

# TRANQUILITY

## AMA TRAVEL MEDICAL INSURANCE

- It is important to read and understand *your* policy before *you* travel. It is **your responsibility** to review the terms, conditions and limitations outlined in this policy.
- Pre-existing Conditions must be stable and controlled 3 or 6 months **prior to your departure date** (depending on *your age*) in order to be covered under the medical benefits. (Except for the Visitors to Canada Medical Plan, see page 18)
- Any errors in answering questions on the Medical Questionnaire (if required) will result in **NO** claim being paid.
- Annual Plan Holders: while the policy is valid for one year, it is a **Multi-trip plan** and all terms and conditions including pre-existing exclusions are effective prior to **EACH** *departure date*.
- If *your* travel plans change and *you* must alter *your* return date, *you* must contact *us* **prior** to *your* original return date to extend coverage.
- If *you* are in doubt, *we* recommend *you* call *AMA Assistance* immediately.
- *You* are required to notify *AMA Assistance* prior to *treatment*. If *you* do not *your* benefits under this policy may be limited. Please call toll-free **1-855-330-8330** in the U.S. and Canada and call collect **+1-519-988-7039** where available.

Effective Date: May 1, 2016

This policy is underwritten by  
Orion Travel Insurance Company



## NOTICE REQUIRED BY THE ALBERTA INSURANCE ACT

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

**IN THE EVENT OF AN EMERGENCY,  
YOU MUST CALL AMA ASSISTANCE  
IMMEDIATELY AT:**

**1-855-330-8330** in the U.S. and Canada  
**+1-519-988-7039 collect** where available

## **IMPORTANT NOTICE – PLEASE READ CAREFULLY**

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your* policy before *you* travel as *your* coverage may be subject to certain limitations and exclusions.
- *Your* policy may not provide coverage for medical conditions and/or symptoms that existed before *your trip*. Check to see how this applies in *your* policy and how it relates to *your departure date*, date of purchase or *effective date*.
- In the event of an accident, *injury* or sickness, *your* prior medical history may be reviewed when a claim is made.
- If *your* policy provides travel assistance, *you* may be required to notify the designated assistance company prior to treatment. *Your* policy may limit benefits should *you* not contact the assistance company within a specified time period.

**PLEASE READ *YOUR* POLICY CAREFULLY  
BEFORE *YOU* TRAVEL**

# AMA TRAVEL MEDICAL INSURANCE POLICY

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**IN THE EVENT OF A *MEDICAL EMERGENCY*  
YOU MUST CALL  
AMA ASSISTANCE IMMEDIATELY:**

**1-855-330-8330** in the U.S. and Canada  
**+1-519-988-7039** collect where available

**Failure to notify *AMA Assistance* immediately will limit  
the benefits payable under this contract to:**

- a. in the event of *hospitalization*, 80% of eligible  
expenses based on *reasonable and customary*  
*costs* to a maximum of \$25,000 CAD; and**
- b. in the event of out-patient medical consultation, a  
maximum of one (1) visit per *sickness* or *injury*.**

***You* will be responsible for the payment of any  
remaining charges.**

## **IMPORTANT COVERAGE RESTRICTION**

**YOU ARE NOT ELIGIBLE FOR ANY COVERAGE UNDER THIS POLICY IF *YOUR TRIP* IS BOOKED OR UNDERTAKEN:**

- a. contrary to medical advice;
- b. while *you* require kidney dialysis; or
- c. after diagnosis of a *terminal illness* in regard to *sickness, injury* or other condition.
- d. if *you* have ever had a bone marrow or organ transplant (except cornea transplant);
- e. if *you* have been diagnosed with and/or received *medical treatment* for metastatic cancer in the last five years;
- f. if *you* have been prescribed or taken home oxygen for a lung condition in the last 12 months.

### **Who can apply<sup>†</sup>**

Insurance coverage is available if:

- *you* are insured under a Canadian provincial or territorial government health insurance plan (GHIP).

Coverage is applicable worldwide, except in countries at war or countries where political instability or hostility renders the area inaccessible by AMA Assistance services. *You* may contact AMA Assistance prior to *your* departure to confirm coverage for *your* destination.

<sup>†</sup> Excludes Visitors to Canada Medical Emergency Insurance.

## **IMPORTANT INFORMATION ABOUT *YOUR MEDICAL QUESTIONNAIRE***

If *you* are 55 or older, *you* must complete a *Medical Questionnaire*, no longer than six (6) months before *your departure date* or *effective date* to determine *your* eligibility for Out-Of-Province Emergency Medical coverage available with the Daily Medical Plan, the Canada Medical Plan, the Medical *Top-up* Plan and the Annual Plan.

The completed *Medical Questionnaire* is the basis of and forms part of *your* insurance policy. In the event of an accident, *injury* or *sickness*, *your* prior medical history will be reviewed when a claim is reported.

Any erroneous response(s) on *your* completed *Medical Questionnaire* constitutes material misrepresentation or concealment and *your* policy will be declared null and void. Any claim submitted by *you* will be denied (even if the erroneous response is unrelated to the claim reported) and *you* will be solely responsible for all expenses relating to *your* claim, including repatriation costs. It is *your* responsibility to review *your* completed *Medical Questionnaire* (where applicable) and ensure its accuracy. It is important that *you* immediately notify *your* AMA agent if any inaccuracy exists so that *you* can take immediate action to complete a new and accurate *Medical Questionnaire*. If *you* do not contact *your* AMA agent to correct any inaccuracy, *your* coverage will be null and void.

## **10 DAY RIGHT TO EXAMINE**

Please take the time to read *your* policy and review all of *your* coverage. *You* may cancel this policy within 10 *days* of purchase if *you* have not departed on *your trip* and/or there is no claim in progress. Furthermore, *you* must not have experienced an event that could lead to a claim.

## IMPORTANT INFORMATION ABOUT **YOUR POLICY**

### Insurance Policy

The *Medical Questionnaire* (if applicable), policy booklet and *Certificate of Insurance* all form part of *your* insurance and must be read as a whole.

Once *you* pay *your* premium and *your* AMA agent issues a policy number, this booklet becomes *your* insurance contract that determines what benefits are payable to *you* by the *Insurer*.

### Read *your* Policy

Please read this policy carefully before *you* travel, particularly the sections relating to the insurance coverages *you* have purchased. Some of the terms may limit the benefits payable to *you*.

- Check *your Certificate of Insurance* for the plan(s) *you* have purchased, then refer to the plan description(s) using the Table of Contents at the beginning of this booklet.
- While all of the information is important, *you* should pay particular attention to the Conditions and Exclusions. These sections may limit the benefits payable to *you*.
- Throughout this policy *you* will notice that certain terms are brought to *your* attention with italics. These terms are explained in the Definitions section (page 26). Pay particular attention to these definitions as the *Insurer* has given a very specific meaning to these terms.
- General Terms of Agreement, General Provisions and Statutory Conditions lay down the legal framework for *your* insurance (along with the Insurance Agreement on page 33). It is important for *you* to review these sections.

**Please note that all eligible Emergency Medical benefits are not always paid up-front. In the event of a claim, please contact AMA Assistance for further information.**

By following the instructions in the section How to File a Claim, *you* can speed up the assessment and, where applicable, payment of *your* covered eligible claim.

### Carry the insurance card and policy with *you*

This policy and wallet size insurance card provide important emergency telephone numbers that *you* must call before receiving *medical treatment*. Carry this card with *you* at all times and bring *your* policy with *you* when travelling.

## **PAYMENTS OF BENEFITS TO MEDICAL PROVIDERS** **AMA ASSISTANCE WILL ARRANGE DIRECT PAYMENT OF COVERED EXPENSES WHENEVER POSSIBLE.**

**While most medical providers will agree to accept direct payment from *us*, there are some providers who will require that *you* pay them directly.**

**Where direct payment cannot be arranged by *us*, *you* will be reimbursed covered expenses on the basis of *reasonable and customary costs*.**

**Please note that some benefits are reimbursable on *your* return. Check the policy wording for the plan *you* have purchased to see which benefits this applies to.**

## EXTENSIONS AND TOP-UPS

### Automatic Extension of Coverage

Coverage will be extended automatically without additional premium **upon notifying AMA Assistance**, if *your* return to the point of departure is delayed beyond *your* scheduled return date solely because of one of the following reasons:

- delay of the means of transportation provided *your common carrier* was due to arrive at the departure point by the scheduled return date, and provided that the journey is completed in a reasonable amount of time; or
- if driving, delay due to inclement weather provided the return journey commences prior to *your* expiry date; or
- the personal means of transportation in which *you* are travelling is involved in an accident or mechanical breakdown that prevents *you* from returning to *your* province or territory of residence on or before *your* return date provided *your* return journey commences prior to *your* expiry date; or
- delay due to *sickness* or *injury* of *you*, *your* accompanying *family* member or *travel companion* which is covered under this policy.

*You* will be required to provide proof of the reason for *your* delay in the event that *you* have to file a claim.

Coverage is extended for a period of five (5) *days*, or for the period of *hospitalization* plus five (5) *days* after discharge from the *hospital* or until deemed medically able to travel by the Medical Director of *AMA Assistance*. This benefit does not include any costs associated with flight change arrangements, with the exception of emergency repatriation that is approved in advance by the Medical Director of *AMA Assistance*.

Coverage may never extend beyond three hundred and sixty-five (365) *days* from the *departure date* or the *effective date* of the policy.

### Voluntary Extension and *Top-up* Procedures

#### **IF TOPPING UP ANOTHER INSURER'S PLAN**

**IF *YOU* ARE TOPPING UP ANOTHER INSURER'S PLAN, IT IS *YOUR* RESPONSIBILITY TO CONFIRM WITH THAT INSURER THAT A *TOP-UP* IS PERMITTED ON *YOUR* EXISTING PLAN WITH NO LOSS OF COVERAGE. PLEASE NOTE THAT THE BENEFITS, TERMS, CONDITIONS AND EXCLUSIONS OF THAT OTHER INSURER'S POLICY MAY NOT BE THE SAME AS THIS POLICY.**

**THE *INSURER* RESERVES THE RIGHT TO DECLINE AN APPLICATION FOR INSURANCE OR AN EXTENSION OR *TOP-UP* OF COVERAGE.**

Extensions and *Top-ups* on your AMA Daily Medical, Canada Medical or Annual Medical Travel Insurance policy must be requested **prior to** the expiry of the period of coverage of *your* policy. **No extension or *Top-up* is permitted if there is cause for a claim against the policy.** (If *you* have had a medical claim on *your* Annual Plan policy, *you* are still entitled to a *Top-up* for subsequent *trips*, but the cause of the first claim will be deemed a pre-existing condition that must qualify for stability of the plan purchased).

Prior to departure, please contact your AMA agent to request an extension or *Top-Up*; after departure contact the AMA Call Centre at 1-888-799-1522 or +1-780-471-1522.

### **Travel Medical Insurance (Daily Medical Plan, Annual Medical Plan, *Top-up* or Canada Medical Plan)**

Coverage may be extended to a maximum of one hundred and eighty-three (183) *days*. Coverage is available up to three hundred and sixty-five (365) *days* provided *you* obtain (prior to the *expiry date* of the policy) written confirmation from *your GHIP* that *your GHIP* will remain in effect for the entire *trip* duration.

Coverage will be automatically extended for Annual Plan *trip days*

entirely within Canada up to a maximum of three hundred and sixty-five (365) *days*, without additional premium, provided *you* have obtained written approval from *your GHIP* for *trips* beyond one hundred and eighty-three (183) *days*.

### Visitors to Canada Medical Emergency Insurance

Coverage may be extended up to a maximum of three hundred and sixty-five (365) *days* provided *you* have not experienced any *change* in *your* health.

## DO YOU NEED ASSISTANCE?

### IN THE EVENT OF AN EMERGENCY, *YOU MUST CALL AMA ASSISTANCE IMMEDIATELY:*

- **1-855-330-8330** in the U.S. and Canada
- **+1-519-988-7039** collect where available

### IMPORTANT

To qualify for full coverage for eligible *medical treatment* under the Travel Medical Insurance, **IMMEDIATE CONTACT OF AMA ASSISTANCE IS MANDATORY.** At first onset of symptoms of a *medical emergency* and before *you* seek *medical treatment*, *you* must contact *AMA Assistance*; however, if *you* are unable to do so because *you* are medically incapacitated, *you* or someone else must contact *AMA Assistance* as soon as is reasonably possible.

**Failure to notify *AMA Assistance* immediately will limit the benefits payable under this contract to:**

- a. in the event of *hospitalization*, 80% of eligible expenses based on *reasonable and customary costs* to a maximum of \$25,000 CAD; and
- b. in the event of out-patient medical consultation, a maximum of one (1) visit per *sickness* or *injury*.

*You* will be responsible for the payment of any remaining charges.

The *Insured*, or a beneficiary entitled to make a claim, or the agent of any of them, must give a written notice of claim to the *Insurer* not later than thirty (30) *days* from the date a claim arises under the contract on account of an accident, *sickness* or *injury*. Failure to give notice within the prescribed time may invalidate *your* claim.

**NOTICE:** 1. *AMA Assistance* will pay *hospitals*, *physicians* and other medical providers directly, whenever possible. Where direct payment cannot be arranged, *we* will reimburse eligible expenses on the basis of *reasonable and customary costs*. Other eligible benefits are reimbursable upon *your* return. Please refer to the individual benefit wordings for additional information.

2. If *you* pay eligible expenses directly to a health service provider without prior approval by *AMA Assistance*, these services will be reimbursed to *you* on the basis of the *reasonable and customary costs* that would have been paid directly to such provider by the *Insurer*. Medical charges that *you* pay may be higher than this amount, therefore *you* will be responsible for any difference between the amount *you* paid and the *reasonable and customary costs* reimbursed by the *Insurer*.

### Why are *you* required to call *AMA Assistance*?

If *AMA Assistance* is not notified, *you* might receive *medical treatment* or services which are not considered *medically necessary* as defined by the policy.

*AMA Assistance* will work closely with *you* to:

- direct *you* to an appropriate *physician* or *hospital* at *your trip* destination, wherever possible;

## DO YOU NEED ASSISTANCE?

- monitor *your* care so that only appropriate, *medically necessary medical treatment* is given and to ensure that *your* medical needs are met;
- contact *your family* and *physician* on *your* behalf;
- pay *hospitals, physicians* and other medical providers directly, whenever possible;
- approve and arrange air ambulance transportation when *medically necessary*;
- inform *you* of any expenses not covered by the policy or to explain the policy's terms and provisions as they relate to *your medical emergency*;
- provide multilingual interpreters to communicate with *physicians* and *hospitals*.

## PLANS OFFERED

**The Daily Medical Plan, the Annual Medical Plan or the Canada Medical Plan must be purchased prior to *your* departure.**

DAILY MEDICAL PLANS - These plans provide coverage for travel outside *your* province or territory of residence and must be purchased prior to departure.

The maximum period of coverage under the Daily Medical Plan, including any extension(s), is one hundred and eighty-three (183) *days* unless *GHIP* authorization has been obtained.

***Your coverage under these plans is not in effect while you are in your province or territory of residence.***

***Your coverage expires on the expiry date indicated on your Certificate of Insurance.***

ANNUAL MEDICAL PLAN - The Annual Medical Plan provides coverage for outside *your* province or territory of residence. Coverage is available for any number of *trips* of up to either fifteen (15), thirty (30) or sixty (60) *days*, based on the Annual Plan duration *you* have chosen, during the policy year for travel outside *your* province or territory of residence, provided that the total number of *trip days*, including any *Top-up(s)* does not exceed one hundred and eighty-three (183) *days* unless *GHIP* authorization has been obtained.

**The Annual Plan provides coverage for up to three hundred and sixty-five (365) *trip days* entirely within Canada (excluding *your* province or territory of residence), without additional premium, provided *GHIP* authorization has been obtained.**

***Your Annual Plan coverage includes any number of trip days of up to fifteen (15), thirty (30) or sixty (60) days outside of Canada, based on the Annual Plan duration you have chosen. The 15, 30 or 60 days coverage period restart each time you cross the Canadian border.***

***You are not required to provide advance notice of the departure date and return date of each trip. However, you will be required to provide evidence of your departure date and return date when filing a claim (i.e. airline ticket, customs or immigration stamp or other receipt). In the event of a claim you will be required to provide evidence of your travel days outside Canada.***

***Your coverage under this plan is not in effect while you are in your province or territory of residence.***



## PLANS OFFERED

*TOP-UP* – The Medical *Top-up* Plan can be added to *your* Annual Plan for the total *trip days* outside Canada that exceed either fifteen(15), thirty (30) or sixty (60) *days*, based on the Annual Plan duration *you* have chosen, or to *Top-up* another insurer's policy.

**IF *YOU* ARE TOPPING UP ANOTHER INSURER'S PLAN, IT IS *YOUR* RESPONSIBILITY TO CONFIRM WITH THAT INSURER THAT A *TOP-UP* IS PERMITTED ON *YOUR* EXISTING PLAN WITH NO LOSS OF COVERAGE.**

The maximum period of coverage, including the Annual Plan and *Top-up(s)*, is one hundred and eighty-three (183) *days* unless *GHIP* authorization has been obtained.

**Coverage under this plan begins on *your effective date* and terminates on the *expiry date* indicated on *your Certificate of Insurance*.**

***Your coverage under this plan is not in effect while you are in your province or territory of residence.***

CANADA MEDICAL PLAN - Provides coverage for travel **within Canada ONLY**, for travel outside *your* province or territory of residence and must be purchased prior to departure.

The maximum period of coverage under this plan, including any extension(s), is one hundred and eighty-three (183) *days* unless *GHIP* authorization has been obtained.

***Your coverage under this plan terminates on the expiry date indicated on your Certificate of Insurance.***

***Your coverage under this plan is not in effect while you are in your province or territory of residence.***

## TEMPORARY RETURN TO *YOUR* PROVINCE OR TERRITORY OF RESIDENCE

Travel Medical Insurance coverage is not in effect while *you* are in *your* province or territory of residence. However, if *you* choose to return to *your* province or territory for a short stay, five (5) *days* or less, *you* may do so without terminating *your* original policy and requiring a new policy. The pre-existing condition stability requirement will be effective as outlined on *your Certificate of Insurance*. No refund of premium is available for the *trip days* while *you* are in *your* Canadian province or territory of residence.

## EMERGENCY MEDICAL INSURANCE

### INSURED RISKS

This insurance provides payment for the *reasonable and customary costs* incurred by *you* for emergency *medical treatment* for a *medical emergency* occurring outside *your* province or territory of residence during the *trip*. **Such expenses must be in excess of those reimbursable by the government health insurance plan (GHIP) in *your* province or territory of residence and by any other insurance contract or health plan (group or individual) under which *you* are entitled to benefits.**

### DEDUCTIBLE

The *Insurer* will reimburse eligible expenses for losses incurred in excess of the amount of the deductible (stated in U.S. currency) as shown on *your Certificate of Insurance*, per *Insured*, per covered condition or event.

### BENEFITS

**The following benefits are payable as part of a covered *medical emergency* to a maximum of \$5 million per *Insured* insofar as such services are emergent, unexpected, unforeseen and *medically necessary* as per the terms and conditions of this policy:**

#### 1. **Emergency Medical Treatment:**

- a. *Hospital* accommodation up to the semi-private room rate (or an intensive or coronary care unit where *medically necessary*). If coverage expires during *your hospitalization*, benefits continue to a maximum of three hundred and sixty-five (365) *days* from *your departure date*, or the *effective date* of *your* policy, or until *you* are deemed medically able to travel in the opinion of the Medical Director of *AMA Assistance*, whichever is earlier.
- b. *Physicians' fees*.
- c. Laboratory tests and x-rays prescribed by the attending *physician* and approved in advance by *AMA Assistance*. Note: This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless such services are approved in advance by *AMA Assistance*.
- d. Private duty nursing (other than by a *relative*) during *hospitalization* when ordered by the attending *physician* and approved in advance by *AMA Assistance*.
- e. Local, licensed ground ambulance service to the nearest *hospital, physician* or medical service provider in the event of a *medical emergency* (also covers local taxi fare in lieu of local ground ambulance service where an ambulance is *medically necessary*).
- f. Drugs requiring a prescription by a *physician*, excluding those necessary for the continued stabilization of a chronic medical condition. **To file a claim, *you* must provide original receipts issued by the pharmacist, *physician* or *hospital*, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing *physician*.**
- g. Casts, splints, trusses, braces, crutches, rental of wheelchair or other minor medical appliances when prescribed by a *physician* and approved in advance by *AMA Assistance*.
- h. Treatment by a chiropodist, chiropractor, osteopath, physio-therapist, or podiatrist (other than a *relative*), including x-rays, when approved in advance by *AMA Assistance*.

#### 2. **Emergency Dental Expenses: Reimbursement of:**

- a. emergency dental treatment at *trip* destination to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face, provided *you* consult a *physician* or dentist immediately following the *injury*;
- b. necessary emergency dental treatment (described in a. above) that must be continued upon return to *your* province or territory of residence, provided treatment is completed within one hundred and eighty (180) *days* from the date of the accident, to a maximum of \$2,000; and

## EMERGENCY MEDICAL INSURANCE

c. other emergency dental treatment at *trip* destination (excluding root canal treatment), to a maximum of \$500.

**To file a claim under a. or b. above, you must provide an accident report from the *physician* or dentist.**

3. **Hospital Allowance:**

You are entitled to a *hospital* allowance of up to \$50 per *day* to a maximum of \$2,000 for *your* incidental expenses (long distance calls, television rental) while *hospitalized* for at least forty-eight (48) hours. **This benefit will be paid as a lump sum after *your* release from *hospital* and upon approval of *your* claim.**

4. **Return of Vehicle:**

When approved in advance by *AMA Assistance*:

- a. unlimited reasonable expenses for the return of *your* private or rental *vehicle*, motorcycle, mobile home or private trailer in the event of *your* medical incapacitation, *hospitalization*, death on a *trip* following *your hospitalization* or accidental death, or
- b. repatriation of the *Insured* if private *vehicle* is stolen or inoperative due to an accident.

5. **Family Transportation:**

When approved in advance by *AMA Assistance*, a return economy airfare for an *immediate family member* or a close friend to attend *your* bedside (upon the recommendation of the attending *physician*) provided the *hospitalization* lasts at least three (3) consecutive *days*. This benefit is provided immediately if *you* are mentally or physically handicapped, or under twenty-six (26) years of *age* and dependent for support on the visiting *immediate family member*.

The person attending *your* bedside will be covered under the same terms and conditions of *your* *AMA Emergency Medical Insurance*. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending *immediate family member* or close friend will be **reimbursed** to a maximum of \$1,500, subject to a limit of \$300 per *day*. **To file a claim, you must supply original receipts from commercial organizations.**

6. **Subsistence Allowance:**

When approved in advance by *AMA Assistance* and in the event that:

- a. *your* scheduled return is delayed due to *your* *sickness* or *injury* or the *sickness* or *injury* of an accompanying *immediate family member* or *travel companion*; or
- b. *you* or an accompanying *immediate family member* or *travel companion* must be relocated for the purpose of obtaining *medical treatment* for a *medical emergency*,

*you* are eligible for a subsistence allowance of \$350 per *day* after the original scheduled return date or relocation date to a maximum of \$3,500 for commercial accommodation and meals, laundry, essential taxis and telephone calls. If *sickness* or *injury* delays *your* return more than ten (10) *days* beyond the scheduled date, the subsistence allowance will only be paid upon submission of proof that *you*, the accompanying *immediate family member* or *travel companion* was admitted and confined to a *hospital* for at least seventy-two (72) hours within the ten (10) *day* period. **To file a claim, you must supply original receipts from commercial organizations.**

7. **Medical Repatriation:**

When approved in advance and arranged by *AMA Assistance*:

- a. up to the cost of a one-way economy airfare to *your* province or territory of residence; or
- b. the fare for additional airline seats to accommodate a stretcher to return *you* to *your* province or territory of residence; or
- c. where *medically necessary*, medical air evacuation (paid in advance) to the nearest appropriate *hospital* or to a *hospital* in

## EMERGENCY MEDICAL INSURANCE

*your* province or territory of residence for the purpose of obtaining immediate *medical treatment*, and

- d. repatriation to the point of departure in economy class of one (1) *travel companion* or one (1) *family member* in the event of *your* medical repatriation.
  - e. up to \$900 subsistence allowance, subject to a limit of \$300 per *day*, will also be provided for commercial accommodation and meals, essential taxis and telephone calls for one (1) *travel companion* or one (1) *family member* if *you* are relocated to a place other than *your* point of departure. **To file a claim, you must supply original receipts from commercial organizations.**
8. **Return Excess Baggage:**  
When approved in advance by *AMA Assistance*, up to \$500 for the return of *your* excess baggage. This benefit is payable if *you* are returned to *your* departure point by *us* via any medical repatriation or in the event of *your* death on a *trip* following *your hospitalization* or accidental death.
9. **Domestic Services:**  
When *you* have been repatriated under Benefit #7 and when approved in advance by *AMA Assistance*, **reimbursement** up to \$250 per policy for domestic services such as housekeeping to *your* principal residence.
10. **Medical Follow-up in Canada:**  
When *you* have been repatriated under benefit #7 after being *hospitalized* during *your trip*, the following is covered in Canada within fifteen (15) *days* of the repatriation:
- a. semi-private room in a *hospital* or rehabilitation centre or convalescent home up to \$1,000; and
  - b. home nursing care when medically required up to \$50 per *day* for up to ten (10) *days*; and
  - c. up to \$150 for the rental of crutches, standard walker, canes, trusses, orthopaedic corset, oxygen; and
  - d. up to \$250 for ambulance or taxi services to receive medical care.
11. **Qualified Medical Attendant:**  
Fees for a qualified medical attendant (other than a relative) to accompany *you* to *your* province or territory of *residence* when recommended by the attending *physician* and approved in advance and arranged by *AMA Assistance*. This includes return economy airfare and overnight lodging and meals (where necessary).
12. **Escort of Insured Children:**  
When approved in advance by *AMA Assistance* in the event an *Insured* parent or legal guardian (on the *trip*) must be medically repatriated or *hospitalized*:
- a. organization, escort and payment up to the cost of a one-way economy airfare for the return of *Insured child(ren)* or grandchild(ren). This benefit is limited to *child(ren)* or grandchild(ren) under the *age* of nineteen (19) unless the *child(ren)* or grandchild(ren) is mentally or physically handicapped; or
  - b. **reimbursement** for services of a *caregiver* (other than a *relative*) contracted by *you* for *your Insured child(ren)* or grandchild(ren). This benefit is limited to *child(ren)* or grandchild(ren) under the *age* of nineteen (19) unless the *child(ren)* or grandchild(ren) is mentally or physically handicapped.
- Provision of an attendant will be arranged by *AMA Assistance*.
13. **Child Care:**  
When approved in advance by *AMA Assistance* in the event their parent or legal guardian is attending the bedside of an *Insured* who is *hospitalized* at their *trip* destination, outside *your* province or territory of residence, reimbursement of up to \$1,000 for child care provided by someone other than a *relative* at home for the child(ren). This benefit is limited to child(ren) or grandchild(ren) under the *age* of nineteen (19) unless the child(ren) or grandchild(ren) is mentally or physically handicapped.

## EMERGENCY MEDICAL INSURANCE

### 14. **Non Medical Emergency Evacuation:**

Emergency mountain, sea or other remote location evacuation of *you* to the nearest accessible point by *professional* services up to \$5,000.

### 15. **Return to Trip Destination:**

When approved in advance by the Medical Director of *AMA Assistance*, a one-way economy airfare for *you* to be returned to *your* scheduled *trip* destination after *you* are returned to *your* province or territory of residence for immediate *medical treatment* provided *your* attending *physician* determines that *you* require no further *medical treatment* for *your medical emergency*. Once *you* return to *your trip* destination, a recurrence of the *sickness* or *injury* which caused the initial *medical emergency*, or any problems or complications related thereto, will not be covered under this policy.

### 16. **Return of Remains:**

Subject to prior approval by *AMA Assistance*, in the event of your death on a *trip* following *your hospitalization* or accidental death, **reimbursement** of:

- a. the actual cost incurred for:
  - i. preparation of the deceased *Insured* ; and
  - ii. return transportation cost of the deceased *Insured* in the *common carrier* standard transportation container to the scheduled point of departure; or
- b. up to \$10,000 for burial or cremation the deceased *Insured* at the place of death.

No benefit is payable for the cost of a headstone, casket, urn and/or funeral service expenses.

In addition, subject to prior approval by *AMA Assistance*, return economy transportation for an *immediate family member* or close friend to identify the deceased *Insured*. The person identifying the deceased *Insured* will be covered under the same terms and conditions of *your* *AMA Emergency Medical Insurance*, but for no longer than three (3) *days*. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending *immediate family member* or close friend will be **reimbursed** to a maximum of \$300 *per day* to a maximum of three (3) *days*. **To file a claim, original receipts from commercial organizations must be supplied.**

### 17. **Additional Expenses For Pets Due To Interrupted Return:**

When approved in advance and arranged by *AMA Assistance*, **reimbursement** of:

- a. up to a maximum of \$500 for one-way transportation of *your* pet(s) (domestic dog(s) and/or cat(s) only) to *your* province or territory of residence in the event *you* are hospitalized at *your* trip destination and cannot return on *your* scheduled return date or *you* are returned to *your* province or territory of residence by any repatriation or death benefit provided by this policy; or
- b. up to \$300 for additional kennel fees in the event *you* are medically unable to return to *your* province or territory of residence on *your* scheduled return date.

### 18. **Pet Care:**

When approved in advance and arranged by *AMA Assistance*, **reimbursement** up to a maximum of \$300 for emergency veterinary services in the event *your* pet(s) (domestic dog(s) and/or cat(s) only) suffers an accidental bodily *injury* while accompanying *you* during *your* trip.

### 19. **Prescription Assistance:**

Assistance to coordinate replacement at *your* destination of lost or stolen essential prescription medication (excluding birth control pills or other nonvital prescription medication). Costs of replacement will be *your* responsibility.

## EMERGENCY MEDICAL INSURANCE

20. **Vision Care:**  
**Reimbursement** up to \$300 for the replacement at *your* destination of prescription eyeglasses due to theft, loss or breakage during *your trip* and assistance to co-ordinate the replacement.
21. **Hearing Aid:**  
**Reimbursement** up to \$200 for the replacement at *your trip* destination of a hearing aid due to theft, loss or breakage during *your trip* and assistance to coordinate the replacement. Does not include batteries or ear molds.
22. **Terrorism Coverage:**  
*You* are entitled to **reimbursement** of covered expenses when an *act of terrorism* directly or indirectly causes *you* a loss for which benefits would otherwise be payable in accordance with the terms and conditions of this policy. See page 30 for Terrorism Coverage provision.
23. **Message Centre:**  
Leave urgent messages with *AMA Assistance* in the event that awkward time zones or telephone difficulties prevent *you* from contacting home. Leave urgent messages as a contact point for *travel companions* if *you* lose touch with one another. Call 1-855-330-8330 within North America or +1-519-988-7039 collect where available.
24. **Urgent Messages:**  
Transmission of urgent messages to *family* and/or employer by multilingual *AMA Assistance* co-ordinators.

## CONDITIONS

1. If any one (1) of the above benefits is duplicated under a similar benefit or under another insurance coverage in this policy or another of *our* policies, the maximum *you* are entitled to is the largest amount specified under any one (1) benefit or insurance coverage. The total amount paid to *you* from all sources cannot exceed the actual expense *you* incur.
2. Only applicants covered under a Canadian provincial or territorial government health insurance plan (*GHIP*), at the time of loss, are eligible for the complete coverage maximum of \$5 million CAD. If *you*, at the time of loss, are a Canadian resident with no coverage under a provincial or territorial government health insurance plan (*GHIP*), then this insurance is limited to a total of \$25,000 CAD for all emergency excess *hospital* and medical expenses.
3. Where not specified, airfares are one-way and economy class.
4. *You* must contact *AMA Assistance* prior to seeking *medical treatment*. Failure to contact *AMA Assistance* will limit the benefits payable to:
  - a. in the event of *hospitalization*, 80% of eligible expenses based on *reasonable and customary costs* to a maximum of \$25,000 CAD; and
  - b. in the event of an out-patient medical consultation, a maximum of one (1) visit *per sickness or injury*.*You* will be responsible for payment of any remaining charges.
5. If it is not reasonably possible for *you* to contact *AMA Assistance* prior to seeking *medical treatment* due to the nature of *your medical emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible.
6. *AMA Assistance* must approve in advance any surgery or invasive procedure (including, but not limited to, cardiac catheterization), prior to the *Insured* undergoing such procedure. It remains *your* responsibility

## EMERGENCY MEDICAL INSURANCE

to inform *your* attending *physician* to call *AMA Assistance* for approval in advance, except in extreme circumstances where such action would delay surgery required to resolve a life threatening medical crisis.

7. During a *medical emergency* (whether prior to admission or during a covered *hospitalization*), the *Insurer* reserves the right to:
  - a. transfer *you* to one of *our* preferred health care providers; and/or
  - b. return *you* to *your* province or territory of residence, for the *medical treatment* of *your sickness* or *injury*. If *you* choose to decline the transfer or return when declared medically able by the Medical Director of *AMA Assistance*, the *Insurer* will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return.
8. Once *you* are deemed medically able to return to *your* province or territory of residence (with or without a medical escort) either in the opinion of the Medical Director of *AMA Assistance* or by virtue of discharge from *hospital*, *your medical emergency* is considered to have ended, whereupon any further consultation, *medical treatment*, recurrence or complication related to the *medical emergency* will no longer be eligible for coverage under this policy.
9. The *Insurer* is not responsible for the availability, quality or results of any *medical treatment* or transportation, or the *Insured's* failure to obtain *medical treatment* or *hospitalization*.
10. Any benefits payable for *acts of terrorism* are excess to all other recovery sources including, but not limited to, other insurance coverage (even when such coverage is described as excess) and are payable only after *you* have exhausted all such other recovery sources.

Any benefits payable are subject to an overall aggregate maximum limit relating to all in-force travel policies issued by *us*, including this policy. Coverage is available for up to two (2) *acts of terrorism* within a calendar year and the maximum payable for each *act of terrorism* is \$8 million CAD.

If total claims resulting from one (1) or more *acts of terrorism* exceed the applicable aggregate maximum limit stated above, then each *Insured* is entitled to his/her pro rata share of such aggregate maximum limit. If, in *our* judgment, the total of all payable claims under one (1) or more *acts of terrorism* may exceed the applicable aggregate maximum limit, *your* prorated claim will be paid after the end of the calendar year in which *you* qualify for benefits.
11. A new Medical Questionnaire is required for a *Top-Up* to determine eligibility and premium. Application for a *Top-Up* must be made prior to the expiry of the period of coverage chosen for *your* Annual Plan.

### EXCLUSIONS

No coverage shall be provided under Emergency Medical Insurance and no payment shall be made for any claim resulting in whole or in part from, or contributed by, or as a natural and probable consequence of any of the following:

1. **PRE-EXISTING MEDICAL CONDITION EXCLUSIONS**  
No pre-existing medical condition exclusion applies to Canada Medical Plan.

## EMERGENCY MEDICAL INSURANCE

### DAILY MEDICAL PLANS, ANNUAL MEDICAL PLANS AND MEDICAL *TOP-UP* PLANS

#### UNDER AGE 55

Any *sickness, injury* or medical condition that is NOT stable in the **three (3) months** prior to each *departure date*.

A lung condition if, during the **three (3) months** prior to each *departure date*, you required treatment with Prednisone.

#### AGE 55 TO 69

Any *sickness, injury* or medical condition that is NOT stable in the **three (3) months** prior to each *departure date*.

#### AGE 70 AND OVER

Any *sickness, injury* or medical condition that is NOT stable in the **six (6) months** prior to each *departure date*.

2. If *you* are not covered by *GHIP* at the time of loss, this insurance coverage is limited to a maximum of \$25,000 CAD for all *hospital/* medical expenses covered under this *policy*. (See Condition #2, page 13.)
3. For *Insured children* under two (2) years of *age*: Any *sickness* or *medical condition* related to a birth defect.
4. Alcohol related *sickness*, death, or *injury* or the abuse of medication, drugs, alcohol or any other toxic substance.
5. Noncompliance with prescribed *medical treatment* or therapy.
6. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
7. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless same results in *hospitalization* and this fact is substantiated by *hospital* records. This exclusion does not apply to major psychiatric illness such as psychosis, schizophrenia and major affective mood disorders.
8. Expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges.
9. A *sickness, injury* or related medical condition during a *trip* undertaken:
  - a. with the knowledge that *you* will require or seek *medical treatment* or surgery for that *sickness, injury* or related *medical condition*; or
  - b. for the purpose of obtaining *medical treatment* or surgery.
10. A *sickness, injury* or related *medical condition* for which:
  - a. future investigation or *medical treatment* (except routine monitoring) is planned before *your trip*; or
  - b. it was reasonable to expect *medical treatment* or *hospitalization* during *your trip*.
11. Pregnancy or childbirth in the normal course, and complication of pregnancy or childbirth within 9 weeks of the expected delivery date.
12. Death or *injury* sustained:
  - a. while performing as a pilot or crew member of any aircraft;
  - b. while participating in any maneuvers or training exercises of the armed forces; or



## EMERGENCY MEDICAL INSURANCE

- c. during *your professional* participation (when it is *your* principal paid occupation) in any sport or *your* participation in any motorized *speed contests* or mechanically assisted *speed contests*.
  - d. when *you* are a driver, the operator, a co-driver, a crew member or any other passenger on a commercial vehicle used for the purpose of delivering goods or carrying a load. This exclusion is not applicable when the commercial vehicle is used during *your trip* solely for pleasure purposes and not used for delivering goods or carrying a load.
13. *Medical treatment*, surgery, medication, services or supplies that are not *medically necessary*, or that *you* elect to have provided outside *your* province or territory of residence when medical evidence indicates that *you* could return to *your* province or territory of residence to receive such *medical treatment*. The delay to receive *medical treatment* in *your* province or territory of residence has no bearing on the application of this exclusion.
  14. For *policy* extensions or *Top-ups: sickness* or *injury* which first appeared, was diagnosed or received *medical treatment* after the scheduled *departure date* and prior to the *effective date* of the insurance extension or *Top-up*.
  15. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada. *AMA Assistance* will assist *you* (see Benefit #19, page 11).
  16.
    - a. Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by *AMA Assistance* prior to being performed, except in extreme circumstances where such surgery is performed as a *medical emergency* immediately upon admission to *hospital*.
    - b. Magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved in advance by *AMA Assistance*.
  17. Services in connection with alternative *medical treatments* or general health examinations, regular care of a chronic condition, the continuing care and/or *medical treatment* of an acute *sickness* or *injury* after the initial *medical emergency* has ended (as determined by the Medical Director of *AMA Assistance*) or a medical consultation where the *physician* observes no *change* in a previously noted condition, symptom or problem.
  18. Medical care or surgery that is cosmetic in nature.
  19. Cataract surgery or services provided by a naturopath or an optometrist or in a convalescent home, nursing home, rehabilitation centre or health spa, excluding Benefit #10, page 10.
  20. Medical repatriation services unless approved in advance and arranged by *AMA Assistance*.
  21. Upgrading charges or cancellation penalties for airline tickets, unless approved in advance by *AMA Assistance*.
  22. Damage to or loss of contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof.
  23. Expenses for which no charge would normally be made in the absence of insurance.

## EMERGENCY MEDICAL INSURANCE

24. Commission or attempted commission of a criminal, criminal-like or illegal act by *you*, an *immediate family member* or a *travel companion*.
25. Any *act of war*.
26. Any loss resulting from:
  - a. a specific or related condition which *you* contracted in a country during *your trip*, and/or
  - b. an *act of war* or or an *act of terrorism*. For all Plans, limited coverage applies with respect to an *act of terrorism*; (see page 30 for Terrorism Coverage provision)when, before *your effective date*, a written formal or official warning was issued by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadian residents not to travel to that country, region or city.
27. Despite any provision to the contrary within this policy or any amendment thereto, this policy does not cover any liability, loss, cost or expense whatsoever which is directly or indirectly caused by, resulting from, arising out of or in connection with any *acts of terrorism* perpetrated by biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.

If *you* are not eligible for coverage in accordance with the eligibility requirements on the date of *your* application, the *Insurer* will declare *your* coverage null and void from inception and no benefits will be payable.

### HOW TO FILE A CLAIM

*You* must substantiate *your* claim by providing all documents listed below. (The *Insurer* is not responsible for charges levied in relation to any such documents.)

1. A completed Medical Claim Form (provided by *AMA Assistance* upon notification of claim).
  2. Original itemized bills from the licensed medical provider(s) stating the patient's name, diagnosis, date and type of *medical treatment*, and the name, address and telephone number of the provider, as well as the original transaction documents proving that payment was made to the provider. (Copies of itemized bills are accepted only if the *Insured* has already dealt directly with the provincial or territorial government health insurance plan (*GHIP*).)
  3. Original prescription drug receipts from the pharmacist, *physician* or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
  4. For out of pocket expenses: an explanation of expenses accompanied by the original receipts.
- Indicate *your* policy number on all correspondence.
  - Send the claim form and all required documents to:

### AMA TRAVEL MEDICAL INSURANCE

Active Care Management Inc.  
PO Box 308 Station A  
Windsor, Ontario N9A 6K7

**1-855-330-8330**

## BOUNCEBACK INSURANCE

May be purchased by Canadian residents only in conjunction with any AMA Daily Medical, Canada Medical Plan or Visitors To Canada Medical Plan. If *you* have purchased an Annual Plan, *you* have the option to purchase individual BounceBack insurance for each *trip* you take during *your* period of coverage.

If *you* have purchased the BounceBack Insurance and have to return home from *your trip* destination before *your* scheduled return date because of one (1) of the following reasons:

- a. an *immediate family member*, who is not travelling with *you*, is admitted to a *hospital* due to an emergency or dies after *you* leave home; or
- b. a disaster or event independent of any intentional act or negligence on *your* part causes *your* principal residence to become uninhabitable after *you* leave home;

*we* will pay for *your* round-trip transportation via the most cost-effective itinerary to return home from *your trip* destination and, within *your* period of coverage, return *you* back to that *trip* destination.

### DEDUCTIBLE

No Deductible applies to BounceBack Insurance.

### BENEFITS

Specifically, *we* will reimburse *your* actual expenses up to \$2,000 for the cost of *your* round-trip economy class transportation home via the most cost-effective itinerary. In the case of a death of an *immediate family member*, *we* will pay the lesser amount of a) the cost of round-trip economy transportation to return home or b) the cost of round-trip economy transportation to the residence of the deceased. Expenses and benefits are subject to the policy's maximums, exclusions and limitations.

### EXCLUSIONS

No coverage shall be provided under BounceBack Insurance and no payment shall be made for any claim resulting in whole or in part from, or contributed to by, or as a nature and probable consequence of any of the following:

1. A reason that *you* could reasonably have expected would require *you* to return home prior to *your* scheduled return date at the time *you* purchased the BounceBack Insurance.
2. A pre-existing condition of an *immediate family member* for which *medical treatment* was received in the three (3) months before the purchase of this insurance, resulting in *hospitalization* or death of the *immediate family member* while *you* are on *your trip*.
3. *Your* return back to *your trip* destination after the scheduled date of return indicated on *your Certificate of Insurance*.
4. An *act of war*.
5. Any *act of terrorism*.

### HOW TO FILE A CLAIM

For instructions and claim form, contact *AMA Assistance* at 1-855-330-8330.

## VISITORS TO CANADA MEDICAL EMERGENCY INSURANCE

May be purchased prior to, or within thirty (30) *days* of arrival in Canada.

### IN THE EVENT OF AN EMERGENCY, ***YOU MUST CALL AMA ASSISTANCE IMMEDIATELY:***

- **1-855-330-8330** in the U.S. and Canada
- **+1-519-988-7039** collect where available

### IMPORTANT

To qualify for full coverage for eligible *medical treatment* under the Visitors to Canada Medical Emergency Insurance, **IMMEDIATE CONTACT OF AMA ASSISTANCE IS MANDATORY.** At first onset of symptoms of a *medical emergency* and before *you* seek *medical treatment*, *you* must contact the 24-hour *AMA Assistance Centre*; however, if *you* are unable to do so because *you* are medically incapacitated, *you* or someone else must contact *AMA Assistance* as soon as is reasonably possible.

**Failure to notify *AMA Assistance* immediately will limit the benefits payable under this contract to:**

- a. in the event of *hospitalization*, 80% of eligible expenses based on *reasonable and customary costs* to a maximum of \$25,000 CAD; and
- b. in the event of out-patient medical consultation, a maximum of one (1) visit per *sickness* or *injury*.

***You* will be responsible for the payment of any remaining charges. The *Insured*, or a beneficiary entitled to make a claim, or the agent of any of them, must give a written notice of claim to the *Insurer* not later than thirty (30) *days* from the date a claim arises under the contract on account of an accident, *sickness* or *injury*. Failure to give notice within the prescribed time may invalidate *your* claim.**

**NOTICE:** 1. *AMA Assistance* will pay *hospitals, physicians* and other medical providers directly, whenever possible. Where direct payment cannot be arranged, *we* will reimburse eligible expenses on the basis of *reasonable and customary costs*. Other eligible benefits are reimbursable after *your trip*. Please refer to the individual benefit wordings for additional information.

2. If *you* pay eligible expenses directly to a health service provider without prior approval by *AMA Assistance*, these services will be reimbursed to *you* on the basis of the *reasonable and customary costs* that would have been paid directly to such provider by the *Insurer*. Medical charges that *you* pay may be higher than this amount, therefore *you* will be responsible for any difference between the amount *you* paid and the *reasonable and customary costs* reimbursed by the *Insurer*.

### INSURED RISKS

This insurance provides payment for the *reasonable and customary costs* incurred by *you* for emergency *medical treatment* of an unforeseeable and emergent *sickness* or *injury* while in Canada or during a temporary visit to another country (excluding *your* country of origin) as part of *your trip*. **Such expenses must be in excess of those reimbursable by any other insurance contract or health plan (group, individual or government) under which *you* are entitled to benefits.**

### DEDUCTIBLE

The *Insurer* will reimburse eligible expenses for losses incurred in excess of the amount of the deductible (stated in U.S. currency) as shown on *your Certificate of Insurance*, per *Insured*, per covered condition or event.

## BENEFITS

The following benefits are payable as part of a covered *medical emergency* to a maximum of the sum insured insofar as such services are unforeseeable, emergent and *medically necessary*, as per the terms and conditions of this policy:

1. **Emergency Medical Treatment:**

- a. *Hospital* accommodation up to the semi-private room rate (or an intensive or coronary care unit where *medically necessary*). If coverage expires during *your hospitalization*, benefits continue to a maximum of three hundred and sixty-five (365) *days* from *your departure date*, or the *effective date* of *your policy* or until *you* are medically able for discharge in the opinion of the Medical Director of *AMA Assistance*, whichever is earlier.
- b. *Physicians'* fees.
- c. Laboratory tests and x-rays prescribed by the attending *physician* and approved in advance by *AMA Assistance*. Note: This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless such services are approved in advance by *AMA Assistance*.
- d. Private duty nursing (other than by a *relative*) during *hospitalization* when ordered by the attending *physician* and approved in advance by *AMA Assistance*.
- e. Local, licensed ground ambulance service to the nearest *hospital, physician* or medical service provider in the event of a *medical emergency* (also covers local taxi fare in lieu of local ground ambulance service where an ambulance is *medically necessary*).
- f. Drugs requiring a prescription by a *physician*, limited to a thirty (30) *day* supply per prescription unless *you* are *hospitalized*, excluding those necessary for the continued stabilization of a chronic medical condition. **To file a claim, you must provide original receipts issued by the pharmacist, physician or hospital, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing physician.**
- g. Casts, splints, trusses, braces, crutches, rental of wheelchair or other minor medical appliances when prescribed by a *physician* and approved in advance by *AMA Assistance*.
- h. Treatment by a chiropodist, chiropractor, osteopath, physiotherapist, or podiatrist, to a maximum of \$300 per profession listed, when approved in advance by *AMA Assistance*.

2. **Emergency Dental Expenses:****Reimbursement of:**

- a. emergency dental treatment at *trip* destination to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face, to a maximum of \$2,000, provided *you* consult a *physician* or dentist immediately following the *injury*;
- b. other emergency dental treatment for the relief of acute pain (excluding root canal treatment and dental conditions for which *you* previously received treatment or advice), to a maximum of \$200.

**To file a claim under a. above, you must provide an accident report from the *physician* or dentist.**

## VISITORS TO CANADA MEDICAL EMERGENCY INSURANCE

### 3. **Family Transportation:**

When approved in advance by *AMA Assistance*, a return economy airfare for an *immediate family member* or a close friend to attend *your* bedside (upon the recommendation of the attending *physician*) provided the *hospitalization* lasts at least five (5) *days*. This benefit is provided immediately if *you* are mentally or physically handicapped, or under twenty-six (26) years of *age* and dependent for support on the visiting *immediate family member*.

The person attending *your* bedside will be covered under the same terms and conditions of *your* AMA Visitors to Canada Medical Emergency Insurance. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending *immediate family member* or close friend will be **reimbursed** to a maximum of \$450, subject to a limit of \$150 per *day*. **To file a claim, you must supply original receipts from commercial organizations.**

### 4. **Subsistence Allowance:**

When approved in advance by *AMA Assistance* and in the event that:

- a. *your* scheduled return is delayed due to *your* *sickness* or *injury* or the *sickness* or *injury* of an accompanying *immediate family member* or *travel companion*; or
- b. *you* or an accompanying *immediate family member* or *travel companion* must be relocated for the purpose of obtaining *medical treatment* for a *medical emergency*,

*you* are eligible for a subsistence allowance of \$350 per *day* after the original scheduled return date or relocation date to a maximum of \$3,500 for commercial accommodation and meals. If *sickness* or *injury* delays *your* return more than ten (10) *days* beyond the scheduled date, the subsistence allowance will only be paid upon submission of proof that *you* or an accompanying *immediate family member* or *travel companion* was admitted and confined to a *hospital* for at least seventy-two (72) hours within the ten (10) *day* period. **To file a claim, you must supply original receipts from commercial organizations.**

### 5. **Medical Repatriation:**

When approved in advance and arranged by *AMA Assistance*:

- a. up to the cost of a one-way economy airfare to *your* country of origin; or
- b. the fare for additional airline seats to accommodate a stretcher to return *you* to *your* country of origin; or
- c. where *medically necessary*, medical air evacuation (paid in advance) to the nearest appropriate *hospital* or to a *hospital* in *your* country of origin,

for the purpose of obtaining immediate *medical treatment*. If *you* are a Canadian resident without *GHIP*, *your* country of origin will be deemed as Canada under this Medical Repatriation benefit. If *you* must be medically repatriated during a temporary visit to another country, *you* will be returned to Canada if approved in advance and arranged by *AMA Assistance*.

## VISITORS TO CANADA MEDICAL EMERGENCY INSURANCE

### 6. **Return of Remains:**

Subject to prior approval by *AMA Assistance*, in the event of your death on a *trip* following *your hospitalization*, or accidental death, **reimbursement** of:

- a. the actual costs incurred for:
  - i. preparation of the deceased *Insured*; and
  - ii. return of the deceased *Insured* in the *common carrier's* standard transportation container to the scheduled point of departure; or
- b. up to \$5,000 for burial or cremation at the place of death.

No benefit is payable for the cost of a headstone, casket, urn and/or for funeral service expenses.

In addition, subject to prior approval by *AMA Assistance*, return transportation for an *immediate family member* or close friend to identify the deceased *Insured*. The person identifying the deceased *Insured* will be covered under the same terms and conditions of *your* AMA Visitors to Canada Medical Emergency Insurance, but for no longer than three (3) *days*. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending *immediate family member* or close friend will be **reimbursed** to a maximum of \$150 per *day* to a maximum of \$450. **To file a claim, you must supply original receipts from commercial organizations.**

## CONDITIONS

1. If any one (1) of the above benefits is duplicated under a similar benefit or under another insurance coverage in this policy or another of *our* policies, the maximum *you* are entitled to is the largest amount specified under any one (1) benefit or insurance coverage. The total amount paid to *you* from all sources cannot exceed the actual expense *you* incur.
2. **To purchase this insurance coverage, you must be eighty-five (85) years of age or less (sixty-nine (69) years or less for \$150,000 coverage) at time of application and be:**
  - a. a visitor to Canada;
  - b. the holder of a Canadian work visa or student visa;
  - c. an immigrant to Canada; or
  - d. a Canadian not covered by a government health insurance plan (GHIP).
3. This insurance coverage must be issued in Canada and not exceed three hundred and sixty-five (365) *days*. Application must be made before *your* arrival in Canada or within thirty (30) *days* of *your* arrival in Canada. **(If application is made after arrival in Canada, see Exclusion 2. for the applicable coverage restriction.)**
4. Only one (1) policy can be issued to *you* and *we* will return all premiums paid for any additional policy. Extensions to the policy are allowed up to the maximum of three hundred and sixty-five (365) *days* provided *you* contact *your* AMA travel agent prior to the *expiry date* of the original or extended contract and provided *you* have not experienced any *change* in *your* health and no claim was made during the duration of coverage of the policy.
5. A temporary visit to another country is permitted (excluding *your* country of origin) as part of *your trip* however, this temporary visit must not exceed 49% of the *trip's* total duration.
6. It is a condition precedent to receiving payment under this policy that, at the time of application, *you* know of no reason that may require *you* to seek *medical treatment*.

## VISITORS TO CANADA MEDICAL EMERGENCY INSURANCE

7. *You must contact AMA Assistance prior to seeking medical treatment. Failure to contact AMA Assistance will limit the benefits payable to:*
  - a. *in the event of hospitalization, 80% of eligible expenses based on reasonable and customary costs to a maximum of \$25,000 CAD; and*
  - b. *in the event of an out-patient medical consultation, a maximum of one (1) visit per sickness or injury.**You will be responsible for payment of any remaining charges.*
8. *If it is not reasonably possible for you to contact AMA Assistance prior to seeking medical treatment due to the nature of your medical emergency, you must have someone else call on your behalf or you must call as soon as medically possible.*
9. *AMA Assistance must approve in advance any surgery or invasive procedure (including, but not limited to, cardiac catheterization), prior to the Insured undergoing such procedure. It remains your responsibility to inform your attending physician to call AMA Assistance for approval in advance, except in extreme circumstances where such action would delay surgery required to resolve a life threatening medical crisis.*
10. *Where not specified, airfares are one-way and economy class.*
11. *During a medical emergency (whether prior to admission or during a covered hospitalization), the Insurer reserves the right to:*
  - a. *transfer you to one of our preferred health care providers; and/or*
  - b. *return you to your country of origin, (if you are a Canadian resident without GHIP, your country of origin will be deemed as Canada)**for the medical treatment of your sickness or injury. If you choose to decline the transfer or return when declared medically able by the Medical Director of AMA Assistance, the Insurer will be released from any liability for expenses incurred for such sickness or injury after the proposed date of transfer or return.*
12. *Once you are deemed medically able to return to your country of origin (with or without a medical escort) either in the opinion of the Medical Director of AMA Assistance or by virtue of discharge from hospital, your medical emergency is considered to have ended, whereupon any further consultation, medical treatment, recurrence or complication related to the medical emergency will no longer be eligible for coverage under this policy.*
13. *The Insurer is not responsible for the availability, quality or results of any medical treatment or transportation, or the Insured's failure to obtain medical treatment or hospitalization.*



**EXCLUSIONS**

No coverage shall be provided under Visitors to Canada Medical Emergency Insurance and no payment shall be made for any claim resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following:

**1. PRE-EXISTING MEDICAL CONDITION EXCLUSIONS UNDER AGE 60**

Any *sickness* or *injury* for which *you* experienced symptoms, were diagnosed, were *treated*, required *hospitalization* or for which *you* took medication during the **three (3) months** prior to the *effective date*.

**AGE 60 TO 85**

Any *sickness* or *injury* for which *you* experienced symptoms, were diagnosed, were *treated*, required *hospitalization* or for which *you* took medication during the **twelve (12) months** prior to the *effective date*.

2. Any *sickness* or onset of new symptoms that occur during the first forty-eight (48) hours following the *effective date* if *you* purchase this policy after *your* arrival in Canada.
3. For ***Insured children*** under two (2) years of ***age***: Any *sickness* or medical condition related to a birth defect.
4. Alcohol related *sickness*, death or *injury* or the abuse of medication, drugs, alcohol or any other toxic substance.
5. Noncompliance with prescribed *medical treatment* or therapy.
6. Suicide (including any attempt thereof) or self-inflicted *injury* whether or not *you* are sane.
7. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless same results in *hospitalization* and this fact is substantiated by *hospital* records.
8. Expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges.
9. A *sickness*, *injury* or related condition during a *trip* undertaken:
  - a. with the knowledge that *you* will require or seek *medical treatment* or surgery for that *sickness*, *injury* or related condition; or
  - b. for the purpose of obtaining *medical treatment* or surgery.
10. A *sickness*, *injury* or related condition for which:
  - a. future investigation or *medical treatment* (except routine monitoring) is planned before *your trip*; or
  - b. it was reasonable to expect *medical treatment* or *hospitalization* during *your trip*.
11. Pregnancy or childbirth in the normal course, and complication of pregnancy or childbirth within 9 weeks of the expected delivery date.
12. Death or *injury* sustained:
  - a. while performing as a pilot or crew member of any aircraft;
  - b. while participating in any maneuvers or training exercises of the armed forces; or
  - c. during *your professional* participation (when it is *your* principal paid occupation) in any sport or *your* participation in any motorized or mechanically assisted *speed contests*.
  - d. when *you* are a driver, the operator, a co-driver, a crew member or any other passenger on a commercial vehicle used for the purpose of delivering goods or carrying a load. This exclusion is not applicable when the commercial vehicle is used during *your*

## VISITORS TO CANADA MEDICAL EMERGENCY INSURANCE

trip solely for pleasure purposes and not used for delivering goods or carrying a load.

13. *Medical treatment*, surgery, medication, services or supplies that are not *medically necessary*, or that *you* elect to have provided outside *your* country of origin when medical evidence indicates that *you* could return to *your* country of origin to receive such *medical treatment*. The delay to receive *medical treatment* in *your* country of origin has no bearing on the application of this exclusion.
14. For policy extensions: *Sickness* or *injury* which first appeared, was diagnosed or received *medical treatment* after the scheduled *departure date* and prior to the *effective date* of the insurance extension.
15. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada.
16.
  - a. Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by *AMA Assistance* prior to being performed, except in extreme circumstances where such surgery is performed as a *medical emergency* immediately upon admission to *hospital*.
  - b. Magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved in advance by *AMA Assistance*.
17. Services in connection with alternative *medical treatments* or general health examinations, regular care of a chronic condition, the continuing care and/or *medical treatment* of an acute *sickness* or *injury* after the initial *medical emergency* has ended (as determined by the Medical Director of *AMA Assistance*) or a medical consultation where the *physician* observes no *change* in a previously noted condition, symptom or problem.
18. Medical care or surgery that is cosmetic in nature.
19. Cataract surgery or services provided by a naturopath or an optometrist or in a convalescent home, nursing home, rehabilitation centre or health spa.
20. Medical repatriation unless approved in advance and arranged by *AMA Assistance*.
21. Upgrading charges or cancellation penalties for airline tickets, unless approved in advance by *AMA Assistance*.
22. Damage to or loss of hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof.
23. Expenses for which no charge would normally be made in the absence of insurance.
24. Commission or attempted commission of a criminal, criminal-like or illegal act by *you*, an *immediate family member* or a *travel companion*.
25. Any *act of war*.
26. Any *act of terrorism*.
27. Any loss resulting from a specific or related condition which *you* contracted in a country, region or city during *your trip* when, before *your effective date*, a written formal warning or official warning was issued by Foreign Affairs and International Trade Canada advising Canadian residents not to travel to that country, region or city.
28. Medical services in *your* country of origin.

## VISITORS TO CANADA MEDICAL EMERGENCY INSURANCE

### HOW TO FILE A CLAIM

*You* must substantiate *your* claim by providing all documents listed below. (The *Insurer* is not responsible for charges levied in relation to any such documents.)

1. A completed Medical Claim Form (provided by *AMA Assistance* upon notification of claim).
  2. Original itemized bills from the licensed medical provider(s) stating the patient's name, diagnosis, date and type of *medical treatment*, and the name, address and telephone number of the provider, as well as the original transaction documents proving that payment was made to the provider.
  3. Original prescription drug receipts from the pharmacist, *physician* or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
  4. For out of pocket expenses: an explanation of expenses accompanied by the original receipts.
- Indicate *your* policy number on all correspondence.
  - Send the claim form and all required documents to:

### AMA TRAVEL MEDICAL INSURANCE

Active Care Management Inc.  
PO Box 308 Station A  
Windsor, Ontario N9A 6K7

**1-855-330-8330**

## DEFINITIONS

**Act of terrorism** means any activity occurring within a seventy-two (72) hour period, save and except an *act of war*, against persons, organizations, property (whether tangible or intangible) or infrastructure of any nature by an individual or a group based in any country that involves the following or preparation for the following:

- use, or a threat to use, force or violence; or
- commission, or a threat to commit, a dangerous act; or
- commission, or a threat to commit, an act that interferes or disrupts an electronic, information or mechanical system;

and the effect or intention of the above is to:

- intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against its conduct or policies; or
- intimidate, coerce or instill fear in the civilian population or any segment thereof; or
- disrupt any segment of the economy; or
- further political, ideological, religious, social or economic objectives to express (or express opposition to) a philosophy or ideology.

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

**Age** refers to *your age* on the date of insurance application/declaration. For *Top-up*, *age* refers to *your age* on the date of *Top-up* application.

**AMA Assistance** means the claims and assistance provider, appointed by us from time to time to perform all assistance services and administer claims on *our* behalf under this policy.

**Caregiver** means a person *you* have entrusted with the care of *your* dependent(s) on a permanent, full-time basis and whose services cannot reasonably be replaced.

**Certificate of Insurance** means *your* most recent computer printout, printed form, electronic copy, invoice or policy documents that sets out the insurance coverage(s) *you* have purchased.

**Change** means *you* have experienced an increase in symptoms, developed new symptoms, required investigation, required a *change* in frequency or dosage of medication, required a *change* in *medical treatment*, were *hospitalized*, required medical consultation (other than a routine examination) or had a deterioration of an existing condition.

**Change in medication** means the medication dosage or frequency has been reduced, increased, stopped and/or new medications have been prescribed. Exceptions:

- an adjustment to the insulin or Coumadin (Warfarin) dosage *you* are currently taking provided it is not newly prescribed or stopped and there has been no *change* to *your* medical condition; and
- a *change* from a brand name medication to a generic brand medication (insofar as the dosage is not modified).

**Child(ren)** means unmarried, dependent persons under twenty-six (26) years of *age*, who reside with *you* OR who are full-time students in residence at a post-secondary institution OR mentally or physically handicapped persons of any *age* who reside with *you*, all of whom depend on *you* for support and whose name appears on the *Certificate of Insurance* as *Insured(s)*.

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

## DEFINITIONS

**Day** means twenty-four (24) consecutive hours beginning at 12:01 a.m.

**Departure date** means the *departure date*, start date or *effective date* shown on the *Certificate of Insurance*. For Visitors to Canada Medical Emergency Insurance *departure date* means the start date or *effective date* shown on *your Certificate of Insurance*.

**Effective date** means:

- a. for Visitors to Canada Medical Emergency Insurance – the latest of the following:
  - i. *your* arrival date in Canada; or
  - ii. the *departure date*, start date or *effective date* shown on *your Certificate of Insurance*.
- b. for all other insurance coverages – the latest of the following:
  - i. the date *you* leave *your* province or territory of residence; or
  - ii. the *departure date*, start date or *effective date* shown on *your Certificate of Insurance*.

**Expiry date** means:

- a. for the Annual Medical Plan – one (1) year from the *departure date*, start date, or *effective date* shown on *your* AMA Travel Medical Insurance *Certificate of Insurance*;
- b. for all other insurance coverages – the earliest of:
  - i. for non-Canadian residents: the date *you* leave Canada; or
  - ii. the return date or *expiry date* as shown on *your Certificate of Insurance*.

**Family** means *you* and/or *your spouse* (legal or common-law, regardless of sex) and *your child(ren)* or grandchildren (provided they are under twenty-six (26) years of *age* OR of any *age* if mentally or physically handicapped), when *your* names appear on the *Certificate of Insurance* respectively as the *Insured(s)*.

**GHIP** means Canadian provincial or territorial government health insurance plan.

**Hospital** means 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. The *hospital* must not be 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** means *you* are admitted to a *hospital* and are receiving *medical treatment* on an in-patient basis.

**Immediate family member** means *spouse* (legal or common-law, regardless of sex), natural, adopted or foster child(ren), brother, sister, stepbrother, stepsister, parent, stepparent, grandparent, grandchild, aunt, uncle, nephew, niece, son-in-law, daughter-in-law, parent-in-law, brother-in-law, sister-in-law, legal guardian or key employee of the *Insured*.

**Infant** means a *child(ren)* under two (2) years of *age*.

**Injury** means accidental bodily harm which results in loss unrelated to *sickness* or any other cause and which occurs while this coverage is in effect. The *injury* must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment* and for the *physician* to certify in writing the necessity of cancelling, interrupting or delaying the *trip*.

**Insured(s)** means the person(s) named on the *Certificate of Insurance* upon which a AMA Travel Medical Insurance policy number appears.

## DEFINITIONS

**Insurer** means Orion Travel Insurance Company

**Medical emergency** means the unforeseeable and emergent occurrence of symptoms for a *sickness* or *injury* which, unless *treated* immediately by a *physician*, may lead to death or to serious impairment of *your* health.

**Medical treatment** means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is *medically necessary* and which is prescribed by a *physician*. *Medical treatment* includes *hospitalization*, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the *sickness*, *injury* or symptom.

**Medical Questionnaire** (where applicable) means the form relating to *your* medical history which *you* must fill out correctly at the time of application for insurance and which forms part of the insurance contract. The answers *you* provide on this form are material to the determination of the terms of coverage and/or the premium that applies to *you*.

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

- is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- is not experimental or investigative in nature;
- cannot be omitted without adversely affecting *your* condition or quality of medical care;
- cannot be delayed until *your* return to *your* province or territory of residence or country of origin; and
- is delivered in the most cost effective manner possible, at the most appropriate level of care and not primarily by reason of convenience.

**Physician** means a medical practitioner licensed to prescribe and administer *medical treatment* or a surgeon licensed to perform surgery:

- who was thus licensed at the time of *medical treatment* and who remains so;
- whose legal and professional standing, within the jurisdiction where *medical treatment* was rendered, is equivalent to that of a doctor of medicine (M.D.) licensed to practice in any province or territory of Canada; and
- who is not an *immediate family member*.

**Professional** means a person who engages in a specific activity as his/her principal main occupation and for which he/she receives remuneration.

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

**Relative** means an *immediate family member*.

**Sickness** means a disease or disorder of the body which results in loss while this coverage is in effect. The *sickness* must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment* and for the *physician* to certify in writing the necessity of cancelling, interrupting or delaying the *trip*.

**Speed contest** means an organized activity of a competitive nature in which speed is a determining factor in the outcome of the event.

**Spouse** means the person to whom *you* are legally married or with whom *you* have resided for at least twelve (12) months and whom *you* present publicly as *your spouse* (regardless of sex).

## DEFINITIONS

**Stable** means that *you* have NOT experienced the following for any *sickness, injury* or medical condition before *your trip*: *hospitalization AND/OR* a medical procedure or intervention AND/OR a *change in medication AND/OR* a *change in medical treatment AND/OR* experienced new or more frequent symptoms AND/OR are requiring investigation (other than a routine check-up).

**Terminal illness** means that *you* have a medical condition for which a *physician* has estimated that *you* have less than six (6) months to live.

**Top-up** means the coverage *you* purchase from *us* to extend *your* insurance beyond the duration covered under *your* AMA Annual Plan or another insurer's policy.

**Travel companion** means a person accompanying *you* on the *trip*, who shares accommodation or transportation with *you* and who has paid such accommodation or transportation in advance of departure. A maximum of six (6) persons will be considered *travel companions* (including the *Insured*).

**Treated** means that *you* have been *hospitalized*, have been prescribed (including prescribed as needed), have taken or are currently taking medication.

**Trip** for Canadian residents means travel outside *your* province or territory of residence; for non-Canadian residents means travel outside *your* country of origin.

**Vehicle** includes for the **Return of Vehicle Benefit**, any private or rental automobile, motorcycle, mobile home or private trailer but does not include any commercial trailers.

**We, us or our** means Orion Travel Insurance Company.

**You and your** means the person(s) shown as the "*Insured(s)*" on the *Certificate of Insurance* upon which a AMA Travel Medical Insurance policy number appears.

## TERRORISM COVERAGE

Where an *act of terrorism* directly or indirectly causes *you* a loss for which benefits would otherwise be payable in accordance with the terms and conditions of this policy, this insurance will provide coverage as follows:

- For all **Emergency Medical Insurance** coverage, *we* will provide benefits to *you* for *your* covered expenses, subject to the maximums shown in the benefits section and this provision; and
- The benefits payable, as described directly above, are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other *travel suppliers* and other insurance coverage (even where such other coverage is described as excess) and will only become available after *you* have exhausted all such other sources.

Any benefits payable pursuant to *our* **Emergency Medical Insurance** shall be subject to an overall maximum aggregate payable limit relating to all in force travel policies issued by *us*, including this policy. If total claims otherwise payable for a type of coverage under all travel policies issued by *us*, resulting from one or more *acts of terrorism* occurring within an applicable time period, exceeds this maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a pro rata basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit.

Coverage is only available for up to two (2) *acts of terrorism* within a calendar year and the maximum aggregate payable limit for each *act of terrorism* is:

Type of Coverage	Maximum Aggregate for Each <i>act of terrorism</i> (CDN\$)
Emergency Medical Insurance	\$8,000,000

If, in *our* judgment, the total of all payable claims under one or more *acts of terrorism* may exceed the applicable limits, *your* prorated claim may be paid after the end of the calendar year in which *you* qualify for benefits.

### Exclusion to this Terrorism Coverage provision

Despite any provision to the contrary within this policy or any amendment thereto, this policy does not cover any liability, loss, cost or expense of whatsoever nature which is directly or indirectly caused by, resulting from, arising out of or in connection with any *act of terrorism* perpetrated by biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.



## GENERAL TERMS OF AGREEMENT

These general terms of agreement apply to all AMA Travel Medical Insurance coverages described herein.

The policy is issued in consideration of *your* application, and the premium paid in advance of travel dates, for coverage shown on the *Certificate of Insurance* upon which a AMA Travel Medical Insurance policy number appears.

Enrollment and premium collection are handled by AMA.

### Refunds

#### Emergency Medical Insurance (Daily Medical Plan, *Top-up* or Canada Medical Plan)

Full refunds must be requested in writing to AMA before coverage commences. Partial refunds must be requested in writing to AMA before coverage expires with proof of early return (e.g. customs or immigration stamp, gas receipts). The refund is calculated from the postmarked date of *your* request, provided **no claim** has made under the contract.

#### Emergency Medical Insurance (Annual Plan)

The premium paid is nonrefundable after the *effective date* of coverage.

#### BounceBack Insurance

Written requests for full refunds can be made to AMA before coverage commences if *you* elect not to travel.

#### Visitors to Canada Medical Emergency Insurance

Full refund if:

- *you* request cancellation prior to the *effective date* and, if this policy was purchased as a requirement to obtain or maintain a Super Visa, *you* provide proof from Citizenship Canada that *your* Super Visa was denied.

Partial refund if:

- *you* become eligible and/or covered under a government health insurance plan (*GHIP*) during *your* period of coverage; or
- *you* return to *your* country of origin prior to *your* scheduled return date, and *you* provide:
  - proof of the date *you* became eligible and/or covered under a government health insurance plan (*GHIP*); or
  - proof of *your* departure from Canada and return to *your* country of origin (airline ticket/boarding pass or customs/immigration entry stamp); or
  - proof of *your* early return to *your* country of origin from Citizenship and Immigration Canada if this policy was purchased for a Super Visa.

### Payment of Benefits

Except in the case of *your* death, *we* will pay the *covered expenses* under this insurance to *you* or the provider of the service. Any sum payable for loss of life will be payable to *your* estate.

**Any claims paid will be payable in Canadian funds. Where claims are payable in foreign currency, the rate of exchange is based on the rate effective on the date when the claim is paid. No sum payable shall bear interest. All benefit limits indicated are in Canadian currency.**

### Rights of Subrogation

*We* have the right to proceed at *our* own expense in *your* name against third parties who may be responsible for giving rise to a claim under this policy or who may be responsible for providing indemnity or benefits similar to this insurance. *We* have full rights of subrogation. *You* will cooperate fully with *us* and not do anything to prejudice such rights. If *you* institute a demand or action for a covered loss, *you* shall immediately notify the *Insurer* so that the *Insurer* may safeguard its rights.

### Coordination of Benefits

If, at the time of loss, *you* have insurance from another source, or if any

## GENERAL TERMS OF AGREEMENT

other party is responsible, for benefits also provided under this policy, the *Insurer* will pay eligible expenses only in excess of those covered by that other insurer or other responsible party, including credit cards, private or provincial auto plans or any other insurance, whether collectable or not. If, however, that other insurance is also “excess only”, the *Insurer* will coordinate payment of all eligible claims with that other insurer. All coordination follows guidelines set by the Canadian Life and Health Insurance Association. In no case will the *Insurer* seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is **\$100,000** CAD or less. If *your* lifetime maximum is greater than **\$100,000** CAD, the *Insurer* will coordinate benefits only above this amount.

### Misrepresentation and Non-disclosure

**The completed and signed *Medical Questionnaire* (if applicable) is essential to the appraisal of the risk by the *Insurer* and is the basis of and forms part of *your* contract. Any erroneous responses thereon constitute material misrepresentation or concealment relating to an essential component of the contract which renders *your* insurance voidable. Consequently and following a loss, no claim shall be payable by the *Insurer* and *you* shall be solely responsible for all expenses relating to *your* claim, including repatriation costs.**

**The entire coverage under this policy shall be voidable if the *Insurer* determines, whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning this policy or *your* interest therein, or if *you* refuse to disclose information or permit the use of such information, pertaining to any of the *Insured* persons under this contract of insurance.**

### Arbitration

The *Insured(s)* and *Insurer* hereto agree that any dispute, controversy or claim arising out of or relating to this policy, including any question regarding its existence, interpretation, validity, breach, termination or claim made pursuant to it, shall be submitted to an arbitrator in the province or territory in which the policy was issued. The laws of the province or territory in which the policy was issued shall apply in the determination of any such dispute, controversy or claim. The decision of the arbitrator shall be final and no party may appeal the decision to any court.

### Applicable Law

This contract of insurance is governed by the law of the Canadian province or territory of residence of the *Insured*. For Visitors to Canada Medical Emergency Insurance, this policy of insurance will be governed by the law of the Canadian province or territory where this policy was issued.

### Notice on Privacy and Confidentiality

The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Orion Travel Insurance Company will establish a “financial services file” from which this information will be used to process the application, offer and administer services and process claims relative to the insurance applied for. Access to this file will be restricted to those Orion Travel Insurance Company employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person *you* authorize or as authorized by law. *Your* consent to the use of personal information to offer *you* products and services which are endorsed or sponsored by AMA is optional and if *you* wish to discontinue such use, *you* may write to Orion Travel Insurance Company at the address shown below, or to AMA. *Your* file is secured in *our* offices or the office of the administrator. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Orion Travel Insurance Company, 60 Commerce Valley Drive East, Thornhill, Ontario L3T 7P9.

## INSURANCE AGREEMENT

Premium rates and policy terms and conditions are subject to change without prior notice to reflect actual experience in the marketplace.

1. **Premium** - The required premium is due and payable at the time of application and will be determined according to the schedule of premium rates that are then in effect. A four (4) day minimum premium applies to the Daily Medical Plans, Canada Medical Plan and Visitors to Canada Medical Emergency Insurance. Upon payment of premium, this policy booklet becomes a binding contract provided it is accompanied by a AMA Travel Medical Insurance *Certificate of Insurance* upon which a AMA Travel Medical Insurance policy number appears.

**If the premium is incorrect for the period of coverage selected, we will:**

- a. charge and collect any underpayment; or
- b. shorten the policy period by written amendment if an underpayment in premium cannot be collected; or
- c. refund any overpayment of premium.

**Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.**

**By paying the premium for this insurance, *you* agree that *we* and *AMA Assistance* have:**

- a. *your* consent to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
  - b. *your* authorization to *physicians, hospitals* and other medical providers to provide to *us* and *AMA Assistance* any and all information they have regarding *you* while under observation or *medical treatment*, including *your* medical history, diagnoses and test results;
  - c. *your* agreement to the collection, use and if applicable disclosure of the information available under a. and b. above from and to other sources, as may be required for the consideration, and if applicable, processing of *your* claim including but not limited to for co-ordination of benefits obtainable from other sources; and
  - d. the right to collect from *you* any amount *we* have paid on *your* behalf to medical providers or any other parties in the event that *you* are found to be ineligible for coverage or that *your* claim is invalid or benefits are reduced in accordance with any provisions of this policy.
2. If the *Insurer* pays *your* health care provider or reimburses *you* for covered expenses, it will seek reimbursement from *your* Canadian provincial or territorial government health insurance plan (*GHIP*) and from any other medical reimbursement plan under which *you* may have coverage. *You* may not claim or receive in total more than 100% of *your* total covered expenses.

## INSURANCE AGREEMENT

3. The completed and signed *Medical Questionnaire* (where applicable) is the basis of and forms part of *your* insurance policy. **It is *your* responsibility to review *your* completed *Medical Questionnaire* (where applicable) and assure its accuracy. It is important that *you* immediately notify *your* AMA agent if any inaccuracy exists so that *you* can take immediate action to complete a new and accurate *Medical Questionnaire*. If *you* do not contact *your* AMA agent to correct any inaccuracy, *your* coverage will be null and void.**

### CANADIAN PROVINCIAL OR TERRITORIAL GOVERNMENT HEALTH INSURANCE PLAN (GHIP) LONG STAY REQUIREMENT

The maximum number of *days* *you* can travel outside *your* province or territory of residence without special *GHIP* authorization is:

- 183 *days*

For *trips* exceeding the maximums stated above, *you* must obtain written authorization from *your* *GHIP* that *your* *GHIP* coverage will remain in effect for *your* entire *trip* duration. If *you* do not obtain this *GHIP* authorization, then any *trip* exceeding *your* *GHIP* maximum number of allowable *days* is subject to a maximum total benefit of \$25,000 CAD for all AMA Emergency Medical Insurance benefits.

## STATUTORY CONDITIONS

### The Contract

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

*You* do not have the right of any person to designate persons to whom or for whose benefit insurance money is payable.

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

### Waiver

The *Insurer* shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing and signed by the *Insurer*.

### Copy of Application

The *Insurer* shall, upon request, furnish to the *Insured* or to a claimant under the contract a copy of the application/contract form.

### Material Facts

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

## STATUTORY CONDITIONS

### Notice and Proof of Claim

The *Insured*, or a beneficiary entitled to make a claim, or the agent of any of them shall:

- a. give written notice of claim to the *Insurer*:
  - i. by delivery thereof, or by sending it by registered mail to AMA Travel Medical Insurance; or
  - ii. by delivery thereof to an authorized agent of AMA Travel Medical Insurance, not later than thirty (30) *days* from the date a claim arises under the contract on account of an accident, *sickness*, *injury* or insured risk;
- b. within ninety (90) *days* from the date a claim arises under the contract on account of an insured risk, furnish to AMA Travel Medical Insurance such proof as is reasonably possible in the circumstances of the happening of the accident or the commencement of the *sickness* or *injury*, and the loss occasioned thereby, the right of the claimant to receive payment, his or her *age*, and the *age* of the beneficiary; and
- c. if so required by AMA Travel Medical Insurance furnish a satisfactory certificate as to the cause or nature of the accident, *sickness*, *injury* or insured risk for which the claim may be made under the contract and as to the duration and/or extent of loss.

### Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim, within the time prescribed by this statutory condition, does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible and in no event later than two (2) years from the date of the accident or the date the claim arises under the contract, on account of *sickness* or *injury* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

### Insurer to Furnish Forms Proof of Claim

AMA Travel Medical Insurance shall furnish forms for proof of claim within fifteen (15) *days* after receiving notice of claim, but where the claimant has not received the forms within that time, the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, *sickness*, *injury* or insured risk giving rise to the claim and of the extent of the loss.

### Rights of Examination

As a condition precedent to recovery of insurance money under this contract:

- a. the claimant shall afford to the *Insurer* and AMA Travel Medical Insurance, as the case may be, an opportunity to examine the person of the person *Insured* when and so often as it reasonably requires while the claim hereunder is pending; and
- b. in the case of death of the person *Insured*, the *Insurer* or AMA Travel Medical Insurance, as the case may be, may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

### When Money Payable

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

## STATUTORY CONDITIONS

### Limitation of Arbitration Proceedings

An arbitration procedure may be commenced against the *Insurer* for recovery under this contract.

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

### Insurance Act Statutory Conditions

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

## DISPUTE RESOLUTION

At Orion Travel Insurance Company, *we* have a very defined escalation process to ensure that *our* customers have every possible resource should underwriting, pricing, sales, claims or service issues arise. *Our* Customer Complaints Office is in place to ensure the decision is fair, equitable and developed within company standards.

*You* may contact *our* Customer Complaints Officer by phone, fax, e-mail or regular post:

Attention: Customer Complaints Office  
Orion Travel Insurance Company  
60 Commerce Valley Drive East  
Thornhill, Ontario L3T 7P9

Phone: 1-877-377-2241 or +1-905-771-3053

Fax: 1-905-771-3357

E-Mail: [orioninfo@oriontravelinsurance.com](mailto:orioninfo@oriontravelinsurance.com)

May 1, 2016





**IN THE EVENT OF AN EMERGENCY,  
CALL *AMA ASSISTANCE PROVIDER*  
IMMEDIATELY**

**1-855-330-8330** in the U.S. and Canada  
**+1-519-988-7039 collect** where available

Our Assistance Provider is there to help you  
24 hours a day, 365 days a year

Please contact *AMA Assistance* for emergency assistance,  
medical management, co-ordination of benefits and to  
arrange direct billing with a healthcare provider.

Aetna participating providers may file directly:  
Provider Service 1-800-414-0596.

**aetna**<sup>SM</sup>

PPO/NAP Group #: 863940-41-100  
Payor ID: 60054  
P.O. Box 30259 Tampa, FL 33630-3259

Effective Date: May 1, 2016



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