

Nagadan 60 Day Travel Plan

Out-of-Province/Country Emergency Medical Insurance



alberta benefits ltd.
INNOVATIVE SOLUTIONS FOR EMPLOYEE BENEFITS

#607 10240 - 124 Street NW | Edmonton, Alberta Canada | T5N 3W6
T: (780) 944-9167 | Fax: (780) 944-9168 | Toll free: 1-866-944-9167

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INTRODUCTION

IMPORTANT – PLEASE READ: This Certificate of Insurance is a valuable source of information and contains the terms of travel insurance from RBC Insurance Company of Canada. **Some of these terms may exclude or limit benefits and amounts payable to you.** Please read this Certificate of Insurance, keep it in a safe place and carry it with *you* when *you* travel.

A group insurance policy number F2000380A (“Policy”) has been issued to Canadian Benefit Providers GP Inc. (“Policyholder”) by RBC Insurance Company of Canada (“Insurer”) to cover expenses related to: *Emergency* Medical expenses, incurred in the first 60 consecutive days of any *trip* by eligible enrolled persons while outside *your* Canadian province or territory of residence. This Certificate of Insurance summarizes the provisions of the Policy.

Upon enrolment, this Certificate of Insurance will form *your* insurance contract. **Your insurance coverage is subject to the terms set out in this Certificate of Insurance.**

All *italicized* terms have the specific meaning explained in the “Definitions” section of this Certificate of Insurance.

EMERGENCY MEDICAL ASSISTANCE CONTACT INFORMATION

Wherever *you* go, Assured Assistance Inc. is just a phone call away 24 hours a day, 7 days a week.

If *you* require medical treatment during *your trip*, or for any other emergency, *you* must contact Assured Assistance Inc. immediately at one of these numbers:

Assistance

- Canada and USA toll free: 1 866-896-5705
- Local: 905-816-1685 – collect from anywhere

Claims

- Canada and USA toll free: 1 866-896-8170
- Local: 905-816-1922 – collect from anywhere

Fax Numbers

- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905 813-4719 (fax)



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SUMMARY OF INSURANCE COVERAGE

Eligibility

Coverage Period for each <i>trip</i>	60 consecutive days or less
Description of Classes	Active employees under the age of 70
Work Hours Required	As specified by the Policyholder
Termination Age	Age 70 or earlier retirement
Coverage for <i>Dependents</i>	<i>Spouse/Children</i> as defined
Age Limits for <i>children</i>	Under 21 years of age or under 26 years of age if a full-time student

Summary of Insurance Coverage continued on next page...



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Benefits

	Maximum Sums Available
Emergency Medical and other Benefits	Unlimited
Incidental Allowance while in <i>hospital</i> (telephone calls, television rental etc.)	\$50 per day to a maximum of \$500
Ground Ambulance	Local Ground Ambulance covered
Other <i>Emergency Services</i> (Chiropractor, Physiotherapist etc.)	\$300 per profession
Subsistence Allowance	\$175 per day to a maximum of \$1,750.
Return of Deceased	<ul style="list-style-type: none"> • Transportation: Unlimited • On-site cremation or burial: \$2000 • Preparation of remains: \$3000 • Return trip by someone required to identify <i>your</i> remains: Return Economy Airfare & \$300
<i>Bedside Companion's travel to bedside</i> *Please see coverage details for what this benefit covers.	Return Economy Airfare & \$500
Return to <i>your</i> departure point	Via one-way economy airfare, or stretcher, or qualified medical attendant or air ambulance
<i>Emergency Dental Treatment</i>	\$300 for <i>emergency treatment</i> . Accidental blow to the face unlimited +\$2,000 within 180 days of returning
Return of <i>Vehicle</i>	Reasonable costs
Return of <i>children</i>	One-way economy Airfare & escort if necessary
Return of one <i>travelling companion</i>	One-way economy airfare
Return of dog or cat	\$500
Return of Excess Baggage	\$500



COLLECTION AND USE OF PERSONAL INFORMATION

Collecting your personal information

We (RBC Insurance Company of Canada) may collect information about you such as:

- information establishing your identity (for example, name, address, phone number, date of birth, etc.) and your personal background;
- information you provide through the application and claims process for any of our insurance products and services; and
- information for the provision of insurance products and services.

We may collect information from you, either directly or through our representatives.

We may collect and confirm this information during the course of our relationship.

We may also obtain this information from a variety of sources including hospitals, doctors and other health care providers, the government (including government health insurance plans) and governmental agencies, other insurance companies, travel suppliers, law enforcement authorities, private investigators, your family and friends, and any references you provide.

Using your personal information

This information may be used for the following purposes:

- to verify your identity and investigate your personal background;
- to issue and maintain insurance products and services you may request;
- to evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- to better understand your insurance situation;
- to determine your eligibility for insurance products and services we offer;
- to help us better understand the current and future needs of our clients;
- to communicate to you any benefit, feature and other information about products and services you have with us;
- to help us better manage our business and your relationship with us; and
- as required or permitted by law.

For these purposes, we may make this information available to our employees, our agents, service providers and other third parties, who are required to maintain the confidentiality of this information.

In the event our service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, other financial institutions, health organizations and the government (including government health insurance plans) and governmental agencies. Upon your request, we may give this information to other persons.

We may also use this information and share it with RBC companies (i) to manage our risks and operations and those of RBC companies, (ii) to comply with valid requests for information about you from regulators, government agencies, public bodies or other entities who have a right to issue such requests, and (iii) to let RBC companies



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know your choices under “*Other uses of your personal information*” for the sole purpose of honouring your choices.

Other uses of your personal information

When you request our products and services from your travel supplier, there are other ways we may use your information. For example, we may use or share some of your information to help your travel supplier better manage their relationship with you and to help them offer you the best solutions for your travel needs. However, we will never use or share your health information for these purposes.

Your right to access your personal information

You may obtain access to the information we hold about you at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law. To request access to such information, to ask questions about our privacy policies or to request that the information not be used for any or all of the purposes outlined in “*Other uses of your personal information*” you may do so now or at any time in the future by contacting us at:

RBC Insurance Company of Canada
P.O. Box 97, Station A
Mississauga, Ontario L5A 2Y9
Phone: 1-800-263-8944
Fax: 1-888-298-6262 or 905-813-4701

Our privacy policies

You may obtain more information about our privacy policies by asking for a copy of our “Financial fraud prevention and privacy protection” brochure, by calling us at the toll free number shown above or by visiting our web site at <http://www.rbc.com/privacysecurity>.



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DEFINITIONS

The following are *our* definitions and apply when written in *italics* throughout this document.

Accidental bodily injury: bodily injury caused by an accident of external origin occurring during the *period of insurance* and being the direct and independent cause of the loss.

Bedside companion: a person of *your* choice who is required at *your* bedside while *you* are hospitalized during *your* trip.

Children: unmarried persons:

- under 21 years of age; or
- under 26 years of age if full-time students; or
- mentally or physically handicapped and over 20 years of age; and who are the *participant's* natural, adopted or step-children and are reliant on the *participant* for support.

Commercial rental agency: a car rental agency licensed under the law of its jurisdiction.

Contamination: the poisoning of people by nuclear, chemical and/or biological substances which causes illness and/or death.

Departure point: the place *you* depart from on the first day, and return to on the last day, of *your* intended travel period.

Dependent: the *participant's* spouse under the age of 70, or children

Effective date: subsequent to *your* start-up date, the date on which *you* are scheduled to leave *your* departure point.

Emergency: any sudden and unforeseen event that begins during the *period of insurance* and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized. An *emergency* ends when the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* are medically able to return to *your* home country.

Emergency treatment: medical treatment or surgery for an *emergency*, that is required for the immediate relief of an acute symptom, or upon the advice of a licensed *physician* cannot be delayed until *you* return to *your* home country, and has



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to be received during *your trip* because *your medical condition* prevents you from returning to *your* home country. The treatment or surgery must be:

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

Expiry date: the date on which *your* coverage ends under this Certificate of insurance.

Government health insurance plan: the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

Hospital: an establishment that is licensed as an accredited *hospital*, is operated for the care and treatment of in-patients, has a Registered Nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the establishment. *Hospital* does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Immediate family: *spouse*, parent, legal guardian, legal ward, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew.

Medical condition: *accidental bodily injury* or sickness (or a condition related to that *accidental bodily injury* or sickness), including disease, acute psychoses and complications of pregnancy occurring within the first 32 weeks of pregnancy.

Mental or emotional disorders: emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti-anxiety (anxiolytics) medication.

Network: the *hospitals*, *physicians* and other medical service providers recognized by *us* at the time of the *emergency*.

Participant: means an active employee or a member under the age of 70 years of age, whom the Policyholder identifies as being entitled to insurance coverage under the Policy and for whom the Policyholder has paid *us* the required premium.

Period of insurance: the period of time between *your effective date* and *your return date*, which cannot exceed 60 consecutive days.

Physician: someone who is not *you* or a member of *your immediate family* who is licensed to prescribe drugs and administer medical treatment (within the scope of



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such licence) at the location where the treatment is provided. A *physician* does not include a naturopath, herbalist, chiropractor or homeopath.

Prescription drug: drug or medicine that can only be issued upon the prescription of a licensed *physician* or dentist and is dispensed by a licensed pharmacist. *Prescription drug* does not mean such drug or medicine, when *you* need (or renew) them to continue to stabilize a condition which *you* had before *your trip*, or a chronic condition. (Limited to a 30-day supply per prescription, unless you are hospitalized).

Professional: engaged in a specified activity as *your* main paid occupation.

Return date: the earliest of:

- a) 11:59 p.m. on the last date of *your* scheduled *trip*; or
- b) 11:59 p.m. on the 60th day of *your trip*.

Spouse: the person who is married, or in any formal union recognized by law, to the *participant*, or the *participant's* partner of the opposite sex or of the same sex who is publicly represented as the *participant's spouse*. A *participant* can only cover one *spouse* at a time under this insurance coverage.

Start-up date: the later of:

- the date *you* enrol under the group extended health care plan of the Policyholder; or
- the date of the cheque for the first month's premium submitted by the Policyholder

Travelling companion: the person who is sharing travel arrangements with *you* and who is covered under this Certificate of Insurance.

Trip: the period of time between leaving *your departure point* up to and including *your return date*.

Vehicle: a private passenger automobile, minivan, mobile home, camper truck or trailer home, which *you* use during *your trip* exclusively for the transportation of passengers other than for hire. It can be either owned by *you* or leased by *you* from a *commercial rental agency*.

We, us and **our** refer to RBC Insurance Company of Canada.

You, yourself and **your** refers to the *participant* or *dependent* as named by the Policyholder and for whom the required premium has been paid.



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GENERAL INSURANCE DETAILS

Your insurance coverage is subject to the terms set out in this document.

Who is eligible for coverage?

To be eligible for insurance coverage *you* must:

- be a Canadian resident;
- have *your* place of employment in Canada (applicable to *participant* only);
- be covered under the group extended health care plan of the Policyholder;
- be on the monthly list of members entitled to coverage provided to the Insurer by the Policyholder
- work the minimum number of hours per week specified by the Policyholder (applicable to *participant* only);
- be an active employee under the age of 70 (*spouse* must also be under the age of 70);
- be a *dependent* of the *participant*;
- be covered under *your government health insurance plan* for the full duration of *your trip*;
- travel for the first 60 consecutive days of any *trip* for an unlimited number of *trips*.

When does *your* insurance start and end?

Insurance starts on *your start-up date*.

Insurance ends on the earliest of:

- a) the date *you* no longer meet the eligibility requirements for coverage;
- b) the date *you* return to *your* province, territory or country of residence,
- c) midnight of *your return date*;
- d) midnight of *your expiry date*;
- e) the date the premium is due if the Policyholder does not remit *your* premium to *us*, except where this is the result of clerical error;
- f) the date the *participant's* coverage terminates;
- g) the date of the *participant's* death in which case coverage for the *dependent(s)* will continue until the earlier of:
 - the expiry of 2 years from the date of death
 - the date the definition of *dependent* is no longer met;
- h) the date the Policy is terminated.



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When does *your* coverage automatically extend?

1. If *you* cannot complete *your trip* by *your return date* because of the delay of a common carrier in which *you* are scheduled to travel, *your* coverage will automatically extend for the delay period to a maximum of 72 hours.
2. If *you* or *your travelling companion* are hospitalized on *your return date* or *expiry date*, *your* coverage will automatically extend for the period of hospitalization and up to an additional 5 days after discharge
3. If *you* or *your travelling companion* are delayed beyond *your return date* because of a *medical condition* and are medically unable to travel, but are not hospitalized, *your* coverage will automatically extend for the delay period to a maximum of 5 days after *your return date*.
4. Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your* latest date of departure from *your departure point*.



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EMERGENCY MEDICAL INSURANCE

What must *you* do in a medical *emergency*?

You must contact Assured Assistance Inc. before seeking *emergency treatment*. In addition, all surgery and heart procedures, including heart catheterization, must be approved in advance by the medical advisors of Assured Assistance Inc. When *you* contact Assured Assistance Inc., they will refer *you* or may transfer *you*, when medically appropriate, to one of the accredited medical service providers within the *network*. Assured Assistance Inc. will also request for the medical service provider within the *network* to bill the medical expenses covered under this insurance directly to *us* instead of to *you*. Failure to call may result in reduced benefits.

Emergency Contact Numbers:

- **Canada and USA toll free: 1-866-896-5705**
- **Local: 905-816-1685 – collect from anywhere**

What coverage limitations apply?

If *you* do not contact Assured Assistance Inc. at the time of *your medical emergency* or *you* choose to receive treatment from a medical service provider outside the *network*, *you* will be responsible for 25% (maximum \$25,000) of *your* medical expenses covered under this insurance and in excess of *your* medical expenses paid by *your government health insurance plan*. If *your medical condition* prevents *you* from calling Assured Assistance Inc. before seeking *emergency treatment*, *you* must call Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (family member, friend, *hospital* or *physician's* office staff, etc.) may call on *your* behalf.

What risks are insured?

This insurance covers the reasonable and customary medical expenses *you* actually incur once *you* have left *your departure point* for necessary medical care or surgery, as part of the *emergency treatment* arising from a *medical condition*. This insurance only covers expenses in excess of those covered under *your government health insurance plan* and by any other insurance or benefit plan under which *you* are covered.

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What are the benefits?

1. Unlimited *Emergency* medical expenses

This insurance covers medical expenses related to the following when required as part of the *emergency treatment* and ordered by a licensed *physician* during *your trip*:

- a) *emergency treatment*, other than dental treatment;
- b) the services of a licensed private duty nurse while *you* are hospitalized;
- c) the lesser of the rental or purchase of a hospital-type bed, a wheelchair, brace, crutches and other medical appliances;
- d) diagnostic testing, when pre-authorized by Assured Assistance Inc.; and
- e) *prescription drugs* limited to a 30-day supply per prescription unless *you* are hospitalized

2. Incidental allowance while in *hospital*

This insurance covers *your* reimbursement up to \$50 per day to a maximum of \$500 for *your* incidental *hospital* expenses (telephone calls, television rental), while *you* are hospitalized for at least 48 hours.

3. Other *emergency* services

This insurance covers expenses for *emergency treatment* by a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, to a maximum of \$300 per profession.

4. Ground ambulance

This insurance covers *you* for local ground ambulance service to a *hospital*, *physician* or medical service provider in an *emergency*. We will pay for local taxi fare in lieu of local ground ambulance service, where an ambulance is medically required but not available.

5. Return of deceased

If, during *your trip*, *you* die from a *medical condition* covered under this insurance, the insurance covers

- a) the transportation of *your* remains in the common carrier's standard transportation container to *your departure point*, and up to \$3,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container; or
- b) the transportation of *your* remains to *your departure point* and up to \$2,000 for the cremation of *your* remains at the location where *your* death occurred; or
- c) up to \$3,000 for the preparation of *your* remains and, the cost of a standard burial container and up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.

If someone is legally required to identify *your* remains, this insurance covers the cost of a return economy air fare on a commercial flight via the most cost effective route and up to \$300 for commercial accommodations and meals for that person.



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6. **Return to your departure point**

If the *physician* treating *you* recommends to *us* in writing that *you* return to *your* country of residence because of *your medical condition* in order to receive *emergency* medical attention, or if the medical advisors of Assured Assistance Inc. determine that *you* are able to and recommend that *you* return to *your* country of residence following *your emergency treatment*, this insurance covers *you* for one or more of the following, when pre-authorized and arranged by Assured Assistance Inc., when medically essential:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your departure point* to receive immediate *emergency* medical attention; or
- the cost of a stretcher fare on a commercial flight via the most cost effective route to *your departure point*, if a stretcher is medically necessary; and
- the cost of a return economy air fare on a commercial flight via the most cost effective route and the usual fees and expenses for a qualified medical attendant to accompany *you*, when the attendant is medically necessary or required by the airline; or
- the cost of air ambulance transportation if it is medically essential.

7. **Subsistence allowance**

- a) **This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) This insurance covers *your* reimbursement up to \$175 per day to a maximum of \$1,750 for *your* commercial accommodations and meals, essential telephone calls and taxi fares, if, upon *physician's* advice:
 - *you, your dependent(s) or your travelling companion*, are relocated to receive medical attention; or
 - *you* are delayed beyond *your return date* in order to receive *emergency treatment* or because *your dependent(s) or your travelling companion* requires *emergency treatment*, for an *emergency medical condition* covered under this insurance.

8. **Bedside companion's travel to your bedside**

- a) **This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) If *you* are travelling alone and are expected to be hospitalized for more than 3 days during *your trip* and a *bedside companion* is required, this insurance covers:
 - the cost of a return economy air fare on a commercial flight via the most cost effective route;
 - up to \$500 maximum for commercial accommodations and meals for the *bedside companion*;
- c) If *you* are over age 20 and physically or mentally handicapped, or under age 21 and dependant on *your bedside companion* for support,



this insurance provides this benefit to *you* as soon as *you* are admitted to a *hospital*.

9. **Emergency dental treatment**

This insurance covers the following dental expenses when required as *emergency treatment* and ordered by or received from a licensed dentist:

- if *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an accidental blow to *your* face, *you* are covered for the *emergency* dental expenses *you* incur during *your* trip and *you* are also covered up to a maximum of \$2,000 to continue necessary treatment after *your* return to Canada. However, this treatment must be completed within 180 days after the accident.
- if *you* need other *emergency* dental treatment, *you* are covered for the *emergency* dental expenses *you* incur during *your* trip, up to a maximum of \$300, and the complete cost of *prescription drugs*.

10. **Return of vehicle**

If, as a result of a medical *emergency* during *your* trip, *you* are unable to return a *vehicle* to its point of origin, this insurance covers the reasonable costs for a commercial agency to return the *vehicle* to *your* departure point or to a *commercial rental agency*, when pre-authorized by Assured Assistance Inc.

11. **Return of children and escort for children to their departure point**

If *children* insured under one of *our* *emergency* medical insurances travel with *you* or join *you* during *your* trip and *you* are hospitalized for more than 24 hours or *you* must return to Canada because of *your* *emergency* medical condition covered under this insurance, this insurance covers:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route for the return of those *children* to their *departure point*; and
- the cost of a return economy air fare via the most cost effective route on a commercial flight for an escort, if the airline requires that the *children* be escorted.

12. **Return of travelling companion**

If *you* are travelling with a *travelling companion*, this insurance covers one *travelling companion* for the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your* *departure point*, if *you* must return to Canada because of a *medical condition* covered under this insurance.

13. **Return of your dog or cat**

- a) **This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) If *your* domestic dog(s) or cat(s) travel with *you* during *your* trip and *you* must return to Canada because of *your* *emergency* medical condition covered under this insurance, this insurance covers the cost



of one-way transportation up to a maximum of \$500 to return *your* domestic dog(s) or cat(s) to *your departure point*.

14. Return of *your* excess baggage

- a) **This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) If *you* return to *your departure point* by air ambulance (pre-authorized by Assured Assistance Inc.) because of *your emergency medical condition*, this insurance covers the cost to return *your* excess baggage up to a maximum of \$500.

What conditions apply?

You agree that *we* and Assured Assistance Inc. have:

- a) *your* consent to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
- b) *your* authorization to *physicians, hospitals* and other medical providers to provide to *us* and Assured Assistance Inc. any and all information they have regarding *you*, while under observation or treatment, including *your* medical history, diagnoses and test results; and
- c) *your* agreement to the disclosure of the information available under a) and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.

What is not covered?

GENERAL EXCLUSIONS

This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

1. The continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* of that condition during *your trip*, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* are medically able to return to *your* home country and *you* choose not to return.
2. The treatment of any heart or lung condition, following *emergency treatment* for a related or unrelated heart or lung condition during *your trip*, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* were medically able to return to *your* home country and *you* chose not to return.
3. *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).



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4. *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
5. Any *medical condition* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*.
6. Any *medical condition* arising from, or in any way related to, the abuse of alcohol during *your trip*.
7. Any *medical condition* arising from, or in any way related to, the voluntary use, during *your trip*, of illegal drugs or *prescription drugs* not prescribed to *you*.
8. *Your* abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*
9. *Your mental or emotional disorders*, unless hospitalized.
10. Any treatment that is not *emergency treatment*.
11. *Your* participation as a *professional* athlete in a sporting event.
12. *Your* participation in a motorized race or motorized speed contest.
13. Any *medical condition* if *you* undertake *your trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the *medical condition*.
14. A *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your effective date*.
15. A *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*.
16. a) Routine pre-natal care, b) pregnancy, childbirth or complications of either, occurring in the 8 weeks before or after the expected date of delivery.
17. Treatment or surgery for a specific condition, or a related condition, which had caused *your physician* to advise *you* not to travel.
18. *Your emergency medical condition* or related condition, if the reason for *your emergency medical condition* or related condition is associated in any way with a written formal travel warning issued before *your effective date* by the Department of Foreign Affairs and International Trade of the Canadian Government, advising Canadians not to travel to the country, region or city of *your destination*.
19. Any portion of the benefits that require prior authorization and arrangement by Assured Assistance Inc. if such benefits were not pre-authorized and arranged by Assured Assistance Inc.
20. War (declared or not), act of foreign enemies or rebellion.
21. Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.



GENERAL CONDITIONS

1. If *you* fail to meet the eligibility conditions as outlined under “Who is eligible for coverage?” *your* insurance is void and *our* liability is limited to a refund of the premium paid.
2. When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.
3. If *you* are eligible, from any other insurance company, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all companies cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all companies from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each company.
4. In the case of out-of-country/province health care coverage:
 - a. if *you* are retired and *your* former employer provides to *you* under an extended health insurance plan, a lifetime maximum coverage of:
 - i. \$50,000 or less, *we* will not coordinate payment with such coverage;
 - ii. more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000; in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.
 - b. if *you* are actively employed and *your* current employer provides to *you* under a group health insurance plan, a lifetime maximum coverage of:
 - i. 50,000 or less, *we* will not coordinate payment with such coverage;
 - ii. more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000.
5. If *you* are insured under more than one of *our* coverages, the total amount paid to *you* cannot exceed the actual expense which *you* have incurred and the maximum *you* are entitled to is the largest amount specified for the benefit in any one insurance coverage.
6. Any of *our* coverages are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of *our* coverages.
7. *You* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount is not payable under the terms of *your* coverage.



8. If *you* incur expenses covered under this insurance due to the fault of a third party, *we* may take action against the party at fault. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under the Certificate of Insurance.
9. *We* will pay the expenses, covered under this insurance to *you* or to the provider of the service(s). Any sum payable for loss of life will be payable to *your* estate.
10. Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*. This insurance will not pay for any interest.
11. During the processing of a claim under this insurance, *we* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense.
12. *You* and *we* agree that all disputes, controversies or claims arising under the Certificate of Insurance or otherwise in connection with this coverage, whether of law or fact and of any nature whatsoever including, but not limited to, all disputes or controversies related to determinations made under the Certificate of Insurance shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which the Certificate of Insurance was issued under the rules embodied in the arbitration legislation of the Canadian province or territory in which the Certificate of Insurance was issued or, in the absence of such legislation, in the Commercial Arbitration Act, R.S.C. 1985, C.17 (second supp.), as amended. In any event, any action or arbitration proceeding against *us* for the recovery of a claim under the Certificate of Insurance shall not be commenced more than 1 year after the occurrence which gives rise to the claim. If, however, this limitation is invalid according to the laws of the province or territory where the Certificate of Insurance was issued, *you* must commence *your* action or arbitration proceeding within the shortest time limit permitted by the laws of that province or territory. In addition, the venue of any action or arbitration proceeding shall only be in the province or territory where the Certificate of Insurance was issued. *You*, *your* heirs and assigns consent to the transfer of any action or arbitration proceeding to the province or territory where the Certificate of Insurance was issued and at a venue chosen by *us* and/or Assured Assistance Inc.
13. This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
14. Throughout this document, any reference to age refers to *your* age on the *effective date*.



15. *We* and *our* agents, Assured Assistance Inc. and their agents are not responsible for the availability, quality or results of any medical treatment or of any transportation or of *your* failure to obtain medical treatment.
16. This document, is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.



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INNOVATIVE SOLUTIONS FOR EMPLOYEE BENEFITS

#607 10240 - 124 Street NW | Edmonton, Alberta Canada | T5N 3W6
T: (780) 944-9167 | Fax: (780) 944-9168 | Toll free: 1-866-944-9167

HOW DO YOU SUBMIT A CLAIM?

If you contacted Assured Assistance Inc. at the time of the medical *emergency*:

When you call Assured Assistance Inc. at the time of an *emergency* as shown under “What must you do in a *medical emergency*?” you are given all the information required to file a claim.

If you did not contact Assured Assistance Inc. at the time of the medical *emergency*:

1. If you did not contact Assured Assistance Inc. at the time of your *medical emergency* or you chose to receive treatment from a medical service provider outside the *network*, you will be responsible for 25% (maximum \$25,000) of your medical expenses covered under this insurance and in excess of your medical expenses paid by your *government health insurance plan*.
2. We do not cover fees charged for completing a medical certificate.
3. You must file your claim with us within 90 days of your return to your *departure point*.
4. If you need a claim form, or to submit a claim, please contact the Claims Department at:

RBC Insurance Company of Canada
P.O. Box 97, Station A,
Mississauga, Ontario L5A 2Y9
1-866-896-8170 (toll-free from USA or Canada)
905-816-1922 (collect call from anywhere)
905-813-4701 (fax)

Emergency Medical Insurance:

We require the fully completed Claim & Authorization form, and where applicable:

- documentary evidence of your *departure date*;
- original of all bills, invoices and receipts;
- proof of payment by your *government health insurance plan* and payment from any other insurance company or benefit plan;
- the completed and signed government specific forms if you reside in Quebec, British Columbia or Newfoundland;
- a complete diagnosis from the *physician(s)* and/or *hospital(s)* who provided the treatment, including, where applicable, written verification from the *physician* who treated you during your *trip* that the expenses were medically necessary;
- for accidental dental expenses, we require proof of the accident.



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 INNOVATIVE SOLUTIONS FOR EMPLOYEE BENEFITS

WHAT ASSISTANCE SERVICES ARE AVAILABLE?

Under this Certificate of Insurance, the following assistance services are available to *you*:

1. Medical Assistance & Consultation

When *you* have a medical *emergency* and *you* call Assured Assistance Inc., whenever possible *you* will be directed to one or more recommended medical service providers near *you*. In addition, whenever possible, Assured Assistance Inc. will:

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

2. Payment Assistance

Whenever possible, the payment of the medical services *you* receive will be co-ordinated through Assured Assistance Inc., communicated with *your* medical provider and billing arrangements will be discussed. There are certain countries where, due to local conditions or travel reports from the Canadian government, assistance services are not available and *you* may be required to make payment up-front. If *you* are required to make payment up-front, *you* must obtain detailed and itemized original bills for claims submission and call the Claims Centre on *your* return home.

3. Emergency Message Centre

In case of a medical *emergency*, Assured Assistance Inc. will help exchange important messages with *your family*, business or *physician*.

4. Replacement Co-ordination

Whenever possible, Assured Assistance Inc. will help co-ordinate the replacement of *your* prescription eyeglasses or essential prescription medication in the event these items need to be replaced during *your trip*.



IMPORTANT TELEPHONE NUMBERS

Assured Assistance Inc.

(For details, please see “What assistance services are available?”)

- **Canada and USA toll free: 1-866-896-5705**
- **Local: 905-816-1685 – collect from anywhere**
- **905-813-4719 (fax)**
- Medical assistance and consultation
- Payment assistance
- Emergency message centre

Claims Centre

- **Canada and USA toll free: 1 866-896-8170**
- **Local: 905-816-1922 – collect from anywhere**
- Claim filing after *your* return
- Claim enquiry after *your* return

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