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# Worldwide Travel Insurance

## Plan D-Emergency Medical Plan

Designed for  **TRAVEL CUTS** and  
The Adventure Travel Company.

Also available for purchase at [www.travelcuts.com](http://www.travelcuts.com)

**Bon Voyage Worldwide Travel Insurance**  
**Plan D - Emergency Medical Plan**

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Once the appropriate premium is paid and a policy confirmation number is issued, this document becomes *your* insurance policy.

**Emergency Medical Assistance**

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:

- 1-866-962-9175 (toll-free call from the USA or Canada)
- 905 816-1559 (collect call from anywhere)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905 813-4719 (fax)

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.

**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

Bon Voyage Worldwide Travel Insurance-Plan D Emergency Medical Plan	
<b>Emergency Medical Insurance</b>	
<i>Emergency Medical &amp; Other Benefits</i>	\$1,000,000 <sup>1</sup>
<i>Emergency Services (Chiropractor, Physiotherapist etc.)</i>	\$300
<i>Return to Trip destination</i>	One-way economy airfare
<i>Subsistence Allowance</i>	\$150
Repatriation of Deceased Please see policy for details regarding burial at location	Preparation: \$3,000 plus transportation cost. Overall maximum: \$10,000
<i>Bedside Companion's travel to bedside</i>	\$3,500 Economy Airfare & subsistence combined
<i>Return to your departure point</i>	One-way Economy airfare, or stretcher, or qualified medical attendant or air ambulance
<i>Emergency Dental Treatment</i>	\$300 and/or treatment for accidental blow (emergency expenses) <sup>2</sup>
<i>Return of one travelling companion</i>	One-way economy airfare
<i>Return of Excess Baggage</i>	\$200
<i>Replacement cost of prescription drugs</i>	\$50

<sup>1</sup> This insurance is subject to a maximum of \$25,000 if you do not have valid *government health insurance plan* or UHIP (University Health Insurance Plan) at the time of claim.

<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 including one or both of *your* parents, a close friend or *immediate family member*, 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.

**Common Carrier** means a conveyance (bus, taxi, train, boat, airplane or other *vehicle*) which is licensed, intended and used to transport paying passengers.

**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 insurance application*.

**Effective date - for Emergency Medical coverage** 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 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*.

**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, niece, nephew.

**Insurance application** - the printed form, computer printout, invoice or document provided by Travel CUTS or through *your* online application, which confirms the insurance coverage *you* have purchased. The *insurance application* 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.

**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*.

**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** - the date on which *you* are scheduled to return to *your departure point*. This date is shown on *your insurance application*.

**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) 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.

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

**Trip** - the period of time 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.

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

*You, yourself* and *your* refer to the person named as the insured on the *insurance application* when the required insurance premium has been paid before the *effective date*.

### General Insurance Details

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

#### **Who is eligible for coverage?**

1. To be eligible for insurance coverage *you* must:
    - be a Canadian resident (a person who resides or has a valid address in a Canadian province or territory) or a landed immigrant
    - be 50 years of age or under on the date of *your insurance application*;
    - be travelling anywhere in the world, including the USA when *you* choose the USA premium rates; or
    - be travelling anywhere in the world, excluding the USA (unless as part of a stopover of 48 hours or less, during *your trip*) when *you* choose the Non USA rates, or *you* can travel anywhere in Canada, other than *your* Canadian province or territory of residence;
    - be travelling for a maximum of:
      - 365 days\*, if *you* have valid *government health insurance plan* or university health insurance plan (UHIP) coverage for the entire duration of *your trip*; This insurance is subject to a maximum of \$25,000 if *you* do not have valid *government health insurance plan* or university health insurance plan (UHIP) coverage at the time of claim.
      - (Note: Check with *your government health insurance plan* or UHIP office for regulations regarding extending *your coverage* when leaving *your province or territory* for a specific length of time. All *government health insurance plans* or UHIP plans have different maximum coverage limits on the number of days allowed outside of the province or territory before coverage will cease.)
  - \* Any *trip* durations over 365 days, must be pre-approved.
2. This insurance is null and void if a *trip* is booked or undertaken:
    - a) contrary to medical advice; or
    - b) while *you* require kidney dialysis; or
    - c) if *you* have a terminal illness. Terminal illness means that *you* have a *medical condition* that is cause for a *physician* to estimate that *you* have less than six months to live or for which palliative care has been received.

#### **How do *you* become insured?**

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

- when *you* are named on *your* completed *insurance application*; and
- upon payment of the required premium on or before *your effective date*.

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

Insurance starts on *your effective date*.

Insurance ends on the earliest of:

- a) the date *you* cancel *your* insurance policy;
- b) the date of the cause of cancellation if *your trip* is cancelled before *your* date of departure from *your departure point*;

- c) the date *you* return to *your* province, territory or country of residence;
- d) midnight of *your return date*;
- e) midnight of *your expiry date*;
- f) 365 days (or the number of days as pre-approved) after *your* date of departure from *your departure point*, and *your government health insurance plan* or UHIP covers *you* for the full duration of *your trip*;

**NOTE:** If *you* return to *your* province or territory of residence for a temporary visit (a trip of 14 days or less) prior to *your expiry date* of *your* insurance and provided *you* have not incurred a claim, *your* coverage will resume with no additional premium once *you* leave *your* province or territory of residence to continue *your trip*. The number of days of *your* temporary visit will not be refunded or reissued. If during *your* temporary visit *you* receive *emergency treatment* for a *medical condition*, any treatment *you* receive on *your* return to *your* destination relating to the *medical condition* previously treated in Canada will not be covered.

#### **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* insurance, *you* must request the extension by contacting Travel CUTS before *your return date*.
- b) If *you* have had a *medical condition* under *your* existing coverage under any of *our* insurance, *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.

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

##### **1. 14-Day Full Refund Provision**

*You* may cancel *your* insurance policy within 14 days of purchase, provided there has been no incurred covered expense, or pending claim, and receive a full refund of the premium paid. To cancel the policy, *you* must send a written letter to *us* indicating *your* desire to cancel:

RBC Insurance Company of Canada  
P.O. Box 97,  
Station A, Mississauga, ON  
L5A 2Y9

- 2 The premium *you* paid can be refunded if *your trip* is cancelled before *you* depart on *your trip*.
- 3 A partial refund (minimum four *days*) of the premium paid will be made if *you* return early provided that *you* contact Travel CUTS upon early return and that no claim has been received or is pending. Satisfactory proof of the *return date* must be received. Partial premium refunds are subject to an administration fee.

#### **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) For all other classes of insurance, *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, cruiselines 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:*

- 1-866-962-9175 (toll-free call from the USA or Canada)
- 905 816-1559 (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 or UHIP. 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 \$25,000 if *you* do not have valid government health insurance plan or university health insurance plan (UHIP) 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 **Emergency medical expenses up to \$1,000,000**

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 **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.

#### 3 **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.

#### 4 **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* 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, with an overall maximum of \$10,000; or
- b) up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$3,000 for the burial of *your* remains at the location where *your* death occurred.

Benefit a), and b) cannot be combined with the same benefit under the Trip Interruption portion of this Policy.

- c) 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 commercial accommodations and meals for that person up to a maximum of \$3,500 (subject to the pre-authorization of Assured Assistance Inc.).

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. Note: coverage under the terms of *your* insurance is applicable to a person if he/she is 50 years of age or less-if over 50 years of age, there is no insurance coverage.

#### 5 **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.

#### 6 **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* departure point 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* departure point to return to *your* trip destination.

#### 7 **Subsistence allowance**

##### a) **This benefit is subject to the pre-authorization of Assured Assistance Inc.**

b) This insurance covers *your* reimbursement up to a maximum of \$150 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.
- 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 hospitalized during *your trip*, 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 and commercial accommodations and meals for the *bedside companion* up to a maximum of \$3,500; 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*. Note: *your bedside companion's* coverage under the terms of *your* insurance is applicable if he/she is 50 years of age or less-if over 50 years of age there is no insurance coverage.
- 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 \$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*.
- 10 **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.
- 11 **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 \$200
- 12 **Replacement cost of prescription drugs**
- If *your prescription drugs* are lost, stolen or damaged during *your trip*, this insurance covers the replacement cost up to a maximum of \$50.

#### What is not covered?

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

In addition to the exclusions outlined below under "II - General Exclusions," the following exclusion applies to *you*. 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 exclusions 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 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* were medically able to return to *your* home country and *you* chose 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).
- 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 *Your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
- 7 *Your mental or emotional disorders*.
- 8 Any treatment that is not *emergency treatment*.
- 9 *Your* participation in a *professional* athletic event, motor sport, or motor racing, including training or practice for the same.
- 10 Hazardous occupations.
- 11 Flight accident (unless *you* are travelling as a fare-paying passenger on a commercial airline).
- 12 Scuba diving (unless *you* hold a SCUBA designation from a Canadian certified school or a PADI, NAUI or SSI certification obtained prior to *your* departure from Canada) or hang-gliding.
- 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 The purchase or replacement cost (prescribed or not) loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription therefrom.
- 24 Radiotherapy, or chemotherapy or transplants including but not limited to organ transplants or bone marrow transplants.
- 25 Treatment not performed by or under the supervision of a *physician*, licensed dentist, or licensed practitioner.
- 26 Expenses incurred as a result of symptomatic or asymptomatic HIV infection, HIV-related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic tests or charges.
- 27 Services provided by an optometrist or for cataract surgery.
- 28 Crowns and root canal treatments.
- 29 Sexually transmitted diseases (STDs).
- 30 The replacement of an existing prescription, whether by reason of renewal or inadequate supply, or the purchase of drugs and medication (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of a medical *emergency*; preventive medicines, inoculations, birth control pills or devices.
- 31 Any *medical condition* which first appeared, was diagnosed or received *emergency 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*.
- 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*.
- 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*, 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  
905-277-9128 or 1-866-269-9681

#### **Emergency Medical Insurance**

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

- Original of all bills, invoices and receipts.
- Proof of payment by *your* government health insurance plan, or UHIP 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:

- 1-866-962-9175 (toll-free call from the USA or Canada)
- 905 816-1559 (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 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 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.



RBC Insurance®



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

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