

CBP TRAVEL BENEFITS



Out of Country Medical

Policy No.: SRG 9150079

*****COVID-19 Travel Policy - See Page 7**

Why You Need Emergency Out of Country Medical Coverage

Each Canadian Province and Territory provides a Health Plan with comprehensive benefits for Hospital confinement, the service of medical Doctors and other health practitioners, ambulance services etc. In many cases, the benefits provided by these plans will pay all, or almost all, of the expenses you incur in your home province.

When you are outside your Country of residence and require these services, your Provincial Health Plan will usually make a payment towards your expenses but that payment is usually limited to the amount that would have been paid for the same services in the Province in which you reside. Unfortunately, there is often a tremendous difference between the cost of these services outside Canada and the amounts allowed by your Health Plan, which you would have to pay were it not for this valuable benefit.

This Plan provides extensive coverage for many services rendered outside Canada. It is important to note that such expenses are covered provided that they were unexpected and of an emergency nature. The Plan does not provide benefits for medical treatment if the purpose of your trip outside Canada is to obtain that medical treatment.

HOW IT WORKS

You and your eligible dependents are automatically covered under this plan, if you are an active employee of the Policyholder and under the age of 70.

HERE'S WHAT YOU GET

Broad Emergency Out of Country Medical Coverage - Your plan provides extensive coverage for medical emergencies outside Canada.

Guaranteed Acceptance - Coverage is provided regardless of your health history.

BENEFIT PAYMENT

All amounts payable will be reimbursed to the individual who has paid the expense or will be paid directly to the provider.

DEFINITIONS

"Insured Employee" means you, if you are an active employee of the Policyholder who is under the age of 70.

ELIGIBLE DEPENDENTS:

"Spouse" means a person who is under the age of 70 and who is legally married to you, or if there is no such person, is a person who, although not legally married to you, is cohabitating with you and is publicly represented as your domestic partner in the community in which you reside.

"Dependent Child" means a person who is either your natural child, adopted child or step-child or a child to whom you are *in loco parentis* and who is (i) under 21 years of age, unmarried and dependent upon you for maintenance and support and not employed for more than 25 hours per week; or (ii) under 26 years of age, unmarried and enrolled in post-secondary education and dependent upon you for maintenance and support and not employed for more than 25 hours per week; or (iii) by reason of

mental or physical infirmity is incapable of self-sustaining employment and who is considered your Dependent Child within the terms of the Income Tax Act (Canada).

“Injury” means bodily injury which is sustained as a direct result of an unintended and unanticipated accident, occurring anywhere in the world outside of your province of residence, that is external to the body and that occurs while your coverage under this Policy is in force, which causes a loss covered by this Policy.

“Sickness” means the onset of sickness or disease requiring medical treatment, care or advice while you and your eligible dependents are travelling anywhere in the world outside Canada which causes a loss covered by this Policy.

“Emergency” means medical treatment or surgery for an unforeseen Sickness or Injury which makes it necessary to receive immediate treatment from a Physician or Surgeon for the immediate relief of an acute symptom of which upon the advice of a Physician or Surgeon cannot be delayed until you or your eligible insured dependents return to Canada.

PERIOD OF COVERAGE

You and your eligible dependents are covered under this plan while travelling outside Canada, for a period not to exceed 60 days.

If you are already on a trip on the effective date of insurance under this policy, the coverage period for you will be reduced by the number of days you have been out of province/country on the effective date of this Policy.

Benefits and Coverages

EMERGENCY COVERAGE FOR HOSPITAL, MEDICAL AND THERAPEUTIC SERVICES

If you or your eligible insured dependents suffer a Sickness or an Injury that results in Emergency Stay in a Hospital or Emergency medical or therapeutic services as specifically listed herein, the Company will pay benefits, for the period this contract is in force, not to exceed \$2,000,000 for the actual expenses you or your eligible insured dependents incurred outside Canada that exceed the amount which is payable with respect to such expenses under any government hospitalization or medical plan in Canada, or if you or your eligible insured dependents are not covered under any such plan, to the extent you exceeded any amount which would be payable with respect to such expenses under the government hospitalization or medical care plan if you or your eligible insured dependents were covered under any such plan.

EMERGENCY HOSPITAL CONFINEMENT

If you or your eligible insured dependents suffer a Sickness or an Injury which results in an Emergency confinement as a resident in-patient in a Hospital, including semi-private accommodation, for reasonable and customary charges made by the Hospital for services and supplies to the extent that such are medically necessary, the Company will pay benefits hereunder, subject to all limitations and conditions of your policy.

In the event you or your eligible insured dependents are confined to a Hospital at the end of your trip outside Canada and thus prevented from returning to your province of residence, insurance will continue for the period of such confinement, but in no event for more than 12 months from the date the first covered expense was incurred.

EMERGENCY MEDICAL AND THERAPEUTIC SERVICES:

The Company will pay benefits hereunder in the event you or your eligible insured dependents require Emergency medical or therapeutic services to treat an Injury or Sickness to the extent that such are Medically Necessary. Benefits are payable to reimburse Reasonable and Customary expenses for:

- a. the services of a Physician or legally qualified surgeon (other than an Immediate Family Member of the Insured Person),
- b. laboratory tests and X-ray examinations (not including MRI) ordered by a Physician or legally qualified surgeon for the purpose of diagnosis,
- c. MRI, for diagnostic purposes when Medically Necessary, to a maximum per Insured Person per Trip of \$7,500;
- d. the services of a registered graduate nurse (other than an Immediate Family Member of the Insured Person), up to a maximum of 50 nursing shifts at a fee not to exceed \$100.00 per shift,
- e. rental of crutches or a Hospital type bed, or the cost of splints, canes, slings, trusses, braces or other prosthetic appliances approved by the Company,
- f. the services of a Physician who is an anaesthetist,
- g. drugs or medicines that require a Physician or legally qualified surgeon's written prescription,
- h. services of a chiroprapist, chiropractor, osteopath, physiotherapist or podiatrist (other than an Immediate Family Member of the Insured Person) up to a maximum of \$300 for each class of practitioner,
- i. expenses for accidental Injury to natural and sound teeth (capped or crowned teeth are considered whole or sound natural teeth) which require treatment by a legally qualified dentist

- or dental surgeon within 30 days from the date of the accident, not to exceed in the aggregate the amount of \$2,000 as the result of any one accident, and
- j. out-patient services provided by a Hospital.

REPATRIATION BENEFIT

Pays a benefit of up to \$15,000 to cover the expenses to return your body to your province of residence if you or your eligible insured dependents suffer a death while outside your country of residence.

IDENTIFICATION BENEFIT

Pays a benefit of up to \$5,000 for the transportation of an immediate family member to identify your body if you or your eligible insured dependents suffer a covered death and a law enforcement agency requests such identification.

AUTOMOBILE RETURN BENEFIT

Pays a benefit of up to \$1,000 per occurrence to return your private or rental vehicle used for your trip, to your Province of residence or nearest rental agency if you or your eligible insured dependents become totally disabled due to a sickness or injury and you are unable to continue your trip.

OUT-OF-POCKET EXPENSE BENEFIT

Pays a benefit of up to \$150 per day to a maximum of \$1,500 per occurrence for reasonable and necessary commercial living expenses incurred by you or your travel companion if you or your eligible insured dependents become totally disabled and cannot continue your trip.

FAMILY TRANSPORTATION BENEFIT

Pays a benefit of up to \$15,000 per occurrence for the expenses incurred for the transportation of an immediate family member to your hospital if you or your eligible insured dependents are confined to a hospital, as well as incidental travel expenses up to a maximum of \$250.

RETURN TRANSPORTATION FOR TRAVELLING COMPANION

If you or your eligible insured dependents are repatriated to your home province or territory in accordance with the Repatriation Benefit or the Ground and Air Transportation Benefit, then the Company will pay a benefit of up to \$2,000 for the transportation of one Travel Companion to his/her home province or territory on a one-way economy air fare of a commercial flight.

RETURN AND ESCORT OF DEPENDENT CHILDREN UNDER AGE

If you or your eligible insured dependents are repatriated to your home province or territory in accordance with the Repatriation Benefit or the Ground and Air Transportation Benefit, then the Company will pay a benefit of up to \$5,000 for the transportation of your Dependent Children under age 18 to their home province or territory on a one-way economy air fare of a commercial flight, plus reasonable overnight hotel accommodation and meal expenses for the services of an attendant to escort your Dependent Children, if required.

EXTENDED COVERAGE AFTER TERMINATION

In the event of a delayed arrival of a common carrier or your stay in a Hospital, coverage will automatically be extended for you at no charge for (i) 72 hours in the event of a delayed common carrier, (ii) the period of the Medically Necessary stay in Hospital plus 5 days after you are released from Hospital.

EMERGENCY TRANSPORTATION BENEFIT

Ground Transportation – Pays up to \$5,000 per occurrence for the use of ground ambulance.

Air Transportation – Pays up to \$300,000 per occurrence if you or your eligible insured dependents medical condition requires air transportation to the nearest hospital or to return to your province of residence. This service must be coordinated and approved Travel Assist.

COVID-19 TRAVEL POLICY

The Policy does not have travel advisory exclusions or specific exclusions referencing endemic or pandemic that would preclude coverage. When traveling, Insured Persons that contract COVID-19 or another illness will be eligible for Out-of-Province/Country coverage for emergency medical treatments, subject to the terms and conditions of the policy.

Exclusions and Limitations

The Plan will not cover any losses caused in whole or in part by, or resulting in whole or in part from, the following:

- Injury, Sickness or Loss sustained while you or your eligible dependents are on full-time active duty in the armed forces or organized reserve corps of any country or international authority;
- Injury or Loss sustained while you or your eligible dependents are under the influence of alcohol and operating any vehicle or means of transportation or conveyance while your blood alcohol is over 80 milligrams in 100 millilitres of blood;
- Injury or Loss sustained while you or your eligible dependents are under the influence of a drug or substance which is controlled as specified under the Controlled Drug and Substances Act (Canada) (even if such drug or substance is taken outside Canada) unless taken pursuant to the advice of and in strict accordance with the instructions of a Physician;
- the abuse of medication or drugs or non-compliance with prescribed medical therapy or treatment whether prior to or during a Trip;
- the commission or attempted commission by you or your eligible dependents of, or Injury incurred while you or your eligible dependents are in the course of committing or attempting to commit, any act which if adjudicated by a court would be an indictable offence under the laws of the jurisdiction where the act was committed;
- pregnancy, miscarriage, voluntary termination of pregnancy, childbirth or their complications except that in the case of an unexpected pregnancy complication which occurs within the first 32 weeks;
- Sickness or Injury where the Trip is undertaken for the purpose of securing medical treatment or advice for such Sickness or Injury;
- Sickness or Injury due to participation in any professional sport;
- suicide or any attempt at suicide while sane or insane;
- intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury, while sane or insane;
- an act of declared or undeclared war, civil war, rebellion, revolution or insurrection;
- treatment or services when reimbursement or coverage by the Company would contravene any GHIP in Canada;
- expenses incurred on an elective (non-emergency) basis;
- any treatment, investigation or surgery for a specific condition, or a related condition, which had caused a physician to advise you or your eligible dependents not to travel;
- any services or supplies provided by you, your eligible dependents or a member of your Immediate Family;
- a sickness or Injury that, at the time of departure, might reasonably be expected to require you or your eligible dependents to undergo treatment, investigation, surgery or hospitalization;
- any service, treatment, surgery or stay in Hospital not required for the immediate relief of acute pain or suffering or which is not Medically Necessary;
- any treatment or surgery which reasonably could be delayed until you or your eligible dependents return to your province or territory of residence;
- anticipated medical treatments required on an ongoing basis or for continued stabilization of a medical condition known to you or your eligible dependents prior to departure from your province or territory of residence;

- that portion, if any, of any expenses for treatment, advice or hospitalization which are not Reasonable and Customary.

Continued on next page

Emergency Travel Assistance

Travel Assistance is provided by AIG Insurance Company of Canada. With centers worldwide they will:

- help you locate the most appropriate medical facility for you
- confirm coverage with AIG Insurance Company of Canada and assure the hospital that you are covered
- guarantee payment for hospitalization, if necessary
- arrange for admission to a hospital
- provide translation services
- contact your own doctor for recommendations, when required
- contact your family and employer, when required
- arrange for/co-ordinate emergency medical evacuation
- co-ordinate your return home

HOW DOES ONE SUBMIT A CLAIM?

Minor expenses

For expenses associated with minor medical emergencies (less than \$250), keep your receipts and file your claims with your government health plan first and then with

AIG Insurance Company of Canada
120 Bremner Boulevard, Suite 2200
Toronto, ON M5J 0A8

Major expenses

For major emergencies that require hospitalization or day surgery, AIG Insurance Company of Canada will coordinate services between the Provider and the Company, to insure direct billing of your expenses.

IN AN EMERGENCY WHAT SHOULD I DO?

In the event of a medical emergency, you or someone acting on your behalf must call AIG Insurance Company of Canada immediately. Their operations are backed by a team of emergency care professionals – physicians and nurses who work closely with the doctor looking after you and, if necessary, your family or company doctor, to help ensure that you receive the medical care you need.

Telephone AIG at the numbers listed below.

1 877 204 2017 (US & Canada)
0 715 295 9967 (Collect)

An operator will ask you the following:

- your name, location and the details of your emergency
- your AIG Access Number:

- The group name of your policy: Canadian Benefit Providers Inc.
- Policy No. SRG 9150079

EFFECTIVE DATE

Your coverage begins on the date you satisfy the definition of “Insured Employee or Eligible dependent”

TERMINATION DATE

Coverage ends on the earliest of:

- a. the date the policy is terminated; or
- b. the date you no longer satisfy the definition of an Insured Employee or eligible dependents.

This brochure provides only brief descriptions of the coverage available. The full details of the coverage are contained in the Policy including limitations, exclusions and termination provisions. If there are any conflicts between this document and the Policy, the Policy shall govern. Insurance is underwritten by AIG Insurance Company of Canada.