Entente

Group Insurance Program

2023

RTO ERO

How RTOERO supports your plans

Entente group insurance plans – Extended Health Care, Hospital and Convalescent Care, and Dental – are owned and operated by RTOERO. Our volunteer-led board of directors and Benefits Committee manage the plan design and premiums with the commitment to put members first.

Service to our members is provided by:

- Johnson Inc. as the claims and service administrator – a proud partner of RTOERO for more than 30 years
- Canadian Premier Life Insurance Company, a Securian Financial Company, as the underwriter of the Entente Extended Health Care, Hospital and Convalescent Care, and Dental plans
- Royal & Sun Alliance Insurance Company of Canada, as the underwriter of the RTOERO Travel Plan and Supplemental Travel Plan

This booklet provides a summary of the Entente Group Insurance Program and is not a valid contract. Possession of this booklet does not represent entitlement to benefits under any of the plans described within. All descriptions of the benefits are governed by master policies held by RTOERO. If there are any discrepancies between the master policies and the information in this booklet, the master policies will take precedence. The master policies determine your eligibility for coverage and your rights to any benefit payment. RTOERO and/or the insurers reserve the right to make changes in the benefit provisions and administrative processes at any time and are not responsible for any government actions implemented that may impact on these plans.

Your provincial Government Health Insurance Plan must be in effect in order for Entente Group Insurance Plans coverage to apply.

Updated: May 2023

Entente
Group Insurance Program

Welcome to Entente!

RTOERO's group insurance program has a new name: **Entente**.

When we launched our original program in 1981, it provided extended health care, hospital and dental insurance to RTOERO members and their families. Since then, we've steadily expanded our offering to include individual life insurance plans, as well as vehicle, home and travel insurance options, giving members the flexibility to choose the coverage that best fits their needs.

Over the decades, this comprehensive program has evolved into a distinct suite of insurance services – developed, managed and supported by RTOERO, but with its own unique identity. Now we've completed that evolution by branding the program with a name that sums up the special relationship between our organization and the members we're proud to serve.

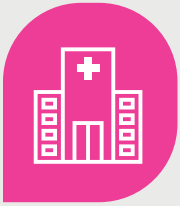
An entente is literally an agreement, an accord anchored by shared values and beliefs. We feel that perfectly captures the spirit behind the services we offer, and indeed everything RTOERO does. Entente is about understanding, collaboration and support within a community of trust.

A new banner, the same commitment to you

While the Entente brand is new, our purpose remains unchanged: to provide the most cost-effective, high-quality and competitive insurance program possible to meet the needs of RTOERO members and their families. As always, you can rest assured that our plans are expertly managed and have solid financial foundations. And you can expect to see Entente keep on evolving to meet your changing needs.

In the following pages, you'll find details on every aspect of this exceptional insurance offering. Welcome to Entente!

Entente Group Insurance Plans



Hospital and Convalescent Care Plan

Extended Health Care Plan
(including Travel)

Dental Plan

Who is eligible for coverage?

Members of RTOERO permanently residing in Canada, covered by a Government Health Insurance Plan (GHIP), are eligible to participate in the plans offered. Coverage is also available for spouses and/or dependent children residing in Canada and covered by a GHIP.

Please see the "Definitions" section on page 39 for a description of who qualifies to be insured as an eligible dependent under this insurance. A spouse or dependent child can join a plan without the RTOERO member also being insured under that plan. However, the RTOERO member must be insured with at least one other plan.

Coverage for unmarried children under age 30 who are enrolled at an accredited post-secondary institution as a full-time student will be extended to the earliest of August 31 of the school year, age 30, or until coverage is terminated. Confirmation of full-time student status is requested each year.

Any functionally impaired child who was insured as a dependent shall remain insured beyond any limiting age for dependents. For the purpose of insurance, functionally impaired means an unmarried person who was insured as a dependent prior to becoming functionally impaired and who, as a direct result of the functional impairment, is:

- incapable of financial self-support because of a disability
- wholly dependent on you for financial support and maintenance for the purpose of the Income Tax Act (Canada)
- does not have a spouse

A physician's letter of diagnosis and prognosis is required.

Students studying out-of-province: Eligible expenses for covered dependent children studying outside their normal province of residence will be considered under the Extended Health Care Plan on the same basis as if expenses were incurred in their province of residence (provincial government health insurance coverage must remain in place).

When does your insurance begin?

If you are enrolling from a school board group insurance plan, your spouse's group insurance plan or any other group insurance plan, medical evidence of insurability is not required. The Service Administrator must receive your application prior to, or within, 60 days from the termination date of your group plan. Your coverage will be continuous and will be in effect the day following the termination date of your previous group insurance regardless of when your application is received within the 60-day period.

If you apply after the 60-day period, are transferring from an individual insurance plan or were not previously insured under a group insurance plan, you will be considered a "late applicant."

Applying for insurance as a "late applicant"

Hospital and Convalescent Care Plan and Extended Health Care Plan – You will be required to submit medical evidence of insurability. Coverage, if approved, will begin on the date the insurer approves your application.

Dental Plan – Your coverage will begin on the date your completed application is received. As a "late applicant", full dental benefits are available immediately. You must maintain your coverage in the Dental Plan for 24 months. If you terminate your Dental Plan after this period, you may not re-enrol for 12 months.

Changes to your status

It is your responsibility to notify the Service Administrator, in writing, when there is a change in your coverage status (e.g., from family to couple or from single to couple).

Adding Dependents: If, after your effective date of coverage, you acquire a spouse (through marriage or a common-law relationship for 12 consecutive months) and/or any dependent children, you must enroll your dependent(s) within 60 days of the life event; otherwise, the late applicant conditions outlined above will apply. If a dependent is hospitalized on the date coverage would normally become effective, your dependent's coverage will be postponed until the day following discharge from the hospital. If you already have family coverage, new dependents are automatically covered regardless of hospital confinement.

Power of Attorney: A power of attorney is a legal document in which you appoint a person of your choice to act as your representative in the event that you are unable to do so. If you have an assigned Power of Attorney, the Service Administrator will require a copy of the general or continuing Power of Attorney for property.

When does your insurance terminate?

Your coverage ceases on the earliest of the following events:

- You request in writing to terminate coverage
- You cease to make premium payments
- You cease to be an RTOERO member
- The plan is terminated

NOTE: Your dependents' coverage ceases on the earliest of the above events or when they are no longer eligible.

You may be eligible for a refund of pre-paid premium based on your date of cancellation or status change.

Survivor coverage: Following notification of your death, the Service Administrator will send a Continuation of Benefits Form for completion. Once received, coverage for your spouse and/or dependent children may be continued for as long as premiums are paid and they continue to qualify for coverage.

Convenience Services

My Insurance on-line portal: You can view your Entente Group Insurance Program on a completely secure and private website. The information is stored in real-time so claims and coverage information is current. Log in to My Insurance by visiting **insurance.johnson.ca**.

BENEFIT STATEMENTS AND INCOME TAX LETTERS

Each year you will receive:

- Entente Group Insurance Program statement summarizing the benefits available to you under the Entente Group Insurance Program and those in which you are currently enrolled. The statement confirms your coverage and your monthly insurance premium deductions.

- Statement of premiums and claims, for income tax purposes, summarizing the total premiums you paid along with the total claims submitted and paid, for you and your eligible dependents, in the previous calendar year. Your premiums, as well as the difference between the claim amounts submitted and the amounts reimbursed by the Entente Group Insurance Program, may be eligible toward your medical expense tax credit.

How to Submit a Claim

- **IMPORTANT:** All claims must be submitted no later than six months from the date in which the expenses were incurred. For example, all claims incurred on February 1 must be submitted by August 1 of the same year.

- Claims for items (e.g., eye glasses) will apply toward the maximum in the year the item was paid in full. Claims for services (e.g., chiropractor, physiotherapist) will apply to the maximum in the year the service was rendered.

- Photocopies of receipts are acceptable. Cash register and credit card receipts are not acceptable.

- Receipts must contain the patient's name, the vendor or provider's information, the date of service or purchase, a description of the item purchased and a breakdown of charges. Please note that the patient account statement does not contain the information required.

- If a plan is cancelled, all claims must be submitted within 90 days of the cancellation date.

- For details on how to submit a claim for your emergency medical travel plan or your trip cancellation and trip interruption plan, please refer to the RTOERO Travel Plan section.

Online Submission

You can submit your claim online on the My Insurance portal at **insurance.johnson.ca**. For many claims, you can enter your own claims data and receive an immediate response about your payment including eligibility, reimbursement and amount paid. For audit purposes, original receipts may be requested at any time. Please retain your receipts for seven years.

Manual Submission

If you wish to mail your claim, a claim form is required and can be obtained through the My Insurance portal at **insurance.johnson.ca**. Make sure your claim form is complete, including your certificate number (ID#). Remember to sign each claim form. Please submit claims to your Claims Team at Johnson Inc.

Electronic Submission by Service Provider

- **Pharmacy Claims:** Present your Benefits Card at the time of purchase and your pharmacist will send your claim electronically. You will be responsible only for the payment of the dispensing fee, the remaining drug cost portion not covered by the RTOERO Extended Health Care Plan prescription drug benefit, and any drugs that are ineligible for reimbursement. If your pharmacist is unable to submit your claim electronically, the pharmacist can call the pharmacy helpline at 1-800-563-3274 (toll free).

- **Dental, paramedical and vision claims:** Dental, paramedical and vision practitioners' offices with electronic submission capabilities can submit your claim electronically to Johnson Inc. Payment for any eligible expenses may be made directly to the practitioner or remitted to you, depending on the practitioner's arrangement.

Direct Deposit of Claim Payments: Your claim payments can be deposited directly into your bank account. Simply submit a VOID cheque to the Service Administrator and all future payments will be deposited to your account. If your premium is deducted from your bank account, the same bank account must be used for direct deposit. If you do not choose direct deposit for your claim payments, a claim payment cheque will be mailed to you.

Email Notification of Claim Payments: You can receive notification of your claims payment by email. Provide the Service Administrator with your email address. Once a payment is deposited to your account, you will receive an email confirmation providing you with a link to the My Insurance portal. Information on your claim can be viewed online.

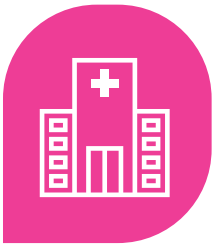
Coordination of benefits with other plans: If you are covered under more than one insurance plan simultaneously, benefit payments from all plans will be coordinated. The total reimbursement cannot exceed the actual expense incurred.

Your claims should generally be submitted first to this plan. Your spouse's claims should be submitted first to his/her plan, and your dependent children's claims should be submitted first to the plan of the parent whose birthday (i.e., month and day) occurs earlier in the calendar year.

Please contact the Service Administrator to verify which plan pays first. If the other plan does not have a coordination of benefits provision, claims should be submitted first to that plan. If priority cannot be established by those means, benefits will be prorated between the plans.

A copy of the explanation of benefits from the other insurance carrier, a completed Extended Health Care claim form and photocopies of all receipts are required for consideration of the claim balance.

All coordination of benefits follows the Canadian Life and Health Insurance Association coordination of benefits guidelines.



Hospital and Convalescent Care Plan

The RTOERO Hospital and Convalescent Care Plan provides coverage for semi-private hospital accommodation in Canada and convalescent care in a facility or your home upon your discharge from hospital.

HOSPITAL

REIMBURSEMENT 95% of the daily semi-private room rate

The plan assists with the cost of semi-private hospital accommodation in a licensed hospital in Canada, including active, acute rehabilitative hospitals (not homes). You must be receiving active, acute care. Claims for a private room charge are reimbursed based on the regular semi-private room rate.

Exclusions and Limitations

In addition to the general exclusions and limitations applicable to all of the Entente Group Insurance Plans on page 34, the plan does not cover any expenses incurred directly or indirectly for, or as a result of, the following:

- Accommodation and care charges in a chronic care facility ALC (Alternate Level Care), convalescent care facility, rehabilitative hospital (not homes) or chronic care facility within a hospital
- Accommodation charges in a rest home, nursing home, health spa, a home for the aged, an establishment providing custodial care or an institution for the care and treatment of alcoholism or drug addiction or mental illness
- Any other accommodation providing care other than active, acute care (e.g., chronic care, respite care, complex care, long-term rehabilitation)

Submitting a Claim

- At the time of hospital admission, present your Benefits Card to the admitting clerk.
- The hospital should send its bill directly to the Claims Team on your behalf. If the hospital requires that you pay the bill, send the paid-in-full hospital claim form along with a completed Extended Health Care claim form to the Claims Team at Johnson Inc.
- Please do not submit a claim for the unpaid portion of your semi-private claim when the claim is reimbursed directly to the hospital.

NOTE: For general information on "How to Submit a Claim" refer to page 8.

CONVALESCENT CARE

The RTOERO Convalescent Care Benefit provides coverage for convalescent care in a facility OR in your home upon your discharge from hospital.

Convalescent Facility Care

REIMBURSEMENT **80%** to a maximum of $75 per day, up to 30 days per calendar year, immediately following an active acute care hospital stay for a minimum of 24 hours.

The plan covers an approved temporary stay in a convalescent care facility for the continued care of the same condition for which you were hospitalized.

Convalescent Home Care

REIMBURSEMENT 80% to a maximum of $75 per day, for a maximum of 30 days following any active, acute care hospital stay for a minimum of 24 hours, and a maximum of three days following non-elective day surgery.

The plan covers charges for convalescent home care provided to you in your own home. Convalescent home care may be rendered by persons without professional skills or training provided they are working under the supervision of a licensed home care agency or a home health care agency. Written recommendation of a physician and completion of an authorization form is required.

Home health care agencies include those licensed primarily to provide personal care and home support. The level of care includes assisting with or in:

- Activities of daily living (eating, toileting, transferring positions, bathing and dressing)
- Ambulation and exercise
- Homemaker services or home health aide services
- Self-administered medications
- Services needed to maintain or improve your functional ability

The home caretaker must not ordinarily reside in your home, be your dependent or an extended family member and must not be related by blood or marriage. The days of home care need not be consecutive but they must be provided within 90 days of the date of discharge from the hospital.

Claims Submission Tips

- Contact the Claims Team for an authorization form prior to incurring any expenses.
- Attach the original invoices/receipts from the home care agency, the home health care agency, or convalescent facility to the authorization form and send it to the Claims Team.
- Receipts must list each type of service, including the name of the service provider, the date of service and charge per service.

NOTE: For general information on "How to Submit a Claim" refer to page 8.

Extended Health Care Plan

The Extended Health Care Plan (EHC) pays for eligible expenses not normally covered by your Government Health Insurance Plan (GHIP) and which are recommended as medically necessary. Eligible EHC expenses will be reimbursed according to the various maximums and limits outlined in this booklet.

Reimbursement is based on industry guidelines, including the reasonable and customary fees of the area in which the expenses occur, and will be made after the eligible portion, where applicable, has been paid by GHIP.

Non-emergency, routine claims incurred while travelling are considered under the EHC plan, subject to all exclusions and limitations. Receipts for these claims should be translated and must contain all required information.

For general information on "How to Submit a Claim" refer to page 8 of this booklet and for the complete list of "General Exclusions and Limitations Applicable to the Entente Group Insurance Plans" refer to page 34 of this booklet.

For information regarding your RTOERO Travel Plan, please refer to page 43.

PRESCRIPTION DRUGS

REIMBURSEMENT 85% of ingredient cost to a maximum of $3,400 per insured person per calendar year

Covers drugs, sera, injectables, and compounds/mixtures which have a Drug Identification Number (DIN) and legally require a prescription from a physician, dentist or practitioner legally qualified to prescribe, and are dispensed by a licensed pharmacist.

Reimbursement is based on the price of the lowest cost interchangeable drug, typically a generic drug, which can legally be used to fill the prescription. If you choose to purchase the brand name drug, you will be required to pay the difference between the cost of the brand-name and the lowest cost interchangeable drug. If there is a medical reason why you cannot tolerate the generic drug, have your attending physician complete a "Group Benefits Request for Approval of Brand Name Drug" form. Send the completed form to the Claims Team for approval. If approved, the prescription drug benefit will cover the cost of the brand-name drug subject to benefit limitations.

Express Scripts Canada Pharmacy™ is an online pharmacy to fill a prescription for a maintenance medication. This service is completely voluntary and offers a higher reimbursement of 100% for generic drugs or 90% for eligible brand-name drugs. Please see page 27 for more details.

Included in the drug maximum:

- GHIP deductibles for prescription medications (e.g. ODB, RAMQ, and Fair Pharmacare) are reimbursed based upon 85% of the eligible drug ingredient costs.

- Sexual dysfunction treatments, reimbursed at 85% of the eligible drug ingredient costs.
- Diabetic supplies for glucometers and insulin pumps (for example, lancets, test strips and syringes) are eligible. You may be able to have your diabetic supplies covered by the Ontario Drug Benefit (ODB) by presenting a physician's prescription to your pharmacist. Reimbursed at 85%.
- Certain drugs and medically required supplies of a non-prescription nature required as a result of a colostomy or ileostomy and/or for the treatment of cystic fibrosis, diabetes, Parkinsonism or heart disease. Reimbursed at 85% of the eligible drug ingredient costs.

In Ontario, certain drugs are covered by the ODB on a LIMITED USE basis. Your first Limited Use drug claim will be reimbursed. You will receive a letter to have your physician or pharmacist confirm whether or not you meet the ODB Limited Use criteria. Future payments of the drug are dependent upon receipt of this confirmation on an annual basis.

NOTE: The maximum drug supply is 100 days. If you are taking an extended vacation, a further 100 day supply can be obtained by having your pharmacist contact the Claims Team.

Exclusions and Limitations

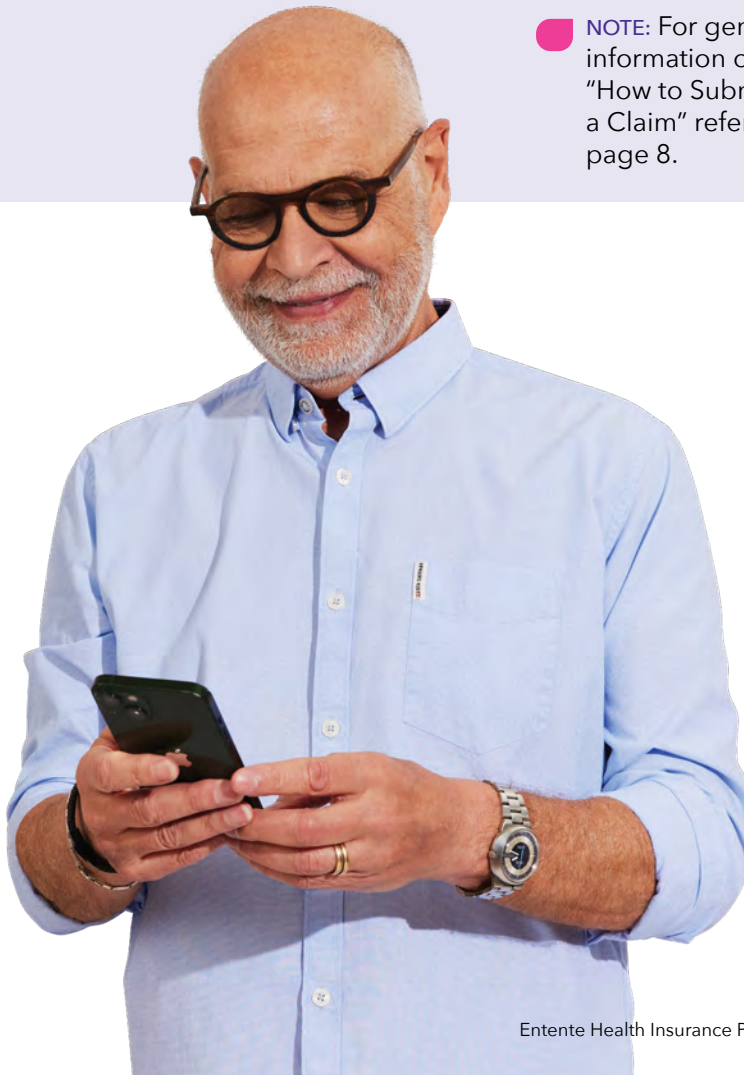
In addition to the general exclusions and limitations applicable to all of the Entente Group Insurance Plans on page 34, the Prescription Drugs benefit does not cover any expenses incurred directly or indirectly as a result of or for the following:

1. Over-the-counter drugs, whether or not your physician has prescribed them, with the exception of those required in the treatment of colostomy or ileostomy and/or the treatment of cystic fibrosis, diabetes, heart disease or Parkinson's
2. Drugs, sera, injectables and supplies which are not approved by Health Canada (Food and Drug), or that are experimental or limited in use whether or not so approved
3. Drugs, sera, and injectables that are not dispensed by a licensed pharmacist
4. Natural Health Products (NHP) such as vitamins and minerals, herbal remedies, homeopathic medicines, traditional medicines such as traditional Chinese medicines, probiotics and other products such as amino acids and essential fatty acids
5. Medical cannabis
6. Supplements and remedies
7. Dispensing fees and compounding fees
8. The cost of giving injections, serums and vaccines.

Claims Submission Tips

- Ask your pharmacist to submit electronically for your eligible prescription drug expenses. At the time of filling a prescription, you will be responsible for payment of the dispensing fee, the portion not covered by the RTOERO Extended Health Care Plan prescription drug benefit and any drugs that are not eligible for reimbursement under the RTOERO EHC Plan.
- If your pharmacy is submitting your claim electronically, please do not submit your receipt for the dispensing fee and the portion not covered.
- If your pharmacist is unable to submit your claim electronically, the pharmacist can call the pharmacy helpline at 1-800-563-3274 (toll free). If a resolution cannot be made immediately, please pay the expenses in full and submit your claim through the My Insurance portal or manually to the Claims Team.
- If you are submitting a manual claim, enclose your actual prescription receipt, not the prescription label.

NOTE: For general information on "How to Submit a Claim" refer to page 8.



PARAMEDICAL PRACTITIONERS

Non-Surgical Services

REIMBURSEMENT 80% to a maximum of $1,300 per insured person per calendar year for all practitioners combined

The plan covers non-surgical services of the following licensed, certified or registered practitioners. The practitioner must be certified or licensed to perform services within their scope of practice in the province in which he/she is practicing. When a province has a governing body, only services from a practitioner who holds a designation recognized by the governing body are eligible.

Prior recommendation of a physician is not required and payments are made from your first visit.

- Acupuncturist
- Chiropodist
- Chiropractor
- Dietician
- Herbalist
- Homeopath
- Naturopath
- Nutritionist
- Occupational Therapist
- Osteopath
- Physiotherapist
- Podiatrist
- Psychotherapist
- Registered Clinical Psychologist
- Registered Massage Therapist
- Shiatsu Therapist
- Social Worker
- Speech Therapist

Please note, acupuncture and foot care services are also eligible when provided by a Registered Nurse.

Reflexology services are eligible for reimbursement when performed by one of the covered paramedical practitioners above operating within their scope of practice. Please contact the Claims Team to confirm if reflexology falls under the scope of practice for the practitioner you will be visiting.

Surgical Services

REIMBURSEMENT 80%

The plan covers a maximum of $30 per calendar year for one x-ray by each of a Chiropodist, Chiropractor, Osteopath or Podiatrist and up to $100 for surgical services (e.g., removal of toenails or excision of plantar warts) are reimbursed when performed by a Chiropodist or Podiatrist. These services are a separate benefit and cannot be combined with the calendar year maximum for the Paramedical Non-Surgical Services benefit.

Claims Submission Tips

Receipts must list the service provided, the date of treatment, cost per treatment and name, title, designation and registration number of the provider.

NOTE: For general information on "How to Submit a Claim" refer to page 8.

VISION

REIMBURSEMENT 80%

The plan covers:

- Prescription eyewear benefit (eye glasses, sunglasses and contact lenses dispensed by a licensed optometrist or optician), including fitting fees, laser eye surgery, and corneal incision, to a combined limit of $400 per insured person in any two consecutive calendar years
- New lenses (excludes frames) required within six months of eye surgery to an additional lifetime limit of $400 per insured person. This post-surgical benefit will be applied only after the prescription eyewear benefit maximum has been met in full
- Contact lenses prescribed for severe corneal astigmatism, severe corneal scarring, keratoconus or aphakia, to correct vision to at least a 20/40 level (only when regular glasses cannot improve vision to that level), to a limit of $400 per insured person in any two consecutive calendar years
- Visual training or remedial exercises not covered by your GHIP to a limit of $50 per insured person per calendar year
- Eye examinations to a maximum of $150 per insured person in any two consecutive calendar years for you or your eligible spouse, and in each calendar year for eligible dependent children
- Cataract surgery – Expenses related to cataract surgery not covered elsewhere within the plan, subject to a lifetime maximum of $300 per eye

Claims Submission Tips

Laser eye surgery claims and claims for new lenses due to eye surgery must include the date of your eye surgery.

NOTE: For general information on "How to Submit a Claim" refer to page 8.

AIDS AND APPLIANCES

REIMBURSEMENT 80%

The plan covers the reimbursement of charges for the following aids and appliances subject to reasonable and customary fees. A written prescription and diagnosis from a physician or, where provincial legislation allows, a Nurse Practitioner (NP) is required. Payments for aids and appliances are offset by the amount eligible for payment through the various provincial government programs.

For Ontario residents, the Assistive Devices Program (ADP) is available. To be eligible under the ADP, items must be purchased from an ADP registered vendor.

Prior to making your purchase, please call the Claims Team for eligibility requirements and the plan maximum, if applicable.

If provincial funding is not available for your item, please send your quote to the Claims Team. They will review and determine if the item is eligible for reimbursement. You will then have a full understanding of your out-of-pocket costs prior to making your purchase.

- **a)** Trusses, splints, braces, crutches, canes, casts
- **b)** Artificial limbs or eyes, breast prosthesis
- **c)** Three mastectomy bras per calendar year
- **d)** Wigs to a maximum of $640 per calendar year
- **e)** Surgical support stockings with a minimum compression level of 15 mmHG, to a limit of $400 per calendar year
- **f)** Custom-made orthotics and custom-made orthopaedic shoes (which are not part of a brace) including orthopaedic adjustments/ modifications to stock item shoes to a combined limit of $500 per insured person every two consecutive calendar years (excludes the cost of pre-manufactured and extra depth footwear). Please note: to be eligible for reimbursement, orthotics must be dispensed by a chiropodist, chiropractor, orthotist, pedorthist or podiatrist.
- **g)** Orthopaedic shoes that are attached to and form part of a brace

h) Rental or purchase of a walker, wheelchair, hospital bed, or respirator ventilator. To be considered for a hospital bed, the patient must be non-ambulatory
i) Purchase or repair of hearing aids, excluding batteries, to a limit of $1,100 per insured person in any three consecutive calendar years
j) One hearing test to a limit of $75 per insured person per calendar year
k) Glucose monitoring kit and insulin pump
l) Incontinence supplies to a limit of $750 per calendar year (cash register receipts are not acceptable; the receipt must include the patient's name, vendor information, description of the item purchased, and the paid-in-full date)
m) Geriatric or lift chair (not a chair lift for staircases) to a combined lifetime maximum of $1,000 per insured person
n) Post-surgical comfort and convenience items (e.g., sock reacher, shoe lacer), directly related to the surgery performed, to a limit of $200 per insured person in any two consecutive calendar years. Items must be purchased within six months of the surgery date.
o) Closed circuit television (CCTV) to a lifetime maximum of $500 per insured person
p) Purchase or rental of a Continuous Positive Air Pressure unit (CPAP), one unit every five consecutive calendar years including eligible supplies (e.g., mask, headgear, tubing, filter and humidifier)
q) Where reasonable, the repair of any covered aid or appliance upon prior approval by the Claims Team
r) Oxygen and its administration (both inside and outside your province of residence) subject to prior approval. Expenses related to equipment maintenance are not eligible for reimbursement.

Any eligible medical aid/equipment acquired on a rental basis will be limited to a three-month period. If the purchase of the medical aid/equipment is deemed medically necessary and approved, the amount reimbursed for the rental will be deducted from the amount reimbursed for the purchase. If the purchase is made prior to receiving approval, reimbursement may be limited to the cost of up to three months' rental.

Upgrades to medical aids/appliances will be reimbursed at the standard cost of the aid/appliance.

Exclusions and Limitations

In addition to the general exclusions and limitations applicable to all of the Entente Group Insurance Plans on page 34, the Aids and Appliances benefit does not cover any expenses incurred directly or indirectly as a result of or for the following:

- Batteries
- Delivery, installation and set-up fees for medical aids and appliances (e.g. shipping/handling charges)
- Warranties and service plans

Claims Submission Tips

- A written prescription, including diagnosis, from a physician and the completion of an authorization form (where applicable) supplied by the Claims Team are required.
- Additional information may be necessary to assess the eligibility of the aid or appliance.
- Provincial financial assistance is available for some items through Government Health Insurance Plans (GHIP), such as the Ontario Assistive Devices Program (ADP). Application must first be made through a registered service provider or through any other government program for all eligible services/equipment. Payments under the RTOERO EHC plan are offset by the amount eligible for payment through the GHIP program, whether or not an application for provincial assistance is made. All receipts must indicate the amount paid by the GHIP program (where applicable) and/or a letter of decline.

NOTE: For general information on "How to Submit a Claim" refer to page 8.

DIAGNOSTIC SERVICES

REIMBURSEMENT 80%

The plan covers diagnostic laboratory tests, including screening tests, to a maximum of $250 per insured per calendar year. Charges for services and details of procedures must be written on a lab invoice, which indicates that the test is not covered by a Government Health Insurance Plan (GHIP).

Scans such as, but not limited to, MRI and PET, genetic testing, fees for blood collection, as well as any x-ray or laboratory test that would be standardly covered by GHIP, are not covered.

Reimbursement will be made only after the eligible portion, where applicable, has been paid by GHIP.

PRIVATE DUTY NURSING

REIMBURSEMENT 80% to a maximum of $2,000 per insured person in any two consecutive calendar years

Where medically necessary, the plan covers out-of-hospital services of a registered nurse, registered practical nurse or licensed practical nurse who is not related to you by blood or marriage and does not ordinarily reside in your home or the home of an extended family member. These services, when provided in a nursing home, retirement home or a home for the aged, are not eligible for reimbursement unless written confirmation is received from the facility that nursing services are not available. Custodial (i.e., housekeeping), homemaking and companion services are not covered.

Duties must be those that can only be performed by a registered nurse, as listed above.

NOTE: An authorization form completed by both the attending physician and the participant is required.

TRANSPORTATION/AMBULANCE

REIMBURSEMENT 80%

The plan covers:

a) Licensed ground ambulance to a local hospital when medically necessary for emergency treatment only

b) Licensed air ambulance or any other public transportation vehicle for emergency transport from your hospital to the nearest hospital able to provide treatment, plus any licensed ground ambulance to and from points of arrival and departure of the air ambulance, to a limit of one round trip per insured person per calendar year

NOTE: Transportation charges from a hospital to the place of residence are not covered.

EDUCATIONAL PROGRAM

REIMBURSEMENT 80% to a maximum of $200 per insured person per calendar year

The plan covers medically related education program(s) which qualify for a medical expense tax credit under the Income Tax Act. When submitting your claim for consideration, a physician's note including diagnosis and recommendation of the program as well as the program description from the service provider are required. For further information on programs that qualify for the medical expense tax credit, please visit the CRA website at **www.canada.ca**.

ACCIDENTAL DENTAL

REIMBURSEMENT 80% up to $1,000 per insured person per calendar year

The plan covers necessary dental treatment to repair damage to natural and artificial teeth caused by an external blow to the mouth. Services must be completed by a licensed dentist or dental surgeon. The treatment must start within 12 months of the accident and be completed while coverage is in effect. Payment will be based on treatment for the least expensive procedure providing a professionally adequate result. Dental services will be reimbursed based on the current fee guide where the service was performed.

Chewing accidents are not eligible. Dental work is not covered where a third party is responsible for payment of such charges.

Submitting a Claim

An accidental dental claim form must be completed by the dentist and participant and forwarded, along with pre-treatment x-rays, to the Claims Team.

If the accidental dental incident occurs while travelling outside your province of residence, please refer to page 54 of the RTOERO Travel Plan section.

NOTE: For general information on "How to Submit a Claim" refer to page 8.

RTOERO TRAVEL PLAN

REIMBURSEMENT 100%

The Emergency Medical Travel Plan covers you and your insured dependents up to a maximum of $10,000,000 per insured person, per trip, for any number of trips of up to 93 days per trip in duration, for certain expenses incurred as a result of an emergency occurring while travelling outside your province.

The Trip Cancellation and Trip Interruption Plan covers you and your insured dependents up to $6,000 per insured person, per trip, if your trip is cancelled, interrupted or delayed due to covered reasons beyond your control.

For your travel insurance coverage to be in force, you must be insured under the Extended Health Care Plan on the day your trip commences, which is the day that you depart from your province of residence.

If you have a medical emergency, you must call Global Excel immediately before seeking treatment.

For Trip Cancellation and Trip Interruption coverage, it is important that you call Global Excel on the day the cause of cancellation, interruption or delay of trip occurs, or on the next business day. They are available 24 hours a day, 7 days a week.

For complete details on the RTOERO Travel Plan, including a complete list of exclusions and limitations applicable to this plan, please refer to page 43. Should you require assistance or have questions, call the Service Administrator.

EXPRESS SCRIPTS CANADA PHARMACY®

Express Scripts Canada Pharmacy™ is the leading online pharmacy that puts you first when you need to fill a prescription. This service is voluntary and available across Canada.*

Member benefits:

- Higher reimbursements – 100% for generic drugs or 90% for eligible brand-name drugs
- Up to a 100-day supply of your medications whenever possible to help you save on dispensing fees
- Free delivery Monday to Saturday right to your door
- Personalized care from the privacy of your home. ESC pharmacists available 24/7 to answer any questions or concerns you may have about medications you're taking
- Download the mobile app (available at the App Store or Google Play), or call 1 (855) 550-MEDS (6337)

With the pharmacy app, you can:

- Manage your family's prescriptions from virtually anywhere
- Setup medication reminder alerts
- Automatically refill your prescriptions
- Check delivery status and track your shipment from virtually anywhere

Create your account today:
pharmacy.express-scripts.ca/rtoero

* Due to provincial regulations, the higher reimbursement is not available in Quebec.

Kii by CloudMD Medical Second Opinion

Have you ever experienced medical uncertainty? Perhaps you've wondered about a diagnosis or treatment plan for you or a loved one. Our partnership with CloudMD gives you and your family members access to the best medical minds in the world to help you make medical decisions with confidence.

CloudMD's confidential services are available at no extra charge to participants of the RTOERO Extended Health Care Plan and their children (regardless of age), parents and parents-in-law. Your children, parents and parents-in-law do not have to be insured under the plan to be eligible for CloudMD services.

You will work with a nurse care coordinator who gathers and retrieves your medical information, reviews it and sends it to the most appropriate physician for a comprehensive medical review and care plan.

Highlights of the medical second opinion program for members

Convenience: The program offers a seamless experience, saving you time and effort of trying to find a second opinion. With a dedicated nurse care coordinator gathering your medical records, you can focus on your health, while CloudMD focuses on getting you a second opinion.
Experience and expertise: CloudMD's extensive network of physicians and specialists will review your diagnosis. You can be assured you are receiving an expert second opinion you can trust.
Personalized approach: A nurse care coordinator will work with you throughout the entire medical second opinion journey. They will make sure you understand your diagnosis and care plan. They will also schedule an appointment with the specialist and make sure you understand your next steps.
Timely service: When you have a serious or complex health condition, every day counts. We gather your medical records and conduct a review. The nurse care coordinator is there to ensure your questions are answered in a timely manner.
Specialty expertise: CloudMD experts support your diagnosis and care plan with a wide range of health concerns, from cancer and cardiology to digestive diseases and osteoarthritis disorders.

How to get started using medical second opinion service

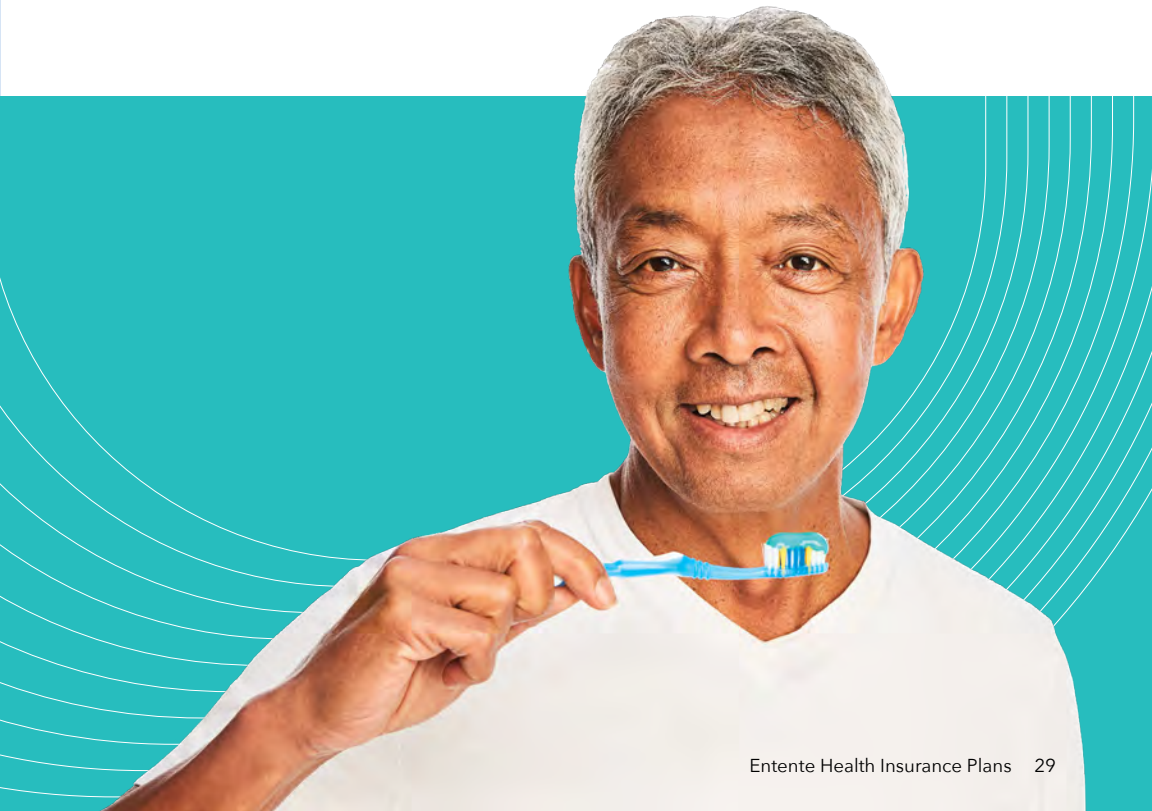
Step 1: Call, email or send the referral form to CloudMD
Step 2: You will be contacted by a nurse care coordinator to gather all the medical information and answer questions/concerns.
Step 3: The medical information will be gathered and sent to a specialist to review the diagnosis and provide a second opinion.
Step 4: The nurse care coordinator will schedule an appointment with the specialist (virtual/in-person) for you to discuss the second opinion.

Get started

- Complete the referral form using CloudMD's Kiihealth platform by visiting **mso.kiihealth.ca/rtoero**
- Email CloudMD at mso@kiihealth.ca
- Call CloudMD at 1-866-814-0018

Dental Plan

All reimbursements are based on the suggested fees of the current Dental Association Fee Guide for General Practitioners (GP). Reimbursement is based on the province where dental services are performed for the least expensive treatment that will provide a professionally adequate result. Specialist fees in excess of GP fees will not be reimbursed and are your responsibility. The reasonable and customary charge for laboratory expenses is defined as being no more than 80% of the current Dental Association Fee Guide for General Practitioners in the province where services are rendered. Laboratory expenses are reimbursed at the same level as the procedure to which they pertain and are included in the benefit limits.



Eligible procedures must be performed by a dentist, denturist or dental hygienist.

Dental coverage outside of Canada: You are covered for eligible dental treatment required while travelling outside of Canada. These expenses will be reimbursed on the same basis as similar expenses within your province of residence. An invoice, signed by the dentist, which details the services provided, the cost per service, including pre-treatment x-rays and/or a letter of expertise, will be required.

Treatment plan: If dental work is expected to exceed $600, you should submit a detailed pre-treatment plan to the Claims Team, before the work begins, to determine the amount you may be reimbursed from the plan. For major restorative treatment, a pre-treatment radiograph will be required. This suggestion is not intended to limit you in your choice of dentist, to tell you or your dentist what treatment should be performed, to tell the dentist what fee to charge, nor to guarantee reimbursement after coverage ceases.

ELIGIBLE BENEFITS

BASIC AND PREVENTIVE

REIMBURSEMENT 85%

The plan covers:

- **a)** A maximum of eight units of scaling per calendar year (15 minutes of scaling is one unit)
- **b)** Once every nine months: standard oral examinations and one unit of polishing
- **c)** Complete oral examination and diagnosis, once every three consecutive calendar years
- **d)** Dental x-rays. Bitewing x-rays are limited to once every nine months, and full-mouth and panoramic x-rays are each limited to once every three consecutive calendar years
- **e)** Topical fluoride application once every three consecutive calendar years
- **f)** Oral hygiene instruction, once every three consecutive calendar years
- **g)** Dental consultations
- **h)** Acid etch space maintainers
- **i)** Amalgam and composite fillings. Fillings on molar teeth are limited to the cost of amalgam fillings
- **j)** Retentive pins
- **k)** Surgical extractions of erupted and impacted teeth and removal of residual roots
- **l)** Surgical removal of tumours and cysts, incision and drainage of abscesses

m) General anesthesia based on reasonable and customary limits for the services performed
n) Relining, rebasing and repair of existing partial or complete dentures (eligible if required after three months of the initial insert date).

MINOR RESTORATIVE

REIMBURSEMENT **80%** to a maximum combined limit of $800 per insured person per calendar year

The plan covers:

a) **Endodontics:** Treatment of dental pulp diseases, including root canal therapy; and
b) **Periodontics:** Treatment of bones and tissues supporting teeth, including surgery, provisional splinting and occlusal equilibration.
    - Occlusal equilibration limited to $250 per insured person per calendar year
c) **Implant Surgeries:** Surgical installation of implants, grafts, periodontal flap surgeries and guided tissue regeneration.

MAJOR RESTORATIVE

REIMBURSEMENT **50%**

The plan covers:

a) Combined limit of $800 per insured person per calendar year for crowns, posts, onlays and inlays (including any related laboratory charges) used to restore natural teeth to their normal functions where the tooth, as a result of extensive caries or fracture, cannot be restored with a filling. The eligibility for major restorative treatment will be based on the pre-existing condition of the tooth.

    When a tooth can be restored with amalgam or tooth-coloured fillings, benefits will be determined based on the usual costs of such a filling.

    Replacement crowns are limited to once every three consecutive calendar years. Permanent crowns, posts, onlays and inlays placed on a dental implant are covered. Crowns on molar teeth are limited to the cost of metal crowns.

Any amounts reimbursed for a temporary crown on a natural tooth or implant will be deducted from the amount reimbursed for the permanent crown on a tooth or implant.

b) Combined limit of $800 per insured person per calendar year for initial installation or repair of permanent bridges and initial installation of permanent partial dentures including those placed on an implant (including any related laboratory charges).

Replacement of an existing permanent bridge or permanent partial denture will be considered if:

- Necessitated by the extraction, loss or fracture of an additional natural tooth while covered under this plan
- The existing bridge or partial denture cannot be made serviceable, and the existing bridge is at least three years old, or the existing partial denture is at least five years old
- The existing bridge or partial denture is temporary and is replaced by a permanent bridge or partial denture within twelve months of its installation

A temporary appliance which is at least 12 months old will be considered to be a permanent partial denture or bridge for the purposes of this provision and is subject to same frequency.

Any amounts reimbursed for the transitional or temporary partial denture and/or temporary bridge will be deducted from the amount reimbursed for the permanent appliance.

Exclusions and Limitations

In addition to the general exclusions and limitations applicable to the Entente Group Insurance Plans on page 34, the Dental Plan does not cover any expenses incurred directly or indirectly as a result of or for the following:

1. Installation or replacement of complete dentures
2. Services or supplies that are not furnished by a legally qualified dentist, dental hygienist or denturist acting within the scope of their license and/or accreditation or a dental student working under the supervision of a licensed eligible practitioner
3. Services or supplies in connection with any procedures excluded as eligible expenses
4. Services or supplies for or in connection with orthodontic treatment
5. Any filling within 12 months of the initial filling on the same tooth and same surface(s)
6. Services or supplies for full-mouth reconstruction, vertical dimension correction, services related to or correction of temporomandibular joint (TMJ) dysfunction
7. Charges for dental treatment received from an employer, association, or labour union maintained health or dental departments

Claims Submission Tips

- Dental offices can electronically submit your dental claim directly to the Claims Team. Please do not submit a paper claim form if your dental office has confirmed successful electronic submission.
- Most dental offices accept assignment of benefits. You may authorize Johnson Inc. to pay your dental office directly for the eligible expenses and you would be responsible for paying any amount not eligible for reimbursement. Of course, you have the option to pay your dental office in full and seek reimbursement from the Claims Team.
- If your dentist is unable to file electronically, have your dentist complete "Part 1 Dentist" of the standard dental claim form provided by the dental office. You must complete "Part 2" of the claim form, including the Plan Number 983430 and your certificate number (ID#), and submit your claim to the Claims Team.
- Pre-treatment estimates and any dental claims for major dental work, that has not been pre-approved or that requires x-rays, must be submitted as a paper claim.

NOTE: For general information on "How to Submit a Claim" refer to page 8.

General Exclusions and Limitations Applicable to the Entente Group Insurance Plans

(Refer to your RTOERO Travel Plan section for the complete list of Exclusions and Limitations of the RTOERO Travel Plan)

This insurance does not cover any expenses for the following:

1. Expenses covered under a government plan (e.g., Provincial/Territorial Government Health Insurance Plans, Workers Compensation), or which a government plan prohibits from being paid
2. Tests, procedures or treatment methods not recognized by Health Canada, the Provincial Health Ministry, the Canadian Medical Association, the Canadian Dental Association or the appropriate specialty society which are considered experimental or cosmetic in nature
3. Unless otherwise specified, services or supplies which are furnished without the recommendation and approval of a physician acting within the scope of his or her license
4. Charges for medical services or supplies that are not medically necessary
5. Insurance premiums
6. Charges in excess of the Entente Group Insurance Plans maximums
7. Charges in excess of the reasonable and customary charge for the area in which the expense was incurred
8. Charges by a physician for services rendered
9. Charges by a physician, dentist, denturist, or other health provider for travel time, missed or cancelled appointments, transportation costs, completion of insurance forms or physician's notes, room rental charges or consultation received by any telecommunication means, other than as specifically provided under Eligible Expenses, or prescription renewals
10. Expenses for which there would be no charge except for the existence of coverage or for which the insured person is not legally obligated to pay

11. Expenses for services performed by a family member who is insured under this policy
12. Charges for transport or travel, other than as specifically provided under eligible expenses
13. Gratuities and tips
14. Point program redemptions of any type, (e.g., AIR MILES® Reward Miles, Aeroplan®, timeshare points/weeks) used to purchase items or services and any charges to reinstate the points
15. Charges for maintenance, exchange or timeshare fees
16. Charges for replacement of drugs or existing appliances previously reimbursed under the Entente Group Insurance Plans that have been lost, mislaid or stolen
17. Examinations and physician notes/forms required for third-party use
18. Accommodation charges in a rest home, nursing home, health spa, a place for custodial care, a home for the aged, or a facility that is primarily operated as a place for the care and treatment of alcoholism, drug addiction or mental illness
19. Dental work where a third party is responsible for payment of such charges
20. Any expenses for services or supplies incurred directly or indirectly as a result of the following:
   a) Cosmetic surgery or treatment unless it is due to an accidental injury and it began within 90 days of the accident
   b) A war or act of war (whether declared or undeclared), service in the armed forces of any country, insurrection or riot, or hostilities of any kind
   c) Your participation as a professional athlete in a sporting event and/or participation in hazardous or risky activities such as motorized race or speed contest, bungee jumping, parachuting, parasailing, rock climbing, mountain climbing, hang-gliding, skydiving or scuba diving without appropriate certification
   d) Your impairment from any substance (i.e. alcohol or drugs). An insured person is impaired if the insured person's blood alcohol concentration is over 80 milligrams in 100 milliliters of blood
   e) Committing, attempting or provoking an assault or criminal offence

Individual Insurance Plans

To complement the Entente Group Insurance Program, there are a number of other voluntary plans offered to help you meet your insurance needs.

For additional information, please call the Service Administrator, Johnson Inc.

Toronto area 416-920-7248
Toll-free in North America 1-877-406-9007

GUARANTEED LIFE INSURANCE PLAN

RTOERO members and their spouses can automatically become insured under the Guaranteed Life Insurance Plan. Acceptance is guaranteed regardless of health. You select the coverage amount that best meets your needs, to a maximum of $25,000.

- A "Living Benefit" – if diagnosed as terminally ill with 12 months or less to live, you may be eligible to receive a benefit
- An "Accidental Death Benefit" – if death occurs prior to age 85 as a result of an accident, the death benefit is three times the coverage amount

Your premium rates and the coverage amount are guaranteed for life. Rates are available for smokers and non-smokers with discounts available if both you and your spouse are enrolled.

TERM LIFE INSURANCE PLAN

RTOERO members and their spouses, up to age 70, can apply for the Term Life Insurance Plan.

Premium rates are based on your age at application and are guaranteed not to increase for 10 years. Rates are available for smokers and non-smokers. Also included is a "Living Benefit" if you are diagnosed as terminally ill with 12 months or less to live.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE PLAN

The AD&D Insurance Plan provides financial protection in the event of a serious accident. RTOERO members and their spouses who are under age 85 can enroll in the plan, and acceptance is guaranteed. You choose the maximum benefit payable, either $75,000 or $150,000. Benefits are reduced by 50% at age 70, and the plan terminates at age 85.

Home and Car Insurance

For over 35 years, Johnson Insurance has helped RTOERO members find the right home and car insurance coverage with exclusive access to features and benefits such as:

- 24/7 Emergency Claims Service: Our claims team handles your home and/or car insurance claims quickly and efficiently, and is available 24 hours a day, at 1-888-739-1214.
- First Accident Forgiveness: Protects your driving record in the event of a first at-fault accident.
- ID Theft Protection: We will pay for identity theft expenses, financial loss or loss of income incurred as a result of identity theft.
- Exclusive Benefits for Members 50 Years and Older: Growing older means special added benefits for you and your spouse. In the event that you or your spouse require a hospital stay of 5 consecutive days or more, you will be covered for the following:
  - Nursing assistance
  - Housekeeping services
  - Companion services

Call for a quote today: 1-866-307-7751

Disclaimer
† Johnson Insurance is a tradename of Johnson Inc. ("JI"), a licensed insurance intermediary, and operates as Johnson Insurance Services in British Columbia and Johnson Inc. in Manitoba. Home and car policies underwritten, and claims handled, by Royal & Sun Alliance Insurance Company of Canada ("RSA") in Quebec and primarily underwritten, and claims handled, by Unifund Assurance Company ("UAC") in the rest of Canada. Described coverage and benefits applicable only to policies underwritten by UAC or RSA. Car insurance not available in BC, SK or MB. Home and car insurance not available in NU. JI, RSA and UAC share common ownership. Eligibility requirements, limitations, exclusions or additional costs may apply, and/or may vary by province or territory.

Definitions

(Refer to your RTOERO Travel Plan section for the Definitions applicable to the travel coverage)

The following terminology is used throughout this booklet:

"**Calendar year**" means January 1 to December 31.

"**Consecutive calendar year**" means the calendar year following the year of your last incurred claim.

"**Convalescent care facility**" means a licensed, extended care facility or institution, rehabilitation facility or institution, chronic care facility or institution, or long-term care facility which is regularly engaged in the care of sick persons. Accommodation charges in a health spa or hotel, an establishment providing custodial care or an institution for the care and treatment of alcoholism, drug addiction or mental illness are not included.

"**Drug Identification Number (DIN)**" means a computer-generated eight-digit number assigned by Health Canada to a drug product prior to being marketed in Canada. It uniquely identifies all drug products sold in a dosage form in Canada and is located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for sale in Canada.

"**Eligible dependent**" means:

Your spouse:

- Your legal spouse; or
- A person (including same sex partner) who, although not legally married to you, cohabits with you in a conjugal relationship for 12 consecutive months.

Your dependent children:

- Unmarried children including natural, legally adopted, step children, children under legal guardianship and foster children (proof of legal guardianship is required where dependents are legal wards) under 21 years of age not employed on a regular and full-time basis;
- Unmarried children under age 30 provided they are enrolled at an accredited post-secondary institution as a full-time student and dependent upon you for support; or
- Any functionally impaired child who was insured as a dependent shall remain insured beyond any limiting age for dependents. Functionally impaired shall mean an unmarried person who, as a direct result of the functional impairment, is:
  - incapable of financial self-support because of a disability,
  - depends on the member for financial support, and
  - does not have a spouse.

A physician's letter of diagnosis and prognosis is required.

"**Extended family member**" means an insured person's spouse, parent, step parent, parent-in-law, child, step child, daughter-in-law, son-in-law, guardian, grandparent, brother, step brother, brother-in-law, sister, step sister, sister-in-law, grandchild, aunt, uncle, nephew or niece.

"**Government Health Insurance Plan (GHIP)**" means the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

"**Hospital**" means an institution operated pursuant to law for the care and treatment omeans an institution operated pursuant to law for the care and treatment of sick and injured persons on an in-patient, out-patient and emergency basis. In Canada, this includes rehabilitative hospitals (not homes). The hospital must be continuously staffed and supervised by licensed physicians and registered graduate nurses. Such institution must have facilities both for diagnosis and for major surgery. The term hospital shall not include a rest home, nursing home, convalescent home, health spa, place for custodial care, home for the aged, chronic care facility, or an institution for the care and treatment of alcoholism, drug addiction or mental illness.

"**Immediate family member**" means a spouse or dependent child.

"**Insured person**" means an RTOERO member, eligible spouse or eligible dependent child for whom premium has been paid.

"**Medically necessary**" means generally recognized by the Canadian medical profession as effective, appropriate and required in the diagnosis and/or treatment of an illness or injury according to Canadian medical standards.

"**Physician**" means a person, other than yourself or a family member, who is duly licensed to prescribe and administer any drugs or to perform surgical procedure – a Doctor of Medicine (M.D.).

"**Plan Administrator**" is Johnson Inc. who acts as the service administrator and claims team for RTOERO's Entente insurance program.

"**Province/Provincial**" means or refers to your province or territory of permanent residence in Canada.

"**Reasonable and customary charges**" mean:

- fees and prices normally charged in the area where the services or supplies are provided, and
- charges for services and supplies that represent reasonable treatment, considering the duration of services and how frequently services and supplies are provided.

"**You or Your**" means an RTOERO member, eligible spouse or eligible dependent child for whom premium has been paid.

All limits shown are the maximums payable per insured person each calendar year, unless indicated otherwise, and are payable in Canadian funds.

In the event that there are discrepancies or omissions between this booklet and the policy, Canadian Premier, or a third party acting on Canadian Premier's behalf, shall only be obligated to pay benefits in accordance with the provisions of the policy.

Should you require additional information regarding the Entente Group Insurance Program, including claims-related inquiries, contact Johnson Inc. at the appropriate number provided on page 92 of this booklet.

Privacy Statement

Personal Information Protection and Electronic Documents Act – PIPEDA (The "Act")
The Federal Government has enacted legislation to protect the personal information of Canadians and to facilitate the development of e-commerce in Canada.

At the core of the privacy provisions of the Act is the general prohibition on any collection, use or disclosure of an individual's personal information without the individual's consent.

"Personal Information" is broadly defined in the Act as "information about an identifiable individual, but does not include the name, title or business address or telephone number of an employee of an organization."

Johnson Inc., CloudMD and Manulife Financial have devised this Privacy Statement as a means of informing you of the steps we are taking to comply with the Act.

Protection of Your Personal Information
Johnson Inc., CloudMD and Manulife Financial may use your personal information for the following purposes:

- To evaluate insurance risk, evaluate and manage claims, gather statistics and prepare statistical reports, pursue subrogation claims, provide services under your insurance coverage and negotiate payment of expenses to third parties
- To provide you with requested services
- To share your personal information with anyone who works with or for Johnson Inc., CloudMD, Manulife Financial, or RTOERO, but only as needed for
  (a) providing the services at your request,
  (b) responding to your claim or
  (c) administering the insurance plan

In addition, Johnson Inc. may, but only with RTOERO's authorization, use your personal information to promote the services of Johnson Inc. and selected third parties to you. As required, and only with RTOERO's authorization, Johnson Inc. may also share your personal information with selected third parties so that they may provide/offer services to you.

You can instruct Johnson Inc., CloudMD and/or Manulife Financial, to stop using your personal information in the ways described in the immediately preceding paragraph at any time by calling 1-877-406-9007.

Johnson Inc., CloudMD and/or Manulife Financial, may disclose personal and other information about you in an emergency threatening your life, health, or security (in such event, you will be informed of the disclosure as soon as is reasonably practicable).

Johnson Inc., CloudMD and/or Manulife Financial may collect personal and other information about you in order to facilitate providing requested coverage, services, or for processing claims.

The primary sources for the collection by CloudMD, Manulife Financial, and Johnson Inc. of such information will be you, RTOERO and your authorized medical advisors.

You or a claimant may obtain copies of the following documents:

- your application for insurance
- any written statement or other record, not otherwise part of the application, that you provided to Canadian Premier as proof of good health

On reasonable notice, you or a claimant may also request a copy of the Group Policy. The first copy will be provided at no cost to you but a fee may be charged for subsequent copies.

Canadian Premier Privacy Statement:

Respecting your privacy is a priority for Canadian Premier Life Insurance Company. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us, as well as (with your consent) through independent medical or vocational assessments, if applicable, and from physicians, medical practitioners, hospitals, clinics or other medical or medically related facilities, insurance companies, MIB, LLC. ("MIB"), and other agents, government agencies or other organizations, institutions, or persons that have health records, if applicable. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces or countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, you may contact our Privacy Office at: 1-888-968-4155, by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400, Toronto, ON M2N 6S6, or visit www.canadianpremier.ca/privacy-statement.

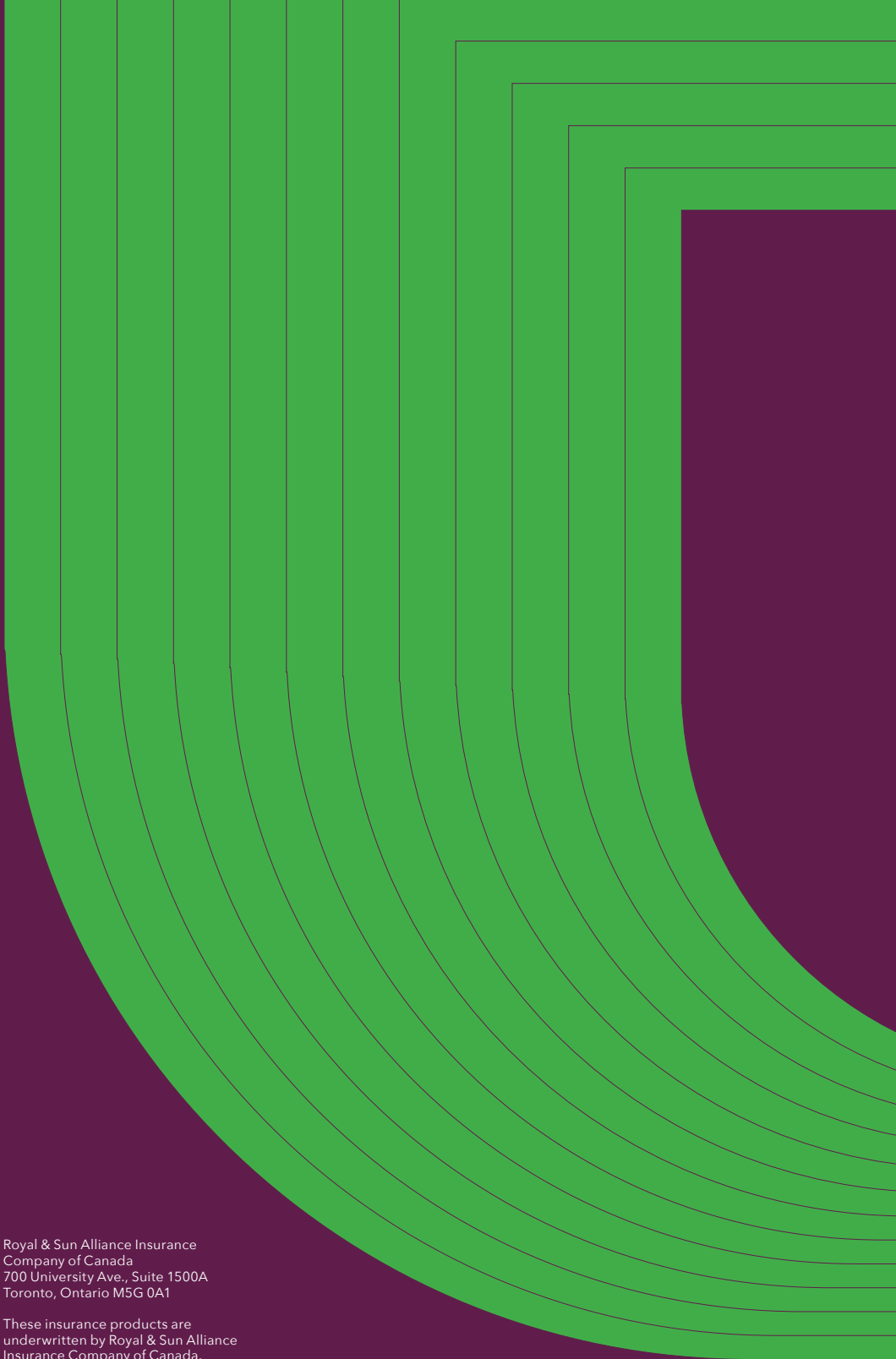
Royal & Sun Alliance Insurance Company of Canada Privacy Statement:

Royal & Sun Alliance Insurance Company of Canada ("we", "us") collect, use and disclose, personal information (including to and from your agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/ suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services. Typically, we collect personal information from individuals who apply for insurance, and from policyholders, insured persons and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or travelling companions when a policyholder, insured person or claimant is unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of policyholders, insured persons or claimants. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an insured person may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy, visit www.rsatravelinsurance.com.

RTOERO Travel Plan

Emergency Medical Travel Plan Certificate

Trip Cancellation and Trip Interruption Insurance Plan Certificate

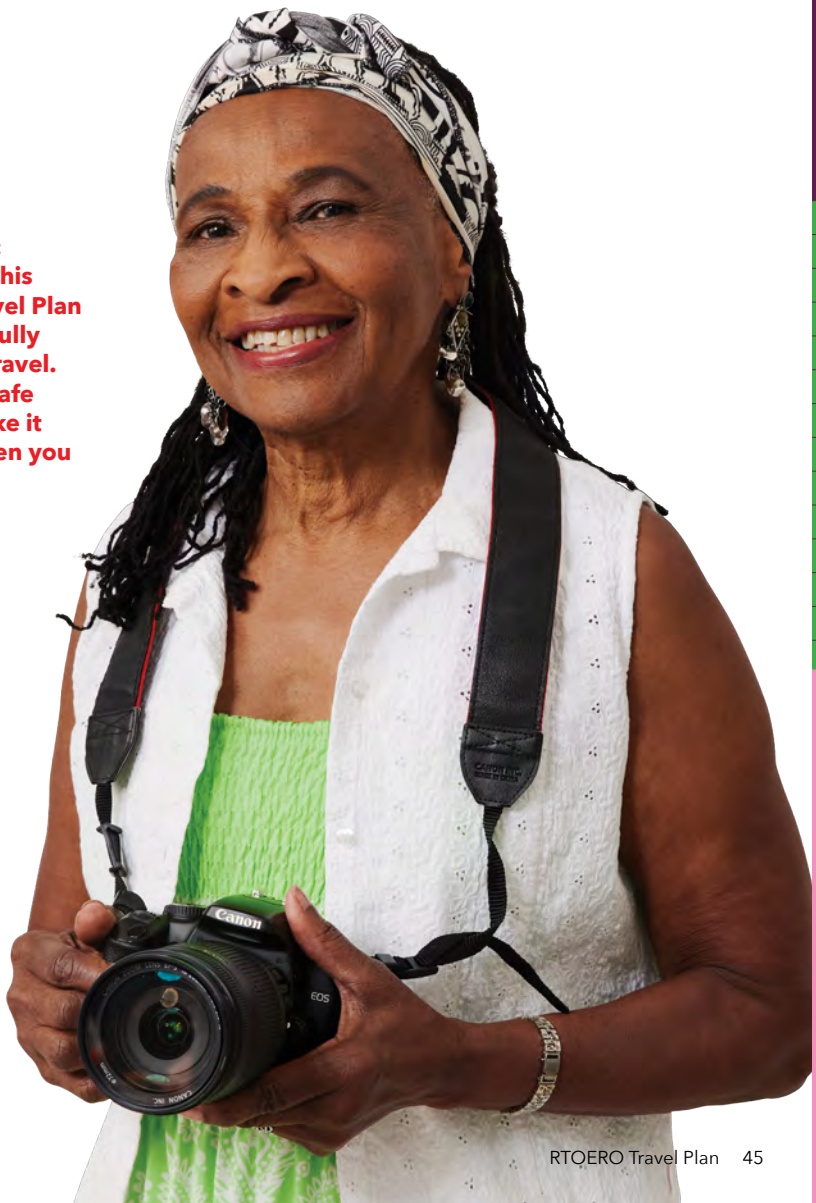


Royal & Sun Alliance Insurance
Company of Canada
700 University Ave., Suite 1500A
Toronto, Ontario M5G 0A1

These insurance products are
underwritten by Royal & Sun Alliance
Insurance Company of Canada.

RTOERO Travel Plan

IMPORTANT: Please read this RTOERO Travel Plan section carefully before you travel. Keep it in a safe place and take it with you when you travel.



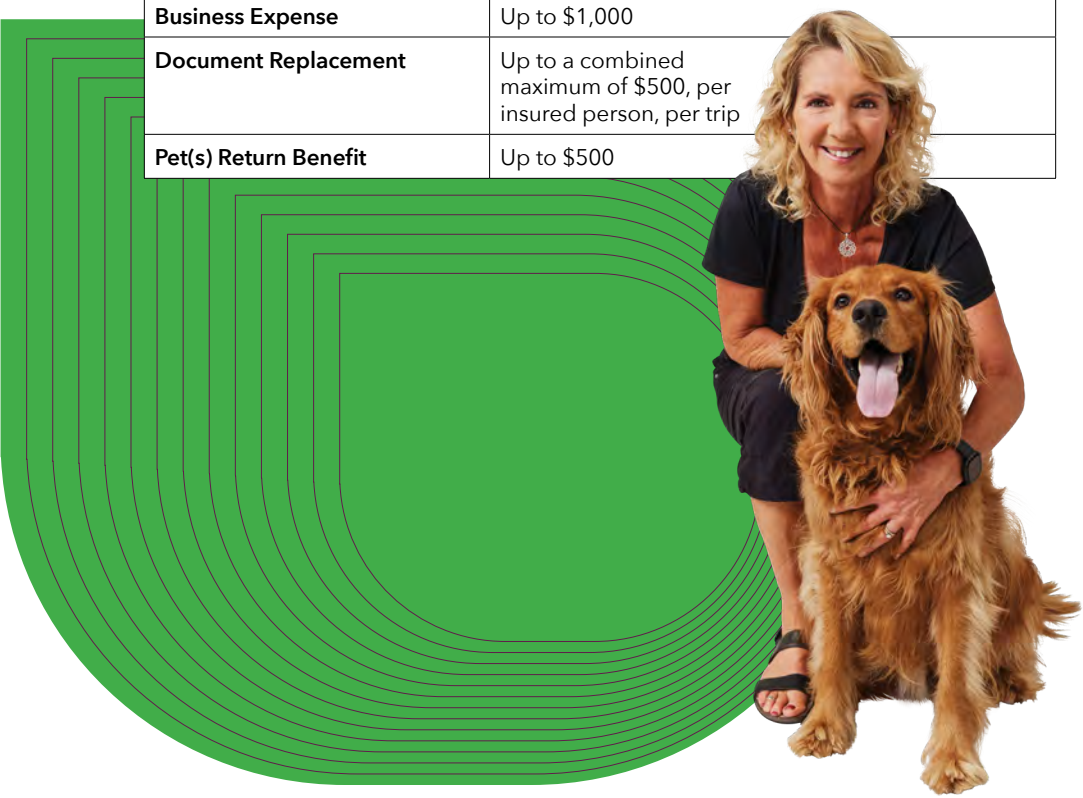
Summary of Benefits

The information below summarizes your insurance coverage under the RTOERO Travel Plan. Coverage is subject to the terms and conditions in the certificate(s) that follow. Refer to SECTION 6 of each certificate and this entire RTOERO Travel Plan section for complete benefit details. This Summary of Benefits replaces any and all benefit summaries previously issued to you with respect to the Policy. All amounts indicated are in Canadian currency, unless indicated otherwise.

EMERGENCY MEDICAL TRAVEL PLAN	
Overall Maximum	Up to $10,000,000, per insured person, per trip
Coverage Period	93 days per trip **NOTE:** Additional days may be purchased with the Supplemental Travel Plan for trips longer than 93 days.
Hospital or Medical Facility Accommodation	Room and board costs up to the private room rate charged by the *hospital* or *medical facility*
Incidental Expenses	Up to $250
Physician Charges	Eligible expenses based on Reasonable & customary charges
Private Duty Nurse	Eligible expenses based on Reasonable & customary charges
Diagnostic Services	Eligible expenses based on Reasonable & customary charges
Medical Appliances	Eligible expenses based on Reasonable & customary charges
Paramedical Services	$500 per profession
Prescriptions	30-day supply per prescription
Lost Prescriptions	Up to $250
Ground Ambulance Services	Eligible expenses based on Reasonable & customary charges
Emergency Air Transportation	Eligible expenses based on Reasonable & customary charges
Transportation to Bedside	Economy round-trip fare & up to $250 per day, to a maximum of $5,000 for meals and accommodations
Return of Travel Companion	One-way economy airfare
Return of Deceased	Up to $15,000 for the cost of preparation and transportation of deceased, or up to $5,000 for cremation and/or burial
Meals & Accommodation	Up to $250 per day, to a maximum of $5,000 per trip
Treatment of Dental Accidents	Up to $5,000
Treatment of Dental Pain	Up to $600

Child Care	Up to $5,000
Pet Return	Up to $500
Vehicle Return	Up to $10,000
Alternate Transportation	Up to $5,000
Medical Referral	Up to $75,000, per lifetime
Person of Choice to Accompany the Insured Person	Economy round-trip airfare & up to $250 per day for the cost of meals and accommodation, to an overall maximum of $2,000
Emergency Evacuation	Up to $5,000
Return of Your Luggage	Up to $500

TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE PLAN	
Trip Cancellation	Up to $6,000, per insured person, per trip
Trip Interruption	Up to $6,000, per insured person, per trip
Out-of-Pocket Expenses	Up to $100 per day, per insured person, to a maximum of $1,000 per trip for all insured persons combined (subject to the overall maximum for Trip Interruption)
Baggage	Up to $1,000, per insured person, per trip
Business Expense	Up to $1,000
Document Replacement	Up to a combined maximum of $500, per insured person, per trip
Pet(s) Return Benefit	Up to $500



Emergency Medical Travel Plan Certificate of Insurance

NOTE: Throughout this certificate, words in *italics* have specific meanings which can be found in SECTION 12 – DEFINITIONS.

SECTION 1
INTRODUCTION

Emergency Medical Travel Plan provides coverage for the *policyholder*'s *participant* and the *participant*'s insured *dependents*, for certain expenses incurred as a result of an *emergency* (except under the terms of the Medical Referral Benefit) while travelling outside *your province*.

Emergency Medical Travel Plan is included with your *Extended Health Care* (*EHC*) coverage up to $10,000,000, per *insured person*, per *trip* and access to *emergency* travel services when *you* travel outside of *your province*. Coverage is provided for an unlimited number of *trips* of up to 93 days in duration per *trip*. Additional coverage may be purchased for a *trip* longer than 93 days in duration if *you* are insured under the *EHC* plan. *Your* Supplemental Travel Plan coverage begins on the 94th day.

This certificate, along with *your* entire RTOERO Group Travel Insurance document, outlines what is covered and the conditions under which a benefit payment will be made. It also provides instructions on how to make a claim. For confirmation of coverage or any questions concerning the information in this certificate or *your* entire RTOERO Group Travel Insurance document, call Johnson Inc. toll free at **1-877-406-9007** or e-mail us at **healthbenefits@johnson.ca**.

Royal & Sun Alliance Insurance Company of Canada (*Insurer*) provides the insurance for this certificate under the Master Policy (the *Policy*), issued to the *policyholder*. Global Excel Management Inc. (*Global Excel*) has been appointed by the *Insurer* as the assistance and claims service provider under this certificate. This insurance is administered by Johnson Inc. (*Administrator*). This certificate is not a contract of insurance and contains only a summary of the principal provisions of the *Policy*. All benefits are subject in every respect to the *Policy*, under which coverage is provided and payments are made. In the event of any conflict, the *Policy* shall govern, subject to any applicable law to the contrary. An *insured person* or other claimant under the *Policy* may, on request to the *Insurer*, obtain a copy of the *Policy*, subject to certain access limitations permitted by applicable law.

RTOERO (*policyholder*) and Royal & Sun Alliance Insurance Company of Canada (*Insurer*) may cancel, change or modify this coverage at any time. This certificate replaces any and all certificates previously issued to *you* with respect to the *Policy*.

SECTION 2
WHAT SHOULD YOU DO IN A MEDICAL EMERGENCY?

IF *YOU* HAVE AN EMERGENCY, *YOU* MUST CALL *GLOBAL EXCEL* IMMEDIATELY BEFORE SEEKING *TREATMENT*. THEY ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK AND CAN BE CONTACTED BY CALLING:

From Canada and the United States, call TOLL FREE **1-877-346-1467**

From Mexico, call TOLL FREE **800-062-4728**

From anywhere else in the world, call COLLECT **+ 819-780-0647**

NOTE: The complete *emergency* telephone numbers are also listed on the back of the *benefits card* provided to *you*.

- If it is not reasonably possible for *you* to contact *Global Excel* before seeking *treatment* due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible. If *you* fail to notify *Global Excel*, *the Insurer* reserves the right to limit *your* benefits as follows:
  - ~In the event of hospitalization, 80% of eligible expenses, based on *reasonable and customary charges*, to a maximum of $25,000; and
  - ~In the event of an outpatient medical consultation, a maximum of one visit per *sickness* or *injury*.

  You will be responsible for payment of any remaining charges.
- Some *treatments* require pre-approval in order to be covered (see SECTION 8 – WHAT ARE YOU NOT COVERED FOR? for more details). If *you* do not contact *Global Excel* prior to seeking *treatment*, the medical *treatment you* receive may not be covered by this insurance.
- *Global Excel* may direct *you* to a *medical facility* or *doctor* in *your* area of travel. If *you* contact *Global Excel* at the time of *your emergency*, *we* will ensure that *your* covered expenses are paid directly to the *hospital* or *medical facility*, where possible.

SECTION 3
IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read this certificate and understand *your* coverage before *you* travel, as *your* coverage is subject to certain limitations and exclusions.
- Pre-existing medical condition exclusions may apply to medical conditions and/or symptoms that existed before *your trip*. Refer to this certificate to determine how these exclusions affect *your* coverage and how they relate to *your departure date*.
- In the event of an *accident*, *injury* or *sickness*, *your* medical history will be reviewed after a claim has been reported.
- *Your* insurance provides travel assistance. *You* are required to contact *Global Excel* prior to *treatment*. Failure to do so limits benefits (see SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE).
- Coverage is for an unlimited number of *trips* up to 93 days for each *trip*; however, each *trip* must be separated by a return to *your province*.
- *You* do not need to provide *us* with advance notice of *your departure date* and *return date* for each *trip*.
- *You* will be required to provide evidence of these dates when filing a claim, for example, an airline ticket, boarding pass, passport stamp, or transaction receipts such as gas, hotel, store, etc.
- **This certificate contains clauses which may limit the amounts payable.**
- **This certificate contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.**

SECTION 4
ELIGIBILITY FOR COVERAGE

PARTICIPANT COVERAGE

To be covered under the *Policy* as a participant, you must meet the following eligibility requirements:

- *You* must be covered under the *government health insurance plan of your province*; and
- *You* must have *your* permanent residence in Canada; and
- The required premium payments for *your* coverage under the *Policy* must have been paid; and
- You must be enrolled in the *EHC* plan of the *policyholder*; and
- Be a member in good standing of the *policyholder*; and
- Be on the monthly list of members entitled to coverage provided to the *Insurer* by the *policyholder*.

DEPENDENT COVERAGE

To be covered under the *Policy* as a *dependent*, you must meet the following eligibility requirements:

- *You* must be covered under the *government health insurance plan* of *your province*; and
- If applicable, be enrolled as a *dependent* under the *EHC* plan of the *policyholder*; and
- *You* must fall within the definition of *dependent* in this certificate; and
- The required premium payments for *your* coverage under the *Policy* must have been paid.

SECTION 5
WHEN DOES COVERAGE BEGIN AND END?

PARTICIPANT'S EFFECTIVE DATE OF COVERAGE

***Participant* coverage will become effective on the later of:**
- the date the *Policy* becomes effective; or
- if applicable, the date the *participant* qualifies for the *EHC* plan of the *policyholder*; or
- the date the *participant* becomes a member in good standing of the *policyholder* and is on the monthly list of members entitled to coverage by the *policyholder*.

Coverage for each *trip* begins on the date *you* leave *your province*. Coverage is for an unlimited number of *trips* up to 93 days per *trip*; however, each *trip* must be separated by a return to *your province*.

DEPENDENT'S EFFECTIVE DATE OF COVERAGE

***Dependent* coverage, if any, will become effective on the later of:**
- the date the *participant*'s coverage becomes effective; or
- the date the *dependent* qualifies for the *EHC* plan of the *policyholder*.

Coverage for each *trip* begins on the date *you* leave *your province*. Coverage is for an unlimited number of *trips* up to 93 days per *trip*; however, each *trip* must be separated by a return to *your province*.

PARTICIPANT'S TERMINATION DATE OF COVERAGE

***Participant* coverage will terminate immediately upon the first to occur of:**
- the date *you* cease to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *participant* coverage; or
- the date the premium is due if the required premium is not remitted to the *Insurer*, except where this is the result of clerical error; or
- the date the *Policy* is terminated.

Coverage for each *trip* ends on the date *you return* to *your province* or the date *you* have been absent from *your province* for more than *your coverage period*.

DEPENDENT'S TERMINATION DATE OF COVERAGE

***Dependent* coverage will terminate immediately upon the first to occur of:**
- the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
- the date the *participant*'s coverage terminates, except in the event of the death of the *participant*, in which case coverage for *dependents* may
- continue, provided the *policyholder* continues to provide coverage for *dependents* and the required premium payments are paid, until the date the *dependent* ceases to meet the applicable eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE; or
- the date the *Policy* is terminated.

Coverage for each *trip* ends on the date *you return* to *your province*, or the date *you* have been absent from *your province* for more than *your coverage period*, or if *you* are a *dependent* child who is registered as a full-time student at an accredited educational institution outside of *your province*, the date that coincides with the 365th consecutive day of stay, outside of *your province*.

WHAT IF *YOUR* TRIP IS LONGER THAN THE *COVERAGE PERIOD*?

Except in the circumstances when coverage is automatically extended (see below "When does *your* coverage automatically extend?"), *you* do not have coverage under this insurance for any days of *your trip* that extend beyond *your coverage period*. However, *you* may purchase additional days of coverage for the excess portion of *your trip* with the Supplemental Travel Plan by calling the *Administrator* at 1-877-406-9007. See the SUPPLEMENTAL TRAVEL PLAN section of this RTOERO Group Travel Insurance document for more details.

WHEN DOES *YOUR* COVERAGE AUTOMATICALLY EXTEND?

Coverage is automatically extended beyond the end of the *coverage period*, provided *you* still meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, in the following circumstances:

a) **Delay of Transportation.** If *your* return home has been delayed beyond the end of the *coverage period* because *your common carrier* has been delayed, or if a private *vehicle* becomes inoperable on the way to *your departure point* due to circumstances beyond *your* control, *your* coverage is extended for up to five days beyond the end of the *coverage period*.
b) **Medically Unfit to Travel.** If *you* are medically unfit to travel due to an *emergency*, *your* coverage is extended for up to five days following the date that *you* are deemed stable to return to *your province* by *your physician* or the *common carrier*.
c) **Hospitalization.** If *you* are hospitalized due to an *emergency*, *your* coverage will remain in force during *your* hospitalization and for up to five days following *your* discharge from the *hospital*.

You are required to notify *Global Excel* in the foregoing circumstances prior to the end of the 93 days *coverage period*. Failure to notify *Global Excel* by such time may result in coverage not being extended. In no circumstances will coverage be extended to more than 365 days from *your departure date*.

SECTION 6
WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?

COVERAGE

This insurance covers *you* and *your* insured *dependents* for certain expenses incurred as a result of an *emergency* (except under the terms of the Medical Referral Benefit) occurring while travelling outside *your province*. Coverage for Emergency Medical Out-of-Province Benefits is up to $10,000,000 per *insured person,* per *trip*, for *reasonable and customary charges* in respect of expenses incurred for the benefits listed below. Coverage is only for amounts in excess of what is covered by *your government health insurance plan*, *EHC* plan or any other benefit plan. For many of the benefits listed below, prior approval of *Global Excel* may be required in order for the expense to be covered under this insurance. If *you* have an *emergency*, *you* must call *Global Excel* before seeking *treatment*. If it is not reasonably possible for *you* to contact *Global Excel* before seeking *treatment* due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible.

Emergency Medical Out-of-Province Benefits:

***Hospital or Medical Facility* Accommodation:** Room and board costs up to the private room rate charged by the *hospital* or *medical facility*. If *medically necessary*, expenses for *treatment* in an intensive or coronary care unit and *emergency* out-patient services provided by a *hospital* or *medical facility* are also covered.

Incidental Expenses: Up to $250, for *your* reasonable incidental expenses such as telephone, television, taxis, *ridesharing services*, parking, or car rentals (from a licensed company in the business of providing rental vehicles) while *you* are hospitalized for an *emergency* and the expenses are incurred as a direct result of such hospitalization. The *Insurer* will only reimburse covered expenses evidenced by original receipts.

***Physician* Charges:** The services of a *physician* in excess of the amount paid by *your government health insurance plan or EHC* plan, where permitted by law.

Private Duty Nurse: If *we* or the attending *physician* consider one to be necessary, the services of a qualified private registered nurse (who is not *you* or an *immediate family member*), when *medically necessary* and while hospitalized or in lieu of hospitalization when approved in advance by *Global Excel*.

Diagnostic Services: Laboratory tests and x-rays ordered by the attending *physician* who is treating *you* and that are part of the *emergency treatment*. Note: This benefit does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by *Global Excel*.

Medical Appliances: When approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending *physician*, obtained outside *your province* and due to an *emergency*.

Paramedical Services: The services (including x-rays) of a licensed chiropractor, physiotherapist, chiropodist, podiatrist or osteopath, when they are needed due to an *emergency*, up to $500, per *insured person*, per profession listed above, per *emergency*, when approved in advance by *Global Excel*. Note: Be sure to keep *your* receipts as they are required to make a claim.

Prescriptions: Drugs, including injectable drugs and sera, that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when *medically necessary* for *emergency treatment*, except when needed to stabilize a chronic condition or a medical condition which *you* had before *your trip*. This benefit is limited to a 30-day supply per prescription, unless *you* are hospitalized.

Lost Prescriptions: The replacement of lost prescription medication when approved in advance by *Global Excel*, up to $250.

Ground Ambulance Services: When reasonable and *medically necessary*, licensed ground ambulance services from the place of the *sickness* or *accident* to the nearest *medical facility* able to provide the necessary *treatment*.

***Emergency* Air Transportation:** When approved and arranged in advance by *Global Excel:*

a) air ambulance to the nearest appropriate *medical facility* or to a Canadian *hospital* for immediate *emergency treatment*; or
b) transport on a licensed airline with an attendant (where required) to return *you* to *your province* for immediate *emergency treatment* (if *you* are not holding a valid, open return air ticket).

Transportation to Bedside: When approved in advance by *Global Excel*, a single roundtrip economy fare by the most effective route (air, bus or train) from Canada, plus up to $250 per day, to a maximum of $5,000, for the cost of meals and *accommodation* for one of the following: *immediate family member* or friend, to:

a) be with *you* if *you* are travelling alone and have been hospitalized as the result of an *emergency*. To be payable, this benefit requires that *you* eventually be hospitalized as an *in-patient* for at least three consecutive days outside *your province* and that the attending *physician* provides written certification that the situation was serious enough to warrant the visit; or
b) identify the deceased *insured person* prior to the release of the body, where necessary.

The *Insurer* will only reimburse covered expenses evidenced by original receipts. The *immediate family member* (other than the *participant*'s *dependents*) or friend would not be covered under this insurance and may wish to consider purchasing his/her own insurance.

Return of *Travel Companion*: If *you* are returned to *your province* under the Emergency Air Transportation benefit or the Return of Deceased benefit, the *Insurer* will reimburse the cost of a single one-way economy airfare for a *travel companion* (if he/she is not holding a valid, open return air ticket) to return to Canada, when approved in advance by *Global Excel*.

Person of Choice to Accompany the Insured Person: When approved in advance by Global Excel, a single round-trip economy airfare from Canada, plus up to $250 per day for the cost of meals and accommodation, to an overall maximum of $2,000, for a person of your choice to accompany you on your return trip to your province, if the travel companion or another insured person travelling with you dies during the trip.

The person of choice and/or the travelling companion may not be covered under this insurance certificate and may wish to consider purchasing his/her own travel insurance coverage.

Return of Deceased: Up to $15,000 towards the cost of preparation and transportation of the deceased *insured person* to their *province*, in the event of death due to *sickness* and/or *injury*.

In the case of cremation and/or burial at the place of death of the *insured person*, this benefit is limited to $5,000.

The cost of the casket or urn is not covered by this benefit.

Meals and *Accommodation*: Up to $250 per day, to a maximum of $5,000 per *trip*, per *insured person*, for *your* reasonable additional expenses for meals and *accommodation*, when a *trip* is extended beyond the last day of the scheduled *trip* due to the *sickness* and/or *injury* suffered by an *insured person* or *travelling companion*. This benefit must be authorized in advance by *Global Excel*. The fact that *you* or a *travelling companion* is unable to travel must be certified by the attending *physician* and supported with original receipts from commercial organizations.

***Treatment* of Dental *Accidents*:** Up to $5,000, per *insured person*, for *emergency* dental *treatment* to repair natural, vital and sound teeth or permanently attached artificial teeth provided the *injury* was caused by an external, accidental blow to the mouth or face. *You* must consult a *physician* or dentist immediately following the *injury*. *Treatment* must begin during the *coverage period* and be completed prior to returning to *your province*. An *accident* report is required from a *physician* or dentist for claims purposes.

***Treatment* of Dental Pain:** Up to $600, per *insured person*, the cost of palliative *emergency treatment* to relieve dental pain. This benefit does not cover charges for routine dental care or *treatment*, root canal and other procedures unless approved by *Global Excel*, and must be performed by a licensed dentist or dental surgeon.

Child Care: When approved in advance by *Global Excel*, up to $5,000, per *trip*, for one of the following child care assistance benefits:

a) Economy class airfare for the return of *dependent* children or grandchildren who are under 16 years of age in the event *you* or *your spouse* is hospitalized as a result of an *emergency*. Where necessary, arrangements will include provision for an escort for the *dependent* children or grandchildren; or
b) The cost of caregiver services (other than a relative) for *dependent* children or grandchildren who are under 16 years of age in the same location where *you* or *your spouse* is hospitalized as a result of an *emergency*; or
c) The cost of caregiver services (other than a relative) for *dependent* children or grandchildren who are under 16 years of age in their home *province* when left unattended due to an *emergency* involving *you* or *your spouse* while travelling.

Pet Return: Up to $500, for the return to Canada of *your* accompanying cat or dog, in the event that *you* are hospitalized or repatriated during an *emergency*.

***Vehicle* Return:** Up to $10,000 if neither *you*, nor someone travelling with *you*, are able to operate *your vehicle*, whether owned or rented, during *your trip* due to *sickness* and/or *injury*. Arrangements and payment will be made for the return of the *vehicle* to *your* home in *your province* or the nearest appropriate rental agency. Benefits will only be payable for a single person to return the *vehicle* when approved and/or arranged in advance by *Global Excel*. This benefit does not cover wages lost by the person driving *your vehicle*. The *Insurer* will only reimburse covered expenses evidenced by original receipts.

Alternate Transportation: When approved in advance by *Global Excel*, up to $5,000, if, while travelling, *your* private *vehicle* is stolen or rendered inoperable due to an accident, the cost of one-way economy airfare(s) will be provided to *you* to return to *your province*. To file a claim, *you* must supply an official police report of the loss or accident.

Emergency Evacuation: Emergency mountain, sea or other remote location evacuation of *you* to the nearest accessible point by professional services up to $5,000.

Return of *Your* Luggage: When approved in advance by *Global Excel*, the return of *your* luggage to *your province* or territory of residence, in the event that *you* are returned to *your province* or territory of residence under the Emergency Air Transportation or Preparation and Return of Deceased benefit, up to a maximum of $500.

Medical Referral Benefit:

The Medical Referral Benefit provides coverage for *reasonable and customary charges* for medical and transportation expenses in excess of those expenses covered by the *insured person*'s *government health insurance plan* or *EHC* plan, for the *insured person* and an approved escort, up to a lifetime maximum of $75,000, as a result of a pre-approved medical referral for *treatment*, subject to the following conditions:

a) The *treatment* must not be available within 500 kilometres from *your* residence; and
b) The medical referral service must be obtained in Canada, if available, regardless of any waiting lists; and
c) *Your* attending Canadian *physician* and a qualified Canadian medical specialist from an appropriately related medical field must recommend the *treatment*; and
d) The referral service must be eligible for reimbursement and paid in whole or in part by *your government health insurance plan* (a written pre-authorization from *your government health insurance plan* outlining their liability is required); and
e) If *your government health insurance plan* or *EHC* plan covers and reimburses the full medical referral expenses, no benefits are payable under this certificate; and
f) The *treatment* must not be experimental or investigative in nature; and
g) Medical services and travel must take place within 30 days of receiving approval from *your government health insurance plan*, unless the earliest possible *treatment* date exceeds 30 days from the date of approval; and
h) The medical referral must be pre-approved, following submission of a request for pre-approval in writing to *Global Excel*, along with supporting documentation.

SECTION 7
CONDITIONS THAT MAY LIMIT YOUR COVERAGE

This section explains conditions that may limit *your* entitlement to benefits under this certificate.

Failure to Notify *Global Excel*: In the event of an *emergency*, *you* must call *Global Excel* before seeking *treatment*. If it is not reasonably possible for *you* to contact *Global Excel* before seeking *treatment* due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible. If *you* fail to notify *Global Excel*, *the Insurer* reserves the right to limit *your* benefits as follows:

a) The *Insurer* will not pay expenses for benefits that are not approved by *Global Excel*, if pre-approval is required; and
b) In the event of hospitalization, the *Insurer* will pay 80% of eligible expenses, based on *reasonable and customary charges*, to a maximum of $25,000; and
c) In the event of an outpatient medical consultation, the *Insurer* will cover a maximum of one visit per *sickness* or *injury*.

You will be responsible for payment of any remaining charges.

Transfer or Medical Repatriation: During an *emergency* (whether prior to admission or during a covered hospitalization or after *your* release from the *hospital* or *medical facility*), the *Insurer* reserves the right to:

a) transfer *you* to one of *Global Excel*'s preferred health care providers, and/or
b) return *you* to *your province,*

for the medical *treatment* of *your sickness* and/or *injury* where this poses no danger to *your* life or health. *Global Excel* will make every provision for *your* medical condition when choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital* or *medical facility*. If *you* choose to decline the transfer or return when declared medically stable by *Global Excel*, the *Insurer* will be released from any liability for expenses incurred for such *sickness* and/or *injury* after the proposed date of transfer or return.

Limitation of Benefits – End of *Emergency*: Once *you* are deemed medically stable to return to *your province* (with or without medical escort) either in the opinion of *Global Excel* or *your physician* or by virtue of discharge from a *hospital* or *medical facility*, *your emergency* is considered to have ended, whereupon any further consultation, *treatment*, recurrence or complication related to the *emergency* will not be covered during *your trip*.

Benefits Limited to Incurred Expenses: The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.

Sanctions: The *Insurer* shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this certificate which would breach economic, financial, or trade sanctions imposed under the laws of Canada, the European Union, the United Kingdom, or any other applicable jurisdiction.

SECTION 8
WHAT ARE YOU NOT COVERED FOR?

PRE-EXISTING MEDICAL CONDITION EXCLUSION

This insurance will not pay any expenses relating to or in any way associated with:

1. Any *medical condition* (other than a *minor ailment*) that existed prior to your *departure date* that was not *stable** at any time during the 90 days prior to such *departure date* (except under the terms of the Medical Referral Benefit).

   ***Stable** means any medical condition (other than a *minor ailment*) for which all the following statements are true:
   a) there has been no new diagnosis, *treatment* or prescribed medication;
   b) there has been no change in *treatment* or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type. Change in medication does not include: a reduction or discontinuation in medication due to an improvement in *your* medical condition, the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes, and a change from a brand medication to a generic brand medication where there is no modification to the dosage;
   c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
   d) there have been no test results showing deterioration; and
   e) there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that medical condition.

GENERAL EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with (except, as applicable, with respect to the Medical Referral Benefit):

2. *Treatment* or services normally covered or reimbursable under a *government health insurance plan* or under other insurance *you* might have.
3. Any *trip* booked or commenced contrary to medical advice or after being diagnosed with a *terminal illness*.
4. *Treatment*, services or supplies that is not *emergency* medical *treatment* for the immediate relief of acute pain and suffering, including any elective and/or cosmetic surgery or *treatment,* or that *you* elect to have provided outside *your province* when medical evidence indicates that *you* could return to *your province* to receive such *treatment*, services or supplies. The delay to receive *treatment*, services or supplies in *your province* has no bearing on the application of this exclusion. For Emergency Medical Travel Insurance benefits, this exclusion does not apply to a medical *emergency* arising from a COVID-19 vaccination *you* receive on *your* trip.
5. Any *treatment*, services or supplies that are experimental or investigative in nature.
6. *Your* medical condition when *you* undertake *your trip* for the purpose of securing or with the intent of receiving *treatment* for that medical condition, or any medical condition that arises as a result of such *treatment*. For Emergency Medical Travel Insurance benefits, this exclusion does not apply to a medical *emergency* arising from a COVID-19 vaccination *you* receive on *your* trip.
7. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to *hospital* or *medical facility*.
8. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
9. Hospitalization or services rendered in connection with general health examinations for "checkup" purposes, *treatment* of an *ongoing condition*, regular

care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or *treatment* in connection with drugs, alcohol or any other substance abuse or non-compliance with any prescribed medical therapy or *treatment* and *treatment* of an acute *sickness* and/or *injury* after the initial *emergency* has ended (as determined by *Global Excel*).

10. Anxiety or panic attack or a state of mental or emotional stress unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.
11. *Treatment* not performed by or under the supervision of a *physician* or licensed dentist.
12. Routine pre-natal care.
13. If *you* are pregnant, *your* pregnancy or the birth and delivery of *your* child, or any complications of either, occurring in the nine weeks before or after *your* expected delivery date as determined by *your* primary care physician in *your province*. Note that a child born during a *trip* shall not be regarded as an *insured person* and shall not have coverage under this certificate for the entire duration of the *trip* in which the child is born, if born in the nine weeks before or after the expected delivery date.
14. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of a foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
15. Committing or attempting to commit an illegal act or a criminal act.
16. Intentional self-inflicted *injury*, suicide or attempted suicide.
17. Participation:
    a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one's main paid occupation); or
    b) in any motorized race or motorized speed contest; or
    c) in scuba diving (unless *you* hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountain climbing using ropes and/or specialized equipment, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.
18. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
19. The replacement of an existing prescription, whether by reason of loss (unless otherwise expressly provided elsewhere in this certificate), renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of an *emergency*.
20. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
21. The cost of any airline ticket covered under the certificate where *your* ticket may be exchanged or used for the same purpose.
22. *Treatment* or services received in *your province*.
23. An *accident* occurring while *you* were operating a motorized *vehicle*, vessel or aircraft, if *you*:
    a) were under the influence of drugs or toxic substances, or
    b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood, or
    c) had a blood alcohol level higher than the legal limit in the location where the *accident* occurred.
24. Any *sickness*, *injury*, or medical condition *you* suffer or contract, or any loss *you* incur in a specific country, region or area while a travel advisory of "Avoid non-essential travel" or "Avoid all travel" is in effect for that specific country, region or area and the travel advisory was issued by the Government of Canada before *your departure date*, even if the *trip* is undertaken for essential reasons. This exclusion only applies to medical conditions or losses which are related, directly or indirectly, to the reason for which the travel advisory was issued. If the travel advisory is issued after *your departure date*, *your* coverage under this insurance in that specific country, region or area will be restricted to a period of 10 days from the date the travel advisory was issued, or to a period that is necessary for *you* to safely evacuate the country, region or area, after

which coverage will be limited to medical conditions or losses which are unrelated to the reason for which the travel advisory was issued, while the travel advisory remains in effect. This exclusion does not apply to medical conditions or losses which are related to Novel Coronavirus 2019 (COVID-19), even while a travel advisory related to COVID-19 is in effect.

25. Point program redemptions of any type, (e.g., AIR MILES® Reward Miles, Aeroplan®, timeshare points/weeks) used to purchase items or services and any charges to reinstate the points.

SECTION 9
INTERNATIONAL ASSISTANCE SERVICES

If *you* need assistance while travelling, help is one call away. *Global Excel* is available 24 hours a day, 7 days a week, to provide the following services whenever possible:

Pre-Trip Assistance. *Global Excel* will provide *you* with pertinent travel information prior to leaving on your vacation, such as:

- Travel advisories for the regions *you* will be visiting;
- Required inoculations;
- Local currencies;
- Visa requirements;
- *Global Excel*'s emergency contact phone number(s) for the different countries *you* will be visiting; and
- How to make a phone call from the country *you* are visiting, including the required country codes.

Emergency Call Center. No matter where *you* travel, professional assistance personnel are ready to take *your* call. *You* can call *Global Excel* toll free at **1-877-346-1467** if in Canada or the United States or **800-062-4728** if in Mexico, or collect at **+ 819-780-0647** from anywhere else in the world.

Medical Assistance and Consultation. If *you* have an *emergency* and *you* call *Global Excel*, *you* will be directed to one or more recommended medical service providers near *you*. In addition, *Global Excel* will:

- Provide confirmation of coverage and pay expenses covered by this insurance directly to the recommended medical service provider,
- Consult with *your* attending *physician* to monitor *your* care, and
- Monitor the appropriateness, necessity and reasonableness of that care to help ensure that *your* expenses will be covered by this insurance.

Doctor-On-Call™. Doctor-On-Call™ service for travellers to the United States provides *you* with access to a licensed US *physician* over the phone, when appropriate, including the possibility of receiving a personal visit in case of *emergency*.

Payment Assistance and Direct Billing. The payment of the medical services *you* receive will be coordinated through *Global Excel*, communicated with *your* medical provider and billing arrangements will be discussed. There are certain countries where, due to local conditions or travel reports from the Canadian government, assistance services are not available and *you* may be required to make payment up-front. If *you* are required to make payment up-front, *you* must obtain detailed and itemized original bills for claims submission and call *Global Excel* on *your* return home.

Benefit Information. *Global Excel* can help *you* and the medical providers who are treating *you*, understand what coverage is available to *you* under *your Policy*.

Claims Information. *Global Excel* will answer any questions *you* have about *your* claim, *Global Excel*'s standard verification procedures and the way that *your Policy* benefits are administered.

Interpretation Service. *Global Excel* can connect *you* to a foreign language interpreter when required for *emergency* services in foreign countries.

Emergency Message Centre. In case of an *emergency*, *Global Excel* will help exchange important messages with *your* family, business or *physician*.

Legal Referrals. If *you* are arrested or detained, *Global Excel* will help *you* contact a local lawyer or the nearest Canadian embassy. *Global Excel* will also keep *your* family, friends or business associates informed until *you* find legal counsel and *Global Excel* will coordinate any bail bond services that *you* may need.

SECTION 10
HOW DO YOU MAKE A CLAIM?

A HOW TO MAKE A CLAIM?

To submit a claim: If in Canada or the United States, call toll free at: **1-877-346-1467**.
If in Mexico, call toll free at: **800-062-4728**.
From anywhere else in the world, call collect to: **+ 819-780-0647**.

How about online claims portal?

- During *your* call, *you* will be given all the information required to file a claim. Following your claim opening, you will be provided instructions on how to access the online claimant portal to submit further documents, and review the status of your claim.
- *You* will be asked to substantiate *your* claim by providing all required documents. Failure to do so may result in non-payment of *your* claim. The *Insurer* is not responsible for fees charged in relation to any such documents. Incomplete documentation will be returned to *you* for completion.
- When making a claim, *we* may require that a Claim & Authorization Form provided by *us* be completed and that supporting documentation such as the following be provided:
  - ~Complete original unused transportation tickets and vouchers if the *Emergency* Air Transportation or Return of *Travel Companion* benefit is used.
  - ~All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all relevant dates and type of *treatment*, and the name of the *hospital* or *medical facility* and/or *physician*.
  - ~All original prescription drug receipts (not cash receipts) from the pharmacist, *physician, hospital* or *medical facility* showing the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
  - ~Proof of *your departure date* and *return date*. While boarding passes are preferred, *we* will accept airline tickets or other proof of *departure date* from *your province*, provided it contains *your* name and the location and date of *your* purchase.
  - ~Any other additional documents pertinent to *your* claim, as may be required by *Global Excel*.

- **Failure to complete the required Claim & Authorization Form in full may delay the assessment of *your* claim.**

All pertinent documents should be sent to:

GlobalExcel

Global Excel Management Inc.
73 Queen Street
Sherbrooke, Quebec J1M 0C9

B OTHER CLAIM INFORMATION

Notice and Proof of Claim
In the event that *Global Excel* is not contacted immediately, the *insured person*, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

a) give written notice of claim by delivery thereof or by sending it by registered mail to *Global Excel* not later than 30 days from the date the claim arises under the *Policy*; and
b) within 90 days from the date a claim arises under the *Policy*, furnish *Global Excel* such proof of claim as is reasonably possible in the circumstances of the *emergency* giving rise to the claim and the loss occasioned thereby, the right of the claimant to receive payment, his/her age and the age of the beneficiary, if relevant.

Failure to Give Notice or Proof
Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one year from the date of *injury* or the date a claim arises under the *Policy* on account of *sickness* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Insurer to Furnish Forms for Proof of Claim
Global Excel, on behalf of the *Insurer*, shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time he may submit his/her proof of claim in the form of a written statement of the cause or nature of the *emergency* giving rise to the claim.

SECTION 11
WHAT ELSE DO YOU NEED TO KNOW?

Canadian Currency. Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest.

Payment of Benefits. All payments are payable to *you* or on *your* behalf. In case of death of the *insured person*, benefits are payable to the estate of the *insured person* unless another beneficiary is designated in writing to *Global Excel* or the *Insurer*.

Other Insurance. This insurance is a second payer plan. This means that for any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or *EHC* plan or contract, including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your province* that are in excess of the amounts for which *you* are insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the *Insurer* seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is $200,000 or less.

Rights of Examination. As a condition precedent to recovery of insurance money under the *Policy*,

a) the claimant under the *Policy* must give *us* an opportunity to examine the person of the *insured person* when and so often as *we* may reasonably require while the claim hereunder is pending, and
b) in the case of death of the *insured person*, *we* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

Availability and Quality of Care. *We* are not responsible for the availability, quality or results of medical *treatment* or transportation, or *your* failure to obtain medical *treatment*.

Misrepresentation and Non-Disclosure. Any information that has been misrepresented or misstated to *us* by *you* or is incomplete may result in this certificate and *your* insurance coverage being null and void, in which case no benefits will be paid.

Applicable Law. The *Policy* as between the *Insurer* and the *participant* or any *insured person,* is governed by the law of the *province* of the *participant*. Any legal proceeding by the *insured person*, his/her heirs or assigns shall be brought in the courts of the *province* of the *participant*.

Material Facts. No statements or representations made by employees of the *policyholder* or any insurance agent or broker, *our* employees, or *our* agents can vary the terms of this insurance coverage.

Subrogation. If *you* incur expenses due to the fault of a third party, *you* assign to *us* the right to take action against the party at fault in *your* name. This will require *your* full cooperation with *us* and *we* will pay for all of the related expenses.

Evidence of Age. The *Insurer* reserves the right to request proof of age of any *insured person*.

Assignment. Benefits under the *Policy* may not be assigned to a third party. However, in no event will this affect *Global Excel*'s ability to make payment, for the benefit of the *insured person*, directly to the *hospital* or *medical facility* as provided for under SECTION 9 - INTERNATIONAL ASSISTANCE SERVICES.

When Money Payable. All money payable under the *Policy* shall be paid by the *Insurer* within 60 days after it has received due proof of claim.

Examination of the *Policy*. The *Policy*, including any endorsements, will be kept at the office of the *policyholder*. *You* may consult the *Policy* during the regular business hours of the *policyholder*.

Limitation Periods. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.

SECTION 12
DEFINITIONS

Throughout this certificate, italicized terms have the specific meaning described below:

Accident means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

Accommodation means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

Administrator means Johnson Inc.

Benefits Card means the card provided to the *participant* and on which the following information is shown: name of the *policyholder*, *Policy* number, and *emergency* telephone numbers.

Common Carrier means any land, air or water conveyance which is licensed to transport passengers for hire, provided it maintains published timetables and fares. Rental vehicles however, are not considered common carriers.

Coverage Period means 93 days per *trip*, during which *you* are covered under the *Policy* when *you* take a *trip* and which is calculated as of the *departure date* of *your trip*; however,

a) if *you* are a *dependent* child who is registered as a full-time student at an accredited educational institution outside of *your province*, *your* coverage period is 365 days; or
b) if *you* have a *trip* with a *departure date* occurring prior to the effective date of *your EHC* plan, that specific *trip* will not be covered by this insurance.

Departure Date means the date on which *you* leave *your province* from *your departure point*.

Departure Point means the place from which *you* depart *your province* on the first day, and return to on the last day of *your trip*.

Dependent means:

a) the *spouse*; and
b) the unmarried child of the *participant* or *spouse* (including any natural child, adopted child, step child, foster child and a child to whom the *participant* or *spouse* is the legal guardian). The child must be dependent on the *participant* or *spouse* for support and must not be employed on a full-time basis. The dependent child must be under age 21 or under age 30 if a full-time student at a recognized educational institution, on the *departure date*. However, coverage will continue beyond any age limit for a covered dependent child who is physically or mentally disabled and totally dependent on the *participant* or *spouse* for support on the date he/she reached the age when insurance would normally terminate.

Emergency means an unexpected and unforeseeable *sickness* and/or *injury* during (arising during the *coverage period*), for which immediate *medically necessary treatment* is needed to prevent or alleviate existing danger to life or health and such *treatment* cannot be delayed until *you* return to *your province*.

Extended Health Care or **EHC** mean insurance coverage provided by your *policyholder* that is designed to supplement y*our government health insurance plan* coverage.

Global Excel means Global Excel Management Inc., the company appointed by the *Insurer* to provide medical assistance and claims services.

Government Health Insurance Plan means the health care coverage provided by Canadian provincial and territorial governments to their residents.

Hospital or **Medical Facility** means a licensed facility, which provides people with care and medical *treatment* needed because of an *emergency*. The facility must be staffed 24 hours a day by qualified and licensed *physicians* and nurses. A hospital or medical facility does not include a spa or nursing home.

Immediate Family Member means *your spouse*, son, daughter, father, mother, brother, sister, step-child, step-parent, in-law, step-sibling, grandchild, grandparent, aunt, uncle, niece and nephew.

Injury means an unexpected and unforeseen harm to the body that is caused by an *accident*, sustained by an *insured person* during the *coverage period* and that requires *emergency treatment* that is covered by this certificate.

In-patient means a patient who occupies a *hospital* or *medical facility* bed for more than 24 hours for medical *treatment* and for which admission was recommended by a *physician* when *medically necessary*.

Insurer means Royal & Sun Alliance Insurance Company of Canada.

Medically Necessary, in reference to a given service or supply, means such service or supply:

a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice; and
b) is not experimental or investigative in nature; and
c) cannot be omitted without adversely affecting the condition of the *insured person* or quality of medical care; and
d) cannot be delayed until the *insured person* returns to his/her *province*.

Minor Ailment means any *sickness* or *injury* which does not require: the use of medication for a period of greater than 15 days; more than one follow-up visit to a *physician*, hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 consecutive days prior to the *departure date* of each *trip*. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

Ongoing Condition means an acute *sickness* and/or *injury* that requires continuing care and/or *treatment* after the initial *emergency* has ended as determined by *Global Excel*.

Participant means an eligible member whom the *policyholder* identifies as being entitled to coverage under the *Policy* and for whom the required premium has been paid.

Physician means a medical practitioner whose legal and professional standing within his/her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than *you* or *your immediate family member*.

Policy means the Group Travel Insurance contract (Master Policy) issued by the *Insurer* to, and on file with, the *policyholder*, to provide *emergency* medical travel insurance coverage to its *participants* and their insured *dependents*.

Policyholder means The Retired Teachers of Ontario / Les enseignantes et enseignants retraités de l'Ontario (RTOERO) to which the *Policy* is issued.

Province means *your* Canadian province or territory of permanent residence.

Reasonable and Customary Charges mean charges that are, as determined by *us*, comparable to other charges for the same service and level of expertise in the place where the *emergency* took place.

Return Date means the date on which *you* are scheduled to return to *your departure point*.

Ridesharing Services mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

Sickness means an unexpected and unforeseen disease or disorder of the body that results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of medical *treatment*.

Spouse means either the person who is legally married to the *participant* or the person who has been living with the *participant* in a relationship of a conjugal nature and who has been publicly represented as such.

Stable means any medical condition (other than a *minor ailment*) for which all the following statements are true:

a) there has been no new diagnosis, *treatment* or prescribed medication;
b) there has been no change in *treatment* or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type. Change in medication does not include: a reduction or discontinuation in medication due to an improvement in *your* medical condition, the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes, and a change from a brand medication to a generic brand medication where there is no modification to the dosage;
c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
d) there have been no test results showing deterioration; and
e) there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that medical condition.

Terminal Illness means *you* have a condition that is cause for the *physician* to estimate that *you* have less than six months to live.

Travel Companion or **Travelling Companion** means a person, other than a *dependent*, who is sharing travel arrangements with the *insured person* from the *departure point* on a covered *trip*, including *accommodation* and transportation, and who has paid for such *accommodation* or transportation prior to the *departure date*. A maximum of three persons will be considered travelling companions. Unless indicated otherwise, a travelling companion is not covered under this insurance and may wish to consider purchasing his/her own insurance.

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* or specialist including, but not limited to, consultation, prescribed medication, investigative testing, hospitalization or surgery.

Trip means a journey that *you* undertake which commences on the *departure date* from *your province* and ends on the *return date* to *your province*.

Vehicle means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during the *trip*.

We, **Our** and **Us** mean the *Insurer*, or its authorized representatives, or *Global Excel*, as applicable.

You, **Your** and **Insured Person(s)** mean the *participant* or *participant*'s insured *dependents* covered under the *Policy*, whether they travel together or not.

TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE PLAN CERTIFICATE OF INSURANCE

Note: Throughout this certificate, words in *italics* have specific meanings which can be found in SECTION 12 – DEFINITIONS.

SECTION 1
INTRODUCTION

Trip Cancellation and Trip Interruption Insurance Plan provides reimbursement for the *policyholder*'s *participant* and the *participant*'s insured *dependents* for:

1. non-refundable and non-transferable prepaid expenses incurred as a result of *your trip* cancellation; and
2. expenses incurred and/or reimbursement of the unused portion of *your* non-refundable and non-transferable prepaid travel arrangements due to the interruption or delay of *your trip*; and
3. replacement of *your* baggage due to loss, theft or damage while in custody of a *common carrier*.

Trip Cancellation and Trip Interruption Insurance Plan is included with your *Extended Health Care* (*EHC*) coverage up to $6,000, per *insured person*, per *trip*, and access to assistance services before or while travelling outside of *your province*.

This certificate, along with *your* entire RTOERO Group Travel Insurance document, outlines what is covered along with the conditions under which a payment will be made. It also provides instructions on how to make a claim. For confirmation of coverage or any questions concerning the information in this certificate or *your* entire RTOERO Group Travel Insurance document, call Johnson Inc. toll free at **1-877-406-9007** or e-mail us at **healthbenefits@johnson.ca**.

Royal & Sun Alliance Insurance Company of Canada (*Insurer*) provides the insurance for this certificate under the Master Policy (the *Policy*), issued to the *policyholder*. Global Excel Management Inc. (*Global Excel*) has been appointed by the *Insurer* as the assistance and claims service provider, under this certificate. This insurance is administered by Johnson Inc. (*Administrator*). This certificate is not a contract of insurance and contains only a summary of the principal provisions of the *Policy*. All benefits are subject in every respect to the *Policy*, under which coverage is provided and payments are made. In the event of any conflict, the *Policy* shall govern, subject to any applicable law to the contrary. An *insured person* or other claimant under the *Policy* may, on request to the *Insurer*, obtain a copy of the *Policy*, subject to certain access limitations permitted by applicable law.

RTOERO (*policyholder*) and the Royal & Sun Alliance Insurance Company of Canada (*Insurer*) may cancel, change or modify this coverage at any time. This certificate replaces any and all certificates previously issued to *you* with respect to the *Policy*.

SECTION 2
WHAT SHOULD YOU DO TO OBTAIN ASSISTANCE OR TO FILE A CLAIM?

IF *YOU* NEED ASSISTANCE OR TO FILE A CLAIM CALL *GLOBAL EXCEL:*

From Canada and the United States, toll free **1-877-346-1467**
From Mexico, toll free **800-062-4728**
From anywhere else in the world, collect **+819-780-0647**

It is important that *you* call on the day the cause of cancellation, interruption or delay of *trip* occurs or on the day the baggage is lost, damaged or stolen, or on the next business day.

Note: The complete assistance telephone numbers are also listed on the back of the *benefits card* provided to *you*.

SECTION 3
IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Trip Cancellation and Trip Interruption Insurance Plan is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read this certificate and understand *your* coverage before *you* travel as *your* coverage is subject to certain limitations and exclusions.
- Pre-existing *medical condition* exclusions may apply to *medical conditions* and/or symptoms that existed before *your trip*. Refer to this certificate to determine how these exclusions may affect *your* coverage and how they relate to *your departure date* or *effective date*.
- In the event of an *accident*, injury or sickness, *your* medical history may be reviewed when a claim has been reported.
- Throughout this certificate, any reference to age refers to *your* age on *your effective date*.
- **This certificate contains clauses which may limit the amounts payable.**
- **This certificate contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.**

SECTION 4
ELIGIBILITY FOR COVERAGE

PARTICIPANT COVERAGE

To be covered under the *Policy* as a *participant*, *you* must meet the following eligibility requirements:

- *You* must be covered under the *government health insurance plan* of *your province*; and
- *You* must have *your* permanent residence in Canada; and
- The required premium payments for *your* coverage under the *Policy* must have been paid; and
- *You* must be enrolled in the *EHC* plan of the *policyholder*; and
- Be a member in good standing of the *policyholder*; and
- Be on the monthly list of members entitled to coverage provided to the *Insurer* by the *policyholder*.

DEPENDENT COVERAGE

To be covered under the *Policy* as a *dependent*, *you* must meet the following eligibility requirements:

- *You* must be covered under the *government health insurance plan* of *your province*; and
- If applicable, be enrolled as a *dependent* under the *EHC* plan of the *policyholder*; and
- *You* must fall within the definition of *dependent* in this certificate; and
- The required premium payments for *your* coverage under the *Policy* must have been paid.

SECTION 5
WHEN DOES COVERAGE BEGIN AND END?

WHEN DOES COVERAGE TAKE EFFECT?

- Trip Cancellation coverage takes effect when the cause of cancellation occurs before *you* depart on *your trip*. **Note:** if *you* book a *trip* prior to the effective date of the *Policy*, Trip Cancellation coverage will be in effect for covered reasons (causes of cancellation) that occur while the *Policy* is in effect.

- Trip Interruption coverage takes effect when the cause of interruption occurs during *your trip*.
- Trip Delay coverage takes effect when the cause of delay occurs during *your trip* and results in *you* being delayed, beyond *your* scheduled *return date*, from returning to *your departure point*.
- Baggage coverage takes effect when baggage is lost, stolen or damaged when checked in with, or carried on, a *common carrier* during *your trip*.

PARTICIPANT'S EFFECTIVE DATE OF COVERAGE

***Participant* coverage will become effective on the later of:**
- the date the *Policy* becomes effective; or
- if applicable, the date the *participant* qualifies for the *EHC* plan of the *policyholder*; or
- the date the *participant* becomes a member in good standing of the *policyholder* and is on the monthly list of members entitled to coverage by the *policyholder*.

Coverage for each *trip* begins:
- on *your effective date* (provided *your* coverage is in effect on the date of purchase or before any cancellation penalties have been incurred) for Trip Cancellation, or
- when the *common carrier* departs from the scheduled *departure point* shown on the ticket, itinerary or other document issued to an *insured person* by or for the carrier for Trip Interruption, Trip Delay and Baggage coverage. **Note:** For Trip Interruption and Trip Delay, if a *common carrier* is not used for the *trip*, the coverage begins on the date *you* leave from the *departure point* to start the *trip*.

DEPENDENT'S EFFECTIVE DATE OF COVERAGE

***Dependent* coverage, if any, will become effective on the later of:**
- the date the *participant*'s coverage becomes effective; or
- the date the *dependent* qualifies for the *EHC* plan of the *policyholder*.

Coverage for each *trip* begins:
- on *your effective date* (provided *your* coverage is in effect on the date of purchase and before any cancellation penalties have been incurred) for Trip Cancellation coverage, or
- when the *common carrier* departs from the scheduled *departure point* shown on the ticket, itinerary or other document issued to an *insured person* by or for the carrier for Trip Interruption, Trip Delay and Baggage coverage. **Note:** For Trip Interruption and Trip Delay, if a *common carrier* is not used for the *trip*, the coverage begins on the date *you* leave from the *departure point* to start the *trip*.

PARTICIPANT'S TERMINATION DATE OF COVERAGE

***Participant* coverage will terminate immediately upon the first to occur of:**
- the date *you* cease to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *participant* coverage; or
- the date the premium is due, if the required premium is not remitted to the *Insurer*, except where this is the result of clerical error; or
- the date the *Policy* is terminated.

Coverage for Trip Cancellation, Trip Interruption, Trip Delay and Baggage for each *trip* ends on midnight of *your return date*.

DEPENDENT'S TERMINATION DATE OF COVERAGE

***Dependent* coverage will terminate immediately upon the first to occur of:**

- the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
- the date the *participant*'s coverage terminates, except in the event of the death of the *participant*, in which case coverage for *dependents* may continue, provided the *policyholder* continues to provide coverage for *dependents* and the required premium payments are paid, until the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE; or
- the date the *Policy* is terminated.

Coverage for Trip Cancellation, Trip Interruption, Trip Delay and Baggage for each *trip* ends on midnight of *your return date*.

WHEN DOES *YOUR* COVERAGE AUTOMATICALLY EXTEND?

Coverage is automatically extended beyond *your return date*, provided *you* still meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, in the following circumstances:

a) **Delay of Transportation.** If *your* return home has been delayed beyond *your return date* because *your common carrier* has been delayed, or if a private *vehicle* becomes inoperable on the way to *your departure point* due to circumstances beyond *your* control, *your* coverage is extended for up to five days beyond *your return date*.

b) **Medically Unfit to Travel.** If *you* are medically unfit to travel due to a covered medical *emergency* (but *you* are not hospitalized), *your* coverage is extended for up to five days following the date that *you* are deemed stable to return to *your province* by *your physician* or the *common carrier*.

c) **Hospitalization.** If *you* are hospitalized due to a covered medical *emergency*, *your* coverage will remain in force during *your* hospitalization and for up to five days following *your* discharge from the *hospital*.

***You* are required to notify *Global Excel* in the foregoing circumstances prior to *your return date*. Failure to notify *Global Excel* by such time may result in coverage not being extended. In no circumstances will coverage be extended to more than 365 days from *your departure date*.**

SECTION 6
WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?

1. TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DELAY COVERAGE

In the event of the cancellation, interruption or delay of *your trip* for one of the 35 covered reasons set out in the first column of the chart below, *you* will be eligible to receive the corresponding insurance benefits referred to in the remaining columns of the chart (Benefits A, B, C, D, E, F and G, as applicable), up to $6,000, per *insured person*, per *trip*.

Instructions for reading chart and determining benefits.

1. To determine if the reason for cancellation, interruption or delay of *your trip* is a covered reason, refer to the first column under "What Are *You* Covered For?" header of the chart below.

2. If the reason for cancellation, interruption or delay of *your trip* is one of the 35 covered reasons listed, refer to the remaining columns in the chart to determine which of the benefits (A, B, C, D, E, F or G) described in the "What Are *Your* Benefits For Cancelling, Interrupting or Delaying *Your Trip*?" header of the chart correspond to *your* covered reason.

WHAT ARE YOUR BENEFITS FOR CANCELLING, INTERRUPTING OR DELAYING *YOUR TRIP*?

• Benefits A, B & C – Prepaid Travel Arrangements

If *your* covered reason entitles *you* to Benefits A, B or C, *you* will be entitled to reimbursement, up to $6,000, per *insured person*, per *trip*, for:

A. the non-refundable and non-transferable portion of *your* prepaid travel arrangements or *rebooking fees*, whichever is less; or
B. the non-refundable and non-transferable unused portion of *your* prepaid travel arrangements; or
C. the non-refundable and non-transferable unused portion of *your* prepaid travel arrangements, excluding the cost of prepaid unused transportation back to *your departure point*.

Note: *Your* entitlement to reimbursement will be reduced by the amount of any travel vouchers issued by the travel service supplier. Should the travel voucher expire before *your* next available opportunity to use it, a claim may be submitted for the amount of the expired travel voucher, up to the benefit maximum outlined above.

• Benefits D, E & F – Transportation

If *your* covered reason entitles *you* to Benefits D, E or F, *you* will be entitled to reimbursement up to $6,000, per *insured person*, per *trip*, for the extra cost of *your* economy class:

D. transportation via the most cost-effective route to rejoin a tour or group on *your trip*; or
E. transportation via the most cost-effective route to *your departure point* and up to a maximum of $500 for the actual cost of a one-way transportation *you* incur for the return of *your* pet(s) to *your departure point* if *you* must interrupt *your trip* (Note: any other charges related to the return of the pet(s) are *your* responsibility); or
F. one-way air fare via the most cost-effective route to *your* next destination (inbound and outbound) on *your trip*.

Please Note: If *you* are required to interrupt *your trip* to attend a funeral or travel to the bedside of a hospitalized *family member*, close friend, *caregiver*, business partner, or *key employee* where death is imminent, *you* have the option to purchase a ticket to the destination where the death or hospitalization has occurred. *You* will be reimbursed the cost of the ticket, up to the maximum amount of what it would have cost for one-way economy class transportation via the most cost-effective route back to *your departure point* (applicable to covered reason #10). This option must be pre-authorized by *Global Excel*. This option can only be used once and if *you* chose this option, it will replace Benefit E.

Pet(s) Return Benefit: This benefit covers up to a maximum of $500 for the actual cost of a one-way transportation *you* incur for the return of *your* pet(s) to *your province* or territory of residence if *you* must interrupt *your trip* and are eligible for Trip Interruption & Delay Insurance coverage (after day of departure). Any other charges related to the return of the pet(s) are *your* responsibility.

WHAT ARE YOUR BENEFITS FOR CANCELLING, INTERRUPTING OR DELAYING *YOUR TRIP*?

- **Benefit G – Out-of-Pocket Expenses**

G. If *your* covered reason entitles *you* to Benefit G, *you* will be entitled to reimbursement of up to $100 per day, per *insured person*, to a maximum of $1,000 per *trip* for all *insured persons* combined (subject to the overall maximum of $6,000, per *insured person*, per *trip*), for *accommodation*, meals, telephone, taxi and *ridesharing services*, for expenses incurred if *your trip* is interrupted or if *your* return home is delayed beyond the scheduled *return date*.

- **N/A: Not Applicable**

WHAT ARE YOU COVERED FOR?		Trip Cancellation	Trip Interruption	Trip Delay
1	*Your medical condition* or admission to a *hospital* or *medical facility* following an *emergency*.	**A**	**C** & **G**, and **D**, **E** or **F**	**E** & **G**
2	A change in your *medical condition* after *you* make a deposit or payment towards *your trip*, but prior to *your departure date*, which causes that *medical condition* to no longer be *stable* in the 90 days prior to *your departure date*.	**A**	N/A	N/A
3	The admission to a *hospital* or *medical facility* following an *emergency* of *your family member* (who is not at *your* destination), *your* business partner, *key employee* or *caregiver*.	**A**	**C**, **E** & **G**	N/A
4	The *emergency medical condition* of *your family member* (who is not at *your* destination), *your* business partner, *key employee* or *caregiver*.	**A**	**C**, **E** & **G**	N/A
5	The admission to a *hospital* or *medical facility* of *your* host at destination, following an *emergency medical condition*.	**A**	**C**, **E** & **G**	N/A
6	The *medical condition* of *your travelling companion* or their admission to a *hospital* or *medical facility* following an *emergency*.	**A**	**C** & **G**, and **D**, **E** or **F**	**E** & **G**
7	The *medical condition* of *your family member* who is at *your* destination or their admission to a *hospital* or *medical facility* following an *emergency*.	**A**	**C**, **E** & **G**	**E** & **G**
8	The *medical condition* of *your travel companion's family member* or their admission to a *hospital* or *medical facility* following an *emergency*.	**A**	**C**, **E** & **G**	**E** & **G**
9	*Your* death.	**A**	**B**	N/A

WHAT ARE YOU COVERED FOR?		Trip Cancellation	Trip Interruption	Trip Delay
10	The death of *your family member* or close friend (who is not at *your* destination), *your* business partner, *key employee* or *caregiver*.	**A**	**C**, **E** & **G**	N/A
11	The death of *your travelling companion*.	**A**	**C**, **E** & **G**	**E** & **G**
12	The death of *your travelling companion*'s *family member*, business partner, *key employee* or *caregiver*.	**A**	**C**, **E** & **G**	N/A
13	The death of *your* host at destination, following an *emergency medical condition*.	**A**	**C**, **E** & **G**	N/A
14	The death of *your family member* or friend, who is at *your* destination.	**A**	**C**, **E** & **G**	**E** & **G**
15	A travel advisory or formal notice issued by the Canadian government after the purchase of *your trip* and prior to *your departure date*, advising Canadians not to travel to a country, region or city that is part of *your trip*.	**A**	N/A	N/A
16	A travel advisory or formal notice issued by the Canadian government after *your departure date*, advising Canadians not to travel to a country, region or city that is part of *your trip*.	N/A	**C** & **G**, and **E** or **F**	**E** & **G**
17	A transfer by the employer with whom *you* or *your travelling companion* is employed during the *period of insurance*, which requires the relocation of *your* principal residence.	**A**	**C**, **E** & **G**	N/A
18	The involuntary loss of *your* or *your travelling companion*'s permanent employment (not contract employment) due to lay-off or dismissal without just cause.	**A**	**C**, **E** & **G**	N/A
19	Cancellation of *your* or *your travelling companion*'s *business meeting* beyond *your* or *your* employer's control.	**A**	**C**, **E** & **G**	N/A
20	*You* or *your travelling companion* being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	**A**	**C**, **E** & **G**	N/A
21	Delay of a private or rented vehicle resulting from the mechanical failure of that automobile, acts of nature (such as, weather conditions, earthquakes or volcanic eruptions), a traffic accident, or an emergency police-directed road closure, causing *you* or *your travelling companion* to miss a connection or resulting in the interruption of *your* travel arrangements, provided the automobile was scheduled to arrive at the *departure point* at least two hours before the scheduled time of departure.	**A**	**C**, **F** & **G**	**E** & **G**

WHAT ARE YOU COVERED FOR?		Trip Cancellation	Trip Interruption	Trip Delay
22	Delay of *your* or *your travelling companion*'s *common carrier*, resulting from the mechanical failure of that *common carrier*, a traffic accident, an emergency police-directed road closure, weather conditions, delay or *grounding* of *your* air transportation, causing *you* to miss a connection or resulting in the interruption of *your* travel arrangements.	**A**	**C, F & G**	**E & G**
23	Delay of *your* or *your travelling companion*'s departure, resulting from the mechanical failure of *your common carrier*, a traffic accident, an emergency police-directed road closure, weather conditions, delay or *grounding* of *your* air transportation, causing *you* to miss *your* scheduled cruise or tour, and no alternative travel arrangements can be made for *you* to join the cruise or tour.	**A**	**B & G**	**N/A**
24	An event completely independent of any intentional or negligent act that renders *your* or *your travelling companion*'s principal residence uninhabitable or place of business inoperative.	**A**	**C, E & G**	**N/A**
25	The quarantine or hijacking of an *insured person,* their *travelling companion*, or their host at destination.	**A**	**C, E & G**	**E & G**
26	*You* or *your travelling companion* being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, scheduled during *your trip*.	**A**	**C, E & G**	**N/A**
27	*You* or *your travelling companion*'s cruise is cancelled prior to the departure of the cruise ship due to mechanical failure, a collision with the seabed or shore, or withdrawal of the ship from operation due to a *grounding* order, quarantine of cruise ship or the reposition of the cruise ship due to acts of nature (such as, weather conditions, earthquakes, or volcanic eruptions).	**A**	**C, E & G**	**E & G**
28	*Your* pregnancy, if diagnosed after the purchase of *your trip* and prior to *your departure date* when *you* choose not to travel.	**A**	**N/A**	**N/A**

WHAT ARE YOU COVERED FOR?		Trip Cancellation	Trip Interruption	Trip Delay
29	The non-issuance of *your* travel visa (not an immigration or employment visa) for reasons beyond *your* control).	**A**	**N/A**	**N/A**
30	*You* or *your travelling companion's* death, illness or positive test result as a result of contracting Novel Coronavirus 2019 (COVID-19) which prevents *you* from travelling on *your departure date* or *your return date*, or causes *you* to interrupt *your trip*.	**A**	**C, E & G**	**E & G**
31	*Your trip* cancellation or missed connection caused by the schedule change of the *common carrier* that is providing transportation for a portion of *your trip*.	**A**	**C & G, and D, E or F**	**E & G**
32	A natural disaster at *your* place of destination.	**A**	**C & G, and D, E or F**	**E & G**
33	Legal adoption of a child by *you* when, after paying for *your* insured *trip*, *you* receive notice that the actual date of adoption is scheduled to take place during *your* covered *trip*.	**A**	**N/A**	**N/A**
34	*Your* passport, driver's license, birth certificate, travel visa, or other government issued document required for travel is lost or stolen while *you* are travelling, due to circumstances beyond *your* control. The loss or theft must be reported to the police and/or the appropriate local authorities within 24 hours of discovery, and supported by a police report or in writing by the appropriate local authorities.	**N/A**	**C & G, and D, E or F**	**E & G**
35	Illness, injury or death of *your* service, therapy or emotional support dog if *you* have a physical, mental or visual impairment, and travel arrangements have been made for the dog to accompany *you* on *your* covered *trip*. The dog must be individually trained by an organization or a person specializing in service, therapy or emotional support dog training. In the case of illness or injury, the illness or injury must be unexpected and serious enough to warrant treatment from a licensed veterinarian.	**A**	**C, E & G**	**E & G**

2. BAGGAGE COVERAGE

The *Insurer* will reimburse the cost of replacement of an *insured person*'s baggage and personal property contained therein, due to theft, damage or loss by a *common carrier* when the baggage is checked with a *common carrier* or carried by the *insured person* on a *common carrier*, up to $1,000, per *insured person*, per *trip*.

Payment is based on the actual replacement cost of any lost or stolen article provided the article is actually replaced; otherwise, payment is based on the actual cash value of the article at the time of loss or the maximum specified, whichever is less, with respect to any one item or set of items.

In addition, the *Insurer* will reimburse for the purchase of necessary toiletries and personal clothing as a result of the checked baggage being delayed by the *common carrier* for more than 12 hours after the *insured person's* arrival, up to $400 per *insured person*, up to an overall maximum of $1,000 per family. Purchases must be made within 36 hours of the arrival at the destination, and prior to receipt of the baggage.

Additional Benefit - Document Replacement: In addition, you will be reimbursed for the cost of replacing one or more of the following documents, to a combined maximum of $500, per *insured person*, per *trip*, in the event of loss or theft of *your* passport, driver's license, birth certificate, travel visa, or other government issued document required for travel.

Additional Benefit – Business Expense: In the event of theft of *your* laptop or cell phone during *your trip*, the *Insurer* will reimburse up to $1,000, for the temporary use or rental of a computer, laptop or cell phone during *your trip*, provided such use or rental is required in connection with *your* business, trade or professional occupation. Original receipts and a police report are required for reimbursement.

SECTION 7
CONDITIONS THAT MAY LIMIT YOUR COVERAGE

This section explains conditions that may limit *your* entitlement to benefits under this certificate.

Limitations of Coverage. When a cause of cancellation occurs (the event or series of events that triggers one of the covered reasons listed in SECTION 6 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?) before *your departure date*, *you* must, as soon as reasonably possible:

- cancel *your trip* with the travel agent, airline, tour company, carrier or travel authority etc.; and
- advise *us*.

The *Insurer*'s maximum liability is the amounts or portions indicated in *your trip* contract that are non-refundable at the time of the cause of cancellation.

Benefits Limited to Incurred Expenses. The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.

Sanctions. The *Insurer* shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this certificate which would breach economic, financial, or trade sanctions imposed under the laws of Canada, the European Union, the United Kingdom, or any other applicable jurisdiction.

SECTION 8
WHAT ARE YOU NOT COVERED FOR?

PRE-EXISTING *MEDICAL CONDITION* EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with:

1. Any *medical condition* (other than a *minor ailment*) of *you*, a *family member*, a *travelling companion*, a *travelling companion's family member*, a business partner, a close friend, a *key employee*, a *caregiver*, or a host at *trip* destination, if, in the 90 days before *your effective date***, that condition or a related condition has not been *stable**.

   ***Stable** means any *medical condition* (other than a *minor ailment*) for which all the following statements are true:
   a) there has been no new diagnosis, treatment or prescribed medication;
   b) there has been no change in *treatment* or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type. Change in medication does not include changes such as: a reduction or discontinuation in medication due to an improvement in *your medical condition*, the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes, and a change from a brand medication to a generic brand medication where there is no modification to the dosage;
   c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
   d) there have been no test results showing deterioration; and
   e) there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that *medical condition*.

   ****Effective Date** means the date and time *you* make the initial non-refundable deposit for *your trip* and before any cancellation penalties have been incurred.

GENERAL EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with:

2. Trip cancellation, trip interruption or trip delay when *you* are aware, on the *effective date*, of any reason that might reasonably prevent *you* from travelling as booked.
3. A *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim.
4. The schedule change of a medical test or surgery that was originally scheduled before *your period of insurance*.
5. Routine pre-natal care.
6. If *you* are pregnant, *your* pregnancy or the birth and delivery of *your* child, or any complications of either, occurring in the nine weeks before or after *your* expected delivery date as determined by *your* primary care physician in *your province*. Note that a child born during a *trip* shall not be regarded as an *insured person* and shall not have coverage under this certificate for the entire duration of the *trip* in which the child is born, if born in the nine weeks before or after the expected delivery date.

7. Participation:
   a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one's main paid occupation); or
   b) in any motorized race or motorized speed contest; or
   c) in scuba diving (unless *you* hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountain climbing using ropes and/or specialized equipment, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.
8. Committing or attempting to commit an illegal act or a criminal act.
9. Intentional self-inflicted injury, suicide or attempted suicide.
10. An *accident* occurring while *you* were operating a motorized *vehicle*, vessel or aircraft, if *you*:
    a) were under the influence of drugs or toxic substances, or
    b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood, or
    c) had a blood alcohol level higher than the legal limit in the location where the *accident* occurred.
11. Noncompliance with any prescribed medical therapy or medical *treatment* (as determined by the *Insurer*) or failure to carry out a *physician*'s instructions.
12. Anxiety or panic attack or a state of mental or emotional stress, unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.
13. Any sickness, injury or *medical condition you* suffer or contract, or any loss *you* incur in a specific country, region or area while a travel advisory of "Avoid non-essential travel" or "Avoid all travel" is in effect for that specific country, region or area and the travel advisory was issued by the Government of Canada before *your departure date*, even if the *trip* is undertaken for essential reasons. This exclusion only applies to *medical conditions* or losses which are related, directly or indirectly, to the reason for which the travel advisory was issued.
    If the travel advisory is issued after *your departure date*, *your* coverage under this insurance in that specific country, region or area will be restricted to a period of 10 days from the date the travel advisory was issued, or to a period that is necessary for *you* to safely evacuate the country, region or area after which coverage will be limited to *medical conditions* or losses which are unrelated to the reason for which the travel advisory was issued, while the travel advisory remains in effect. This exclusion does not apply to *you* or *your travelling companion's* death, illness or positive test result as a result of contracting Novel Coronavirus 2019 (COVID-19) which prevents *you* from travelling on *your return date*, or causes *you* to interrupt *your trip*, even while a travel advisory related to COVID-19 is in effect.
14. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
15. Loss arising as a result of work stoppage, or the bankruptcy or insolvency of a *common carrier*, travel agent, agency, broker or travel supplier.
16. Point program redemptions of any type, (e.g., AIR MILES® Reward Miles, Aeroplan®, timeshare points/weeks) used to purchase items or services and any charges to reinstate the points.
17. For Baggage benefit only: Animals, sporting equipment (except golf clubs and golf bags; skis, ski poles and ski boots; and racquets), cameras and accessory equipment, eye glasses, sunglasses, contact lenses, prosthetic devices including dentures, jewelry, china, art objects or breakage of fragile articles, furs, tickets, valuable papers and documents, credit cards and any other *negotiable instruments*, securities and money.

18. For Baggage benefit only: Confiscation, expropriation or detention by any government, public authority, customs or other officials.
19. For Baggage benefit only: Baggage or personal property lost, stolen or damaged during *commuting*.
20. For Baggage benefit only: Property illegally acquired, kept, stored or transported.
21. For Baggage benefit only: Loss or damage resulting from moths, vermin, deterioration or wear and tear.
22. For Baggage benefit only: Loss or damage caused by any imprudent action or omission by *you*.
23. A trip cancellation, trip interruption or trip delay which is related, directly or indirectly, to Novel Coronavirus 2019 (COVID-19). This exclusion does not apply to *you* or *your travelling companion's* death, illness or positive test result as a result of contracting Novel Coronavirus 2019 (COVID-19) which prevents *you* from travelling on *your departure date* or *your return date*, or causes *you* to interrupt *your trip*.

SECTION 9
ASSISTANCE SERVICES

If *you* need assistance before or while travelling, help is one call away. *Global Excel* provides the following services whenever possible:

Pre-Trip Assistance. *Global Excel* will provide *you* with pertinent travel information prior to leaving on your vacation, such as:
- Travel advisories for the regions *you* will be visiting;
- Required inoculations;
- Local currencies;
- Visa requirements;
- *Global Excel*'s emergency contact phone number(s) for the different countries *you* will be visiting; and
- How to make a phone call from the country *you* are visiting, including the required country codes.

Emergency Call Center. No matter where *you* travel, professional assistance personnel are ready to take *your* call. Please call *Global Excel* toll free at **1- 877-346-1467** if in Canada or the United States or **800-062-4728** if in Mexico, or call collect at **+ 819-780-0647** from anywhere else in the world.

Benefit Information. *Global Excel* can help *you* understand what coverage is available to *you* under *your Policy*.

Claims Information. *Global Excel* will answer any questions *you* have about *your* claim, *Global Excel*'s standard verification procedures and the way that *your Policy* benefits are administered.

Legal Referrals. If *you* are arrested or detained, *Global Excel* will help *you* contact a local lawyer or the nearest Canadian embassy. *Global Excel* will also keep *your* family, friends or business associates informed until *you* find legal counsel and *Global Excel* will coordinate any bail bond services that *you* may need.

SECTION 10
HOW DO YOU MAKE A CLAIM?

A HOW TO MAKE A CLAIM?

To submit a claim: If in Canada or the United States, call toll free at: **1- 877-346-1467**.
From Mexico, call toll free at: **800-062-4728**.
From anywhere else in the world, call collect to: **+ 819-780-0647**.

- During *your* call, *you* will be given all the information required to file a claim. Following *your* claim opening, *you* will be provided instructions on how to access the online claimant portal to submit further documents, and review the status of *your* claim.
- *You* must contact *us* on the day the covered reason occurs or as soon as reasonably possible to advise *us* of the cancellation, interruption or delay of *your trip*.
- *You* must contact *us* on the day the baggage is lost, damaged or stolen.
- *You* will be asked to substantiate *your* claim by providing all required documents. Failure to do so may result in non-payment of *your* claim. The *Insurer* is not responsible for fees charged in relation to any such documents. Incomplete documentation will be returned to *you* for completion.
- When making a claim, *we* may require that a Claim & Authorization form be completed and that supporting documentation such as the following be provided:
  - ~A medical document, fully completed by the legally qualified *physician* stating the reason why travel was impossible, the diagnosis and all dates of *treatment*.
  - ~Written evidence of the covered reason which was the cause of cancellation, interruption or delay.
  - ~Tour operator terms and conditions.
  - ~Copy of *your* invoice showing payment of prepaid travel arrangements, including the *common carrier* ticket.
  - ~Complete original unused transportation tickets and vouchers.
  - ~All receipts for the prepaid land arrangements and/or subsistence allowance expenses.
  - ~Original passenger receipts for new tickets.
  - ~A copy of the initial claim report submitted to the *common carrier* and proof of submission of the loss to and the result of any settlement by the *common carrier*.
  - ~For the Baggage benefit, original receipt confirming that the property has actually been replaced or the original receipt for the lost, stolen or damaged item.
  - ~For the Business Expense benefit, original receipts and a police report.
  - ~Reports from the police or local authorities documenting the cause of the missed connection.
  - ~Detailed invoices and/or receipts from the service provider(s).

- **Failure to complete the required Claim & Authorization form in full may delay the assessment of *your* claim.**

All pertinent documents should be sent to:

GlobalExcel

Global Excel Management Inc.
73 Queen Street
Sherbrooke, Quebec J1M 0C9

B OTHER CLAIM INFORMATION

- During the processing of a claim, *we* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense. *You* agree that the *Insurer* and its agents have:

  a) *Your* consent to verify *your* health card number and other information required to process *your* claim with the relevant government and other authorities; and
  b) *Your* authorization to *physicians*, *hospitals* or *medical facilities*, and other medical providers to provide to *us*, any and all information they have regarding *you*, while under observation or *treatment*, including *your* medical history, diagnoses and test results; and
  c) *Your* agreement to disclose any of the information available under a) and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.

- *You* may not claim or receive in total more than 100% of *your* total covered expenses or the actual expenses which *you* incurred, and *you* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount was not payable under the terms of *your* insurance.

SECTION 11
WHAT ELSE DO YOU NEED TO KNOW?

Canadian Currency. Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest.

Payment of Benefits. All payments are payable to *you* or on *your* behalf. In case of death of the *insured person*, benefits are payable to the estate of the *insured person* unless another beneficiary is designated in writing to *Global Excel* or the *Insurer*.

Other Insurance. This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under, any other liability, group or individual basic or *EHC* plan or contract, including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your province* that are in excess of the amounts for which *you* are insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the *Insurer* seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is $200,000 or less.

Rights of Examination. As a condition precedent to recovery of insurance money under the *Policy*,

a) the claimant under the *Policy* must give *us* an opportunity to examine the person of the *insured person* when and so often as *we* may reasonably require while the claim hereunder is pending, and
b) in the case of death of the *insured person*, *we* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

Misrepresentation and Non-Disclosure. Any information that has been misrepresented or misstated to *us* by *you* or is incomplete may result in this certificate and *your* insurance coverage being null and void, in which case no benefits will be paid.

Applicable Law. The *Policy* as between the *Insurer* and the *participant* or any *insured person,* is governed by the law of the *province* of the *participant*. Any legal proceeding by the *insured person*, his/her heirs or assigns shall be brought in the courts of the *province* of the *participant*.

Material Facts. No statements or representations made by employees of the *policyholder* or any insurance agent or broker, *our* employees, or *our* agents can vary the terms of this insurance coverage.

Subrogation. If *you* incur expenses due to the fault of a third party, *you* assign to *us* the right to take action against the party at fault in *your* name. This will require *your* full cooperation with *us* and *we* will pay for all of the related expenses.

Limitation Periods. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.

Evidence of Age. The *Insurer* reserves the right to request proof of age of any *insured person*.

When Money Payable. All money payable under the *Policy* shall be paid by the *Insurer* within 60 days after it has received due proof of claim.

Examination of the *Policy*. The *Policy,* including any endorsements, will be kept at the office of the *policyholder*. *You* may consult the *Policy* during the regular business hours of the *policyholder*.

SECTION 12
DEFINITIONS

Throughout this certificate, italicized terms have the specific meaning described below:

Accident means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily injury.

Accommodation means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

Administrator means Johnson Inc.

Benefits Card means the card provided to the *participant* and on which the following information is shown: name of the *policyholder*, *Policy* number, and assistance telephone numbers.

Business Meeting means a meeting, trade show, conference, training course, or convention, scheduled before *your effective date*, between companies with unrelated ownership, pertaining to *your* full-time occupation or profession and that is the sole purpose of *your trip*.

Caregiver means a person entrusted with the care of the *dependent* child on a permanent, full-time basis and whose services cannot reasonably be replaced.

Common Carrier means any land, water, or air conveyance operated under a license for the transportation of passengers for hire and for which a ticket has been obtained. Common carrier does not include any conveyance that is hired or used for a sport, gamesmanship, contest, cruise and/or recreational activity, regardless of whether such conveyance is licensed. Rental vehicles are not considered common carriers.

Commuting means the regular or frequent travel between residence and place of employment usual to the *insured person*.

Departure Date means the date on which *you* leave *your province* from *your departure point*.

Departure Point means the place from *your province you* depart from on the first day and return to on the last day of *your trip*.

Dependent means:

a) the *spouse*; and
b) the unmarried child of the *participant* or *spouse* (including any natural child, adopted child, step child, foster child and a child to whom the *participant* or *spouse* is the legal guardian). The child must be dependent on the *participant* or *spouse* for support and must not be employed on a full-time basis. The dependent child must be under age 21 or under age 30 if a full-time student at a recognized educational institution, on the *departure date*. However, coverage will continue beyond any age limit for a covered dependent child who is physically or mentally disabled and totally dependent on the *participant* or *spouse* for support on the date he/she reached the age when insurance would normally terminate.

Effective Date means the date and time *you* make the initial non-refundable deposit for *your trip* and before any cancellation penalties have been incurred.

Emergency means any sudden and unforeseen event that begins during the *period of insurance* and makes it necessary to receive immediate *treatment* from a licensed *physician* or to be hospitalized.

Extended Health Care or **EHC** mean insurance coverage provided by your *policyholder* that is designed to supplement y*our government health insurance plan*.

Family Member means *your spouse* or *your travelling companion*'s *spouse*, and *your* or *your travelling companion*'s mother, father, step-parent, in-law, daughter, son, step-child, sister, brother, step sibling, grandparent, grandchild, aunt, uncle, niece or nephew.

Global Excel means Global Excel Management Inc., the assistance and claims service provider under this certificate.

Government Health Insurance Plan means the health care coverage provided by Canadian provincial and territorial governments to their residents.

Grounding means the complete and continuous withdrawal at or about the same time in the interest of safety, of one or more aircraft or cruise ship(s) from operation due to a mandatory order of Transport Canada, or other civil aviation or marine authority, because of an existing, alleged or suspected like defect, fault or condition affecting the safe operation of two or more such aircraft or cruise ships, whether such aircraft or cruise ships so withdrawn are owned or operated by the same or different persons, firms or corporations.

Hospital or **Medical Facility** means a licensed facility, which provides people with care and medical *treatment* needed because of an *emergency*. The facility must be staffed 24 hours a day by qualified and licensed *physicians* and nurses. A hospital or medical facility does not include a spa or nursing home.

Insurer means Royal & Sun Alliance Insurance Company of Canada.

Key Employee means an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

Medical Condition means an *accident* or sickness (or a condition related to that *accident* or sickness).

Minor Ailment means any sickness or injury which does not require: the use of medication for a period of greater than 15 days; more than one follow-up visit to a *physician*, hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 days prior to the *effective date* of a *trip*. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

Negotiable Instrument means a document guaranteeing the payment of a specific amount of money, either on demand, or at a set time, with the payer usually named on the document. Negotiable instruments are unconditional orders or promises to pay, and include, but are not limited to cheques, drafts, bearer bonds, some certificates of deposit, promissory notes, and bank notes (currency).

Participant means an eligible member whom the *policyholder* identifies as being entitled to coverage under the *Policy* and for whom the required premium has been paid.

Period of Insurance means the period of time between *your effective date* and *your return date*.

Physician means a medical practitioner whose legal and professional standing within his/her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than *you* or *your family member*.

Policy means the Group Travel Insurance contract (Master Policy) issued by the *Insurer* to, and on file with, the *policyholder*, to provide *trip* cancellation, *trip* interruption, trip delay and baggage insurance coverage to its *participants* and their insured *dependents*.

Policyholder means The Retired Teachers of Ontario / Les enseignantes et enseignants retraités de l'Ontario (RTOERO) to which the *Policy* is issued.

Province means *your* Canadian province or territory of permanent residence.

Rebooking Fees mean the additional amounts charged to *you* to change *your* original ticket prior to *your departure date*, excluding any difference in fare between the original amount and the new amount, or the charges for a different booking class.

Return Date means the date on which *you* are scheduled to return to *your departure point*.

Ridesharing Services mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

Spouse means either the person who is legally married to the *participant* or the person who has been living with the *participant* in a relationship of a conjugal nature and who has been publicly represented as such.

Stable means any *medical condition* (other than a *minor ailment*) for which all the following statements are true:

a) there has been no new diagnosis, treatment or prescribed medication;
b) there has been no change in *treatment* or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type. Change in medication does not include changes such as: a reduction or discontinuation in medication due to an improvement in *your medical condition*, the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes, and a change from a brand medication to a generic brand medication where there is no modification to the dosage;
c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
d) there have been no test results showing deterioration; and
e) there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that *medical condition*.

Travel Companion or **Travelling Companion** means a person, other than a *dependent*, who is sharing travel arrangements with the *insured person* from the *departure point* on a covered *trip*, including *accommodation* and transportation, and who has paid for such *accommodation* or transportation prior to the *departure date*. A maximum of three persons will be considered travelling companions. Unless indicated otherwise, a travelling companion is not covered under this insurance and may wish to consider purchasing his/her own insurance.

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, consultation, prescribed medication, investigative testing, hospitalization or surgery.

Trip means a period of travel outside *your province* for which:

a) There is a *departure point* and a destination; and
b) There is a predetermined and recorded *departure date* and *return date* on the confirmation of *your* prepaid travel arrangements.

Vehicle means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver.

We, **Our** and **Us** mean the *Insurer*, or its authorized representatives or *Global Excel*, as applicable.

You, **Your** and **Insured Person(s)** mean the *participant* or *participant*'s insured *dependents* covered under the *Policy*, whether they travel together or not.

Supplemental Travel Plan

The RTOERO's Supplemental Travel Plan provides coverage for *trips* longer than *your* base *coverage period* of 93 days per *trip*. *Your* coverage under the Supplemental Travel Plan begins on the 94th day of any *trip you* report to the *Service Administrator* (Johnson Inc.). The first 93 days of *your trip* are covered under this RTOERO Group Travel Insurance provided with *your Extended Health Care* (*EHC*) Plan.

COVERAGE

You may purchase an additional five (5) days of Supplemental Travel Plan coverage, to immediately follow the 93 days of travel coverage under *your* base coverage under the RTOERO Group Travel Insurance included in *your EHC* plan, for a total *trip* duration of 98 days. This additional 5-day option cannot be combined with any other *trip* duration.

For longer *trips*, an additional 14-day unit can be purchased for a *trip* duration of 107 days. Additional days may be purchased in 15-day units for *trip* durations to a maximum of 212 days for residents of Ontario, British Columbia, Alberta, Saskatchewan, Manitoba, New Brunswick, Nova Scotia and Newfoundland and Labrador, and 182 days for residents of all other provinces. It is *your* responsibility to ensure that *you* are familiar with *your Government Health Insurance Plan* (GHIP) residency requirements and that *you* maintain *your* provincial coverage.

Premium rates are based on age and *trip* duration.

HOW TO ENROLL IN THE SUPPLEMENTAL TRAVEL PLAN

If *you* require coverage for a *trip* longer than 93 days, please contact the *Administrator* for an Application Form, Rates and *trip* options or download them from the RTOERO website. For *your* Supplemental Travel Plan coverage to be in effect, the *Administrator* must receive *your* Supplemental Travel Plan Application Form or *you* must call them to purchase by phone at 1-877-406-9007 before the 94th day of *your trip*.

ANNUAL RE-ISSUE

To ensure continuous coverage, the *Administrator* will automatically issue a new policy each year on September 1st with *your* selected Supplemental Travel Plan. *You* will be sent a re-issue notification in advance. Unless *you* notify *your Administrator* that *you* do not wish to receive a new policy, the coverage *you* previously purchased will be automatically re-issued each policy year, which is September 1st to August 31st.

PREMIUMS

Premiums will be deducted in equal monthly installments from *your* pension/bank account until the last deduction date in the policy year, which is in July.

EXTENSION OF COVERAGE

If *you* decide to travel for longer than *you* originally planned, *you* may purchase additional units of Supplemental Travel Plan coverage before *your* original units expire. Simply call the *Administrator* with *your* revised return date. *Your* monthly premium deduction will be adjusted accordingly and confirmation will be mailed to *you*.

DOWNGRADE OF COVERAGE

If *you* decide to return to *your province* earlier than expected, *you* can request a downgrade of *your* coverage. Refunds will be issued, or an adjustment to *your* monthly premium deductions will be made, for any unused full units of coverage provided no claim has been incurred or paid. Unused partial units of coverage will not be refunded. *You* must provide *your* request with proof of departure and early return to *your province* in writing to the *Administrator*.

CANCELLATION OF COVERAGE

A refund of the premium received to date, for *your* Supplemental Travel Plan, must be requested to the *Administrator* before *your* scheduled date of departure, should *you* decide not to travel at all or not to travel beyond the 93 days provided under the Group Travel Insurance provided with *your Extended Health Care Plan*.

Important Notice About the Insured Person's Personal Information

Royal & Sun Alliance Insurance Company of Canada ("we", "us") collect, use and disclose, personal information (including to and from *your* agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/ suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services. Typically, we collect personal information from individuals who apply for insurance, and from *policyholders*, *insured persons* and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or *travelling companions* when a *policyholder*, *insured person* or claimant is unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of *policyholders*, *insured persons* or claimants. In some instances, we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an *insured person* may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy, visit www.rsatravelinsurance.com.

Identification of Insurer

These insurance products are underwritten by Royal & Sun Alliance Insurance Company of Canada and are administered by Johnson Inc. Johnson Inc. and Royal & Sun Alliance Insurance Company of Canada share common ownership.

Johnson Insurance is a tradename of Johnson Inc. (“Johnson”). Johnson is a licensed insurance intermediary.

IMPORTANT INFORMATION

Identification numbers:

My certificate number (ID#)_____

My GHIP number_____

My spouse's GHIP number_____

Emergency Contact Information:

Name_____

Telephone #_____

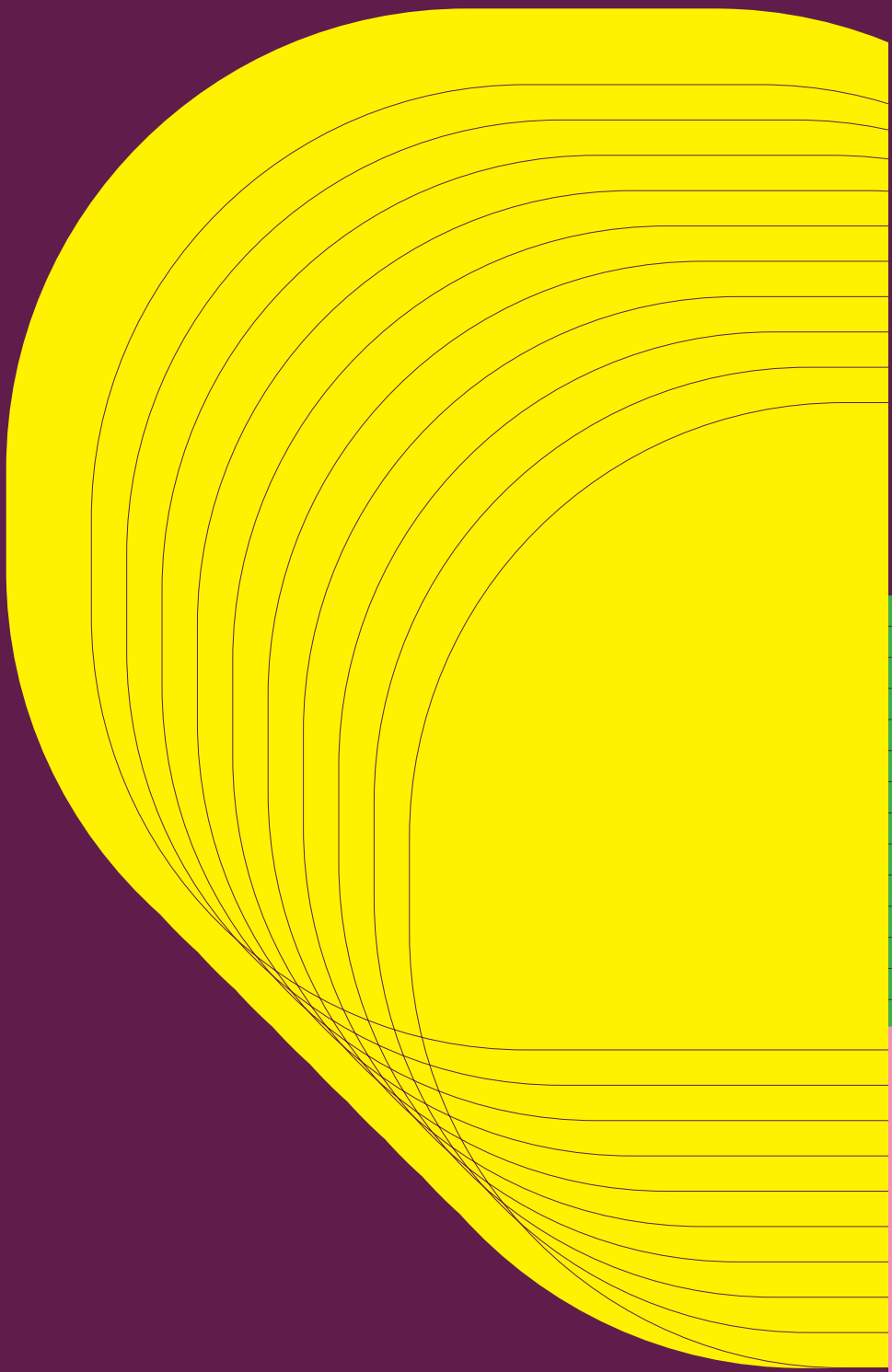
Always carry your Benefits Card with you

Canadian Premier Life Insurance Company, a Securian Financial Company, is the insurer of the Hospital and Convalescent Care, Extended Health Care and Dental Plans under group insurance policy numbers 141000, 141001 and 141002. The cost of insurance is based on rates agreed to by Canadian Premier and RTOERO. You will be notified of this cost by way of a written statement or notice. Rates are reviewed every year. They may change. Renewal notices will be sent to you identifying any changes to rates. Applicable taxes will be added to your premium payment.

The Group Travel Insurance portion of your Extended Health Care Plan is underwritten by Royal & Sun Alliance Insurance Company of Canada and is administered by Johnson Inc. Johnson Inc. and Royal & Sun Alliance Insurance Company of Canada share common ownership.

This booklet describes individual insurance plans underwritten by Manulife Financial. This booklet also describes referral services offered by CloudMD which is not insured or administered by Canadian Premier.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.



CONTACT

RTOERO
18 Spadina Road
Suite 300
Toronto Ontario M5R 2S7

Toronto area 416-962-9463

Toll free in North America
1-800-361-9888

Fax 416-962-1061
rtoero.ca
insurance@rtoero.ca

Benefits Committee
healthcommittee@rtoero.ca

Global Excel Management Inc.
Toll free in Canada/USA
1-877-346-1467

Toll free in Mexico
800-062-4728

Worldwide Collect Call
+ 819-780-0647

Kii by CloudMD
1-866-814-0018
mso.kiihealth.ca/rtoero
rtoero.ca/cloudmd

Johnson Inc.
Toronto area
416-920-7248

Toll-free in North America
1-877-406-9007

Group Benefits Service
Email:
healthbenefits@johnson.ca

Mailing address:
PO Box 4408 STN A
Toronto, ON M5W 3V7

In-person drop off address:
18 Spadina Road
Suite 100
Toronto, ON M5R 2S7

Claims Team
Email:
pbclaimsontario@johnson.ca

Mailing address:
PO Box 4287 STN A
Toronto, ON M5W 5X1

In-person drop off address:
2255 Sheppard Avenue East
Suite 400
North York Ontario M2J 4Y1

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