

WHY YOU NEED EMERGENCY OUT OF PROVINCE MEDICAL COVERAGE

Each Canadian Province and Territory provides a Health Plan with comprehensive benefits for Hospital confinement, the service of medical doctors and other health practitioners, ambulance services, etc. In many cases, the benefits provided by these plans will pay all, or almost all, of the expenses you incur in your home province.

When you are outside your province of residence and require these services, your Health Plan will usually make a payment towards your expenses, but that payment is usually limited to the amount that would have been paid for the same services in the province in which you reside. Unfortunately, there is often a tremendous difference between the cost of these services outside of your province of residence and the amount allowed by your Health Plan, which you would have to pay were it not for this valuable benefit.

This Plan provides extensive coverage for many services rendered outside of your province of residence. It is important to note that such expenses are covered provided that they are unexpected and of an emergency nature. The Plan does not provide benefits for medical treatment if the purpose of your trip outside of your province of residence is to obtain that medical treatment.

HOW IT WORKS

You and your eligible dependents are automatically covered under this Plan, whether you are on vacation or travelling on business.

In the event of your death, this coverage may be extended for your eligible dependents, but in any event expires concurrently with the extension of coverage under the health benefits provided under your Welfare Plan.

HERE'S WHAT YOU GET

Broad Emergency Out of Province Medical Coverage -

Your Plan provides extensive coverage for medical emergencies outside the province in which you and your eligible dependents reside, anywhere in the world.

Guaranteed Acceptance – As long as an Insured Person's health is stable, coverage is provided regardless of his or her health history.

DEFINITIONS

"Insured Member" means you, if you are under the age of 75 and a member of U.A. Journeymen and Apprentices of Plumbing and Pipefitters Industry of the US and Canada Local 67.

Eligible Dependents:

"Spouse" means a person who is under the age of 75 and who is either legally married to you, or if there is no such person, is a person who, although not legally married to you, has been cohabitating with you for a period of at least one year and is publicly represented as your domestic partner in the community in which you reside.

"Dependent Child" means a person who is either your natural child, adopted child or step-child or a child to whom you are in loco parentis and who is (i) under 23 years of age, unmarried and dependent upon you for maintenance and support and not employed for more than 25 hours per week; or (ii) under 26 years of age, unmarried and enrolled in post-secondary education and dependent upon you for maintenance and support and not employed for more than 25 hours per week; or (iii) by reason of mental or physical infirmity is incapable of self-sustaining employment and who is considered your Dependent Child within the terms of the Income Tax Act (Canada).

"Insured Person" means you, the Insured Member, or an eligible dependent, if any.

"Injury" means bodily injury which is sustained as a direct result of an unintended and unanticipated accident, occurring anywhere in the world outside of the Insured Person's province of residence, that is external to the body and that occurs while the Insured Person's coverage under this Plan is in force and which causes a loss covered by this Plan.

"Sickness" means the onset of sickness or disease requiring medical treatment, care or advice while an Insured Person is travelling anywhere in the world outside of his or her province of residence and which causes a loss covered by this Plan.

"Emergency" means medical treatment or surgery for an unforeseen Sickness or Injury which makes it necessary to receive immediate treatment from a Physician or Surgeon for the immediate relief of an acute symptom of which upon the advice of a Physician or Surgeon cannot be delayed until the Insured Person returns to his or her province of residence.

"Hospital" means an incorporated or licensed hospital having accommodation for resident bed patients, laboratory, registered graduate nurses always on duty and an operating room on the premises where surgical operations are performed by legally qualified Physicians or Surgeons, but in no event shall this include a convalescent or nursing home or home for the aged or health spa.

"Physician" or **"Surgeon"** means a medical doctor, other than the Insured Person or a member of the Insured Person's immediate family, who is licensed to administer medical treatment and prescribe drugs in the place where he or she provides medical services. The following are not considered to be Physicians: naturopath, herbalist and homeopath.

"Totally Disabled" means the complete inability of the Insured Person, as a result of Sickness or Injury, on medical evidence, as certified by a legally qualified Physician, to continue his or her duties or activities and to continue the trip or vacation.

"Vehicle" means a passenger automobile or truck with a factory rated load capacity of 2500 pounds or less, or a motorcycle or a self-propelled mobile home designed and used for recreational purposes. Such vehicle must be insured for public liability and property damage for at least the minimum amount required by law in the Insured Person's recognized province of residence.

PERIOD OF COVERAGE

Every Insured Person is covered under this Plan while travelling outside of his or her province of residence, for a period not to exceed 90 days.

BENEFITS AND COVERAGES

Emergency Coverage for Hospital, Medical and Therapeutic Services

If an Insured Person suffers a Sickness or Injury that results in an Emergency stay in a Hospital or Emergency medical or therapeutic services as specifically listed herein, the Company will pay benefits, for the period this contract is in force, not to exceed an annual maximum of \$1,000,000 for each Insured Person under the age of 75 for the actual expenses an Insured Person incurs outside of his or her province of residence that exceeds the amount which is payable with respect to such expenses under any Health Plan or medical plan in Canada, or if the Insured Person is not covered under any such plan, to the extent that the actual expenses exceed any amount which would be payable with respect to such expenses under the Health Plan or medical care plan if the Insured Person was covered under any such plan.

Emergency Hospital Confinement

If an Insured Person suffers a Sickness or Injury which results in an Emergency confinement as a resident in-patient in a Hospital, the Company will pay benefits hereunder for reasonable and customary charges made by the Hospital for services and supplies, including semi-private accommodation, to the extent that such charges are medically necessary, subject to all limitations and conditions of the Plan.

In the event that an Insured Person is confined to a Hospital at the end of a trip outside of his or her province of residence and thus prevented from returning to his or her province of residence, insurance will continue for the period of such confinement, but in no event for more than 12 months from the date the first covered expense was incurred.

Emergency Medical and Therapeutic Services

The Company will pay benefits hereunder in the event an Insured Person requires Emergency medical or therapeutic services to treat a Sickness or Injury to the extent that such are medically necessary. Benefits are payable to reimburse reasonable and customary expenses for:

- (a) the services of a legally qualified Physician or Surgeon (other than one of your immediate family members),
- (b) laboratory tests and X-ray examinations ordered by a legally qualified Physician or Surgeon for the purpose of diagnosis,
- (c) the services of a registered graduate nurse (who is not an immediate family member), up to a maximum of 50 nursing shifts at a fee, but not to exceed \$100 per shift per occurrence,
- (d) rental of crutches or Hospital type bed, or the cost of splints, canes, slings, trusses, braces or other prosthetic appliances approved by the Company,
- (e) the services of a legally qualified Physician who is an anaesthetist,
- (f) drugs or medicines that require a legally qualified Physician's or Surgeon's written prescription,
- (g) services of a chiropodist, chiropractor, osteopath, physiotherapist or podiatrist (who is not an immediate family member) up to a maximum of \$500 for each class of practitioner per occurrence,
- (h) expenses for accidental Injury to natural and sound teeth (capped or crowned teeth are considered whole or sound natural teeth) which requires treatment by a legally qualified dentist or dental surgeon within 30 days from the date of the Insured Person's accident, not to exceed in the aggregate the amount of \$2,000 as the result of any one accident,
- (i) out-patient services provided by a Hospital.

REPATRIATION BENEFIT

When a Sickness or Injury covered by this Plan results in the loss of life of an Insured Person in a province or country other than his or her province of residence, the Company will pay a benefit of up to \$15,000 to cover the expenses to return the Insured Person's body to his or her city of residence.

IDENTIFICATION BENEFIT

Pays a benefit of up to \$5,000 for the transportation of an immediate family member to identify the body of a deceased Insured Person if the deceased Insured Person suffered a covered death and a law enforcement agency requests such identification.

AUTOMOBILE RETURN BENEFIT

Pays a benefit of up to \$1,000 per occurrence to return an Insured Person's private or rental Vehicle used for a trip, to his or her province of residence or nearest rental agency if the Insured Person becomes Totally Disabled.

OUT-OF-POCKET EXPENSE BENEFIT

Pays a benefit of up to \$150 per day to a maximum of \$1,500 per occurrence for reasonable and necessary commercial living expenses incurred by any Insured Persons in your family, if one Insured Person in your family becomes Totally Disabled and cannot continue the trip or vacation.

FAMILY TRANSPORTATION BENEFIT

Pays a benefit of up to \$15,000 per occurrence for the expenses incurred for the transportation of an immediate family member to the confined Insured Person's Hospital, as well as incidental travel expenses up to a maximum of \$250.

EXTENDED COVERAGE AFTER TERMINATION

In the event of a delayed arrival of a common carrier or hospitalization of an Insured Person, coverage will automatically be extended at no charge for (i) 24 hours in the event of a delayed common carrier, or (ii) the period of the medically necessary stay in Hospital plus 24 hours after the Insured Person is released from Hospital.

EMERGENCY TRANSPORTATION BENEFIT

Ground Transportation

Pays up to \$5,000 per occurrence for the use of ground ambulance.

Air Transportation

Pays up to \$200,000 per occurrence if the medical condition of an Insured Person requires air transportation to the nearest Hospital or for the Insured Person to be returned to his or her province of residence. This service must be coordinated and approved by AIAS Assistance Services Inc.

EXCLUSIONS AND LIMITATIONS

The Plan will not cover any losses caused in whole or in part by, or resulting in whole or in part from, the following:

- (a) Injuries received while the Insured Person is participating in any manoeuvres or training exercises of the armed forces, national guard or organized reserve corps of any country or international authority;
- (b) pregnancy, miscarriage, voluntary termination of pregnancy, childbirth or their complications except that in the case of an unexpected pregnancy complication occurring before the end of the seventh month;
- (c) Sickness or Injury where the trip is undertaken for the purpose of securing medical treatment or advice for such Sickness or Injury;
- (d) dental surgery or cosmetic surgery unless such surgery is a result of a covered Injury;
- (e) any Sickness or Injury if at the time of the Sickness or Injury, the Insured Person is under the influence of drugs, alcohol (blood level in excess of 80 mg of alcohol per 100 ml of blood) or other intoxicant (unless administered on, and in strict accordance with the advice of a legally qualified Physician);
- (f) emotional or mental disorders unless the Insured Person is confined to a Hospital;

- (g) Sickness or Injury due to participation in professional sports;
- (h) treatment or services that contravene any GHIP plan in Canada;
- (i) expenses incurred on an elective (non-emergency) basis;
- (j) suicide or any attempt at suicide while sane or insane;
- (k) intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury, while sane or insane;
- (l) an act of declared or undeclared war, civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition by or under the order of any government or public or local authority;
- (m) any services or supplies provided by an Insured Person or one of the Insured Person's immediate family members;
- (n) a Sickness or Injury that, at the time of departure, might reasonably be expected to require an Insured Person to undergo treatment, surgery or hospitalization;
- (o) any service, treatment, surgery or stay in Hospital not required for the immediate relief of acute pain or suffering or which is not medically necessary;
- (p) any treatment or surgery which reasonably could be delayed until the Insured Person returns to his or her province of residence;
- (q) anticipated medical treatments required on an ongoing basis or for continued stabilization of a medical condition known to the Insured Person prior to departure;
- (r) that portion, if any, of any expenses for treatment, advice or hospitalization which are not reasonable and customary.

EMERGENCY TRAVEL ASSISTANCE

Travel Assistance is provided by Travel Assist with centres worldwide that will:

- help you locate the most appropriate medical facility for the Insured Person
- confirm coverage with Chartis Insurance Company of Canada and assure the Hospital that the Insured Person is covered
- guarantee payment for hospitalization, if necessary
- arrange for admission to a Hospital
- provide translation services
- contact the Insured Person's own doctor for recommendations, when required
- contact the Insured Person's family and employer, when required
- arrange for/co-ordinate emergency medical evacuation
- co-ordinate the Insured Person's return home

HOW TO SUBMIT A CLAIM

Minor expenses

For expenses associated with minor medical emergencies (less than \$250), keep your receipts and file your claims with your government health plan first and then with

Chartis Insurance Company of Canada
145 Wellington Street West
Toronto, Ontario
M5J 1H8

Major expenses

For major emergencies that require hospitalization or day surgery, Chartis Assist will coordinate services between the provider and the Company to insure direct billing of your expenses.

EFFECTIVE DATE

Coverage begins on the date you satisfy the definition of "Insured Member" or "eligible dependents," as applicable.

TERMINATION DATE

An Insured Person's coverage ends on the earliest of:

- (1) the date the Plan is terminated;
- (2) the premium due date if premiums are not paid when due by the Policyholder;
- (3) the date the member no longer satisfies the definition of an Insured Member or, for an eligible dependent, the date such dependent no longer satisfies the definition of Spouse or Dependent Child, as applicable; and
- (4) the first day of the month following the date the member no longer belongs to an eligible class of members.

Coverage for a dependent child will cease once he or she no longer satisfies the applicable criteria provided within the definition of Dependent Child.

This brochure provides only a brief description of the coverage available. The full details of the coverage are contained in the Policy including limitations, exclusions and termination provisions. If there are any conflicts between this document and the Policy, the Policy shall govern.
Insurance is underwritten by
Chartis Insurance Company of Canada.

IN AN EMERGENCY, HERE'S WHAT TO DO

In the event of a medical emergency, the Insured Member or someone acting on his or her behalf must call Travel Assist immediately. Its operators are backed by a team of emergency care professionals – Physicians and nurses who work closely with the doctor looking after the patient and, if necessary, his or her family or company doctor, to help ensure that the Insured Person receives the medical care needed. Telephone the Travel Assist Coordination Centre at the numbers listed below.

1-877-204-2017 (US & Canada)

0-715-295-9967 (collect)

An operator will ask the following:

- The Insured Member's name and the patient's name, location and the details of the emergency
- The group name of the Policy:
U.A. Journeymen and Apprentices of Plumbing and Pipefitters Industry of the US and Canada Local 67
- The Policy Number: **SRG 9136511**

CHARTIS 

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For eligible members of

**U.A. Journeymen and Apprentices of
Plumbing and Pipefitters Industry of the
US and Canada Local 67**

Policy No. SRG 9136511

May 2012

