

TIPS Seniors Emergency Medical Insurance Policy

Important Notice

Please Read Your Policy Carefully Before You Travel

1. Pay special attention to capitalized words. They have a specific meaning which is explained in Section 11 of this Policy on pages 17 – 19.
2. This Policy must be purchased prior to or on Your Departure Date.
3. The Insurer has issued this Policy to You based on Your answers to the Eligibility Questionnaire and the Declaration You submitted to the Insurer. If any information submitted to the Insurer is false, the Insurer will void this Policy and no coverage will be provided. If You are not eligible for coverage in accordance with Section 2 of this Policy, the Insurer will declare Your coverage null and void from inception and no benefit will be paid for any claim.
4. This Policy covers Pre-Existing Conditions provided they were Stable and Controlled for the following periods prior to Your Effective Date:

Plan Zero	3 months
Plan 1	3 months
Plan 2	12 months
Plan 3	12 months
Plan 4	12 months
Plan 5	12 months

For plan qualification requirements, please see Section 3: Plan Qualifications.

Effective Date for Single Trip Plans means the Departure Date as shown on Your Policy Confirmation. Effective Date for Top Up plans is the day after Your other coverage terminates (coverage under this Policy will begin at 12:01 a.m. on this date). Effective Date for the 15-Day and 30-Day Annual Plans is the date of departure of each covered trip during the Period of Coverage of this Policy. Except for Top Ups, if You depart on a date after the Departure Date as shown on Your Policy Confirmation, the Pre-Existing Condition stability periods shown above will be deemed to read “prior to Your New Departure Date” in place of “prior to Your Effective Date”.

• **Stable and Controlled** – means the Medical Condition is not worsening and there has been no alteration in any medication for the Medical Condition or in its usage, or dosage, nor any Treatment, prescribed or recommended by a Physician or received within the time period specified in this Policy, prior to the Effective Date. If You require a routine adjustment to the dosage of Your prescription for Coumadin, Warfarin or Insulin (unless it is newly prescribed or stopped) to ensure correct blood levels are maintained, such a change is not considered

an alteration in medication provided the condition remains unchanged. Note: If You have declined or delayed recommended Treatment, diagnostic testing, or prescription medication in the two years prior to the date medical care is required under this Policy, that Medical Condition or any related Medical Condition is not considered Stable and Controlled.

- **Treat, Treated or Treatment** – means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a Physician, including but not limited to prescribed medication, investigative testing and surgery. Do not count aspirin, acetaminophen or ibuprofen as treatment.
5. In addition to the provisions in this section, there are benefit maximums described in Section 8 What We Cover, exclusions in Section 9 What We Exclude, and General Policy Provisions in Section 10 of this Policy that limit coverage. Please review this entire Policy prior to Your trip and ask for a full refund if not satisfied. The refund provisions are outlined in Section 12.
 6. Diagnostic, surgical, Hospital and air transportation expenses and services must be approved in advance by the Insurer. If You are unconscious or physically unable or someone on Your behalf is unable to contact the Emergency Assistance Provider prior to incurring such expenses, You must contact the Emergency Assistance Provider as soon as You are able. This Policy limits benefits should You not contact the Emergency Assistance Provider within the specified time period. See Section 13: Emergency Procedures, Claims and Penalties.
 7. This Policy is subject to the statutory conditions in the Insurance Act applicable to contracts of accident and sickness insurance in Your province or territory of residence in Canada.
 8. All currency amounts shown in this Policy shall be in Canadian funds unless specifically stated otherwise. If You have paid a covered expense, You will be reimbursed in Canadian currency at the prevailing rate of exchange on the date You made payment.
 9. Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that You read and understand Your Policy before You travel as Your coverage may be subject to certain limitations or exclusions.
 10. In the event a claim is reported for an illness or injury, Your prior medical history will be reviewed. If You buy a policy for which You are not eligible, or select a plan for which You are not eligible, Your claim will be denied. **Please note:** If You were unsure as to the answers You provided in the Eligibility Questionnaire for this Policy, You should consult with Your doctor prior to Your departure. You may make a change to plan selection or opt for a full refund prior to departure if You have made an error.

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Section 1: Important Phone Numbers For Medical Emergencies

24 HOUR AFTER DEPARTURE ASSISTANCE

1-800-360-4867 from the USA & Canada Toll Free
905-667-5556 from elsewhere (Operator Assisted Collect)
Email assistance@oldrepublicgroup.com

To order a claim form 1-866-968-2059 (905-667-1157 from outside Canada and the USA). You may download a claim form from www.oldrepublicgroup.com/tips.

To change or extend coverage, cancel coverage, request a refund or ask questions about the coverage, please contact Your insurance agent.

Section 2: Eligibility Requirements

You are eligible to purchase this insurance provided You are a resident of Canada and You are over 49 years of age and under 90 years of age on Your Departure Date and:

1. You have not been diagnosed with a Terminal illness; AND
2. You are not currently under advisement from a Physician not to travel; AND
3. You have not been diagnosed with metastatic cancer; AND
4. In the **2 years** before Your Departure Date:
 - a. You were not hospitalized due to a medical condition in Table A or Table B;
 - b. You have not resided in a retirement home, nursing home, assisted living home, convalescent home, hospice or rehabilitation centre that assists You daily with Your mobility or medications. Do not include a one-time temporary stay at a rehabilitation centre of no more than 6 weeks;
 - c. You have not had chemotherapy, radiation therapy or any surgery for cancer (excluding the removal of skin lesions other than malignant melanoma); AND

5. In the **2 years** before Your Departure Date, You were not diagnosed or Treated for:
 - a. 2 or more conditions in Table A;
 - b. Congestive heart failure;
 - c. Kidney failure requiring dialysis;
 - d. A lung condition requiring home oxygen.

Table A

- a. Coronary artery disease, heart attack or angina
- b. Valvular heart disease, abnormal heartbeat, arrhythmia or use of a pacemaker
- c. A lung or respiratory condition for which daily medication has been prescribed (including inhalers)
- d. Diabetes that requires medication (including insulin)
- e. Stroke or mini-stroke (TIA)
- f. Aneurysm
- g. Blood clots
- h. Gastro-intestinal bleed
- i. Parkinson's disease

Table B

- a. Diverticulitis
- b. Peripheral vascular disease (excluding varicose veins)
- c. Bowel obstruction
- d. Ulcerative colitis or Crohn's disease
- e. Liver condition
- f. Alzheimer's disease or dementia
- g. Any seizure disorder
- h. Kidney stones
- i. Gallbladder disease or gall stones
- j. Cancer

Section 3: Plan Qualification

Provided You meet all Eligibility Requirements for this Policy and have fully completed the required health questionnaire, You are eligible for coverage under:

- A. **Plan Zero (Health Score of 0)** if in the 2 years before Your Departure Date You have not been diagnosed with or Treated for any condition in Table A or Table B.
- B. **Plan 1 (Health Score of 1)** if in the 2 years before Your Departure Date You have not been diagnosed with or Treated for any condition in Table A, and in addition, You have not been diagnosed with or Treated for more than 1 condition in Table B.
- C. **Plan 2 (Health Score of 2)** if in the 2 years before Your Departure Date You have not been diagnosed with or Treated for any condition in Table A and in addition, You have not been diagnosed with or Treated for more than 2 conditions in Table B.
- D. **Plan 3 (Health Score of 3)** if: a) in the 2 years before Your Departure Date You have been diagnosed with or Treated for only 1 condition in Table A and no conditions in Table B; OR, b) in the 2 years before Your Departure Date You have

not been diagnosed with or Treated for any condition in Table A and in addition, You have not been diagnosed with or Treated for more than 3 conditions in Table B.

- E. **Plan 4 (Health Score of 4)** if: a) in the 2 years before Your Departure Date You have been diagnosed with or Treated for only 1 condition in Table A and only 1 condition in Table B; OR, b) in the 2 years before Your Departure Date You have not been diagnosed with or Treated for any condition in Table A and in addition, You have not been diagnosed with or Treated for more than 4 conditions in Table B.
- F. **Plan 5 (Health Score of 5 or more).**

Important

- If, prior to Your date of departure, You become ineligible for the plan for which You have applied, then You must purchase a plan for which You do qualify.
- If, prior to Your date of departure, You become ineligible for any plan that is offered, You must send a written request and You will receive a refund of premium.
- If You are ineligible for coverage for the plan that You purchased and You fail to disclose to the Insurer prior to Your date of departure and pay the correct premium, the Insurer will declare the Policy null and void from inception and no benefit will be paid for any claim.

Section 4: Period of Coverage

If You want to change Your Period of Coverage, see Section 6 on page 9.

- A. **Single Trip/Top Up Plans:** Your coverage begins at 12:01 AM on the Effective Date and ends at 11:59 PM on the earliest of:
- i) the date You return to Your province or territory of residence; or
 - ii) the Expiry Date.

Effective Date for Single Trip Plans means the Departure Date as shown on Your Policy Confirmation. Effective Date for Top Up Plans is the day after Your other coverage terminates (coverage under this Policy will begin at 12:01 a.m. on this date).

A temporary return to Your province or territory of residence suspends coverage until You return to Your destination. You must continue to meet the Eligibility Requirements in Section 2 on each Departure Date for coverage. The Effective Date for Pre-Existing Conditions becomes the new Departure Date when You return to Your destination. Coverage cannot be suspended beyond the Policy Expiry Date. If You make a temporary return to Your province or territory of residence during Your Period of Coverage and receive medical Treatment, there will be no coverage for the condition(s) Treated or any related condition(s) for the balance of the coverage period. You

must continue to meet the Eligibility Requirements in Section 2 on each Departure Date for coverage.

The maximum Period of Coverage available under this Policy, including any extension(s) of coverage, and any other policy that is Topped Up, cannot exceed 183 days (or 212 days if You are a resident of Ontario, Alberta, Manitoba, Saskatchewan, British Columbia or Newfoundland and Labrador) out of Your province or territory of residence. Exception will be allowed for those up to 60 years of age for up to 365 days coverage provided You provide Us with written approval from Your provincial or federal government health insurance plan that Your coverage under that plan will be extended to cover the full duration of the covered trip.

Automatic Extension of Coverage:

1. If the common carrier on which You are travelling (does not include rented, leased or privately owned vehicles) is delayed for reasons beyond Your control, coverage will be extended for up to 72 hours beyond Your Expiry Date. In the event of a claim during this period of extension, verification by the common carrier of the delay is required.
2. If You are Hospitalized on the Expiry Date as a result of a covered Emergency, this insurance will remain in force for the period of the Hospitalization and for up to an additional 120 hours upon discharge from the Hospital to allow sufficient time for You to return to Your province or territory of residence. If You are discharged from a Hospital within 120 hours of the Expiry Date, this insurance will remain in force a total of up to 120 hours following the discharge from the Hospital to allow sufficient time for You to return to Your province or territory of residence.

- B. **15-Day Annual Plan:** If Your Policy Confirmation indicates that You have purchased the 15-Day Annual Plan, coverage for each trip begins at 12:01 AM on each date of departure from Your province or territory of residence and includes unlimited travel within Canada (excluding Your province or territory of residence).

For travel within Canada, coverage for any one trip ends the earliest of:

- i) the date You return to Your province or territory of residence from each covered trip; or
- ii) the Annual Plan Expiry Date as shown on Your Policy Confirmation.

In the event of a claim, You are responsible to provide proof of the date of departure from Your province/territory of residence.

For travel outside of Canada, coverage for any one trip ends the earliest of:

- i) 15 consecutive days from the date You leave Canada;
- ii) the date You return to Your province or territory of residence from each covered trip; or
- iii) the Annual Plan Expiry Date as shown on Your Policy Confirmation.

Individual trips must be separated by a return to Canada of at least 24 hours. In the event of a claim, You are responsible to provide proof of the dates of departure from Canada. The 15–Day Annual Plan cannot be used to Top Up any other plan. The 15–Day Annual Plan can only be Topped Up with a single trip plan.

You must continue to meet the Eligibility Requirements in Section 2 and Plan Qualification in Section 3 on each date of departure for coverage. All terms and conditions of this Policy apply to travelling worldwide and within Canada (excluding Your province or territory of residence).

Automatic Extension of Coverage:

1. If the common carrier on which You are travelling (does not include rented, leased or privately owned vehicles) is delayed for reasons beyond Your control, coverage will be extended for up to 72 hours beyond Your end date (see above). In the event of a claim during this period of extension, verification by the common carrier of the delay is required.
2. If You are Hospitalized on the Expiry Date (see above) as a result of a covered Emergency, this insurance will remain in force for the period of the Hospitalization and for up to an additional 120 hours upon discharge from the Hospital to allow sufficient time for You to return to Your province or territory of residence. If You are discharged from a Hospital within 120 hours of the Expiry Date, this insurance will remain in force a total of up to 120 hours following the discharge from the Hospital to allow sufficient time for You to return to Your province or territory of residence.

- C. **30–Day Annual Plan:** If Your Policy Confirmation indicates that You have purchased the 30–Day Annual Plan, coverage for each trip begins at 12:01 AM on each date of departure from Your province or territory of residence and includes unlimited travel within Canada (excluding Your province or territory of residence).

For travel within Canada, coverage for any one trip ends the earliest of:

- i) the date You return to Your province or territory of residence from each covered trip; or
- ii) the Annual Plan Expiry Date as shown on Your Policy Confirmation.

In the event of a claim You are responsible to provide proof of the date of departure from Your province/territory of residence.

For travel outside of Canada, coverage for any one trip ends the earliest of:

- i) 30 consecutive days from the date You leave Canada;
- ii) the date You return to Your province or territory of residence from each covered trip; or
- iii) the Annual Plan Expiry Date as shown on Your Policy Confirmation.

Individual trips must be separated by a return to Canada of at least 24 hours. In the event of a claim, You are responsible to provide proof of the dates of departure from Canada. The 30–Day Annual Plan cannot be used to Top Up any other plan. The 30–Day Annual Plan can only be Topped Up with a single trip plan.

You must continue to meet the Eligibility Requirements in Section 2 and Plan Qualification in Section 3 on each date of departure for coverage. All terms and conditions of this Policy apply to travelling worldwide and within Canada (excluding Your province or territory of residence).

Automatic Extension of Coverage:

1. If the common carrier on which You are travelling (does not include rented, leased or privately owned vehicles) is delayed for reasons beyond Your control, coverage will be extended for up to 72 hours beyond Your end date (see above). In the event of a claim during this period of extension, verification by the common carrier of the delay is required.
2. If You are Hospitalized on the Expiry Date (see above) as a result of a covered Emergency, this insurance will remain in force for the period of the Hospitalization and for up to an additional 120 hours upon discharge from the Hospital to allow sufficient time for You to return to Your province or territory of residence. If You are discharged from a Hospital within 120 hours of the Expiry Date, this insurance will remain in force a total of up to 120 hours following the discharge from the Hospital to allow sufficient time for You to return to Your province or territory of residence.

Section 5: Federal Retiree Public Service Health Care Plan (PSHCP)

If You are a federal government retiree and:

- i) Your Public Service Health Care Plan (PSHCP) provides **\$500,000 CDN** coverage for the first 40 days of a trip outside of Your province or territory of residence, and
- ii) Your Policy Confirmation indicates that You have purchased 30 days or more of Top Up coverage,

then Your PSHCP benefit of **\$500,000 CDN** will be increased by **\$4,500,000** of excess medical coverage (secondary to all other coverages) during the first 40 days of the covered trip. All terms and conditions of this Policy will apply to such coverage. With respect to this benefit, the Pre–Existing Conditions coverage under each plan for the first 40 days of the covered trip is established on the Departure Date of the covered trip.

The Pre–Existing Conditions coverage under the Top Up is established on the Effective Date which in this case would be 12:01 AM on day 41 of the covered trip.

NOTE: The PSHCP is not underwritten by Old Republic Insurance Company of Canada, Reliable Life Insurance Company, nor is it affiliated with the TIPS Seniors Emergency Medical Plan.

Section 6: Changing the Period of Coverage

If You wish to change the Effective Date of Your coverage, You must contact Your insurance agent.

You may extend Your insurance after Your Departure Date provided:

- You have not incurred a claim; and
- You agree that expenses related to Medical Conditions present on the date You apply for an extension will not be covered by this Policy; and
- You request the extension prior to Your Expiry Date by phoning Your insurance agent. If Your Policy has terminated, You must purchase a new policy; and
- The maximum Period of Coverage available under this Policy, including any extension(s) of coverage, and any other policy that is Topped Up, does not exceed 183 days (or 212 days if You are a resident of Ontario, Alberta, Manitoba, Saskatchewan, British Columbia or Newfoundland and Labrador) out of Your province or territory of residence.

However, if You have experienced a Medical Condition, had an injury or received a medical consultation during the Trip, any extension of coverage granted will be subject to the Insurer's approval. Failure to make medical information known will render the Policy extension null and void.

In the event that the new Effective Date and/or Expiry Date(s) extends the Period of Coverage and an additional premium is required, You must pay such premium by credit card.

There are no service or administrative charges when You change Your Period of Coverage.

Section 7: Deductibles

You will be responsible for paying the Deductible shown on the Policy Confirmation for the covered expenses of each Emergency.

Section 8: What We Cover

In the event of an Emergency occurring outside of Your province or territory of residence while this Policy is in force, the Insurer will reimburse You or pay providers of services for the medically necessary expenses listed below up to the Reasonable and Customary Expenses, less any applicable Deductible, to a plan maximum of **\$5,000,000 CDN** per Insured. The plan maximum is shown on Your Policy Confirmation.

A. Emergency Transportation Services:

1. **Local Ground Ambulance** – Licensed ambulance service to the nearest local Hospital including the cost of paramedical services.
2. **Air Ambulance** – Licensed air ambulance service including the cost of paramedical services and medical accompaniment. **All air ambulance transportation must be authorized in advance by the Insurer.**
3. **Remote Location Evacuation** – Your Emergency evacuation from a remote location to the nearest appropriate Hospital that can provide the necessary Emergency medical Treatment. **All transportation must be authorized in advance by the Insurer.**

B. Emergency Medical Care:

1. **Hospital expenses** – Hospital room and board charges up to the semi–private room rate. **If medically necessary and authorized in advance by the Insurer**, expenses for services in an intensive or coronary care unit. Also covered are additional Hospitalization costs including but not limited to the use of an operating room, supplies and services needed to perform surgery and regular nursing costs.
2. **Physician fees** – Fees of a licensed Physician or Surgeon for services rendered in a Hospital, Hospital Emergency ward, Hospital out–patient unit, clinic or doctor's office.

3. **Diagnostic testing** – The cost of tests including but not limited to x-rays, sonograms, electrocardiograms, computerized axial tomography (CAT scan) and magnetic resonance imaging (MRI). **All diagnostic tests must be authorized in advance by the Insurer.**
4. **Paramedical Services** – Services of a chiropractor, osteopath, podiatrist or physiotherapist, including x-rays, to a maximum of **\$300 US** per incident if medically necessary, when prescribed by a Physician and approved in advance by the Insurer.
5. **Drugs and medication** – Drugs and medication that require a prescription when prescribed and purchased immediately after initial medical care (maximum 30 day supply).
6. **Medical supplies and equipment** – Charges for medically necessary supplies and equipment, including but not limited to rental of braces, crutches and wheelchair and the cost of casts, splints and trusses.
7. **Private nursing** – Services of a registered private nurse in a Hospital when ordered by a Physician (maximum **\$5,000 US** per Insured) **and if authorized in advance by the Insurer.**
8. **Follow Up Visit** – The Insurer will cover one follow up visit following Emergency Treatment or one follow up visit following Hospital discharge for an Emergency that is covered by this policy. The follow up visit must be recommended by a Physician at the time of discharge and take place within the required time frame recommended for an initial follow up visit. The cost of this follow up visit is limited to **\$500.**

C. In-Hospital Benefits

1. **Meals and accommodations** – Up to **\$100 US** per day to a maximum of **\$1,000 US** for the cost of commercial accommodation and meals when Your trip is delayed beyond Your last day of coverage due to an illness or injury suffered by You or Your travelling companion insured under this Policy. The fact that You are unable to travel must be certified by the attending Physician. **Original receipts from commercial organizations for meals and accommodations must be supplied.**
2. **Transportation to bedside** – If You are the only person covered under this Policy and the attending Physician provides written certification that Your condition is serious and You will be Hospitalized outside Your province or territory of residence for 7 or more days, a single round-trip economy airfare from Canada will be provided for a person of Your choice to be with

You along with up to **\$100 US** per day to a maximum of **\$1,000 US** for the cost of commercial accommodation and meals. The person at Your bedside will be covered under the same terms and limitations of Your Policy as long as he/she meets the Eligibility Requirements of this Policy. **All transportation costs must be authorized in advance by the Insurer.**

3. **Incidental expenses** – Charges for Your out-of-pocket expenses such as telephone charges, television and parking while You are Hospitalized for an Emergency (maximum **\$200 US** per Insured). **Original receipts (no copies) must be submitted.**
4. **Child Care Cost** – If You are hospitalized for an Emergency or need to be relocated to receive Emergency medical Treatment, the Insurer will reimburse You up to **\$50 US** per day from the start of the hospitalization to a maximum of **\$500 US** for the professional child care cost incurred during Your period of coverage to care for children travelling with You.
 - Original receipts from the professional child care provider are required.

D. Dental Benefits

1. **Dental** – Services of a dentist or dental Surgeon when required to repair natural teeth damaged by an accidental blow to the face (maximum benefit **\$1,000 US** per Insured).
2. **Emergency relief of dental pain** – Charges for Emergency relief of dental pain that manifests itself while coverage is in effect. Treatment must be completed prior to Your return to Your province or territory of residence (maximum **\$300 US** per Insured and excludes crowns and root canals).

E. Return to Canada Benefits

1. **Emergency return home** – If the Insurer elects to return You to Your province or territory of residence to obtain Emergency medical care, this Policy will cover the cost to transport You and any other person travelling with You on a licensed airline, including the cost of accompaniment by an attendant if medically necessary. **All transportation costs for Emergency return home must be authorized in advance by the Insurer.**

2. **Return of vehicle** – The cost of returning Your vehicle to Your Canadian home when the Insurer elects to return You to Your province or territory of residence to obtain Emergency medical care (maximum benefit **\$1,500 US** per Policy). This benefit does not apply if You paid to have Your vehicle delivered to Your out-of-province/territory destination. **All return of vehicle costs must be authorized in advance by the Insurer.**
3. **Repatriation of Remains** – If You die during Your period of coverage, the Insurer will reimburse the reasonable expenses incurred up to the maximum of **\$5,000 US** per Insured for:
 - a) preparing and transporting Your remains or ashes back to Your Canadian home ; or
 - b) the cremation or burial of Your remains at the location where death occurs.
 No benefit is payable for the cost of a headstone, casket and/or funeral service expenses. **All benefits must be pre-approved and arranged by the Insurer.**
4. **Identification of Remains** – If someone is legally required to identify Your remains before Your body is released, the Insurer will reimburse the cost of one person to travel to the place where Your remains are located via a round-trip economy fare by the most direct route and up to **\$150 US** per day up to **\$450 US** for commercial accommodation and meals. The Insurer will automatically insure this person for coverage under this Policy for not more than **3 days** until they return to Canada, subject to the eligibility, limitations, conditions, and exclusions of this Policy. **All benefits must be pre-approved and arranged by the Insurer.**
5. **Return and Escort of Children** – This benefit is payable if You are confined to a Hospital for more than **24 hours** or You must return to Your home because You have a medical Emergency which is covered by this Policy or in case of Your death. The Insurer will pay for the transportation expenses incurred, up to the cost of a one way economy fare for the return home of any dependent children who are accompanying You. If Your child is too young to travel alone, the Insurer will also pay the extra cost of a round trip air fare via the most direct route, overnight commercial accommodation, and reasonable meal expenses for an escort to accompany Your child home. **All benefits must be pre-approved and arranged by the Insurer.**

Section 9: What We Exclude

This Policy does not cover, provide services or pay for expenses for claims resulting from or involving:

- A. Any Medical Condition that is directly or indirectly related to a Pre-Existing Condition except those that have been Stable and Controlled within the period specified in this Policy;
- B. Medical care for elective services, medical care not performed by or under the supervision of a Physician or medical care that is not for an Emergency;
- C. Routine or general physical examinations, drugs or medication available without a prescription, lost medication, eyeglasses or contact lenses, or services which are not medically necessary;
- D. Any expenses incurred in Your province or territory of residence;
- E. Hospital or medical Treatment, where this Policy was purchased with the intent to obtain such services outside Your province or territory of residence, whether or not recommended by Your attending Physician;
- F. Any Medical Condition for which You are Hospitalized at the time this Policy takes effect;
- G. Angioplasty and/or cardiac surgery including any associated diagnostic tests or charges, **which are not authorized in advance by the Insurer;**
- H. Arthritis, cataracts, gout, varicose veins, corns, calluses and bunions or any Medical Conditions resulting from the medical care thereof;
- I. Artificial joints within one year of any surgery;
- J. Prosthetic devices, implants, organ or tissue transplants including any associated charges;
- K. Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV;
- L. Mental or emotional disorders or stress, intentional self-injury, suicide or attempted suicide;
- M. Sickness, death or injury sustained while under the influence of alcohol, drugs, medication or other intoxicants or a Medical Condition resulting from excessive use thereof;
- N. Voluntary participation in a riot or civil disorder or committing or attempting to commit a criminal offence;

- O. Expenses incurred directly or indirectly as a result of declared or undeclared war, civil war, riot, insurrection, invasion, or any act of hostilities thereof;
- P. Air transportation, surgery, magnetic resonance imaging (MRI), computerized axial tomography (CAT), biopsy or other diagnostic tests, including any associated charges, **which are not authorized in advance by the Insurer;**
- Q. Expenses incurred after the date on which You decline medically approved transport to Canada;
- R. Pregnancy, miscarriage, childbirth or any complications thereof occurring within 14 weeks of the expected date of delivery;
- S. Participation in:
 - body contact sports
 - motor or racing competition
 - parachuting
 - parasailing
 - gliding
 - organized professional sports
 - mountaineering
 - skydiving
 - bungee jumping
 - piloting an aircraft
 - underwater activities using self contained underwater breathing apparatus (unless You hold an open water diving certificate);
- T. Events related to travel warnings issued by Foreign Affairs Canada prior to Your Effective Date that were or continue to be in effect for any country, region or city of destination on Your covered trip, as reflected in Your travel itinerary;
- U. Any trip outside Your province or territory of residence as a driver, operator, co–driver, crewmember, or passenger on any commercial vehicle used to carry goods for sale, resale or income; or
- V. Medical care that is directly or indirectly related to any Medical Condition for which You have declined or delayed recommended Treatment, diagnostic testing, or prescription medication in the two years prior to the date medical care is required under this policy.

This Policy does not cover ongoing or recurring Medical Conditions. Once Emergency Treatment and care is completed, no further benefits for the same or related Medical Conditions will be covered.

Section 10: General Policy Provisions

- A. The existence of a Medical Condition, for determining eligibility under this Policy or the validity of a claim under this Policy, will be established using the medical records of Your Physician(s), including Your Physician(s) in Canada, whether or not the contents of the medical records were made fully known to You before You incurred a claim under this Policy.
- B. The Insurer, in consultation with the attending Physician and a Physician designated by the Insurer, reserves the right to return You to Your province or territory of residence or transfer You to another medical facility capable of providing the necessary medical services when You require Emergency care, provided that You are medically able to return or be transferred without endangering Your life or health. If You elect not to return to Your province or territory of residence or to be transferred to another medical facility capable of providing the necessary medical services following the diagnosis of, or Emergency care for, a Medical Condition which requires continuing medical services or surgery, then expenses incurred after that date will not be covered under this Policy and all coverage for benefits under this Policy will cease.
- C. The Insurer has the right, and You must afford it the opportunity, to have You medically examined when and as often as may be reasonably required, when a claim under this Policy is pending. In the event of death, the Insurer has the right to request an autopsy if not prohibited by law.
- D. The Insurer, the Emergency Assistance Provider and its contracted suppliers are not responsible for the availability, quality or results of any Treatment or transportation, or the failure of an Insured to obtain Treatment.
- E. Coverage will be null and void if a cheque is not honoured for any reason or if credit card charges are refused.
- F. If You have misstated Your date of birth or paid the incorrect premium according to Your age, high blood pressure status or trip details as shown on Your application, this Policy will cover only the proportion of eligible expenses that the premium paid bears to the required premium. Any and all other misstatements will result in this Policy being declared null and void from inception and no benefit will be paid for any claim.
- G. In the event that Your coverage under the government health insurance plan (GHIP) of Your province or territory of residence is not in effect when You incur a claim, the Insurer will pay 80% of any eligible expenses incurred under this Policy.

- H. The Insurer, upon making any payment or assuming liability thereon under this Policy, shall be subrogated to all rights of recovery of the Insured against any person, corporation or other third party, and may bring action in the name of the Insured to enforce such rights. You agree to cooperate fully with the Insurer and to allow the Insurer, at its own expense, to bring a lawsuit in Your name against a third party.
- I. In the event that You are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any Policy provision, the Insurer has the right to reimbursement from You for any amount that it has paid on Your behalf to medical providers, air ambulance companies or other parties.
- J. You must begin any legal action or proceeding within 24 months of the date on which the cause of action takes place. All legal action must be brought in Your province or territory of residence.
- K. This insurance is secondary to any other coverage from which You can recover expenses or losses incurred. If the other coverage also provides for secondary payment, then benefits payable under this Policy will be coordinated so that benefits from all sources shall not exceed the total loss incurred. Coordination of benefits will be in accordance with the Coordinating Coverage Guidelines for Out-of-Country/Province Medical Expenses issued by the Canadian Life and Health Insurance Association.

If You are covered as an active or retired employee under Your current or former employer's group health insurance plan for Extended Health Care benefits and the lifetime maximum amount is: a) **\$100,000 CDN** or less, Coordination of Benefits will not apply to such amount; or b) more than **\$100,000 CDN**, Coordination of Benefits will apply only to the amount of insurance in excess of **\$100,000 CDN**.

Section 11: Definitions

Deductible – means the amount of covered expenses per Emergency that You are responsible for paying before any remaining covered expenses are paid under this Policy. All Deductibles are stated in US dollars.

Departure Date – means the later of the date shown as such on the Policy Confirmation or the date You depart Your province or territory of residence.

Effective Date – means the start date of coverage. For Single Trip Plans, Effective Date means the Departure Date as shown on Your Policy Confirmation. If Topping Up another plan, Effective Date means the day after Your other coverage terminates (coverage will begin at 12:01 AM on this date). For the 15–day and 30–Day Annual Plans, Effective Date means the date of departure of each covered trip during the Period of Coverage of this Policy.

Emergency – means an unforeseen illness or injury that requires You to obtain immediate Treatment to prevent or alleviate existing danger to Your life or health. An Emergency no longer exists when the medical evidence indicates that You are able to return to Your province or territory of residence.

Emergency Assistance Provider provides the Emergency service **24 hours** a day, **7 days** a week during Your Period of Coverage. (See page 3)

Expiry Date – For Single Trip Plans means the earliest of: a) the date You return to Your province/territory of residence; or b) the date coverage under this Policy ends as shown on Your Policy Confirmation. For 15–Day and 30–Day Annual Plans, please see Section 4 Period of Coverage in this Policy.

Hospital – means a duly licensed institution with facilities to accommodate in–patient care, including a laboratory and an operating room for surgery. Not included are spas, clinics and any facility that is not operated 24 hours per day under the supervision of a Physician.

Hospitalized or Hospitalization – means being admitted to a Hospital as an in–patient. Hospitalized does not include pre–scheduled tests not requiring any further immediate Treatment in the Hospital.

Insured– means the person who is named on the Policy Confirmation, meets the eligibility requirements in Section 2 of this Policy and for whom the required premium has been paid.

Insurer – means Old Republic Insurance Company of Canada (In Quebec, Reliable Life Insurance Company), Hamilton, Ontario.

Medical Condition – means an irregularity in Your health that exhibited symptoms, required or requires medical advice, consultation, investigation, Treatment, care, service or diagnosis by a Physician.

Minor Infection – means an infection that ends 30 days prior to the Effective Date of coverage and does not require: use of medication for a period greater than 15 days; more than one follow–up visit to a Physician; hospitalization; surgical intervention; or, consultation with a medical specialist. A chronic infection or the complication of a chronic infection is not a minor infection.

Physician (and Surgeon) – means a legally qualified Doctor of Medicine authorized to practice medicine in the region where medical care is provided.

Policy Confirmation – means the document issued to You by the Insurer listing Your Effective Date, Departure Date and Expiry Date of the plan selected for which You have applied and paid the required premium.

Pre-Existing Condition – means a Medical Condition other than a Minor Infection which existed prior to Your Effective Date and includes a medically recognized complication or Recurrence of a Medical Condition.

Reasonable and Customary Expenses – means charges usually made for similar services and supplies to individuals of similar Medical Conditions for residents in the locality concerned.

Recurrence – means the appearance of symptoms caused by or related to a Medical Condition that was previously diagnosed by a Physician or for which Treatment was previously received.

Stable and Controlled – means the Medical Condition is not worsening and there has been no alteration in any medication for the Medical Condition or in its usage or dosage, nor any Treatment, prescribed or recommended by a Physician or received within the time period specified in this Policy, prior to the Effective Date. If You require a routine adjustment to the dosage of Your prescription for Coumadin, Warfarin or Insulin (unless it is newly prescribed or stopped) to ensure correct blood levels are maintained, such a change is not considered an alteration in medication provided the condition remains unchanged. (Note: If You have declined or delayed recommended Treatment, diagnostic testing, or prescription medication in the two years prior to the date medical care is required under this Policy, that Medical Condition or any related Medical Condition is not considered stable and controlled.)

Terminal – means a Medical Condition for which, prior to Your Effective Date, a Physician gave a prognosis of death within **12 months**, or palliative care was received.

Top Up or Topping Up – means coverage commencing after the expiration date of other coverage for any reason.

Treat, Treated or Treatment – means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a Physician, including but not limited to prescribed medication, investigative testing and surgery. Do not count aspirin, acetaminophen or ibuprofen as treatment.

You or Your means the person named on the Policy Confirmation, who meets the Eligibility Requirements in Section 2 of this Policy and for whom the required premium has been paid.

Section 12: Refunds

There are no service or administrative charges for refunds. All refund requests must be made in writing to Your agent.

Single Trip Plans

Full refunds

If You require a full refund for any reason prior to Your Departure Date, Your written request must be postmarked in Canada (or email date stamped) prior to the Departure Date. Upon receiving Your written request You will be issued a refund for 100% of Your premium paid.

Partial refunds

- If You request a refund after the Departure Date and before Your Expiry Date, You must submit Your request providing proof of the date of Your return to Your province or territory of residence. All refund requests must be made in writing and postmarked (or email date stamped) within 30 days of the date You no longer require the coverage. If You cannot provide satisfactory proof of the date You returned to Your province or territory of residence, Your refund will be based on the Canadian postmark date (or email receipt date) of Your written request. There are no refunds if You have incurred a claim under the Policy or if a claim is pending.
- The retained premium will be calculated as if You had purchased the proper duration of Your coverage initially using the Effective Date unless You provided notification of a different Effective Date prior to leaving Your province or territory of residence. The refund paid will be the original premium reduced by the recalculated premium and paid in Canadian funds.

15-Day & 30-Day Annual Plans

There are no refunds for the 15-Day or 30-Day Annual Plans after Your Annual Plan coverage start date.

Section 13: Emergency Procedures, Claims and Penalties

In the event of an Emergency, call the Emergency Assistance Provider telephone number shown on Your wallet card. These numbers are also shown on page 3 of this Policy and are:

24 HOUR AFTER DEPARTURE ASSISTANCE

1–800–360–4867 from the USA & Canada Toll Free;
905–667–5556 from elsewhere (Operator Assisted Collect)
Email assistance@oldrepublicgroup.com

When contacting the Emergency Assistance Provider, please provide Your name, Your policy number, Your location and the nature of the Emergency. Where possible, claims will be settled directly with service providers and amounts due from Your government health insurance plan will be recovered on Your behalf.

In the event that You incur and pay for eligible expenses, contact the Insurer at 1–866–968–2059 and request a claim form. You may also write to the Insurer at:

Travel Claims Department
Box 557 – 100 King Street West,
Hamilton ON L8N 3K9, Canada.

Notice of claim must be submitted within 30 days of occurrence and proof of claim must be submitted within 90 days of occurrence but not more than 12 months after the date of occurrence.

If the Emergency Assistance Provider is not contacted prior to obtaining Hospital out–patient or in–patient Treatment, Your claim will be subject to a **\$200 US** per Insured per claim penalty in addition to any Deductible. This **\$200 US** per Insured per claim penalty will be waived if You are unconscious or physically unable or someone on Your behalf is unable to contact the Emergency Assistance Provider. If the Emergency Assistance Provider is not contacted within 24 hours of You being Hospitalized, the Insurer will limit benefits under this Policy to 50% of eligible expenses. This penalty is waived if You are unconscious or physically unable or someone on Your behalf is unable to contact the Emergency Assistance Provider.

Limitation on Emergency Assistance Provider Services: The Insurer and/or the Emergency Assistance Provider reserve the right to suspend, curtail or limit services in any area or country in the event of:

- rebellion, riot, military uprising, war; or
- labour disturbances, strikes; or
- nuclear accidents, acts of God, or refusal by the authorities in the country where assistance is required to permit the delivery of such services.

The Emergency Assistance Provider will use its best efforts to provide the required services during any such occurrence.

The Emergency Assistance Provider's obligation to provide services described in this Policy is subject to the conditions, limitations and exclusions set out in this Policy. The medical professional(s) suggested or designated by the Insurer or the Emergency Assistance Provider to provide services according to the benefits and terms of this Policy are not employees of the Insurer or the Emergency Assistance Provider. Therefore, neither the Insurer nor the Emergency Assistance Provider shall be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any medical Treatment or service You may receive or Your failure to obtain or receive any medical Treatment or service.

Section 14: Privacy

Collecting personal information about You is essential to our ability to offer You high quality insurance products and service. The information provided by You will be used only for determining Your eligibility for coverage under the Policy, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties, such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that we must share Your information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. We take great care to keep Your personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If You have any questions about our privacy policy, please contact our privacy officer at 905–523–5587 or by email to:

privacy@oldrepublicgroup.com

Underwritten by
Old Republic Insurance Company of Canada
In Quebec, Reliable Life Insurance Company



Paul M. Field, CPA, CA
President and Chief Executive Officer
August 2016
TES1617