

EMERGENCY OUT OF PROVINCE

MEDICAL COVERAGE

Each Canadian Province and Territory provides a Medicare 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 Provincial Medicare 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 service in the province in which you reside. Unfortunately, there is often a tremendous difference between the cost of these services outside your province of residence and the amount allowed by your Medicare Plan, which you would have to pay were it not for this valuable benefit.

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

ELIGIBILITY

All current Eligible Members of the Policyholder and their Eligible Spouses, each of whom are under the age of 80, and eligible Dependent Children, and Eligible Retirees and their Spouses ages 55 but under age 80, whose names are on file with the Trust Fund.

Period of Coverage

You and your dependents are covered while outside your province of residence for such reasons as business or vacation. As noted earlier, expected expenses incurred by an Insured Person are not covered in the event that the person incurring the expected expenses had left the province of residence for the purpose of obtaining medical treatment.

Trips are limited to a maximum of 45 consecutive days.

HOSPITAL, MEDICAL AND THERAPEUTIC SERVICES

When injuries or sickness result in hospital, medical or therapeutic services, the Company will pay benefits, for the period this contract is in force and not to exceed \$5,000,000 for Members up to age 70, \$1,000,000 for Members ages 70 to 74 and \$500,000 for Members ages 75 to 80, all actual expenses incurred outside the province of residence that exceed the amount which is payable with respect to such expenses under any government hospitalization or medical plan in Canada, or if the insured person is not covered under any such plan, to the extent they exceed any amount which would be payable with respect to such expenses under the government hospitalization or medical care plan if he or she were covered under any such plan.

HOSPITAL CONFINEMENT

If you are confined as a resident inpatient in a Hospital, reimbursement will include those Reasonable and Customary charges made by the Hospital for services rendered and supplies provided, including semi-private accommodation, to the extent that they are Medically Necessary.

In the event that an Insured Person is confined to Hospital at the end of his or her trip outside the province of residence and thus prevented from returning to the 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.

Extended Coverage after Termination

In the event of the delayed arrival of a common carrier or hospitalization of the Insured Person this benefit will automatically be extended at no charge; 1) 24 hours in the event of a delayed common carrier, 2) the period of hospitalization plus 72 hours after the Insured Person is released from hospital.

Medical and Therapeutic Services are payable for reasonable and customable charge to the extent they are Medically Necessary, for the following:

- (a)** the services of a legally qualified physician or surgeon (other than an insured person),
- (b)** laboratory tests and X-ray examination by a legally qualified doctor of medicine for the purpose of diagnosis,
- (c)** the services of a registered graduate nurse (other than a relative by blood or marriage), up to a maximum of 50 nursing shifts at the usual and customary fee, but not more than \$100.00 per shift,
- (d)** rental of crutches or hospital type bed, or the cost of splints, canes, slings, trusses, braces or other approved prosthetic appliances, approved by the Company,
- (e)** the services of a legally qualified anesthetist,
- (f)** drugs or medicines that require a legally qualified physician's written prescription,
- (g)** services of a chiroprodist, chiropractor, osteopath, physiotherapist or podiatrist (other than a relative) up to a maximum of \$300.00 each practitioner,
- (h)** expenses for accidental injury to natural and sound teeth (capped or crowned teeth are considered whole or sound natural teeth) which require treatment by a legally qualified dentist or dental surgeon within 30 days from the date of the accident, not to exceed in the aggregate the amount of \$2,000.00 as the result of any one accident,
- (i)** out-patient services provided by a hospital.

REPATRIATION BENEFIT

When injuries or sickness covered by this policy result in loss of life of an Insured Person in a province or country other than his/her place of residence and within 365 days after the date of the incident, the Company will pay the actual expense incurred for preparing the deceased for burial or cremation and shipment of the body to the place of residence of the deceased in Canada, the amount not to exceed \$15,000.00 and incidental travel expences up to a maximum of \$250.00.

IDENTIFICATION BENEFIT

If an Insured Person suffers Injury or Sickness causing loss of life and the Insured Person's body requires identification, the Company will pay to one Immediate Family Member of the Insured Person, the reasonable and necessary expenses actually incurred by such Immediate Family Member for:

- (a)** commercial lodging and board while en route and/or during the stay in the city or town where the body is located (not to exceed a maximum duration of 3 consecutive nights); and
- (b)** transportation by the most direct route to such location.

This benefit is payable by the Company only if the body of the Insured Person is located outside from the said Immediate Family Member's normal province of residence and the identification of the body is requested by the police or a similar law enforcement agency having authority over such matters.

Payment will not be made for ordinary living, travelling or clothing expenses, other than as specifically stated above. If transportation occurs in a Vehicle or device other than one operated under the license for the conveyance of passengers for hire, the reimbursement of transportation expenses will be limited to a maximum of \$0.20 per kilometre travelled.

This benefit is payable only once in connection with Injuries, Sickness and losses suffered by any one Insured Person, regardless of the number of policies providing coverage for this benefit for such Insured Person, that may be issued by the Company.

The maximum amount payable for this benefit is \$10,000.00 per Insured Person.

EMERGENCY TRANSPORTATION GROUND TRANSPORTATION BENEFIT

If an Injury or Sickness commencing during the course of a Trip results in a Medically Necessary transportation of an Insured Person by a licensed ground ambulance, the Company will pay the expenses actually incurred for such transportation.

The maximum amount payable for this benefit for any one accident causing Injury or Sickness is \$5,000.00 per Insured Person.

EMERGENCY AIR TRANSPORTATION BENEFIT

- a)** If an Injury or Sickness commencing during the course of a Trip results in a Medically Necessary Air Transportation of an Insured Person, the Company will pay benefits for Covered Expenses up to a maximum of \$100,000.00 per Insured Person for such Air Transportation. Any Air Transportation must first be approved by the Company and it must be ordered by a Physician or licensed surgeon who certifies that the severity of the Insured Person's Injury or Sickness warrants the Air Transportation of the Insured Person and that such is Medically Necessary.
- b)** If due to the geographical area at the onset of the Medical Emergency an air ambulance is deemed necessary, the Company will pay the cost of a licenced air ambulance to transport the Insured Person to the nearest Hospital or medical facility where appropriate medical treatment can be obtained.

An Air Transportation is Medically Necessary if:

- a)** the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person suffers from Injury or Sickness to the nearest Hospital where appropriate medical treatment can be obtained; or
- b)** after being treated at a local Hospital, the Insured Person's medical condition warrants transportation to the place where he or she resides (provided such residence is located in Canada) to obtain further medical treatment or to recover; or
- c)** both a) and b) above.

"Covered Expenses" are only those Reasonable and Customary expenses, up to the maximum specified, for transportation, medical services and medical supplies which are Medically Necessary and incurred in connection with the Air Transportation of the Insured Person. All transportation arrangements made for transporting the Insured Person must be by the most direct and economical route. Expenses for Special Transportation must be recommended by the attending Physician or surgeon or required by the standard regulations of the conveyance transporting the Insured Person. Expenses for medical supplies and services must be recommended by the attending Physician.

"Air Transportation" means any land, water or air conveyance required in connection with the transport of the Insured Person by air.

"Special Transportation" includes, but is not limited to, air ambulances, land ambulances, commercial airlines and private motor vehicles.

FAMILY TRANSPORTATION

When injuries or sickness covered by the policy result in an Insured Person being confined to a hospital, within 365 days of the accident or sickness and the attending physician recommends the personal attendance of a member of the immediate family, the Company shall pay the actual expenses incurred by the immediate family member for transportation by the most direct route by a licensed common carrier to the confined Insured Person but not to exceed the amount of \$15,00.00 and incidental travel expences up to a maximum of \$250.00.

AUTOMOBILE RETURN

If injury or sickness results in the Insured Person becoming totally disabled and unable to continue the trip or vacation, the Company will pay the actual charges of a commercial agency for the return of the Insured Person's private or rental vehicle used for the trip, to the Insured Person's place of residence or nearest rental agency, up to a maximum of \$5,000.00.

"Totally Disabled" means complete inability of the Insured Person, on medical evidence, to continue his or her duties or activities and to continue the trip or vacation.

"Vehicle" means s 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 Province of residence.

OUT OF POCKET EXPENSES BENEFIT

The Company pays up to \$150.00 per day for commercial living expenses by an insured person or travelling companion if he or she becomes totally disabled up to a maximum of \$1,500.00.

RETURN TRANSPORTATION FOR TRAVELLING COMPANION

If the Insured Person is repatriated to their home province or territory of residence in accordance with the Repatriation Benefit or is returned to their home province or territory residence in accordance with the Ground or Air Transportation Benefit the Company will pay a benefit to such Insured Person (or the estate of such Insured Person) for the extra cost of a one-way economy air fare on a commercial flight or charter via the most cost effective itinerary to transport the Insured Person's Travel Companion to Canada.

The maximum amount payable for this benefit for any one Trip is \$2,000.00 per Insured Person for the transport of one Travel Companion.

RETURN AND ESCORT OF DEPENDENT CHILDREN UNDER AGE

If the Insured Person is repatriated to their home province or territory of residence in accordance with the Repatriation Benefit or is returned to their home province or territory residence in accordance with the Ground or Air Transportation Benefit the Company will pay a benefit to such Insured Person (or the estate of such Insured Person) for the cost of a one-way economy air fare on a commercial flight or charter via the most cost effective itinerary to transport the Insured Person's Dependent Children travelling with the Insured Person on a Trip to such Dependent Children's home, plus reasonable overnight hotel accommodation and meal expenses and for the services of an attendant to escort Dependent Children under age 16, if required.

The maximum amount payable for this benefit for any one Trip is \$5,000.00 per repatriated or returned Insured Person.

EMERGENCY TRAVEL ASSISTANCE

Travel Assistance is provided by AIG Travel. With centers worldwide they will:

- Help locate the most appropriate medical facility for you
- Confirm coverage with AIG Insurance Company of Canada and assure the hospital that you are covered
- Guarantee payment for hospitalization, if necessary
- Arrange for admission to a hospital
- Provide translation services
- Contact your own doctor for recommendations, when required
- Contact your family and employer, when required
- Arrange for/co-ordinate emergency medical evacuation
- Co-ordinate your return home

All claims must be submitted to AIG Insurance Company of Canada within 12 months from the date the Eligible Services were rendered.

Coordination of Benefits

AIG Insurance Company of Canada will co-ordinate coverages with other policies according to the CLHIA's Coordinating Coverage Guidelines for Out-of-Country / CLHIA's Province Health Care Expenses. The total amount payable from all sources may not exceed expense you incurred.

Service Support Numbers

**From Canada and the U.S. call: 1 877 204-2017
or collect from anywhere else call: 0 715 295-9967**

EXCLUSIONS

Benefits are not payable for:

- (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, complications which occur 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) emotional or mental disorders unless the insured person is hospitalized;
- (f) sickness or injury due to participation in professional sports;

- (g) treatment or services that contravene any GHIP plan in Canada;
- (h) expenses incurred on an elective (non-emergency) basis;
- (i) suicide or any attempt thereat while (sane or insane);
- (j) intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury while (sane or insane);
- (k) 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;
- (l) any services or supplies provided by an insured person or an immediate Family Member;
- (m) 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;
- (n) 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;
- (o) any treatment or surgery which reasonably could be delayed until the insured person returns to his or her province of residence;
- (p) anticipated medical treatments required on an ongoing basis or for continued stabilization of a medical condition known to the insured person prior to departure;
- (q) that portion, if any, of any expenses for treatment, advice or hospitalization which are not reasonable and customary.

TERMINATION

Coverage will terminate in accordance with the terms and conditions as stated in the Master Contract.

This brochure has been prepared to help you understand your coverage and, as such, does not create or confer any contractual or other rights. The terms and conditions governing the insurance are set out in the group Master Policy issued by AIG Insurance Company of Canada. In the event of any variation between information in this brochure and the provisions of the policy, the latter will prevail.

IN AN EMERGENCY, HERE'S WHAT TO DO

Call AIG Travel immediately in the event of a serious medical emergency.

Their operators are backed by a team of emergency care professionals – physicians and nurses who work closely with the doctor looking after you and, if necessary, your family or company doctor, to help ensure that you receive the medical care you need.

Telephone the AIG Travel Coordination Centre at the numbers listed below.

An operator will ask you the following:

- Your name, location and the details of your emergency.
- Your AIG Insurance Company of Canada Assistance Access Number

Service Support Numbers

**From Canada and the U.S. call: 1 877 204-2017
or collect from anywhere else call: 0 715 295-9967**

***In an emergency call:
AIG Travel Assistance immediately***

EMERGENCY OUT OF PROVINCE MEDICAL COVERAGE

For

Insulators Local 95 Benefit Fund

Policy No.

SRG 9020977B

Insured by:



March 2018