

Emergency Out of Province/Canada Medical Plan

**For All Employees and Dependents
Of
Clients of Olympia Benefits Inc.**

Policy # 1NK40

Underwritten by:
SSQ INSURANCE COMPANY INC.

HEAD OFFICE: MONTREAL



Why You Need Emergency Out of Province/Canada 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/Country.

When you or your eligible dependents are outside your Province of Residence or Canada and require these services, your Provincial 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/Canada in which you reside. Unfortunately, there is often a tremendous difference between the cost of these services outside Province/Canada and the amounts allowed by your Health Plan, which you would have to pay were it not for this valuable Emergency Medical Plan made available to you by your employer.

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

How It Works

Upon enrolment of a Client to this insurance plan all the Employees are eligible to select one (1) of the following classes:

Class I: Employee Only Plan.

Class II: Employee and Family Plan.

A Dependent Child can only be included in one Employee and Family Plan. In the event that more than one Employee is eligible to enrol in the Employee and Family Plan with respect to the same Dependent Child, such Employees must elect under whose plan such Dependent Child will be included.

Only one Employee and Family Plan per family is available. In the event an Employee and his/her Spouse are both Employees of the Policyholder, those Employees must elect to be covered either under one Employee and Family Plan or two Employee Only Plans if there is no Dependent Child to be covered.

Employees, Spouses and Dependent Children must be covered under both a Canadian federal and/or provincial health and hospitalization insurance plan and the Policyholder's group health and hospitalization insurance plan and are residents of Canada.

What You Get

Emergency Out of Province/Canada Medical Coverage - Your plan provides extensive coverage for medical emergencies outside the Province/Canada in which you reside up to maximum of \$2,000,000 per Accident, Sickness or Disease.

Definitions

"Client" means an employer who purchased a group health and hospitalization benefit plan from Olympia Benefits Inc.

"You" means an insured employee.

"Employee" means an active employee of a Client of Olympia Benefits Inc. under the age of seventy (70).

"Insured Person" means you, your insured Spouse, or your insured Dependent Child.

"Eligible dependents":

- **"Spouse"** means an individual under the age of seventy (70)

a) to whom you are legally married, or

b) with whom you have continuously cohabited in a conjugal relationship for a minimum of one (1) year immediately before a loss is incurred under the policy.

Only one (1) individual will qualify as a spouse.

If you are legally married but is also cohabiting with an individual as described under Item b) above, you may elect in writing which one of the individuals will qualify as a spouse under the policy. This election must be filed with the Policyholder. The Insurer will not be bound by an election not filed before the event insured against. If an election is not filed, the spouse will be the individual to whom you are legally married.

A Spouse who is over age seventy (70) prior to August 1st, 2013 and insured under the previous plan with Olympia Benefits inc. will be grandfathered under this plan and his/her insurance will not terminate due to losing eligibility because of the age limit stated above.

- **"Dependent Child"** means your natural child, adopted child, stepchild or a child whom you have a parent-child relationship with. The child is unmarried, dependent upon you for maintenance and support and

a) under twenty-one (21) years of age, or

b) under twenty-five (25) years of age (twenty-six(26) in the province of Quebec) and in attendance at an Institution for Higher Learning on a full-time basis, or

c) by reason of mental or physical infirmity, is incapable of self-sustaining employment and is totally dependent upon you for support within the terms of the Income Tax Act.

"Institution for Higher Learning" is limited to universities, colleges, CEGEPs and trade schools located in Canada.

"Injury" means bodily injury caused by an Accident occurring while you or your insured dependent's insurance is in force and for whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy provided such injury is sustained and for which expenses are incurred during the course of a Trip outside the province of Residence/Canada. In no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.

"Accident" means any unlooked for mishap or untoward event which is not expected or designed.

"Sickness" means an impairment of normal physiological function and includes illness and infection occurring while your or your insured dependent's insurance is in force and for whose sickness is the basis of claim and for which expenses are incurred during the course of a Trip outside the province of Residence/Canada.

"Disease" means any unhealthy condition of the body or any part thereof occurring while you or your insured dependent's insurance is in force and for whose disease is the basis of claim and for which expenses are incurred during the course of a Trip outside the province of Residence/Canada.

"Trip" means travel, undertaken by you or your insured dependent which commences on the date of departure from the province of Residence and continues until the return date to such province of Residence, subject to a maximum duration of forty-five (45) consecutive days.

"Residence" means the primary dwelling of which you and your insured dependents are occupants and the premises on which it is situated.

"Emergency" means unexpected and not pre-planned.

Period of Coverage

You and your insured dependents are covered under this plan while travelling outside your Province/Country of Residence, for a period not to exceed forty-five (45) consecutive days.

Benefits and Coverage

Emergency Coverage for Hospital and Medical Services

When by reason of Injury, Sickness or Disease, you or your insured dependents require medical or surgical treatment and incur eligible expenses as described in this section, the Insurer will reimburse the reasonable and necessary charges for services or supplies received by you or your insured dependents in accordance with the following:

1. Hospital charges including those for room and board, up to and including the semi-private accommodation level, subject to a maximum duration of twelve (12) months;
2. Hospital charges for out-patient services when medically required;
3. expenses for the services of a Nurse ordered or prescribed by a Physician, provided the Nurse does not ordinarily reside in you or your insured dependent's Residence, subject to a maximum of five thousand dollars (\$5,000) per Accident, Sickness or Disease;
4. charges for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of a thirty (30) day supply;
5. expenses charged for the services of a duly licensed or duly registered physiotherapist for physiotherapy treatment ordered or prescribed by a Physician, provided such physiotherapist does not ordinarily reside in you or your insured dependent's Residence and is not an Immediate Family Member, subject to a maximum of one thousand dollars (\$1,000) per Accident, Sickness or Disease;
6. expenses for a licensed ground ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of five thousand dollars (\$5,000) per Accident, Sickness or Disease;
7. expenses incurred for the following:
 - a) blood plasma, whole blood or oxygen, including the administration thereof;
 - b) x-rays and laboratory examinations which are required for diagnostic purposes;
 - c) artificial limbs, eyes or other prosthetic appliances, subject to a maximum of two thousand dollars (\$2,000) per calendar year;
 - d) rental or purchase of casts, cervical collars, crutches, trusses, splints and braces (except dental braces and splints);
 - e) rental of a wheelchair, an iron lung and other durable medical equipment for temporary therapeutic treatment, subject to a maximum of five thousand dollars (\$5,000) per Accident, Sickness or Disease;
8. expenses for medical care and treatment rendered or surgical procedure performed by a Physician;
9. expenses for the services of a licensed anaesthetist when recommended by a Physician;
10. expenses for the services of any of the following practitioners, provided such practitioner is duly licensed or duly registered where required in the province of practise and does not ordinarily reside in you or your insured dependent's Residence and is not an Immediate Family Member, subject to a maximum of three hundred dollars (\$300) per specialty per Accident, Sickness or Disease (such services do not require the recommendation of a Physician except as indicated below):
 - a) chiropractor
 - b) osteopath
 - c) chiropodist or podiatrist

- d) massage therapist, on the recommendation of a Physician
- e) speech therapist
- f) psychologist

Expenses for diagnostic x-rays and laboratory tests ordered by a chiropractor, osteopath, chiropodist or podiatrist will be allowed as expenses under the services of such practitioners, subject to a maximum of one (1) x-ray per practitioner for each Insured Person per Accident, Sickness or Disease.

Emergency Dental Treatment Benefit

When Injury to whole and sound teeth (capped or crowned teeth will, for the purposes of this policy, be considered whole and sound), due to a force or blow external to the mouth, requires treatment, replacement or x-rays by a legally qualified dentist or oral surgeon, the Insurer will pay the reasonable and necessary expenses actually incurred by you or your insured dependents, but not to exceed in the aggregate the amount of two thousand dollars (\$2,000) as a result of any one (1) Accident.

Any payments made under this section will be in accordance with the current Fee Guide for General Practitioners published by the Dental Association in you or your insured dependent's province of Residence.

Evacuation Benefit

If as a result of Injury, Sickness or Disease, you or your insured dependents require any of the following evacuations:

1. transportation by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance, from the place of Accident, Sickness or Disease to the nearest Hospital that is equipped to provide the required treatment (or medical facility or doctor's clinic, when warranted) provided the evacuation is recommended by the attending Physician and approved by the Insurer.
2. transportation to you or your insured dependent's province of Residence by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance provided the evacuation is recommended by the attending Physician and approved by the Insurer and the attending Physician certifies in writing that you or your insured dependent's medical condition after receiving treatment (including diagnostic testing) warrants the return to his province of Residence for further treatment or to recover.
3. transportation to you or your insured dependent's province of Residence in the event he is confined as inpatient in a Hospital and under the Regular Care and Attendance of a Physician, thus preventing him from returning to his province of Residence on the original scheduled return flight, provided the return ticket is non-changeable and non-refundable.

The Insurer will pay the reasonable and necessary transportation expenses actually incurred by you or your insured dependent including any related medical services and supplies.

The Insurer will also pay the reasonable and necessary expenses actually incurred by a medical attendant or one (1) Immediate Family Member, who accompanied you or your insured dependents, for a round trip Airfare plus Accommodation and board. All covered expenses incurred by the medical attendant or Immediate Family Member are subject to a maximum amount of two thousand dollars (\$2,000).

The total maximum amount payable under this section will not exceed the amount of \$10,000 as a result of any one (1) Accident, Sickness or Disease.

Repatriation Benefit

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by you or your insured dependents more than fifty (50) kilometres from you or your insured dependent's normal place of Residence, the Insurer will pay the reasonable and necessary expenses actually incurred for the transportation of the body to the first (1st) resting place (including but not limited to a funeral home or the place of interment) in the vicinity of the normal place of Residence of the deceased, including charges for the preparation of the body for such transportation, subject to the maximum amount of \$10,000.

Family Transportation and Accommodation Benefit

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by you or your insured dependents or if you or your insured dependents are confined as an inpatient in a Hospital for at least four (4) consecutive days and under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable and necessary expenses actually incurred by:

1. any other Insured Persons or Travelling Companion who remained with you or your insured dependents during your hospitalization, thus preventing them from returning to their province of Residence on the original scheduled return date, provided the return Fare is non-changeable and non-refundable, for their board, Accommodation and transportation by the most direct route back to their normal place of Residence, subject to the cost of one (1) way Fare; or
2. an Immediate Family Member or a family representative for board, Accommodation and one (1) return Fare for transportation by the most direct route to and from the normal place of Residence of the Immediate Family Member or family representative to the confined Insured Person, if you or your insured dependents had been travelling unaccompanied by a family member at the time you/they became hospitalized.

Reimbursement of transportation expenses under this section is limited to seventy-five percent (75%) of the cost of the Fare. If transportation occurs in a Motorized Vehicle other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of thirty-five cents (\$0.35) per kilometre travelled.

The total maximum amount payable under this section by the Insurer to or on behalf of you or your insured dependents will not exceed the amount of \$2,000 as a result of any one (1) Accident, Sickness or Disease.

Return of Vehicle Benefit

If, as the result of Injury, Sickness or Disease, the attending Physician certifies in writing that you or your insured dependent have become disabled and are unable to continue the Trip by means of driving the owned or rented Motorized Vehicle used as a conveyance during such Trip, the Insurer will pay the reasonable and necessary expenses actually incurred for the return of such vehicle by a commercial agency to you or your insured dependent's normal place of Residence or the rental agency, as the case may be. The maximum amount payable under this section by the Insurer to or on behalf of you or your insured dependents will not exceed the amount of \$500 as a result of any one (1) Accident, Sickness or Disease.

Rental Expense Benefit

If, as the result of Injury, Sickness or Disease, you or your insured dependent is confined as an inpatient in a hospital and under the regular Care and attendance of a physician, the Insurer will pay the reasonable expenses actually incurred by you or your insured dependent for the rental of a telephone and/or television set. The maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of \$200 as a result of any one (1) Accident, Sickness or Disease.

Hotel Convalescence Benefit

If, as the result of Injury, Sickness or Disease, the attending Physician certifies in writing that you or your insured dependent, due to medical condition, is prohibited from resuming any travel following discharge from the hospital where the you or your insured dependent was confined for a period of not less than seven (7) days, the Insurer will pay the reasonable and necessary expenses actually incurred for board and Accommodation. The maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed \$1,000 as a result of any one (1) Accident, Sickness or Disease.

Exclusions and Limitations

A. This policy does not cover loss (fatal or non-fatal) or expenses caused by or resulting from:

1. suicide or intentionally self-inflicted Injury;
2. war, whether declared or not;
3. perpetration of acts of terrorism or participation in a riot, insurrection or civil commotion;
4. active full-time, part-time or temporary service in the armed forces of any country;
5. pregnancy, childbirth, except complications thereof which will be treated as any other Sickness;
6. a Trip undertaken by you or your insured dependents for the purpose of obtaining medical treatment, assessment or consultation;
7. participation in any professional athletics; or
8. participation in acrobatic or stunt flying, mountaineering, hang gliding, scuba diving, any racing or speed contests;
9. any use of non-medicinal drugs or alcohol while operating a Motorized Vehicle;
10. any condition for which the Insured Person received medical advice, consultation or treatment within three (3) months prior to the commencement of a Trip, with the exception of a Chronic Condition which is under treatment and Stabilized by the regular use of prescribed medication. (This exclusion does not apply to Insured Persons under the age of 65 on the date of the Accident, Sickness or Disease.)

"Chronic Condition" means a disease or disorder which has existed for a minimum of three (3) months.

"Stabilized" means there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of three (3) months.

B. This policy does not cover any of the following supplies or services or costs thereof:

1. expenses covered under any government hospital, medical, dental or health care insurance plan, whether payable or not, or expenses for which insurance is prohibited by law;
2. expenses which are reimbursed under a group health and hospitalization insurance plan;
3. medical examinations for the use of a third (3rd) party, cosmetic surgery and dental services other than those required as a result of an Accident;
4. charges for experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada, contraceptives of any type or form and patent medicines;
5. charges for any experimental medical treatments;
6. services for which no charge would ordinarily be made if there was no insurance coverage;
7. expenses incurred for necessary treatment or surgery which medically could be delayed until you or your insured dependents have returned to your province of Residence; or
8. medical expenses for treatment or surgery which you or your insured dependents elect to have rendered or performed outside your province of Residence, following an Emergency treatment or diagnosis of a medical condition which (on medical evidence) would not prevent you or your insured dependents from returning to your province of Residence prior to such treatment or surgery.

C. The following limitations to the coverage provided under this policy will apply:

1. Coverage for each Trip begins when you or your insured dependents leave the border of your province of Residence or if travelling by aircraft, when such aircraft takes off in your province of Residence, provided insurance is in force.

Coverage for each Trip terminates when you or your insured dependents cross the border of your province of Residence when returning from a Trip or if travelling by aircraft, when such aircraft lands in your province of Residence or forty-five (45) days following the date of departure from your province of Residence, whichever is earlier.

2. All expenses must be incurred on a non-elective Emergency basis outside your or your insured dependent's province of Residence and are in excess of expenses payable under any individual, group or government sponsored hospital or medical insurance plan.
3. In consultation with the attending Physician, the Insurer reserves the right to transfer you or your insured dependents to another Hospital or to return you or your insured dependents to your province of Residence for necessary treatment. In the event you or your insured dependents refuse to comply, the Insurer will no longer be liable for further expenses incurred, which are relating to the condition causing the treatment, after the proposed transfer date.

Emergency Travel Assistance

Travel Assistance is provided by AXA Assistance. With centres worldwide they will:

- help you locate the most appropriate medical facility for you
- confirm coverage with SSQ Insurance Company Inc. 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

How to submit a claim?

Minor expenses

For expenses associated with minor medical emergencies (less than \$250.00), keep your receipts and file your claims with your government health plan first and then with

SSQ Insurance Company Inc.
800, 6th Avenue S.W., Suite 650
Calgary, Alberta
T2P 3G3

Major expenses

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

In an emergency here is what to do

In the event of a medical emergency, you or someone acting on your behalf must call AXA Assistance immediately. Their operations 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 AXA Assistance Centre at the numbers listed below.

1 866 783 9473 (Toll free from U.S.A & Canada)

514 285 8195 (From outside U.S.A. and Canada call collect via operator)

An operator will ask you the following:

- your name, location and the details of your emergency
- your AXA Assistance Identification Number: **427W**
- The group name of your policy: **Olympia Benefits Inc.**
- Policy No. **1NK40**

Effective Date

Your coverage begins on the date you satisfy the definition of “Insured Employee or Eligible dependents”

Termination Date

Your insurance ends on the earliest of:

- 1) the date the policy is terminated;
- 2) the premium due date if premiums are not paid when due;
- 3) the date you no longer satisfy eligibility requirements of the policy; or
- 4) on the date you reach age seventy (70).

Your insured Spouse’s insurance ends on the earliest of:

- 1) the date your insurance ends;
- 2) the date he/she no longer satisfies the dependent eligibility requirements of the policy; or
- 3) on the date he/she reaches age seventy (70) (except if he/she is grandfathered by this policy).

Your insured Dependent Child’s insurance ends on the earliest of:

- 1) the date your insurance ends; or
- 2) the date he/she no longer satisfies the dependent eligibility requirements of the policy.

This booklet provides only brief descriptions of the coverage available.

Keep it in a safe place.

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 SSQ Insurance Company Inc.