



# TRAVEL INSURANCE POLICY



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†Trade-mark of the Blue Cross Blue Shield Association.

## **This is your insurance policy. Read it carefully.**

The *insurance certificate* constitutes proof of the product purchased and determines the benefits and services covered by this contract, as well as the particular medical conditions specifically excluded from this contract.

The policy (including endorsements, if applicable) defines the benefits and services offered and combined with your *insurance certificate*, constitutes your *Travel Insurance* contract.

**These documents contain clauses which may limit the amounts payable. Please read them carefully.**

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In this document, the masculine gender is used solely for convenience, and includes the feminine.

**Note: words in italic type in the text are found under the “Definitions applicable to all benefits” section.**

## NOTICE REGARDING PERSONAL INFORMATION

By purchasing one of our insurance products, you are consenting to the collection, use and disclosure of your personal information by Blue Cross® for the purposes of appraising your insurance application, confirming coverage and assessing your claims.

Your insurance file will be maintained on a confidential basis at our offices. Your personal information will only be accessible by our employees and authorized representatives who need access to your file for the purposes set out above.

Upon written notice, you will be entitled to access your personal information contained in your file and, if applicable, request that your file be updated or corrected.

For additional information regarding the manner in which we collect, use, disclose and otherwise manage your personal information, please visit our web site, or write to us at:

**Canassurance Hospital Service Association and its subsidiaries<sup>1</sup>**  
**c/o Privacy Officer**  
**1981, McGill College Avenue, Suite 105**  
**Montreal (Quebec) H3A 0H6**

privacyofficer@qc.bluecross.ca

<sup>1</sup>Canassurance Insurance Company Inc. and CanAssistance Inc.

## PRODUCTS

### Individual

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#### What is covered

As per the choice of the *covered person* and as indicated on the *insurance certificate*, the product includes the Emergency Medical Care benefit and, optionally, the Accidental Death or Dismemberment and Air Flight Accident benefits.

The benefits are applicable only if indicated on the *insurance certificate*.

The purchase of this product gives you access to *CanAssistance* travel assistance services.

The following amounts represent the maximum sums payable per *covered person*, per benefit.

<b>Benefits</b>	<b>Insured sums per person</b>
<b>Emergency Medical Care</b>	Up to \$5,000,000
<b>Accidental Death or Dismemberment</b>	According to the amount shown on the <i>insurance certificate</i>
<b>Air Flight Accident</b>	According to the amount shown on the <i>insurance certificate</i>
<b>Travel Assistance</b>	Included

**Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.**

**Coverage is valid only if the premium has been paid before the effective date of the contract for the entire duration of the trip. The insurance must include both departure and return dates.**

## **Refund of premium**

We will refund the premium for the unused days during an early return as long as you have no claim to submit for this *trip*. You must provide proof of your return date, otherwise the date on which your request is postmarked by the postal service will be considered as your return date. The countdown of unused days starts the day after your return and a \$25 fee applies.

You must submit your request to the *Insurer's* authorized agent that sold the policy.

## **Annual**

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### **What is covered**

This plan insures the *covered person* for *trips* made outside the province of residence for which departure and return dates are included in the *period of coverage*, as long as the duration of each *trip* does not exceed the number of days indicated on the *insurance certificate*. (4, 8, 17, 31, 60, 90, 120, 150 or 180 days). Proof showing the duration of the *trip* will be required when processing a claim.

As per the choice of the *covered person* and as indicated on the *insurance certificate*, the product includes the Emergency Medical Care benefit and, optionally, the Accidental Death or Dismemberment and Air Flight Accident benefits.

The Annual insurance includes Emergency Medical Care, which covers, in case of emergency during a *trip*, *hospitalization*, medical and paramedical expenses as described under the benefit.

When indicated on the *insurance certificate*, the Annual insurance includes the Accidental Death or Dismemberment and Air Flight Accident benefits.

Purchasing this product gives you access to *CanAssistance* travel assistance services.

There is no limit as to the number of *trips* taken within the *period of coverage*.

The following amounts represent the maximum sums payable per *covered person*, per benefit:

<b>Benefits</b>	<b>Insured sums per person</b>
<b>Emergency Medical Care</b>	Up to \$5,000,000
<b>Accidental Death or Dismemberment</b>	According to the amount shown on the <i>insurance certificate</i>
<b>Air Flight Accident</b>	According to the amount shown on the <i>insurance certificate</i>
<b>Travel Assistance</b>	Included

**Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.**

## **Age limit**

To purchase or renew the Annual plan, the *covered person* must be:

- 85 years of *age* or under for the brackets of 4, 8, 17, 31, 60, 90 and 120 days;
- 80 years of *age* or under for the brackets of 150 and 180 days.

## **Trip exceeding the period of coverage**

If a *covered person* wishes to obtain insurance coverage for a *trip* with a duration exceeding the maximum number of days allowable per *trip*, the *Insurer* will issue a new contract to cover the complete duration of the *trip*. Moreover, the *Insurer* will provide coverage at no charge for a period equivalent to the *covered person's* maximum allowable number of days per *trip*.

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

The contract must cover the total duration of the *trip* including the return date and the extension must be purchased from Saskatchewan Blue Cross.

An extension purchased from another insurer shall render your Saskatchewan Blue Cross contract null and void in its entirety.

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

The purchase of the new contract is subject to the *Insurer's* approval if the *covered person* files a claim during the initial *period of coverage*.

**Important:** The *covered person* is no longer covered by his Annual Insurance for the *trip*. Only the coverage offered under the new insurance contract is applicable, subject to the definitions, terms, conditions and exclusions contained therein.

## **Annual renewal**

At the end of the year of coverage, the *Insurer* will issue a notice 30 days prior to the *expiry date* of the current contract.

The notice will be sent to the *contract holder* and will explain how to purchase insurance for another year in accordance with the product offer in effect at that time.

## **Refund of premium**

**The refund of premium does not apply to Annual Insurance after the *effective date of the contract*.**

## CONDITIONS APPLICABLE TO ALL BENEFITS

### Contract extension

An extension of the coverage may be requested provided that the *covered persons* remain eligible for insurance and that their health condition remains unchanged since the departure date.

When the extension is authorized, the additional premium must be paid to maintain the validity of the contract. **If the extension or the coverage conditions affect the initial rate of the contract, the new rate will apply for the entire duration of the contract.**

The contract must cover the total duration of the *trip* including the return date, except when the extension request is denied by the *Insurer*.

The extension must be purchased from Saskatchewan Blue Cross. An extension purchased from another insurance company shall render your Saskatchewan Blue Cross contract null and void in its entirety, except when the extension request is denied by the *Insurer*.

**The extension is conditional to the approval by the *Insurer* if:**

- **The *covered person* submits a claim during the initial period of coverage;**
- **The Canadian government published an advisory warning travellers against travelling to the region or country that constitutes the *covered person's* destination, or;**
- **The Canadian or provincial government encourages travellers to return to Canada.**

**Once the approval to extend the contract has been granted, any claim that pertains to an event that occurred during the initial period of coverage will be rejected.**

**The *contract holder* must file a request for extension prior to the end of the initial period of coverage by contacting the *Insurer*.**

### Automatic extension of coverage

All coverage will automatically be extended free of charge:

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

### Trip break – Exclusive to the Individual product

*Covered persons* can return to their province of residence and go back to their destination without terminating the insurance contract.

During this period, no insurance coverage is valid and no premium refund is granted for the days spent in the province of residence. *Covered persons* must ensure they meet insurance eligibility criteria before leaving again.

If one of the *covered persons* has a *change in health condition* while in the province of residence, the *covered person* must contact the *Insurer* before returning to his or her destination: any *change in health condition* will be considered as a *pre-existing condition* and will be a contract exclusion as stipulated under the ***Other exclusions and reductions of coverage*** of the Emergency Medical Care benefit.

## Validity of the contract

The insurance is valid only when purchased and paid for in full before the *effective date* of the *contract*.

The travel insurance must be purchased before any departure date and for the full duration of the *trip*, including the departure and return date.

If the contract requires an extension and the latter is denied by the *Insurer*, the contract remains valid until the *expiry date* indicated on the *insurance certificate*.

## Return to the province of residence at the request of the Insurer

In the absence of a medical contraindication, when the Canadian or provincial government encourages travellers to return to the country, the *Insurer* can require the return to the province of residence, within a timeframe that they deem reasonable, of any *covered person* who is travelling.

## Repatriation of the covered person

No premium refund will be granted for an early return when the *covered person* was repatriated at the expense of the *Insurer*. In the absence of medical contraindication, the *Insurer* can require repatriation of any *covered person* or his transfer to a different medical facility. **Any repatriation or transfer refusal by the *covered person* terminates the insurance and no premium refund will be issued.**

**The termination notice to the *contract holder* shall be sufficient.**

## Settlement of claims

The *Insurer* shall not assume responsibility under the contract unless the *covered person* has contacted *CanAssistance* as stipulated in the *Emergency Medical Care benefit* and informs the *Insurer* of the loss within 30 days of acquiring knowledge of it. The *covered person* must transmit to the *Insurer* within 90 days of the loss, original and detailed bills of the claimed expenses, a proof of payment accepted by the *Insurer*, a medical certificate giving the complete diagnosis and confirming that the services included in the claim have been rendered or that the covered loss did indeed occur, as well as any other document or information of any nature required by the *Insurer* for the study of a claim.

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

## Method of payment

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

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

When a refund for *hospital*, medical and assistance expenses is not requested by the *covered person*, but is the object of a claim settlement between the *Insurer* and the service providers, the *contract holder* must provide any original document requested to enable the claim settlement, otherwise he becomes responsible for the payment of the amounts owed.

## Coordination of benefits

Benefits under this contract cover only the excess costs which are not covered by any other individual or group contract or by any law or public insurance.

If a *covered person* is entitled to similar benefits under any other individual or group contract, the benefits payable under this contract shall be coordinated so that the total payment from all coverages shall not exceed the amount for which the claim is made.

## Subrogation

If, in the event of loss or damage, the *covered person* shall acquire any right of action against any individual or legal entity for loss covered under this contract, the *Insurer* shall be subrogated for all the *covered person's* rights of recovery up to the amount paid by the *Insurer*. The *covered person* shall sign and submit necessary documents to this effect and do whatever is necessary to secure such rights. If the *covered person* reaches an agreement or accepts payment from the third party liable for the loss without the written consent of the *Insurer*, the latter shall be relieved of any obligation toward the *covered person*.

## Concealment, fraud or attempted fraud

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

## Interest

No sum payable under this contract shall bear interest.

## Currency

All amounts of money mentioned in this contract, as well as sums payable under this contract, are in Canadian dollars.

## Modifications to the contract

The terms and conditions of this contract may not be modified unless agreed upon in writing by the *contract holder* and the *Insurer*. The *Insurer's* waiving or omitting to require any provision in the contract to be executed or

observed must not be interpreted as the *Insurer's* waiver of its right to require any provision to be carried out or observed.

## Governing law and jurisdiction

The contract shall be governed by and interpreted under the laws of the Canadian province or territory in which the *covered person* normally resides.

The parties abide to the jurisdiction of the Court of the Canadian province or territory in which the *covered person* normally resides, and further agree that any action and proceeding brought by either party to enforce this contract shall be commenced in said Canadian province or territory.

## BENEFITS AND SERVICES OFFERED

### Emergency Medical Care Benefit

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#### Eligibility

In addition to the conditions applicable to all benefits, the following conditions apply:

#### Persons aged 55 and over

In order to be eligible for purchasing or renewing a travel insurance contract which includes this benefit, the *covered person* aged 55 and over must not:

1. Have received medical advice not to travel;
2. Suffer from a medical condition in a *terminal stage*;
3. Suffer from kidney failure treated through dialysis;
4. Have been diagnosed with or treated for metastatic cancer in the past 5 years;
5. Have been prescribed or treated with home oxygen in the past 12 months.

#### All insured

At the time of application and during the entire *period of coverage*, all *covered persons* must be covered under the government health and hospitalization programs of their province of residence.

#### Conditions particular to this benefit

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

1. Benefits shall be payable only upon presentation of a certificate by the attending *physician* attesting that services for which a claim is made have been provided or the covered loss has effectively occurred.
2. When reimbursement of *hospital*, medical and travel assistance expenses is not claimed by the *covered person* but settled between the *Insurer* and the service provider, the *contract holder* shall provide any original document required for such settlement. Failure to do so shall render the *contract holder* responsible for the amounts the *Insurer* cannot recover.

## Effective date of coverage

Coverage begins on the last of the following dates:

- the *effective date of the contract*, or;
- the actual departure date.

## Termination date of coverage

Coverage ends on the first of the following dates:

- the *expiry date* of the contract, or;
- the return date, whether planned or premature.

## What is covered

**Benefits will be paid for reasonable and customary expenses incurred following an emergency resulting from an *accident or sudden illness* which occurs on a *trip during the period of coverage*.** Eligible *treatments* are limited to what is declared **urgent** and **necessary** for the stabilization of the medical condition.

The benefits provided by this coverage are granted once the deductible has been paid. The deductible is the part of the eligible expenses the *covered person* must pay and remain responsible for in case of a claim. The deductible applies after any benefits covered under governmental programs have been paid. The deductible amount is indicated on the *insurance certificate* and applies per *trip per covered person*.

## Benefits

The following benefits are provided for each *covered person* for reasonable and customary charges listed below, subject to a maximum of \$5,000,000 during the period of the contract, and **provided that these charges are not incurred before obtaining the approval of *CanAssistance***.

### Notice

**Failure to contact *CanAssistance* beforehand in the event of medical consultation or *hospitalization* following an *accident or sudden illness* could result in refusal of the compensation requested.**

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

## Hospitalization, medical and paramedical expenses

### *Hospitalization*

The cost of *hospital* services in a private or semi-private room which is in excess of the amount refunded or refundable under government programs.

### **Incidental expenses**

The expenses inherent to *hospitalization* (telephone, television, parking etc.) upon presentation of documentary proof up to a maximum of \$100 per *hospitalization*.

### **Physicians' fees**

The difference between fees charged by a *physician* and benefits allowed under government programs.

### **Medical appliances**

The purchase or rental cost of crutches, canes or splints and the rental cost of wheelchairs, orthopedic corsets and other medical appliances when prescribed by the attending *physician*.

## **Nursing care**

The fees of a registered nurse (other than a relative) for private care while hospitalized and when medically necessary and prescribed by the attending *physician*.

## **Professional services (when prescribed as part of emergency treatment)**

Professional services by a physiotherapist, chiropractor, osteopath or podiatrist when medically necessary and prescribed by the attending *physician*, up to a maximum of \$300 per profession.

Dermatological emergencies up to a maximum of \$300 per *trip*.

## **Diagnostic services**

The charges for laboratory tests and X-rays when prescribed by the attending *physician*.

## **Drugs (when required as part of emergency treatment)**

The cost of drugs requiring a *physician's* prescription, except when they are required for the continued stabilization of a chronic medical condition.

## **Dental care**

The fees of dental surgeons for emergency dental care *treatment*, excluding root canal therapy, up to \$500 per *trip* and per *covered person*.

The fees of dental surgeons up to \$2,000 per *accident* and per *covered person* for *treatment* necessitated by an external injury (not as a result of introduction of food or an object into the mouth), only when natural and healthy teeth which have had no previous *treatment* are damaged or to reduce a fracture or dislocation of the jaw. In all cases, *treatment* must begin during the *period of coverage* and end within 6 months of the *accident*. The *covered person* must transmit to the *Insurer* an X-ray taken after the *accident* and before the *treatment* begins, showing the damages sustained.

## **Transportation expenses**

**The following services must be approved and planned by *CanAssistance*:**

### **Ambulance or taxi service**

The cost of local ambulance or air ambulance service to the nearest accredited medical facility, including inter-hospital transfer when the attending *physician* and *CanAssistance* determine that existing facilities are inadequate to treat or stabilize the patient's condition.

### **Repatriation to the province of residence**

The cost of repatriation of the *covered person* to his province of residence by means of appropriate transportation in order to receive immediate medical attention **following the authorization of the attending *physician* and *CanAssistance*.**

The cost of simultaneous repatriation of a *travelling companion* or any *member of the immediate family of the covered person* who is also covered under this contract, if he is unable to return to the departure point, by means of the transportation initially planned for such return.

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

### **Transportation to visit the *covered person***

When a *member of the family of the covered person* or a friend not travelling with the *covered person* visits the *hospital* where he is being treated, or travels to identify a deceased *covered person*, if necessary, prior to transportation of the deceased, the *Insurer* covers the following expenses:

1. Up to \$1,200 for:
  - The cost of accommodation, the cost of meals in a commercial establishment, and the cost of child care services, up to a daily maximum of \$300;
  - The cost of travel insurance.
2. The total cost of round-trip, economy class transportation.

In the event that the family member or friend of the *covered person* travels to the *hospital* where the *covered person* is being treated, the expenses described above will be reimbursed only if the *covered person* remains hospitalized for at least 7 days and the attending *physician* acknowledges in writing that the visit is necessary.

### **Vehicle return**

The cost of returning a *covered person's* road vehicle, either private or rental, by a commercial agency, or by any person authorized by *CanAssistance*, to the *covered person's* residence or nearest appropriate vehicle rental agency when the *covered person* is unable to return the vehicle due to *illness* or *accident*, subject to a maximum refund of \$5,000. A medical certificate from the attending *physician* in the locality where the incapacity occurred is required, attesting that the *covered person* is incapable of using his vehicle.

### **Baggage return**

When the *covered person* is repatriated for medical reasons to the province of residence at the *Insurer's* expense, the cost to bring back the *covered person's* baggage to the province of residence is covered, up to a maximum of \$300.

### **Pet return**

When the *covered person* is repatriated for medical reasons to the province of residence at the *Insurer's* expense, the cost to bring back the *covered person's* pet to the province of residence is covered, up to a maximum of \$500.

### **Return of the deceased**

The cost of preparation and transportation of the deceased person (excluding the cost of a coffin) to the departure point in the province of residence or the cost of cremation or burial on site (excluding the cost of a coffin, an urn and a gravestone), subject to a total reimbursement of \$10,000.

## **Subsistence allowance**

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

## **Medical follow-up in Canada**

When a *covered person* is repatriated to his place of residence in Canada at the expense of the *Insurer* further to a *hospital* stay while on a *trip* out of his province of residence, the *Insurer* will reimburse the following costs if they are incurred within 15 days of the repatriation.

1. The cost of a semi-private room in a *hospital* or a rehabilitation centre or a convalescent home up to a maximum of \$1,000.

2. The fees for home nursing care when medically required and provided by a registered nurse or a registered nursing assistant, up to a maximum of \$50 per day, for a maximum of 10 days.
3. The rental cost of the following devices, up to a maximum of \$150: crutches, standard walker, canes, trusses, orthopaedic corset and oxygen.
4. The cost for transportation (ambulance and/or taxi) in order to receive medical care up to a maximum of \$250.

## What is not covered

### Exclusions and reductions of coverage

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

#### Exclusions relating to pre-existing conditions

**1. For persons under the age of 55, during the 3 months prior to the effective date of coverage:**

- a) any *illness*, injury or condition (with the exception of a *minor ailment*) related to a medical condition for which the *covered person*:
  - consulted a *physician* (other than for a *regular check-up*), or;
  - was hospitalized, or;
  - was prescribed or received a new *treatment*, or;
  - received a change in an existing *treatment*, or;
  - was prescribed or took a new medication, or;
  - received a *change in existing medication*<sup>1</sup> (including usage or dosage).
- b) any heart condition for which the *covered person* took nitroglycerin more than once in a 7-day period for the relief of chest pain.
- c) any pulmonary condition for which the *covered person* was treated with home oxygen or needed corticosteroid therapy.

**2. For persons aged 55 to 75 and covered for less than 32 days during the 6 months prior to the effective date of coverage:**

- a) any *illness*, injury or condition (with the exception of a *minor ailment*) related to a medical condition for which the *covered person*:
  - consulted a *physician* (other than for a *regular check-up*), or;
  - was hospitalized, or;
  - was prescribed or received a new *treatment*, or;
  - received a change in an existing *treatment*, or;
  - was prescribed or took a new medication, or;
  - received a *change in existing medication*<sup>1</sup> (including usage or dosage).
- b) any heart condition for which the *covered person* took nitroglycerin more than once in a 7-day period for the relief of chest pain.
- c) any pulmonary condition for which the *covered person* was treated with home oxygen or needed corticosteroid therapy.

3. For persons aged 55 to 75 and covered for 32 days or more or aged 76 and over:

A) The following particular medical conditions are excluded unless otherwise stipulated on the *insurance certificate*:

- a) During the lifetime of the *covered person*, any *illness* or condition related to the following medical conditions for which the *covered person* was diagnosed with or treated for:
  - **cardiovascular condition** (myocardial infarction, bypass, angioplasty, angina, arrhythmia, pacemaker, congestive heart failure, defibrillator, valvulopathy or valve replacement, cardiomyopathy, myocarditis, pulmonary hypertension, aortic aneurysm);
  - **kidney failure**;
  - **organ transplant** (heart, liver, pancreas, lung, bone marrow);
- b) During the 24 months prior to the effective date of coverage, any **chronic pulmonary condition** (asthma, emphysema, chronic bronchitis, pulmonary fibrosis) for which the *covered person* was hospitalized or took cortisone pills.
- c) During the 12 months prior to the effective date of coverage, any *illness* or condition related to one of the following conditions:
  - **cancer** (with the exception of basal cell carcinoma) for which the insured person was diagnosed with or treated for;
  - **gastrointestinal condition** (cirrhosis, hepatitis C, intestinal obstruction, diverticulitis, Crohn's disease, pancreatitis, ulcerative colitis) for which the insured person was diagnosed with or treated for.

B) are also excluded when arising in the 6 months prior to the effective date of coverage:

- i) any other *illness*, injury or condition (with the exception of a *minor ailment*) related to a medical condition for which the *covered person*:
  - consulted a *physician* (other than for a *regular check-up*), or;
  - was hospitalized, or;
  - was prescribed or received a new *treatment*, or;
  - received a change in an existing *treatment*, or;
  - was prescribed or took a new medication, or;
  - received a *change in existing medication*<sup>1</sup> (including usage or dosage).
- ii) any heart condition for which the *covered person* took nitroglycerin more than once in a 7-day period for the relief of chest pain.
- iii) any pulmonary condition for which the *covered person* was treated with home oxygen or needed corticosteroid therapy.

<sup>1</sup> The Insurer does not consider a change in existing medication the following elements:

- the routine adjustment of insulin or Coumadin®;
- a change from a brand name medication to a generic brand medication, provided the dosage is the same;
- Aspirin® taken for non-prescribed medical purposes;

- decrease of the dosage of cholesterol medication;
- hormone replacement therapy;
- vitamins and minerals and non-prescription medication;
- creams or ointments prescribed for cutaneous irritations.

## Other exclusions and reductions of coverage

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

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

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

4. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition arising therefrom, or driving a motor vehicle while the ability to drive is impaired by any drug whether its consumption is legal or not, or by alcohol with an alcohol level over 80 milligrams per 100 millilitres of blood (0.08).
5. *Trip* undertaken for the purpose of receiving medical attention or paramedical services.
6. Suicide, attempted suicide or self-inflicted injury of the *covered person*, whether sane or insane.
7. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power.
8. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
9. Any condition resulting from a mental, nervous, psychological or psychiatric problem, unless the *covered person* is hospitalized for that specific reason.
10. Any claim for patients in chronic care *hospitals* or public *hospital* rehabilitation services, or in nursing homes or health spas.
11. Any care, *treatment*, products or services other than those declared by the appropriate authorities to be required for the *treatment* of the injury or disease or stabilization of the medical condition.
12. Custodial care or services rendered for the convenience of the patient.

13. Care or *treatments* for cosmetic purposes.
14. Care or *treatments* received outside the province of residence, when such care or *treatments* could have been obtained in the province of residence without endangering the life or health of the *covered person*, with the exception of care for immediately necessary *treatment* following an emergency resulting from an *accident* or *sudden illness*. Under this exclusion, the fact that the care available in the province of residence could be of lesser quality or take longer to obtain than the care available outside his province of residence does not constitute a danger to the *covered person's* life or health.

Without restricting the generality of this exclusion, no benefits are available under this plan for any *covered person* travelling outside his province of residence primarily or incidentally to seek medical advice or *treatment*, even if such a *trip* is recommended a *physician*.

15. Care or *treatments* received outside the province of residence which are not covered under government programs.
16. Care or *treatments* such as those rendered by an acupuncturist, a homeopath or a naturopath.
17. Products listed below are not covered even when obtained by a prescription:
  - processed food for infants, dietary or food supplements or substitutes of any kind, including protein, so-called "natural" products, multivitamins and drugs available over the counter (GP products), antacids, digestives, laxatives, antidiarrheals, decongestants, antitussives, expectorants and any other flu or cold medications, gargles, oils, shampoos, lotions, soaps and all other dermatological products.
18. **Failure of the *covered person* to communicate beforehand with *CanAssistance*** in the event of medical consultation or *hospitalization* following an *accident* or *sudden illness*.
19. Once the contract has been extended, any medical condition that arose during the initial *period of coverage* will be excluded as of the date of the extension.
20. Expenses exceeding \$10,000 for emergency air evacuation to the nearest medical facility when the transportation was not planned by *CanAssistance*.
21. Expenses incurred in the *covered person's* province of residence or upon return to the destination if these expenses are related to a *change in health condition* of the *covered person* while on **Trip break** in his province of residence.

# Accidental Death or Dismemberment Benefit

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## Effective date of coverage

Coverage begins on the last of the following dates:

- the *effective date of the contract*, or;
- the departure date.

## Termination date of coverage

Coverage ends on the first of the following dates:

- the *expiry date* of the contract, or;
- the return date, whether planned or premature.

## What is covered

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

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

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

## BENEFITS CHART

Accidental loss of:	Percentage payable of sum insured		
	Under age 18	Age 18 to 64	Age 65 or over
life in <i>public transportation</i>	40%	200%	40%
life under any other circumstance	20%	100%	20%
use of several limbs or sight of both eyes	20%	100%	20%
use of one limb or sight of one eye	10%	50%	10%

## Payment of the sum insured

In case of the loss of life of a *covered person*, the benefit shall be paid directly to the *contract holder* if he is living, and to the designated beneficiary if he is deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the *contract holder's* estate. In the case of accidental loss of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the *covered person* who has been the victim of the *accident*, his representative, or to his legal guardian if he is a minor.

## Limitations

If the *covered person* sustains more than one loss, the *Insurer* shall pay for one loss only, namely that which allows the highest amount.

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

## What is not covered

### Exclusions and reductions of coverage

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

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

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

2. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition arising therefrom, or driving a motor vehicle while the ability to drive is impaired by any drug whether its consumption is legal or not, or with an alcohol level over 80 milligrams per 100 millilitres of blood (0.08).
3. Suicide, attempted suicide or self-inflicted injury of the *covered person*, whether sane or insane.
4. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power.
5. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
6. *Act of terrorism*.

# Air Flight Accident Benefit

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## Effective date of coverage

Coverage begins on the last of the following dates:

- the *effective date of the contract*, or;
- the departure date.

## Termination date of coverage

Coverage ends on the first of the following dates:

- the *expiry date* of the contract, or;
- the return date, whether planned or premature.

## What is covered

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

- travelling as a paying passenger in an *aircraft* operated from the departure point to the destination or return point;
- riding as a passenger in a land or water conveyance at the expense of the airline;
- riding as a passenger in a scheduled helicopter shuttle service to and from airports to connect with a required flight;
- exposed to the elements due to the forced landing or disappearance of an *aircraft* on which the *covered person* is insured by this insurance;
- waiting at the airport for the departure of a required flight to go or return from his destination.

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

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

## BENEFITS CHART

Accidental loss of:	Percentage payable of sum insured
life	100%
use of several limbs or sight of both eyes	100%
use of one limb or sight of one eye	50 %

## Payment of the sum insured

In case of the loss of life of a *covered person*, the benefit shall be paid directly to the *contract holder* if he is living, and to the designated beneficiary if he is deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the *contract holder's* estate. In the case of accidental loss of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the *covered person* who has been the victim of the *accident*, his representative, or to his legal guardian if he is a minor.

## Limitations

If the *covered person* sustains more than one loss, the *Insurer* shall pay for one loss only, namely that which allows the highest amount.

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

## What is not covered

### Exclusions and reductions of coverage

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

1. Suicide, attempted suicide or self-inflicted injury of the *covered person*, whether sane or insane.
2. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power.
3. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
4. *Act of terrorism*.

## CanAssistance Travel Assistance services

These services are offered free of charge with the purchase of any *travel* insurance product included in this policy.

### Medical assistance

If, following an *accident* or *sudden illness*, the *covered person* must consult a *physician* or require *hospitalization*, he must contact *CanAssistance* immediately. *CanAssistance* will make the necessary arrangements in order to provide the *covered person* with the following services:

- for the **State of Florida**, direct the *covered person* to an appropriate clinic or *hospital* member of the **Preferred Patient Care network**;
- for the **State of South Carolina**, direct the *covered person* to an appropriate clinic or *hospital* member of the **Preferred Personal Care network**;
- for all other destinations, direct the *covered person* to an appropriate clinic or *hospital* and advance funds to the *hospital* if necessary;
- confirm the medical insurance coverage in order to avoid paying a substantial deposit;
- provide the follow-up of the medical file and communicate with the family *physician*;
- coordinate repatriation of the *covered person* to his province of residence, when necessary;
- coordinate the safe return home of dependent children if the parent is hospitalized;

- make the necessary arrangements for the transportation of a family member to the patient's bedside if the *covered person* is hospitalized for at least 7 days and if the attending *physician* advises such attendance;
- coordinate the return of the *covered person's* road vehicle if he is unable to bring it back due to *illness* or *accident*.

## Notice

**Failure to contact *CanAssistance* beforehand in the event of medical consultation or *hospitalization* following an *accident* or *sudden illness* could result in refusal of the compensation requested.**

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

## General assistance

**In the event of any other emergencies, the *covered person* can contact *CanAssistance* in order to receive the following services:**

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

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

***CanAssistance* is under no circumstance responsible for the expenses incurred for medical or general assistance.** However, depending on the purchased benefit, some of these fees could be reimbursed by the *Insurer*.

## DEFINITIONS APPLICABLE TO ALL BENEFITS

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

**Accidental loss of sight of one eye** means the total and irrecoverable loss of sight therein.

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

**Act of terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

**Age** means the age of the *covered person* at the time the present contract is purchased or renewed.

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

**CanAssistance** means the company authorized by the *Insurer* to provide assistance services to *covered persons*.

**Change in health condition** means any *illness, accident, injury* or symptoms for which the *covered person*:

- consulted a *physician* (other than for a *regular check-up*), or;
- was hospitalized, or;
- was prescribed or received a new *treatment*, or;
- received a change in an existing *treatment*, or;
- was prescribed or took a new medication, or;
- received a change in existing medication (including usage or dosage).

**Contract holder** means the person designated as such on the *insurance certificate*.

**Covered person** means the *contract holder* and the persons mentioned on the *insurance certificate*, depending on the coverage selected. A child born during the first 32 weeks of pregnancy over the course of a *trip* is automatically covered by this insurance, if the medical costs of delivery and medical care to the mother are not excluded.

**Dependent child** means a child of the *contract holder*, his *spouse*, or both, over 30 days old before departure, who is dependent on the *contract holder*, who is not married, and who is:

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

A child who is not a Canadian resident, who is over 30 days old and is in the process of being adopted by a Canadian resident is considered a dependent child upon completion of all required documents and once the appropriate authorities in the adoptee's country of origin definitively and irrevocably release the child into the physical, visual and exclusive care of the adoptive parents or of the person who will accompany the child until his arrival in Canada. A child who is in the process of being adopted does not have to be covered by a government health and *hospitalization* program of a Canadian province or territory.

In a single-parent or family plan, any child of the *contract holder* or his *spouse* born after the *effective date of the contract* is automatically insured as soon as he meets the criteria of the definition of a dependent child, subject to the payment of a supplementary premium, as the case may be.

**Effective date of the contract** means the date indicated on the *insurance certificate*.

**Expiry date** means the date indicated on the *insurance certificate*.

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

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

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

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

**Illness** means a health deterioration or an organism disorder certified by a *physician*, or even when the person is pregnant, a pathological complication that arose during the pregnancy. However, in the case of trip cancellation, this deterioration, this disorder, or this pathological complication must be serious enough to prevent the *covered person* from pursuing his travel plans.

**Insurance certificate** refers to the document certifying the existence of a contract and on which the following elements are primarily specified: the *covered persons*, the contract number, the product, the dates of coverage, the deductible, the selected benefits and the sums insured.

**Insurer** means Canassurance Insurance Company Inc.

**Member of the family of the *covered person*** means *spouse*, father and mother, grandparent, grandchild, parents-in-law, child (not necessarily dependent) of the *covered person* and/or his *spouse*, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, aunt, uncle, niece, nephew.

**Member of the immediate family of the *covered person*** means the *spouse*, father, mother and children (not necessarily dependent) of the *covered person*, his *spouse* or both.

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

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

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

**Period of coverage** means the time between the *effective date of the contract* and the *expiry date* indicated on the *insurance certificate*.

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

**Pre-existing condition** refers to any health condition that already exists when the benefit becomes effective. Pre-existing conditions are grounds for a claim refusal.

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

**Regular check-up** means a periodic consultation with a *physician* scheduled in advance during which no new symptom or worsening of existing symptoms is reported by the *covered person* and no new anomaly is certified by the *physician*.

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

**Sudden illness** means a unexpected and unforeseen *illness* for which initial symptoms (certified or not by a *physician*) appear during the *trip*.

**Terminal stage** means the period when a cure for an *illness* is no longer possible or when the *illness* resists any curative *treatment* and death is bound to happen within a more or less short delay.

**Travel/Trip** means occasional absence from the *covered person's* residence for the purpose of a vacation, leisure or business. The *covered person* travelling within his province of residence must have at least a one-night stay in a commercial accommodation establishment. The Annual insurance covers only trips made outside the province of residence.

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

**Treatment** means surgery, prescription drugs, therapy, consultations with *physicians* or other health professionals and any other type of method used to treat the *covered person*.

## NOTICE

Any notice to the *Insurer* may be validly forwarded to:

**Canassurance Insurance Company**

P.O. Box 910, Station B

Montreal, Quebec

H3B 3K8

In witness whereof the *Insurer* has signed this contract which must be validated by an authorized representative.



Sylvain Charbonneau

President and Chief Executive Officer

## HOW TO REACH US

### Travel Assistance Lines

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If the *covered person* needs health care abroad, he or a *travelling companion* must call *CanAssistance* immediately.

**Canada, United States**

**1-833-729-0186**

**Elsewhere in the world, collect**

**306-518-0145**

Assistance agents offer the *covered person* **24-hour service, 7 days a week.**

If the *covered person* cannot call collect, the *Insurer* will reimburse the cost. The *Insurer* will not pay for roaming charges.

For better service, the *covered person* must give his name, the phone number where he is calling from and his contract number.

### Notice

**Failure to contact *CanAssistance* beforehand in the event of medical consultation or hospitalization following an accident or sudden illness could result in the compensation requested being refused.**

### Extension

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To obtain an extension, the *covered person* must contact the *Insurer* at:

**Canada, United States**

**1-306-244-1192 (long distance charges will apply)**

**1-833-729-0186 (toll free)**

**Elsewhere in the world, collect**

**306-518-0145**

### Settlement of Claims

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To obtain a claim form, the *covered person* may contact our Customer Service Department at the following number:

**Canada**

**1-833-729-0186**



Please keep this card with you at all times.

*Veillez conserver cette carte avec vous en tout temps.*

### In case of an emergency

- Call the Assistance line **before** consulting a doctor or as soon as you can.
- Present this card at the hospital or at the front desk of a medical clinic.

### *En cas d'urgence*

- *Appeler le service d'assistance **avant** d'aller voir un médecin ou dès que possible.*
- *Présenter cette carte à l'hôpital ou à l'accueil d'une clinique.*

Partner of / Partenaire de

*Florida Blue* 

 South Carolina

# GET IN TOUCH

## Visit

sk.bluecross.ca

## Call Toll-free

1-800-USEBLUE® (873.2583)

within Saskatchewan

1.800.667.6853 within Canada

## Contact your local insurance broker

## Offices

### Saskatoon

516 2nd Avenue North  
PO Box 4030  
Saskatoon, SK  
S7K 2C5

### Regina

100, 1870 Albert Street  
Regina, SK  
S4P 4B7



SK

Detach this card and carry it with you at all times for the duration of your contract.

In case of emergency or should you require medical attention, please call the emergency telephone number(s) listed on the card as soon as possible.



**24/7 Travel Assistance**  
**Assistance voyage 24/7**

\_\_\_\_\_  
Policyholder / Titulaire de la police

\_\_\_\_\_  
Policy number / Numéro de police

\_\_\_\_\_  
Expiration date / Date d'expiration

From Canada and/or the USA  
Du Canada ou des États-Unis

**1-833-729-0186**

From other countries, call collect  
D'autres pays, à frais virés

**306-518-0145**