Travel Insurance

Travel Insurance Policy

PACIFIC BLUE CROSS®

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Important Notice

Read carefully before *you* travel

You have purchased a travel insurance *policy* – what's next? In *your* best interest, *We* want *you* to understand what *your policy* covers, excludes, and limits (a maximum payable amount may be applicable, for example).

Please take time to read through *your policy* before *you* travel. Italicized terms are defined in the "Definition" section of the *policy*.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e.: accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, *you* must meet all of the eligibility requirements.
- This insurance contains limitations and exclusions (e.g.: *medical conditions* that are not stable, certain circumstances surrounding pregnancy and the birth of a child during a *trip*, excessive use of alcohol, high risk activities].
- This insurance may not cover claims related to pre-existing *medical conditions*, whether disclosed or not at time of *policy* purchase.
- Contact Medi-Assist Travel Assistance before seeking *treatment* or *your* claim may be denied.
- In the event of a claim *your* prior medical history may be reviewed.
- If *you* have been asked to complete a medical questionnaire and any of *your* answers are not accurate or complete, *your policy* will be voidable.

IT IS *YOUR* RESPONSIBILITY TO UNDERSTAND *YOUR* COVERAGE. IF *YOU* HAVE QUESTIONS, CALL *US* at 604-419-2000, or visit pac.bluecross.ca.

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.

INSURANCE CONTRACT

The insurance contract consists of the *Policy* and the travel Certificate. These documents contain clauses which may limit the amounts payable. *We* recommend that *you* read them carefully.

The Travel Certificate attests the product purchased and determines the benefits of the *Policy*.

The *Policy* defines the various types of benefits and specifies the conditions, limitations and exclusions of *your* insurance coverage.

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.

Insurance Eligibility

At the time of application, *you* are eligible if:

- *You* are a Canadian Resident.
- *You* are covered under the *Government health plan* of *your* province/territory of residence for the entire duration of *your trip*.
- *You* have not been advised against traveling by a *Physician* or other primary care provider.
- *You* have not been diagnosed with a *terminal condition*.
- *You* are not receiving palliative care or palliative care has not been recommended.

PRODUCT CONDITIONS

The following conditions are in addition to those applicable to all benefits. For all plans, benefits are applicable only if indicated on the Travel Certificate.

Individual

- No additional conditions.

Package

- This insurance includes All-Inclusive Package, All-Inclusive Package without cancellation, All-Inclusive Package without cancellation without interruption, Non-Medical Package, Non-Medical Package without cancellation, Canada Package, Canada Package without cancellation.
- The purchase and *prepayment* of land or sea arrangements or transportation ticket are compulsory.
- The Canada Package is applicable only within the Canadian territory. Any *trip* outside Canada is not covered under this product.

Annual

- This plan covers the *Covered person* for *trips* made outside their province of residence whose departure and return dates are included in the *Period of coverage*, provided each *trip* does not last for more than the number of days chosen on the Travel Certificate. Proof showing the duration of the *trip* will be required at the time a claim is submitted.
- There is no limit to the number of *trips* taken within the *Period of coverage*.
- The Annual insurance also offers Trip Cancellation or Interruption benefit, Accidental Death or Dismemberment benefit, Air Flight Accident benefit and Baggage benefit when indicated on the insurance certificate.

- *Trip* exceeding the *Period of coverage* — If a *Covered person* wishes to obtain insurance coverage for a *trip* whose duration exceeds the maximum number of days allowable per *trip*, the *Insurer* will issue a new *Policy* to cover the complete duration of the *trip*. Moreover, the *Insurer* will provide coverage at no charge for a period equivalent to the *Covered person's* maximum allowable number of days per *trip*.

  This discount applies only to the individual products, which are available through the *Insurer's* authorized agent from whom the Annual Insurance was purchased.

  The new *Policy* covering the complete duration of the *trip* must be purchased before the end of the period covered by maximum number of days per travel of the Annual *Policy*.

  The purchase of the new *Policy* is subject to the *Insurer's* approval if the *Covered person* files a claim during the initial *Period of coverage*.

  Important — The *Covered person* is therefore no longer covered by their Annual Insurance for the *trip*. Only the coverage offered under the new *policy* is applicable, subject to the definitions, terms, conditions and exclusions contained therein.

EMERGENCY MEDICAL CARE BENEFIT

Conditions particular to this benefit

The following conditions are in addition to those applicable to all benefits:

1. Benefits shall be payable only upon presentation of a certificate by the attending *Physician* attesting that services for which a claim is made have been provided or the covered loss has effectively occurred.
2. When reimbursement of *Hospital*, medical and assistance expenses is not claimed by the *Covered person* but settled between the *Insurer* and the provider of services, the *Policyholder* shall provide any original document required for such settlement. Failure to do so shall render the *Policyholder* responsible for the amounts the *Insurer* cannot recover.
3. Top-up insurance provided by Pacific Blue Cross may differ from the insurance that covers the initial part of the *trip* because of the terms, conditions and exclusions contained in the *Policy*. Pacific Blue Cross top-up insurance will not cover any claim that occurs during the initial part of the *trip*. It is *your* responsibility to verify that the initial part of *your trip* is covered by another insurance and that the purchase of Pacific Blue Cross top-up insurance does not jeopardize *your* eligibility for the other insurance.

What is covered

Benefits will be paid for reasonable and customary expenses incurred following an emergency resulting from an *Accident* or sudden *Illness*, which occurs on a *trip* during the *Period of coverage*. Eligible *treatments* are limited to what is declared necessary for the stabilization of the *medical condition*. The benefits provided by this coverage are over and above and may not be a duplication or substitution of benefits granted by the *Government health plan*.

The *Insurer* and *CanAssistance* are not responsible for the availability or quality of medical and *Hospital* care rendered, or the lack thereof.

Benefits

The following benefits are provided for each *Covered person* for reasonable and customary charges listed below, subject to a maximum of $10,000,000 during the period of the *Policy*, **and provided that these charges are not incurred before obtaining the approval of Medi-Assist.**

• *Hospitalization*, Medical and Paramedical Expenses

1. ***Hospitalization*** — The cost of *Hospital* services in a private or semi-private room, which is in excess of the amount refunded or refundable under government programs.
2. **Incidental expenses** — The expenses inherent to *hospitalization* (telephone, television, parking etc.) upon presentation of documentary proof up to a maximum of $100 per *hospitalization*.
3. **Physicians' fees** — The difference between fees charged by a *Physician* and benefits allowed under government programs.
4. **Medical appliances** — The purchase or rental cost of crutches, canes or splints and the rental cost of wheelchairs, orthopedic corsets and other medical appliances when prescribed by the attending *Physician*.
5. **Nursing care** — The fees of a registered nurse (other than a relative) for private care while *hospitalized* and when medically necessary and prescribed by the attending *Physician*.
6. **Professional services (when prescribed as part of emergency *treatment*)** — Professional services by a physiotherapist, chiropractor, osteopath or podiatrist when medically necessary and prescribed by the attending *Physician*, up to a maximum of $300 per profession.
7. **Diagnostic services** — The charges for laboratory tests and x-rays when prescribed by the attending *Physician*.
8. **Drugs (when required as part of emergency *treatment*)** — The cost of drugs requiring a *Physician's* prescription, except when they are required for the continued stabilization of a chronic *medical condition*.
9. **Emergency dental care** — The fees of dental surgeons for *treatment* necessitated by an external injury (not as a result of deliberate introduction of food or an object into the mouth), only when natural and healthy teeth, which have had no previous *treatment* are damaged or to reduce a fracture or dislocation of the jaw. In all cases, *treatment* must begin during the *Period of coverage* and end within 6 months of the *Accident*. The *Covered person* must transmit to the Insurer an x-ray taken after the Accident and before the *treatment* begins, showing the damages sustained. The maximum refundable is $2,000 per *Accident* per *Covered person*, and up to $500 for any other emergency dental *treatment*, excluding root canal therapy. When this *Policy* terminates, *We* must be given written notice of any eligible claim within one hundred eighty (180) days following the termination in respect of benefits relating to accidental damage to teeth arising from an *accident* that occurred before the termination of the *Policy*.

• Transportation Expenses

The following services must be approved and planned by Medi-Assist:

1. **Ambulance or taxi service** — The cost of local ambulance or air ambulance service to the nearest *Hospital* or accredited medical facility, including inter-*Hospital* transfer when the attending *Physician* and Medi-Assist determine that existing facilities are inadequate to treat or stabilize the patient's condition.

2. **Repatriation to the province of residence** — The cost of repatriation of the *Covered person* to their province of residence by means of appropriate transportation in order to receive immediate medical attention **following the authorization of the attending** *Physician* **and Medi-Assist.**

   The cost of simultaneous repatriation of a *Travelling companion* or any *Member of the immediate family* of the *Covered person* who is also covered under this *Policy*, if they are unable to return to the departure point, by means of the transportation initially planned for such return.

   The cost of an escort person is covered in the case of child repatriation, as the case may be.

   Benefits are payable only when approved in advance and arranged by Medi-Assist.
3. **Transportation to visit the *Covered person*** — When a family member or friend of the Covered person visits the *Hospital* where they are being treated, or travels to identify a deceased *Covered person*, if necessary, prior to transportation of the deceased, the *Insurer* covers the following expenses when they are incurred by the family member or friend of the *Covered person* who travels:

   i. Up to $1,200 for:
      a) the cost of accommodation, the cost of meals in a commercial establishment, and the cost of child care services, total up to a daily maximum of $300,
      b) the cost of travel insurance.

   ii. The total cost of round-trip, economy class transportation.

   In the event that the family member or friend of the *Covered person* travels to the *Hospital* where the *Covered person* is being treated, the expenses described above will be reimbursed only if the *Covered person* remains *hospitalized* for at least 7 days and the attending *Physician* acknowledges in writing that the visit is necessary.
4. **Return of the vehicle** — The cost of returning a *Covered person's* vehicle, either private or rental, by a commercial agency, or by any person authorized by Medi-Assist, to the *Covered person's* residence or nearest appropriate vehicle rental agency when the *Covered person* is unable to return the vehicle due to *Illness* or *Accident*, subject to a maximum refund of $5,000. A medical certificate from the attending *Physician* in the locality where the incapacity occurred is required, attesting that the *Covered person* is incapable of using their vehicle.
5. **Baggage return** — When the *Covered person* is repatriated for medical reasons to the province of residence at the *Insurer's* expenses, the cost to bring back the *Covered person's* baggage to the province of residence is covered, up to a maximum of $300.
6. **Return of a pet** — When the *Covered person* is repatriated for medical reasons to the province of residence at the *Insurer's* expense, the cost to bring back the *Covered person's* pet to the province of residence is covered, up to a maximum of $500.
7. **Return of the deceased** — The cost of preparation and transportation of the deceased person (excluding the cost of a coffin) to the departure point in the province of residence or the cost of cremation or burial at the place of death, subject to a total reimbursement of $10,000.

• Subsistence Allowance

Up to $3,000 per *policy* (maximum $300 per day) for the cost of accommodation and meals in a commercial establishment, when a *Covered person's* return must be delayed due to *Illness* or bodily injury to himself or to an accompanying immediate family member or *Travelling companion*.

A positive COVID-19 test result that causes the delay of *Your* return to the departure point is considered an *Illness* for the purpose of Subsistence benefits, but only if the positive result causes *You* to be *Quarantined* or refused boarding on commercial transportation to the departure point.

If the Subsistence Allowance costs are also covered under the Trip Cancellation and Interruption benefit of this *policy*, the expenses are only payable under the Trip Cancellation and Interruption benefit.

What is not covered

Exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained or the expenses incurred result directly or indirectly from one of the following causes:

• Exclusions relating to pre-existing conditions

1. **For persons:**
   - **under the *age* of 61 and covered by Individual, Package, Annual, or**
   - **aged 61 to 75 and covered by Package Insurance for a period of 30 days or fewer and including the Trip Cancellation and Interruption benefit with an insured amount before departure:**

     During the 3 months prior to the *Effective date of coverage:*

     a) any illness, injury or condition (with exception of a *minor ailment)* related to a *medical condition* for which the *Covered person:*
        - consulted a *Physician* (other than for a regular checkup), or
        - was *hospitalized*, or
        - was prescribed or received a new *treatment*, or
        - received a change in an existing *treatment*, or
        - was prescribed or had taken a new medication, or
        - received a change in existing medication (including usage or dosage).

        The *insurer* does not consider a change in existing medication the following elements:
        - the routine adjustment of insulin or Coumadin,
        - a change from a brand name medication to a generic brand medication,
        - provided the dosage is the same,
        - Aspirin taken for non-prescribed medical purposes,
        - decrease of the dosage of cholesterol medication,
        - hormone replacement therapy,
        - vitamins and minerals and non-prescription medication,
        - creams or ointments prescribed for cutaneous irritations.

     b) any heart condition for which the *Covered person* has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain.

     c) any pulmonary condition for which the *Covered person* was treated with home oxygen or had recourse to a corticoid therapy.

2. **For persons:**
   - **aged 61 to 75 and covered by Individual, Annual, or**
   - **aged 61 to 75 and covered by Package Insurance for a period of 30 days or fewer and not including the Trip Cancellation and Interruption benefit with an insured amount before departure, or**
   - **aged 61 to 75 and covered by Package Insurance for a period of 31 days or more, or**
   - **aged 76 or over:**

     a) During the 6 months prior to the *Effective date of coverage*, any *Illness* or condition related to one of the *medical conditions* listed below for which the *Covered person:*
        - consulted a *Physician* (other than for a regular checkup), or
        - was *hospitalized*, or
        - was prescribed or received a *treatment*, or
        - was prescribed or had taken a medication for:

          Cardiovascular conditions — myocardial infarction, angina, arrhythmia, pacemaker, defibrillator, congestive heart failure, bypass, angioplasty, valvulopathy or valve replacement, aortic aneurysm, heart transplantation, peripheral vascular disease;

          Chronic obstructive lung conditions — asthma, emphysema, chronic bronchitis, lung transplantation;

          Neurological conditions — cerebral-vascular accident, transient ischemic attack;

          Insulin-dependent diabetes — diabetes treated with insulin injections;

          Kidney failure, kidney transplantation;

          Gastrointestinal conditions — cirrhosis, hepatitis, ulcers, internal bleeding, liver transplantation, intestinal obstruction;

          Cancer or malignant tumor.

     b) During the 6 months prior to the *Effective date of coverage*, **any other** *Illness*, injury or conditions (with the exception of a *minor ailment*) related to a *medical condition* for which the *Covered person*:
        - consulted a *Physician* (other than for a regular checkup), or
        - was *hospitalized*, or
        - was prescribed or received a new *treatment*, or
        - received a change in an existing *treatment*, or
        - was prescribed or had taken a new medication, or
        - received a change in existing medication (including usage or dosage).

        The *insurer* does not consider a change in existing medication the following elements:

- the routine adjustment of insulin or Coumadin,
- a change from a brand name medication to a generic brand medication, provided the dosage is the same,
- Aspirin taken for non-prescribed medical purposes,
- decrease of the dosage of cholesterol medication,
- hormone-replacement therapy,
- vitamins and minerals and non-prescription medication,
- creams or ointments prescribed for cutaneous irritations.

• Other exclusions and reductions of coverage

1. Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, *treatments*, tests or procedures were not carried out.
2. Pregnancy and complications arising from the pregnancy within 8 weeks preceding the expected date of delivery.
3. *Accident* sustained by the *Covered person* while participating in a sport for remuneration or a sporting event where money prizes are awarded to the winners, any kind of motor vehicle competition or any kind of speeding event, a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes, according to the scale of the Yosemite Decimal System — YDS), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning and any sport or activity with a high level of stress and risk involved.

   The restrictions as for the speeding event does not apply to the amateur athletic activities which are non-contact and engaged in by the *Covered person* solely for leisure or fitness purposes.
4. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug addiction, and any condition arising therefrom, or driving a motor vehicle while ability to drive is impaired by drugs or by alcohol with an alcohol level of more than 80 milligrams per 100 millilitres of blood.
5. *Trip* undertaken for the purpose of receiving medical attention.
6. Suicide, attempted suicide or any self-inflicted injury of the *Covered person*, whether intentional or unintentional.
7. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation or nationalization or requisition or destruction of or damages to belongings due to any government or local or public authority.
8. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
9. Any condition resulting from a mental, nervous, psychological or psychiatric problem, unless the *Covered person* is *hospitalized* for that specific reason.
10. Any claim for patients in chronic care *Hospitals* or in chronic care units of public *Hospitals*, or in nursing homes or health spas.
11. Any care, *treatment*, products or services other than those declared by the appropriate authorities to be required for the *treatment* of the injury or disease or stabilization of the *medical condition*.
12. Custodial care or services rendered for the convenience of the patient.
13. Care or *treatments* for cosmetic purposes.
14. Care or *treatments* received outside the province of residence, when such care or *treatments* could have been obtained in the province of residence without endangering the life or health of the *Covered person*, with the exception of care for immediately necessary *treatment* following an emergency resulting from an *Accident* or sudden *Illness*. Under this exclusion, the fact that the care available in the province of residence could be of lesser quality or take longer to obtain than the care available outside their province of residence does not constitute a danger to the *Covered person's* life or health. Without restricting the generality of this exclusion, no benefits are available under this plan for any *Covered person travelling* outside their province of residence primarily or incidentally to seek medical advice or *treatment*, even if such a *trip* is on the recommendation of a *Physician*.
15. Care or *treatments* received outside the province of residence, which are not covered under the *Government health plan*.
16. Care or *treatments* such as those rendered by a podiatrist, acupuncturist, homeopath, or naturopath.
17. Products listed below are not covered even when obtained by a prescription: processed food for infants, dietary or food supplements or substitutes of any kind, including protein, so-called natural products, multivitamins and drugs available over the counter, antacids, digestives, laxatives, antidiarrheals, decongestants, antitussives, expectorants and any other flu or cold medications, gargles, oils, shampoos, lotions, soaps and all other dermatological products.
18. **Failure of the *Covered person* to communicate with Medi-Assist** in the event of medical consultation or *hospitalization* following an *Accident* or sudden *Illness*.
19. Any *medical condition* not requiring any more emergency care which occurred during the *trip* and is a potential claim, when the *Covered person* elects to continue the *trip* as planned.
20. Expenses incurred for a *medical condition* resulting from an infectious disease or *Illness* for which there is a travel advisory or health warning by a *Canadian Government Agency* that has been published or broadcast in the media prior to the Effective date of the *Covered person's policy*.

    This exclusion does not apply to:

    - Any *Covered Person* who has been *Fully Vaccinated* against the infectious disease for which there is a health warning or official advisory; or
    - Any *Dependent Children*, under the *age* of 18 years old and *travelling* with a *Fully Vaccinated* parent or legal guardian, unless a *Canadian Government Agency* recommends that children of the *Dependent Child's age* are *Fully Vaccinated*.
21. Any otherwise eligible expense incurred in any region or conveyance for with a *Canadian Government Agency* has recommended to "avoid all travel" prior to *your Departure date*.

For *your* information

For the latest Canadian Government health or travel advisory, *you* can contact the Global Affairs Canada by calling 1 800 267-8376 (in Canada and the US) or 613 944-9136.

You can also access their website at **www.travel.gc.ca**.

To contact Health Canada, please call 604 666-2083 for the British Columbia regional office. For the regional office in *your* area, please visit their website at **www.hc-sc.gc.ca**.

PRE-EXISTING CONDITION COVERAGE BENEFIT

Conditions particular to this benefit

The following conditions are in addition to conditions applicable to all benefits:

1. This benefit applies only if the *Covered person* purchased both:
   - The Emergency Medical Care Benefit; and
   - The Pre-Existing Condition Coverage Benefit.

   The Pre-Existing Condition Coverage Benefit must be purchased when the Emergency Medical Care Benefit is purchased and prior to the *departure date* of a covered *trip*. If a detailed medical review is required prior to purchase of the Pre-Existing Condition Coverage Benefit, the Pre-Existing Condition Coverage Benefit must be added within 15 days of the Emergency Medical Care Benefit purchase and prior to the *departure date*.
2. This benefit does not apply if the *Covered person* has:
   - Been advised by their attending *physician* not to travel or been diagnosed with a *medical condition* in a terminal phase;
   - Kidney failure under dialysis;
   - A lung condition with oxygen or cortisone therapy; or
   - Cancer with metastasis.
3. Coverage is subject to the maximum benefit limits and to the terms and conditions specified for the Emergency Medical Care Benefit.
   - The section titled "Exclusions relating to pre-existing conditions" does not apply.
   - The section titled "Other exclusions and reductions of coverage" remains in force.
4. The Pre-Existing Condition Coverage Benefit does not amend any of the terms of the Trip Cancellation or Interruption Benefit, whether purchased as part of a Package plan or not.

What is covered

This benefit covers eligible expenses incurred following a medical emergency resulting from an *Accident* or sudden *Illness* due to a pre-existing condition that existed prior to the commencement date of a covered *trip*. Eligible expenses are outlined in the Emergency Medical Care Benefit section.

What is not covered

Exclusions and reductions of coverage

We are not liable for any services or expenses incurred directly or indirectly from any *medical conditions* and/or symptoms, other than a *Minor ailment*, which arose or worsened within the 7 days prior to the date of departure or on the date of departure.

TRIP CANCELLATION OR INTERRUPTION BENEFIT

Conditions particular to this benefit

The *insurer* shall pay the benefits specified below subject to the definitions, limitations, conditions, exclusions and reductions of coverage of this contract in the case of an *accident, illness* or other unforeseen fortuitous event that is beyond the control of the:

- *Covered person*, or;
- *Travelling companion*

The following conditions are in addition to the conditions applicable to all benefits:

1. **Notice of an event** — When a covered event occurs prior to the *departure date*, the *Covered person* must contact their travel agent or the carrier, as the case may be, to cancel the *trip* **within the 48 hours** following the event and notify the *Insurer* within the same period.

   Claim settlement shall be limited to the amounts stipulated on the Travel Certificate that are non-refundable at the time of the cause of cancellation.
2. **Insured amount** — The *Covered person* must be insured for all prepaid travel expenses that are or will become non-refundable.
3. **Documents required for a claim** — To substantiate a claim for non-refundable or extra costs, the *Covered person* must provide, where applicable:
   a) a medical certificate completed by the legally qualified *Physician* in active personal attendance in the locality where the *Illness* or *Accident* occurred and providing a complete diagnosis; this medical supervision must have begun before the departure or return date, as the case may be,
   b) documentary evidence that a non-excluded event was the cause of the claim,
   c) originals or electronic versions of unused transportation tickets, original invoice from the travel provider, official receipts for return transportation, credit note, or all four,
   d) receipts for land arrangements and other expenses.

   Failure to provide the applicable substantiation shall invalidate any claim under this benefit.

What is covered

1. **Non-refundable prepaid expenses** — the non-refundable portion of unused prepaid travel expenses when the *Covered person* cancels, interrupts, or misses part of the planned *trip*. Vouchers or credit for future travel that has been offered to the *Covered person* are considered to be a refund of prepaid expenses, even if the voucher or credit is declined by the *Covered person*.
2. **New occupancy charges** — The additional cost of new occupancy charges incurred by the *Covered person* who chooses to continue the *trip* when a *travelling companion* must cancel.
3. **Additional transportation costs** — All extra costs associated with the most economical transportation (including charges for schedule changes) to the destination or back to the departure point when the *Covered person* must interrupt, extend or modify the *trip*.

4. **Vehicle return costs** — The cost of returning a *Covered person's* vehicle, either private or rental, to the *Covered person's* residence or nearest appropriate vehicle rental agency, subject to a maximum refund of $5,000, when the *Covered person* is unable to return the vehicle as planned. The person carrying out the return must be authorized by Medi-Assist.
5. **Subsistence allowance** — An allowance of $300 per day per *Covered person* for accommodation, meals in a commercial establishment, essential phone calls and transportation by taxi:
   a) during transit to get to the destination when the *Covered person* must modify the *trip*, or,
   b) during transit to get back to the departure point when the *Covered person* is unable to return by the planned means, or,
   c) when the *Covered person* must extend the *trip*.

   The subsistence allowance is subject to a maximum reimbursement of $6,000 per *policy*.
6. **Costs for returning the remains of a deceased person** — In case of death, the cost of preparation and transportation of the deceased person (excluding the cost of a coffin) to the point of departure in the province of residence, or for the cost of cremation or burial at the place of death, up to a maximum of $10,000.

   If the Vehicle return costs, or Costs for returning the remains of a deceased person are also covered under the Emergency Medical Care benefit of this *Policy*, the expenses are only payable under the Emergency Medical Care benefit.
7. **COVID-19 benefits:**
   a) We will pay all eligible expenses described under 1. Non-refundable prepaid expenses if:
      - *You* have purchased the Trip Cancellation benefit and a *Trip* Cost is shown on *your* certificate; and
      - While still in *your* home province, *You*, or an immediate family member, or *Your Travelling Companion* contract symptomatic COVID-19 prior to *your* Departure Date; and
      - the symptoms persist in the 14 days prior to *your* intended *Departure date*; and
      - *You* must cancel *Your Trip*

   b) After *Your* departure, if *You* or *Your Travelling Companion* experience a COVID-19 *Illness*, positive test result, or *Quarantine* that causes *your trip* to be interrupted, and *you* have purchased the Trip Interruption benefit for which a coverage amount is shown on *your* certificate, *we* will pay the following benefits:

   Subsistence: An allowance of $300 per day per *Covered person* for accommodation, meals in a commercial establishment, essential phone calls and transportation by taxi
      - during transit to get to the destination when the *Covered person* must modify the *trip*, or,
      - when the *Covered person* must extend the *trip*.

   The subsistence allowance is subject to a maximum reimbursement of $6,000 per *policy*.

   Additional transportation costs: All extra costs associated with the most economical transportation (including charges for schedule changes) to the destination or back to the departure point when the *Covered person* must interrupt, extend or modify the *trip*.

   Additional transportation costs are limited to a maximum of $500 per *Covered person* to a maximum of $2,500 per *policy*.

   If *your Trip* must be extended beyond the Expiry Date of the policy, *you* must contact *Us* according to the instructions on page 1 of this *policy* to request an extension.

What is not covered

Exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained or the expenses incurred result directly or indirectly from one of the following causes:

• Reductions of coverage

1. **Insufficient coverage** — Benefits for Non-refundable prepaid expenses and New occupancy charges are reduced if the amount of insurance on the Travel Certificate is less than the non-refundable prepaid travel expenses. In this case, the settlement will be reduced in proportion to the insurance amount indicated on the Travel Certificate and the non-refundable prepaid travel expenses.

   Additional transportation costs, Vehicle return costs, Subsistence allowance and Costs for returning the remains of a deceased person are not affected by the present reduction of coverage.
2. **Travelling companion** — When an event affects several people who plan, leave and return together on the same *trip*, the settlement will be limited to the amount that corresponds to the settlements of the members of the immediate family plus a maximum of six other travelling companions.
3. **Default protection** — The *Insurer* will reimburse the unused portion of prepaid, nonrefundable travel expenses further to cease of operation of a *Travel supplier* due to bankruptcy, insolvency or administrative supervision.

   In the case of default of a *travel supplier*, the engagement of the *Insurer* is limited to the amounts indicated on the Travel Certificate, subject to a maximum of $7,500 per *Covered person*.

   An overall maximum of $2,000,000 will be paid for all claims incurred due to the default of any one *Travel supplier*.

   An overall maximum of $5,000,000 will be paid under this benefit in any one calendar year.
4. **Acts of terrorism** — The benefit payable is reduced to 50% when the loss is caused directly or indirectly by an *Act of terrorism*.

   The total payout for which the *Insurer* will be responsible in case of an *Act of terrorism*, or a series of Acts of terrorism occurring within 72 hours shall not exceed $5,000,000.

   The total payout for which the *Insurer* will be responsible in case of Acts of terrorism shall not exceed $10,000,000 per calendar year.

• Exclusions relating to pre-existing conditions

During the 3 months prior to the *Effective date of coverage*:

a) any *illness*, injury or condition (with exception of a *minor ailment*) related to a *medical condition* for which the *Covered person*:
   - consulted a *Physician* (other than for a regular checkup), or
   - was *hospitalized*, or
   - was prescribed or received a new *treatment*, or

- received a change in an existing *treatment*, or
- was prescribed or had taken a new medication, or
- received a change in existing medication (including usage or dosage).

The *insurer* does not consider a change in existing medication the following elements:

- the routine adjustment of insulin or Coumadin,
- a change from a brand name medication to a generic brand medication, provided the dosage is the same,
- Aspirin taken for non-prescribed medical purposes,
- decrease of the dosage of cholesterol medication,
- hormone replacement therapy,
- vitamins and minerals and non-prescription medication,
- creams or ointments prescribed for cutaneous irritations.

b) any heart condition for which the *Covered person* has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain.

c) any pulmonary condition for which the *Covered person* was treated with home oxygen or had recourse to a corticoid therapy.

• Other exclusions

a) Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, *treatments*, tests or procedures were not carried out prior to the date of purchase or the date of the first non-refundable deposit on the *trip* or transportation ticket.

b) Trip undertaken by the *Covered person* for the purpose of obtaining medical care or visiting or attending an ailing person and the *medical condition* or ensuing death of that person is the cause of cancellation, curtailment or delayed return.

c) Illness or *hospitalization* of any person other than a *travelling companion*, family member or person that takes care of the *Covered person's* business (key-employee) or residence during the *trip*.

d) Illness that does not require *hospitalization* of the host at destination.

e) Any condition resulting from a mental, nervous, psychological or psychiatric problem except if the *Covered person* must be *hospitalized* due to this condition.

f) Pregnancy of the *Covered person* and complications arising from the pregnancy within 8 weeks preceding the expected date of delivery.

g) Premature birth of a child if the anticipated *trip* is scheduled to take place during the last 8 weeks of pregnancy or during the first 8 weeks following the expected delivery date.

h) Diagnosis of pregnancy after the *effective date of coverage*, if the departure or return date of the *trip* is scheduled to take place during the first 32 weeks of pregnancy.

i) Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction by the *Covered person*, and any condition arising therefrom, or driving of a motor vehicle while ability to drive is impaired by drugs or by alcohol with an alcohol level of more than 80 milligrams per 100 millilitres of blood.

j) Suicide, attempted suicide or any self-inflicted injury of the *Covered person*, whether intentional or unintentional.

k) Accident sustained by the *Covered person* while participating in a sport for remuneration or a sporting event where money prizes are awarded to the winners, any kind of motor vehicle competition or any kind of speeding event, a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes, according to the Yosemite Decimal System — YDS), parachuting, gliding, hand-gliding, skydiving, bungee jumping, canyoning and any sport or activity with a high level of stress and risk involved.

The restrictions as for the speeding event does not apply to the amateur athletic activities which are non-contact and engaged in by the *Covered person* solely for leisure or fitness purposes.

l) Perpetration of or attempt to perpetrate, by the *Covered person*, directly or indirectly, a criminal act under any law.

m) War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation, nationalization, requisition or destruction of or damages as a result of any government or local or public authority.

n) Except for stops between 2 transportation segments, all missed transportation when the *Covered person* did not plan to arrive at the connecting point within the time frame recommended by the carrier.

o) Financial problems, conflicts of *Covered persons*, disagreement with a *travelling companion* on the part of the *Covered person*, inability to obtain the accommodation desired, or aversion of the *Covered person* to the *trip* or the transportation.

p) Loss of employment of the person who had a temporary, contract or permanent position for less than one year.

q) Cancellation of a *business meeting* by the employer of the *Covered person*.

r) Law enforcement officers being summoned for jury duty or subpoenaed as a witness or defendant in a case that is scheduled to be heard during the *trip*.

s) Late visa application or request for a visa subsequent to a previous refusal or ineligibility of the *Covered person* to file a visa application.

t) Refused entry at customs or security checkpoints, except in a case of mistaken identity.

u) **Failure of the *Covered person* to communicate with Medi-Assist.**

v) Cancellation of the *trip* prior to departure if adverse weather conditions cause a delay to the carrier of less than 30% of the total duration of the *trip*.

w) **Situation known at the time of effective coverage that could reasonably lead to an event which may prevent the *Covered person* from making the *trip* as planned.**

COVID-19 and related variants continue to be globally well-known health events that can cause interruption to and cancellation of *Your Trip*. Unless coverage is expressly granted under "What Is Covered, 7. COVID-19 Benefits", all COVID-19 related expenses remain excluded under the Trip Cancellation or Interruption Benefit.

x) Any event that does not lead a *Canadian Government Agency* to issue a general recommendation not to travel in a country or region that is the *trip* destination, or any event for which the recommendation not to travel to the destination has been lifted more than 7 days before the *departure date*. The insurance must have been purchased prior to the disclosure of the government recommendation.

y) Cancellation within the first 72 hours of purchase of insurance, if the *policy* was purchased more than 72 hours after the payment of the initial deposit for any portion of the *trip* costs.

EMERGENCY RETURN BENEFIT

What is covered

The Emergency Return benefit covers transportation expenses for the return to the province of residence and then the return to the original *trip* destination if the return is made necessary by:

- death, or *hospitalization* for at least 7 days of a *Member of the family* of the *Covered person*, a *Member of the family* or *Spouse* or of the person for whom the *Covered person* acts as legal guardian or estate executor. It is not necessary to wait 7 days before departure, but expenses will be reimbursed only if the *Covered person* remains *hospitalized* for at least 7 days,
- disaster that renders the *Covered person's* principal residence uninhabitable or causes significant damages to their commercial establishment.

The refundable expenses correspond to the cost of a round-trip economy fare ticket by the most direct route.

What is not covered

Exclusions and reductions of coverage

1. Only one emergency return per *trip* shall be reimbursed.
2. When applying for insurance, the *Covered person* must not know the reason which would keep them from continuing the *trip* as originally planned.
3. Accommodation costs during transportation are not covered.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

What is covered

Subject to the provisions, conditions, exclusions and reductions of coverage of this *Policy*, the *Insurer* hereby insures the *Covered person* for the *accidental loss* of life or loss of use of one or several limbs.

The loss must result directly from an *Accident* sustained during the *Period of coverage* and occur within 12 months of the *Accident*.

The *Insurer* shall pay an amount corresponding to the percentage shown in the Benefits Chart of the sum insured indicated on the Travel Certificate.

Benefits chart

	Percentage Payable of Sum Insured		
Accidental loss of	**< Age 18**	**Age 18 – 64**	**≥ Age 65**
Life in *public transportation*	40%	200%	40%
Life under any other circumstance	20%	100%	20%
Use of several limbs or sight of both eyes	20%	100%	20%
Use of one limb or sight of one eye	10%	50%	10%

Limit and payment of the sum insured

Under no circumstances may the total amount paid under this plan exceed $300,000 per *Covered person*. In case of the loss of life of a *Covered person*, the benefit shall be paid directly to the *Policyholder* if they are living, or to the designated beneficiary if the *Policyholder* is deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the *Policyholder's* estate. In the case of *accidental loss* of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the *Covered person* who has been the victim of the *Accident*, his representative, or to his legal guardian if a minor. If the *Covered person* sustains more than one loss, the *Insurer* shall pay for one loss only, namely that which allows the highest amount.

Limit applicable to the Accidental Death and Dismemberment benefit and the Air Flight Accident benefit (as described hereafter).

The total benefits payable under the Accidental Death and Dismemberment benefit and the Air Flight Accident benefit may in no way exceed $300,000 per *Covered person*.

What is not covered

Exclusions and reductions of coverage

1. *Accident* sustained by the *Covered person* while participating in a sport for remuneration or to a sporting event where money prizes are awarded to the winners, any kind of motor vehicle competition or any kind of speeding event, to a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes, according to the Yosemite Decimal System — YDS), parachuting, gliding, hand-gliding, skydiving, bungee jumping, canyoning and any sport or activity with a high level of stress and risk involved.

   The restrictions as for the speeding event does not apply to the amateur athletic activities which are non-contact and engaged in by the *Covered person* solely for leisure or fitness purposes.
2. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition arising therefrom, or driving of a motor vehicle while ability to drive is impaired by drugs or by alcohol with an alcohol level or more than 80 milligrams per 100 millilitres of blood.
3. Suicide, attempted suicide or any self-inflicted injury of the *Covered person*, whether intentional or unintentional.

4. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation, nationalization, requisition or destruction of or damages as a result of any government or local or public authority.
5. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
6. *Act of terrorism*.

AIR FLIGHT ACCIDENT BENEFIT

What is covered

Subject to the provisions, conditions, exclusions and reductions of coverage of this *Policy*, the *Insurer* hereby insures the *Covered person* for the *accidental loss* of life or loss of use of one or several limbs occurring while:

1. *travelling* as a paying passenger in an *Aircraft* operated from the departure point to the destination or return point,
2. riding as a passenger in a land or water conveyance at the expense of the airline,
3. riding as a passenger in a scheduled helicopter shuttle service to and from airports to connect with a flight insured under this insurance,
4. exposed to the elements due to the forced landing or disappearance of an *Aircraft* on which the *Covered person* is insured by this insurance,
5. waiting at the airport for the departure of a flight insured under this insurance.

The loss must result directly from an *Accident* sustained during the *Period of coverage* and occurring within 12 months of the *Accident*.

The *Insurer* shall pay an amount corresponding to the percentage shown in the Benefits Chart of the sum insured indicated on the Travel Certificate.

Benefits chart

Accidental loss of	Percentage Payable of Sum Insured
Life	100%
Use of several limbs or sight of both eyes	100%
Use of one limb or sight of one eye	50%

Limit and payment of the sum insured

Under no circumstances may the total amount paid under this benefit exceed $300,000 per *Covered person*. In case of the loss of life of a *Covered person*, the benefit shall be paid directly to the *Policyholder* if the *Policyholder* is living, and to the designated beneficiary if the *Policyholder* is deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the *Policyholder's* estate. In the case of *accidental loss* of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the *Covered person* who has been the victim of the *Accident*, their representative or to their legal guardian if a minor. If the *Covered person* sustains more than one loss, the *Insurer* shall pay for one loss only, namely that which allows

the highest amount.

Limit applicable to the Accidental Death and Dismemberment benefit and the Air Flight Accident benefit.

The total benefits payable under the Accidental Death and Dismemberment benefit and the Air Flight Accident benefit may in no way exceed $300,000 per *Covered person*.

What is not covered

Exclusions and reductions of coverage

1. Suicide, attempted suicide or any self-inflicted injury of the *Covered person*, whether intentional or unintentional.
2. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation or nationalization or requisition or destruction of or damages to belongings due to any governmental or local or public authority.
3. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
4. *Act of terrorism*.

BAGGAGE BENEFIT

Conditions particular to this benefit

The following conditions are in addition to conditions applicable to all benefits:

1. Where loss is due to theft, burglary, vandalism or disappearance, the *Covered person* shall notify the police upon discovery of the loss. Failure to report the said loss to the authorities shall invalidate any claim under this benefit for such loss.
2. In the event of loss, the *Covered person* shall notify the *Insurer* as promptly as possible and take all reasonable precautions to protect, safeguard or recover their property and shall also promptly notify the police and obtain from them written confirmation regarding such loss. The *Covered person* shall obtain written confirmation from the hotel manager, tour guide or transportation authorities. The *Covered person* shall furnish proof of loss or damage and value with a sworn statement within 90 days of the date of loss. Failure by the *Covered person* to comply with these conditions shall invalidate claims under this benefit.
3. If the covered property is checked with a public carrier and delivery is delayed until after expiry of the coverage, coverage shall be continued until such property is delivered by the public carrier.
4. The *Insurer* shall not be liable beyond the actual cash value of the property at the time any loss or damage occurs and may elect to repair or replace any damaged or lost property with other of like quality or value.
5. Upon the occurrence of any loss for which a claim is made, the amount of the applicable limit of liability is reduced by the amount equivalent to such loss.
6. This benefit shall not profit, directly or indirectly, any carrier or guarantor.

What is covered

This benefit shall cover loss of or damage to the baggage owned by a *Covered person* during a trip in or outside the province of residence within the *Period of coverage*.

In the event the checked baggage is delayed by the carrier for 12 hours or more while en route and before returning to the point of departure, the *Insurer* will reimburse 50% of the amount covered, up to a maximum reimbursement of $500, for the purchase of necessary toiletries and clothing. Proof of delay of checked baggage from the carrier along with receipts of purchases must accompany the claim upon presentation to the *Insurer* when returning from the *trip*.

This benefit covers expenses to replace passport, driver's license, birth certificate or travel visa in case these documents are lost or stolen, up to a maximum of $50.

The maximum amount payable under the Baggage benefit per *Covered person*, for the duration of the *trip*, is the amount chosen on the Travel Certificate subject to the exclusions and reductions of coverage.

What is not covered

Exclusions and reductions of coverage

The benefits are reduced or not payable in the event of or with regard to:

1. Loss of or damage to automobiles or automobile equipment, motorcycles, bicycles (unless registered with the carrier), boats, motors or other conveyances or their accessories, household furnishings or accessories, false teeth, artificial limbs, glasses, contact lenses, cash notes, securities, tickets and documents, professional equipment or property, goods brought with the intent of trading them, antiques and collectors items, perishable articles, cosmetics, personal effects, animals or any item that is not part of the usual baggage.
2. Breakage of fragile or brittle articles unless caused by fire or theft.
3. Loss or damage due to confiscation or damage by order of any government or public authority, or to illegal transportation or trade, war, demonstration or insurrection or hostilities between nations (whether or not war is declared).
4. Loss or damage caused by wear and tear, gradual deterioration, moths or vermin or while the article is actually being worked upon or processed.
5. Theft from an unattended automobile, trailer or other vehicle, unless such vehicle was securely locked or was equipped with a closed compartment, which was securely locked and the theft occurred as a result of forcible entry (of which there must be visible marks).
6. The maximum amount payable for loss or damage for each item comprising the *Covered person's* baggage is $300.

   For the purpose of calculating the maximum, the following items are grouped in categories, and each category is considered, pursuant to the *Policy*, as a single article:

   - **jewelry** — jewelry, watches, silver, gold or platinum items,
   - **furs** — fur or fur-trimmed articles,
   - **photography equipment** — cameras and photography equipment, video cameras and video or audio equipment.

   In addition, the maximum amount payable for loss or damage of the total of the 3 categories mentioned above is the lesser of $500 or 50% of the maximum amount chosen.

7. Loss or damage caused by any imprudent action or omission by the *Covered person*. When an article or personal property in question cannot be located and the circumstances of its disappearance cannot be explained or do not lend themselves to a reasonable conclusion that a theft occurred.
8. Loss or damage to articles specifically insured under any other insurance *policy* at the time this benefit is in effect.
9. In the event of the loss of an article, which is part of a set, the measure of loss shall be in reasonable and fair proportion to the total value of the set, giving consideration to the importance of such article and with the understanding that such loss shall not be construed to mean total loss of the set.

MEDICAL FOLLOW-UP IN CANADA BENEFIT

This benefit applies only if the *Covered person* subscribed to the Emergency Medical Care benefit.

When a *Covered person* is repatriated to their place of residence in Canada at the *Insurer's* expense further to a *Hospital* stay out of Canada, the *Insurer* will reimburse the following costs if they are engaged within 15 days of the repatriation.

1. The cost of a semi-private room in a *Hospital* or a rehabilitation centre or a convalescent home up to a maximum of $1,000.
2. The fees for home nursing care when medically required and provided by a registered nurse or a registered nursing assistant, up to a maximum of $50 per day, for a maximum of 10 days.
3. The costs for the rental of the following devices, up to a maximum of $150 — crutches, standard walker, canes, trusses, orthopedic corset and oxygen.
4. The cost for transportation (ambulance and/or taxi) in order to receive medical care up to a maximum of $250.

MEDI-ASSIST WORLDWIDE EMERGENCY MEDICAL ASSISTANCE

This benefit is offered free of charge with the purchase of any travel insurance product included in this *Policy*. Medi-Assist Travel Assistance is provided through *CanAssistance*.

Medical assistance

If, following an *Accident* or sudden *Illness*, a *Covered person* must consult a *Physician* or require *hospitalization*, they must contact Medi-Assist immediately. Medi-Assist will make the necessary arrangements in order to provide the *Covered person* with the following services:

- for the State of Florida, direct the *Covered person* to an appropriate clinic or *hospital* member of the Preferred Patient Care network,
- for the State of South Carolina, direct the *Covered person* to an appropriate clinic or *hospital* member of the Preferred Personal Care network,
- for all other destinations, direct the *Covered person* to an appropriate clinic or *Hospital* and advance funds to the *Hospital* if necessary,
- confirm the medical insurance coverage in order to avoid paying a substantial deposit,
- provide the follow-up of the medical file and communicate with the family *Physician*,

- repatriate the *Covered person* to their province of residence, when necessary,
- coordinate the safe return home of *Dependent children* if the parent is *hospitalized*,
- make the necessary arrangements for the transportation of a *Member of the family* of the *Covered person* to the patient's bedside if the *Covered person* is *hospitalized* for at least 7 days and if the attending *Physician* advises such attendance,
- coordinate the return of the *Covered person's* vehicle if they are unable to bring it back due to *Illness* or *Accident*.

Notice

Failure to contact Medi-Assist in the event of medical consultation or *hospitalization* following an *Accident* or sudden *Illness* could result in refusal of the compensation requested. The *Insurer* and *CanAssistance* are not responsible for the availability or quality of medical and *Hospital* care rendered, or the lack thereof.

General assistance

In the event of **any other emergencies**, the *Covered person* can contact Medi-Assist in order to receive the following services:

- toll-free assistance lines available 24 hours a day, 7 days a week,
- transmission of urgent messages,
- coordination of claims,
- services of an interpreter for emergency calls,
- referral to legal counsel in the event of a serious *Accident*,
- settlement of formalities in the event of death,
- assistance in the event of loss or theft of identification papers,
- information regarding embassies and consulates.

Through Medi-Assist, the *Insurer* may also provide pre-travel information with regard to visas and vaccines.

POLICY EXTENSION

If *you* wish to extend *your trip* beyond the dates specified on the certificate or beyond the maximum stay included under *your* Annual contract, *you* must extend *your* insurance coverage.

Coverage under this *Policy* may be extended if:

- the request for extension is made by contacting the *Insurer* prior to the end of the initial coverage period; and
- the additional premium is paid; and
- all *Covered persons* remain eligible for insurance; and there has been no travel advisory or health warning declared by a
- *Canadian Government Agency* restricting travel of Canadian residents at the *Covered person's* destination, and;
- *our* approval is expressly granted.

To arrange for *your* extension:

- Phone: **604 419-2000** (8 a.m. – 4:30 p.m. PST, Monday to Friday)
- Outside the Lower Mainland within British Columbia call toll-free **1 877 PAC-BLUE**

***Insurers* approval**

Policy extensions are not guaranteed and requires approval of the *Insurer*.

Such approval could be refused if:

- *You* have a claim for the initial period of the *trip* in progress, whether it is already made or not, or
- The Canadian or provincial government recommends that travellers return home.

When an extension is refused by the *insurer*, coverage ends at the *expiry date of coverage* indicated on the travel certificate or when the maximum number of days, as indicated on the travel certificate, of the Annual plan is surpassed.

Automatic extension of coverage

All coverage will automatically be extended free of charge:

- up to 24 hours when the return home is delayed due to a carrier delay, a traffic accident, or mechanical failure of the private vehicle used to return from *your trip* (claim must be supported by documentary proof).
- during the period of *hospitalization* and the 24 hours which follow the discharge from *hospital* of a *covered person*.
- up to 72 hours when the return home is delayed due to a *covered person's illness* occurring within 24 hours prior to the contracted return date and requiring emergency medical care.

CANCELLATION OF CONTRACT

To cancel *your* contract for a full refund, *you* must contact *your* agent or *us* during business hours. The request must be received:

a) Before the *effective date* of the contract, or

b) After the effective date of the contract, during the 10 days following the date of purchase, unless:
   - *You* have made or intend to make a claim related to the contract, or
   - The contract is for a period 10 days or less, or
   - The contract was purchased within 11 days before the *trip* and includes Trip Cancellation or Interruption coverage.

Return Earlier from *Your Trip*

If *you* return from *your trip* before the *expiry date of coverage* and *you* have not submitted nor intend to submit a claim under this contract and / or no Medi-Assist case has been opened, *you* may request a partial refund of *your* premium. A fully completed Refund of Premium form is required in order for a refund to be processed.

When authorized, reimbursement will be for the unused contract days, less an administrative fee. Unused contract days are counted beginning the day after *Your* return date.

- *You* must submit proof that *We* deem acceptable of *Your* return date.
- If no such proof is provided, then the postmark on the letter or the date an email is received by *us* will be considered *Your* return date.
- The request must be received within 15 days of *Your* return date.

An administrative fee of $25 per *Policy* will be deducted from any refund.

Refund of premium does not apply if:

1. *You* are covered for Trip Cancellation benefit.
2. *You* are covered for Emergency Return Benefit.
3. *You* are covered under an Annual Insurance contract.
4. *You* are repatriated at *Our* expense.
5. *Your* refundable premium is less than $20 after application of the Administration Fee.

GENERAL CONDITIONS APPLICABLE TO ALL BENEFITS

Validity of the *policy*

The travel insurance must be purchased before the *departure date* and for the full duration of the *Trip*.

If the contract requires extension and the latter is denied by the Insurer, the contract remains valid until the *expiry date of coverage*.

Return to the Province of Residence at the Request of the *insurer*

In the absence of a medical contraindication, when a *Canadian Government Agency* encourages *covered person* to return to the country, the *Insurer* can require the return to the province of residence of any *Covered person* already *travelling* within a time that the *Insurer* considers reasonable.

Repatriation of a Covered person

In the absence of medical contraindication, the *Insurer* can require repatriation of any *Covered person* or their transfer to other medical facilities. **Refusal by the *Covered person* cancels the coverage and the terminating notice to the *Policyholder* shall be sufficient. There will be no refund of premium allowed for early return in the event the *Covered person* refuses to be repatriated.**

Settlement of claims

The *Insurer* shall not assume responsibility under the *Policy* unless the *Covered person* gives written notice of loss to the *Insurer* within 30 days of acquiring knowledge of it, and transmits to the *Insurer* within 90 days of the loss, all the information, original and detailed accounts, and submits proof of these expenses acceptable to the *Insurer*, a proof of the duration of the *trip*, a medical certificate giving the complete diagnosis and any other document or information of any nature required by the *Insurer* for the study of a claim.

The *Insurer* shall be entitled to have the *Covered person* undergo examinations for claims adjustment purposes, and to have an autopsy performed in the event of death as long as it is not prohibited by law. Expenses for those examinations are the *Insurer's* responsibility.

All claims must be submitted to *Us* in English.

Method of payment

The *Insurer* shall make any refund by means of a cheque in the name of the provider of services and the *Policyholder* or their assignee, after receiving and assessing the relevant accounts and the necessary information pertaining thereto, in accordance with the terms and conditions provided. However, in all cases, the *Insurer* shall have the right to pay the provider of services directly.

Any amount paid by the *Insurer* or on its behalf relieves the *Insurer* of all obligations to the extent of such amount.

Coordination of benefits

The coverage outlined in this Travel Insurance *Policy* is excess insurance and is secondary to any other coverage for similar benefits which the *Covered person* may hold from any other source at the time of loss.

Pacific Blue Cross will pay eligible expenses only in excess of those covered by that other insurance company or insurance companies or other responsible party or parties, including insurance plans provided through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing *hospital*, medical or therapeutic coverage, or any third party liability insurance in force concurrently with this Travel Insurance *Policy*.

If the *Covered person* is entitled to similar benefits under a Pacific Blue Cross group or personal health plan, claims will be charged against the Travel Insurance *Policy* first.

If other coverage for similar benefits does not provide for secondary payment, the benefits payable under that coverage will be determined first.

If other coverage for similar benefits does provide for secondary payment, then benefits under this Travel Insurance *Policy* will be coordinated so that benefits from all sources shall not exceed the total loss incurred. Coordination of benefits will be in accordance with the Coordinating Coverage Guidelines for Out-of-Country/Province Health Care Expenses issued by the Canadian Life and Health Insurance Association.

Subrogation

If, in the event of loss or damage, the *Covered person* shall acquire any right of action against any individual or legal entity for loss covered under this *Policy*, the *Insurer* shall be subrogated for all the *Covered person's* rights of recovery to the amount paid by the *Insurer*. The *Covered person* shall sign and deliver instruments and papers to this effect and do whatever is necessary to secure such rights.

Interpretation

This *Policy* is to be interpreted and enforced in accordance with the laws of the province of British Columbia and their amendments and Regulations, and to *our* By-laws.

Concealment, fraud or attempted fraud

This *Policy* is void in the case of fraud or attempted fraud by the *Covered person*, or if the *Covered person* conceals or misrepresents any material fact or circumstance concerning this insurance, either at the time of application to the insurance, at time of claim or any other moment during the life of the *Policy*.

Duty to disclose

A Member or applicant for benefits must disclose to *Us* in the application, on a medical examination (if applicable), and in any written statement or answers furnished as *Evidence of insurability*, every fact within the applicant's or person's knowledge that is material to the coverage.

Interest

No sum payable under this *Policy* shall bear interest.

Currency

All amounts of money mentioned in this *Policy*, as well as sums payable under this *Policy*, shall be in the legal currency of Canada.

Electronic communications

We may provide and accept documents electronically from *You* and covered Members in accordance with applicable legislation.

Modifications to the *policy*

The terms and conditions of this *Policy* may not be modified unless agreed upon in writing by the *Policyholder* and the *Insurer*. The *Insurer's* waiving or omitting to require any provision in the *Policy* to be executed or observed must not be interpreted as the *Insurer's* waiver of its right to require any provision to be carried out or observed.

Illegal act

This *policy* will be void if *your* claim(s) results from or is related to a *Covered person's* involvement in the commission or attempted commission of a criminal offense or illegal act in the country where the claim was incurred. This includes, but is not limited to, acting against locally imposed orders of self-isolation, *Quarantine* or geographic travel restriction.

DEFINITIONS

Accident — Means an unintentional, sudden, fortuitous and unforeseeable event due exclusively to an external cause of a violent nature and inflicting, directly and independently of all other causes, bodily injuries during the *Period of coverage*.

Accidental loss of sight of one eye — Means the total and irrecoverable loss of sight therein.

Accidental loss of use of one limb — Means the accidental loss of use of a hand or a foot, i.e. the total and irrecoverable loss of use thereof.

Act of terrorism — Means 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.

Age — Means the age of the *Covered person* at the time the present *policy* is purchased.

Aircraft — Means any multi-engine transport-type aircraft with a maximum authorized take-off weight greater than 10,000 lbs (4,540 kg), operated between licensed airports by a scheduled or charter airline of Canadian or of foreign registry holding a valid Canadian Transportation Agency scheduled air carrier license, or a valid Canadian Transportation Agency regular specific point air carrier license, or charter air carrier license or its foreign equivalent, provided such aircraft is being used at the time to provide transportation authorized under such airline's scheduled, charter or regular specific point license.

Business meeting — Means a pre-arranged private meeting between unaffiliated companies pertaining to the full-time occupation or profession of the *Covered person* and which was the sole purpose of the *trip* (documentary evidence of meeting arrangements required). In no event shall business meeting include legal proceedings.

Canadian Government Agency — Means any federal, provincial, territorial or municipal agency as names and authorities change from time to time.

CanAssistance — Means the company authorized by the *Insurer* to provide assistance services to *Covered persons*.

Covered person — Means any person indicated as an insured on the travel certificate. A child born during the first 32 weeks of pregnancy over the course of a *trip* is automatically covered by this insurance, if the medical costs of delivery and medical care to the mother are not excluded.

Departure Date — Means the date that *your Trip* begins.

Dependent child — Means a child of the *policy* holder, their *spouse*, or both, over 30 days old before departure, who is dependent on the *policy* holder, who is not married, and who is:

- under 21 years of *age*, or
- under 25 years of *age* and attends an educational institution full-time as a duly registered student, or
- physically or mentally handicapped.

A child who is not a Canadian resident, who is a least 31 days old and is in the process of being adopted by a Canadian resident is considered a dependent child upon completion of all required documents and once the appropriate authorities in the adoptee's country of origin definitively and irrevocably release the child into the physical, visual and exclusive care of the adoptive parents or of the person who will accompany the child until their arrival in Canada.

In a single-parent or family plan, any child of the *Policyholder* or their *spouse* born after the effective date of the *policy* is automatically insured as soon as they meet the criteria of the definition of a dependent child, subject to the payment of a supplementary premium, as the case may be.

Effective date of coverage — Coverage begins on the last of the following dates:

1. For all benefits **except** Trip Cancellation:
   - the effective date stated on the Travel Certificate, or
   - the *departure date*.
2. For Trip Cancellation only:
   - the date of application for insurance, or
   - the date of purchase or the date of the first non-refundable deposit on the *trip* or transportation ticket.

Evidence of insurability — Means written proof, satisfactory to *Us*, that the Member is an insurable risk under the terms of this *Policy*.

Expiry Date of Coverage — Means for all benefits, coverage ends on the first of the following dates:

- the termination date stated on the Travel Certificate, or
- the date that *your Trip* ends, whether planned or premature.

Fully Vaccinated — Means that the *Covered Person* has received the complete dosage of vaccine within the appropriate timelines as recommended by the *Canadian Government Agency* overseeing vaccinations in the province or territory of residence, to ensure maximum efficacy of the vaccine.

Government health plan — Means a plan, program, or arrangement, under the administrative control or regulatory power of any Canadian government (federal or provincial), which provides coverage or reimbursement for basic medical and *hospital* services and/or supplies (this includes MSP and Fair PharmaCare).

Hospital — Means an institution licensed as an accredited hospital and offering care and *treatment* to resident in-patients or out-patients, having a registered graduate nurse (R.N.) always on duty, a laboratory, and an operating room where surgical operations are performed by a legally qualified surgeon. In no event shall the term "Hospital" mean any hospital or institution or part of such licensed hospital or institution used primarily as a clinic, continued care or extended care facility, convalescent home, rest home, nursing home or home for the aged, health spa, or *treatment* centre for drug addicts or alcoholics.

Hospitalization — Means admission to a *hospital* to receive short-term care as a bedridden patient for a minimum stay of 18 hours.

Covered short-term care comprises preventive care, medical diagnosis and medical *treatment* (including surgery) for an acute *illness* and does not include convalescent care and physical and mental rehabilitation.

In the case of day surgery, the *hospital* stay is equivalent to 18 hours of hospitalization.

Illness — Means a deterioration in health or a disorder of the organism certified by a *Physician*, the cause of which originated during a *trip* within the *Period of coverage*. However, in the case of a trip cancellation, this deterioration or disorder must be serious enough to prevent the Covered *person* from continuing their *trip* as planned. Pregnancy is not considered to be an illness, except in the case of pathological complications arising within the first 32 weeks.

Insurer — Means Pacific Blue Cross for the Emergency Medical Care benefit, the Medical Follow-up in Canada benefit, and the Medi-Assist Travel Assistance benefit. Blue Cross Life Insurance Company of Canada is the insurer for the Accidental Death or Dismemberment benefit and the Air Flight Accident benefit. The Canassurance Insurance Company Inc. is the insurer for the Trip Cancellation or Interruption benefit, the Baggage benefit, and the Emergency Return benefit.

Key employee — Means an employee whose presence is necessary for the smooth operation of the business during the absence of the *Covered person*.

Medical condition — Means a health issue, disease, *illness*, or injury (including symptoms of undiagnosed conditions).

Member of the family of the *Covered person* — Means *Spouse*, father and mother, grandparent, grandchild, step-parent, child (not necessarily dependent) of the *Covered person* and/or *Spouse*, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, nephew.

Member of the immediate family of the *Covered person* — Means the *Spouse*, father, mother and children (not necessarily dependent) of the *Covered person*, *Spouse* or both.

Minor ailment — Means any *illness*, injury, or condition related to a *medical condition* which ends at least 30 days prior to the *effective date of coverage* and does not require:

- the use of medication for a period greater than 15 days, or
- more than one follow-up visit to a *physician*, or
- a *hospitalization*, or
- a surgical intervention, or
- a consultation with a medical specialist.

A chronic *medical condition* or the complication of a chronic *medical condition* is not a minor ailment.

Period of coverage — Means the time between the Effective date of the *Policy* and the Expiry date indicated on the Travel Certificate.

Physician — Means a person who is not related in any way to the *Covered person* and who is legally authorized to practice medicine on the premises where medical services are provided.

Policy — Means this document, provided it has been validated by the *Insurer*, and any subsequent amendments to it.

Policyholder — Means the person who has applied and paid for coverage under this *policy* and in whose name this *policy* has been validated by the *Insurer*.

Prepayment — Means the deposit of a sum of money which is not refundable.

Public transportation — Refers to any common carrier (on land, sea, or by air) that is operated by a carrier holding a license issued by the public authorities competent to do so and providing transportation for fare-paying passengers.

Quarantine — Means a mandatory, enforced period of isolation during which the *Covered Person(s)* is unable to travel due to an order of government or local health authority. Voluntary self-isolation is not Quarantine.

Spouse — Means the person united to the *Policyholder* by marriage or a person who has been living permanently with the *Policyholder* for over one year. Following a separation of more than 3 months or dissolution of the marriage by divorce or annulment, this person will lose their status as spouse.

Terminal condition — Means a *medical condition* for which, before the date of departure, a *physician* has given *you* a terminal prognosis with a life expectancy of 12 months or less.

Travelling — Means occasional absence from the *Covered person's* residence for the purpose of a vacation, leisure or business. The *Covered person* must travel outside the province of residence or have at least a one night stay in a commercial accommodation establishment.

Travelling companion — Means the person who plans, leaves and returns with the *Covered person* on the same *trip*, to a maximum of six persons. A *member of the immediate family* of the *Covered person* who plans and leaves on the same *trip* as the *Covered person* is considered as a travelling companion but is not included in the six person maximum.

Travel supplier — Means any tour operator, wholesale group transportation, airline, cruise company or accommodation facility. Where two or more Travel suppliers are wholly-owned subsidiaries of one person or corporation they are deemed for the purpose of this clause to be one Travel supplier.

Treatment — Means a medical procedure prescribed, performed, or recommended by a *physician* for a *medical condition*. This includes but is not limited to medication, investigative testing and surgery.

Trip — Means the time between and inclusive of the date that *you* leave *your* ordinary residence in Canada to the date *you* return to *your* ordinary residence in Canada.

We, Us and Our — Refers to the *Insurer.*

You* and *Your — Refers to the *Covered person*.

STATUTORY CONDITIONS

The contract

The application, this *policy*, any document attached to this *policy* when issued and any amendment to the contract agreed on in writing after this *policy* is issued constitute the entire contract and no agent has authority to change the contract or waive any of its provisions.

Material facts

No statement made by the insured or a person insured at the time of application for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as *evidence of insurability*.

Termination of insurance

1. The contract may be terminated by the *insurer* giving to the insured 15 days' notice of termination by registered mail or 5 days' written notice of termination personally delivered.
2. If the contract is terminated by the *insurer*,
   a) the *insurer* must refund the excess of premium actually paid by the

insured over the prorated premium for the expired time, but in no event may the prorated premium for the expired time be less than any minimum retained premium specified in the contract, and

b) the refund must accompany the notice.

3. If the contract is terminated by the *insured*, the insurer must refund as soon as practicable the excess of premium actually paid by the insured over the short rate premium calculated to the date of receipt of the notice according to the table in use by the *insurer* at the time of termination.
4. The 15 day period referred to in subparagraph (1) (a) of this condition starts to run on the day the registered letter or notification of it is delivered to the insured's postal address.

Notice and proof of claim

1. The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, must give notice of claim to the *insurer* according to the Settlement Of Claims condition within this contract.
2. Failure to give notice or proof — Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if:
   a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the *accident* or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
   b) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

Insurer to furnish forms for proof of claim

The *insurer* must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit their proof of claim in the form of a written statement of the cause or nature of the *accident*, sickness or disability giving rise to the claim and of the extent of the loss.

Rights of examination

As a condition precedent to recovery of insurance money under the contract,

a) the claimant must give the *insurer* an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending, and

b) in the case of death of the person insured, the *insurer* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

When money payable

All money payable under the contract, other than benefits for loss of time, must be paid by the *insurer* within 60 days **after it has received all documentation** required to satisfy proof of claim.

PROTECTING *YOUR* PRIVACY

Pacific Blue Cross has a privacy *policy* which governs *Our* collection, use and disclosure of personal information (including personal health information) about individuals who are members and dependents. *Our* privacy *policy* requires *Us* to keep this information confidential, but does permit the use and disclosure of information in limited circumstances consistent with the proper administration of group or individual benefit and insurance coverage plans.

A copy of *Our* current privacy *policy* is available from *Us* on request or on *Our* website at www.pac.bluecross.ca. If *you* have any questions about *Our* privacy *policy*, please contact *Our* Chief Privacy Officer in writing or by e-mail.

Chief Privacy Officer
Pacific Blue Cross
PO Box 7000
Vancouver, BC V6B 4E1

E-mail: privacyofficer@pac.bluecross.ca

HOW TO REACH US

When and how to contact Medi-Assist

In Canada and the US call toll-free **1 888 699-9333**.

Outside of Canada/US, or where toll-free is not available, call Medi-Assist collect and Pacific Blue Cross will pay for the call **1 604 419-4487**.

Call Medi-Assist within 24 hours of an emergency. A customer service representative is accessible to *you* 24 hours a day, seven days a week. Assistance is provided in both French and English. Have a pen and paper ready. *You* will need to provide Medi-Assist with:

- *Your Government Health Plan* number
- *Your* Pacific Blue Cross Travel Certificate number

PACIFIC BLUE CROSS®

Settlement of claims

- Phone: **604 419-2000** (8 a.m. – 4:30 p.m. PST, Monday to Friday)
- Outside the Lower Mainland within British Columbia call toll-free **1 877 PAC-BLUE**

Pacific Blue Cross
Travel Claims
PO Box 7000
Vancouver, BC V6B 4E1

Administration and travel extensions

Pacific Blue Cross
PO Box 7000
Vancouver, BC V6B 4E1

- Phone: **604 419-2000** (8 a.m. – 4:30 p.m. PST, Monday to Friday)
- Outside the Lower Mainland within British Columbia call toll-free **1 877 PAC-BLUE**
- E-mail: **inhealth@pac.bluecross.ca**

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Facing an emergency? *You* are not alone.

Medi-Assist provides the following services:

- Puts *you* in touch with qualified licensed *physicians* and medical services,
- Connects *you* with qualified legal services,
- Assists with lost or stolen identification papers,
- Arranges consular assistance and travel advice,
- Assists with arrangement of repatriation of remains in the event of a death,
- Helps to contact *your* family or business partners,
- Assists with the return of patient to province of residence.

Have *your* Travel Plan certificate number handy

In a medical emergency outside *your* province of residence

In Canada/US call toll-free **1 888 699-9333**

Outside of Canada/US, or where toll-free is not available, call Medi-Assist collect and Pacific Blue Cross will pay for the call **1 604 419-4487**

Medical services providers may call Medi-Assist for eligibility/coverage

Pacific Blue Cross general information and travel extensions

Phone **604 419-2000** Weekdays 8 a.m. – 4:30 p.m. PST

Have *your* Travel Plan certificate number handy

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Medi-Assist Cards

When?

Call Medi-Assist within 24 hours of an emergency. They are accessible to *you* 24 hours a day, 7 days a week. Assistance is provided in French and English.

How?

- In Canada/US call toll-free **1 888 699-9333**
- Outside of Canada/US, or where toll-free is not available, call collect and Pacific Blue Cross will pay for the call **1 604 419-4487**

Helpful tip

Before *you* leave on *your trip*, contact *your* local telephone service provider to find out how to reach an English-speaking international operator from *your* destination.

PACIFIC BLUE CROSS®

Medi-Assist

Worldwide Emergency Medical Assistance

Your Travel Plan Certificate number

CanAssistance
Service provided through Medi-Assist

Issued to members of Pacific Blue Cross — Non-transferable — Not valid if coverage is terminated CUPE 1816

PACIFIC BLUE CROSS®

Medi-Assist

Worldwide Emergency Medical Assistance

Your Travel Plan Certificate number

CanAssistance
Service provided through Medi-Assist

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