

## CLASSIC MEDICAL

### *Emergency Medical Assistance*

**Wherever you go, Assured Assistance Inc. and PAY-ASSIST® are 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:

- 1-800-387-2487 (toll-free call from the USA or Canada)
- 001-800-514-1890 (toll-free call from Mexico)
- 905-816-2561 (collect call from anywhere)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905-813-4719 (fax)

### Claims Assistance

If *you* need a Claim & Authorization form, to submit a new claim, or *you* want status on an existing claim, please contact *our* Claims Department at:

P.O. Box 97

Station A, Mississauga, Ontario, L5A 2Y9

Outside of Quebec 905-816-2572 or 1-800-263-8944

Residents of Quebec 514 748-2244 or 1-800-263-8944

Or *you* can visit *our* website at **<http://www.rbcinsurance.com/travel/travel-insurance-claims.html>**, to obtain an *Emergency* Medical claim form.

**CLASSICMEDICAL-SINGLETRIP**

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**IMPORTANT NOTICE - PLEASE READ CAREFULLY**

- 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.
- A pre-existing exclusion applies to *medical conditions* and/or symptoms that existed prior to *your trip*. Check to see how this applies in *your* policy and how it relates to *your departure date*, date of purchase, or *effective date*.
- In the event of an accident, injury or sickness, *your* prior medical history may be reviewed when a claim is reported.
- *Your* policy provides travel assistance, *you* are required to notify Assured Assistance Inc. prior to *emergency treatment*. *Your* policy limits benefits should *you* not contact Assured Assistance immediately.

**PLEASE READ *YOUR* POLICY CAREFULLY BEFORE *YOU* TRAVEL**

## Summary of Insurance Coverage

Classic Medical Insurance	
	Maximum Sums Available
<i>Emergency Medical and other Benefits</i>	Unlimited <sup>1</sup>
<i>Hospital Allowance</i>	\$500
<i>Emergency Services (Chiropractor, Physiotherapist etc.)</i>	\$300
<i>Return to Trip destination</i>	One-way economy airfare
<i>Subsistence Allowance</i>	\$1,750
Repatriation of Remains * Please see policy for limits on the transportation container, cremation and burial at location	Transportation cost: Unlimited*
<i>Bedside Companion's travel to bedside</i>	Economy Airfare & \$500 subsistence
<i>Return to your province or territory of residence</i>	One-way Economy airfare, or stretcher, or qualified medical attendant or air ambulance
<i>Emergency Dental Treatment</i> <sup>2</sup>	\$300 and/or accidental blow ( <i>emergency expenses</i> )
<i>Return of Vehicle</i>	Reasonable costs
<i>Return of children</i>	One-way economy Airfare & escort if necessary
<i>Return of one travelling companion</i>	One-way economy airfare
<i>Return of dog or cat</i>	\$500
<i>Return of Excess Baggage</i>	\$500
<i>Domestic Services</i>	\$250

<sup>1</sup> This insurance is subject to a maximum of \$20,000 if you do not have valid *government health insurance plan* coverage.

<sup>2</sup> Benefit is *emergency dental expenses* to repair or replace natural or permanently attached artificial teeth incurred during the *trip* and up to a maximum of \$1500 for continued necessary treatment after returning to Canada

### 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*.

**Change in medication** - the addition of any new *prescription drug*, the withdrawal of any *prescription drug*, an increase in the dose of any *prescription drug* or a decrease in the dose of a *prescription drug*.

Exceptions:

- an adjustment in the dosage of insulin or Coumadin (Warfarin), if *you* are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

**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 *your* natural, adopted or step-children and are dependent on *you* 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 of *your* intended travel period, as shown on *your trip* itinerary insured by *us* or on *your insurance application/confirmation of coverage*.

**Effective date** -

a) **for Classic Medical coverage:**

the date on which *you* are scheduled to leave *your departure point*.

b) **for Top-up coverage:**

- 12:01 a.m. on the day following the date of expiry of *your* prior coverage; or
- if *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your effective date* is set out in the point above, based on the coverage *you* purchase as *top-up*.

**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 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 insurance, as shown on *your insurance application/confirmation of coverage*.

**Family coverage** - the coverage option that is available to *you* and *your children* under *our* Classic Medical coverage, when the required premium has been paid.

**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.

**Infant** - a person who was born before *your effective date*, is under 2 years of age, is *your immediate family* member and travels with *you* during *your trip*.

**Insurance application/confirmation of coverage** - the printed form, computer printout, invoice or document provided by *your* Travel Agent or through *your* online application, which confirms the insurance coverage *you* have purchased. The *insurance application/confirmation of coverage* forms part of the insurance contract.

**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 31 weeks of pregnancy.

**Medical questionnaire** - the form that contains questions that must be answered correctly at the time of *insurance application/confirmation of coverage*, and that, once completed and signed, forms part of the insurance contract. *Your medical condition* at the time of completion of the *medical questionnaire* determines the terms of coverage and/or the premium that apply to *you*. *You* must complete the *medical questionnaire* if *your trip* exceeds 183 days.

**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.

**Mountain climbing** - the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead-rope or top-rope anchoring equipment.

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

**Period of insurance** - the period of time between *your effective date* and *your return date*.

**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 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.

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

**Return date** -

a) the date on which *you* are scheduled to return to *your departure point*.

This date is shown on *your insurance application/confirmation of coverage*.

b) If *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your return date* is 11:59 p.m. on the day before the *effective date* of *your* subsequent coverage.

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

**Stable** - any *medical condition* or related condition including any heart condition or any lung condition, (whether or not the diagnosis has been determined) for which there have been:

- no new treatment, new medical management, or new prescribed medication; and
- no change in treatment, change in medical management, or *change in medication*; and
- no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; and
- no new test results or test results showing a deterioration; and
- no investigations or future investigations initiated, or recommended for *your* symptoms; and
- no hospitalization or referral to a specialist (made or recommended).

**Terrorism or act of terrorism** - an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

**Top-up** - the coverage *you* purchase from *us*:

a) to add to *your* insurance beyond the duration covered under *your* Multi-Trip Annual Coverage; or

b) before *your* date of departure from *your departure point*, to complement coverage that is in effect through another source for a portion of *your trip* duration or value.

**Travelling companion** - the person who is sharing travel arrangements with *you*, to a maximum of three persons.

**Trip** - the period of time insured by *us* between leaving *your departure point* up to and including *your return date*.

**Vehicle** - a private passenger automobile, motorcycle, 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*.

**You, yourself and your** refer to:

- a) the person named as the insured on the *insurance application/confirmation of coverage* when the required insurance premium has been paid before the *effective date*; and
- b) *children*, when *family coverage* is applicable and in effect.

### 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;
- travel for a maximum of 183 days, unless otherwise stated below;

- be under 60 years of age;
- purchase *your* coverage before *your effective date*;
- be covered under *your government health insurance plan* for the full duration of *your trip*. This insurance is subject to a maximum of \$20,000 if *you* do not have valid *government health insurance plan* coverage at the time of claim.

In addition,

If *you* are travelling for more than 183 days and to a maximum of 365 days, *you* may purchase the Single Trip Coverage, provided that *you* are covered under *your government health insurance plan* for the full duration of *your trip* and *you* are:

- under 40 years of age; or
- 40 years of age or older and under 59 years of age, *you* have correctly answered the questions in the *medical questionnaire*, and as a result of *your* answers to the *medical questionnaire*, it is determined that *you* are eligible to purchase coverage for *trips* beyond 183 days.

### How do *you* become insured?

*You* become insured and this policy becomes an insurance contract:

- when *you* are named on *your* completed *insurance application/confirmation of coverage*;
- upon payment of the required premium on or before *your effective date*; and
- upon completion of the *medical questionnaire* **where applicable**.

In addition, *your children* become insured under *your emergency* medical insurance contract when the required *family coverage* premium has been paid.

### When does *your* insurance start and end?

Insurance starts on *your effective date*.

Insurance ends on the earliest of:

- a) the date of the cause of cancellation if *your trip* is cancelled before *your* date of departure from *your departure point*;
- b) the date *you* return to *your* province, territory or country of residence, except in the circumstances outlined below\*.
- c) midnight of *your return date*;
- d) midnight of *your expiry date*;
- e) 183 days after *your* date of departure from *your departure point*;
- f) 365 days after *your* date of departure from *your departure point* if *you* are covered under Classic Medical, and *your government health insurance plan* covers *you* for the full duration of *your trip*.

\* under Classic Medical, *your* insurance coverage will not end if *you* temporarily return to *your* province, territory or country of residence prior to *your return date* and then resume *your trip*, provided *you*:

- do not have a claim under this insurance;
- did not have a *medical condition* during *your* temporary return to *your* province, territory or country of residence; and
- were fit to resume travel on *your trip*.

### 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*.

### What if *you* decide to extend *your trip*?

If *you* decide to extend *your trip*, any extension of *your* coverage is subject to the following conditions:

- 1 a) If *you* have not had a *medical condition* under *your* existing coverage under any of *our* insurances, *you* must request the extension by contacting *your* Travel Agent before *your return date*.  
b) If *you* have had a *medical condition* under *your* existing coverage under any of *our* insurances, *you* must request the extension by contacting Assured Assistance Inc. before *your return date*, and the extension is subject to the approval of Assured Assistance Inc.
- 2 *You* must pay the required additional premium before *your* original *return date*.
- 3 If the insurance for which *you* require the extension is not available for the duration that includes the total number of days of *your trip* and any optional extension(s), *your* coverage cannot be extended. Instead, *you* may be able to purchase a new policy under the coverage:
  - a) for which *you* are eligible; and
  - b) that is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date*.

The terms, conditions and exclusions of the extension policy apply to *you* during the extension period.

### What if *you* want to *top-up* another coverage?

If *you* are covered under another coverage, *you* may purchase *top-up* coverage from *your* Travel Agent only before *your* date of departure from *your departure point*, and:

- a) *you* must pay the required *top-up* premium before *your* date of departure from *your departure point*.
- b) the terms, conditions and exclusions of *our* policy issued as *top-up* apply to *you*.
- c) *you* cannot purchase an annual coverage to *top-up* a single *trip* (if *you* have travel insurance included with *your* credit card coverage, *you* can purchase an annual coverage as *top-up*).

### When can *your* premium be refunded?

- 1 All requests for premium refunds must be submitted to the Travel Agent from whom *you* purchased the insurance.
- 2 If *you* return to *your departure point* before *your return date*, the premium *you* paid for the unused days can be refunded, if *you*:
  - provide proof of *your* date of return; and
  - do not have a claim under the insurance.

## Terrorism Coverage

Where an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under one of the covered risks in accordance with the terms and conditions of the policy, this insurance will provide coverage as follows:

- a) We will reimburse *you* up to a maximum of 100% of *your* eligible loss.
- b) The benefits payable in accordance with paragraph a), are in excess to all other potential sources of recovery, including but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only respond after *you* have exhausted all such other sources.

## 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:**

- 1-800-387-2487 (toll-free call from USA or Canada)
- 001-800-514-1890 (toll-free call from Mexico)
- 905-816-2561 (collect call from anywhere)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905-813-4719 (fax)

### **What coverage limitations apply?**

- 1 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 30% 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.
- 2 **This insurance is subject to a maximum of \$20,000 if you do not have valid government health insurance plan coverage at the time of claim.**

### **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.

### **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*.

#### **2 Hospital allowance**

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, chiroprapist, 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 Repatriation of your remains**

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* province or territory of residence, and up to \$5,000 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* province or territory of residence and up to \$5,000 for the cremation of *your* remains at the location where *your* death occurred; or
- c) up to \$5,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$5,000 for the burial of *your* remains at the location where *your* death occurred.
- d) 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 \$500 for commercial accommodations and meals for that person. That person is covered under the terms of *your* insurance during the period in which he/she is required to identify *your* remains, but for no longer than 3 business days.

#### **6 Return to your province or territory of residence**

If the *physician* treating *you* recommends to *us* in writing that *you* return to *your* province or territory 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* province or territory 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* province or territory of residence

- 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* province or territory of residence, 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 Return to *your* trip destination**
- a) This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) This insurance covers *you* for a one-way economy air fare on a commercial flight via the most cost effective route to *your* scheduled *trip* destination after *you* are returned to *your* province or territory of residence to receive immediate medical attention, provided *your* attending *physician* determines that *you* require no further medical attention for *your* *medical condition*. *Your* *trip* to return to *your* scheduled *trip* destination, must occur during *your* *period of insurance* originally provided by this benefit.
- c) This benefit can only be used once during *your* *trip*.
- d) Once *you* return to *your* *trip* destination, a recurrence of the initial *medical condition* or related condition will not be covered under this policy.
- e) When this benefit is provided to *you*, *your* *effective date* under this policy becomes the day *you* leave *your* province or territory of residence to return to *your* *trip* destination.
- 8 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, internet usage fees, and taxi fares (or rental car in lieu of taxi fares), if, upon *physician's* advice:
- *you*, or *your* *travelling companion*, are relocated to receive medical attention, for an *emergency medical condition* covered under this insurance; or
  - *you* are delayed beyond *your* *return date* in order to receive *emergency treatment* or because *your* *travelling companion* requires *emergency treatment*, for an *emergency medical condition* covered under this insurance.
- 9 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 hospitalized during *your* *trip*, then in the event 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 for commercial accommodations and meals for the *bedside companion*; and
  - *your* *bedside companion* is insured under the terms of *your* insurance during the period in which this person is required as *your* *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*.
- 10 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 \$1,500 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*.
- 11 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* residence or to a *commercial rental agency*, when pre-authorized by Assured Assistance Inc.
- 12 Return of *children* and escort for *children* to their province or territory of residence**
- 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:
- a) 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 province or territory of residence; and
- b) 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.
- 13 Return of *travelling companion***
- a) This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) 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* province or territory of residence, if *you* must return to Canada to receive immediate medical attention because of a *medical condition* covered under this insurance.
- 14 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* province or territory of residence.
- 15 Return of *your* excess baggage**
- a) This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) If *you* return to *your* province or territory of residence 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.
- 16 Domestic Services**
- a) This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) If *you* return to *your* province or territory of residence by air ambulance (pre-authorized by Assured Assistance Inc.) because of *your* *emergency medical condition*, and *your* *medical condition* restricts *your* ability to perform domestic services, this insurance covers the cost

of reasonable domestic services provided by a registered domestic service business up to a maximum of \$250. Benefit must be used within 30 days of *your* return to *your* province or territory of residence. Note: this benefit is applicable to *your* primary residence.

### What is not covered?

#### I - Exclusion Related To *Your Pre-Existing Medical Condition*:

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *you* depart on *your trip*, *your medical condition* or related condition has not been *stable*.
- 2 *Your heart condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *you* depart on *your trip*:
  - a) any heart condition has not been *stable*; or
  - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 *Your lung condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *you* depart on *your trip*:
  - a) any lung condition has not been *stable*; or
  - b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

#### II - General Exclusions

In addition to the exclusion outlined above under "I - Exclusion Related To *Your Pre-Existing Medical Condition*," this insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- 1 Any *medical condition* if any answer provided in *your medical questionnaire* is incorrect, in which case the policy is void and the premium paid is refundable at *our* option.
- 4 *Your intentional self-inflicted injury, suicide or attempt to commit suicide* (whether sane or insane).
- 5 *Your commission of a criminal act or your direct or indirect attempt to commit a criminal act*.
- 6 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*.
- 7 *Your abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment* whether prior to or during *your trip*.
- 8 *Your mental or emotional disorders*.
- 9 Any treatment that is not *emergency treatment*.
- 10 *Your participation as a professional athlete in a sporting event including training or practice for the same*.
- 11 *Your participation in rock climbing or mountain climbing*.
- 12 *Your participation in a motorized race or motorized speed contest including training or practice for the same*.
- 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) a child born during *your trip*,
  - c) in the 9 weeks before or after the expected date of delivery, complications of pregnancy and/or childbirth.
- 17 Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your effective date*.
- 18 Treatment or surgery for a specific condition, or a related condition, which:
  - a) had caused *your physician* to advise *you* not to travel; or
  - b) *you* contracted in a country during *your trip* when, before *your effective date*, a written formal travel warning was issued by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city.
- 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 Any *medical condition*, if the medical advisors of Assured Assistance Inc. recommend that *you* return to *your* country of residence following *your emergency treatment*, and *you* chose not to return.
- 21 War (declared or not), act of foreign enemies or rebellion.
- 22 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.
- 23 Any *medical condition* which first appeared, was diagnosed or received *emergency medical treatment* prior to the effective date of the insurance extension if the extension was purchased after the contracted date of departure.

#### What conditions apply?

- 1 By paying the premium for this insurance, *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.
- 2 This insurance is subject to the "Terrorism Coverage", "General Conditions" and "How Do You Submit a Claim?" sections outlined in this policy.

#### 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 insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.
- 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:
    - \$50,000 or less, *we* will not coordinate payment with such coverage;
    - 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:
    - \$50,000 or less, *we* will not coordinate payment with such coverage;
    - 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* policies, 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 policy.
- 6 Any of *our* policies 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* policies.
- 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* policy.
- 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 policy.
- 9 *We* will pay the expenses, other than for loss of life, 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 unless otherwise specified in *your insurance application/confirmation of coverage*.
- 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 this policy or otherwise in connection with this policy, 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 policy shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this policy was issued under the rules embodied in the arbitration legislation of the Canadian province or territory in which this policy 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 this policy 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 this policy 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 policy was issued. *You, your* heirs and assigns consent to the transfer of any action or arbitration proceeding to the province or territory where the policy 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 date of *insurance application/confirmation of coverage*.
- 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, including the *insurance application/confirmation of coverage* and, when applicable, the *medical questionnaire*, 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.

#### **How do you submit a claim?**

- 1 When *you* call Assured Assistance Inc. at the time of an *emergency*, *you* are given all the information required to file a claim. Otherwise, please refer to the instructions below.
- 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 & Authorization form, please contact *our* Claims Department at:
  - P.O. Box 97, Station A, Mississauga, Ontario, L5A 2Y9
  - Outside of Quebec 905-816-2572 or 1-800-263-8944
  - Residents of Quebec 514 748-2244 or 1-800-263-8944Or *you* can visit *our* website at <http://www.rbcinsurance.com/travel/travel-insurance-claims.html>, to obtain an *Emergency Medical* claim form or a Cancellation & Interruption claim form.

#### **Emergency Medical Insurance**

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

- *our medical questionnaire*.
  - original of all bills, invoices and receipts.
  - proof of payment by *your government health insurance plan* and payment from any other insurer or benefit plan.
  - the completed and signed Power of Attorney and Régie de l'assurance maladie du Québec forms, if *you* reside in the province of Quebec.
  - 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.
- In addition, for accidental dental expenses, *we* require proof of the accident.

**FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF YOUR CLAIM.**

### What Assistance Services are available?

Assured Assistance Inc (AAI) provides *Emergency* Assistance leveraging *our* travel assistance coordinators, travel professionals and call centre infrastructure teams. Behind the scenes *our* medical assistance team is ready to provide their expertise if required.

### Emergency Assistance Services:

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:

- 1-800-387-2487 (toll-free call from the USA or Canada)
- 001-800-514-1890 (toll-free call from Mexico)
- 905 816-2561 (collect call from anywhere)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905 813-4719 (fax)

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 **Pay Assistance**

Whenever possible, the payment of the eligible medical services *you* receive will be co-ordinated through Assured Assistance Inc., communicated with *your* medical provider and billing arrangements will be discussed. Pay assistance may not be available from certain medical service providers for reasons beyond the control of Assured Assistance Inc. *You* may be required to make payment up-front, or to leave a deposit. If *you* are required to make payment up-front or leave a deposit, call Assured Assistance Inc. immediately.

#### 3 **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*. This insurance does not cover the actual cost to replace *your* prescription eyeglasses or essential prescription medication.



**RBC Insurance Company of Canada and  
Assured Assistance Inc.  
P.O. Box 97, Station A,  
Mississauga, Ontario L5A 2Y9**

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