



21st Century

TRAVEL INSURANCE LIMITED

MEDICARE INTERNATIONAL TRAVEL INSURANCE Emergency Medical Policy

FOR TRAVELLING CANADIANS

Version M14

Effective November 2018

Underwritten by

The Manufacturers Life Insurance Company and First North American Insurance Company,
a wholly owned subsidiary of Manulife.

21st Century Travel Insurance Limited operates as 21st Century Travel Insurance Services in British Columbia.



underwritten by:
 **Manulife**

MEDICARE INTERNATIONAL TRAVEL INSURANCE

NAME _____

MY POLICY # _____

To extend your coverage, call 21st Century a minimum of 5 days prior to date required. Please call:

1 800 567-0021 toll-free from the USA and Canada
(905) 372-1779 direct from outside Canada or the USA

Please remember to keep this card in your wallet during your trip.

IN CASE OF A MEDICAL EMERGENCY, CALL THESE NUMBERS FIRST:

1 855 478-3484

toll-free from the USA and Canada

(519) 251-7851

collect from anywhere in the world

You must contact the Assistance Centre before receiving treatment.
Failure to do so will limit liability to 80% of eligible expenses.
The Assistance Centre is open every day, 24 hours a day.

Immediate access to the Assistance Centre is also
available through its TravelAid mobile app.

To download the app, visit

<http://www.active-care.ca/en/travelaid/>.

**MEDICARE INTERNATIONAL TRAVEL INSURANCE EMERGENCY MEDICAL POLICY
FOR TRAVELLING CANADIANS Version M14
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10-Day Free Look - If you notify us within 10 days of your issue date, as indicated on your confirmation, that you are not completely satisfied with your policy, we will provide a full refund if you have not already departed on your trip and there is no claim in progress. Refunds are only available when 21st Century Travel Insurance Limited receives your request for a refund before your departure date.

Accessible formats and communication supports are available upon request. Visit **Manulife.com/accessibility** for more information.



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most people travel every day without a problem, but if something does happen, the member companies of the Travel Health Association of Canada (THiA) want you to know your rights. THiA's Travel Insurance Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

- Know your health • Know your trip
- Know your policy • Know your rights

For more information, go to www.thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html

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SECTION 1 – IMPORTANT NOTICE

READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL

- 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.
- Your policy may not provide coverage for a medical condition 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 made.
- If your policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified period of time.

Accessible formats and communication supports are available upon request. Visit Manulife.com/accessibility for more information.

Notice Required by the Alberta Insurance Act:

This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

ITALICIZED WORDS have a specific meaning. Please refer to the "Definitions" section of this policy, to find the meaning of each italicized word.

SECTION 2 – IDENTIFICATION OF INSURER

This policy is underwritten by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife. Any risks identified with the symbol ‡ throughout this document are covered by FNAIC. Manulife has appointed Active Claims Management Inc. (operating as Active Care Management) as the provider of all assistance and claims services under this policy. Administration of all applications, enrollments and customer service for the Medicare International Travel Insurance plan is provided by 21st Century Travel Insurance Limited o/a 21st Century Travel Insurance Services in British Columbia ("21st Century").

SECTION 3 – IN THE EVENT OF AN EMERGENCY

**IN THE EVENT OF A MEDICAL EMERGENCY
CALL THE ASSISTANCE CENTRE IMMEDIATELY**

1 855 478-3484 toll-free from the USA and Canada

**+1 519-251-7851, collect to Canada
from anywhere else in the world.**

**Our Assistance Centre is there to assist you
24 hours a day, each day of the year.**

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. The TravelAid mobile app can also provide *you* with directions to the nearest medical facility, local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips.

To download the app, visit: <http://www.active-care.ca/en/travelaid/>.

Please note that **if you do not call** the Assistance Centre in an *emergency* and prior to *treatment*, **you will have to pay 20% of the eligible medical expenses** we would normally pay under this policy. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

SECTION 4 – ELIGIBILITY

To be eligible for *Emergency Medical coverage*, you must, as of the date you apply for coverage and the effective date:

- be a resident of Canada and covered under a *government health insurance plan* for the entire duration of *your trip*;
- be at least thirty (30) *days of age*;
- not have been advised by a *physician* to avoid travel at this time;
- not have a terminal illness or metastatic cancer;
- not require kidney dialysis;
- not have been prescribed or used home oxygen in the last twelve (12) months; and
- never have had a bone marrow, stem cell or organ transplant (except corneal transplant).

SECTION 5 – GENERAL INFORMATION

INSURING AGREEMENT

In consideration of the application for insurance for which you have met the eligibility requirements and paid the appropriate premium, we will pay you, up to a maximum of \$10 million CDN per insured person for reasonable and customary charges incurred by you (less any applicable deductible) as a result of an *emergency*, occurring while you are travelling outside your province or territory of residence, for the benefits set out in this document, subject to the terms, limitations, exclusions and other conditions and in excess of those reimbursable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan and your *government health insurance plan*. Some benefits are subject to advance approval by our Assistance Centre. Unless otherwise stated, all amounts referred to in this policy are in Canadian dollars. You will be responsible for any expenses that are not payable by us.

Coverage under this policy is issued on the basis of information provided in *your* application. *Your* entire contract with *us* consists of: this policy, *your* application for this coverage, the *confirmation* issued in respect of that application and any other amendments or endorsements resulting from changes, extensions or top-ups of coverage.

This policy provides *emergency* medical coverage for the plan you purchased:

- a Single-Trip plan for travel outside *your* province of residence or Canada; or
- a Multi-Trip plan for an unlimited number of *trips* taken within one (1) year of the *effective date* for the *trip-length* as shown on *your confirmation*.

NOTE: The Single-Trip Travel Canada *Emergency Medical* plan covers travel within Canada away from *your* province or territory of residence.

WHEN YOUR COVERAGE STARTS

For a Multi-Trip plan, *emergency* medical coverage starts each date *you* leave *your* province or territory of residence and each date *you* leave Canada on or after the *effective date* as stated on *your confirmation*.

For a Single-Trip *Emergency Medical* plan and a Travel Canada *Emergency Medical* plan, coverage starts on the later of:

- the *departure date*; or
- the *effective date* as stated on *your confirmation*.

WHEN YOUR COVERAGE ENDS

For all Multi-Trip plans, *emergency* medical coverage ends on the earliest of:

- the date *you* return *home*;
- the *expiry date*, as stated on *your confirmation*; or
- when travelling outside Canada, the date *you* reach the maximum *trip-length* *you* purchased for each *trip*, as stated on *your confirmation*.

For Single-Trip *Emergency Medical* plans, *your* coverage ends on the earlier of:

- the date *you* return *home*; or
- the *expiry date*, as stated on *your confirmation*.

For Single-Trip Travel Canada *Emergency Medical* plans, coverage ends on the earliest of:

- the date *you* return *home*;
- the *expiry date*, as stated on *your confirmation*; or
- the day *you* leave Canada.

AUTOMATIC EXTENSION of *emergency* medical coverage is provided beyond *your expiry date*, if:

- *your common carrier* or *vehicle* is delayed and prevents *you* from travelling on *your expiry date*. In this case, *we* will extend *your* coverage for up to seventy-two (72) hours;
- *you* or *your travel companion* are hospitalized on the *expiry date*. In this case, *we* will extend *your* coverage during the hospitalization up to a maximum of 365 days or until, in *our* opinion, *you* are stable for discharge from the *hospital* or for evacuation *home*, whichever is earlier, and for up to five (5) days after discharge from the *hospital*; or
- *you* or *your travel companion* have a medical *emergency* that does not require hospitalization but prevents travel on *your expiry date*, as confirmed by a *physician*. In this case, *we* will extend *your* coverage for up to five (5) days.

TO STAY LONGER THAN PLANNED

If *you* are already on *your trip* and need to apply for an extension of *your* coverage, before the *expiry date* of *your* existing coverage, call 21st Century. *You* may be able to extend *your* coverage, as long as:

- the total length of *your trip* outside of Canada, including the extension, does not exceed the maximum allowed by *your government health insurance plan*;
- *you* pay the additional premium (minimum \$25); and
- there has been no event that has resulted or may result in a claim against the policy and there has been no change in *your* health status.

Any extension is subject to approval by 21st Century. In any case, *we* will not extend any coverage beyond twelve (12) months after the date *you* first leave *home*.

CANCELLATIONS & REFUNDS

- *You* may cancel *your* policy prior to *your departure date* (*your effective date* if *you* have purchased a Multi-Trip *Emergency Medical* plan).
- If *you* return *home* early, *you* may request a refund of premium (minimum \$25.00) for the unused coverage days of *your* Single-Trip *Emergency Medical* Plan, providing there has been or will be no claim reported or initiated, that *you* have not been provided with any assistance services and that *you* have mailed *us* *your* written request with proof of the date *you* returned home.
- All travellers insured under the same policy must return together for a refund to be possible.

Refunds are not available for Multi-Trip plans.

FAMILY COVERAGE

If *you* have purchased Family Coverage for any *Emergency Medical* Plan, all family members must be named on *your confirmation* and must be under *age* sixty (60) and a minimum of thirty (30) days of *age*. Family Coverage can include: i) one applicant (parent or grandparent) travelling with their *children/grandchildren*; ii) the applicant, *spouse* and *children* or *grandchildren*; or iii) three (3) generations of a single family (grandparent[s], parent[s] and their *children*). All family members must have coverage that starts and ends on the same dates. Family Coverage and Travel Companion savings cannot be combined.

MULTI-TRIP PLANS

- Provide coverage for an unlimited number of *trips* taken within one (1) year, commencing with the *effective date* as shown on *your confirmation*.
- Provide *you* with *emergency* medical coverage for an unlimited number of days of travel within Canada but outside *your* province or territory of residence.
- Each *trip* taken outside of Canada can be up to the maximum number of days *you* selected when *you* purchased *your* Multi-Trip plan, beginning on the first day *you* leave Canada.
- For a *trip* to be covered under the benefits of Medicare International Travel Insurance, it must start on or after the *effective date* and end prior to or on the *expiry date* shown on *your confirmation* of coverage.
- Top-Up coverage can be purchased for *trips* that are longer than the maximum *trip* length selected or if *your trip* extends beyond the *expiry date* of *your* Multi-Trip plan as shown on *your confirmation*.

In the event of a claim, *you* will be required to provide proof of *your departure date* and *your return date*. Proof can include *your plane ticket*, train ticket, a stamped passport, and/or a credit card or bank statement showing purchases in Canada just prior to *your departure date*.

Top-Up *your trip* under the Multi-Trip Emergency Medical plan:

If *your trip*:

- is longer than the maximum number of coverage days *you* have under *your current plan*; or
- will extend beyond the *expiry date* shown on *your confirmation*, *you* can either:
 - purchase Top-Up coverage before the *expiry date* of *your Multi-Trip plan* for any additional travel days; or
 - purchase a new Multi-Trip Emergency Medical plan, with no lapse in coverage, providing the total duration of the *trip* does not exceed the maximum *trip length* *you* choose.

If *your* multi-trip plan is not underwritten by Manulife, it is *your* responsibility to confirm that a Top-Up is permitted on *your* existing plan with no loss of coverage.

When *you* apply for Top-Up coverage, *you* may be required to answer questions about *your* health.

SECTION 6 – MEDICAL CONCIERGE SERVICES

Medicare International Travel Insurance is pleased to provide *you* with value-added Medical Concierge Services.

What services are available? StandbyMD offers *you*:

- Anywhere *you* travel, telephone access to a qualified physician who can assess *your* symptoms and provide treatment options;
- In 86 countries and over 4000 cities, access to physician house call visits.

In addition, when *you* travel to the United States, StandbyMD offers the following services:

- Same-day co-ordination and delivery of lost/forgotten prescription maintenance medication, eye glasses or contact lenses and medical supplies;
- Referral to medical specialists, chiropractors, dentists, walk-in clinics, urgent care centres or more than 50,000 hospitals for evaluation and treatment;
- Physician co-ordination to an emergency room and, whenever possible in select cities, will “fast track” *you* through the emergency room.

How does this service work? The StandbyMD program will assist with co-ordinating payment of eligible expenses subject to the terms and conditions of the policy. To access this service, simply call the Assistance Centre using the phone numbers indicated on the wallet card. Medical Concierge Services are provided by StandbyMD.

Disclaimer, Waiver, and Limitation of Liability: StandbyMD is not a medical provider. Medical providers utilized by StandbyMD are not employees, agents, nor in any way affiliated with StandbyMD, beyond accepting StandbyMD’s referrals. StandbyMD does not have any control,

real or implied, over the medical judgment of participating medical providers, nor their actions or inactions. StandbyMD, upon making referrals under this policy, does not assume any responsibility for the availability, their quality, or the results or outcome of any treatment or service. Policyholders hereby specifically waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD* in any and all claims, demands, actions, causes of action, and suits of any kind, nature, or amount which relate to, or in any way directly or indirectly flow from the Medical Concierge Services that StandbyMD is offering. StandbyMD’s liability under these Medical Concierge Services, if any, is limited solely to the amount of payment made to participating medical providers for the services that a policyholder obtained after they received a referral from StandbyMD.

*Related persons include principals, parents, successors and assigns of StandbyMD.

SECTION 7 – EMERGENCY MEDICAL BENEFITS

What does *Emergency Medical Insurance* cover?

Emergency Medical Insurance covers *you* for up to \$10,000,000 CDN of covered expenses incurred by *you* for *treatment* required by *you* during *your trip* if a medical *emergency* begins unexpectedly after *you* leave *home*, but only if these covered expenses are in excess of any amount covered by *your government health insurance plan* or any other benefit plan. The *treatment* must be required as part of *your emergency treatment*.

We will cover Benefits #5 through #13 and #18 only if they have been authorized and arranged by the Assistance Centre.

Covered expenses and benefits are subject to the policy’s maximums, exclusions, limitations, and *your* deductible amount. The deductible amount is the amount of covered expenses that *you* are responsible for paying per person per *emergency* medical claim. *Your* deductible amount, in CDN dollars, applies to the amount remaining after any covered expenses are paid by *your government health insurance plan*. The deductible amount is shown on *your confirmation*.

The eligible covered expenses include:

1. **Expenses for *emergency treatment*** – *Reasonable and customary* charges for medical care received from a *physician* in or out of *hospital*; the cost of a semi-private *hospital* room (or an intensive or coronary care unit where medically necessary); the services of a licensed private duty nurse while *you* are in *hospital*; the rental or purchase (whichever is less) of a hospital bed, wheelchair, brace, crutch or other medical appliance; tests that are needed to diagnose or find out more about *your* condition; and drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist.
2. **Expenses for paramedical services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiroprapist or podiatrist, up to \$70 per visit to a combined maximum of \$700 for a covered *injury*.
3. **Expenses for ambulance transportation** – *Reasonable and customary* charges for local licensed ambulance service to transport *you* to the nearest appropriate medical service provider in an *emergency*.
4. **Expenses for *emergency dental treatment*** –
 - If *you* need *emergency dental treatment*, we will pay up to \$300 for the relief of dental pain; and/or

- If *you* suffer an accidental blow to the mouth, we will pay up to \$3,000 for the *reasonable and customary* charges to repair or replace *your* natural or permanently attached artificial teeth (up to \$1,500 during *your trip* and up to \$1,500 after *your return home* to continue *treatment* in the ninety (90) days after the accident).
- 5. Expenses to bring someone to *your* bedside** – If *you* are travelling alone and are admitted to a *hospital* for three (3) days or more because of a medical *emergency*, we will pay the return economy class airfare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to \$1,000 for that person's hotel and meals and cover them with *Emergency Medical Insurance* under the same terms and limitations of this policy until *you* are medically fit to return *home*. For a *child* insured under this policy, this benefit is available immediately upon their *hospital* admission.
 - 6. Extra expenses for meals, hotel, and taxi** – If a medical *emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your emergency medical treatment* or that of *your travel companion* requires *your* transfer to a location that is different from *your* original destination, we will reimburse *you* up to \$200 per day to a maximum of \$2,000 for *your* extra meals, hotel, and taxi fares. We will only reimburse *you* for these expenses if *you* have actually paid for them.
 - 7. Expenses related to *your* death** – If, during *your trip*, *you* die from an *emergency* covered under this insurance, we will reimburse *your* estate for:
 - up to \$5,000 to have *your* body prepared where *you* die and the cost of the standard transportation container normally used by the airline, plus the return *home* of *your* body; or
 - up to \$5,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$5,000 for *your* burial where *you* die; or
 - up to \$5,000 to cremate *your* body where *you* die, plus the return *home* of *your* ashes.

In addition, if someone is legally required to identify *your* body and must travel to the place of *your* death, we will pay the return economy class airfare via the most cost-effective itinerary for that person, and up to \$300 for that person's hotel and meal expenses. We will also provide that person with *Emergency Medical Insurance* under the same terms and limitations of this policy for up to seventy-two (72) hours.
 - 8. Expenses to bring *you* home** – If *your* treating *physician* recommends that *you* return *home* earlier than planned because of *your emergency* or if *our* medical advisors recommend that *you* return *home* after *your emergency*, we will pay for one or more of the following:
 - the extra cost of economy class airfare via the most cost-effective itinerary; and/or
 - a stretcher airfare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; and/or
 - the cost of return economy class airfare via the most cost-effective itinerary for a qualified medical attendant to accompany *you*, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline; and/or
 - the cost of air ambulance transportation if this is medically necessary.
 - 9. Return excess baggage** – When approved in advance by the Assistance Centre, up to \$300 for the return of *your* excess baggage. This benefit is payable if *you* return *home* under Benefit #7 or #8.
 - 10. Expenses to return children under *your* care** – If *you* are admitted to *hospital* for more than twenty-four (24) hours or must return *home* because of an *emergency*, we will pay for the extra cost of one-way economy class airfare to return the children *home* via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The children must have been under *your* care during *your trip* and covered under a policy underwritten by us.
 - 11. Childcare expenses** – We will pay up to \$75 per day to a maximum of \$500 for childcare costs incurred by *you* during *your trip* to care for *your* children travelling with *you* and remaining with *you* at destination while *you* are hospitalized as an in-patient during *your trip*. Original receipts from the professional childcare provider are required and the professional childcare provider must be someone other than *immediate family* or a *travel companion*.
 - 12. Expenses to return *your* travel companion** – We will cover the extra cost of one-way economy class airfare via the most cost-effective itinerary, to return *your travel companion* (who is travelling with *you* at the time of *your emergency* and insured under *our* travel insurance plan) *home*, if *you* are repatriated or evacuated under Benefit #7 or 8 above.
 - 13. Expenses to return *your* vehicle home** – If, because of a medical *emergency*, *you* are unable to drive the *vehicle* *you* used during *your trip*, we will cover up to \$3,000 charged by a commercial agency to bring *your vehicle* *home*. If *you* rented a *vehicle* during *your trip*, we will cover its return to the rental agency.
 - 14. Hospital allowance** – When *you* are hospitalized for 48 hours or more due to a medical *emergency* during *your trip*, we will reimburse *you* \$50 per day up to \$300 per policy for *your* telephone, parking and television out-of-pocket expenses. Expenses must be supported by original receipts.
 - 15. Phone call expenses** – We will pay for phone calls to or from *our* Assistance Centre regarding *your* medical *emergency*. *You* must provide receipts or other reasonable evidence to show the cost of these calls and the numbers phoned or received during *your trip*.
 - 16. Pet return** – If *your* domestic dog or cat travel with *you* during *your trip* and *you* return to Canada under Benefit #7 or #8, we will pay the cost of one-way transportation up to a maximum of \$500 to return *your* domestic dog or cat to Canada.
 - 17. Trip break** – for Single-*Trip* plans, *you* may return *home* to *your* province or territory of residence without terminating *your* coverage. There is no coverage under this plan in *your* province or territory of residence. There will be no refund of premium for any of the days *you* spend in *your* province or territory of residence. If *you* experience any change in *your* health during the *Trip Break*, *you* must notify the Assistance Centre prior to leaving *your* province or territory of residence for confirmation of continued coverage.
 - 18. Return to original *trip* destination** – If *you* are returned to *your* province or territory of residence under Benefit #8 (Expenses to bring *you* home) and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency* and that no further *treatment* is required, we will reimburse up to a maximum of \$5,000 for a one-way economy flight to return *you* and one insured *travel companion* to the original *trip* destination. This benefit is available only if the return to destination occurs during the dates of the original *trip* and if the Assistance Centre has approved *your* return under *your* existing policy. A subsequent recurrence or complication of the condition that resulted in *you* being returned *home* is excluded under this policy.

19. Terrorism Coverage – When an *act of terrorism* directly or indirectly causes an eligible loss under the terms and conditions of this policy, coverage is available for up to two (2) *acts of terrorism* within a calendar year and up to a maximum aggregate payable limit of \$35 million for all eligible *emergency* medical in-force policies issued and underwritten by us. The amount payable for each eligible claim is in excess of all other sources of recovery including alternative or replacement travel options and other insurance coverage. The amount paid for all such claims shall be reduced on a pro rata basis so as to not exceed the respective maximum aggregate limit which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

SECTION 8 – EXCLUSIONS & LIMITATIONS

What does *Emergency Medical Insurance* not cover?

We will not pay any expenses or benefits directly or indirectly relating to:

1. A pre-existing condition. The *pre-existing condition* exclusion that applies to you depends on the Rate Category you qualified for when you purchased this policy. Please see the definition of “*pre-existing condition*” and “*stable*” at the end of this policy.

NOTE: For the Travel Canada *Emergency Medical* plan, no *pre-existing condition* exclusion applies.

Rate Category A. We will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the three (3) months before your *effective date*; and/or
- your heart condition if, in the three (3) months before your *effective date*, any heart condition has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or
- your lung condition if, in the three (3) months before your *effective date*, any lung condition has not been *stable* or you required *treatment* with oxygen or Prednisone for a lung condition.

Rate Categories B and C. We will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the six (6) months before your *effective date*; and/or
 - your heart condition if, in the six (6) months before your *effective date*, any heart condition has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or
 - your lung condition if, in the six (6) months before your *effective date*, any lung condition has not been *stable* or you required *treatment* with oxygen or Prednisone for a lung condition.
2. Covered expenses that exceed the *reasonable and customary* charges where the medical *emergency* happens.
 3. Any *emergency* when, on the *issue date*, you had not met all the eligibility requirements or truthfully and accurately answered all the questions in the *medical questionnaire* (if applicable).
 4. Covered expenses that exceed 80% of the cost we would normally have to pay under this insurance if you do not, or someone on your behalf does not, contact the Assistance Centre at the time of the *emergency*.
 5. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies, cardiac

catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by the Assistance Centre prior to being performed. All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an emergency basis immediately upon admission to *hospital*.

6. Any non-*emergency*, investigative or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation, or any directly or indirectly related complications.
7. The continued *treatment* of a *medical condition* when you have already received *emergency treatment* for that condition during your *trip* and our medical advisors determine that your *medical emergency* has ended.
8. A *medical condition*:
 - when you knew or for which it was reasonable to expect before you left *home*, or before the *effective date* of coverage, that you would need or be required to seek *treatment* for that *medical condition*; and/or
 - for which future investigation or *treatment* was planned before you left *home*; and/or
 - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before leaving *home*; and/or
 - that had caused your *physician* to advise you not to travel.
9. An *emergency* resulting from: mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead-rope or top-rope anchoring equipment to ascend or descend a mountain; rock-climbing; parachuting, skydiving, hang-gliding or using any other air-supported sporting device; participating in a motorized speed contest; or your professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is your principal paid occupation.
10. *Treatment* if you specifically purchased this insurance to obtain such *treatment* whether or not it was authorized by a *physician*.
11. Your self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
12. Committing or attempting to commit a criminal act.
13. Not following recommended or prescribed therapy or *treatment*.
14. Any loss, *injury* or death related to intoxication, the misuse, abuse, overdose of, or chemical dependence on medication, drugs, alcohol or other intoxicant.
15. Any loss resulting from your *minor mental or emotional disorder*.
16. a) Your routine pre-natal care; b) your pregnancy or childbirth or complications thereof when they happen in the nine (9) weeks before or after the expected date of delivery; c) your child born during your *trip*.
17. For insured *children* under two (2) years of age, any *medical condition* related to a birth defect.
18. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
19. Any *emergency* that occurs or recurs after our medical advisors recommend that you return *home* following your *emergency treatment*, and you choose not to.
20. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.

21. For policy extensions: any *medical condition* which first appeared, was diagnosed or treated after the scheduled *departure date* and prior to the *effective date* of the insurance extension.
22. Any change in *your* health status or *medical condition* that occurred or started, or any *medical condition* that did not remain *stable*, during *your Trip* break (see Benefit #17).
23. A recurrence or complication of the condition for which *you* returned *home* under Benefit #18.
24. Any *act of terrorism* or any medical condition *you* suffer or contract in a specific country, region or city when a Government of Canada Travel Advisory, issued before *your effective date*, advises Canadians to avoid all or nonessential travel to that specific country, region or city. In this exclusion, "medical condition" is limited, related or due to the reason for the Travel Advisory.
25. Any *act of terrorism* directly or indirectly caused by, resulting from, arising out of, or in connection with biological, chemical, nuclear or radioactive means.
26. An *act of war*.

SECTION 9 – WHAT ELSE DO YOU NEED TO KNOW?

This policy is issued based on information provided in *your* application (including the *medical questionnaire* if required). Claims will be processed according to the policy in force at the time of claim. No agent or broker has the authority to change the contract or waive any of its provisions. This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact in *your* application for this policy, extension or Top-Up of coverage for benefits. This policy is non-participating. *You* are not entitled to share in *our* divisible surplus.

Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the Insurance Act as applicable in your province or territory of residence respecting contracts of sickness and accident insurance.

Limitation of Liability

Our liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount purchased, for any loss or expense. Neither *we*, upon making payment under this policy, nor *our* agents or administrators assume any responsibility for the availability, quality, results or outcome of any *treatment* or service, or *your* failure to obtain any *treatment* or service covered under the terms of this policy. The participation of the insurers is several and not joint and none of them will under any circumstances participate in the interest and liabilities of any of the others.

Premium

The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates then in effect. Premium rates and policy terms and conditions are subject to change without prior notice. When *you* have paid the appropriate premium and met the eligibility requirements, this policy along with *your* application forms part of *your* insurance contract and becomes a binding contract, providing that *you* are issued a *confirmation* upon which a valid contract policy number appears.

If *you* are ineligible for coverage, *our* only liability will be to refund any premium paid. *You* will be responsible for any expenses that are not payable by us. If the premium is insufficient for the period of coverage selected, *we* will charge and collect any underpayment; or shorten the policy period by written endorsement if an underpayment in premium cannot be collected. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

How does this insurance work with other coverages that you may have?

The plans outlined in this policy are second payor coverages. If there are other third party liability, group or individual, basic or extended health insurance plans or contracts, including any private, provincial or territorial auto insurance plan providing hospital, medical or therapeutic coverage or any other third party liability insurance in force concurrently herewith, amounts payable hereunder are limited to that portion of *your* expenses, incurred outside the province or territory of residence, that are in excess of the amounts for which *you* are insured under such coverage. Total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. *We* will co-ordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance (except if *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum coverage of \$50,000 or less), to a maximum of the largest amount specified by each insurer.

In addition, *we* have full rights of subrogation. In the event of a payment of a claim under this policy, *we* will have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this policy. *You* will execute and deliver such documents as are necessary and co-operate fully with *us* to allow *us* to fully assert *our* rights. *You* must do nothing to prejudice such rights.

If *you* are insured under more than one insurance policy underwritten by *us*, the total amount *we* pay to *you* cannot exceed *your* actual expenses; and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy.

SECTION 10 – HOW TO MAKE A CLAIM

**IN THE EVENT OF AN MEDICAL EMERGENCY,
CALL THE ASSISTANCE CENTRE IMMEDIATELY**
1 855 478-3484 toll-free from the USA and Canada
+1 (519) 251-7851 collect to Canada where available,
 from anywhere else in the world.

Our Assistance Centre is ready to assist *you*
 24 hours a day, each day of the year.

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. To download the app, visit:

<http://www.active-care.ca/en/travelaid/>.

Please note that **if you do not call** the Assistance Centre in an *emergency* and prior to receiving *treatment*, **you will have to pay 20% of the eligible medical expenses** we would normally pay under this policy (20% co-insurance). If it is medically impossible for you to call when the *emergency* happens, we ask that someone call on your behalf.

Do not assume that someone will contact the Assistance Centre for you. It is your responsibility to verify that the Assistance Centre has been contacted.

If you choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, eligible expenses will be reimbursed to you based on the *reasonable and customary* charges that we would have paid directly to such provider. Medical charges that you pay may be higher than this amount. Therefore, you will be responsible for any difference between the amount you paid and the *reasonable and customary* charges reimbursed by us.

Notice and Proof of Claim. Claims must be reported within thirty (30) days of occurrence of a claim arising under this contract. Your proof of claim must be sent to us within ninety (90) days of the date a claim has occurred or the service was provided.

Failure to Give Notice or Proof of Claim. Failure to give notice or proof of claim within the prescribed period does not invalidate the claim if the notice or proof is given or provided as soon as reasonably possible and in no event later than one (1) year from the date of the occurrence arising under this contract, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Forms for Proof of Claim. The Assistance Centre will furnish forms for proof of claim within fifteen (15) days after receiving notice of claim. If you have not received the forms within that time, you may submit your proof of claim in the form of a written statement of the cause or nature of the accident, *sickness*, *injury* or insured risk giving rise to the claim and the extent of the loss.

Claims correspondence should be mailed to:

Medicare International Travel Insurance
c/o Active Care Management
P.O. Box 1237, Stn. A
Windsor, ON N9A 6P8

You may call the Assistance Centre directly for specific information on how to make a claim or to enquire about your claim status at:

1 855 429-7437 or +1 (519) 251-1589.

All money payable under this contract shall be paid by us within sixty (60) days after proof of claim and all required documentation has been received.

If you are making an *Emergency Medical Insurance* claim, we will need:

- original itemized receipts for all bills and invoices;
- proof of payment by you and by any other benefit plan;
- medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must support that the *treatment* was medically necessary;
- proof of the accident if you are submitting a claim for dental expenses resulting from an accident;

- proof of travel (including *departure date* and return date); and
- your historical medical records (if we determine applicable).

To whom will we pay your benefits, if you have a claim?

Except in the case of your death, we will pay the covered expenses under this insurance to you or the provider of the service. Any sum payable for loss of life will be payable to your estate. You must repay us any amount paid or authorized by us on your behalf if we determine that the amount is not payable under your policy.

If currency conversion is necessary, we will use our exchange rate on the date you received the service outlined in your claim. We will not pay for any interest under this insurance.

Is there anything else you should know if you have a claim?

If you disagree with our claim decision, the matter may be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where you reside at the time of application for this policy.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in *the Insurance Act* or in the *Limitations Act, 2002* in Ontario or other applicable legislation.

SECTION 11 – STATUTORY CONDITIONS

Copy of Application. Upon request, a copy of the application shall be given to you or to a claimant under the contract.

Waiver. We reserve the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by Manulife.

Material Facts. No statement made by you at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Termination by Insurer. We may terminate this contract in whole or in part at any time by giving written notice of termination to you and by refunding, concurrently with the giving of notice, the amount of premium paid in excess of the proportional premium for the expired time. The notice of termination may be delivered to you, or it may be sent by registered mail to your latest address on record. Where notice of termination is delivered to you, five (5) days notice of termination will be given; where it is mailed to you, ten (10) days notice will be given and the ten (10) days will begin on the day following the date of mailing of the notice.

Termination by Insured. You may terminate this contract at any time by mailing or delivering a written notice of termination to us at our office. See the refunds section of this policy.

Rights of Examination. For the purposes of determining the validity of a claim under this policy, we may obtain and review the medical records of your attending *physician(s)*, including the records of your regular *physician(s)* at home. These records may be used to determine the validity of a claim, whether or not the contents of the medical records were made known to you before you incurred a claim under this policy. In addition, we have the right, and you shall afford us the opportunity, to have you medically examined when and as often as may reasonably be required while benefits are being claimed under this policy. If you die, we have the right to request an autopsy, if not prohibited by law.

SECTION 12 – DEFINITIONS

When italicized in this policy, the term:

Act of terrorism means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems.

The intention of such activity is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a government (whether that government is legal or illegal); and/or
- promote political, social, religious or economic objectives.

Act of war means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

Age means *your age at your issue date*.

Change in medication means the medication dosage, frequency or type has been reduced, increased or stopped, and/or new medication(s) has/have been prescribed. **Exceptions:** the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in *your medical condition*; and a change from a brand name medication to a generic brand medication of the same dosage.

Child, Children means *your* unmarried, dependent son or daughter, or *your grandchild(ren)* travelling with *you* or joining *you* during *your trip* and who is either: i) under the *age* of twenty-one (21) or ii) under the *age* of twenty-six (26) and a full-time student; or iii) *your child* of any *age* who is mentally or physically disabled. In addition, the *child* must be a minimum *age* of thirty (30) days.

Common carrier means a bus, taxi, train, boat, *plane* or other commercial *vehicle* which is licensed, intended and used to transport paying passengers.

Confirmation means this policy, the application for this policy, and any other documents confirming *your* insurance coverage once *you* have paid the required premium; and where applicable, includes the *medical questionnaire* and *your trip* arrangements. It may also include tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line or other accommodation or travel provider with whom *you* made arrangements for *your trip*.

Departure date means the date *you* leave for *your trip*.

Effective date means the date on which *your* coverage starts.

For a Multi-Trip plan, *emergency* medical coverage starts on each date *you* leave *your* province or territory or residence and each date *you* leave Canada on or after the *effective date* as stated on *your confirmation*.

Single-Trip *Emergency* Medical plans and Travel Canada *Emergency* Medical plans start on the later of:

- the *departure date*; or
- the *effective date* as stated on *your confirmation*.

Emergency means an unforeseen *sickness* or *injury* that requires immediate *treatment*. An *emergency* no longer exists when the Assistance Centre indicates that the person is able to return to his or her province, territory of residence or country of permanent residence, or continue with the *trip*.

Expiry date means the date *your* coverage ends.

For all Multi-Trip plans, *emergency* medical coverage ends on the earliest of:

- the date *you* return *home*;
- the *expiry date*, as stated on *your confirmation*; or
- when travelling outside Canada, the date *you* reach the maximum *trip-length* *you* purchased for each *trip*, as stated on *your confirmation*.

For Single-Trip *Emergency* Medical plans, *your* coverage ends on the earlier of:

- the date *you* return *home*; or
- the *expiry date*, as stated on *your confirmation*.

For Single-Trip Travel Canada *Emergency* Medical plans, coverage ends on the earliest of:

- the date *you* return *home*;
- the *expiry date*, as stated on *your confirmation*; or
- the day *you* leave Canada.

Government health insurance plan means the health insurance coverage that a Canadian provincial or territorial government provides to its residents.

Home means *your* Canadian province or territory of residence. If *you* requested coverage to start when *you* leave Canada, *home* means Canada.

Hospital means a facility that is licensed as a *hospital* where in-patients receive medical care and diagnostic and surgical services under the supervision of a staff of *physicians* with 24-hour care by registered nurses. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a *hospital*.

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

Injury means sudden bodily harm that is caused by external and purely accidental means, and independent of *sickness* or disease.

Issue date means the date *you* purchased this insurance as shown on *your confirmation*.

Medical condition means *sickness*, *injury*, disease or symptom; or complication of pregnancy within the first thirty-one (31) weeks of pregnancy.

Medical questionnaire means all the medical questions that are included in *your* application for coverage under this policy.

Minor mental or emotional disorder means:

- having anxiety or panic attacks, or
- being in an emotional state or in a stressful situation.

A *minor mental or emotional disorder* is one where *your treatment* includes only minor tranquilizers or minor anti-anxiety medication (anxiolytics) or no prescribed medication at all.

Physician means a medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A *physician* must be a person other than *you*, a *travel companion* or a member of *your immediate family*.

Plane means a multi-engine aircraft operated by and licensed to a regularly scheduled airline on a regularly scheduled trip operated between licensed airports and holding a valid Canadian Air Transport Board licence, Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

Pre-existing condition means a *medical condition* that existed before *your effective date*.

Reasonable and customary means costs that do not exceed the standard fee of other providers of similar standing in the same geographical area, when providing the same *treatment* of a similar *sickness* or *injury* or for other comparable services or supplies in a similar circumstance.

Sickness means illness, disease, or any symptom related to that illness and/or disease.

Spouse means someone to whom one is legally married, or with whom one has been residing and who is publicly represented as a *spouse*.

Stable medical condition means that all the following apply:

- there has not been any new symptom(s);
- existing symptom(s) have not become more frequent or severe;
- a *physician* has not determined that the *medical condition* has become worse;
- no test findings have shown that the *medical condition* may be getting worse;
- a *physician* has not provided, prescribed, or recommended any new medication or any *change in medication*;
- a *physician* has not provided, prescribed or recommended any investigative testing, new *treatment* or any change in *treatment*;
- there has been no admission to a *hospital* or referral to a specialty clinic or specialist;
- a *physician* has not advised referral to a specialist or further testing, and there has been no testing for which the results have not yet been received.

Travel companion means someone who shares *trip* arrangements with *you* on any one *trip*, up to a maximum of three (3) persons including *you*.

Treatment means hospitalization, prescribed medication (including prescribed as needed), medical, therapeutic, diagnostic or surgical procedure prescribed, performed or recommended by a licensed medical practitioner. **IMPORTANT:** Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as

the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Trip means the time between *your effective date* of insurance and *expiry date*.

Vehicle includes any private or rental passenger automobile, motorcycle, boat, mobile home, camper truck or trailer home which *you* use during *your trip* exclusively for the transportation of passengers (other than for hire).

We, us, our means Manulife.

You, your means the person(s) named as the insured(s) on the *confirmation*, for whom insurance coverage was applied and for whom the appropriate premium was received by *us*.

In this policy, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.

SECTION 13 -- NOTICE ON PRIVACY

Your privacy matters. We are committed to protecting the privacy of the information we receive about *you* in the course of providing the insurance *you* have chosen. While *our* employees need to have access to that information, we have taken measures to protect *your* privacy. We ensure that other professionals, with whom we work in giving *you* the services *you* need under *your* insurance, have done so as well. To find out more about how we protect *your* privacy, please read *our* Notice on Privacy and Confidentiality.

Notice on Privacy and Confidentiality. The specific and detailed information requested on *your* application and *medical questionnaire* is required to process the application. To protect the confidentiality of this information, Manulife will establish a financial services file from which this information will be used to process the application, offer and administer services, and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person *you* authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions.

Your file is secured in *our* offices or those of *our* administrator or agent. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Waterloo, ON N2J 4C6.

**IN THE EVENT OF MEDICAL *EMERGENCY*,
CALL THE ASSISTANCE CENTRE IMMEDIATELY**

1 855 478-3484

toll-free from the USA and Canada

+1 (519) 251-7851

Collect to Canada where available, from anywhere else in the world

Our Assistance Centre is ready to assist you 24 hours a day, each day of the year.

HELP IS JUST A PHONE CALL AWAY

Enjoying your trip should be the first thing on your mind. Our multilingual Assistance Centre is there to help and support you 24 hours a day, each day of the year with:

Pre-Trip Information

- Passport and travel visa information
- Health hazards advisory
- Weather information
- Currency exchange information
- Consulate and Embassy locations

During a Medical Emergency

- Verifying and explaining coverage
- Referral to a physician, hospital, or other health care provider
- Monitoring your medical emergency and keeping your family informed
- Arranging for return transportation home when medically necessary
- Arranging direct billing of covered expenses (where possible)

Other Services

- Assistance with lost, stolen or delayed baggage
- Assistance in obtaining emergency cash
- Translation and interpreter services in a medical emergency
- Emergency message services
- Help to replace lost or stolen airline tickets
- Assistance with obtaining prescription drugs
- Assistance in obtaining legal help or bail bond

IMPORTANT TELEPHONE NUMBERS:

For coverage information, general enquiries, to apply for an extension or a refund of premium, please call 21st Century during regular business hours at, 1 800 567-0021 or (905) 372-1779.

Written correspondence should be mailed to:

Medicare International Travel Insurance
c/o 21st Century Travel Insurance Limited
1040 Division Street, Unit 18
Cobourg, ON K9A 5Y5

You may also call the Assistance Centre directly for specific information on how to make a claim or to inquire about your claim status at: **1 855 429-7437** or **+1 (519) 251-1589**.

Underwritten by

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