

EMERGENCY OUT OF CANADA MEDICAL COVERAGE

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

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

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

ELIGIBILITY

All current (in-benefit) members who are under age 75.

Period of Coverage

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

Trips are limited to a maximum of 45 consecutive days.

References to 'you', 'your', and 'insured person' with respect to benefits means a person eligible for coverage under the group Master Policy.

HOSPITAL, MEDICAL AND THERAPEUTIC SERVICES

When injuries or sickness result in hospital, medical or therapeutic services, the company will pay benefits, for the period this contract is in force and not to exceed \$1,000,000.00 lifetime maximum for individuals under the age of 70 and \$100,000.00 lifetime maximum for individuals between the ages of 70 and 74, for the actual expenses incurred outside of Canada that exceed the amount which is payable with respect to such expenses under any government hospitalization or

medical plan in Canada, or if the insured person is not covered under any such plan, to the extent they exceed any amount which would be payable with the respect to such expenses under the government hospitalization or medical care plan if he or she were covered under any such plan. Coverage terminates upon attainment of your 75th birthday.

Hospital Confinement

For confinement as a resident inpatient in a hospital, including charges made by the hospital for services and supplies rendered by such hospital and provided for use during such confinement. In the event that an insured person is confined to hospital at the end of his or her trip outside Canada and thus prevented from returning to Canada, insurance will continue for the period of such confinement, but in no event for more than 12 months from the date the first insured expense was incurred.

Medical and Therapeutic Services

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

- (j) charges for use of a local ambulance and/or the use of a scheduled air carrier on physician's advice, up to the cost of a one-way economy airfare for the insured and \$250.00 for incidental travel expenses; if return by stretcher is required, the cost of such additional economy class seating as is necessary; if a medical attendant is required to accompany the insured person, the company will pay the fee of such attendant plus one return economy airfare and reasonable incidental travel expenses.
- (k) out-patient services provided by a hospital.

EMERGENCY EVACUATION

If proper treatment for your condition is unavailable, AIAS Assistance will arrange for your emergency evacuation to a facility that is equipped to treat your condition. American Home Assurance Company, in consultation with AIAS Assistance and the attending physician, will make the decision to move you, or when the attending doctor specifies that you can be returned to Canada for medical attention, you will be transported back to your recognized Province of residence. If you choose not to return, however, coverage for the claim in question will terminate. The maximum benefit amount payable is \$25,000.00.

FAMILY TRANSPORTATION

When injuries covered by the policy result in an insured person being confined to a hospital, outside 200 Km from his/her recognized Province of residence, within 365 days of the accident and the attending physician recommends the personal attendance of a member of the immediate family, the company shall pay the actual expenses incurred by the immediate family member for transportation by the most direct route by a licensed common carrier to the confined insured person but not to exceed the amount of \$2,500.00.

The term **"member of the immediate family"** means the spouse (or common-law spouse) parents, grandparents, children age 18 and over, brother or sister of the insured person.

AUTOMOBILE RETURN

If injury or sickness results in the insured person becoming totally disabled and unable to continue the trip or vacation, the company will pay the actual charges of a commercial agency for the return of the insured person's private or rental vehicle used for the trip, to the insured person's recognized Province of residence or nearest rental agency, up to a maximum of \$1,000.00.

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

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

OUT-OF-POCKET EXPENSE BENEFIT

If an insured person becomes totally disabled (on medical evidence) and cannot continue the trip or vacation, this policy will pay up to \$150.00 per day for reasonable and necessary living expenses incurred by any insured person subject to a maximum benefit of \$1,500.00.

EMERGENCY TRAVEL ASSISTANCE

Travel Assistance is provided by AIAS Assistance Services Inc. With centers worldwide they will:

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

HOW ARE CLAIMS MADE?

Minor expenses

For small expenses associated with minor medical emergencies, keep your receipts and file your claims with your government health plan first and then with

American Home Assurance Company
145 Wellington Street West
Toronto, Ontario, Canada M5J 1H8

Major expenses

For major emergencies that require hospitalization, AIAS Assistance will confirm coverage with American Home Assurance Company and make any required guarantees of payment or deposits up to \$5,000.00. (For required amounts in excess of \$5,000.00, special arrangements can be made through AIAS Assistance.) Most large invoices will be forwarded to AIAS Assistance directly. If the hospital bills you, submit the bill to American Home Assurance Company.

In and Outside Country of Residence

When injuries covered by this policy result in loss of life of an insured person at a distance greater than 200 kilometers from the recognized Province of residence of the insured person, and within 365 days after the date of the accident, the company will pay the actual expense incurred for preparing the deceased for burial or cremation and shipment of the body to the place of burial of the deceased in Canada, subject to a maximum amount not to exceed \$3,000.00.

Outside Country of Residence

When loss of life of an insured person occurs other than from an injury in a country other than Canada, the company will pay the actual expense incurred for preparing the deceased for burial or cremation and shipment of the body to the place of burial of the deceased in Canada, the amount not to exceed \$2,000.00.

The maximum amount payable for all expenses incurred as a result of any one loss of life shall not exceed \$2,000.00 except if loss of life is due to injury then the maximum payable is \$3,000.00

IDENTIFICATION

In the event a member of the immediate family is needed to identify the deceased insured person before the body is released, the company will pay for that person, one economy class return airfare by the most direct route, or the equivalent amount toward another type of transportation and incidental travel expenses subject to a maximum of \$250.00

EXCLUSIONS

Benefits are not payable for:

- (a) injuries received while the insured person is participating in any manoeuvres or training exercises of the armed forces,
- (b) pregnancy, miscarriage, voluntary termination of pregnancy, childbirth or their complications except that in the case of a pregnancy, complications which occur before the end of the seventh month will be covered if they occur while insured hereunder,
- (c) sickness or injury where the trip is undertaken for the purpose of securing medical treatment or advice for such sickness or injury,
- (d) dental surgery or cosmetic surgery unless such surgery is a result of a covered injury,
- (e) any loss or injury if at the time of the loss or injury, the insured person is affected by drugs, alcohol or other intoxicant (unless administered on the advice of a legally qualified physician) to such an extent that it causes or contributes to the loss or injury,

- (f) treatment or services that contravene any government hospital or medical care plan in Canada,
- (g) sickness or injury due to participation in professional sports,
- (h) emotional or mental disorders unless the insured person is hospitalized,
- (i) expenses incurred on an elective (non-emergency) basis,
- (j) loss or injury as a result of suicide or attempted suicide or self-inflicted injuries (sane or insane),
- (k) an act of declared or undeclared war, civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition by or under the order of any government or public or local authority,
- (l) any services or supplies provided by an insured person,
- (m) a sickness or injury that, at the time of application for insurance, might reasonably be expected to require an insured person to undergo treatment, surgery or hospitalization,
- (n) any treatment or surgery not required for the immediate relief of acute pain or suffering,
- (o) any treatment or surgery which reasonably could be delayed until the insured person returns to their recognized Province of residence,
- (p) anticipated medical treatments required on an ongoing basis or for continued stabilization of a medical condition known to the insured person prior to departure.

TERMINATION

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

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

IN AN EMERGENCY, HERE'S WHAT TO DO

Call AIAS Assistance immediately in the event of a serious medical emergency.

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

Telephone the AIAS Assistance Coordination Centre at the numbers listed below.

An operator will ask you the following:

- Your name, location and the details of your emergency.
- Your AIAS Assistance Access Number

In an emergency, call AIAS Assistance immediately

1 800-626-2427 (US & Canada)

0 713-267-2525 (Collect out of Canada)

EMERGENCY OUT OF COUNTRY MEDICAL COVERAGE

FOR

The Millwright Benefit Plan Trust Funds

Insured by:



AMERICAN HOME ASSURANCE COMPANY®

Policy No. SRG 9026480