



**EMERGENCY
OUT OF PROVINCE
MEDICAL COVERAGE**

For eligible members of
**Insulators Local 95
Benefit Fund**



POLICY NUMBER
CMG 9428310

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EMERGENCY OUT-OF-PROVINCE MEDICAL COVERAGE

Each Canadian province provides a provincial medical 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. (Note: In this Plan, "province" also refers to a "territory" of Canada, where applicable; "you" and "your" includes the Insured Members and their eligible dependents.)

When you are outside your province of residence and require these services, your provincial medical 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 considerable difference between the cost of these services outside your province of residence and the amount allowed by your provincial medical plan, which you would have to pay yourself 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.

ELIGIBILITY

All current Insured Members in benefit of Insulators Local 95 Benefit Fund who are under the age of 99 and their eligible dependents whose names are on file with the Policyholder. Coverage is extended to retirees over age 55 and under age 99.

PERIOD OF COVERAGE

You and your dependents are covered while outside your province of residence for such reasons as business or vacation. Expenses incurred by you are not covered in the event that you had left the province for the purpose of obtaining medical treatment, (except as indicated under the Referral Services benefit).

Trips are limited to a maximum of 90 consecutive days.

EMERGENCY COVERAGE FOR HOSPITAL, MEDICAL AND THERAPEUTIC SERVICES OUTSIDE PROVINCE OF RESIDENCE

When injuries or sickness result in emergency hospitalization, medical or therapeutic services, the Company will pay benefits for the period this contract is in force, not to exceed the maximum benefit amount shown below for the actual expenses incurred outside your province of residence that exceed the amount which is payable with respect to such expenses under any government hospitalization or medical care plan in your province of residence (GHIP), or if you are not covered under any such plan, to the extent that they exceed any amount which would be payable with respect to such expenses under the provincial medical plan if you were covered under any such plan

Benefit maximum amount reduces as follows:

Under age 75 - \$5,000,000 per trip maximum

Age 75 to age 99 - \$1,000,000 per trip maximum

EMERGENCY HOSPITAL CONFINEMENT

Benefits are payable for confinement as a resident in-patient in a hospital, including semi-private accommodation and charges made by the hospital for services and supplies rendered by such hospital and provided for use during such confinement.

In the event that you are confined to hospital at the end of your trip outside Canada and thus prevented from returning to Canada, insurance will continue for the period of such confinement, but in no event for more than 12 months from the date the first insured expense was incurred.

EMERGENCY MEDICAL AND THERAPEUTIC SERVICES:

Benefits are payable for:

- 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 per shift;
- d) rental of crutches or hospital type bed, or the cost of splints, canes, slings, trusses, braces or other approved prosthetic appliances;
- e) the services of a legally qualified anaesthetist;
- f) drugs or medicines that require a legally qualified physician's written prescription;
- g) services of a chiropodist, chiropractor, osteopath, physiotherapist or podiatrist (other than a relative) up to a maximum of \$300 per practitioner;
- 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 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.

AUTOMOBILE RETURN

If you become totally disabled and you are unable to continue your trip or vacation, the Company will pay the actual charges of a commercial agency for the return of your private or rental vehicle used for the trip, to your place of residence or nearest rental agency, up to a maximum of \$5,000.

"Totally Disabled" means your complete inability, on medical evidence, to continue your duties or activities and to continue your trip or vacation.

OUT-OF-POCKET EXPENSE BENEFIT

The Company will pay up to \$150.00 per day for reasonable and necessary commercial living expenses incurred by you or your insured travel companion if you becomes Totally Disabled and cannot continue their trip, up to a maximum benefit of \$1,500.00

REPATRIATION BENEFIT

When injuries or sickness covered by this Plan result in your loss of life in a province or country other than your place of residence and within 365 days after the date of the incident, the Company will pay the actual expense incurred for preparing your body for burial or cremation and shipment of your body to your place of residence in Canada, the amount not to exceed \$15,000 per insured member and incidental travel expenses up to a maximum of \$250.00..

IDENTIFICATION BENEFIT

If your body requires identification following your loss of life for which a benefit is paid or payable hereunder, the Company will pay to one of your Immediate Family members, 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 is located outside the 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 \$0.40 per kilometre travelled.

The maximum amount payable for this benefit is \$10,000 per Insured Person.

TRIP INTERRUPTION BENEFIT

If your scheduled departure is delayed for at least 12 hours due to sickness or hospitalization as provided by the Plan, or due to sickness or hospitalization of your covered travelling companion, the Company will reimburse you up to a maximum of \$500 for the extra cost of your one-way economy/charter air fare via the most cost-effective itinerary to your next scheduled travel destination or original departure point of the same trip.

The Company will also reimburse the additional and unplanned hotel and meal expenses, telephone calls and taxi fares up to a combined maximum of \$300 per day to a maximum of 5 days.

In order to claim any of the above outlined expenses, original itemized invoices must be provided at time of claim.

The combined maximum amount payable for this benefit is \$2,000 per Insured Person per incident.

FAMILY TRANSPORTATION BENEFIT

If you suffer injury or sickness, resulting in being confined to a hospital located outside your province of residence, the Company shall pay the reasonable and necessary expenses actually incurred for the transportation of an Immediate Family member to the hospital.

This benefit is only payable if:

- a) confinement to hospital occurs within 365 days of the sickness or the accident causing the injury; and
- b) reimbursement of expenses are limited to the cost of one economy class return air fare via the most direct route, or the equivalent amount toward another type of common carrier transportation for such immediate family member.

The maximum amount payable for this benefit for any one sickness, or for all injuries resulting from any one accident, is \$15,000 and incidental travel expenses up to a maximum of \$200 per day to a maximum of \$800 per Insured Person.

RETURN TRANSPORTATION FOR TRAVELLING COMPANION

If you are repatriated to Canada in accordance with the Repatriation Benefit, or return to Canada in accordance with the Ground or Air Transportation benefit, the Company will pay a benefit to you (or your estate) for the extra cost of a one-way economy air fare transportation on a commercial flight or charter via the most cost effective itinerary to transport your Travel Companion to Canada.

The maximum amount payable for this benefit for any one trip is \$2,000 per Insured Person for the transport of one Travel Companion.

RETURN AND ESCORT OF DEPENDENT CHILDREN UNDER AGE

If you are repatriated to Canada in accordance with the Repatriation Benefit, or return to Canada in accordance with the Ground or Air Transportation benefit, the Company will pay a benefit to you (or your estate) for the cost of a one-way economy air fare transportation on a commercial flight or charter via the most cost effective itinerary to transport your Dependent Children travelling with you on a trip to their home, plus reasonable overnight hotel accommodation and meal expenses and for the services of an attendant to escort your Dependent Children under age 16, if required.

The maximum amount payable for this benefit for any one trip is \$5,000 per repatriated or returned Insured Person.

EMERGENCY TRAVEL ASSISTANCE

Travel Assistance is provided by AIG Travel Protect. 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 AIG Travel Protect

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

GROUND TRANSPORTATION

The use of a licensed ground ambulance to a maximum of \$5,000 any one accident or sickness.

AIR TRANSPORTATION

- a) If an injury or sickness commencing during the course of your trip results in a medically necessary Air Transportation, the Company will pay benefits for covered expenses up to a maximum of \$300,000. An Air Transportation must first be approved by the Company and it must be ordered by a legally licensed physician or surgeon who certifies that the severity of your injury or sickness warrants your Air Transportation and that such is medically necessary.
- b) If, due to the geographical area at the onset of your medical emergency an air ambulance is deemed necessary, the Company will pay the cost of a licensed air ambulance for your transport to the nearest hospital or medical facility where appropriate medical treatment can be obtained.

Air Transportation means:

- a) your medical condition warrants immediate transportation from the place where you suffered the injury or sickness to the nearest hospital where appropriate medical treatment can be obtained; or
- b) after being treated at a local hospital, your medical condition warrants transportation to the place where you reside (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, for transportation, medical services and medical supplies which are medically necessary and incurred in connection with your Air Transportation. All transportation arrangements made for transporting you 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 you.

Expenses for medical supplies and services must be recommended by the attending physician or surgeon. Air Transportation means any land, water or air conveyance required in connection to transport you during an Air Transportation. Special Transportation includes, but is not limited to, air ambulance, land ambulances, commercial airlines and private motor vehicles.

Charges for use of a local ambulance and/or the use of a scheduled air carrier on physician's advice, up to the cost of a one-way economy air fare for you and \$250 for incidental travel expenses; if return by stretcher is required, the cost of such additional economy class seating as is necessary; if a medical attendant is required to accompany you, the Company will pay the fee of such attendant plus one return economy air fare and reasonable incidental travel expenses.

EXCLUSIONS AND LIMITATIONS

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 complication of 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 confined in a Hospital;
- (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 at suicide 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 of the Insured Person;
- (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.
- (r) any sickness, injury or medical condition must be stable in the 180 days prior to departure date for Insured Persons who are 85 years of age or above.

EXTENDED COVERAGE AFTER TERMINATION

In the event of the delayed arrival of your common carrier hospitalization this Plan 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 you are released from hospital.

TERMINATION OF COVERAGE

Coverage will terminate on the earliest of:

- 1) the date you cease to meet the eligibility requirements of the Plan;
- 2) the date any required premium is unpaid;
- 3) the date this policy terminates; or
- 4) the date you attain age 99.

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.

