

PC Financial® travel insurance

Single Trip MEDICAL PLAN



333110 R03/2011

Policy Document for Single Trip Medical Plan WARNING: THIS POLICY INCLUDES RESTRICTED BENEFITS

1. This Policy covers losses resulting from unforeseeable and Emergency circumstances only.
2. A pre-existing condition exclusion applies to medical conditions and/or symptoms that existed prior to travel. There may be no coverage if You have a pre-existing condition.
3. You must contact Us before seeking medical attention and a failure to call will result in Your being responsible for 30% of any eligible expenses incurred unless Your medical condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
4. Our medical advisors must approve and arrange all surgery and heart procedures, including heart catheterization, in advance and a failure to call will result in Your being responsible for 30% of any eligible expenses incurred unless Your medical condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
5. If You choose not to receive Treatment or services from a provider, as directed by Us, You will be responsible to pay 30% of any eligible expenses.
6. If You are 60 years of age or older on Your Policy purchase date, Your Emergency medical and dental coverage is subject to an aggregate limit of \$10 million. If You are under 60 years of age on Your Policy purchase date, there is no such limit.
7. There is a maximum limit that applies to all insured persons and there are other limits, limitations and exclusions.
8. This Policy does not cover expenses incurred if You travel to, in or through (i) Cuba; or (ii) a country that the Department of Foreign Affairs and International Trade of The Canadian Government or Health Canada has advised Canadians not to travel to during the time of your Trip if the advisory is issued prior to your Departure Date.
9. **Read this Policy carefully.**

I. SUMMARY OF BENEFITS FOR SINGLE TRIP MEDICAL PLAN

The following chart summarizes the benefits provided under Our Single Trip Medical Plan. This chart is a summary only. Refer to Your Confirmation of Insurance to determine if You have purchased any available optional coverage. You should refer to the actual benefit provisions of the Policy document as those are the provisions that apply when determining if a claim is covered.

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***If You have purchased this available option, it will appear on Your Confirmation of Insurance. If it does not appear, You do not have coverage for this benefit.**

II. IMPORTANT INFORMATION

This Policy covers losses arising from sudden, unexpected and unforeseeable circumstances only. Some words have very specific meanings that are set out in the Definitions section. These words are capitalized throughout this Policy document.

Along with this Policy document, You should have received a document called a Confirmation of Insurance. The Confirmation of Insurance forms part of Your contract of insurance along with this Policy document. If You did not receive all of these documents or if You have questions regarding Your coverage, please call 1-800-826-0339.

You must notify Us at 1-866-221-0575 or collect at (416) 621-6820 prior to any Emergency medical Treatment and prior to any surgery, invasive procedure or Hospitalization. Failure to do so will result in You being responsible for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling in which case You must call as soon as medically possible or have someone call on Your behalf. Further, if You choose not to receive Treatment or services from a Provider, as directed by Us, You will also be responsible to pay 30% of any eligible expenses.

III. DEFINITIONS

We attach very specific meanings to the following words when they appear in this Policy. We have capitalized these words when they are used as a defined term.

Accident/Accidental is a sudden, unexpected, unintended, unforeseeable, external event, occurring during an Insured Trip, that independently of any other cause, results in Injury (or damage, if the context relates to property loss or damage).

Application is a computer printout, printed form, invoice, or document in either electronic or paper form which is a record of the personal Trip information You provided in order to obtain the Policy.

Business Meeting is a prearranged meeting (not including a convention, conference, assembly, legal proceedings, trade show, exhibition, seminar, or board meeting) which pertains to Your full-time occupation or profession and which was the sole purpose of Your Trip.

Confirmation of Insurance is a computer printout, printed form, electronic copy, invoice, or document issued by Us that sets out the plan You have purchased and any optional add on coverage, if any, You have chosen.

Contamination is the act or process of rendering something harmful or unsuitable to people by nuclear and/or chemical and/or biological substances causing illness, Injury and/or death.

Departure Date is the date on which You are scheduled to leave Your Home Province on a Trip.

Departure Point is the city that You depart from Your Home Province on the first day of Your Trip.

Dependent Child and/or Dependent Children are unmarried persons who are Your natural, adopted or step children, dependent on You for support and care and who are travelling on the same itinerary as You are AND (i) under 21 years of age; OR (ii) full time students under 26 years of age; OR (iii) mentally or physically incapable of self support.

Emergency is an unforeseen occurrence of, symptoms of Sickness, or of Injury, that occurs during a Trip, which requires immediate Treatment from a Physician or that requires Hospitalization, failing which there could be a serious impairment to Your health.

Expected Dental Treatment is the immediate and medically necessary dental services or supplies provided by a licensed registered dentist, Hospital, or other licensed Provider, that is the result of an acute and unexpected condition that arose during a Trip.

Expected Medical Treatment is medically necessary services or supplies provided during a Trip by a licensed Physician, Hospital or other licensed Provider, that are required to treat any Injury or Sickness or other sudden, acute and unexpected condition that arose during the Trip, and that cannot be reasonably delayed until You return to Your Home Province without endangering Your health.

Expiry Date is the first to occur of:

- the date You return to Your Home Province; or
- the Return Date as shown on Your most recent Confirmation of Insurance;

unless there has been an automatic extension of coverage or a Policy extension in which case the Expiry Date is the first to occur of:

- the date You return to Your Home Province; or
- the end of any extension of coverage determined in accordance with the Automatic Extension of Coverage section of this Policy or the Optional Policy Extension section of this Policy.

Follow-up Treatment is Treatment that continues beyond the initial Emergency.

Government Health Insurance Plan (GHIP) is Your health insurance coverage that Canadian provincial or territorial governments provide for their residents.

Home Province is Your Canadian province or territory of residence.

Hospital is a medical facility which is legally accredited to provide medical, diagnostic and surgical Treatment to in-patients during the acute phase of their Sickness or Injury, which is primarily engaged in the aforesaid activities and which operates under the supervision of a staff of Physicians and has a registered nurse continuously on duty. A Hospital does not mean an institution licensed as a home for the aged, rest home, nursing home, convalescent hospital, health spa, rehabilitation centre or Treatment facility for drug or alcohol abuse and/or addiction.

Hospitalization or Hospitalized is the state of being admitted to a Hospital and receiving Emergency medical Treatment on an in-patient basis.

Immediate Family Member is any one (1) or more of Your Spouse, natural, step, or adopted children, persons for whom You are the legal guardian, parents, parents-in-law, step-parents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

Injury is a bodily Injury sustained during a Trip, which is caused, directly and independently of all other causes, by an Accident.

Medical Condition is an Injury or Sickness, including but not limited to disease, acute psychoses, and complications of pregnancy occurring within the first 31 weeks.

Medical Consultation is any investigative medical service, including history-taking, examination, testing, advice, or Treatment by a Physician for a symptom, Sickness, illness, or disease that may or may not have been definitively diagnosed.

Mental or Emotional Disorders are an emotional or anxiety states, situational crisis, anxiety or panic attacks, or other Mental health disorders treated with tranquilizers or anxiolytic drugs.

Mountain Climbing is the ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabiners, and lead or top-rope anchoring equipment.

Physician is a medical doctor, other than Yourself or a member of Your immediate family, who is licensed to administer medical Treatment and prescribe drugs in the place where he/she provides medical services. The following are not considered to be Physicians: naturopath, herbalist, and homeopath.

Policy or Policies is this document, any riders or endorsements to this document, the medical questionnaire if applicable, and the Confirmation of Insurance all of which form the entire contract.

Policy Purchase Date is the date You pay for specific insurance coverage.

Premium is the cost of Your Single Trip Medical Plan plus any additional amounts required for any optional coverage You have purchased.

Prescription Medication is a drug, medicine or medication only obtainable by the prescription of a licensed Physician or dentist due to a medical Emergency, and dispensed by a licensed pharmacist.

Provider are the Hospitals, clinics, physicians, and other medical service providers the use of which must be approved by Us at the time of the Emergency.

Recurrence is the appearance of symptoms caused by or related to a Medical Condition that was previously diagnosed by a Physician or for which Treatment was previously received.

Rental Car is an automobile rented by You from a commercial rental agency for Your personal use under a written rental agreement.

Return Date is either the date of Your scheduled return to Your Departure Point as indicated on Your most recent Confirmation of Insurance or the date of Your actual return to Your Home Province.

Sickness is an acute illness or unforeseen disease requiring Emergency medical Treatment, Emergency dental Treatment or Hospitalization due to the sudden onset of symptoms.

Spouse is the person legally married to You, or if there is no such person, the person who has been living with You in a conjugal relationship for at least one (1) year.

Stable and Controlled is any Medical Condition for which there has been no new Treatment or newly prescribed medication; no change in Treatment or change in prescribed medication; no new, more frequent

or more severe symptom; no test results showing deterioration; no investigations initiated for symptoms whether or not Your diagnosis has been determined; no Hospitalization and no referral to a specialist.

Start Date is the date shown on Your most recent Confirmation of Insurance as the Start Date.

Subsistence Allowance is the expenses incurred as a result of Your Emergency, including accommodation, meals, and essential telephone calls.

Terrorism or Act of Terrorism is an act that uses force or violence in order to intimidate or terrorize for religious, political or ideological reasons, not including an act of war (whether declared or undeclared), act of foreign enemies, or rebellion.

Travel Companion/Travelling Companion is the person with whom You are sharing travel arrangements and prepaid accommodation (to a maximum of three (3) people) in respect of a Trip.

Treatment is a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed Physician, including but not limited to Prescription Medication, investigative testing, and surgery.

Trip is Your travel outside Your Home Province for which coverage under this Policy has been purchased and is in effect.

Vehicle is a private passenger automobile, minivan, recreational Vehicle, or camper truck, which You use during Your Trip exclusively as conveyance of passengers other than for hire. It can be either owned by You or rented by You from a rental agency.

We, Us, Our, Insurer is Chartis Insurance Company of Canada, 145 Wellington Street West, Toronto, ON, M5J 1H8. This Policy is administered on Our behalf by Travel Guard Canada Group, Inc. (Travel Guard Canada).

You, Yourself, Your, Insured is the person named as the primary traveller and/or one (1) or more other person(s), if any, named as other travellers on the Confirmation of Insurance, each as the context requires.

IV. SPECIFIC DETAILS OF YOUR INSURANCE

A. AM I ELIGIBLE?

To be eligible to purchase Our Single Trip Medical Plan and to be eligible for any coverage under this plan, all of the following are required:

1. You must be a Canadian resident on Your Policy purchase date and for the full duration of Your Trip;
2. You must be covered under Your Government Health Insurance Plan for the full duration of Your Trip;
3. You must purchase coverage under this Policy for the full duration of Your Trip;
4. You must purchase prior to or on the same day as Your start date;
5. You must be 84 years of age or younger on Your Policy purchase date; and
 - a) if You are 59 years of age or younger on Your Policy purchase date You must be travelling for 365 days or less;

- b) if You are between the ages of 60 and 74 inclusive on Your Policy purchase date and travelling for more than 15 days, You must truthfully complete the medical questionnaire and otherwise meet Our health requirements; and You must be travelling for 183 days (212 days in Ontario and Newfoundland) or less;
- c) if You are between the ages of 75 and 84 inclusive, on Your Policy purchase date, You must truthfully complete the medical questionnaire and otherwise meet Our health requirements; and You must be travelling for 183 days or less.

B. AM I ELIGIBLE FOR FAMILY PLAN RATES OR THE CHILD UNDER 12 PROVISION?

Family Plan Rates: Family plan rates are available for the Single Trip Medical Plan. You and Your spouse (if You are both under age 60) and up to five (5) of Your Dependent Children OR; You (if You are under age 60) and up to six (6) of Your Dependent Children can be covered under the Single Trip Medical Only Plan at Our family plan rates.

Child under twelve: For each adult purchasing coverage under Our Single Trip Medical Plan, up to two (2) children under the age of 12 who are either Your Dependent Children or Your grandchildren can be covered under Your Policy for Emergency medical and dental coverage, without additional premium, if they are travelling with You on Your Trip. Children born during a Trip are NOT covered. You must identify on Your Application or call Us before Your Trip and provide Us with the names of the children who are travelling with You before You depart on a Trip. This provision is applicable to Emergency medical and dental coverage only. Other benefits and options must be purchased on a separate Policy.

C. CONDITIONS OF COVERAGE

Coverage under this Policy will not come into effect until all of the following conditions have been satisfied:

1. Your name appears on the Confirmation of Insurance;
2. You have paid the required premium on or before Your start date; and
3. if applicable, You have completed and submitted the medical questionnaire.

D. YOUR INSURANCE BEGINS

Unless otherwise stated in the provision pertaining to a specific benefit, Your insurance starts on the latest of:

1. the date You leave Your Home Province; or
2. the start date shown on Your most recent Confirmation of Insurance.

E. YOUR INSURANCE ENDS

Your insurance ends on the earliest of:

1. the date of the cause of cancellation, if Your Trip is cancelled before Your Departure Date from Your Departure Point;
2. 11:59 pm on Your scheduled return date;
3. 11:59 pm on Your expiry date); or
4. 11:59 pm on the date You return to Your Home Province;

unless there has been:

- an extension of coverage under the automatic extension of coverage provision of this Policy; or
- an optional Policy extension in accordance with the optional Policy extension provision of this Policy;

In which case Your insurance ends on the earliest of:

1. the date You return to Your Home Province; and
2. the later of the expiry of the automatic extension of coverage or any optional Policy extension, if applicable.

V. EMERGENCY MEDICAL AND EMERGENCY DENTAL COVERAGE

This section sets out the Emergency medical and dental benefits which are covered under Our Single Trip Medical Plan.

A. Your Emergency Medical and Dental Coverage begins

Unless otherwise stated in the provision pertaining to a specific benefit, Your insurance starts on the latest of:

1. the date You leave Your Home Province; or
2. the Start Date shown on Your most recent Confirmation of Insurance.

B. Your Emergency Medical and Dental Coverage ends

Your insurance ends on the earliest of:

1. the date of the cause of cancellation, if Your Trip is cancelled before Your Departure Date from Your Departure Point;
2. 11:59 pm on Your scheduled Return Date;
3. 11:59 pm on Your Expiry Date;
4. 11:59 pm on the date You return to Your Home Province; unless there has been:

- An extension of coverage under the automatic extension of coverage provision of this Policy; or
- An optional Policy extension in accordance with the optional Policy extension provision of this Policy in which case Your insurance ends on the earliest of:

1. the date You return to Your Home Province; and
2. the later of the expiry of the automatic extension of coverage or any optional Policy extension, if applicable.

C. Benefits – Emergency Medical and Dental Coverage

If You incur expenses due to a covered risk, on or after Your Start Date and prior to or on Your Expiry Date, while You are on a Trip, We provide coverage for the following covered benefits up to the specific benefit limits set out below.

Benefit limits are for each Insured under this Policy. We do not pay more than the benefit limit. We also do not pay more, in total under this Policy, for all individuals We insure and for all benefits, than the aggregate limit set out in the Maximum Limits of Liability section of this Policy.

Emergency Medical Coverage for Injury and Sickness

Covered Risk 1: Expenses incurred as a consequence of an Emergency and resulting from Injury, Sickness or death occurring on a Trip.

Benefits for Covered Risk 1:

1. Eligible Emergency Medical Expenses

If prescribed by a Physician and pre-authorized by Us, We cover:

1. the cost of care received from a Physician in or out of a Hospital;
2. the cost of a Hospital room;
3. the cost of rental or purchase (whichever is less) of a Hospital bed;
4. the cost of wheelchair, brace, crutch or other medical appliance;
5. the cost of tests that are needed to diagnose Your condition;
6. the cost of Prescription Medication; and
7. the services of a licensed private duty nurse while You are Hospitalized.

Benefit Limit:

- if You are 59 years of age or younger on Your Policy Purchase Date, Your benefit limit is unlimited; or
- if You are 60 years of age or older on Your Policy Purchase Date Your benefit limit is \$10 million.

2. Ambulance: We cover:

1. the cost of local ground ambulance service to a medical service Provider if medically required; or
2. taxi fare, instead of ambulance transportation, where an ambulance is medically required but not available.

3. Emergency Evacuation and Repatriation:

If Your attending Physician recommends Your return to Your Departure Point or Home Province because of Your Medical Condition or if Your attending Physician recommends Your return after Your Emergency medical Treatment, and if approved in advance by Us, We cover via the most cost-effective itinerary, one (1) or more of:

1. the extra cost of an economy or charter class fare;
2. a stretcher fare on a commercial flight or charter;
3. the return economy or charter class fare of a qualified medical attendant and the attendant's reasonable fees and expenses, if required by the airline;
4. the cost of air ambulance transportation, pre-approved and arranged by Us; and
5. one (1) Travel Companion's extra fare to accompany You, if medically necessary and directed by a Physician.

4. Return of Your Vehicle:

If You are unable to drive Your Vehicle to Your original Departure Point, We cover the reasonable costs to return Your Vehicle to Your residence. If You used a Rental Car during Your Trip, We will cover the cost of its return to the rental agency excluding the rental cost. No benefit is available for commercial vehicles.

Benefit Limit: Arrangements must be pre-authorized by Us in advance.

5. Bedside Companion Travel and Subsistence:

If You are travelling alone and are admitted to a Hospital for three (3) days or more, We cover, until You are medically fit to return to Your Home Province:

1. the economy/charter class fare via the most cost-effective itinerary for the round-Trip flight for someone to be with You;
2. a Subsistence Allowance for such person's hotel and meals (original receipts must be submitted) up to the benefit limit;
3. coverage for such person under this Policy, subject to all of its terms, conditions, limitations and exclusions.

For an Insured who is a Dependent Child or if You are mentally or physically disabled, a bedside companion is available immediately upon Hospital admission.

Benefit Limit: Subsistence allowance – \$500 per Insured

6. Return of Dependent Children Under Your Care:

If You are in the Hospital for more than 24 hours while on a Trip or if while on a Trip You must return to Your Home Province because of a Medical Condition validated by a Physician, We cover:

1. the extra cost via the most cost-effective itinerary for Your Dependent Children to be transported to their Departure Point; and
 2. the return airfare of a qualified escort when the airline requires it.
- The Dependent Children must have been travelling with You and under Your care during Your Trip and they must be covered under this Policy.

7. Return to Your Trip Destination:

If You must return to Your Departure Point to receive immediate medical attention, provided Your attending Physician in Your Home Province then determines that You require no further medical attention for Your Medical Condition after Your return We cover the cost of a one-way economy air fare on a commercial flight or charter via the most cost effective itinerary to transport You to Your scheduled Trip destination

Please note: This benefit must be pre-authorized by Us and can only be used once during a scheduled Trip. Once You return to Your Trip destination, a Recurrence of the Medical Condition which necessitated Your return to Your Home Province or any related condition or complication will not be covered under this Policy. When this benefit has been used Your Start Date under this Policy then becomes the day You leave Your Departure Point to return to Your Trip destination.

8. Return of Remains:

If You die during Your Trip We cover reasonable expenses incurred for any one (1) of the following:

1. reasonable transportation costs (using customary airline procedures) to return Your remains to Your Departure Point plus up to \$3,000 for the preparation of Your remains and a transportation container;
2. reasonable transportation costs (using customary airline procedures) to return Your remains to Your Departure Point plus up to \$2,000 for the cremation of Your remains and the cost of a standard burial urn at the place of Your death; or
3. up to \$3,000 for the preparation of Your remains and the cost of a standard burial container plus up to \$2,000 for the burial of Your remains at the location where Your death occurred.

Benefit Limit: As described above

Further, if someone is legally required to identify Your body because You have died while on a Trip, We cover:

1. the cost of a return economy airfare on a commercial flight or charter via the most cost effective itinerary to transport someone to identify Your body;
2. a Subsistence Allowance up to the benefit limit for commercial accommodations and meals for that person; and
3. We cover that person under the terms of this insurance during the period in which he/she is required to identify Your body, up to three (3) business days.

Benefit Limit: Subsistence allowance: \$500 per deceased Insured

9. Meals and Accommodation (medical):

If a medical Emergency prevents You or Your Travel Companion from returning to Your Departure Point of Your Insured Trip or if Your Emergency medical Treatment or that of Your Travel Companion requires Your transfer to a location that is different from Your original destination or You or Your Travel Companion are delayed beyond Your scheduled Return Date in order to obtain Emergency medical Treatment, We cover a Subsistence Allowance of up to \$350 per day up to the benefit limit for expenses for meals, hotels, phone calls and taxis if You have actually paid for them (original receipts must be submitted)

Benefit Limit: \$3,500 per Insured

10. Emergency Professional Services: We cover expenses resulting from an Emergency for services from a licensed physiotherapist, chiropractor, chiropract, podiatrist or osteopath, if ordered by a Physician, up to the benefit limit.

Benefit Limit: \$300 per profession per Insured.

11. Hospital Allowance: We cover expenses for Your incidental Hospital expenses (telephone calls, television rental) while You are Hospitalized for at least 48 hours. We cover these expenses up to the benefit limit.

Benefit Limit: up to \$50 per day to a maximum of \$500 (10 days) per Insured.

12. Return of Travel Companion: If You must return to Your Home Province because of a covered Medical Condition and if You are travelling with a Travel Companion, We cover the Travel Companion for the extra cost of a one-way economy air fare on a commercial flight or charter via the most cost effective itinerary to return Your Travel Companion to his/her Departure Point.

13. Pet Return: If Your domestic dog(s) or cat(s) travel with You during Your Trip and You must return to Your Home Province or Departure Point because of a covered Medical Condition, We cover the cost of one-way transportation of Your domestic dog(s) or cat(s) to Your Departure Point up to the benefit limit.

Please note: Arrangements must be pre-authorized by Us in advance.

Benefit Limit: \$500 per Insured

Emergency Dental Coverage for Injury and Sickness

Covered Risk 2: Expenses incurred as a consequence of the unforeseen occurrence of symptoms of Sickness or Injury occurring on a Trip resulting in the necessity of immediate Treatment by a licensed registered dentist, Physician or Hospital.

Benefits for Covered Risk 2:

Emergency Dental Treatment: We cover:

1. expenses You incur during Your Trip for care ordered, prescribed or received from a licensed dentist if You need Emergency dental Treatment to repair or replace Your natural or permanently attached artificial teeth because of an Accidental blow occurring on a Trip to Your face or mouth; and
2. expenses for continuing care after You return to Your Home Province and completed within 180 days of Your return, up to the benefit limit; or
3. expenses You incur during Your Trip, up to the benefit limit, for Emergency dental Treatment required because of an Emergency due to a cause other than an Accidental blow to Your face or mouth; and
4. expenses You incur for Prescription Medication as a result of such Emergency.

Benefit Limit:

- Accidental Blow to the Face or Mouth Continuing Care: \$1,500 per Insured
- Emergency Dental Treatment Other Cause: \$300 per Insured

D. Conditions – Emergency Medical and Emergency Dental Coverage

All of the conditions set out in the General Conditions section of this Policy and all of the following conditions must be satisfied before a benefit is payable for Emergency medical Treatment or Emergency dental Treatment as set out in V, section C:

1. You must not know of any reason why You will need to seek medical or dental attention before You leave on a Trip;
2. the portion of the expenses claimed are not covered by Your GHIP or any other related insurance or reimbursement plan;
3. You must contact Us before seeking medical attention and a failure to call will result in Your being responsible for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf;
4. Our medical advisors must approve and arrange all surgery and heart procedures, including heart catheterization, in advance and a failure to call will result in Your being responsible for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf;
5. if You choose not to receive Treatment or services from a Provider, as directed by Us, You will be responsible to pay 30% of any eligible expenses;
6. You must return to Your Home Province or Departure Point prior to any Treatment or following Emergency Treatment or Hospitalization if, on medical evidence, You are able to return to Your Home Province or Departure Point without endangering Your health and if, in these circumstances, You elect not to return to Your Home Province or Departure Point, then any expenses incurred for continuing medical Treatment or surgery with respect to such Emergency will not be covered AND all coverage and benefits under this Policy will cease;
7. You are not travelling outside Your Home Province for more than 183 days (212 days for Ontario and Newfoundland residents) in total without specific written permission from Your provincial government stating that Your GHIP coverage will continue, and, if You do not satisfy this condition, Your aggregate limit for all covered benefits set out under section V, C of this Policy will be \$20,000;
8. The Emergency medical attention You receive must be outside of Your Home Province and be required as a consequence of an Emergency and ordered by a Physician.

E. Exclusions – Emergency Medical and Emergency Dental Coverage

These exclusions apply to the Emergency Medical and Dental Coverage set out in section C above. The additional exclusions set out in the General Exclusions section of this Policy also apply.

There are four (4) possible exclusion identifiers which appear as part of the product name set out on Your Confirmation of Insurance. These four (4) identifiers are either: GE, ME #1, ME #2, or ME #3. You must refer to Your Confirmation of Insurance and locate Your exclusion identifier.

Pre-Existing Condition Exclusion for Identifier GE

If the exclusion identifier which appears on Your Confirmation of Insurance is GE only the exclusions set out in the General Exclusions section of this Policy apply to Your Emergency Medical and Dental Coverage.

Pre-Existing Condition Medical Exclusion #1 for Identifier ME#1

If the exclusion identifier which appears on Your Confirmation of Insurance is ME #1 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions section of this Policy and the following exclusion:

If at any time in the 90-day period immediately preceding Your Effective Date:

- Your Medical Condition or any related condition has not been Stable and Controlled;
- Your heart condition has not been Stable and Controlled or You have required, taken or used nitroglycerin in any form, more than once per week for the relief of angina pain; or
- Your lung condition has not been Stable and Controlled or You have required the use of home oxygen or taken oral steroids (prednisone or prednisolone) for a lung condition then We do not cover any loss or expense related in whole or in part, directly or indirectly, to any such condition.

Pre-Existing Condition Medical Exclusion #2 for Identifier ME#2

If the exclusion identifier which appears on Your Confirmation of Insurance is ME #2 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions section of this Policy and the following exclusion:

If at any time in the 180-day period immediately preceding Your Effective Date:

- Your Medical Condition or any related condition has not been Stable and Controlled;
- Your heart condition has not been Stable and Controlled or You have required, taken or used nitroglycerin in any form, more than once per week for the relief of angina pain; or
- Your lung condition has not been Stable and Controlled or You have required the use of home oxygen or taken oral steroids (prednisone or prednisolone) for a lung condition then We do not cover any loss or expense related in whole or in part, directly or indirectly, to any such condition.

Pre-Existing Condition Medical Exclusion #3 for Identifier ME#3

If the exclusion identifier which appears on Your Confirmation of Insurance is ME #3 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions section of this Policy and the following exclusion:

- We do not cover any loss or expense related in whole or in part, directly or indirectly, to any Medical Condition (including heart and lung conditions) for which You have taken medication, been

prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment at any time within the 180 day period immediately preceding Your Effective Date and this exclusion applies whether or not the condition has been Stable and Controlled.

VI. OPTIONAL RENTAL CAR PROTECTOR COVERAGE

Optional Rental Car protector coverage is available when You purchase Our Single Trip Medical Plan. You have to apply for this optional coverage and choose to pay the additional required Premium. We will send You a Confirmation of Insurance. The maximum coverage period available is 60 days.

A. Your Rental Car Protector Coverage begins

Your Optional Rental Car Protector coverage begins on the later of:

1. the date You take possession of Your Rental Car as per the rental contract; or
2. the Effective Date of this optional coverage as set out in Your Confirmation of Insurance.

B. Your Rental Car Protector Coverage ends

Your Optional Rental Car Protector coverage ends on the earliest of:

1. the date this optional coverage expires as set out in Your Confirmation of Insurance;
2. the date the commercial rental agency regains possession of the Rental Car;
3. the date and time the Rental Car contract expires; or
4. the 60th day after coverage begins.

C. Benefits – Rental Car Protector Coverage

If You incur expenses due to a covered risk, while You are on a Trip, for which You have purchased this optional coverage, We provide coverage for the following covered benefits up to the benefit limit.

Covered Risk 1: Physical loss or damage to a Rental Car arising during the period for which You have purchased this coverage and while the Rental Car is under Your care, custody and control, or that of a person who is permitted to operate the Rental Car under the rental agreement to which You are a party

Benefits for Covered Risk 1: We cover:

1. reasonable expenses for which You are responsible under the car rental agreement or at law for physical loss or damage to a Rental Car; and
2. reasonable costs of towing expenses, salvage, fire department charges, customs duties, and loss of usage of the Rental Car.

Benefit Limit: \$50,000

D. Conditions – Rental Car Protector Coverage

All of the general conditions set out in the General Conditions section of this Policy and all following conditions must be satisfied before a benefit

is payable under this Optional Rental Car Protector Coverage as set out in section C:

1. You must examine the Rental Car and record, in writing, all existing damages before accepting the Rental Car, and submit a copy of that damage record to Us if You have a claim;
2. You must take all reasonable and necessary steps to protect the Rental Car and prevent damage to it. You must report the loss to the appropriate local authorities and the rental company as soon as possible;
3. You must obtain all information about any other party involved in any Accident, such as name, address, insurance information and driver's license number; and
4. You must provide Us with all required documentation including but not limited to the rental agreement, police report and damage estimate.

E. Exclusions – Rental Car Protector Coverage

The following exclusions apply to the Optional Rental Car Protector Coverage set out in section C above. The additional exclusions set out in the General Exclusions section of this Policy also apply. We do not cover any loss or any expense related in whole or in part, directly or indirectly, related to:

1. contents of the Rental Car;
2. liability other than for loss of, or damage to the Rental Car;
3. expenses assumed or waived by the car rental agency and/or its insurance company; and
4. amounts payable under any other insurance.

We also do not cover any loss or damage arising either directly or indirectly from, caused by, or contributed to by You or any other person driving or operating the Rental Car while You or such other person is:

5. under the influence of intoxicating substances;
6. participating in a speed test or contest;
7. carrying passengers for compensation or hire;
8. using the Rental Car for commercial delivery, transporting contraband, or illegal trade; or
9. driving or operating the Rental Car in violation of the terms of the car rental agreement.

We also do not cover any loss or damage arising either directly or indirectly from, caused by, or contributed to by:

10. the mechanical failure or breakdown of any part of the Rental Car, rusting, corrosion, wear and tear, gradual deterioration, inherent defect, or freezing;
11. any dishonest act, conversion or failure, neglect or abuse of the Rental Car committed by You, Your employees or agents, or any person to whom the Rental Car may be entrusted by You; or
12. Your failure to preserve or protect the Rental Car.

We also do not cover any loss or damage to:

13. automobiles over 20 years old, exotic automobiles including but not limited to Daimler Benz, Bentley, Aston Martin, Ferrari, Lamborghini, Jaguar, Jensen, Excalibur, Lotus, Maserati, Porsche, Rolls Royce, or any similar automobile;
14. trucks, buses, commercial vans, motorcycles, mopeds, motorbikes, recreational Vehicles, all-terrain Vehicles, campers, trailers, limousines, or any vehicles while used off-road.

VII. FEATURES AND SERVICES TO SERVE YOU BETTER

A. 24/7 Worldwide Emergency Assistance 1-866-221-0575 or collect at (416)621-6820.

Whether You need Emergency medical care or Emergency arrangements to return home, Our Emergency assistance coordinators, doctors and nurses can help You anywhere in the world, anytime of day.

B. 24/7 Concierge Services 1-800-826-0339

Services include:

1. highlights on sights and attractions;
2. restaurant referrals and reservations: Worldwide dining referrals and reservations made on the Insured's behalf; based on availability;
3. tee-time reservations: Assistance with scheduling tee-off times and making course recommendations;
4. assistance getting tickets to cultural and sporting events, based on availability;
5. travel documents assistance, emergency cash transfer assistance, emergency message centre, and interpretation services;
6. assistance locating a bank machine;
7. driving directions over the phone;
8. pre-Trip travel advice; and
9. access to passport, visa, and vaccine requirements, travel safety and health advisories, embassy contacts, weather.

C. 24/7 Security Assistance 1-800-826-0339

Our World Service Centre representatives can give You current information on security risks and travel advisories. We can help You get the information You need to prepare for Your Trip. News on political and environmental issues is just an e-mail or phone call away. Please e-mail Us at talktous@travelinsurance.pcinurance.ca or call 1-800-826-0339.

VIII. GENERAL CONDITIONS

All of the following conditions apply to all coverage under this Policy and to all optional coverage available under this Policy:

1. Your coverage will be declared null and void if, for any reason
 - a) the required premium is not received by Us; or
 - b) You are ineligible for coverage in accordance with any section of this Policy.

2. **Automatic Extension of Coverage:** If You, Your travel companion or immediate family member travelling with You is Hospitalized on Your scheduled return date Your coverage will automatically be extended at no additional premium for the period of hospitalization and up to 120 hours after discharge. If You have a medical condition rendering You medically unable to travel, on Your scheduled return date but You are not hospitalized, Your coverage will be automatically extended for up to 120 hours after Your scheduled return date. In addition, coverage will automatically be extended for up to 72 hours when there is a delay of a common carrier on which You are pre-booked as a passenger.
3. **Optional Policy Extension:** If You choose to extend Your Trip, beyond Your scheduled return date You may apply for a Policy extension of Your Single Trip Medical Plan subject to Our prior approval. Call 1-800-826-0339 or collect at (416) 621-6820 before Your scheduled return date as it appears on Your most recent Confirmation of Insurance.
4. **Maximum Coverage Period:** Under no circumstances will this Policy provide benefits for losses or expenses incurred, more than 365 days after Your start date.
5. If Your health status changes (including a change in prescription medication or Treatment) prior to departure on any Trip, You must notify Us immediately. At Our sole discretion, We may opt to waive the exclusion that precludes Your unstable medical condition from coverage. This would allow You to continue with Your Trip and retain coverage for Your medical condition.
6. **Canadian Currency: All benefits, benefit limits and all other amounts expressed in this Policy are expressed in Canadian currency,** except any deductible which is expressed in US dollars.
7. Where covered losses are billed in foreign currency, the rate of exchange is based on the rate effective on the date when We pay the claim. No sum payable shall bear interest. To facilitate direct payment to providers, We may elect to pay the claim in the currency of the country where the charges were incurred based on the rate of exchange established by any chartered bank in Canada:
 - a) on the last date of service; or
 - b) on the date the claim was incurred if a cheque is issued directly to physicians, hospitals or other medical providers.
8. If You are covered under more than one (1) of Our policies, or have similar coverage with another insurance company, the total amount paid to or for You will not exceed Your actual expenses and the maximum to which You are entitled is the largest amount specified for that benefit.
9. The coverage outlined in this Policy is last payor only. If, at the time of loss, You have insurance from another source, or if any other party is also responsible, to pay for benefits also provided under this Policy, We will pay eligible expenses only in excess of those covered by that other insurance company or insurance

- companies or other responsible party or parties, including insurance plans provided through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing hospital, medical or therapeutic coverage, or any third party liability insurance in force concurrently with this Policy.
10. In the event of a payment of a claim under this Policy, We have the right to proceed, in Your name, but at Our expense, against third parties who may be responsible for giving rise to a claim under this Policy. You will execute and deliver documents as necessary and co-operate fully with Us so as to allow Us to fully assert Our rights. You will do nothing to prejudice such rights.
 11. We have full rights of subrogation; however, We do not subrogate against any retiree plan benefit if the lifetime maximum limits for all in-country and out-of-country benefits is \$50,000 or less.
 12. **Notwithstanding any provision of this Policy, this Policy is subject to the statutory conditions of the Insurance Act applicable to contracts of accident and sickness insurance and the laws and regulations in Your Home Province.** The laws and regulations of the province or territory in Canada in which You normally reside govern this Policy and any provision in this Policy which is in conflict with any such statute is hereby amended to conform to such statute.
 13. The maximum period of coverage under this Policy shall not exceed 12 months. Benefits only apply outside Your province of residence. No coverage will be provided to or for anyone not named on the Confirmation of Insurance.
 14. In the event that You are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any Policy provision, We have the right to collect from You any amount which We have paid on Your behalf to medical providers or other parties.
 15. Your Policy will be declared null and void in the case of fraud or attempted fraud by You, or if You conceal or misrepresent any material fact or circumstance concerning this insurance.
 16. During the claims process, We may require You to have a medical examination by one (1) or more physicians chosen by Us and at Our expense.
 17. We are not responsible for the availability, quality or results of any medical Treatment. We are not responsible for any transportation arranged by Us. We are not responsible for Your failure to obtain medical Treatment.
 18. **Premium Refunds:** Refunds are available anytime prior to departure or if You return and have a minimum of three (3) unused days of coverage. Please call 1-800-826-0339. No refund of premium will be made in the event that a claim has been paid, incurred or reported under this Policy.
 19. You must, at all times while You are covered under this Policy, act in a prudent manner so as to minimize costs to Us.

IX. MAXIMUM LIMITS OF LIABILITY

If the losses for all persons Insured under all of Our travel insurance plans exceed the maximum limit listed below, We will pay each person Insured a prorated benefit. We will divide the maximum limit by the total amount of all claims incurred and the result will be used to calculate the prorated benefit.

Terrorism or Act of Terrorism Limitation of Liability: Our maximum limit of liability for all losses arising within any one (1) 72-hour period directly from an occurrence of Terrorism or an act of Terrorism is \$500,000 in the aggregate. Our maximum limit of liability for all losses arising within a calendar year directly from an occurrence of Terrorism or an act of Terrorism is \$1,000,000 in the aggregate.

General Liability: Our liability under this Policy is limited solely to the payment of eligible benefits, up to the benefit limits specified herein, for any loss or expense.

X. GENERAL EXCLUSIONS

The following exclusions apply to all benefits available under this Policy, including all optional coverage. In addition to any exclusions that apply to specific benefits outlined within each section, We also do not cover any claim, loss or any expense related in whole or in part, directly or indirectly to:

1. expenses resulting from any sickness, injury or state of health prior to Your Policy purchase date that would cause expected medical treatment or Hospitalization during Your Trip;
2. any Treatment that is not Emergency Treatment. For example (and not inclusive of):
 - a) expenses incurred for medication commonly available without prescription; vaccinations, injections or medication received on a preventative basis or for the maintenance of a medical condition; contraceptives; fertility medication; vitamin preparations; general physical examinations; or routine medical tests;
 - b) transplants including but not limited to organ transplants or bone marrow transplants, artificial joints, or prosthetic devices/implants including any associated charges;
 - c) expenses incurred for acupuncture or naturopathic or holistic Treatment;
3. ionizing radiation or radioactive Contamination from any nuclear fuel or waste which results from the burning of nuclear fuels, or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
4. expenses incurred for any portion of benefits that require prior authorization and arrangements by Us if such benefits were not authorized and arranged by Us;
5. any medical condition if on Your medical questionnaire or Application for insurance, there is an incorrect answer. In this case the Policy is voidable and premium refundable at Our option;

6. the follow-up Treatment, recurrence or complication of a medical condition or related condition, following Emergency Treatment of that condition during Your Trip if the medical advisors, and We, determine that You were medically able to return to Your Home Province and You chose not to return;
7. the follow-up Treatment of any heart or lung condition, following Emergency Treatment for a related or unrelated heart or lung condition during Your Trip if the medical advisors, and We, determine that You were medically able to return to Your Home Province and You chose not to return;
8. expenses incurred for Treatment or services that are prohibited under a Government Health Insurance Plan;
9. expenses in excess of reasonable and customary rates where Treatment has occurred before You or someone on Your behalf has called Us;
10. any medical condition, if prior to Your start date, such medical condition renders You ineligible. You must be and remain eligible under this Policy at Your start date and continuously until You take a Trip for coverage to come into and be in effect when You take a Trip;
11. any medical expense incurred while travelling in Your Home Province;
12. any medical condition, if Our medical advisors recommend that You return to Your country of residence following Your Emergency Treatment, and You choose not to travel;
13. routine pre-natal care; a child born during Your Trip; childbirth or complications of childbirth; pregnancy or complications thereof within the nine (9) weeks before or anytime after the expected date of delivery;
14. Your mental or emotional disorders;
15. Your committing or attempting to commit suicide or intentionally self-inflicted injury (whether sane or insane);
16. Your chronic use or abuse (prior to or during Your Trip) of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment;
17. expenses incurred if You travel to, in or through (i) Cuba; or (ii) a country that the Department of Foreign Affairs and International Trade of The Canadian Government or Health Canada has advised Canadians not to travel to during the time of your Trip if the advisory is issued prior to your Departure Date.
18. a Trip undertaken in contravention of a Physician's recommendation or after the manifestation of medical symptoms which would cause an ordinarily prudent person to seek medical advice or Treatment in the 90 days prior to Your start date; or where a terminal condition prognosis has been diagnosed by any Physician.
19. a medical condition or related condition that arises during a Trip You undertake with the prior knowledge that You will require or seek Treatment or surgery for that medical condition or a related condition;

20. a medical condition for which future investigation or Treatment is planned before Your start date. This does not include routine monitoring;
21. the commission of or Your direct or indirect attempt to commit a criminal act or injury occurring while You are committing or attempting to commit a criminal act;
22. Your participation in rock or mountain climbing; participation in a motorized race or motorized speed contest; Your participation as a professional athlete in a sporting event;
23. operating or learning to operate any aircraft, as pilot or crew; performing employment duties on any aircraft or ship; or performing duties in any regular armed forces service;
24. war (declared or no), acts of foreign enemies or rebellion; or
25. interest on a payment or reimbursement.

XI CLAIM PROCEDURES AND CUSTOMER SERVICE INQUIRIES

By paying the Premium for this insurance, You agree that:

1. We may verify Your health card number and other information required to process Your claim, with government and other authorities;
2. Physicians, Hospitals and other medical providers are authorized by You to provide to Us any and all information they have regarding You, while under observation or Treatment, including Your medical history, diagnoses and test results; and
3. We may disclose the information available under 1 and 2 above and from other sources to such other persons, as may be required for the purposes of providing assistance about or processing Your claim for benefits.

If making a claim, You must notify Us as soon as possible in order for Us to provide You with a claim form specific to Your loss. Failure to do this could invalidate Your claim. You have 90 days from Your Return Date to file Your claim with Us. To report a claim or to request a claim form call 1-800-826-0339. Failure to complete the required claim and authorization form in full will delay the processing of and could invalidate Your claim. All claim information should be sent to Our authorized administrator at:

PC Financial Travel Insurance

C/o Travel Guard Group Canada Inc.

Attn: Claims Department

145 Wellington Street West, Toronto, ON M5J 1H8

To Claim For Emergency Medical and Dental Benefits:

You must notify Us at 1-866-221-0575 or collect at (416) 621-6820 prior to any Emergency medical Treatment and prior to any surgery, invasive procedure or Hospitalization. Failure to do so will result in Your being responsible for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling in which case You must call

as soon as medically possible or have someone call on Your behalf. Further, if You choose not to receive Treatment or services from a Provider, as directed by Us, You will also be responsible to pay 30% of any eligible expenses. You must provide Us with original receipts for Subsistence Allowance expenses.

To Claim For Rental Car Protector Benefits:

If You have purchased this optional coverage and You wish to submit a claim, You must provide:

1. Your car rental invoice;
2. Your rental agreement with the record of the damages that existed when You picked up the car; and
3. the police report and Rental Car agency report including estimate of repair costs.
4. You must file Your claim with Us within 30 days of the loss or damage in the case of a claim under Rental Car Protector Coverage.

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