ACTRA FRATERNAL BENEFIT SOCIETY
Travel Emergency Medical Coverage Summary
Policy No. 100009655

IMPORTANT NOTICE - PLEASE READ CAREFULLY BEFORE YOU TRAVEL

- **This coverage is provided for the first 90 / 30 days (as specified under THE PROGRAM below) following the date of the departure while travelling outside the province of residence**.
- 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 coverage may be subject to certain limitations or exclusions.
- A pre-existing exclusion may apply to medical conditions and/or symptoms that existed prior to 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 injury or sickness, your prior medical history may be reviewed when a claim is reported.
- You are required to notify the iA Emergency Assistance Line prior to treatment. Your policy will limit benefits should you not contact the assistance company within a specified time-period.

THE PROGRAM

Industrial Alliance Insurance and Financial Services Inc. (herein called the Company) provides emergency hospital/medical insurance for injury sustained or sickness contracted while travelling outside your province of residence during:

- the first 90 days of your trip if you are under age 80; or
- the first 30 days of your trip if you are age 80 and over but under age 85.

Coverage commences automatically upon leaving your province of residence for such trips. There are no limits to the number of trips taken during the course of the year.

Multiple trips separated by less than 3 days will be considered as a single trip. The 3-day trip separation commences at 12:01 am, the day after returning from the previous trip.

MAXIMUM AMOUNT AVAILABLE

The maximum amount payable for emergency hospital and medical expenses in excess of amounts paid by your provincial health plan or other insurance plans is $2,000,000 per injury or sickness.

WHO IS COVERED?

Insurance is provided to all eligible members and associate members (herein referred to as the Participant), under age 85, and their spouse and dependent children (herein referred to as the Insured), who are insured for extended health care benefits through Actra Fraternal Benefit Society (AFBS), for whom required premium has been paid, and who are Canadian residents covered under a Canadian federal and/or provincial health insurance plan. Check your current AFBS insurance statement to determine if you have coverage under this policy. Having a copy of this summary does not guarantee that you or your family are insured for these benefits.

DEFINITIONS

"Accident" means a sudden, unforeseen and unexpected event which arises from a source external to the insured while the policy is in force, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease.

"Dependent Child" means any unmarried natural child, step-child, legally adopted child, or grandchild of the participant, who is living with the participant, for whom the participant have contributed the major amount of support, and who is: (a) under 18 years of age and living at the participant's home; or (b) 18 years of age and over, but less than 26 years of age, and is attending a school for higher learning on a full-time basis; or (c) over 18 years of age who is, and continues to be, incapable of self-sustaining employment because of a handicap of disability.

"Injury" means bodily injury caused by an accident occurring while the policy is in force as to the insured and resulting directly and independently of all other causes in loss covered by the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease.

"Sickness" means sickness or disease occurring while the policy is in force as to the insured whose sickness is the basis of claim.

"Spouse" means the participant's spouse/partner (legal or common law) who is living with the participant. "Common Law Partner" means a person who is publicly represented as being the participant's spouse/partner and who has been living with the participant for at least two years (except where otherwise required by provincial legislation). Only one individual will qualify as a spouse.

Whenever a reference to the masculine gender appears it will also be construed to include the feminine gender.

WHAT BENEFITS ARE PROVIDED?

ACCIDENTAL DENTAL BENEFIT

If, due to a force or blow external to the mouth, injury to whole or sound teeth (capped or crown teeth will be considered whole or sound) requires emergency treatment while outside the province of residence, the Company will pay the expenses actually incurred up to a maximum of $3,000 per accident.

ATTENDANT TRANSPORTATION BENEFIT

If, due to injury or sickness, the presence of a medical attendant is required during the emergency evacuation, in accordance with the part titled "Evacuation Benefit", the Company will pay the reasonable and necessary expenses actually incurred, by such medical attendant, for the round-trip airfare, plus one day accommodation and board, subject to a maximum of $5,000. The medical attendant must be qualified to work as such in the place where the insured received emergency medical attention, does not ordinarily reside in the insured's residence and is not an immediate family member.

BOARD, LODGING AND TRAVEL EXPENSES

If confinement to a hospital for at least 5 consecutive days, due to injury or sickness, prevents the return to the province of residence, and the attendance of an immediate family member or companion is certified as medically necessary by the physician, the Company will reimburse the expense incurred by such family member or companion, for the round-trip economy airfare, and meals and accommodation up to $150 per day.

If injury or sickness results in death, the Company will pay a single round-trip economy airfare for an immediate family member or companion to identify the mortal remains, as well as meals and accommodation up to $150 per day and 5 consecutive days.

The total maximum amount payable under this part will not exceed $5,000 per occurrence.

DENTAL TREATMENT BENEFIT

If emergency treatment for pain relief is required, other than a force or blow to the mouth, the Company will pay the expenses actually incurred, to a maximum of $500. All treatment must be initiated within 48 hours from the time the emergency began and completed no later than 90 days after the treatment has begun.

EVACUATION BENEFIT

The Company will pay, up to a maximum of $200,000, for transportation, medical services and supplies necessary for emergency evacuation due to injury or sickness. All arrangements for evacuation must be recommended by the physician who certifies that the severity of the injury or sickness warrants the emergency evacuation.

If the insured is evacuated, the Company will pay for a one-way economy return airfare for dependent children who must be accompanied by a parent or guardian, and a one-way economy return airfare for such parent or guardian, to the province of residence, subject to a maximum of $5,000. Pre-approval by the Company is required prior to evacuation.

EXCESS HOSPITAL BENEFIT

If injury or sickness results in confinement in a hospital as an in-patient, the Company will reimburse for the reasonable and necessary emergency hospital expenses actually incurred up to and including standard semi-private accommodations.

If confinement to a hospital on or after the 90 days with respect to insureds under age 80, or 30 days with respect to insureds age 80 or over but under age 85, prevents the insured from returning to his province of residence, insurance will continue for the period of such confinement, but in no event for more than 90 days from the date that the first insured expense was incurred.

In the event the discharge from a hospital is on or after the 90 days with respect to insureds under age 80, or 30 days with respect to insureds age 80 or over but under age 85, coverage will be extended for a maximum period of 72 hours immediately following such discharge.

EXCESS MEDICAL BENEFIT

The Company will reimburse the reasonable and necessary expenses actually incurred, due to injury or sickness, for the following emergency treatment or services: a) out-patient room charges, b) treatment by a physician or surgeon, c) services of a licensed anaesthetist, d) services of a licensed private duty nurse, up to a maximum of $15,000, e) x-rays and laboratory examinations (when required for diagnostic purposes), f) rental of crutches or appliances, g) cost of splints, trusses, braces, or h) treatment by a physiotherapist, chiropractor, osteopath, chiropodist, podiatrist and acupuncturist, up to a maximum of $500 per practitioner, subject to a combined maximum of $2,000.

GROUND AND AIR AMBULANCE EXPENSE

If an injury or sickness necessitates transportation to the nearest medical facility qualified to provide the necessary emergency services, the Company will pay the expenses for ground ambulance, up to a maximum of $500 per injury or sickness or for air ambulance, up to a maximum of $5,000 per injury or sickness.

HOTEL CONVALESCENCE BENEFIT

If as a result of injury or sickness, the physician certifies that the insured, due to his medical condition, is prohibited from resuming any travel following discharge from the hospital where the insured was confined for a period at least 7 days, the Company will pay the reasonable and necessary expenses actually incurred for board and accommodation (in the vicinity of the hospital), subject to a maximum of $1,000 per injury or sickness.

MEALS AND ACCOMMODATION BENEFIT

If an injury or sickness results in hospitalization as an inpatient, the Company will pay up to a maximum of $3,000 for additional reasonable living costs, child-care costs for accompanying dependent children, and essential telephone calls and taxi fares incurred by the insured.

PRESCRIPTION DRUG REIMBURSEMENT

The Company will reimburse the expenses actually incurred, as a result of an injury or sickness, for drugs or medicines on an emergency basis as prescribed by the physician (oral contraceptives, patent medicines when a generic equivalent is available, vitamins, repeat prescriptions, maintenance and chronic care drugs are excluded).

REPATRIATION BENEFIT

If an injury or sickness results in death, the Company will pay the reasonable and necessary expenses actually incurred for the transportation of the body to the province of residence, including the preparation of the body for such transportation, up to a maximum of $10,000.

SPECIAL TRANSPORTATION BENEFIT

If injury or sickness requires stretcher accommodation on a regularly scheduled airline for return to the province of residence during an emergency evacuation, the Company will pay the necessary expense incurred, up to a maximum of $7,500.

TRIP INTERRUPTION EXPENSES

The Company will reimburse the insured for non-refundable pre-paid travel costs, when an insured has left the province of residence and a trip is interrupted due to the sickness or injury of an insured. In the event that a trip is interrupted and the insured can eventually rejoin a tour or group, the Company will reimburse the insured for the costs of travel to rejoin this tour or group. The benefits under this part are subject to an overall maximum payment of $1,000.

EXCLUSIONS

This plan does not provide for loss, fatal or non-fatal, caused by or resulting from:

a) pregnancy or complications thereof within 8 weeks of the expected termination date of pregnancy, or at any time during the pregnancy if the insured's medical history indicates a higher than normal risk of an early delivery or complications;

b) declared or undeclared war or any act thereof;

c) any loss as the sole result of the utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined;

d) active full-time service in the armed forces of any country;

e) suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;

f) the commission or the attempt to commit a criminal act by the insured;

g) alcohol related illness or disease, or the abuse of medication, drugs, alcohol or other toxic substances, non-compliance with prescribed medical therapy or treatment. Alcohol abuse is defined as having a blood alcohol level in excess of 80 mg of alcohol per 100 ml of blood;

h) mental or emotional disorders, unless hospitalized;

i) participation in a sport for remuneration or to a sporting event where money prizes are awarded to the winners, any kind of motor vehicle competition or any kind of speeding event including training activities, to a dangerous or violent sport such as but not limited to: off track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of the Yosemite Decimal System – YDS), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, spelunking, rodeo, paragliding, kite surfing, scuba diving (unless holding a basic SCUBA designation from an internationally recognized and accepted program) and any sport or activity with a high level of stress and risk involved or activities that require signing a waiver for participation, except while performing the occupation;

j) any loss incurred in a city, region, or country when, prior to the effective date or departure date to that destination, (i) the Department of Foreign Affairs and International Trade of the Canadian Government issued a written warning to avoid all travel to that city, region, or country; (ii) the Department of Foreign Affairs and International Trade of the Canadian Government issued a written warning to avoid non-essential travel to that city, region, or country, and such loss (including sickness or injury) is related or due to the reason for that warning. This exclusion shall not apply to COVID-19.

If an insured is already at that destination on the date the warning is issued, coverage will be provided for 5 days to allow the insured to leave for a safe location;

k) any ailment or condition for which the journey was taken for the purpose of securing or with the intent of receiving medical attention, prescription drugs or medicine, or hospital services;

l) any continued treatment, recurrence or complication of a medical condition or related condition, after the initial emergency medical situation during the insured's trip has ended. This is subject to the insured being cleared by the physician and continuing his trip;

m) a pre-existing or related condition whereby the insured received medical treatment or required the use of medication during the 3 months preceding the date the insured left the province of residence.

Before the departure from the province of residence, the insured must be stable under this plan, during the 3 months leading up to his departure.

To be stable, the insured must not have:

- been treated, tested or consulted for any new symptoms or conditions;
- had an increase or worsening of any existing symptoms;
- changed treatments;
- changed medications (other than normal adjustments for ongoing care);
- been admitted to the hospital for treatment of the condition;
- been advised of future treatments or tests planned for any existing symptoms or conditions.

This exclusion shall not apply to an insured whose treatment was deemed, by the treating physician or health care provider, as a routine follow up examination, nor shall it apply to an insured whereby their use of medication is for a controlled and medically stabilized condition, which was not medically compromised and whereby there was no change in either the medication or in frequency and usage, or dosage within the 3 months prior to departure;

n) any elective (non-emergency) treatment or surgery, (i) not required for the immediate relief of acute pain and suffering; (ii) which medically could be delayed until the insured has returned to his province of residence; (iii) which the insured elects to have rendered or performed outside his province of residence following emergency treatment for, or diagnosis of, a medical condition which on medical evidence would not prevent the insured from returning to the province of residence prior to such treatment or surgery;

o) repatriation is mandatory when it is determined by the Company that the insured is medically fit to travel and appropriate arrangements have been made to admit the insured into the provincial health care system. Benefits will not be paid for any expenses incurred if the insured refuses to travel to his province of residence.

The Company, in consultation with the insured's treating physician, reserves the right to transfer the insured to an appropriate medical facility or to his province or territory of residence for further treatment. Failure to comply with a transfer request will absolve the Company of any liability to provide benefits for expenses incurred after the scheduled transfer date.

LIMITATIONS

In case of confinement in a hospital or emergency surgery, the Company must be notified no later than 48 hours from the date of hospitalization or emergency surgery. Failure to make such notification may limit coverage to a maximum of $10,000 for all expenses incurred.

CO-ORDINATION OF BENEFITS

Amounts payable under the policy shall only be for the excess of such expenses over any amounts available or collectable for treatment or services which are insured services or basic health services under the Provincial Health Plan of the province in which the Insured is a resident, whether or not the Insured is covered. If an insured has coverage under another plan of insurance which provides similar benefits, claims will be co-ordinated with other policies, according to the Canadian Life and Health Insurance Association Inc.'s (CLHIA), "Co-ordinating Coverage Guidelines for Out-of-Country/Province Health Care Expenses."

TERMINATION OF INSURANCE OF AN INSURED

Coverage will immediately terminate on the earliest of:

A. For the participant: (a) the policy termination date; (b) the premium due date if the Policyholder fails to pay the participant's premium, except as a result of an inadvertent error; (c) attainment of age 85; (d) the date a participant is ineligible for coverage.

B. For the insured spouse and/or insured dependent child: (a) the date such person becomes ineligible for coverage; and (b) the date the participant's insurance is terminated.

WHAT TO DO IN THE EVENT OF A MEDICAL EMERGENCY

If possible, before obtaining any medical services, please call iA Emergency Assistance, to be directed to a facility in your area of travel and ensure that the medical attention you receive is covered. If you do not contact iA Emergency Assistance, you may receive inappropriate or unnecessary medical treatment which may not be included in this coverage. Please ensure you tell the operator that you are covered by Industrial Alliance Insurance and Financial Services Inc. in order that your eligibility may be established.

iA Emergency Assistance Line is open
24 hours a day, 7 days a week.
Call **1 800 255-2008** or
if outside North America, dial "**0**", wait for the operator, and ask to call collect: **(305) 865-8895**

It is also important that you advise the Company in writing of your claim within 30 days of the occurrence of the emergency. When you return to your province of residence you will be required to submit a claim directly to the Company. Claim forms are available online at www.ia.ca/specialmarkets-forms, or may be obtained by contacting:

Industrial Alliance
Insurance and Financial Services Inc.
Claims Department
400-988 West Broadway, PO Box 5900
Vancouver, BC V6B 5H6
1-800-266-5667 or outside North America collect to 1-604-737-3802
Email: SpecialMarkets-claims@ia.ca

HOW TO FILE A CLAIM

Please make sure that, if you pay any expenses yourself, you obtain original receipts. Submit all expenses first to the Provincial Health Care Plan of your province of residence. Then send a copy of the statement you receive from your Provincial Health Care provider together with the original receipts of any bills not paid by them and the completed claim form to the Company.

Documentary evidence of the duration of your trip, such as a transportation ticket or an official stamp at a customs office will be required.

The Company will co-ordinate the submission of your claims to your extended health care insurer (if any), on your behalf.

Industrial Alliance Insurance and Financial Services Inc., iA Emergency Assistance or their agents shall not be responsible for the availability, quality or results of any medical treatment or the failure of the insured to obtain medical treatment.

FOR QUESTIONS REGARDING THE COVERAGE SUMMARY:

iA Special Markets
Claims Department
Phone: 1-800-266-5667
(Monday to Friday, 10 am to 7 pm ET)
Email: SpecialMarkets-claims@ia.ca

In the event of any variation between this document and the provisions of the Master Policy, the latter will prevail. This Master Policy sets forth in detail the terms and conditions of the Plan and all rights and obligations are determined in accordance with the Master Policy issued by iA Special Markets, a division of Industrial Alliance Insurance and Financial Services Inc.

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