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# MEDOC<sup>®</sup> TRAVEL INSURANCE PLAN

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**CERTIFICATE OF INSURANCE**

**Effective September 1, 2010**



## DETAILS ABOUT YOUR CERTIFICATE

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances.

It is important that *you* read and understand *your* certificate before *you* travel as *your* coverage may be subject to certain limitations and exclusions.

A pre-existing *medical condition* exclusion may apply to *medical conditions* and/or symptoms that existed prior to *your trip*.

Check to see how this applies in *your* certificate and how it relates to *your* departure date, date of purchase or *effective date*.

In the event of an accident, *injury* or *illness* *your* prior medical history may be reviewed when a claim is reported.

If *you* have a medical *emergency*, *you* must notify the *MEDOC*<sup>®</sup> *Claims Assistance Centre* immediately before seeking medical treatment. However, if *you* are unable to do so, because *you* are medically incapacitated, someone else must call on *your* behalf as soon as is reasonably possible. If *you* do not call when the *emergency* occurs, *eligible expenses* will be reimbursed at 70% based on *reasonable and customary* costs.

**IMPORTANT:** *You* must notify the ***MEDOC CLAIMS ASSISTANCE CENTRE*** prior to any treatment. *Your* certificate may limit benefits should *you* fail to do so within a specific time period. **Some of the expenses and services eligible for payment under this certificate must be pre-approved and arranged in advance by the *MEDOC Claims Assistance Centre*.**

### IN THE EVENT OF A MEDICAL EMERGENCY

***You* must contact the *MEDOC Claims Assistance Centre* immediately:**

**1.800.709.3420** in the U.S. or Canada

**819.556.1002** collect from anywhere else

**PLEASE READ THIS CERTIFICATE CAREFULLY.**



**MEDOC<sup>®</sup> TRAVEL INSURANCE PLAN**  
***CERTIFICATE OF INSURANCE***

Royal & Sun Alliance Insurance Company of Canada (referred to as RSA) has issued the MEDOC<sup>®</sup> Group Master Policy to Johnson Inc. (referred to as the Policyholder). Johnson Inc. (also referred to as the *Administrator*) administers the Group Policy on behalf of RSA. All transactions between the Policyholder and RSA will be made through the *Administrator*.

The Group Policy was delivered in the province of Ontario, Canada, and is governed by the laws thereof.

The Group *Policy Year* is September 1 through August 31. The Group Policy is renewable on each anniversary of the Policy *Effective Date*, subject to the policy terms and conditions.

This Certificate is issued as evidence of a *member's* personal insurance under the Group Policy and is subject to the terms, conditions, limitations of liability and exclusions stated in the Group Policy. If for any reason there is a discrepancy between this certificate and the Group Policy, the provisions of the Group Policy shall prevail. Upon request, the *member* or the *member's* personal representative may examine the Group Policy, which is on file with the Policyholder, at any reasonable time.

This Certificate becomes effective on the later of September 1, 2010 or the *effective date* of the *member's* insurance. It replaces all other Certificates and Certificate Riders, if any, previously issued to the *member* under the Group Policy.

Only RSA is authorized to make changes to the Group Policy or this Certificate. Any changes to these documents will be made in writing over the signature of an executive officer at RSA.

**Royal & Sun Alliance Insurance Company of Canada**

A handwritten signature in cursive script, appearing to read "R. B. Saunders".

President and Chief Executive Officer.

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# I. General Information

## A. Eligibility

To be eligible for insurance under the MEDOC Plan, *you* must:

- a) be a *member* or a *spouse* of a *member*;
- b) be a Canadian resident and permanently reside in Canada;
- c) be insured under *your Provincial and/or Territorial Health Insurance Plan*.

## B. Applying for coverage

To apply for coverage under this insurance, *you* must complete the Application for Insurance form and return it with a personal cheque marked VOID to the *Administrator*. Premiums will be deducted through pre-authorized chequing. The *effective date* of insurance is the date the *Administrator* receives *your* completed, signed and dated Application for Insurance form. *Your* Application for Insurance form must be completed and received by the *Administrator* before *your day of departure* from *your province or territory of residence* in order for coverage to be effective.

## C. Automatic renewal of coverage

This insurance automatically renews each year on the *renewal date* (September 1), based on *your previous policy year's* plan selection(s) with the exception that on the *renewal date*, each certificate is renewed under the *Standard Health Option* regardless of *your Health Option* from the previous *policy year*. At the *renewal date*, the Deductible Option may only be selected or changed within 60 days from the first premium deduction for that *policy year*, provided no claim has been submitted or is pending.

*You* will receive written notification of *your* renewal of coverage in advance. Along with *your* notification, *you* will also receive a *Health Option Questionnaire* for completion. To be eligible for the *Optimum Health Option* or *Preferred Health Option*, each *insured person* must accurately complete a *Health Option Questionnaire* each new *policy year*. *You* have 60 days from the first premium deduction for that *policy year* to submit *your* completed, signed and dated *Health Option Questionnaire* to be eligible for the *Optimum Health Option* or *Preferred Health Option* and Rate Schedule.

If *you* have any questions on how to answer the *Health Option Questionnaire*, please consult *your physician*. If *you* do not submit a completed, signed and dated *Health Option Questionnaire*, *you* will automatically qualify for the *Standard Health Option* and Rate Schedule.

Coverage will continue at the *renewal date* for the next *policy year*, unless *you* provide written notice of termination to the *Administrator* within 60 days from the first premium deduction for that *policy year*.

#### D. **Your premium payment**

The total annual premium due for *your* coverage is divided into equal monthly payments, from the first premium deduction date following the purchase of the Base Plan, and/or Supplemental Plan to the last premium deduction date in that *policy year*. Premium payments are paid through pre-authorized chequing bank deduction. In addition:

- a) For first-year *applicants*: the annual premium for the Base Plan will be pro-rated from the *effective date* to the *renewal date*. First-year *applicants* are considered persons who were never previously insured under the MEDOC Plan and/or persons who are rejoining the MEDOC Plan after one (1) full *policy year* of non-coverage.
- b) If *you* are not a first-year *applicant*, and rejoining the MEDOC Plan within the same *policy year*, *you* will be required to pay the premium for the entire *policy year*.
- c) **If two or more Supplemental Plans have been purchased during a *policy year*, the total monthly premium payable for all plans will be deducted each month.**

For any monthly premium not paid when due for any reason, the amount owing, plus a service charge will be added to the next available premium deduction.

#### E. **Family Coverage**

Family coverage is available to *you*, *your spouse* and *dependent(s)* when: a) *you* and *your spouse* qualify for the same Health Option and have paid the required premium for the Family Coverage or qualify for two different Health Options and have paid the required premium for two Single Plans; or b) *you* require coverage for *dependent(s)* and have paid the required premium for two Single Plans under this insurance.

#### F. **When does *your* coverage begin and end?**

If *you* purchased the Base Plan, *your* coverage begins on *your day of departure* from *your province or territory of residence*. *Your* coverage ends on the earlier of:

- a) the actual day *you* return to *your province or territory of residence*, if *your* return is before *your* (scheduled) *day of return*;
- b) *your* (scheduled) *day of return* to *your province or territory of residence*; or
- c) the 35<sup>th</sup> day of travel after *your day of departure*. Individual insured *trips* must be separated by a return to *your province or territory of residence* by a period of at least 24 hours or more.

For *Trip Cancellation* benefits *your* coverage begins on *your effective date* of coverage and ends on *your day of departure*. If *you* purchased the Supplemental Plan, *your* coverage begins on *your day of departure* from *your province or territory of residence*. *Your* coverage ends on *your trip termination date*.

## G. Extending your trip

If you have not had a *medical condition* and want to extend *your trip*, you must contact the *Administrator* to arrange for an extension of coverage before *your current trip termination date*. Your premium will be adjusted on the next monthly premium deduction date and written notification will be sent to you. If you have had a *medical condition*, the *MEDOC Claims Assistance Centre* must approve your request for an extension.

## H. Automatic Extension of Coverage

This insurance provides automatic extension of coverage beyond *your day of return*, if on *your day of return you, your travelling companion, or family member* travelling with you are confined to a *hospital* due to an *emergency*. Coverage will remain in force for as long as you, *your travelling companion* or *family member* is admitted to *hospital* and will be extended up to 72 additional hours following discharge from *hospital*. Automatic extension of coverage up to 72 hours also applies when:

- a) the delay of a *common carrier* in which you are a passenger causes you to miss your scheduled return to *your province or territory of residence*;
- b) the personal *vehicle* in which you are travelling is involved in an accident or mechanical breakdown that prevents you from returning to *your province or territory of residence* on or before *your day of return*; or
- c) you must delay *your day of return* to *your province or territory of residence* by the personal means of transportation in which you are travelling, due to extreme weather conditions.

## I. Cancellation and/or Refund of Premium

**To request a cancellation and/or refund of premium, the following provisions apply. All requests must be made in writing to the Administrator:**

- a) **No refund of premium** is available under the Base Plan. The Base Plan **cannot be cancelled** until the end of the *policy year*.
- b) A refund and/or adjustment of premium is available under the Supplemental Plan providing no *Emergency Medical* or *Trip Interruption & Delay* insurance claims have been made or are pending:
  - for a cancellation or reduction of the number of coverage days purchased when *your request* is made before *your day of departure*;
  - in the event of an early return from a *trip*. Proof of early return must be provided in the form of: a stamped passport, airline ticket or boarding pass, credit card receipt, border crossing slip, or any signed and dated document that proves you have returned to *your province or territory of residence*; and
  - in the event that a situation covered under this insurance occurs which necessitates *Trip Cancellation* before *your day of departure*. You may request a refund of premium or alternatively, a change in *your Supplemental Plan trip dates*.

If the Supplemental Plan is cancelled, the Base Plan coverage cannot be terminated and any remaining premium due for the Base Plan will be adjusted accordingly for the remainder of the *policy year*. **No downgrade in coverage or refund of premium is permitted under the Supplemental Plan if a claim has been incurred prior to *your* request.**

## **II. MEDOC PLAN DESIGN**

The MEDOC Plan provides *Emergency* Medical Insurance and *Trip* Cancellation, Interruption & Delay Insurance coverage as indicated below. Unless otherwise stated, dollar amounts shown under this insurance are in Canadian currency. All benefits are subject to exclusions and limitations as outlined in Section IV.

### **A. BASE PLAN:**

If *you* purchased the Base Plan, *your* coverage includes:

Up to a maximum of \$5,000,000 *Emergency* Medical coverage for an unlimited number of *trips* not exceeding 35 days per *trip* per *policy year*. Proof of departure from *your province or territory of residence* is required if a claim occurs.

Up to a maximum of \$12,000 *Trip* Cancellation, Interruption & Delay Insurance per *trip*. This applies only to *trips* booked prior to *your day of departure from your province or territory of residence*.

### **B. SUPPLEMENTAL PLAN:**

If *you* purchased the Supplemental Plan, *your* coverage includes:

Up to a maximum of \$5,000,000 *Emergency* Medical coverage for a single *trip* longer than 35 days up to a maximum of 182 days. *Your single trip* must occur between *your effective date* and *trip termination date* as noted in *your confirmation of coverage* or as subsequently advised to, and confirmed by the *Administrator*. The Supplemental Plan automatically includes the Base Plan coverage, however, the Supplemental Plan is not an add-on to the Base Plan and must be purchased separately. When purchasing two or more Supplemental Plans, the full premium for all *trips* must be paid.

Up to a maximum of \$12,000 *Trip* Cancellation, Interruption & Delay Insurance per *trip*. This applies only to *trips* booked prior to *your day of departure from your province or territory of residence*.

### **C. DEDUCTIBLE OPTION:**

The Deductible Option (if applicable) is based on the amount indicated in *your confirmation of coverage*. The *deductible amount* which is in Canadian dollars, applies to each unrelated claim for any benefit paid under the *Emergency* Medical coverage only and not to *Trip* Cancellation, Interruption & Delay Insurance.

If a *deductible amount* applies (as indicated on your confirmation of coverage), the expenses covered will be limited to the eligible expenses described in your certificate, after the application of the deductible. A Deductible Option (if applicable) must be elected at the time of *your* application for insurance or *renewal date*. At the *renewal date*, the Deductible Option may only be selected or changed within 60 days from the first premium deduction for that *policy year*, provided no claim has been submitted or is pending.

**NOTE:** For residents of Ontario and Newfoundland **only**, the *Provincial and/or Territorial Health Insurance Plan* allows travel up to 212 days. Coverage for *trips* of 197 and 212 days are available upon request.

#### **D. MEDOC Plan Health Options**

The MEDOC Plan provides three Health Options: *Optimum Health Option*, *Preferred Health Option* and *Standard Health Option*.

The Health Option *you* qualify for is based on *your* answers to the *Health Option Questionnaire* and determines the Health Rate Schedule that applies to *you* at the time of *your* application for insurance or *renewal date*. **If *your* answers to the medical questions on the *Health Option Questionnaire* are not complete and accurate, RSA may void this insurance at its sole discretion.**

All *members* automatically qualify for the *Standard Health Option* if they meet the eligibility requirements of this certificate. To qualify for the *Optimum Health Option* or *Preferred Health Option*, the *Health Option Questionnaire* must be completed for each new *policy year*. An *insured person* has 60 days from the first premium deduction for that *policy year* to submit their completed *Health Option Questionnaire*. Any *insured person* who had the option of submitting the *Health Option Questionnaire* and did not, automatically qualifies for the *Standard Health Option*. Once *you* have accurately completed the *Health Option Questionnaire* and have qualified for either the *Optimum* or *Preferred Health Option*, *you* will continue to qualify for that option until the end of the *policy year* (August 31<sup>st</sup>), regardless of changes to *your* health during the current *policy year*.

**NOTE: The Pre-existing *Medical Condition Stability Clause* applies to *you* if at the time of application for insurance or *renewal date*, *you* qualified for the *Standard Health Option* under either the Base Plan or Supplemental Plan. Please refer to Exclusions and Limitations outlined in Section IV.**

### **III. MEDOC PLAN BENEFITS**

#### **EMERGENCY MEDICAL INSURANCE**

The MEDOC Plan covers *reasonable and customary* expenses arising from a medical *emergency*, up to the amounts specified and a maximum aggregate of \$5,000,000 per insured per *illness* or *injury*, while on an insured *trip* which are in excess of any deductible amount specified on *your confirmation of coverage*. Eligible benefit payments are in excess of any medical expenses payable by *your Provincial and/or Territorial Health Insurance Plan*, or any other insurance plan, for *emergency treatment* medically required while on a *trip*. *You* must contact the *MEDOC Claims Assistance Centre* before *you* seek medical attention. If *you* are unable to call because *you* are medically incapacitated someone else (such as a relative, friend, *nurse, physician*, or medical provider) must contact the *MEDOC Claims Assistance Centre* on *your* behalf as soon as is reasonably possible. If *you* (or someone else) do not call the 24-hour *MEDOC Claims Assistance Centre* or if *you* choose to seek care from a non-recommended medical service provider, *your* coverage will be limited to 70% of *eligible expenses* payable under the *Emergency Medical Insurance* coverage.

**IMPORTANT: The *MEDOC Claims Assistance Centre* must pre-approve and arrange *eligible expenses* and benefits (items # 1 to 8) in advance. To receive reimbursement for *eligible expenses* or benefits (items # 9 to 13), *you* must submit original receipts at time of claim. All expenses and benefits under this insurance are subject to the Exclusions and Limitations including the Medical Stability Clause outlined in Section IV.**

*Eligible expenses include:*

1. **Emergency Medical Expenses - This benefit covers the cost of emergency treatment for the following:**
  - a) *Hospital* room and board, including an intensive care or coronary care unit, charges for standard ward accommodation, semi-private room, or private room charges when a private room is certified as *medically necessary* by the attending *physician*;
  - b) Other *hospital* services and supplies;
  - c) Medical, surgical or anaesthetic treatment by a licensed *physician*;
  - d) X-rays and other diagnostic tests;
  - e) Use of an operating room, anesthesia and surgical dressings;
  - f) Cost of licensed ground ambulance service;
  - g) Outpatient *emergency* room charges;
  - h) Prescription drugs or medication prescribed by a *physician* limited to a 30 day supply;
  - i) Rental cost of a wheelchair, or the rental or purchase of minor medical appliances such as crutches, braces and other necessary medical appliances.

2. **Air Emergency Transportation or Evacuation** - Covers the cost of the following, when medically required and approved in advance and arranged through the *MEDOC Claims Assistance Centre*:
- Air ambulance to the nearest appropriate medical facility or to a Canadian *hospital*;
  - The cost of a one-way economy airfare transportation by the most effective route to return *you* to *your province or territory of residence*;
  - A return economy airfare on a commercial flight and the usual fees and expenses for a qualified medical attendant to accompany *you* to *your province or territory of residence*;
  - Expenses for (i) an economy seat, or (ii) the number of economy seats required to accommodate a stretcher to transport *you* back to *your province or territory of residence* following hospitalization as a result of an *emergency*.
3. **Private Duty Nursing Expenses** – This benefit covers up to a maximum of \$10,000 per *insured person* for professional private duty nursing services (in a *hospital* only) by a registered graduate *nurse* when *medically necessary*.
4. **Transportation to the Bedside** - This benefit covers the cost of a round-trip economy class fare by the most effective route (air, bus or train) from Canada to bring one of *your family members* or a close friend to be with *you*:
- if *you* have been confined in a *hospital* for at least 3 consecutive days and had been travelling alone;
  - if *you* and *your travelling companion* have both been confined in a *hospital* for at least 3 consecutive days;
  - if *you* have been confined in a *hospital* and are travelling with children that are under age 21 and are dependent on *you* for support;
  - to identify a deceased *insured person* prior to release of the body, where necessary.

For benefits a) to c) above to be payable, *your attending physician* must verify in writing that *your* medical situation is serious enough to warrant the visit. The *MEDOC Claims Assistance Centre* must approve and arrange this benefit in advance.

**NOTE:** *Your family member* or close friend travelling to be at *your* bedside is not covered under this insurance.

5. **Return of Minor Dependent Child with Escort** - If a *dependent* under the age of sixteen (16) is travelling with *you* on the same *trip* and is left unattended because *you* are hospitalized for a period of 48 hours or more, or *you* must return to Canada because of a medical *emergency*, this benefit will arrange for and cover:
- the extra cost of one-way economy transportation by the most direct route to return *your dependent* to *your province or territory of residence*;
- or

b) the cost of return economy transportation, overnight accommodation expenses plus reasonable expenses for meals and ground transportation for an escort, when the *MEDOC Claims Assistance Centre* deems such escort necessary.

- 6. Repatriation or Burial** - If an event occurs that causes *your* death while on a *trip*, this benefit covers up to a maximum of \$5,000 per *insured person* for:
- a) the cost of preparation of *your* remains (including cremation); and/or
  - b) transportation of *your* remains to *your province or territory of residence*; and/or
  - c) the cost of burial at the place of death.

This benefit does not cover the cost of a burial coffin or urn.

- 7. Vehicle Return Benefit** – This benefit covers up to a maximum of \$5,000 for eligible and actual expenses incurred by *you* for the return of a *vehicle* if the *MEDOC Claims Assistance Centre*'s medical advisors in consultation with *your* attending *physician* (where applicable), determine that neither *you* nor *your travelling companion* is able to operate *your* owned or rental *vehicle*, due to *your illness, injury* or death while travelling outside *your province or territory of residence*.

*Eligible expenses* for reimbursement are:

- a) the cost of the return of *vehicle* performed by a commercial rental agency to *your province or territory of residence* within 30 days of *your* return to Canada; or
- b) the following necessary and reasonable expenses incurred by an individual returning the *vehicle* on *your* behalf: fuel, meals, overnight accommodation, one-way economy airfare transportation.

This benefit does not cover expenses incurred by anyone travelling with the person returning the *vehicle*. To be covered these expenses must be supported by original receipts. Any other expenses including mileage reimbursement are not covered. Benefits will only be payable when pre-approved and/or arranged by the *MEDOC Claims Assistance Centre*.

- 8. Pet(s) Return Benefit** - This benefit covers up to a maximum of \$500 for the actual cost of a one-way transportation *you* incur for the return of *your pet(s)* to *your province or territory of residence* if *you* must interrupt *your trip* and are eligible for *Trip Interruption & Delay Insurance* coverage (after *day of departure*). Any other charges related to the return of the *pet(s)* are *your* responsibility.

The *Pet(s) Return Benefit* is also available if *you* are returned to Canada as described under Benefit # 2, *Air Emergency Transportation* or *Evacuation Benefit*.

- 9. Physiotherapy and Other Professional Services** - When prescribed by a *physician* and approved in advance by the *MEDOC Claims Assistance Centre*, this benefit covers up to a maximum of \$500 per profession per *insured person* for professional services of an osteopath, podiatrist, physiotherapist, chiropractor, or chiropodist while on *your trip*.
- 10. Emergency Dental Expenses** - This benefit covers up to a maximum of \$5,000 per *insured person* for the cost of repair or replacement of natural teeth (including capped or crowned teeth) or permanently attached artificial teeth required as the result of an accidental *injury* to the mouth (caused by an external accidental blow to the mouth). Chewing accidents are not covered. Services must be performed by a licensed *dentist* or *dental surgeon*.
- To be eligible for payment, expenses for *emergency* dental services must commence within 30 days after the date of the *injury*. If treatment cannot be rendered within 30 days due to the nature of the *emergency*, it must be provided within 365 days of the date of that *injury*.
- Along with the appropriate claim forms, *you* must submit one or more of the following:
- an official police or accident report;
  - a licensed *dentist*, *dental surgeon* or a *physician's* report; and/or
  - a *hospital* or medical facility report.
- 11. Emergency Relief of Dental Pain** - This benefit covers up to a maximum of \$600 per *insured person* for the cost of palliative *emergency treatment* to relieve dental pain. This benefit does not cover charges for routine dental care or treatment, root canal and other procedures unless approved by the *MEDOC Claims Assistance Centre* and must be performed by a licensed *dentist* or *dental surgeon*.
- 12. Incidental Hospital Expenses** - This benefit covers *you* up to a maximum of \$250 for incidental expenses, such as television rental and/or telephone rental provided *you* have been hospitalized for 48 hours or more.
- 13. Additional Hotel and Meal Expenses** - This benefit covers \$150 per day and up to a maximum of \$1,500 per *insured person* for the cost of necessary meals and hotel accommodation when submitting a claim for:
- Transportation to the Bedside;
  - Return of Minor *Dependent* Child with Escort;
  - Trip* Interruption & Delay Insurance coverage; and/or
  - Delay beyond *your* (scheduled) *day of return* due to a medical *emergency*.

## **TRIP CANCELLATION, INTERRUPTION & DELAY INSURANCE**

***Trip Cancellation, Interruption & Delay Insurance is subject to the Exclusions and Limitations as outlined in Section IV.***

***If you make a deposit or full payment for travel arrangements for a trip taking place in the following policy year, your MEDOC Plan must be renewed at the renewal date for that trip to be covered under this insurance.***

***Points Program redemptions of any type and points used to purchase travel arrangements are not an eligible expense under this insurance.***

***Please contact your Points Program supplier. Exception: If there is any monetary fee charged for the reinstatement of your applicable travel points, reimbursement may be payable based on the covered events listed under Trip Cancellation, Interruption & Delay Insurance.***

### ***Trip Cancellation Insurance – (Before Day of Departure)***

***For Trip Cancellation Insurance to be in effect, the MEDOC Plan must be purchased within 5 business days of booking your trip or prior to any cancellation penalties being charged for that trip.***

***If you are unable to travel due to a covered event listed below and must cancel your trip before the day of departure, this insurance will reimburse you for the non-refundable and non-transferable portion of your pre-paid travel arrangements as indicated on your travel arrangements, up to a maximum of \$12,000 per insured person per trip. Only the sums that are non-refundable and non-transferable on the day the covered event occurs shall be considered for the purpose of the claim.***

***In order to submit a claim for trip cancellation before your day of departure it is required that:***

- a) You must cancel your trip with the travel agent or the common carrier immediately, but no later than 24 hours or next business day following the cause of cancellation and advise the MEDOC Claims Assistance Centre at the same time;***
- b) If you are uncertain whether an event or situation may require you to cancel your trip, you must contact the MEDOC Claims Assistance Centre for clarification immediately, but no later than 24 hours or next business day following the event;***
- c) Any issued travel ticket(s) must be surrendered to the MEDOC Claims Assistance Centre along with proof from the travel agency or common carrier of the non-refundable and non-transferable portion of your pre-paid travel arrangements; and***
- d) In the case of a tour, a copy of the terms and conditions of the tour company or cruise lines will be required at time of claim.***

### ***Trip Interruption & Delay Insurance – (After Day of Departure)***

If *you* must interrupt or delay *your day of return* due to a covered event listed below, this insurance will reimburse *you* for the extra cost of a one-way economy airfare to *your province or territory of residence* or *your* next destination point and any unused non-refundable and non-transferable land arrangements up to a maximum of \$12,000 per *insured person* per *trip*. This benefit does not reimburse the unused portion of any travel ticket.

In order to submit a claim for *trip* interruption after *your day of departure* it is required that:

- a) *you must contact the MEDOC Claims Assistance Centre within 24 hours of the event; and*
- b) any interrupted or delayed *trip* (a delayed *trip* must be no more than 10 days beyond *your day of return*) must be upon the recommendation of the attending *physician*; or if *you*, a *family member*, *travelling companion*, or *close business associate* are confined to a *hospital* for at least 72 consecutive hours within that 10-day period.

### **Covered events under *Trip Cancellation, Interruption & Delay Insurance*.**

Benefits under *Trip Cancellation, Interruption & Delay Insurance* are payable should any of the following covered events occur preventing *you* from departing on or returning from *your trip* as scheduled:

1. Death, *injury* or *illness* to *you*, *your family member*, *close business associate*, *caregiver*, *travelling companion*, or *your travelling companion's family member*.
2. *You* are under medical quarantine for a communicable disease diagnosed by a *physician*.
3. Death, quarantine or admission to *hospital* for at least 48 hours arising from an emergency, of *your host* at *your destination*.
4. Cancellation of a planned business meeting due to death or admission to *hospital* of the person with whom *you* are to meet, or cancellation of a conference (for which *you* had paid registration fees) due to circumstances beyond *your control*. Benefits are only payable to *you* if attending the meeting. Proof of registration will be required in the event of a claim.
5. Delay of *your common carrier* or a private automobile resulting from the mechanical failure of that carrier, a traffic accident, an emergency police-directed road closure, weather conditions or flight delay, causing *you* to miss a connection or resulting in the interruption of *your trip* arrangements.
6. A transfer by *you* or *your spouse's* employer for which notice was received from the respective employer subsequent to *your booking date* and before *your day of departure*, if the date of transfer coincides with or precedes *your day of departure*, and requires the relocation of *your principal residence*.
7. Damage to *your principal residence* by a disaster, making it uninhabitable.

8. A written formal notice issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of *your* insurance, advising Canadians not to travel to a country, region or city originally ticketed for a period that includes the dates of *your trip*.
9. A natural disaster at *your* place of destination.
10. A pregnancy diagnosed after paying for *your* insured *trip* if *you* or *your spouse* accompanying *you* on the insured *trip* is pregnant and the expected date of delivery is in the nine weeks before or after the scheduled *day of departure* for *your* insured *trip*.
11. Legal adoption of a child by *you* when, after paying for *your* insured *trip*, *you* receive notice that the actual date of adoption is scheduled to take place during *your* insured *trip*.
12. The involuntary loss of *your* or *your spouse's* permanent employment (not contract employment) due to lay-off or dismissal without just cause.
13. The non-issuance of *your* travel visa (not an immigration or employment visa) for reasons beyond *your* control.
14. *You* are called to service by government with respect to reservists, military, police or fire personnel.
15. *You* are: a) called for jury duty, b) subpoenaed as a witness, or c) required to appear as a defendant in a civil suit, while on a *trip*.

An Upgrade Cost or Single Supplement Benefit is payable in the event that *your travelling companion's* cruise is cancelled due to any of the covered events listed above. This benefit will cover the cost incurred to adjust *your* prepaid accommodation to a single occupancy amount and may be applied as an alternative to the *Trip Cancellation* benefit.

Eligible and incurred expenses will be reimbursed for *Trip Cancellation, Interruption & Delay Insurance* when *you* provide the following applicable documentation and original receipts, at the request of the *MEDOC Claims Assistance Centre*:

- a) a statement completed by the attending *physician* in the locality where the *injury* or *illness* occurred stating the diagnosis and the complete reason for the necessity of the cancellation, interruption or delay of *your trip*;
- b) documentary evidence of the emergency situation which caused the delay;
- c) proof that a portion of the travel arrangement costs is non-refundable and non-transferable;
- d) any original unused transportation tickets;
- e) any original invoices or receipts for land arrangements and out-of-pocket expenses; and/or
- f) any original tickets or receipts for any extra transportation cost incurred.

## IV. EXCLUSIONS & LIMITATIONS

### EXCLUSIONS & LIMITATIONS

#### Pre-existing Medical Condition Stability Clause

This exclusion applies to *you* if *you* are insured under the *Standard Health Option* for either the Base Plan or Supplemental Plan.

This insurance does not cover any expenses for *Emergency Medical Insurance* and *Trip Cancellation, Interruption & Delay Insurance*, incurred directly or indirectly as a result of:

1. A *medical condition* or related condition, if in the 90 days before *your day of departure* or *day of booking*, that *medical condition* or related condition was not *stable*.
2. A heart condition, if in the 90 days before *your day of departure* or *day of booking*:
  - a) any heart condition has not been *stable*; or
  - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain for any heart condition.
3. A lung condition, if in the 90 days before *your day of departure* or *day of booking*:
  - a) any lung condition has not been *stable*; or
  - b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

*Your day of departure* applies to:

- *Emergency Medical Insurance* coverage; and
- *Interruption & Delay Insurance* coverage.

*Your day of booking* applies to:

- *Trip Cancellation Insurance*

## EXCLUSIONS & LIMITATIONS

### Additional Exclusions and Limitations:

All Exclusions and Limitations apply to *you* under this insurance regardless of plan type or Health Option.

The “\*” indicates which type of benefit(s) are excluded or limited.

This insurance does not cover any expenses incurred directly or indirectly as a result of the following:

	Medical	Trip Interruption/Delay	Trip Cancellation
1. Any <i>medical condition</i> if any of <i>your</i> answers provided in the <i>Health Option Questionnaire</i> are not complete and accurate.	*	*	*
2. Any treatment that is not <i>emergency treatment</i> .	*	*	*
3. An <i>emergency</i> and/or event which requires <i>you</i> to submit a claim while the coverage is not in force.	*	*	*
4. Any portion of the benefits that require prior authorization and arrangement by the <i>MEDOC Claims Assistance Centre</i> if the <i>MEDOC Claims Assistance Centre</i> has not pre-authorized and arranged them.	*	*	*
5. The continued treatment, recurrence, investigation or complications of a <i>medical condition</i> following <i>emergency treatment</i> for that <i>medical condition</i> during <i>your trip</i> if the medical advisors of the <i>MEDOC Claims Assistance Centre</i> determine <i>you</i> were medically able to return to <i>your province or territory of residence</i> and <i>you</i> chose not to. After receiving <i>emergency treatment</i> for a <i>medical condition</i> , this insurance will not cover <i>you</i> for that <i>medical condition</i> , or related condition, for any other <i>trips</i> within the 90 days following <i>your emergency treatment</i> , including <i>trips</i> within the <i>policy year</i> for the Base Plan.	*	*	
6. Treatment of any heart or lung condition following <i>emergency treatment</i> for any related or unrelated heart or lung condition during <i>your trip</i> , if the medical advisors of the <i>MEDOC Claims Assistance Centre</i> determine <i>you</i> were medically able to return to <i>your province or territory of residence</i> and <i>you</i> chose not to. After receiving <i>emergency treatment</i> for any heart or lung condition, this insurance will not cover <i>you</i> for any heart or lung condition for any other <i>trips</i> within the 90 days following <i>your emergency treatment</i> , including <i>trips</i> within the <i>policy year</i> for the Base Plan.	*	*	

	Medical	Trip Interruption/Delay	Trip Cancellation
<p>7. Any <i>medical condition</i> for which, prior to <i>your day of departure</i>:</p> <ul style="list-style-type: none"> <li>◆ You were awaiting the outcome of medical tests, the results of which show any irregularities or abnormalities;</li> <li>◆ Future investigation, consultation with any <i>physician</i>, treatment or surgery (except routine monitoring) is recommended by a <i>physician</i> or planned before <i>your trip</i>. This does not include regular check-ups or routine tests where no medical signs or symptoms existed or were found during the check-up.</li> </ul>	*	*	
<p>8. The following:</p> <ul style="list-style-type: none"> <li>◆ Routine pre-natal care;</li> <li>◆ Any medical treatment, relating to <i>your</i> pregnancy or childbirth, occurring within 9 weeks before or after the expected date of delivery;</li> <li>◆ Childbirth occurring within 9 weeks before or after the expected date of delivery; or</li> <li>◆ Any child born during the <i>trip</i>.</li> </ul>	*	*	*
<p>9. Invasive testing or surgery (including cardiac catheterization, angioplasty, and MRI) unless pre-approved and arranged by the <i>MEDOC Claims Assistance Centre</i>.</p>	*	*	
<p>10. Any <i>emergency</i> transplants including but not limited to organ transplants and bone marrow transplants.</p>	*	*	
<p>11. <i>Your</i> participation as a professional in sports, participation as a professional in underwater activities, scuba diving as an amateur unless <i>you</i> hold a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, mountain climbing, hang-gliding or skydiving.</p>	*	*	
<p>12. <i>Your</i> committing or attempting to commit a criminal offence.</p>	*	*	*

	Medical	Trip Interruption/Delay	Trip Cancellation
<b>13.</b> Any disorder, disease, condition or symptom that is emotional, psychological or mental in nature, including but not limited to anxiety or depression; suicide or attempted suicide (whether sane or insane).	*	*	*
<b>14.</b> Medication, drugs or toxic substance abuse or overdose (whether or not you are sane); or your deliberate non-compliance with prescribed medical therapy or treatment: alcohol abuse, alcoholism or an accident while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 millilitres of blood.	*	*	*
<b>15.</b> <i>You</i> being aware, on the <i>effective date</i> of insurance and/or on the <i>day of booking</i> , of any reason that might reasonably prevent <i>you</i> from travelling on <i>your trip</i> as booked.		*	*
<b>16.</b> Any <i>medical condition</i> or related condition that arises during a <i>trip you</i> undertake with the knowledge acquired before <i>your day of departure</i> , that <i>you</i> will require or seek treatment or surgery for that <i>medical condition</i> or related condition, whether or not recommended by <i>your physician</i> .	*	*	*
<b>17.</b> Treatment or surgery for a specific <i>medical condition</i> , or a related condition, which caused a <i>physician</i> to advise <i>you</i> not to travel.	*	*	
<b>18.</b> Eye glasses, contact lenses, hearing aids or prescriptions for the same.	*		
<b>19.</b> Air travel, other than as a passenger in a commercial aircraft licensed to carry passengers for hire.	*	*	
<b>20.</b> When riding as a passenger on a <i>common carrier</i> which is not licensed for the transportation of passengers for compensation or hire.	*	*	

	Medical	Trip Interruption/Delay	Trip Cancellation
<b>21.</b> <i>Your active participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power, or any service in the armed forces.</i>	*	*	*
<b>22.</b> Loss arising as a result of the bankruptcy or insolvency of a travel agent, agency, broker or <i>Travel Supplier</i> .		*	*
<b>23.</b> <i>Illness, injury or medical condition you suffer or contract in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued a travel advisory or formal notice, before your day of departure advising Canadians not to travel to a specific country, region or area. If the Canadian Government issues a travel advisory or formal notice to leave that specific country, region or area, after your date of departure, your coverage for illness, injury or medical condition is limited to a period of 10 days from the date the advisory was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion, “illness, injury or medical condition” means any illness, injury or medical condition that is attributable to the reason for which the travel advisory or formal notice was issued or any complications arising therefrom.</i>	*	*	*

## V. DEFINITIONS

**Italicized words or expressions have a specific meaning as follows:**

**Administrator** means Johnson Inc.

**Applicant(s)** means any person who:

- a) has enrolled for coverage under this insurance;
- b) is a Canadian resident and permanently residing in Canada; and
- c) is insured under their *Provincial and/or Territorial Health Insurance Plan*.

**Caregiver** means the permanent, full-time person entrusted with the well-being of *your dependent(s)* and whose absence cannot reasonably be replaced.

**Close Business Associate** means a person whose absence requires *you* to return to *your* workplace to ensure no business or material deterioration in customer service or products, or impairment in the services provided.

**Common Carrier** means any land, air or water conveyance, which is licensed to carry passengers for compensation or hire.

**Company** means Royal & Sun Alliance Insurance Company of Canada.

**Confirmation of Coverage** means any letter or document(s) sent to *you* by the *Administrator* describing or confirming *your* insurance coverage, plan options and/or *trip* dates.

**Day of Departure** means the calendar day that *you* leave *your province or territory of residence*. If during an insured *trip*, *you* return to *your province or territory of residence* for a period of 24 hours or more, *your day of departure* means the most recent calendar day that *you* left *your province or territory of residence*.

**Day of Return** means the calendar day *you* are scheduled to return to *your province or territory of residence*.

**Day of Booking** means the day *you* book and make the initial deposit for *your* prepaid travel arrangements.

**Dentist, Dental Surgeon** means a person other than *you* or a *family member*, who is legally qualified and licensed to practice as a *dentist* or *dental surgeon* in the jurisdiction where the services are rendered.

**Dependent(s)** means any of *your* unmarried children (natural, foster child, legally adopted or living with the adopting parents during period of probation, step-child for whom *you* are the legal guardian), who is:

- a) under the age of 21;
- b) age 25 or less and a full-time student attending college or university and who is dependent on *you* for their sole means of support. While attending a college or university outside *your province or territory of residence* or Canada, a *dependent* is covered while travelling 500 kilometres or more away from their college or university residence;

- c) of any age, if mentally or physically handicapped and dependent on *you* for sole financial support; or
- d) *your* grandchild, niece or nephew for the purpose of the Return of Minor *Dependent* Child with Escort benefit only.

*Dependents* are covered under the terms of the Health Option the *member* is enrolled under.

***Deductible Amount*** means the amount of the *eligible expenses* that *you* are responsible for paying before any claim is payable, as indicated on *your confirmation of coverage*. The *deductible amount* is in Canadian dollars and applies to each *insured person* and each unrelated claim.

***Effective Date*** means the date the *Administrator* receives *your* completed and signed Application for Insurance form and pre-authorized chequing authorization before *your day of departure* or *your renewal date*.

***Eligible Expenses*** means any *reasonable and customary* expenses arising from a medical *emergency*, incurred while on an insured *trip* outside *your province or territory of residence* that are in excess of any medical expenses payable by *your Provincial and/or Territorial Health Insurance Plan*, or any other insurance plan, for *emergency treatment* medically required while on a *trip*.

***Emergency*** means any sudden and unforeseen *illness* or *injury* that occurs while on a *trip* and makes it necessary to receive immediate medical treatment from a licensed *physician, dentist* or *dental surgeon* or to be hospitalized. An *emergency* ends when the *illness* and/or *injury* has been treated such that *your* condition becomes *stable*, as determined by *your attending physician*, and the *emergency* has ended.

***Emergency Treatment*** means any medication, medical treatment or surgery for an *emergency* that is received for the immediate relief of an acute symptom or upon the advice of a *physician* and cannot be delayed until *you* return to Canada. The *emergency treatment* must be received during *your trip* because *your medical condition* prevents *you* from returning to *your province or territory of residence*.

*Emergency treatment* or surgery during *your trip* must be:

- a) ordered by a licensed *physician*;
- b) received in a *hospital*; or
- c) received from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath as a result of an *emergency*.

***Family Member*** means *spouse*, child, parent, guardian, step-parent, grandparent, grandchild, great-grandchild, parent-in-law, daughter-in-law, son-in-law, step-child, brother, sister, step-brother, step-sister, aunt, uncle, nephew, niece, brother-in-law or sister-in-law.

**Health Option Questionnaire** means the form that contains questions that must be answered accurately at the time of application for the *Optimum Health Option* or *Preferred Health Option*, and once completed, signed, dated and submitted, forms part of this insurance. *Your* answers to the *Health Option Questionnaire* determine the terms of coverage and/or the premium that applies. The *Health Option Questionnaire* must be completed each *policy year* in order to qualify for the *Optimum Health Option* or *Preferred Health Option*.

**Hospital** means an establishment legally licensed as a *hospital*, which provides facilities for diagnosis, major surgery and the care and treatment of a person suffering from *illness* or *injury*, on an in-patient or outpatient basis, with 24 hour service by Registered Nurses and *physicians*. This includes legally licensed *hospitals* providing specialized treatment for mental *illness*, cancer, arthritis and convalescing or chronically *ill* persons when approved by the *MEDOC Claims Assistance Centre*. *Hospital* does not include nursing homes, homes for the aged, rest homes, health spas or other places providing similar care.

**Illness** means sickness or disease which results in a covered loss while this insurance is in effect and is serious enough for a reasonable person to seek *emergency treatment* from a *physician*, *dentist* or *dental surgeon* while on a *trip*.

**Injury** means any accidental bodily harm caused solely by external, violent and accidental means and independently of any *illness* or other causes which occurs during a *trip* resulting in a covered loss while this insurance is in effect and which is serious enough for a reasonable person to seek *emergency treatment* from a *physician*, *dentist* or *dental surgeon*.

**Insured person** means *you*, *your spouse* or *dependent(s)* who are covered under this insurance and for whom the required premium has been paid.

**Medical Condition** means an *illness* or *injury* (or a condition relating to that *illness* or *injury*), including disease, acute psychoses and complications of pregnancy occurring within the first 31 days of pregnancy.

**Medically Necessary** means an *emergency treatment* or service, which is considered by the medical profession as appropriate and effective in treating an *injury*, *illness* or disease.

**MEDOC Claims Assistance Centre** means the travel assistance provider, Global Excel Management Inc., appointed as the provider of all assistance and claims services under this insurance.

**Member** means a person in good standing in accordance with the Sponsoring Organization or Group's guidelines.

**Networks** mean the *hospitals*, *physicians* and other medical service providers recognized by the *MEDOC Claims Assistance Centre* at the time of an *emergency*.

***Nurse*** means a person, other than *you* or a *family member* who is licensed and qualified to perform nursing services within the scope of their license including a Registered Nurse (R.N.) / Registered Practical Nurse (R.P.N.) / Licensed Practical Nurse (L.P.N.) / Registered Nursing Assistant (R.N.A.) / Certified Nursing Assistant (C.N.A.).

***Nurse Practitioner*** means a person, other than *you* or a *family member* who is a registered *nurse* (RN) certified (NP) with additional education in health assessment, diagnosis and management of illnesses and injuries, including prescribing drugs.

***Optimum Health Option*** means the Health Option *you* may qualify for based on *your* answers to the questions on the *Health Option Questionnaire* and determines *your* premium rate.

***Pet*** means specifically *your* domestic dog or cat.

***Physician*** means a person, other than *you* or a *family member*, who is legally qualified and licensed to practice medicine and / or surgery in the jurisdiction where the services are rendered. Where permitted by law, the *MEDOC Claims Assistance Centre* may approve the services of a *Nurse Practitioner* in substitution for appropriate and corresponding *physician* services.

***Policy Year*** means September 1 to August 31.

***Preferred Health Option*** means the Health Option *you* may qualify for based on *your* answers to the questions on the *Health Option Questionnaire* and determines *your* premium rate.

***Province or Territory of Residence*** means *your* province or territory of permanent residence in Canada.

***Provincial and/or Territorial Health Insurance Plan*** means the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

***Reasonable and Customary*** means eligible costs, approved by the *MEDOC Claims Assistance Centre*, that do not exceed the charges for the costs made by other providers for the same services and level of expertise in the area where treatment was incurred.

***Renewal Date*** means September 1.

***Spouse*** means a person who is legally married to *you* or if not legally married, has been living in a conjugal relationship (including a same-sex person) with *you* for a continuous period of at least 12 months and who resides in the same household as *you*.

**Stable** means any *medical condition* or related condition (including any heart condition and/or lung condition) for which all of the following statements are true:

- there has been no new treatment or new prescribed medication;
- there has been no change in treatment or change in prescribed medication (including the amount of medication to be taken, how often it is to be taken, the type of medication or changes in treatment frequency or type); Exception: i) the routine adjustment of Coumadin or Warfarin, insulin or oral medications to control diabetes, (as long as it is not newly prescribed or stopped); or ii) a change from a brand name medication to a generic brand medication (provided the dosage is not modified);
- there has been no new symptom, more frequent symptom or more severe symptom experienced;
- there has been no test result showing a deterioration;
- there has been no hospitalization or referral to a specialist (made or recommended) and there is no further investigation for which results are pending.

**Standard Health Option** means the Health Option available to *you* when *you* do not qualify for the *Optimum Health Option* or *Preferred Health Option* based on *your* answers to the questions on the *Health Option Questionnaire*.

**Travel Advisory** means a formal notice issued by the Department of Foreign Affairs and International Trade of the Canadian government advising travellers not to enter a foreign country or a given region in that country. *Travel Advisory* includes travel information reports.

**Travel Supplier** means a licensed or registered company in the business of providing transportation and/or accommodation to the public, including, but not limited to: tour operator, travel wholesaler, airline, cruise line, provider of ground transportation or provider of commercial accommodation to the *insured*.

**Travelling Companion** means a person who accompanies *you* and shares prepaid accommodations and/or transportation arrangements with *you* while on a *trip* and is not an *insured person* under this insurance.

**Trip Termination Date** means the earliest of:

- a) the date *you* return to *your province or territory of residence*; or
- b) the *day of return* shown on *your* completed, signed application form or *confirmation of coverage*; or
- c) the 182<sup>nd</sup> day of travel (or the 212<sup>th</sup> day for residents of Ontario and Newfoundland) including *your day of departure* (applies to the Supplemental Plan only).

**Trip(s)** means a defined period of travel outside *your province or territory of residence* while this insurance is in effect.

**Vehicle** means a private automobile, motorcycle, van, trailer, or motor home you own or have rented.

**You, your or yourself** means an *insured person* under this insurance for whom the required premium has been paid.

## **VI. TRAVEL ASSISTANCE SERVICES**

### **When should you call the MEDOC Claims Assistance Centre?**

At the first onset of symptoms of an *emergency* and before you seek medical attention, you must contact the *MEDOC Claims Assistance Centre*. If you are unable to call because you are medically incapacitated, someone else must contact the *MEDOC Claims Assistance Centre* on your behalf as soon as is reasonably possible.

The *MEDOC Claims Assistance Centre* is available to you 24 hours a day, 365 days a year to answer your claims questions, and provide help for you if you have a medical *emergency* or wish to claim for *trip* cancellation, interruption and delay.

**If you do not call the MEDOC Claims Assistance Centre when the emergency arises or for a referral, or if you choose not to receive treatment from the networks recommended by the MEDOC Claims Assistance Centre, eligible expenses will be reimbursed at 70%.**

**If a deductible amount applies (as indicated on your confirmation of coverage), the expenses covered will be limited to the eligible expenses, after the application of the deductible. Please contact the MEDOC Claims Assistance Centre to coordinate payment of your deductible amount.**

### **What assistance services are available?**

Under this insurance, the following assistance services are available to you:

#### **1. Medical Assistance and Consultation**

When you have a medical *emergency* and you call the *MEDOC Claims Assistance Centre*, you will be directed to one or more recommended medical service providers near you. In addition, the *MEDOC Claims Assistance Centre* will:

- a) provide *confirmation of coverage*;
- b) pay your *eligible expenses* directly to the recommended medical service provider, wherever possible;
- c) consult with your *physician* to monitor your care;
- d) monitor appropriateness, necessity and reasonableness of that care to ensure your resulting *eligible expenses* will be covered by this insurance.

## **2. Payment Assistance**

Wherever possible, the payment of the medical services *you* receive will be coordinated through the *MEDOC Claims Assistance Centre*, communicating with *your* medical provider. There are certain countries where, due to local conditions or *travel advisories* from the Canadian government, assistance services are not available and *you* may be required to pay for medical treatment directly. If *you* are required to make payment *yourself*, *you* must obtain detailed and itemized original bills for claims submission and call the *MEDOC Claims Assistance Centre* on *your* return to *your* province or territory of residence.

## **3. Emergency Message Centre**

In case of an *emergency*, the *MEDOC Claims Assistance Centre* will help relay important messages to or from *your* family, business or *physician*.

## **4. Lost Document and Ticket Replacement**

The *MEDOC Claims Assistance Centre* will help *you* replace lost or stolen travel documents. The cost of obtaining replacement documents is *your* responsibility.

## **5. Legal Assistance**

The *MEDOC Claims Assistance Centre* can direct *you* to a local lawyer or assist *you* to arrange for bail or for payment of legal fees. The cost of these services is *your* responsibility.

## **6. Pre-Trip Planning Assistance**

The *MEDOC Claims Assistance Centre* can provide information on inoculation and visa requirements when *you* call 1.800.709.3420.

# **VII. HOW TO MAKE A CLAIM**

## **1. To make a claim for benefits under this insurance:**

*You* must submit notice of the claim to the *MEDOC Claims Assistance Centre* within thirty (30) days after the medical *emergency* occurs, or as soon as is reasonably possible thereafter. A telephone call to the *MEDOC Claims Assistance Centre* to report the claim will be considered “Notice of Claim” under the terms of the insurance.

## **2. Written proof of claim:**

Within 90 days after the date of the medical *emergency*, but not more than 12 months after the date of the medical *emergency* *you* must submit written proof of claim, which includes:

- a) completion of any claim forms furnished by the *MEDOC Claims Assistance Centre*;
- b) original itemized receipts which include the *physician*'s name and credentials, the attending *physician*'s report or statement, and any other form of documented evidence requested by the *MEDOC Claims Assistance Centre*.

If the claim is reported by telephone to the *MEDOC Claims Assistance Centre*, and the medical service provider agrees to bill the *MEDOC Claims Assistance Centre* directly for the *eligible expenses*, the *MEDOC Claims Assistance Centre* will, where possible, obtain the documentation necessary to process the claim. Incomplete or incorrect claim forms will be returned and may delay the claim processing.

If, for any reason, *you* arrange treatment and pay the *eligible expenses*, *you* must provide supporting documentation as indicated above.

*You* are responsible for any expenses incurred for any necessary documents required for the purpose of adjudicating a claim.

### **3. Proof of Day of Departure:**

If *you* have a claim, *you* will be required to provide proof of the *day of departure* from *your province or territory of residence*. Proof of *your day of departure* includes: a border crossing receipt; duty free receipt; airline ticket or boarding pass; stamped passport; credit card receipt; signed and dated bank or financial institution documents; or, any signed and dated document that proves *you* were in *your province or territory of residence* the day before *your* scheduled *day of departure*.

### **4. Returning any ill or injured insured person to their province or territory of residence:**

The *Company*, through the *MEDOC Claims Assistance Centre*, in consultation with the attending *physician*, reserves the right to return any *ill* or injured *insured person* to his or her *province or territory of residence*. If a *ill* or injured *insured person* is able to return to his or her *province or territory of residence* following the *emergency* medical treatment and/or diagnosis of a *medical condition* which requires continuing medical care, treatment or surgery and elects to have the treatment or surgery performed outside his or her *province or territory of residence*, no benefits shall be payable with respect to such continuing treatment or surgery.

The immediate availability of treatment or surgery upon returning the *insured person* to his or her *province or territory of residence* is not the responsibility of the *Company*, the *MEDOC Claims Assistance Centre* or the *Administrator*.

### **5. Co-ordination of Benefits With Other Plans:**

This insurance is a second payor plan. For any loss or damage payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private, provincial, or territorial auto insurance plan providing hospital, medical, or therapeutic coverage, or any other insurance concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the *province or territory of residence* that are in excess of the amounts for which an *insured person* is insured under such coverage.

All co-ordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines.

Unless otherwise indicated on *your confirmation of coverage*, if *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum coverage of:

- \$50,000 or less, this insurance will not co-ordinate payment with such coverage; or
- more than \$50,000, this insurance will co-ordinate payment with such coverage only in excess of \$50,000.

**6. Right to Recover Payments:**

If any benefit paid to *you* or on *your* behalf is in excess of the amount allowed under the provisions of this insurance, or if payment is made due to a clerical or administrative error, the *Company* and/or the *MEDOC Claims Assistance Centre* reserve the right to recover the amount of such payment from any *insured person*, institution, insurer or organization to whom payment was made.

**7. Subrogation from a Third Party:**

If an *insured person* suffers a loss covered under this policy, the *Company* and/or the *MEDOC Claims Assistance Centre* has the right to proceed in the name of any *insured person* against third parties who may be responsible for giving rise to a claim. *You* will execute and deliver such documents, and fully co-operate with the *Company* and/or the *MEDOC Claims Assistance Centre*, so as to allow the *Company* and/or the *MEDOC Claims Assistance Centre* to fully assert its rights of subrogation. *You* will not do anything after the loss to prejudice such rights.

Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to the *insured person*, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the *insured person* institutes a demand or action for a covered loss he shall immediately notify the insurer so that it may safeguard its rights.

**8. Authorization to obtain all pertinent records or information:**

As a condition precedent to the payment of benefits, the *Company* and/or the *MEDOC Claims Assistance Centre* shall have the authority to obtain all pertinent records or information from any *physician, dentist, dental surgeon, practitioner, hospital, clinic, insurer, individual or institution* to assess the validity of a claim submitted by or on behalf of any *insured person*.

In the event of *your* death, the *Company* and/or the *MEDOC Claims Assistance Centre* may request an examination of *your* body, for identification purposes, subject to any law of the applicable jurisdiction relating to such examinations.

## **9. Assignment of Benefits:**

Where the *Company* and/or the *MEDOC Claims Assistance Centre* pay medical and/or *hospital* expenses directly, this insurance allows the *Company* and/or the *MEDOC Claims Assistance Centre* to recover eligible benefits from *your Provincial and/or Territorial Health Insurance Plan*, and any other coverage *you* may have, monies that the *Company* and/or the *MEDOC Claims Assistance Centre* have advanced to others on *your* behalf. This insurance also allows the *Company* and/or the *MEDOC Claims Assistance Centre* to receive in *your* name, and endorse and negotiate on *your* behalf these eligible payments.

When *your Provincial and/or Territorial Health Insurance Plan* and other insurer payments have been made, this releases *your Provincial and/or Territorial Health Insurance Plan* and other insurers from any further liability in respect of that eligible claim.

## **10. Limitation of Action:**

In the event of a claims dispute, *you* must begin any legal action or proceeding against the *Company* within 12 months of the *date of return to your province or territory of residence*. All legal actions or proceedings must be brought in the Canadian province or territory in which *you* permanently reside.

## **11. Other Conditions:**

If *you* are insured and eligible for more than one of the same benefits under this insurance, the total amount payable for all the benefits cannot exceed the actual expense incurred. The maximum amount payable is the largest amount specified for any one benefit.

# **VIII. GENERAL PROVISIONS**

Notwithstanding any other provisions herein contained, this certificate, where applicable, is subject to the statutory conditions or policy conditions in the Insurance Act respecting contracts of accident and sickness insurance in *your province or territory of residence*.

## **CONTRACT**

The Application for Insurance form, *health option questionnaire*, *confirmation of coverage*, the group master policy, this certificate, any endorsement, or rider attached to this certificate when issued, and any amendment to the contract after the certificate is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

### **1. Premium Level**

The initial premium payable shall be determined according to the most current Premium Rate Table published by the *Company*. Premiums are subject to change:

- a) upon the *renewal date*; or
- b) if there is any change to the coverage under the *Provincial and/or Territorial Health Insurance Plan*.

The *Company* reserves the right to alter premiums, and the right to alter future coverage with 30 days advance notification.

## **2. Incontestability**

No statement made by *you* in *your* application for insurance, except for fraudulent statements and omissions shall be used by the *Company* to contest a claim after *your* insurance has been in force for a period of 24 months following the *effective date* or *renewal date*.

Except where prohibited by law, the incontestability period begins anew after each submission of a *Health Option Questionnaire*. The *Optimum Health Option* and *Preferred Health Option* are issued based on the answers provided on the *Health Option Questionnaire*. This insurance will be voided at the sole discretion of the *Company* if any answer provided on the *Health Option Questionnaire* is false.

## **3. Applicable Law**

Any provision of this insurance, which is in conflict with any federal, provincial or territorial law in which this certificate was issued, is amended to comply with the minimum requirements of that law. All other provisions shall remain in full force and effect.

## **4. Non-waiver Provisions**

Failure by the *Company* or *Administrator* to enforce any provision of this certificate in a given circumstance shall not constitute a waiver of the right to enforce the provision at any other time. No one other than the *Company* has the authority to change or waive any provision of this insurance.

## **5. Limitation of Liability**

The *Company*, *Administrator* or the *MEDOC Claims Assistance Centre* are not responsible for the availability, quality or results of any medical treatment or transportation, or the failure by *you* to obtain medical treatment.

## **6. Termination of Certificate**

The *Administrator* reserves the right to terminate *your* certificate if:

- a) two or more monthly premium payments are in default in a 12-month period because of sufficient funds or other cause;
- b) pre-authorized payments have been declined for any reason; or
- c) proof of payment cannot be established to the satisfaction of the *Administrator*.

## **7. Right of Examination of Master Policy**

Where applicable, *you* and/or *your* personal representative shall, upon request, be permitted to examine the Master Policy, at the *Administrator's* place of business or the head office of the Policyholder, for the purpose of ascertaining the benefits, terms and provisions of this agreement; provided that, any such examination takes place during normal business hours.

## 8. Termination of Master Policy

Where applicable, the *Administrator* may terminate this policy at any time by giving written notice of termination to the *Company*. The date of termination shall not be less than 31 days after the *Company* receives such notice, unless an earlier date is mutually agreeable to the *Company* and the policyholder.

By giving 31 days notice, the *Company* may terminate this entire insurance, as of the last day of any month:

- a) on the *renewal date*, if the *Company* determines that participation is not maintained at a level agreed to by the *Company* and the *Administrator*;
- b) if the *Administrator* does not perform in good faith its obligations under this insurance;
- c) for any other reason as of any policy anniversary.

*You* will receive written notification of the renewal in advance. Coverage will continue at renewal for the next *policy year*, unless written notice of termination is provided by *you* to the *Administrator* within 60 days from the first premium deduction for that *policy year*.

## 9. Termination at Renewal

Termination of this certificate shall not require the consent or notice to any *insured person* or other person having a beneficial interest in this certificate.

# IX. YOUR PRIVACY

## YOUR PRIVACY MATTERS TO US

Royal & Sun Alliance Insurance Company of Canada ("RSA"), Johnson Inc. ("Johnson") and the *MEDOC Claims Assistance Centre*, collectively („we”, “us” or “our”) work together to provide *you* and any co-insured with *your* MEDOC Travel Insurance Plan coverage and related services (“MEDOC Plan”). We are committed to protecting *your* privacy. We respect *your* privacy and want *you* to understand how we safeguard *your* personal information.

## HOW WE COLLECT YOUR INFORMATION

We collect and keep personal information about *you* required to provide the MEDOC Plan coverage to *you* by arrangement with *your* sponsor group. This personal information is collected from *you*, either directly or through our representatives.

We may also need to collect information about *you* from sources such as *hospitals*, doctors and other health care providers, the government (including *Provincial and/or Territorial Health Insurance Plans*) and governmental agencies, other insurance companies, *travel agents* and *suppliers*, law enforcement representatives, private investigators, *your* family and friends, *your* sponsor group and any references *you* provide.

In addition, the *MEDOC Claims Assistance Centre*, in connection with administering the MEDOC Plan claims, collect information from various other sources including: a co-insured, references provided by *you* or by a co-insured, *hospitals* and health practitioners, *Provincial and/or Territorial Health Insurance Plans*, other insurers, government agencies or offices and embassies and other individuals, groups or companies from whom collection is necessary to administer or otherwise provide to *you* or a co-insured the coverage and services requested.

### **HOW WE USE *YOUR* INFORMATION**

We use *your* personal information to provide the MEDOC Plan, which includes using it to evaluate insurance risk, manage and co-ordinate claims, re-price medical expenses, and negotiate payment of expenses to third parties.

We may also share *your* information with others who work for us or with third parties, when it is necessary for MEDOC Plan services.

Third parties may include other insurance or reinsurance companies, health organizations and the government (including *Provincial and/or Territorial Health Insurance Plans*) and governmental agencies.

We may use *your* information internally, to prepare statistical reports that help us understand the needs of our clients, to inform *your* sponsor group regarding the overall MEDOC Plan program, and help us understand and manage our business.

### **OTHER WAYS WE MAY USE *YOUR* INFORMATION**

In addition, RSA and Johnson may, but only with *your* sponsor group authorization, use *your* personal information to promote to *you* or to a co-insured the services of RSA or Johnson and selected third parties. As required, and only with *your* sponsor group authorization, RSA or Johnson may also share *your* personal information with selected third parties so that they may provide/offer services to *you* or to a co-insured.

***You* or a co-insured may instruct RSA and Johnson to stop using *your* personal information as described here, under “Other ways we may use *your* information” at any time by calling toll-free – see “Important Telephone Numbers”.**

### ***YOUR* RIGHT TO ACCESS *YOUR* INFORMATION**

*You* have a right to access the personal information that we have about *you* in *your* file. If we have information that is not correct, *you* can have it corrected.

**For more information on privacy, please see [www.rsagroup.ca](http://www.rsagroup.ca), or call RSA at 1.800.716.4339.**

## **X. IMPORTANT TELEPHONE NUMBERS**

### **Johnson Inc. – Plan Benefits Administration**

#### **Richmond Hill, Ontario**

1595 16<sup>th</sup> Avenue, Suite 700  
Richmond Hill, Ontario  
L4B 3S5  
Phone: 905.764.4884  
or toll free at 1.800.461.4597  
Fax: 905.764.4163

#### **Langley, British Columbia**

9440 202<sup>nd</sup> Street, Suite 201  
Langley, British Columbia  
V1M 4A6  
Phone: 604.881.8840  
or toll free at 1.866.799.0000  
Fax: 604.881.8828

#### **St. John's, Newfoundland/Labrador**

68 Portugal Cove Road  
P.O. Box 12049  
St. John's, Newfoundland  
A1B 1R7  
Phone: 709.737.1639  
or toll free at 1.800.563.1528  
Fax: 709.737.1021

#### **Ottawa, Ontario**

1600 Carling Avenue, Suite 570  
Ottawa, Ontario  
K1Z 1G3  
Phone: 613.728.6557  
or toll free at 1.800.663.9995  
Fax: 613.728.2244

#### **Edmonton, Alberta**

11120-178 Street  
Edmonton, Alberta  
T5S 1P2  
Phone: 780.413.6536  
or toll free at 1.877.989.2600  
Fax: 780.420.6082

#### **Halifax, Nova Scotia**

84 Chain Lake Drive  
Suite 200  
P.O. Box 9620  
Halifax, Nova Scotia  
B3K 5S4  
Phone: 902.453.9543  
or toll free at 1.800.453.9543  
Fax: 902.453.8539

## IN THE EVENT OF A MEDICAL *EMERGENCY*

You must contact **the *MEDOC Claims Assistance Centre*** directly when a medical *emergency* arises, at their 24-hour *Emergency Helpline*. The *MEDOC Claims Assistance Centre* will direct you to the nearest appropriate medical facility. The *MEDOC Claims Assistance Centre* will pay *hospitals* and other medical providers directly, wherever possible, except when you choose to pay the expenses or when the medical care provider refuses to accept payment directly from the *MEDOC Claims Assistance Centre*.

In Canada / U.S.A. call: 1.800.709.3420

Elsewhere call collect: 819.566.1002

Toll-free fax in Canada / U.S.A.: 1.877.566.8723

Outside Canada / U.S.A. fax: 1.819.566.8723

Administered by Johnson Inc.

Underwritten by Royal & Sun Alliance Insurance Company of Canada



President and Chief Executive Officer

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