your Home Province/Territory and that the attending Physician providing treatment outside Your Home Province/Territory recommends it in writing; and,
  - The cost of an airline seat upgrade when Medically Necessary if the attending Physician providing treatment outside Your Home Province/Territory recommends it in writing.
- vii. Diagnostic Services
  - When performed at the time of the initial Emergency. The costs for laboratory tests and X-rays required for the Treatment of an Emergency and when prescribed by the attending Physician.
- viii. Prescription Drugs

- Prescription drugs that can only be obtained upon medical prescription, which are prescribed by a Physician and that are supplied by a licensed pharmacist when required as a result of an Emergency. Limited to a 30-day supply per prescription following the later date of the Emergency or release from the Hospital.
- ix. Essential Medical Appliances
  - The lesser amount to rent or purchase essential medical appliances, including but not limited to splints, casts, crutches, canes, slings, trusses, orthopaedic corsets or for the rental of walkers or wheel chairs. *The Insured Person holds the right to purchase the appliance with the understanding that the Company may only pay a portion should the rental option be a lesser amount.*
- x. Private Duty Nursing
  - Private duty nursing services performed by a registered nurse (R.N.) other than an Immediate Family Member, when ordered in writing by the attending Physician.
- xi. Follow up Visit
  - Follow up visits must be pre-approved by claims assistance “ACM” and will only be authorized if Medically Necessary to the initial Emergency.
- xii. Dental Services
  - The services of a licensed dentist or dental surgeon for Emergency dental treatment, including the cost of prescription drugs and x-rays, as follows:
    - We will pay up to a maximum as shown in the Schedule of Benefits for dental expenses You incur while on Your Trip, for an Accidental blow to the face requiring the repair or replacement of sound natural teeth or permanently attached artificial teeth, including crowns, bridges and dental implants. All Treatments must be initiated within 48 hours from the time the Emergency began and completed no later than 90 days after the treatment began and prior to Your Return Date to Your Home Province/Territory . This benefit does not cover dental treatment for veneers, caps or dentures.
    - We will pay up to a maximum amount as shown in the Schedule of Benefits of \$400 for dental expenses You incur while on Your Trip for any dental Emergencies other than pain caused by an Accidental blow to the face. All treatment must be initiated within 48 hours from the time the Emergency began and completed no later than 90 days after the treatment began and prior to Your Return Date to Your Home Province/Territory .
- xiii. Return of Excess Baggage
 

**NOTE: Benefit is ONLY payable when pre-approved and arranged by claims assistance “ACM”**

  - The Company will pay up to the maximum amount as shown in the Schedule of Benefits for excess baggage that could not be accommodated on the Emergency aircraft. This benefit is only applicable in coordination with the “Emergency Air Transportation” benefit.
- xiv. Return of Pets
  - The Company will pay up to the maximum amount as shown in the Schedule of Benefits for the cost to return Your Pet(s), who are travelling with You, to Your Home Province/Territory. This benefit is only applicable in coordination with the Emergency Air Transportation or the “Return of Deceased” benefit.
- xv. Return of Travelling Companion, Spouse, Dependent Child/grandchild.
  - The Company will reimburse a one-way economy airfare for one Travelling Companion, Spouse, and Dependent Child/grandchild to return back to Your Home Province/Territory including the cost of a qualified chaperone when necessary. This benefit is only applicable in coordination with the Emergency Air Transportation or the Return of Deceased benefit.
  - If You are resuming Your Trip under the Return to Your Destination benefit, the Company will also pay for the cost of a one-way economy airfare by the most direct route for the same Travelling Companion, Spouse, Dependent Child/grandchild to return to the place where the Emergency air transportation commenced or to continue the Trip with You as originally scheduled.
  - This benefit can only be offered once during the same Trip and will not apply after Your original expected Return Date.
- xvi. Child Care
  - The Company will pay up to the maximum amount as shown in the Schedule of Benefits and is limited for the Insured Person (s) Dependent when the Insured Person is confined to a Hospital.
- xvii. Return to Your Destination
  - The Company will pay the cost of a one-way economy airfare by the most direct route to return You to the place where the Emergency air transportation commenced or to continue Your Trip as originally booked. Your policy will not terminate; however, You will not be covered for any expenses incurred in Your Home Province/Territory. There is also no refund for the number of days you spend in Your Home Province/Territory. This benefit is only applicable in coordination with the Emergency Air Transportation benefit.

- Once You are returned to Your Trip destination, a recurrence of the same medical condition which necessitated the Emergency air transportation, or the occurrence of a related condition will not be covered under this policy.
- This benefit can only be offered once during the same Trip, and will not apply after Your original expected Return Date.

xviii. Return of Deceased

- In the event of Your death during a Trip covered under the policy benefits, the Company will pay:
  - The preparation and return of Your body, including the cost of a standard shipping container (excluding the cost of a burial coffin) to Your Home province/Territory; or,
  - Up to a maximum of \$5,000 for burial at the place of death (excluding the cost of funeral and related expenses or a burial coffin), in the event Your body is not returned to Your Home Province/Territory; or,
  - Up to a maximum of \$5,000 for cremation at the place of death (excluding the cost of funeral and related expenses or an urn) and the standard shipping cost to return Your ashes to Your Home Province/Territory; and
  - Transportation costs of one Immediate Family member to go to the place of Your death to identify your body when it is necessary to be identified prior to the release of Your body and up to a limit of \$150 per day to a maximum of \$1,500 for meals and commercial accommodation. The Immediate Family Member identifying your body will also be covered as an Insured Person under this Policy for the period of time required to identify Your body. Coverage for the Immediate Family Member is subject to the terms and conditions of the policy and standard Stable provisions.

xix. Emergency Transportation to Insured Person's Bedside

**NOTE: Benefit is ONLY payable when pre-approved and arranged by claims assistance "ACM"**

- If the attending Physician warrants that it is required. One round Trip economy airfare or ground transportation cost and up to a maximum amount as shown in the Schedule of Benefits for reasonable and necessary commercial accommodation, meals, telephone calls, internet charges, taxi or bus fare for a family member or friend of the Insured Person

xx. Return of Vehicle

- The attending Physician determines that as a result of the Emergency, You are incapable of continuing Your Trip by means of the Vehicle used to travel to and from Your destination and Your Travelling Companion is unable to do so for You, the Company will pay either:
  - Up to a maximum of \$3,000 for the charges incurred for a commercial agency to return a Vehicle that You own or rent to either Your Home Province/Territory or the nearest appropriate Vehicle rental agency; or,
  - Up to a maximum of \$3,000\*\* for a one-way economy airfare to the destination where the Vehicle is located; and gas, meals and accommodation for an Immediate Family Member or friend to return a vehicle that You own or rent to Your Home Province/Territory.

**\*\*Recommended to arrange this with the claims assistance "ACM" as the maximum benefit payable is limited to the amount it would cost the Company and "ACM" to return Your Vehicle by a commercial agency.**



## SECTION IV. DEFINITIONS

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**Accident** – means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily injury.

**ACM – “Active Care Management”** the operating name of the authorized travel assistance and claims company Active Claims Management (2018) Inc.

**Deductible** – the amount in US currency for which the insured is liable on per claim before the Company will make payment on the remaining covered amount. The deductible applies to Hospitals, Emergency Rooms, Air/Land Ambulances and any internal or external Hospital clinics. The deductible does not apply to independent clinics.

**Departure Date** – the date in which the insured departs his/her own province/territory of residence or Canada.

**Dependent Child(ren)/grandchildren** – all unmarried children residing in your household up to the age of 18, or up to the age of 28 if enrolled full-time at an educational institution. Dependent child also includes any individual at any age that has a mental or physical disability diagnosed.

**Emergency** – an unexpected event or occurrence resulting from an Accident or Sickness that requires immediate medical Treatment.

**Expiry Date-** for each Trip, the first to occur of:

- The date you return to Your Home Province/Territory.
- The date You leave Your Home Province/territory on a Trip plus the number of days that is Your selected Trip duration, including Your Departure Date

Unless there has been an Automatic Extension of Coverage in which case the Expiry is the first to occur:

- The date You return to You Home Province/Territory
- The end of any extension of coverage determined in accordance with the Automatic Extension of Section of this policy.

**Government Health Insurance Plan (GHIP)** – means the health insurance coverage that a Canadian provincial or territorial government provides to its residents

**Hospital** – means (a) a place which is licensed or recognized as a general hospital by the proper authority of the province or state in which it is located: (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X- ray facility: (c) a place recognized as a general Hospital by an International Hospital Accreditation organization; (d) other than a residence, a place where treatment in a Hyperbaric chamber can be received. Not included is a hospital or institution licensed or used principally: (1) as a rehabilitation facility or addiction Treatment center: or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

**Hospitalized Or Hospitalization** – Your admission in a Hospital for 24 hours or more following the recommendation from a Physician.

**Immediate Family Member** – consists of your mother, father, sibling, child, spouse, grandparent, grandchild, aunt, uncle, niece, nephew, parent-in-law, daughter-in-law, son-in-law, sibling-in-law.

**Injury** – means bodily harm caused by an Accident which: 1) occurs while Your coverage is in effect under the policy; and 2) requires examination and treatment by a Legally Qualified Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**Insured Person** – means a person(s) who is booked to travel on a Trip, and for whom the required premium is paid, also referred to as You and Your.

**Medical Treatment** – means examination and treatment by a Legally Qualified Physician for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted reasonable person to seek diagnosis, care or treatment.



**Medically Necessary** – means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.

**Minor Ailment** – a condition that does not require the following:

- a) Hospitalization or surgical intervention.
- b) Referral to a specialist
- c) Treatment for a period greater than 32 days
- d) More than one follow up visit
- e) Treatment ending at least 30 days prior to Departure Date

**Pet** – Dog, Cat, bird, horse or small reptiles/mammals.

**Physician** – means a physician: (a) other than You, a Traveling Companion or a Immediate Family Member; (b) practicing within the scope of his or her license; and (c) recognized as a Physician in the place where the services are rendered.

**Policy Effective Date** - means the later of:

- a) The Departure date of your Multi Trip Annual Plan
- b) The date coverage begins as per Your confirmation of benefits
- c) The date Your application is approved and accepted by the insurer

**Policy Period** – The policy period is the time between the Policy Effective Date and Policy Termination date

**Policy Termination date** – means the earlier of:

- a) The date you return to your province or territory of residence
- b) The return date shown on your confirmation of benefits

**Pre-existing condition** – A medical or dental condition for which treatment has been received or taken or symptoms have appeared prior to the Policy Effective Date and includes a medically recognized complication or recurrence of a medical condition **Reasonable and Customary Charges** means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

**Province / Territory of Residence** – means Your Canadian province or territory of residence.

**Quarantine** – means a strict isolation imposed on You to prevent the spread of a disease. This is a mandatory or suggested order given by an individual or branch representing the government or health authority.

**Reasonable and Customary Charges** means expenses which:

- a) are charged for treatment, supplies, or medical services Medically Necessary to treat the Insured Person's condition; and
- b) do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred; and
- c) do not include charges that would not have been made if no insurance existed.

In no event will the **Reasonable and Customary** charges exceed the actual amount charged.

**Return Date** – The earliest date of your Termination/Expiry date on the confirmation of benefits OR the date You return to Your Home Province/Territory.

**Sickness** – means an illness or disease of the body which: 1) requires examination and Treatment by a Physician and 2) commences while Your coverage is in effect.

**Spouse** – means the person who is legally married to You, or has been living in a conjugal relationship with You for a continuous period of at least one year and who resides in the same household.

**Stable** – a medical condition (other than minor ailment) for which all the following statements are true

1. Has been no new diagnosis, Treatment or prescribed medication.
2. No test results showing a deterioration in Your condition.
3. No Hospitalization, referral to a specialist (made or recommended) or You are not awaiting test or Treatment.

4. No change in Your medical Treatment and/or change in dosage of a medication (Exception: the routine adjustment to Coumadin, Warfarin or insulin to maintain optimal levels.)
  - a. EXCEPTION- If You change from a brand name to a generic with the same dosage this condition will remain stable.
5. Stability period:
  - a. Stability is calculated at the departure date of your trip.
    - i. Rate 1 & 2 – 90 Days Stability
    - ii. Rate 3 – 180 Days Stability
    - iii. Rate 4 & 5 – 365 Days Stability

**Terminal illness** – a medical condition that a Physician has given a prognosis of 6 months or less to live or that palliative care has been received.

**Travel Companion** – means a person or persons whose name appears with Your name on the same travel arrangements and who, during Your Trip, will accompany You.

**Treat/Treatment** – means that you have been hospitalized, have been prescribed medication (including prescribed as needed), have taken or are currently taking medication, or have undergone a medical or surgical procedure, investigative testing that results in a diagnosis of a specific medical condition or surgery. Note that aspirin/entrophen is not considered treatment.

**Trip** means Your travel for which coverage under this policy has been purchased and is in effect. The Trip has a defined Departure Date and Return Date.

**Vehicle** – a car, recreational vehicle, motorcycle, boat or any other land or water vehicles used for the Trip. (Excluding air vehicles such as but not limited to airplanes and helicopters and commercial vehicles.)

**You, Your, Yourself And Insured Person** – Each person listed on the confirmation of benefits and who insured under the policy.

## SECTION V. EXCLUSIONS

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Benefits are not payable under this policy if losses sustained or expenses incurred are the direct or indirect result of any of the following, for:

1. If You /Your Pre- Existing conditions do not meet the required *Stability* outlined on Your confirmation of benefits
  - a. Stability is calculated at the departure date of your trip.
    - i. Rate 1 & 2 – 90 Days Stability
    - ii. Rate 3 – 180 Days Stability
    - iii. Rate 4 & 5 – 365 Days Stability
2. If You are traveling for the purpose of seeking medical Treatment, the condition that you are seeking treatment and any directly or indirectly related complications.
3. Consumption or use of illegal or controlled drugs (based on the laws at location of claim).
4. Any medical service, procedure or Treatment not authorized by the claims assistance company “ACM”
5. Any elective Treatment, procedures or surgeries.
6. Treatment received in Your Home Province/territory of residence.
7. Loss, theft, or breakage of prescription glasses, dentures, hearing aids, prosthetic devices or contact lenses.
8. Any medical Treatment, recurrence or complications related directly or indirectly to a Sickness or Injury which was diagnosed or for which symptoms first occurred, or medical Treatment was received after the Departure Date but prior to the Policy Effective Date of this Insurance.
9. Any expenses incurred as a result of Sickness that originated or was symptomatic during the Benefit Waiting Period. This exclusion does not apply when this policy is purchased to top-up any other insurance plan.
10. Any condition that You are on a waiting list or registered for treatment or awaiting a diagnosis for in Canada .
11. Expenses incurred once the Emergency ends and in the opinion of the attending Physician or dentist, You are able to travel to Your home province/territory of residence for any further treatment relating to the sickness or Accident that led to the Emergency (other than specified under the Follow-up Visit Benefit).

12. Any eligible medical and related expenses in excess of \$25,000 if You are not covered by Government Health Insurance Plan (GHIP) at the time of Your claim.
13. Emergency Sickness or Injury incurred if You choose to travel to a destination after a formal written travel advisory and/or travel warning has been issued by Global Affairs Canada or Public Health Agency of Canada (PHAC) recommending that You avoid all or non-essential travel to that destination during Your Trip. This exclusion applies if the advisory/warning is issued before the date you leave for Your Trip and the expenses are directly or indirectly caused by the reason for the travel advisory/warning.  
This exclusion is nullified for one of the two following reasons:
  - a) Should the reason for your trip be directly related to an essential service/act deemed by the Destination Government or the Government of Canada. Or
  - b) Specifically relating to COVID19 when the travel advisory is specific to COVID19 and You have purchased the upgraded coverage for pandemic/epidemic.
14. Your participation in and/or voluntary exposure to acts of terrorism or war.
15. Your suicide or attempt to inflict self-injury.
16. Any injury resulted by Your commission or attempted commission of a crime or offence. This is based on the law in the location of the claim.
17. Pre-natal care, voluntary termination of pregnancy.
18. Complications related to pregnancy or delivery of child within the nine weeks immediately before the expected delivery date (including the expected delivery date) or the nine weeks after the actual delivery date (including the actual delivery date).
19. Medical Treatment following the unexpected birth for the newborn.
20. Psychological disorders, emotional or mental disorders. Acute psychosis is not excluded unless drug, alcohol or medication induced.
21. Emergency Air transportation unless pre-approved by claims Assistance Company "ACM"
22. Expenses incurred as a result of failure to follow the Physician's advice, Treatment or recommended Treatment.
23. Any eligible expenses in excess of \$150,000 (policy limit if upgraded coverage is selected) when related to an epidemic or pandemic such as, but not limited to COVID19, identified by the World Health Organization at the time of Departure.
24. Any eligible expenses incurred as a result of Sickness while under a mandatory or suggested Quarantine upon arrival. This exclusion applies if the expenses are directly or indirectly related to the reason for Quarantine.
25. Any eligible expenses incurred due to requirements for entry or re-entry on your trip including but not limited to mandatory testing.
26. Any expenses when traveling on Your annual plan when the trip duration is greater than the days allowed and your outstanding days have not been purchased with AwayCare TBD policy. Exception to this exclusion is if AwayCare has declined to offer coverage such as but not limited to an extension request or ineligibility for the extension.

## SECTION VI. PAYMENT OF CLAIMS

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### To facilitate prompt claims settlement:

For all claims, please contact the Assistance Company

**Medical Expenses:** Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment.

**Claim Procedures: Notice of Claim:** Notice of claim must be reported within 30 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our designated representative and should include sufficient information to identify You.

**Claim Procedures: Claim Forms:** When notice of claim is received by Us or Our designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by You sending Us a written statement of what happened. This statement must be received within the time given for filing proof of loss.

**Claim Procedures: Proof of Loss:** Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim in U.S dollars up to the maximum amount of Benefit shown in the Schedule of Benefits after receipt of acceptable proof of loss.

**Payment of Claims: To Whom Paid:** Benefits for loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- a. Your spouse;
- b. Your child or children jointly;
- c. Your parents jointly if both are living or the surviving parent if only one survives;
- d. Your brothers and sisters jointly; or
- e. Your estate.

All other benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, We will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment. All or a portion of all benefits provided by the policy may, at Our option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You.

If any benefit is payable to: (a) an Insured Person who is a minor or otherwise not able to give a valid release; or (b) an Insured Person's estate, We may pay any amount due under the policy to Insured Person's beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

**Subrogation:** If the Company has made a payment for a loss under this policy, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights: and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss. The Company will not subrogate against any benefit plans if the lifetime maximum limit for out of country or out of province is at \$100,000 or less. If the maximum is over \$100,000 the Company holds the right to exercise the subrogation preserving \$50,000 in the benefit of the Insured.

## SECTION VII. GENERAL PROVISIONS

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**Entire Contract: Changes:** This policy, Confirmation of benefits and any attachments are the entire contract of insurance. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in this policy or its attachments.

**Beneficiary Designation and Change:** The Insured's beneficiary(ies) is (are) the person(s) designated by and on file with the Company/ Assistance Company.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the Company/ Assistance Company with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

**Misstatement of Age:** If premiums are based on age and the Insured has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which is insured are based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

**Physician Examination and Autopsy:** The Company, at the expense of the Company, may have You examined when and as often as is reasonable while the claim is pending. The Company may have an autopsy done (at the expense of the Company) where it is not forbidden by law.

**Legal Actions:** All policy terms will be interpreted under the laws of the province in which the policy was issued. No legal action may be brought to recover on the policy within 60 days after written proof of loss has been furnished. No legal action for a claim may be brought against Us after 3 years from the time written Proof of Loss is required to be furnished.

**Concealment and Misrepresentation:** The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this policy or claim has been concealed or misrepresented.

**Reductions in the Amount of Insurance:** The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this policy for Your Trip.

**Payment of Premium:** Coverage is conditional on the payment of your premium and does not take effect until your initial premium is paid. The premium must be paid before your effective date. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid, or if no proof of your payment exists.

**Termination of This Policy:** Termination of this policy will not affect a claim for loss which occurs while the policy is in force.

NOTICE REQUIRED BY THE ALBERTA INSURANCE ACT. This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

**Controlling Law:** *Any part of this policy that conflicts with provincial or territorial law where this policy is issued is changed to meet the requirements of that province's or territory's law.*

Despite any other provision in this policy, this policy is subject to the statutory conditions in the Insurance Act with respect to contracts of Accident and sickness insurance.

## SECTION VIII. CLAIMS WORLDWIDE ASSISTANCE SERVICES

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*A variety of travel assistance services are provided. Travel assistance services are not insurance coverages included in the policy. Travel assistance services are provided by the Assistance Company and not by Northbridge General Insurance Corporation. Travel assistance services provided include (where available):*

- Medical or Legal Referral • Inoculation Information • Translation Service • Lost Baggage Retrieval
- Passport/Visa Information • Emergency Cash Advance • Bail Bond (outside Canada only) • Prescription Drug/Eyeglass Replacement • ID Theft Resolution Service

Payment reimbursement to the Assistance Company is Your responsibility.

### **24/7 Travel Assistance Services**

**Medical Emergency, Concierge Service, Business Concierge, Political and Natural Disaster Evacuation.  
Please contact Active Care Management (herein known as the Assistance Company)**

### **IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT**

### **ACTIVE CARE MANAGEMENT (herein known as the Assistance Company)**

**IMMEDIATELY** toll free at **1-888-669-0135** or collect where available at **519-251-0135**

For non-Emergency assistance needs the Assistance Company can also be contacted via email at [northbridgeassistance@acmtravel.ca](mailto:northbridgeassistance@acmtravel.ca)

Canadian Mail:

ACM, PO Box 337, Station A, Windsor, ON N9A 6K7

U.S. Mail:

ACM, 535 Griswold Street, Ste 111-612 Detroit, MI 48226

The Assistance Company is there to help You 24 hours a day, each day of the year. If it is medically impossible for You to call, please have someone call on Your behalf. You can also contact the Assistance Company's Emergency assistance centre via their mobile app.

### **Travel Assistance Mobile App**

For a direct link to the Assistance Company You can download ACM's free assistance app, **AwayCare TravelAid™**. The GPS-enabled **AwayCare TravelAid™** provides travelers with the following services, from anywhere in the world:

- Direct link to the assistance center
- Healthcare provider information
- Directions to the nearest medical facility
- International 911 look-up
- Official travel advisories and travel tips
- Claims submission support for out-of-province and out-of-country travelers

### **FREE DOWNLOAD NOW**

(Available through the Apple Store or Google Play)

<https://awaycare.ca/en/travelaid/>

Travel assistance services are provided by the Assistance Company and not by Northbridge General Insurance Corporation. There may be times when circumstances beyond the Assistance Company's control hinder their endeavors to

provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help You resolve Your Emergency situation. If You require **Non-Medical Emergency Evacuation**, the Assistance Company will arrange for evacuation from a safe departure point to the nearest safe location. You must contact the Assistance Company as soon as possible after Your host country issues the official disaster declaration, as delays may make safe transportation impossible. The method of transportation will be as deemed most appropriate to ensure Your safety. If evacuation becomes impractical due to hostile or dangerous conditions, the Assistance Company will maintain contact with and advise You until evacuation becomes viable or the natural disaster situation or the political or social upheaval has been resolved. Should commercial transportation be available, but transportation to the commercial transportation departure point will place You in imminent bodily harm, the Assistance Company shall, when possible, arrange and pay for Your secure transport to the departure point. Fees for commercial transportation and/or change fees are Your responsibility once You reaches the departure point where normal commercial transportation is available. Benefit is subject to the terms and conditions of the plan and as determined by Active Care Management's security personnel, in accordance with local and Canadian authorities. Services rendered without Active Care Management's coordination and approvals are not covered. No claims for reimbursement will be accepted. If You are able to leave Your host country by normal means, Active Care Management will assist You in rebooking flights or other transportation.

### AVAILABILITY OF SERVICES

You are eligible for information and concierge services at any time after You purchase this plan. The travel assistance services become available when You actually start Your Trip. Travel assistance, Concierge and Informational Services, end the earliest of: midnight on the day the program expires; when You reach Your return destination; or when You complete Your Trip. The Identity Theft Resolution Services become available on Your Scheduled Departure Date for Your Trip. Services are provided only for an Identity Theft event which occurs while on Your Trip. Identity Theft Resolution does not guarantee that its intervention on behalf of You will result in a particular outcome or that its efforts on behalf of You will lead to a result satisfactory to You. Identity Theft Resolution does not include and shall not assist You for thefts involving non-Canadian bank accounts.

### CONCIERGE SERVICES

Concierge Services are provided by the Assistance Company's designated provider. There is no charge for the services provided by the provider. You are responsible for the cost of services provided and charged for by third parties and for the actual cost of merchandise, entertainment, sports, tickets, food and beverages and other disbursement items. Services offered include (where available):

- Destination Profiles • Epicurean Needs • Event Ticketing • Floral Services • Tee Time Reservations • Hotel Accommodations • Meet-And-Greet Services • Shopping Assistance Services • Pre-Trip Assistance
- Procurement of Hard-To-Find Items • Restaurant Referrals and Reservations • Rental Car Reservations
- Airline Reservations

### BUSINESS CONCIERGE SERVICES

Concierge Services are provided by the Assistance Company's designated provider. There is no charge for the services provided by the provider. You are responsible for the cost of services provided and charged for by third parties. Services offered include (where available):

- Emergency Correspondence And Business Communication Assistance • Assistance With Locating Available Business Services Such As: Express/Overnight Delivery Sites, Internet Cafes, Print/Copy Services • Assistance With Or Arrangements For Telephone And Web Conferencing • Emergency Messaging To Customers, Associates, And Others (Phone, Fax, E-mail, Text, etc.) • Real Time Weather, Travel Delay And Flight Status Information • Worldwide Business Directory Service For Equipment Repair/Replacement, Warranty Service, etc. • Emergency Travel Arrangements