



## **IBEW 1555 Health and Welfare Plan**

**Class A - Active Members**

**Class B - Active Members on Disability**

NexgenRx Policy #: IBEW1555

Manulife Group Travel Policy#: NEX00013426

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**INTRODUCTION**

Through NexgenRx your employer, IBEW Local 1555 Health, Welfare and Pension Trust is providing you with the group benefits plan as outlined in this booklet.

Group Benefits are important, not only for the financial assistance they provide, but also for the security they provide for you and your family, especially in case of unforeseen needs.

We suggest you read all sections of this benefit booklet carefully, in order to understand the benefits your Employer is providing for you.

Your Plan Administrator can answer any questions you may have about your benefits, or how to submit a claim.

**NexgenRx Inc.** administers the following benefits on behalf of IBEW Local 1555 Health, Welfare and Pension Trust

- Hospital Benefit
- Extended Health Benefit
- Drug Benefit
- Dental Benefit

**Contact Information**

NexgenRx member support line is available Monday to Friday from 8:00 am to 8:00 pm E.S.T. 866-424-0257

Pharmacy and Dental office support for electronic submissions 866-394-3648

**Global Excel Management Inc.**, underwritten by The Manufacturer Life Insurance Company (Manulife), administers your Emergency Travel Medical assistance

Member Support is available 24 hours a day, 7 days a week 833-685-2790

Collect during business hours (EST) 519-735-9448

**This booklet replaces any previously issued booklet.**

## Definitions

Here are the definitions of some terms that appear in this employee booklet. Other definitions that describe specific benefits appear in the benefit sections.

**Calendar year:** 12 consecutive months January 1<sup>st</sup> to December 31<sup>st</sup> of each year.

**Co-Insurance:** The amount or percentage of expenses the plan covers under a group plan. For example, if a plan covers 80% of the cost of eligible prescription drugs, the remaining 20% is paid by the plan member.

**Co-pay:** The eligible allowed amount that must be paid by you or your dependent before reimbursement of an expense will be made.

**Convalescent Care Facility:** A licensed, extended hospital care facility or institution, or chronic care facility or institution, which is regularly engaged in the care of sick persons during the convalescent stage of an illness or Injury. Such institution must provide 24-hour nursing service and regular medical supervision. The term, convalescent care facility, shall not include a home for the aged, health spa or hotel, an establishment providing Custodial Care, or an institution for the care and treatment of alcoholism, drug addiction, or mental illness.

**Covered person:** The plan member who has been enrolled in the plan or his or her enrolled dependents.

**Emergency:** An emergency means any sudden, unexpected illness or injury for which the insured person needs immediate treatment.

**Fee Guide:** The Dental Association Fee Guide for General Practitioners of the Province in which the client is a resident.

**Hospital:** An institution operated pursuant to law for the care and treatment of sick and injured persons. The term hospital, as used in this Summary of Benefits, shall not include a rest home, nursing home, convalescent home, chronic care facility, health spa, a place for Custodial Care, a home for the aged or an institution used primarily for the confinement or treatment of alcoholism, drug addiction, or mental illness.

**Immediate Family Member:** Any person who is the Spouse, son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law of the employee.

**Member in Good Standing:** A member whose dues are not more than three months in arrears and who is not in violation of the IBEW constitution.

**Physician:** Legally qualified medical practitioner lawfully entitled to practice medicine in the *jurisdiction* where the medical services are provided.

**Provincial Plan:** Any plan that provides hospital, medical, or dental benefits established by the government in the province where the covered person lives.

**Prior Authorization:** The prior authorization (PA) program applies to a limited number of drugs, where you must get approval in advance for coverage under the program. In order for drugs in the PA program to be covered, you need to provide medical information. Please use our PA form to submit this information. Both you and your doctor need to complete parts of the form. You will be covered for these drugs if the information you and your doctor provide meets our medical criteria. If not, your claim will be declined.

**Reasonable and Customary Charge:** A charge made by the provider of health care services or supplies that does not exceed the general level of charges made by other providers of similar standing in the locality or geographic area where the charges were incurred when furnishing like or comparable treatment, services or supplies to individuals.

## Eligibility

### To be eligible the Member must also meet the following criteria:

- Member must be in good standing of IBEW 1555: has not been suspended or removed for unpaid dues
- Member must be working the minimum required amount of hours and drawing from their hour bank at 140 hours per month. The Member's hour bank will be credited when the hours worked are reported by the employer and contributions have been remitted. (minimum required amount of hours is greater than 40)
- Member must be under 75 years of age
- Be a permanent member who is a resident of Canada
- Be insured under a provincial government health insurance plan in the province in which you reside

### *Definition of Dependents*

Your dependents are:

- Your spouse, who is the person to whom you are married, or the person that you introduce as your spouse and with whom you have been living in a relationship for at least one year.
- Your unmarried children who are your financial dependents and
  - are under 19 years of age, or
  - are under 25 years of age if full-time students attending an institute providing instruction at a secondary, college or university level, as a duly registered student or
  - regardless of their age, if they live with you and have become totally and permanently disabled before age 19 (or age 25 if a student).

### **Waiting Period for Coverage for New Members**

A waiting period is a specific period of time that must be completed before your coverage will begin. You and your eligible dependents will become covered on the first day of the month after the Plan Administrator has received remittance and a report showing total hours worked from an ECANB contractor or another IBEW local, and the combined total hours in your hour bank has reached 280 hours.

## **Termination of Insurance**

Insurance will terminate on the earliest of the following dates:

- a) the first day of the next month following the date on which the Member has less than 125 hours credited in their "Hour Bank" account, unless the member decides to self-pay as described below under Eligibility for Self-Pay,
- b) the date on which you are no longer a Member in good standing with IBEW Local 1555,
- c) the date on which the master Group Insurance contract is cancelled.

## **Reinstatement**

If the Member's coverage has previously terminated because of insufficient hours in the Member's hour bank account, the Member will again become insured on the first day of the next month following accumulation of 140 hours in the Member's hour bank account.

## **Survivor Benefit**

If your death occurs while you are covered by this plan, your dependents will continue to be covered without cost up to the earliest of:

- 24 months following the date of your death,
- The date they cease to be eligible dependents,
- The effective date they receive similar coverage with another insurer, or
- The termination date of this group contract.

## **Reporting General Changes**

You must report the following changes to your Union Office and NexgenRx to avoid any disruptions or issues with your benefit plan:

- changes in dependent coverage, including the birth of a child
- change of spouse
- change of name
- change from single or family status
- change of banking information (if NexgenRx is depositing your claim expenses directly into your bank account)

## **Legal Action**

No legal action may be taken until 60 days after proof of claim is given to NexgenRx or more than one year after the deadline for providing proof of claim. If you have received benefit payments but the payments end, no legal action may be taken more than one year after the last payment was made.

## **Coordinating your benefits with another plan**

If you or one of your dependents is covered under another health plan, the benefits payable under this plan and any other plan will be coordinated so that payments from all sources do not exceed the expenses actually incurred. Coordination of benefits will be done in accordance with the guidelines of the Canadian Life and Health Insurance Association (CLHIA).

The benefit payable to you or one of your dependents follows the order described below:

### ***Co-ordination of Benefits with Your Spouse's Plan***

Co-ordination with your spouse's plan is one of the advantages of group coverage. It may allow you to receive up to 100% of Health Care costs. First, you must have family coverage that includes Health Care coverage and have an eligible spouse and/or child. Second, your spouse must have the same type of coverage.

### **Claiming Your Spouse's Expenses**

If you are claiming your spouse's expenses, a claim must be sent to your spouse's plan first. Your spouse's plan will pay for the portion of the claim that is covered by them and send your spouse an explanation of payment. You can then send a copy of the explanation and a copy of the receipts, along with a completed claim form for the unpaid portion, to NexgenRx Inc.

### **Claiming Your Child's Expenses**

Claims for dependent children should be submitted to the plan of the parent who has the earlier date of birth in the calendar year (the year of birth is not considered). If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

However, if you and your Spouse are separated or divorced, the following order applies:

- the Plan of the parent with custody of the child;
- the Plan of the spouse of the parent with custody of the child;
- the Plan of the parent without having custody of the child;
- the Plan of the spouse of the parent not having custody of the child

You may submit a claim to the Plan of the other spouse for any amount which is not paid by the first Plan.

## Claims Submission

### *Plan Member Website*

Members have the option to submit claims on our secure website. Please note when using the web claims submission, you must be set up on our system for Direct Deposit for your claims reimbursement. You must also keep the original copies of your receipts for 18 months from the time you submit your claim on line for audit purposes.

As a plan member, NexgenRx Inc. provides you with access to our claims processing website to look-up the status of your claims anytime you wish. In order to access our secure, online administration and information website please follow these instructions:

#### **FIRST TIME ACCESS TO THE PLAN MEMBER WEBSITE**

1. Go to the following Web address: [www.nexgenrx.com](http://www.nexgenrx.com)
2. Click on **MEMBER LOGIN** at the top right-hand side of screen as show below:

Please note that **FIRST TIME USERS** must complete all steps in order to use their account and subsequently logon to the website.

Your **USERNAME** and **TEMPORARY pass phrase** are automatically generated by our system and included in your welcome kit.

- After clicking on the **ACTIVATE ACCOUNT** button under the **Activate Your Account** section, the system will take you to the Account Activation Screen.
- Read the information and click **NEXT**.
- Review the Terms of use and click the checkbox at the bottom of the screen to accept the terms; click **NEXT**.
- This will take you to the **VERIFICATION OF IDENTITY** screen.
- Fill in the fields on this screen that are noted with an asterisk, i.e., **USERNAME** and temporary **PASS PHRASE**; click **NEXT**.
- The system will take you to the **ACCOUNT SETUP** screen.
- Complete all fields. Select a **NEW** password of your choosing (**it must be at least 8 characters in length**) and confirm your newly selected password by entering it again. Complete the challenge question, challenge answer section and enter your email address. Click **NEXT**.
- The system will now confirm that your account has been activated. The next time you log in, **enter your username and pass phrase under the SIGN IN heading**.

- Click **FINISH**. This will take you back to the main login screen.
- You may now login using your username and the **NEW** password that you have selected.
- Once you have signed in, click on the **PLAN MEMBER** tab on the right near the top.
- Then click on the **SUBMIT A CLAIM** option and proceed through the steps.

### **EXISTING USERS**

1. Go to the following Web address: [www.nexgenrx.com](http://www.nexgenrx.com)
2. Click on **MEMBER LOGIN** at the top right-hand side of screen as show below:
3. Enter your pre-assigned username and *personal* secure pass phrase under the **SIGN IN** heading.
4. Once you have signed in, click on the **PLAN MEMBER** tab on the right near the top.
5. Then click on the **SUBMIT A CLAIM** option and proceed through the steps.

### **Paper claim submission**

You can also submit claims by mail. Complete the claim form which is available through your Employer or on NexgenRx Inc.'s web site, [www.nexgenrx.com](http://www.nexgenrx.com)

There are several things you can do to ensure that your claims are paid as quickly as possible:

- Answer all questions on the claim form;
- Include your Group Policy Number and your Certificate Number;
- Make sure that you have attached all **original** itemized receipts which includes:
  - the name of the person who received the service or supply (referred to as "the patient")
  - the date the service or supply was received
  - the type of service or supply received
  - **claim form is signed and dated**

**Note:** For coverage purposes, you and your dependents must be covered under the Provincial Insurance Act in your province of residence.

**Mail your claim to:** IBEW Local 1555  
305-96 Norwood Ave. Moncton NB E1C 6L9

## SUMMARY OF BENEFITS

### Extended Health Benefit

**Benefit Period: August 1<sup>st</sup> to July 31<sup>st</sup>**

**Deductible: Nil**

**Termination Age: Retirement or end of the calendar year in which you turn age 75**

This is a general summary of the coverage provided under your group plan and should be read together with the information contained in this benefits booklet. For more information, including exclusions, limitations and other conditions, please refer to the appropriate sections of this booklet.

**Covered expenses will not exceed reasonable and customary charges**

<b>PRESCRIPTION DRUG BENEFIT</b>	
<b>Dispensing Fee</b>	The participant pays 100% of the dispensing fee for each eligible drug
<b>Co-Payment</b>	15% to a maximum of \$30 per prescription
<b>Maximum</b>	\$5,000/person/year
<ul style="list-style-type: none"> <li>• Diabetic Supplies</li> <li>• Fertility Drugs</li> <li>• Erectile Dysfunction Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited, up to the prescription drug maximum</li> <li>\$1,500/calendar year to a lifetime maximum of \$3,000</li> <li>\$250/calendar year</li> </ul>
<b>HOSPITAL BENEFIT</b>	
<b>Coinsurance</b>	100%
<ul style="list-style-type: none"> <li>• Active Care</li> <li>• Convalescence/Chronic Care</li> <li>• Rehabilitation Care</li> </ul>	<ul style="list-style-type: none"> <li>Semi-private Unlimited</li> <li>\$50/day to a maximum of 120 days/calendar year</li> <li>\$50/day to a maximum of 120 days/calendar year</li> </ul>
<b>MEDICAL EXPENSES</b>	
<b>Maximum</b>	10,000/person/calendar year
All EHC benefits combined not including Prescription Drug benefit	
<b>Coinsurance</b>	
<ul style="list-style-type: none"> <li>• Paramedical Practitioners</li> <li>• All Other Medical Expenses</li> </ul>	<ul style="list-style-type: none"> <li>85%</li> <li>100%</li> </ul>

## MEDICAL EXPENSES

Acupuncturist	\$750/calendar year*
Audiologist	\$750/calendar year*
Chiropractor*	\$750/calendar year*
Chiropodist/Podiatrist*	\$750/calendar year*
Dietician	\$750/calendar year*
Massage Therapist	\$750/calendar year*
Naturopath	\$750/calendar year*
Occupational Therapist	\$750/calendar year*
Osteopath *	\$750/calendar year*
Physiotherapist/Athletic Therapist	\$750/calendar year*
Psychologist/Social Worker	\$500/calendar year
Speech Therapist	\$750/calendar year*

*\*To a total combined maximum of \$750 for practitioners per calendar year, includes X-rays limited to one per calendar to a maximum of \$50. Psychologist/Social Worker annual maximum \$500/calendar year.*

Private Duty Nurse	\$5,000/lifetime
Ambulance Services	\$1,000/calendar year
Accidental Dental Care	\$5,000/person/ calendar year
Hearing Aids	\$1,000/2 calendar years
Diabetic Equipment	\$200/calendar year
Intrauterine Contraceptive Device	\$75/2 calendar years
Orthopedic Shoes	\$200/calendar year
Custom Made Orthotics	\$400/calendar year
Surgical Bras	2/calendar year
Surgical Support Stockings	\$200/calendar year
Diagnostic tests <i>(available in Quebec only)</i>	\$1,000/calendar year
Therapeutic Wigs	\$300/lifetime
TENS Machine	\$300/5 calendar years

### **Vision Care**

- Eye Examination\* Limited to 1 exam/person/2 calendar years
- Frames/Lenses/Contact Lenses/  
Laser Eye Surgery\* \$500/person/2 calendar years  
\*(Maximum combined with eye exams.)
- Visual training \$150/person/lifetime

## Dental Benefit

**Benefit Period: August 1<sup>st</sup> to July 31<sup>st</sup>**

**Deductible: Nil**

**Termination Age: Retirement or end of the calendar year in which you turn age 75**

This is a general summary of the coverage provided under your group plan and should be read together with the information contained in this benefits booklet. For more information, including exclusions, limitations and other conditions, please refer to the appropriate sections of this booklet.

**Covered expenses will not exceed reasonable and customary charges**

<b>Coinsurance</b>	
Preventive Care	85%
Basic Plan	85%
Major Restorative	80%
<b>Plan Maximums</b>	
Preventive Care, Basic Plan & Major Restorative	Combined maximum of \$1,500/person/calendar year
Fee Guide Schedule	Current General Practitioners in your province of residence on the date the treatment was rendered
Recall Exams	Twice/calendar year
Polishing	Twice /calendar year
Fluoride Application	Twice/calendar year
Complete Oral Exams	Once/2 calendar year
Periodontal Scaling & Root Planing	*8 units/person/calendar year
Bitewing X-rays	Once/calendar year

\* **Helpful Tip:** A unit of time is equal to 15 minutes of service.

## **Benefit Details**

### **Hospital Benefit**

Charges for semi-private in a hospital when you are admitted as an inpatient in a hospital for active care after the effective date of your coverage and for as long as you are entitled to covered services, subject to the maximum reimbursement specified in the Summary of Benefits.

The hospital stay must be because of illness, injury or pregnancy and the patient must be confined on an in-patient basis.

### **Convalescent Care**

Charges for convalescent care, if you have been admitted less than 14 days after obtaining your discharge from a hospital where you have been receiving active treatment, subject to the daily maximum and maximum number of days specified in the Summary of Benefits.

### **Prescription Drug Benefit**

This benefit covers expenses for eligible drugs as defined by NexgenRx. and is subject to any co-pay, co-insurance or maximum listed in the Summary of Benefits.

NexgenRx may, on an ongoing basis, add, delete or amend the list of eligible drugs on any list hereinafter mentioned. Certain drugs may require prior authorization to be eligible for payment as identified by NexgenRx.

#### **The plan:**

- Will pay 85% towards the eligible ingredient cost while the patient pays 15% co-pay.
- Has a maximum amount of out-of-pocket expense for drug ingredient costs of \$30, which is paid by the patient.
- Does not pay for the dispensing fee. The patient pays 100% of the dispensing fee on each eligible Prescription.
- Has an overall annual maximum of \$5,000 per person.
- Will allow up to a 34-day supply of acute drugs, and up to a 120-day supply for maintenance drugs.

## Eligible Expenses

- Drugs that require a prescription by law and is prescribed by a doctor or dentist
- Life sustaining drugs OTC drugs
  - OTC items include insulin, diabetic test strips, disposable insulin needles and syringes, Epi-Pen, nitroglycerin low dose aspirin for blood thinning, niacin for cholesterol lowering, vitamin B12 for certain types of anemia.
- Compounded preparations, provided that the principal active ingredients is an eligible expense and has a DIN.
- Immunizations and Vaccines are covered for members only when it is a requirement of the job and has been preapproved.

If a generic drug can be substituted for a brand name drug, the plan will only cover the cost of the generic substitute with the lowest price.

## Prior Authorization Program

Your policy contains a provision called Prior Authorization, which provides coverage for certain drugs that requires approval in advance for coverage under the program. In order for drugs in the PA program to be covered, you need to provide medical information. Please use our PA form to submit this information. Both you and your doctor need to complete parts of the form. You will be covered for these drugs if the information you and your doctor provide meets our medical criteria. If not, your claim will be declined.

Please visit our NexgenRx website for a list of drugs requiring prior authorization at [www.nexgenrx.com](http://www.nexgenrx.com) under the form section.

You and your dependents cannot use the drug card to purchase the following items:

- alcohol swabs
- appliances
- atomizers
- certain equipment
- ostomy supplies
- devices for giving inhaled medications (for example, an aero chamber) blood glucose monitor and prosthetic devices

## **Expenses not Reimbursed by the Plan**

Incurred expenses for the following products or drugs are excluded, unless specified in the Summary of Benefits

- hair growth stimulants
- smoking cessation products
- contraceptives other than oral
- hygiene products, including soaps and emollients
- anti-obesity drugs
- softeners and protective substance for the skin
- drugs that are used for cosmetic purposes
- processed food for infants
- homeopathic/naturopathic products
- non-disposable insulin injectors
- proteins or dietary supplements, amino acids, essential fatty acids
- drugs or drug formats or preparation with no therapeutic indication
- minerals, vitamins, vaccines
- spring loaded devices used to hold lancets
- drugs which are classified to be administered in hospital

## **Extended Health Benefit**

### **Paramedical Practitioner Services**

Coverage includes the services of various paramedical practitioners provided that the services are not provided by a relative. Refer to the Summary of Benefits for the maximum and a list of practitioners eligible under your group Plan.

***Please note that one visit per day is eligible.***

Paramedical practitioner credentials and requirements are determined by legislation). Before a claim is processed, we validate that the paramedical practitioner meets the following requirements:

- They must be licensed or certified to practice their profession (and in good standing) with the appropriate licensing or regulatory body in the province or territory where they are providing services, and
- Hold a degree/diploma from a recognized school

Coverage includes the cost of laboratory test(s) or x-ray(s) recommended by a licensed chiropractor, osteopath, chiropodist or podiatrist to a maximum of \$50 per person in any one calendar year.

### **Private Duty Nurse**

Services of a registered nurse, registered nursing assistant or licensed practical nurse, who is not a member of the participant's family, whether residing with him or not, provided such services are rendered at the participant's home and are not primarily for custodial care, subject to the overall maximum amount payable noted in the Summary of Benefits.

Services provided by a registered nurse, registered nursing assistant or registered practical nurse must be approved by NexgenRx in advance.

### **Charges for the following services are not covered:**

- a) Custodial care, homemaking duties, shopping, transportation, respite care, and services not related to providing support for the five activities of daily living listed above,
- b) Services to those residing in a government funded facility or any other facility which provides similar care to its residents,
- c) Service available through a government funded nursing or personal care program or community health program available to the general population at no cost.

## **Ambulance Services**

Transportation in a licensed ambulance, including air ambulance, when medically necessary and when incurred in Canada to and from the nearest hospital able to provide the necessary medical services, subject to a maximum amount as specified in the Summary of Benefits.

## **Orthopedic Shoes**

Charges for orthopedic shoes when the shoes have been customized with special features to accommodate, relieve or remedy some mechanical foot defect or abnormality. A prescription from an orthopedic surgeon, physiatrist, rheumatologist, chiropodist/podiatrist or the attending physician is required along with a copy of the biomechanical or gait analysis from the health care professional. Also, charges for shoe modifications, adjustments and supplies when prescribed by one of the health care professionals noted above to accommodate, relieve or remedy some mechanical foot defect or abnormality. Orthopedic shoes must be dispensed by an approved provider of orthopedic shoes. The maximum amount payable is noted in the Summary of Benefits.

- Supporting documentation is required. Contact your Union Office or NexgenRx Inc. to find out how to submit claims.
- Orthopedic shoes prescribed or dispensed by a Chiropractor or Physiotherapist are not eligible under the plan.

## **Custom Made Orthotics**

Charges for custom made orthotic shoe inserts when required to accommodate, relieve, or remedy some mechanical foot defect or abnormality, excluding their replacement (except for pathological change), on written authorization of an orthopedic surgeon, physiatrist, rheumatologist, podiatrist or the attending physician. Custom made orthotic shoe inserts must be dispensed by an approved provider of custom-made orthotic shoe inserts. The maximum amount payable is shown in the Summary of Benefits.

## **Diagnostic tests (Quebec Residents Only)**

The plan will pay for out-patient services from a licensed hospital and for certain diagnostic tests, radium treatments and x-rays from a licensed facility in your home province up to \$1,000 per person every calendar year.

## Vision Care

**Eye Examination:** Charges for one eye examination per person per 2 calendar years when performed by an optometrist or ophthalmologist. Subject to the combined maximum amount with Frames / Lenses and Contact Lenses as stated in the Summary of Benefits.

**Lenses/Frames/Contact Lenses/Laser Eye Surgery:** These benefits only apply if indicated in the Summary of Benefit. Charges for the following products and services are eligible when prescribed by an optometrist or ophthalmologist:

- corrective eyeglasses (frames and lenses) and contact lenses;
- laser eye surgery; and
- intraocular lenses used in cataract surgery.

Subject to a combined maximum amount with eye examinations as stated in the Summary of Benefits.

This coverage **excludes** expenses incurred for non-corrective sunglasses and safety glasses.

**Visual Training:** Charges of a registered, licensed optometrist or ophthalmologist for visual training and remedial eye exercises are limited to the maximum payable amount stated in the Summary of Benefits.

## Accidental Dental

Charges for dental treatment, when sound, natural teeth have been damaged by a direct accidental blow to the mouth, or a fractured or dislocated jaw required setting. We will only cover up to the fee stated in the Dental Association Fee Guide for a general practitioner in the province where the employee lives. This treatment must be completed within 12 months of the impact. If treatment is scheduled to occur more than 90 days after the impact, NexgenRx must be given a treatment plan before the end of the 90-day period.

Orthodontic care must be for relocating teeth that are accidentally forced out of position or for splinting damaged teeth for stability. Dental procedures to correct existing cross bites, alignment of rotated teeth, closing of spaces, and uprighting teeth are not covered. Implants and treatment related to implants are also not covered.

## **Wigs**

When loss is due to an underlying pathology or its treatment (i.e. chemotherapy), to a maximum amount payable as noted in the Summary of Benefits. Hair prosthetics, replacement therapy and other procedures for physiological hair loss are not eligible (i.e. male pattern baldness).

Prosthetic repairs and/or adjustments are provided to a maximum amount payable as noted in the Summary of Benefits.

## **Hearing Aids**

Charges for hearing aids (excluding batteries and exams), when prescribed by an otolaryngologist, otologist and/or recommended by a registered audiologist. The maximum amount payable for this benefit is noted in the Summary of Benefits.

## **Intra Uterine Devices**

(IUDs) up to \$75 per person every 2 calendar years

## **Prostheses**

Charges for the following remedial prosthetic appliances:

- artificial limbs (limited to one prosthetic appliance for each limb per lifetime),
- breasts (limited to a left and a right prosthesis every two (2) consecutive calendar years),
- artificial nose (limited to one (1) per lifetime),
- eyes (limited to one left and one right prosthesis per lifetime),
- casts and splints up to the usual, customary and reasonable amount,
- trusses (limited to one (1) truss per five (5) consecutive calendar years),
- braces (limited to one (1) cervical collar per calendar year. All other braces are limited to one (1) per lifetime),
- canes and crutches (limited to a combined maximum of two (2) per lifetime).

Replacement of these items will not be a benefit unless replacement is required due to pathological or physiological change.

## Medical Equipment

The plan covers the cost of out-patient supplies obtained from a hospital or surgical supply company in your home province. The medical equipment and supplies listed below are covered when prescribed by a physician. Such equipment must be required for therapeutic use. Coverage is for supplies and equipment available on a rental basis, however, the cost of purchase for the equipment or supply may be considered on a case- by-case basis at NexgenRx discretion.

The following is a list of examples of items that the plan will cover if prescribed by a physician and approved by NexgenRx:

- Diabetic Equipment including: glucometer, pressurized insulin injector or dosing system, blood glucose monitoring or approved equipment that performs similar functions up to the maximum as noted in the Summary of Benefits
- Diabetic supplies including: Needles, Lancets, Test strips and Syringes
- Breast prostheses after a mastectomy, including replacement(s)
- Burn pressure garments up to \$500 per person every calendar year
- Speech Aids up to \$500 per person's lifetime
- Charges for artificial larynx, limited to one purchase per lifetime.
- Trusses up to 1 per person every 5 calendar years
- Ostomy/Ileostomy/Colostomy and incontinence supplies
- Oxygen and rental of oxygen equipment
- Continuous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BIPAP) Machines limited to 1 per person every 5 calendar years up to maximum of \$1,500
- Continuous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BIPAP) Masks limited to 1 per person every calendar year up to up to maximum of \$300
- T.E.N.S. machine for chronic pain up to \$300 per person every 5 calendar years
- Braces with physician's approval
- Surgical Support Stockings/ Compression Hose up to the maximum as noted in the Summary of Benefits
- Sleeves for Lymphedema are covered up to 2 per person every calendar year
- Wheelchair or hospital-type bed rental (including mattress and safety side rails) or if needed for long term illness or disability, the purchase may be approved. The subsequent rental or purchase of approved equipment after initial purchase is limited to once every 5 calendar years with prior approval. Charges for repair of manual or electric wheelchair
- Charges for the purchase of wheelchair/Scooter cushion and inserts limited to reasonable and customary amount.
- Walkers

## **Expenses not Reimbursed by the Plan**

The following expenses are **not** reimbursed under the plan:

- Air conditioners or purifiers
- Blood pressure kits
- Breast pumps
- Craftmatic, Ultramatic or other lifestyle beds
- Exercise equipment, machines or programs
- Home or car modifications (for example, ramps or lifts)
- Humidifiers
- Mattresses (except for standard mattresses with approved hospital beds)
- Obus Formes or orthopaedic pillows
- Charges for health care services and medical supplies normally administered in a hospital or by any agency or provider controlled by a hospital or by any agency are covered under any Provincial Government plan.

## **Dental Benefit**

Dental benefit pays for eligible expenses that you incur for dental procedures expenses provided by a licensed dentist, denturist, dental hygienist and anaesthetist while you are covered by this group plan.

Expenses are subject to the deductible (if applicable), percentages of reimbursement and maximums specified in the Summary of Benefits.

For each dental procedure, we will not cover more than the fee stated in the Dental Association Fee Guide specified in the Summary of Benefits.

For any major treatment or any procedure that will cost more than \$600, we suggest that you send us an estimate before the work is done. Here's what to expect:

- you will send us a completed dental claim form that shows the treatment that the dentist is planning and the cost.
- both you and the dentist will have to complete parts of the claim form.
- we will tell you how much of the planned treatment is covered. This way you will know how much of the cost you will be responsible for before the work is done.

## **Alternate Benefits**

When one or more form of alternative treatment exists, NexgenRx will pay for eligible services and supplies based on an alternate procedure with a lower cost, when deemed appropriate and consistent with good health management.

### **Preventive Care**

#### a) Oral examinations and diagnosis

- Complete oral examination (once per two consecutive calendar years)
- Recall oral examination (as mentioned in the Summary of Benefits)
- Emergency oral examination and specific oral examination (once per calendar year)

#### b) X-rays

- Complete series films (once per two consecutive calendar years)
- Panoramic film (once per two consecutive calendar years)
- Intra-oral films – periapical
- Intra-oral films – occlusal
- Intra-oral films – bitewings (once per calendar year)
- Extra-oral films
- Sialography
- Radiopaque dyes

c) Laboratory tests and examinations

- Bacterial culture
- Biopsy of soft oral tissue
- Biopsy of hard oral tissue
- Cytological examination

d) Preventive treatment

- Polishing of coronal portion of teeth (as mentioned in the Summary of Benefits)
- Topical application of fluoride (as mentioned in the Summary of Benefits)
- Oral hygiene instruction (lifetime maximum of one instruction)
- Pit and fissure sealants (for participants under age 18)
- Scaling (8 units\* per calendar year in combination with root planing)

e) Space Maintainers are covered for dependent children under age 18

## Basic Care

a) Occlusal Restorations

- Amalgam, acrylic, silicate or composite on posterior and anterior teeth
- Retentive pins
- Full coverage prefabricated restorations

b) Endodontic services

- Pulp capping
- Pulpotomy
- Emergency pulpectomy
- Root-canal therapy
- Endodontic surgery
- Bleaching (endodontically treated teeth)
- Apexification

c) Periodontics

- Periodontal surgery
- Provisional splinting
- Management of acute infections
- Desensitizations
- Other adjunctive periodontal services
- Root planing (8 units\* per calendar year in combination with scaling)
- Periodontal curettage
- adjustments (three units\* per calendar year)
- Periodontal appliances (one per two consecutive calendar years)

- Adjustments to appliances (three units\* per calendar year)
- d) Removable denture adjustments
- Minor adjustments
  - Rebasing and relining (one per two consecutive calendar years)
- e) Oral Surgery
- Removal of erupted teeth
  - Surgical exposure and movement of teeth
  - Surgical excision of cysts and neoplasms
- f) General adjunctive services
- Anaesthesia (related to surgery)

### **Major Restoration**

- a) Extensive Restorations
- Inlays/onlays/crowns (once per tooth every five consecutive calendar years)
- b) Prosthodontic Services
- Complete and partial dentures (once every five consecutive calendar years)
  - Bridgework (once every five consecutive calendar years)
  - Implants (once per tooth every 10 consecutive calendar years)
  - Restorations over implants (i.e. crowns, bridgework and dentures) (once per tooth every 10 consecutive calendar years)

## Expenses not Covered by the Plan

The following expenses are not covered:

- Dental services or supplies that the insured person is eligible to claim under the Workers' Compensation legislation
- Any dental charges not included in the current Dental Association Suggested Schedule of Fees for General Practitioners
- Cosmetic procedures
- Charges for appointments that are not kept
- Charges for completing claim forms
- Treatment to correct temporomandibular joint dysfunction (the hinge joint of the jaw is called the temporomandibular joint)
- Any endodontic treatment which was started before the effective date of coverage
- The replacement of dental appliances that are lost, misplaced or stolen
- Any treatment related to orthognathic surgery (remodeling or reconstruction of your jaw)
- Splinting for periodontal reasons, where cast crowns or inlays are used for this purpose, with or without onlays.
- Expenses incurred for veneers.

# MANULIFE GROUP TRAVEL INSURANCE

- Emergency Medical Travel insurance



## SCHEDULE OF BENEFITS

This Schedule of Benefits replaces any other schedule of benefits previously issued to you and forms part of your Manulife Group Travel Insurance Benefit Booklet. It contains important information with respect to certain eligibility and benefit limits that apply to your coverage. It does not reference all of the terms, conditions, limitations and exclusions that apply to your insurance coverage. Please read this Schedule of Benefits together with your Benefit Booklet for complete details regarding your coverage. All amounts indicated are in Canadian currency, unless indicated otherwise.

POLICYHOLDER	International Brotherhood of Electrical Workers Local Union 1555
GROUP POLICY NUMBER	NEX00013426
CLIENT IDENTIFICATION NUMBER	Not Applicable

OVERALL MAXIMUM Medical Travel Insurance	\$5,000,000 per insured person, per trip
MEDICAL REFERRAL MAXIMUM	\$75,000 per insured person, per lifetime
TRIP CANCELLATION	Not Applicable
TRIP INTERRUPTION	Not Applicable
BAGGAGE INSURANCE	Not Applicable
TERMINATION AGE	70
AGE LIMITS FOR DEPENDENT CHILDREN	Under age 19 or under age 26 if a full-time student at a recognized educational institution
PRE-EXISTING MEDICAL CONDITION STABILITY PERIOD	Sudden and Unforeseen (ages 0-69)
COVERAGE PERIOD (# of days per trip)	90 days
ENDORSEMENT(S)	Not Applicable

This insurance product is underwritten by The Manufacturer Life Insurance Company (Manulife).

The Manufacturers Life Insurance Company (Manulife) has appointed Active Claims Management (2018) Inc., operating as "Active Care Management", "ACM", "Global Excel Management" and/or "Global Excel" as the provider of all assistance and claims services under the certificate of insurance.

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Detach the cards below and carry them with you at all times.



### ASSISTANCE CARD

Policyholder: International Brotherhood of Electrical Workers Local Union 1555  
Group Policy Number: NEX00013426

**IF YOU HAVE AN EMERGENCY, YOU MUST CALL GLOBAL EXCEL IMMEDIATELY BEFORE SEEKING TREATMENT. THEY ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK AND CAN BE CONTACTED BY CALLING:**

From Canada and the United States, call TOLL FREE 1-833-685-2790 /  
From anywhere else in the world call COLLECT + 519-735-9448



### ASSISTANCE CARD

Policyholder: International Brotherhood of Electrical Workers Local Union 1555  
Group Policy Number: NEX00013426

**IF YOU HAVE AN EMERGENCY, YOU MUST CALL GLOBAL EXCEL IMMEDIATELY BEFORE SEEKING TREATMENT. THEY ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK AND CAN BE CONTACTED BY CALLING:**

From Canada and the United States, call TOLL FREE 1-833-685-2790 /  
From anywhere else in the world call COLLECT + 519-735-9448

You are required to notify Global Excel Management Inc. immediately in the event of an emergency or a claim. Your coverage may limit benefits should you not contact Global Excel Management Inc. immediately. Before you travel download the free assistance & claim mobile app, TravelAid™.

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# BENEFIT BOOKLET

**IMPORTANT: Please read this Benefit Booklet carefully before *you* travel.  
Keep it in a safe place and take it with *you* when *you* travel.**

## IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL

You have travel insurance - what's next? We want you to understand (and it is in your best interest to know) what your coverage includes, what it excludes, and what is limited, meaning payable but with limits. Please take time to read through your certificate before you travel. **Italicized terms are defined in your certificate.**

- 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 (i.e. medical conditions that are not stable, pregnancy, child born on trip, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to pre-existing medical conditions, whether disclosed or not.
- Contact Global Excel before seeking treatment or your benefits may be limited.
- In the event of a claim, your prior medical history may be reviewed.

It is your responsibility to understand your coverage. If you have questions, call toll free **1-833-685-2788** (if in Canada or United States) or call collect + **519-735-8331** (from anywhere else in the world).

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### NOTICE REQUIRED BY PROVINCIAL LEGISLATION

This certificate 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.

Manulife  
250 Bloor St E  
Toronto, Ontario  
M4W 1E5

This Insurance product is underwritten by The Manufacturers Life Insurance Company (Manulife).

## SUMMARY OF BENEFIT AMOUNTS

The information below summarizes your insurance coverage under the Manulife Group Travel Insurance. Coverage is subject to the terms and conditions in the certificate(s) that follow. Refer to this entire Benefit Booklet for complete benefit details. This SUMMARY OF BENEFITS replaces any and all benefit summaries previously issued to you with respect to the Policy. All amounts indicated are in Canadian currency, unless indicated otherwise.

EMERGENCY MEDICAL TRAVEL INSURANCE	
<b>Overall Maximum</b>	Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip
<b>Hospital or Medical Facility Accommodation</b>	Reasonable & customary charges, private room
<b>Incidental Expenses</b>	Up to \$250
<b>Physician Charges</b>	Reasonable & customary charges
<b>Private Duty Nurse</b>	Up to \$5,000
<b>Diagnostic Services</b>	Reasonable & customary charges
<b>Medical Appliances</b>	Reasonable & customary charges
<b>Paramedical Services</b>	Up to \$500 per profession
<b>Prescriptions</b>	30-day supply per prescription
<b>Lost Prescriptions</b>	Up to \$250
<b>Ground Ambulance Services</b>	Reasonable & customary charges
<b>Emergency Air Transportation</b>	Reasonable & customary charges
<b>Transportation to Bedside</b>	Economy round-trip airfare & up to \$250 per day, to a maximum of \$5,000 for meals and accommodations
<b>Return of Travel Companion</b>	One-way economy airfare
<b>Return of Deceased</b>	Up to \$15,000 for the cost of preparation and transportation of deceased, or up to \$5,000 for cremation and/or burial
<b>Meals &amp; Accommodation</b>	Up to \$250 per day, to a maximum of \$5,000 per trip
<b>Treatment of Dental Accidents</b>	Up to \$2,500
<b>Treatment of Dental Pain</b>	Up to \$300
<b>Child Care</b>	Up to \$5,000
<b>Pet Return</b>	Up to \$500
<b>Vehicle Return</b>	Up to \$10,000
<b>Alternate Transportation</b>	Up to \$5,000
<b>Medical Referral</b>	Up to the maximum outline in the SCHEDULE OF BENEFITS, per lifetime

# EMERGENCY MEDICAL TRAVEL INSURANCE CERTIFICATE OF INSURANCE

**Note:** Throughout this certificate, words in *italics* have specific meanings which can be found in SECTION 12 – DEFINITIONS.

## SECTION 1 – INTRODUCTION

Emergency Medical Travel Insurance provides coverage for the *policyholder's participant* and the *participant's dependents*, for certain expenses incurred as a result of an *emergency* (except under the terms of the Medical Referral Benefit) while travelling outside *your province*.

You automatically have Emergency Medical Travel Insurance Plan coverage up to the benefit maximums specified on *your* SCHEDULE OF BENEFITS and access to *emergency* travel services when *you* travel outside of *your province*. Coverage is provided up to the *coverage period* specified on *your* SCHEDULE OF BENEFITS.

This certificate, along with *your* entire Benefit Booklet, outlines what is covered and the conditions under which a benefit payment will be made. It also provides instructions on how to make a claim. For confirmation of coverage or any questions concerning the information in this certificate or *your* entire Benefit Booklet, call toll free **1-833-685-2788** (if in Canada or United States) or call collect + **519-735-8331** (from anywhere else in the world).

This Travel insurance product is underwritten by The Manufacturers Life Insurance Company (Manulife).

Manulife provides the insurance for this certificate under the Group Primary Policy (the *Policy*), issued to the *policyholder*. Manulife has appointed Active Claims Management (2018) Inc., operating as "Active Care Management", "ACM", "Global Excel Management" (GEM) and/or "Global Excel" as the provider of all assistance and claims services under this policy.

This certificate is not a contract of insurance and contains only a summary of the principal provisions of the *Policy*. All benefits are subject in every respect to the *Policy*, under which coverage is provided and payments are made. In the event of any conflict, the *Policy* shall govern, subject to any applicable law to the contrary. An *insured person* or other claimant under the *Policy* may, on request to the *Insurer*, obtain a copy of the *Policy*, subject to certain access limitations permitted by applicable law.

This coverage may be cancelled, changed or modified at the option of the *policyholder* and the *Insurer* at any time. This certificate replaces any and all certificates previously issued to *you* with respect to the *Policy*.

## SECTION 2 – WHAT SHOULD YOU DO IN A MEDICAL EMERGENCY?

**IF YOU HAVE AN EMERGENCY, YOU MUST CALL GLOBAL EXCEL IMMEDIATELY BEFORE SEEKING TREATMENT.**

**THEY ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK AND CAN BE CONTACTED BY CALLING:**

From Canada and the United States, call TOLL FREE **1-833-685-2790**

From anywhere else in the world, call COLLECT + **519-735-9448**

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/>

- You must notify *Global Excel* before obtaining *emergency treatment*, so that we may:
  - confirm coverage
  - provide pre-approval of *treatment*
- If it is medically impossible for *you* to call prior to obtaining *emergency treatment*, we ask *you* to call or have someone call on *your* behalf as soon as possible.
- If *you* fail to notify *Global Excel*, the *Insurer* reserves the right to limit *your* benefits as follows:
  - The *Insurer* will not pay expenses for benefits that are not approved by *Global Excel*, if pre-approval is required; and
  - In the event of hospitalization, 80% of eligible expenses, based on *reasonable and customary charges*, to a maximum of \$25,000; and
  - In the event of an outpatient medical consultation, a maximum of one visit per *sickness or injury*.

*You* will be responsible for payment of any remaining charges.
- Some *treatments* require pre-approval in order to be covered (for more details see SECTION 8 – WHAT ARE YOU NOT COVERED FOR?). If *you* do not contact *Global Excel* prior to seeking *treatment*, the medical *treatment* *you* receive may not be covered by this insurance.
- *Global Excel* can direct *you* to a *medical facility* or *doctor* in *your* area of travel. If *you* contact *Global Excel* at the time of *your emergency*, we will ensure that *your* covered expenses are paid directly to the *hospital* or *medical facility*, where possible.

## SECTION 3 – IMPORTANT INFORMATION ABOUT YOUR TRAVEL INSURANCE

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read this certificate and understand *your* coverage before *you* travel, as *your* coverage is subject to certain limitations and exclusions.
- Pre-existing medical condition exclusions may apply to medical conditions and/or symptoms that existed before *your trip*. Refer to this certificate and *your* SCHEDULE OF BENEFITS to determine how these exclusions affect *your* coverage and how they relate to *your departure date*.
- In the event of a claim, *your* medical history will be reviewed after a claim has been reported.
- *Your* insurance provides travel assistance. *You* are required to contact *Global Excel* prior to *treatment*. Failure to do so limits benefits (see SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE).
- Coverage is for an unlimited number of *trips* up to the *coverage period* for each *trip*; however, each *trip* must be separated by a return to *your province*.
- Coverage must be in effect before *you* leave *your province*. *You* do not need to provide *us* with advance notice of *your departure date* and *return date* for each *trip*. However, *you* will be required to provide evidence of these dates when filing a claim, for example, an airline ticket or boarding pass.
- **This certificate contains clauses which may limit the amounts payable.**

## SECTION 4 – ELIGIBILITY FOR COVERAGE

### A. PARTICIPANT COVERAGE

To be covered under the *Policy* as a *participant*, you must meet the following eligibility requirements:

1. You must be covered under the *government health insurance plan* of your province or the *Health Insurance Plan* provided by your *policyholder* if you are an international *student*; and
2. You must be younger than the *termination age* specified in the SCHEDULE OF BENEFITS; and
3. You must have your permanent residence in Canada or reside in Canada if you are an international *student*; and
4. The required premium payments for your coverage under the *Policy* must have been paid;

AND

5. a) **If you are a *participant* and you are covered as an employee of the *policyholder*, you must also:**

- i. If eligible, qualify for the basic group *extended health care (EHC)* plan of the *policyholder*; and
- ii. Be employed in Canada; and
- iii. Work the minimum number of hours per week specified under the *EHC* plan of the *policyholder*; and
- iv. Have satisfied the eligibility period specified under the *EHC* plan of the *policyholder*;

OR

- b) **If you are a *participant* and you are covered as a member of the *policyholder*, you must also:**

- i. If applicable, qualify for the *EHC* plan of the *policyholder* and/or serve as a member of the Board of Trustees for the *policyholder*; and
- ii. Be a member in good standing of the *policyholder*; and
- iii. Be on the monthly list of members entitled to coverage provided to the *Insurer* by the *policyholder*;

OR

- c) **If you are a *participant* and you are covered as a student of the *policyholder*, you must also:**

- i. Be enrolled as a *student* of the *policyholder*.

### B. DEPENDENT COVERAGE

To be covered under the *Policy* as a *dependent*, you must meet the following eligibility requirements:

1. You must be covered under the *government health insurance plan* of your province or the *Health Insurance Plan* provided by the *policyholder*; and
2. If applicable, you must qualify as a *dependent* under the *EHC* plan of the *policyholder*; and
3. You must fall within the definition of *dependent* in this certificate; and
4. The required premium payments for your coverage under the *Policy* must have been paid.

## SECTION 5 – WHEN DOES COVERAGE BEGIN AND END?

### A. PARTICIPANT'S EFFECTIVE DATE OF COVERAGE

*Participant* coverage will become effective on the later of:

1. the date the *Policy* becomes effective; or
2. a) **If the *participant* is covered as an employee of the *policyholder*:**
  - i. if eligible, the date the *participant* qualifies for the *EHC* plan of the *policyholder* (provided that coverage for disabled employees or employees who are not *actively at work* on the date their coverage would normally become effective shall become effective on the date the employee resumes active work); or
- b) **If the *participant* is covered as a member of the *policyholder*:**
  - i. if applicable, the date the *participant* qualifies for the *EHC* plan of the *policyholder* and/or the date the *participant* becomes a member of the Board of Trustees for the *policyholder*; or
  - ii. the date the *participant* becomes a member in good standing of the *policyholder* and is on the monthly list of members entitled to coverage by the *policyholder*; or
- c) **If the *participant* is covered as a student of the *policyholder*:**
  - i. the date the *participant* arrives in Canada if the *participant* is an international *student*; or
  - ii. the effective date of coverage under the *policyholder's Health Insurance Plan*. **Note:** In no event will this insurance coverage become effective prior to the effective date of coverage under the *participant's Health Insurance Plan*.

Coverage for each *trip* begins on the date you leave your province. Coverage is for an unlimited number of *trips*; however, each *trip* must be separated by a return to your province. The number of days per *trip* is indicated on your SCHEDULE OF BENEFITS. If travel is within Canada but outside your province, emergency medical coverage will be provided for an unlimited number of days of travel.

### B. DEPENDENT'S EFFECTIVE DATE OF COVERAGE

*Dependent* coverage, if any, will become effective on the later of:

The date the *participant's* coverage becomes effective and, as applicable:

1. the date the *dependent's* coverage becomes effective under the *Health Insurance Plan* provided by the *policyholder*, if the *dependent* is not covered under a Canadian *government health insurance plan*; or
2. the date the *dependent* qualifies for the *EHC* plan of the *policyholder*.

Coverage for each *trip* begins on the date you leave your province. Coverage is for an unlimited number of *trips*; however, each *trip* must be separated by a return to your province. The number of days per *trip* is indicated on your SCHEDULE OF BENEFITS. If travel is within Canada but outside your province, emergency medical coverage will be provided for an unlimited number of days of travel.

## C. PARTICIPANT'S TERMINATION DATE OF COVERAGE

**Participant coverage will terminate immediately upon the first to occur of:**

1. the date *you* cease to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *participant* coverage; or
2. the date the premium is due if the required premium is not remitted to the *Insurer*, except where this is the result of clerical error; or
3. if *you* are an international *student*, the date *you* return to *your country of origin* permanently; or
4. the date the *Policy* is terminated.

**Coverage for each *trip* ends on the date *you* return to *your province* or the date *you* have been absent from *your province* for more than *your coverage period*. The number of days per *trip* is indicated on *your* SCHEDULE OF BENEFITS. If travel is within Canada but outside *your province*, emergency medical coverage will be provided for an unlimited number of days of travel.**

## D. DEPENDENT'S TERMINATION DATE OF COVERAGE

**Dependent coverage will terminate immediately upon the first to occur of:**

1. the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
2. if applicable, the date the *dependent* returns to his/her *country of origin* permanently; or
3. the date the *participant's* coverage terminates, except in the event of the death of the *participant*, in which case *dependent* coverage may continue, provided the *policyholder* continues to provide coverage for *dependents* and the required premium payments are paid, until the earlier of:
  - a) the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
  - b) the date the *dependent* remarries or dies; or
  - c) if applicable, the date the *dependent* permanently returns to his/her *country of origin*; or
4. the date the *Policy* is terminated.

**Coverage for each *trip* ends on the date *you* return to *your province*, or the date *you* have been absent from *your province* for more than *your coverage period*, or if *you* are a *dependent child* who is registered as a full-time student at an accredited educational institution outside of *your province*, the date that coincides with the 365th consecutive day of stay, outside of *your province*. If travel is within Canada but outside *your province*, emergency medical coverage will be provided for an unlimited number of days of travel.**

## WHAT IF YOUR TRIP IS LONGER THAN THE COVERAGE PERIOD?

Except in the circumstances when coverage is automatically extended (see below "When does *your* coverage automatically extend?"), *you* do not have coverage under this insurance for any days of *your trip* that extend beyond *your coverage period*. However, *you* may purchase additional coverage for the excess portion of *your trip*. If travel is within Canada but outside *your province*, emergency medical coverage will be provided for an unlimited number of days of travel.

## WHEN DOES YOUR COVERAGE AUTOMATICALLY EXTEND?

Coverage is automatically extended beyond the end of the *coverage period*, provided *you* still meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, in the following circumstances:

- a) **Delay of Transportation.** If *your* return home has been delayed beyond the end of the *coverage period* because *your common carrier* has been delayed, or if a private *vehicle* becomes inoperable on the way to *your departure point* due to circumstances beyond *your* control, *your* coverage is extended for up to five days beyond the end of the *coverage period*.
- b) **Medically Unfit to Travel.** If *you* are medically unfit to travel due to an *emergency*, *your* coverage is extended for up to five days following the date that *you* are deemed stable to return to *your province* by *your physician* or the *common carrier*.
- c) **Hospitalization.** If *you* are hospitalized due to an *emergency*, *your* coverage will remain in force during *your* hospitalization and for up to five days following *your* discharge from the *hospital*.

***You* are required to notify *Global Excel* in the foregoing circumstances prior to the end of the *coverage period*. Failure to notify *Global Excel* by such time may result in coverage not being extended. In no circumstances will coverage be extended to more than 365 days from *your departure date*.**

## SECTION 6 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?

### COVERAGE

This insurance covers *you* and *your dependents* for certain expenses incurred as a result of an *emergency* (except under the terms of the Medical Referral Benefit) occurring while travelling outside *your province*. Coverage for Emergency Medical Out-of-Province Benefits is up to the Overall Maximum per *insured person*, per *trip*, specified in *your* SCHEDULE OF BENEFITS, for *reasonable and customary charges* in respect of expenses incurred for the benefits listed below. Coverage is only for amounts in excess of what is covered by *your government health insurance plan, Health Insurance Plan, EHC plan* or any other benefit plan. For many of the benefits listed below, prior approval of *Global Excel* may be required in order for the expense to be covered under this insurance. In the event of an *emergency*, call *Global Excel* immediately: 1-833-685-2790 toll-free from the USA and Canada or 519-735-9448 collect where available.

*You* must call *Global Excel* before obtaining *emergency treatment*, so that *we* may:

- confirm coverage
- provide pre-approval of *treatment*

If it is medically impossible for *you* to call prior to obtaining *emergency treatment*, *we* ask *you* to call or have someone call on *your* behalf as soon as possible. Otherwise, if *you* do not call *Global Excel* before *you* obtain *emergency treatment* the *Insurer* reserves the right to limit *your* benefits.

If *you* undergo tests as part of a medical investigation, *treatment*, or surgery, obtain *treatment* or undergo surgery that is not pre-approved, *your* claim will not be paid. This includes, but is not limited to MRIs, MRCP tests, CAT scans, CT angiograms, sonograms, ultrasounds, nuclear stress tests, biopsies, angiograms, angioplasty, cardiovascular surgery including any associated diagnostic tests, cardiac catheterization, or any surgery.

## Emergency Medical Out-of-Province Benefits:

1. **Hospital or Medical Facility Accommodation:** Room and board costs up to the private room rate charged by the *hospital or medical facility*. If *medically necessary*, expenses for *treatment* in an intensive or coronary care unit and *emergency* out-patient services provided by a *hospital or medical facility* are also covered.
2. **Incidental Expenses:** Up to the maximum specified in the SUMMARY OF BENEFITS of this Benefit Booklet, for *your* reasonable incidental expenses such as telephone, television, taxis, *ridesharing services*, parking, or car rentals (from a licensed company in the business of providing rental vehicles) while *you* are hospitalized for an *emergency* and the expenses are incurred as a direct result of such hospitalization. The *Insurer* will only reimburse covered expenses evidenced by original receipts.
3. **Physician Charges:** The services of a *physician* in excess of the amount paid by *your government health insurance plan, Health Insurance Plan or EHC plan*, where permitted by law.
4. **Private Duty Nurse:** If the attending *physician* considers one to be necessary, the services of a qualified private registered nurse (who is not *you* or an *immediate family member*), when *medically necessary* and while hospitalized or in lieu of hospitalization, to the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, when approved in advance by *Global Excel*.
5. **Diagnostic Services:** Laboratory tests and x-rays ordered by the attending *physician* who is treating *you* and that are part of the *emergency treatment*.  
Note: This benefit does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by *Global Excel*.
6. **Medical Appliances:** When approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending *physician*, obtained outside *your province* and due to an *emergency*.
7. **Paramedical Services:** The services (including x-rays) of a licensed chiropractor, physiotherapist, chiropodist, podiatrist or osteopath, when they are needed due to an *emergency*, up to the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, per profession listed above, per *emergency*, when approved in advance by *Global Excel*. Note: Be sure to keep *your* receipts as they are required to make a claim.
8. **Prescriptions:** Drugs, including injectable drugs and sera, that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when *medically necessary for emergency treatment*, except when needed to stabilize a chronic condition or a medical condition which *you* had before *your trip*. This benefit is limited to a 30-day supply per prescription, unless *you* are hospitalized.
9. **Lost Prescriptions:** The replacement of lost prescription medication when approved in advance by *Global Excel*, up to the maximum amount specified in the SUMMARY OF BENEFITS.
10. **Ground Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance services from the place of the *sickness or accident* to the nearest *medical facility* able to provide the necessary *treatment*.
11. **Emergency Air Transportation:** When approved and arranged in advance by *Global Excel*:
  - a) air ambulance to the nearest appropriate *medical facility* or to a Canadian *hospital* for immediate *emergency treatment*; or
  - b) transport on a licensed airline with an attendant (where required) to return *you* to *your province* for immediate *emergency treatment* (if *you* are not holding a valid, open return air ticket); or
  - c) if the *participant* is an international *student*, up to the *reasonable and customary charges* to return the *participant* to his/her *country of origin* in the event that the *participant* is unable to resume his/his studies in Canada due to a medical condition that requires complex, continuous and prolonged care. This benefit also includes *reasonable and customary charges* for transportation to return the *participant's dependents* to accompany him back to their *country of origin*.If the *insured person* refuses the decision of the *Insurer* to repatriate him back to his/her *country of origin*, the *Insurer* will be released from any liability for expenses incurred for such *injury or sickness* after the proposed date of repatriation.
12. **Transportation to Bedside:** When approved in advance by *Global Excel*, a single roundtrip economy airfare from Canada or from *your country of origin*, plus up to the maximum amount specified in the SUMMARY OF BENEFITS, for the cost of meals and *accommodation* for one of the following: *immediate family member* or friend, to:
  - a) be with *you* if *you* are travelling alone and have been hospitalized as the result of an *emergency*. To be payable, this benefit requires that *you* eventually be hospitalized as an *in-patient* for at least three consecutive days outside *your province* and that the attending *physician* provide written certification that the situation was serious enough to warrant the visit; or
  - b) identify the deceased *insured person* prior to the release of the body, where necessary.The *Insurer* will only reimburse covered expenses evidenced by original receipts. The *immediate family member* (other than the *participant's dependents*) or friend would not be covered under this insurance and may wish to consider purchasing his/her own insurance.
13. **Return of Travel Companion:** If *you* are returned to *your province* under the *Emergency Air Transportation* benefit or the Return of Deceased benefit, the *Insurer* will reimburse the cost of a single one-way economy airfare for a *travel companion* (if he/she is not holding a valid, open return air ticket) to return to Canada, when approved in advance by *Global Excel*.
14. **Return of Deceased:** To the maximum specified in the SUMMARY OF BENEFITS towards the cost of preparation and transportation of the deceased *insured person* to their *province or country of origin*, in the event of death due to *sickness and/or injury*.  
In the case of cremation and/or burial at the place of death of the *insured person*, this benefit is limited to the maximum specified in the SUMMARY OF BENEFITS. The cost of the casket or urn is not covered by this benefit.
15. **Meals and Accommodation:** Up to the maximum specified in the SUMMARY OF BENEFITS per *insured person*, for *your* reasonable additional expenses for meals and *accommodation*, when a *trip* is extended beyond the last day of the scheduled *trip* due to the *sickness and/or injury* suffered by an *insured person* or *travelling companion*. This benefit must be authorized in advance by *Global Excel*. The fact that *you* or a *travelling companion* is unable to travel must be certified by the attending *physician* and supported with original receipts from commercial organizations.

16. **Treatment of Dental Accidents:** To the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, for *emergency* dental *treatment* to repair natural, vital and sound teeth or permanently attached artificial teeth provided the *injury* was caused by an external, accidental blow to the mouth or face. You must consult a *physician* or dentist immediately following the *injury*. *Treatment* must begin during the *coverage period* and be completed prior to returning to *your province*. An *accident* report is required from a *physician* or dentist for claims purposes.
17. **Treatment of Dental Pain:** Up to the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, for the *emergency* relief of acute dental pain, excluding services related to crowns, root canals or temporomandibular joint dysfunction (TMJ), when *treatment* is rendered at least five 500 kilometres outside the *insured person's province*.
18. **Child Care:** When approved in advance by *Global Excel*, up to a maximum specified in the SUMMARY OF BENEFITS, per *trip*, for one of the following child care assistance benefits:
  - a) Economy class airfare for the return of *dependent* children who are under 16 years of age in the event *you* or *your spouse* is hospitalized as a result of an *emergency*. Where necessary, arrangements will include provision for an escort for the children; or
  - b) The cost of caregiver services (other than a relative) for *dependent* children who are under 16 years of age in the same location where *you* or *your spouse* is hospitalized as a result of an *emergency*; or
  - c) The cost of caregiver services (other than a relative) for *dependent* children who are under 16 years of age in their home *province* when left unattended due to an *emergency* involving *you* or *your spouse* while travelling.
19. **Pet Return:** Up to the maximum specified in the SUMMARY OF BENEFITS, for the return to Canada of *your* accompanying cat or dog, in the event that *you* are hospitalized or repatriated during an *emergency*.
20. **Vehicle Return:** Up to the maximum specified in the SUMMARY OF BENEFITS if neither *you*, nor someone travelling with *you*, are able to operate *your vehicle*, whether owned or rented, during *your trip* due to *sickness* and/or *injury*. Arrangements and payment will be made for the return of the *vehicle* to *your* home in *your province* or the nearest appropriate rental agency. Benefits will only be payable for a single person to return the *vehicle* when approved and/or arranged in advance by *Global Excel*. This benefit does not cover wages lost by the person driving *your vehicle*. The *Insurer* will only reimburse covered expenses evidenced by original receipts.
21. **Alternate Transportation:** When approved in advance by *Global Excel*, up to the maximum specified in the SUMMARY OF BENEFITS, if, while travelling, *your* private *vehicle* is stolen or rendered inoperable due to an accident, the cost of one way economy airfare(s) will be provided to *you* to return to *your province*. To file a claim, *you* must supply an official police report of the loss or accident.

### Medical Referral Benefit:

The Medical Referral Benefit provides coverage for *reasonable and customary charges* for medical and transportation expenses in excess of those expenses covered by the *insured person's government health insurance plan, Health Insurance Plan or EHC plan*, for the *insured person* and an approved escort, up to a lifetime maximum specified in the SCHEDULE OF BENEFITS, as a result of a pre-approved medical referral for *treatment*, subject to the following conditions:

- a) the *treatment* must not be available within 500 kilometres from *your* residence; and
- b) the medical referral service must be obtained in Canada, if available, regardless of any waiting lists; and
- c) *your* attending Canadian *physician* and a qualified Canadian medical specialist from an appropriately related medical field must recommend the *treatment*; and
- d) the referral service must be eligible for reimbursement and paid in whole or in part by *your government health insurance plan or Health Insurance Plan* (a written pre-authorization from *your government health insurance plan or Health Insurance Plan* outlining their liability is required); and
- e) if *your government health insurance plan, Health Insurance Plan or EHC plan* covers and reimburses the full medical referral expenses, no benefits are payable under this certificate; and
- f) the *treatment* must not be experimental or investigative in nature; and
- g) medical services and travel must take place within 30 days of receiving approval from *your government health insurance plan or Health Insurance Plan*, unless the earliest possible *treatment* date exceeds 30 days from the date of approval; and
- h) the medical referral must be pre-approved, following submission of a request for pre-approval in writing to *Global Excel*, along with supporting documentation.

## SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE

This section explains conditions that may limit *your* entitlement to benefits under this certificate.

1. **Failure to Notify Global Excel:** In the event of an *emergency*, *you* must call *Global Excel* before seeking *treatment*. If it is not reasonably possible for *you* to contact *Global Excel* before seeking *treatment* due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible. If *you* fail to notify *Global Excel*, the *Insurer* reserves the right to limit *your* benefits as follows:
  - a) the *Insurer* will not pay expenses for benefits that are not approved by *Global Excel*, if pre-approval is required; and
  - b) in the event of hospitalization, the *Insurer* will pay 80% of eligible expenses, based on *reasonable and customary charges*, to a maximum of \$25,000; and
  - c) in the event of an outpatient medical consultation, the *Insurer* will cover a maximum of one visit per *sickness* or *injury*.  
*You* will be responsible for payment of any remaining charges.
2. **Transfer or Medical Repatriation:** During an *emergency* (whether prior to admission or during a covered hospitalization or after *your* release from the *hospital* or *medical facility*), the *Insurer* reserves the right to:
  - a) transfer *you* to one of *Global Excel's* preferred health care providers, and/or
  - b) return *you* to *your province*, or
  - c) return the *participant* and *dependents* to their *country of origin*, when the *participant* is unable to resume his/her studies in Canada,
 for the medical *treatment* of *your sickness* and/or *injury* where this poses no danger to *your* life or health. *Global Excel* will make every provision for *your* medical condition when choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital* or *medical facility*. If *you* choose to decline the transfer or return when declared medically stable by *Global Excel*, the *Insurer* will be released from any liability for expenses incurred for such *sickness* and/or *injury* after the proposed date of transfer or return.

3. **Limitation of Benefits – End of Emergency:** Once *you* are deemed medically stable to return to *your province* or *your country of origin* (with or without medical escort) either in the opinion of *Global Excel* or *your physician* or by virtue of discharge from a *hospital* or *medical facility*, *your emergency* is considered to have ended, whereupon any further consultation, *treatment*, recurrence or complication related to the *emergency* will not be covered during *your trip*.
4. **Benefits Limited to Incurred Expenses:** The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.

## SECTION 8 – WHAT ARE YOU NOT COVERED FOR?

### A – PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

**This insurance will not pay any expenses relating to or in any way associated with:**

1. Any *sickness, injury*, medical condition or symptoms for which prior to *your departure date*, it is reasonable to believe or expect that *treatments* will be required during *your trip* (except under the terms of the Medical Referral Benefit).
2. If applicable, any medical condition that existed prior to *your departure date* that was not *stable* at any time during the Pre-Existing Medical Condition Stability Period specified in the SCHEDULE OF BENEFITS prior to such *departure date* (except under the terms of the Medical Referral Benefit). If travel is within Canada but outside *your province*, no Pre-Existing Medical Condition Stability Period applies.

### B – GENERAL EXCLUSIONS

**This insurance will not pay any expenses relating to or in any way associated with (except, as applicable, with respect to the Medical Referral Benefit):**

3. *Treatment* or services normally covered or reimbursable under a *government health insurance plan, Health Insurance Plan* or under other insurance *you* might have.
4. Any *trip* booked or commenced after a *physician* advised *you* not to travel or after being diagnosed with a *terminal illness*.
5. *Treatment, services* or supplies that is not *emergency medical treatment*: for the immediate relief of acute pain and suffering, including any experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications, or that *you* elect to have provided outside *your province* when medical evidence indicates that *you* could return to *your province* to receive such *treatment, services* or supplies. The delay to receive *treatment, services* or supplies in *your province* has no bearing on the application of this exclusion.
6. Any *treatment, services* or supplies that are experimental or investigative in nature.
7. Any *trip* made for the purpose of obtaining a diagnosis, *treatment, surgery, investigation, palliative care, or any alternative therapy*, whether or not it was authorized by a *physician*, as well as any directly or indirectly related complication. Note: this exclusion does not apply to *insured person(s)* travelling with *you* who are not seeking to receive medical or *hospital services* on that *trip*.
8. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to *hospital* or *medical facility*.
9. If *you* undergo tests as part of a medical investigation, *treatment, or surgery*, obtain *treatment* or undergo surgery that is not pre-approved, *your claim* will not be paid. This includes but is not limited to magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
10. Hospitalization or services rendered in connection with general health examinations for “checkup” purposes, *treatment* of an *ongoing condition*, regular care of a chronic condition, home health care, investigative testing or rehabilitation.
11. Any *sickness, injury* or medical condition that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
12. Any *sickness, injury* or medical condition:
  - including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs, or other intoxicants whether prior to or during *your trip*.
  - arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs, or other intoxicants.
13. The continued *treatment* of a *sickness, injury, medical condition* or related condition, following *emergency treatment* during *your trip*, if *our* medical advisors determine that *your emergency* has ended.
14. Anxiety or panic attack or a state of mental or emotional stress unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.
15. *Treatment* not performed by or under the supervision of a *physician* or licensed dentist.
16. Routine pre-natal care.
17. If *you* are pregnant, *your* pregnancy or the birth and delivery of *your* child, or any complications of either, occurring in the nine weeks before or after *your* expected delivery date as determined by *your* primary care physician in *your province*. Note that a child born during a *trip* shall not be regarded as an *insured person* and shall not have coverage under this certificate for the entire duration of the *trip* in which the child is born, if born in the nine weeks before or after the expected delivery date.
18. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of a foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.

19. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
20. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
21. Participation:
  - a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one's main paid occupation); or
  - b) in any motorized race or motorized speed contest on land, water, or in the air and training activities for these events on approved tracks or elsewhere; or
  - c) in scuba diving (unless *you* hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountain climbing using ropes and/or specialized equipment, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.
22. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
23. The replacement of an existing prescription, whether by reason of loss (unless otherwise expressly provided elsewhere in this certificate), renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of an *emergency*.
24. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
25. The cost of any airline ticket covered under the certificate where *your* ticket may be exchanged or used for the same purpose.
26. *Treatment* or services received in *your province*, or in *your country of origin* if *you* are an international *student* studying in Canada.
27. An *accident* occurring while *you* were operating a motorized *vehicle*, vessel or aircraft, if *you*:
  - a) were under the influence of drugs or toxic substances; or
  - b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood; or
  - c) had a blood alcohol level higher than the legal limit in the location where the *accident* occurred.

## SECTION 9 – INTERNATIONAL ASSISTANCE SERVICES

**If you need assistance while travelling, help is one call away. *Global Excel* is available 24 hours a day, 7 days a week, to provide the following services whenever possible:**

**Emergency Call Center.** No matter where *you* travel, professional assistance personnel are ready to take *your* call. *You* can call *Global Excel* toll free at **1-833-685-2790** if in Canada or the United States, or collect at + **519-735-9448** from anywhere else in the world.

**TravelAid mobile app.** 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/>

**Medical Assistance and Consultation.** If *you* have an *emergency* and *you* call *Global Excel*, *you* will be directed to one or more recommended medical service providers near *you*. In addition, *Global Excel* will:

- Provide confirmation of coverage and pay expenses covered by this insurance directly to the recommended medical service provider,
- Consult with *your* attending *physician* to monitor *your* care, and
- Monitor the appropriateness, necessity and reasonableness of that care to help ensure that *your* expenses will be covered by this insurance.

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

**Benefit Information.** *Global Excel* can help *you* and the medical providers who are treating *you*, understand what coverage is available to *you* under *your Policy*.

**Claims Information.** *Global Excel* will answer any questions *you* have about *your* claim, *Global Excel's* standard verification procedures and the way that *your Policy* benefits are administered.

**Interpretation Service.** *Global Excel* can connect *you* to a foreign language interpreter when required for *emergency* services in foreign countries.

**Emergency Message Centre.** In case of an *emergency*, *Global Excel* will help exchange important messages with *your* family, business or *physician*.

### MEDICAL CONCIERGE SERVICES

**Value-added medical concierge services through our partner, StandbyMD™.** StandbyMD has an international network of medical providers and partners who can provide quick and streamlined services and access to healthcare, 24 hours a day, every day of the year.

StandbyMD offers access to personalized care including:

- telephone or video chat with a qualified physician who can assess symptoms and provide treatment options (for eligible cases)
- a network of physicians who make house call visits in 141 countries and over 4,500 cities
- in-network clinics and emergency rooms when necessary
- coordination and delivery of lost or forgotten prescription medications, eyeglasses or contact lenses, and medical supplies when *you* travel within Canada and the US

### How this service works

StandbyMD triages you according to your symptoms, profile, and location and then refers you to the most appropriate level of care for your situation.

The worldwide network offers preferred rates and direct billing options to help reduce your out-of-pocket expenses. The StandbyMD program also helps coordinate payment for eligible expenses according to the terms and conditions of this policy.

To use this service, contact the Assistance Centre at the number provided in this policy.

### Disclaimer, waiver, and limitation of liability

StandbyMD is not intended as a substitute for professional medical advice. The program is provided to assist you in finding medical providers.

The advice StandbyMD provides is a recommendation only and entirely voluntary. You retain the right to choose your own level of care, regardless of the recommendation StandbyMD makes.

Medical providers within the StandbyMD network are not employees or agents and are not affiliated with StandbyMD in any way beyond accepting referrals. StandbyMD has no control – real or implied – over the medical judgment, actions, or inactions of the medical providers and does not assume any responsibility for:

- availability of the medical providers
- quality of the medical providers
- the results or outcome of any treatment or service

You waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD. Related people include principals, parents, successors, and assigns of StandbyMD.

Waiving these rights to proceed legally includes the following that relate in any way to the medical concierge services offered by StandbyMD:

- any and all claims
- demands
- actions and causes of action
- suits of any kind, nature, or amount

StandbyMD's liability, if any, is limited solely to the amount of payment made to participating medical providers for services you received after obtaining a referral from StandbyMD.

## SECTION 10 – HOW DO YOU MAKE A CLAIM?

### **A – HOW TO MAKE A CLAIM**

#### **To submit a claim:**

If in Canada or the United States, call toll free at: **1-833-685-2790**.

From anywhere else in the world, call collect to: **+ 519-735-9448**.

- During *your* call, *you* will be given all the information required to file a claim.
- *You* will be asked to substantiate *your* claim by providing all required documents. Failure to do so may result in non-payment of *your* claim. The *Insurer* is not responsible for fees charged in relation to any such documents. Incomplete documentation will be returned to *you* for completion.
- When making a claim, *we* may require that a Claim & Authorization Form provided by *us* be completed and that supporting documentation such as the following be provided:
  - Complete original unused transportation tickets and vouchers if the *Emergency Air Transportation* or *Return of Travel Companion* benefit is used.
  - All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all relevant dates and type of *treatment*, and the name of the *hospital* or *medical facility* and/or *physician*.
  - All original prescription drug receipts (not cash receipts) from the pharmacist, *physician*, *hospital* or *medical facility* showing the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
  - Proof of *your departure date* and *return date*. While boarding passes are preferred, *we* will accept airline tickets or other proof of *departure date* from *your province*, provided it contains *your* name and the location and date of *your* purchase.
  - Any other additional documents pertinent to *your* claim, as may be required by *Global Excel*.
- **Failure to complete the required Claim & Authorization Form in full may delay the assessment of *your* claim.**

#### **Online Claim Submission:**

Visit <https://manulife.acmtravel.ca> to submit *your* claim online. For faster and easier submissions, have all *your* documents available in electronic format, such as a PDF or a JPEG.

#### **All pertinent documents should be sent to:**



**Global Excel Management Inc.**  
P.O. Box 1237 Stn A, Windsor, Ontario N9A 6P8

or

**Global Excel Management Inc.**  
73 Queen Street, Sherbrooke, Quebec J1M 0C9

## B – OTHER CLAIM INFORMATION

### Notice and Proof of Claim

In the event that *Global Excel* is not contacted immediately, the *insured person*, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

- a) give written notice of claim by delivery thereof or by sending it by registered mail to *Global Excel* not later than 30 days from the date the claim arises under the *Policy*; and
- b) within 90 days from the date a claim arises under the *Policy*, furnish *Global Excel* such proof of claim as is reasonably possible in the circumstances of the *emergency* giving rise to the claim and the loss occasioned thereby, the right of the claimant to receive payment, his/her age and the age of the beneficiary, if relevant.

### Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one year from the date of *injury* or the date a claim arises under the *Policy* on account of *sickness* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

### Insurer to Furnish Forms for Proof of Claim

*Global Excel*, on behalf of the *Insurer*, shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time he may submit his/her proof of claim in the form of a written statement of the cause or nature of the *emergency* giving rise to the claim.

## SECTION 11 – WHAT ELSE DO YOU NEED TO KNOW?

1. **Canadian Currency.** Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest.
2. **Payment of Benefits.** All payments are payable to *you* or on *your* behalf. In case of death of the *insured person*, benefits are payable to the estate of the *insured person*.
3. **Other Insurance.** This insurance is a second payer plan. This means that for any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or *EHC* plan or contract, including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your province* that are in excess of the amounts for which *you* are insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the *Insurer* seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less.
4. **Rights of Examination.** As a condition precedent to recovery of insurance money under the *Policy*,
  - a) the claimant under the *Policy* must give *us* an opportunity to examine the person of the *insured person* when and so often as *we* may reasonably require while the claim hereunder is pending, and
  - b) in the case of death of the *insured person*, *we* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.
5. **Availability and Quality of Care.** *We* are not responsible for the availability, quality or results of medical *treatment* or transportation, or *your* failure to obtain medical *treatment*.
6. **Misrepresentation and Non-Disclosure.** This insurance is void if, at any time during the application process or during *your* coverage, *you*, anyone who acts on *your* behalf, or anyone insured under this certificate:
  - commits fraud or attempted fraud
  - attempts to deceive *us* in any way
  - conceals or misrepresents any material facts or circumstances
  - provides incomplete or inaccurate information.
7. **Applicable Law.** The *Policy* as between the *Insurer* and the *participant* or any *insured person*, is governed by the law of the *province* of the *participant*. Any legal proceeding by the *insured person*, his/her heirs or assigns shall be brought in the courts of the *province* of the *participant*.
8. **Material Facts.** No statements or representations made by employees of the *policyholder* or any insurance agent or broker, *our* employees, or *our* agents can vary the terms of this insurance coverage.
9. **Subrogation.** If *you* incur expenses due to the fault of a third party, *you* assign to *us* the right to take action against the party at fault in *your* name. This will require *your* full cooperation with *us* and *we* will pay for all of the related expenses.
10. **Evidence of Age.** The *Insurer* reserves the right to request proof of age of any *insured person*.
11. **Assignment.** Benefits under the *Policy* may not be assigned to a third party. However, in no event will this affect *Global Excel's* ability to make payment, for the benefit of the *insured person*, directly to the *hospital* or *medical facility* as provided for under SECTION 9 - INTERNATIONAL ASSISTANCE SERVICES.
12. **When Money Payable.** All money payable under the *Policy* shall be paid by the *Insurer* within 60 days after it has received due proof of claim.
13. **Continuance of Individual Coverage During Absence from Work.** If a *participant* is absent from work due to disability, temporary lay-off, authorized leave of absence, strike or any other work stoppage, this insurance will be continued as long as the *participant* remains qualified under the *policyholder's* *EHC* plan.
14. **Examination of the Policy.** The *Policy*, including any endorsements, will be kept at the office of the *policyholder*. *You* may consult the *Policy* during the regular business hours of the *policyholder*.
15. **Limitation Periods.** 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 12 – DEFINITIONS

Throughout this certificate, **italicized terms** have the specific meaning described below:

**Accident** means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

**Accommodation** means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

**Actively at Work** means the employee is physically and mentally capable of doing each and every function of his/her occupation, on the basis of the minimum number of hours worked per week specified under the *EHC* plan of the *policyholder*. If an employee is not actively at work due to vacation, holidays, a non-scheduled working day, maternity or parental leave, then actively at work means the capability to perform the employee's normal duties at the employee's normal place of employment on the same basis as the employee who is actively at work.

**Common Carrier** means any land, air or water conveyance which is licensed to transport passengers for hire, provided it maintains published timetables and fares. Rental vehicles however, are not considered common carriers.

**Country of Origin** means the country in which *you* maintained a permanent residence prior to entry into Canada.

**Coverage Period** means the maximum number of consecutive days allowed per *trip* stated in the SCHEDULE OF BENEFITS, during which *you* are covered under the *Policy* when *you* take a *trip* and which is calculated as of the *departure date* of *your trip*; however,

- a) if *you* are a *dependent* child who is registered as a full-time student at an accredited educational institution outside of *your province*, *your coverage period* is 365 days; or
- b) if *you* are already on a *trip* prior to the inception date of the *Policy*, *your coverage period* is reduced by the number of days *you* were out of *your province* on the effective date of the *Policy*; or
- c) if *your* SCHEDULE OF BENEFITS reflects more than one class with different coverage periods and, as a result, *your coverage period* changes during *your trip*, the applicable coverage period for that *trip* will be the coverage period that was in effect on the *departure date* of *your trip*.

**Departure Date** means the date on which *you* leave *your province* from *your departure point*.

**Departure Point** means the place from which *you* depart *your province* on the first day, and return to on the last day of *your trip*.

**Dependent** means:

- a) the *spouse*; and
- b) the unmarried child of the *participant* or *spouse* (including any natural child, adopted child, step child, foster child and a child to whom the *participant* or *spouse* is the legal guardian). The child must be dependent on the *participant* or *spouse* for support and must not be employed on a full-time basis. The applicable age limits on the *departure date* for a dependent child are specified in the SCHEDULE OF BENEFITS. However, coverage will continue beyond the age limit specified in the SCHEDULE OF BENEFITS for a covered dependent child who is physically or mentally disabled and totally dependent on the *participant* or *spouse* for support on the date he/she reached the age when insurance would normally terminate.

**Emergency** means a sudden and unforeseen *sickness*, *injury* or medical condition that requires immediate *treatment*. An emergency no longer exists when the evidence reviewed by *Global Excel* indicates that no further *treatment* is required at destination or *you* are able to return to *your province* for further *treatment*.

**Extended Health Care** or **EHC** mean insurance coverage provided by *your policyholder* that is designed to supplement *your government health insurance plan* or *Health Insurance Plan* coverage.

**Global Excel** means Global Excel Management Inc., the company appointed by the *Insurer* to provide medical assistance and claims services.

**Government Health Insurance Plan** means the health care coverage provided by Canadian provincial and territorial governments to their residents.

**Health Insurance Plan** means the health care coverage provided by the *policyholder* in Canada to their international *student participants* who are not eligible for coverage under a Canadian *government health insurance plan*.

**Hospital** or **Medical Facility** means a licensed facility, which provides people with care and medical *treatment* needed because of an *emergency*. The facility must be staffed 24 hours a day by qualified and licensed *physicians* and nurses. A hospital or medical facility does not include an extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

**Immediate Family Member** means *your spouse*, son, daughter, father, mother, brother, sister, step-child, step-parent, in-law, step-sibling, grandchild, grandparent, aunt, uncle, niece and nephew.

**Injury** means an unexpected and unforeseen harm to the body that is caused by an *accident*, sustained by an *insured person* during the *coverage period* and that requires *emergency treatment* that is covered by this certificate.

**In-patient** means a patient who occupies a *hospital* or *medical facility* bed for more than 24 hours for medical *treatment* and for which admission was recommended by a *physician* when *medically necessary*.

**Insurer** means The Manufacturers Life Insurance Company.

**Medically Necessary**, in reference to a given service or supply, means such service or supply:

- a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice; and
- b) is not experimental or investigative in nature; and
- c) cannot be omitted without adversely affecting the condition of the *insured person* or quality of medical care; and
- d) cannot be delayed until the *insured person* returns to his/her *province*.

**Minor Ailment** means any *sickness* or *injury* which does not require: the use of medication for a period of greater than 15 days; more than one follow-up visit to a *physician*, hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 consecutive days prior to the *departure date* of each *trip*. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

**Ongoing Condition** means an acute *sickness* and/or *injury* that requires continuing care and/or *treatment* after the initial *emergency* has ended as determined by *Global Excel*.

**Participant** means an eligible employee, member or *student* whom the *policyholder* identifies as being entitled to coverage under the *Policy* and for whom the required premium has been paid.

**Physician** means a person:

- who is not *you* or *your immediate family member* or *your travel companion*
- licensed in the jurisdiction where the services are provided, to prescribe and administer medical *treatment*.

**Policy** means the Group Travel Insurance contract (Group Primary Policy) issued by the *Insurer* to, and on file with, the *policyholder*, to provide *emergency* medical travel insurance coverage to its *participants* and their *dependents*. The Policy Number is set out in the SCHEDULE OF BENEFITS.

**Policyholder** means the company or organization to which the *Policy* is issued.

**Province** means *your* Canadian province or territory of permanent residence.

**Reasonable and Customary Charges** mean charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

**Return Date** means the date on which *you* are scheduled to return to *your departure point*.

**Ridesharing Services** mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

**Sickness** means an illness, disease, disorder, or any symptom. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of medical *treatment*.

**Spouse** means either the person who is legally married to the *participant* or the person who has been living with the *participant* in a relationship of a conjugal nature and who has been publicly represented as such.

**Stable** means any *sickness*, *injury* or medical condition (other than a *minor ailment*) for which all the following statements are true:

- a) there has been no new diagnosis, *treatment* or prescribed medication;
- b) there has been no change in *treatment* or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand medication to a generic brand medication (provided that the dosage is not modified);
- c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that medical condition.

All of these conditions must be met for a *sickness*, *injury* or medical condition to be considered *stable*.

**Student** means a student enrolled and attending a program at the educational institute of the *policyholder*, whom the *policyholder* identifies as being entitled for coverage as a *participant* under this certificate, and for whom the required premium has been paid.

**Terminal Illness** means *you* have a condition that is cause for the *physician* to estimate that *you* have less than six months to live.

**Termination Age** means the age stated in the SCHEDULE OF BENEFITS at which the *participant's* and the *spouse's* coverage terminates.

**Travel Companion** or **Travelling Companion** means a person, other than a *dependent*, who is sharing travel arrangements with the *insured person* from the *departure point* on a covered *trip*, including *accommodation* and transportation, and who has paid for such *accommodation* or transportation prior to the *departure date*. A maximum of three persons will be considered travelling companions. Unless indicated otherwise, a travelling companion is not covered under this insurance and may wish to consider purchasing his/her own insurance.

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

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 a journey that *you* undertake which commences on the *departure date* from *your province* and ends on the *return date* to *your province*.

**Vehicle** means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during the *trip*.

**We, Our** and **Us** mean the *Insurer*, or its authorized representatives, or *Global Excel*, as applicable.

**You, Your** and **Insured Person(s)** mean the *participant* or *participant's dependents* covered under the *Policy*, whether they travel together or not.

## IMPORTANT NOTICE ABOUT THE INSURED PERSON'S PERSONAL INFORMATION

Manulife ("we", "us") collect, use and disclose, personal information (including to and from *your* agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services. Typically, we collect personal information from individuals who apply for insurance, and from *policyholders, insured persons* and claimants. In some cases, we also collect personal information from and exchange personal information with family, friends or *travelling companions* when a *policyholder, insured person* or claimant is unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of *policyholders, insured persons* or claimants. In some instances, we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an *insured person* may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions.

For more information about *our* privacy practices or for a copy of *our* privacy policy, visit Manulife at <https://www.manulife.ca/privacy-policies.html>. You may also request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Waterloo, Ontario N2J 4C6.

## IDENTIFICATION OF INSURER

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