



Group Medical Services

looking after you and the ones you love

Immigrants & Visitors to Canada

(Effective November 1, 2005)

When eligible expenses are incurred due to Treatment of sudden or unexpected illness or Accidental bodily injury, Group Medical Services ("GMS") will cover the Reasonable and Customary charges for the listed benefits, up to the Sum Insured less any deductibles, in excess of the amount covered and/or paid by any Government Health Insurance Plan and/or any other insurance plans.

For the expenses to be eligible, the sudden or unexpected illness or Accidental injury, and the necessary diagnosis and Treatment must occur within the Period of Coverage of this policy.

IMPORTANT NOTICE PLEASE READ CAREFULLY

- You may not be eligible to purchase this plan if You have received treatment for certain medical conditions and/or symptoms. Check the Eligibility Criteria on page 2 to see how this applies to You.
- A pre-existing exclusion applies to medical conditions and/or symptoms that existed prior to the Effective Date of this policy. Check clause 2 and 3 of the Benefit Conditions and Exclusions on page 3 to see how this applies to You.
- In the event of an accident, injury or sickness, Your prior medical history may be reviewed when a claim is reported.
- You are required to notify our designated travel assistance company prior to Treatment, where possible, and no later than twenty-four (24) hours after receiving medical Treatment or being admitted to Hospital.

BENEFITS WITHIN CANADA OR PROVINCE OF RESIDENCE

The following benefits will be provided by this plan:

1. **Hospitalization** – Hospital room and board charges, up to semi-private, unless specified by a Physician. If medically necessary, charges for intensive and coronary care units are included.
2. **Medical services** – Treatment by a Physician or Surgeon.
3. **Diagnostic services** – X-rays and other diagnostic tests. Magnetic resonance imaging, computerized axial tomography scans, sonograms, ultrasounds, and biopsies are excluded, unless pre-authorized by GMS.
4. **Hospital services** – Use of an operating room, anesthesia, and surgical dressings.
5. **Out-patient Treatment** – Out-patient Emergency room charges.
6. **Prescription drugs** – In Emergency situations, drugs and medication obtained on the prescription of the attending Physician and supplied by a licensed pharmacist, to a maximum thirty (30) day prescription. Refills of prescriptions, and any associated Physician's fees, are excluded from coverage.
7. **Ambulance** – Charges for the use of a licensed road or air ambulance in an Emergency situation that requires immediate transportation to the nearest Hospital where adequate facilities are available. GMS will reimburse the cost for an air ambulance or regularly scheduled airline only when the transport is to a Hospital for further in-hospital Treatment, that is not available at the facility attending, and is upon the written recommendation of the attending Physician and with prior GMS approval. Helicopter transfers are excluded from this benefit.
8. **Paramedical services** – Charges, up to an aggregate maximum of \$300 per person, for the Emergency services of an osteopath, physiotherapist, chiropractor, chiropodist, and/or podiatrist.
9. **Accidental dental** – Expenses for the repair or replacement of natural teeth or permanently attached artificial teeth necessitated by an Accidental blow to the mouth, to a maximum of \$2,000 per person. Expenses for Treatment of the relief of dental pain, to a maximum of \$250 for such Treatment.
10. **Return of remains** – When death results from a covered Emergency, the charges for either the preparation and transportation of the deceased to his/her Country of Origin, to a maximum of \$3,000 per person, or the cost of cremation or burial at the place of death, to a maximum of \$2,000 per person.
11. **Child care** – Reimbursement up to \$500, with prior GMS approval, for licensed care of Dependant, should You be hospitalized for forty-eight (48) hours or more due to a medical Emergency.
12. **Coverage continuation** – If coverage expires while hospitalized due to an Emergency, coverage will continue for You, Your Spouse and any Dependents for whom coverage is purchased and listed on the application, up until seventy-two (72) hours after discharge from Hospital.

13. **Out of pocket expenses** – Reimbursement of Reasonable and Customary charges, up to \$150 per day to a maximum of \$1,000, for accommodations, meals, necessary telephone calls and taxi or bus fares incurred by an accompanying family member in the event that You are hospitalized on the scheduled Expiry Date of Your policy. Original receipts for paid expenses are required. This benefit must be pre-approved by GMS.
14. **24 hr. travel assistance services:**
- Coordination of all medical care, transportation, and repatriation.
 - Telephone interpretation services in most languages.
 - Monitor progress during Treatment and recovery by managed care.

TRAVEL BENEFITS OUTSIDE OF CANADA

When eligible expenses are incurred outside of Canada the following benefits are paid.

- The benefits as for within Canada as listed above.
- Air Ambulance** – Charges for the use of an air ambulance or regularly scheduled airline to transport You back to Your Province of Residence for further in-hospital Treatment, upon the written recommendation of the attending Physician and with prior GMS approval. This benefits excludes helicopter transfers.
- Special attendant** – GMS will reimburse the cost of one return trip economy airfare for a medical attendant, if medically necessary and pre-approved by GMS, to accompany You back to Your Province of Residence or Country of Origin. The attendant must not be a friend, relative, associate, or other person who was travelling with You when the Emergency occurred.
- Escort of Insured Children** – Reimbursement of one-way economy class airfare by the most direct route to return an accompanying child/children (up to the age of eighteen (18) years), and an escort when necessary, to the original point of departure. This benefit must be pre-approved by GMS.

ELIGIBILITY CRITERIA AND CONDITIONS

- You are eligible to purchase this plan if You are an immigrant or visitor to Canada who is not covered under a provincial/territorial health plan.
- You are **not** eligible to purchase this plan if:
 - You are age eighty (80) years of age or older as of the date of application.
 - You have been in Canada for more than 30 days at time of application and;
 - You have seen a doctor since You arrived in Canada; or
 - You have reason to seek medical attention when You apply.
 - You are an immigrant and have not submitted to GMS the required health documents required by the government, or You are a visitor to Canada over the age of 55 and any of the following conditions/symptoms apply to You:
 - Receiving active Treatment for cancer
 - Have Heart/cardiovascular Disease and have insulin dependent diabetes
 - Have a chronic lung and/or Heart Disease for which You are using home oxygen
 - Are booked or awaiting further Treatment, tests, and/or investigation related to Heart Disease
 - Have an aortic aneurysm 4.0 cm or greater which remains surgically untreated
 - Have COPD (chronic obstructive pulmonary disease) and take oral steroids
 - Are a hemophiliac
 - Are suffering from complications from congenital heart surgery
 - Have an ICD (implantable cardioverter defibrillator)

If You have been receiving Treatment, been diagnosed with or suffered from symptoms in the last 12 months for:

- A terminal illness
- Stroke/TIA
- Renal Failure
- AIDS/HIV
- Atrial/Ventricular Fibrillation
- Congestive Heart Failure
- Gastrointestinal bleed or bowel obstruction
- Blood Clots

In the 12 months immediately prior to the date of departure from Your province of residence, You have undergone the following procedures:

- Renal Dialysis
 - Valve Replacement
 - Carotid Endarterectomy (surgery to open the carotid artery)
 - Any Organ Transplant (eg. heart, lung, kidney and/or liver etc.)
3. You can apply for this plan either before or after arrival in Canada, providing there is not foreseeable reason at the time of application to seek medical attention.
 4. No benefits will be paid for expenses incurred as a result of sickness within forty-eight (48) hours of Effective Date. Expenses as a result of Accidental injury incurred after the Effective Date will be covered immediately.
 5. The maximum number of days coverage may be purchased for is three hundred sixty-five (365) days for individuals under fifty-five (55) years of age and one hundred eighty (180) days for individuals fifty five (55) years of age and older.
 6. Only a person who is named on the application, who meets the eligibility requirements on the Effective Date of this application is covered.

EXCLUSIONS TO COVERAGE

The following expenses are not covered by the policy and no payment for these claims will be made:

1. Expenses incurred where You act against medical advice or the advice of GMS.
2. Immigrants that have submitted to GMS the required health documents required by the government coverage for medical conditions that existed prior to the Effective Date of coverage are subject to the following:
 - a) This policy will not provide coverage for the Treatment, recurrence or complications relating directly or indirectly to: a medical condition or symptom(s) which was consulted for, treated or investigated during the ninety (90) day period immediately before the Effective Date of coverage whether or not Your diagnosis has been determined; or for which You are awaiting further Treatment or investigation; or a medical condition or symptom(s) for which medical attention after departure would be reasonably anticipated. This does include initial follow-up visits, tests and investigations booked in conjunction with a medical symptom, condition or surgery. Annual check-up visits and/or investigations booked for preventative reasons or scheduled after the initial medical symptom or condition has been resolved does not affect the pre-existing timeframe.
 - b) However, a medical condition is covered if it is controlled by the consistent use of medications prescribed by a Physician, provided that, during the entire ninety (90) day period prior to the policy Effective Date: there has been no change in medication (a new medication or increase/decrease in dosage constitutes a change); there has been no other Treatment; there has been no deterioration of that medical condition; and there has been no new, more frequent or more severe symptoms for that medical condition.

A change in medication does not include a change from a brand name medication to a generic brand medication (insofar as the dosage is not modified). If You are taking Coumadin/Warfarin for anticoagulation therapy or are insulin dependent or take oral medication for diabetes and are required to have Your blood levels tested on a regular basis and Your medical condition remains unchanged, yet You are required to adjust the dosage of Your medication only to ensure correct blood levels are maintained, this is not considered a change in medication, except for an adjustment (stop & start) in an anticoagulation medication dosage due to surgery within 10 days prior to Your departure date does constitute a change.

A dosage adjustment of an anti-hypertensive medication done in the pre-existing timeframe does not constitute a change.
3. Visitors to Canada and immigrants who have not submitted to GMS the required health documents, coverage for medical conditions that existed prior to the Effective Date of coverage is subject to the following:
 - a) This policy will not provide coverage for the Treatment, recurrence or complications relating directly or indirectly to: a medical condition or symptom(s) which was consulted for, treated or investigated during the one hundred and eighty (180) day period immediately before the Effective Date of coverage whether or not Your diagnosis has been determined; or for which You are awaiting further Treatment or investigation; or a medical condition or symptom(s) for which medical attention after departure would be reasonably anticipated. This does include initial follow-up visits, tests and investigations booked in conjunction with a medical symptom, condition or surgery. Annual check-up visits and/or investigations booked for preventative reasons or scheduled after the initial medical symptom or condition has been resolved does not affect the pre-existing timeframe.
 - b) However, a medical condition is covered if it is controlled by the consistent use of medications prescribed by a Physician, provided that, during the entire one hundred and eighty (180) day period prior to the policy Effective Date: there has been no change in medication (a new medication or increase/decrease in dosage constitutes a change); there has been no other

Treatment; there has been no deterioration of that medical condition; and there has been no new, more frequent or more severe symptoms for that medical condition.

A change in medication does not include a change from a brand name medication to a generic brand medication (insofar as the dosage is not modified). If You are taking Coumadin/Warfarin for anticoagulation therapy or are insulin dependent or take oral medication for diabetes and are required to have Your blood levels tested on a regular basis and Your medical condition remains unchanged, yet You are required to adjust the dosage of Your medication only to ensure correct blood levels are maintained, this is not considered a change in medication, except for an adjustment (stop & start) in an anticoagulation medication dosage due to surgery within 10 days prior to Your departure date does constitute a change.

A dosage adjustment of an anti-hypertensive medication done in the pre-existing timeframe does not constitute a change.

4. Expenses as a result of sickness for which symptoms or illness occurred within forty-eight (48) hours of the Effective Date.
5. No benefit will be provided that is a duplication of any service, allowance, or reimbursement supplied by an existing Government Plan or private plan.
6. Treatment required for immigration purposes.
7. Medical treatment and expenses incurred while outside North America (i.e. U.S.A., Mexico and Canada).
8. Any Treatment, hospitalization, or surgery (including elective, non-elective, personal comfort, dental or cosmetic), which is not considered to be an Emergency, even if it is recommended by a Physician.
9. Treatment at a diagnostic facility unless pre-approved by GMS.
10. Emergency air transportation or return to Province of Residence, which is not arranged and pre-approved by GMS.
11. Any advice, investigation, Treatment, hospitalization, or surgery, which is a continuation of, subsequent to, or a recurrence of an Emergency medical Treatment of a sickness or injury.
12. Drugs and medication which are commonly available without a prescription, not legally registered or approved in Canada, experimental drugs, or preventative medicines or vaccines.
13. Any services or expenses incurred when a journey is undertaken for the purpose of obtaining medical or surgical diagnosis or Treatment, or when any medical Treatment is pre-scheduled prior to departure from Your Province of Residence for a medical condition for which hospitalization could have reasonably been expected.
14. Expenses resulting when travel is booked or commenced contrary to medical advice.
15. Expenses incurred as a result of pregnancy, abortion, miscarriage, childbirth or complications thereof.
16. Treatment of a newborn before release from the Hospital. After release from the Hospital the newborn must be added to the application and premium paid in order to be covered under this policy.
17. Routine or general physical examinations, check-ups, or services of a continued nature following Emergency Treatment of a sickness or injury.
18. Coronary artery angioplasty, cardiac surgery or implantable cardioverter defibrillator (ICD) (including any associated diagnostic tests or charges), unless necessary in a medical Emergency and approved by GMS prior to any actions.
19. Any endovascular surgical procedures, either done individually or in combination with conventional surgical procedures.
20. Any Treatment or surgery, which is considered, by GMS, to be experimental. GMS's opinion on the issue is final and binding.
21. Expenses resulting directly or indirectly from the commission or attempted commission of any criminal, criminal-like, or illegal activity; intentional self-injury, suicide, or attempted suicide; the abuse of medication, drugs, or alcohol; any participation in the armed forces; or any willful exposure to peril.
22. Expenses incurred as a result of a motor vehicle accident, unless such services are not covered by any other private or public vehicle insurance.

23. Expenses resulting from participation in professional sports, any speed contest, SCUBA diving (unless PADI, ACUC or SSI certified), extreme sports including but not restricted to parachuting, mountaineering, skydiving, rodeo, hang gliding, bungee cord jumping, acrobatic or stunt flying, or a flight accident unless riding as a passenger on a commercially licensed airline.
24. Treatment or services that contravene or are prohibited by the provincial laws of Your Province of Residence and the federal laws of Canada that apply in Your Province of Residence.
25. Services provided for persons working in hazardous occupations.

CONDITIONS

1. Coverage is to the Sum Insured purchased and paid for and verified on the application.
2. You or someone on Your behalf must contact GMS prior to Treatment whenever possible. Failure to contact GMS within twenty-four (24) hours of receiving medical Treatment or admission to Hospital will limit benefits, otherwise payable to You, to 70% of eligible expenses to a maximum of the Sum Insured amount purchased.
3. All eligible expenses are reimbursed less the deductible specified on the application.
4. Immigrants and foreign workers must successfully complete and submit to GMS the necessary medical tests required by government authorities.
5. Foreign workers must have valid proof of active work during the Period of Coverage is required from the employer.
6. Coverage is not applicable in Your Country of Origin. Travel to the U.S.A. or Mexico during the Period of Coverage is valid as long as the majority of the Period of Coverage is spent in Canada. Travel to U.S.A. or Mexico does not apply to U.S.A. residents returning to the U.S.A. or to Mexican residents returning to Mexico.
7. There is a \$1,000 Canadian deductible per claim, unless a lower deductible was indicated on the application and premium paid at the time of application.
8. All policies are not effective until GMS approves the application, and the appropriate premium has been paid.
9. All amounts stated in this policy are in Canadian funds.
10. This policy shall be interpreted and construed in accordance with the law of the Province of Saskatchewan (Canada) and the federal laws of Canada applicable therein, and the parties hereby attorn to the non-exclusive jurisdiction of the Courts of the Province of Saskatchewan.
11. If eligible expenses are paid due to the fault of a third party, GMS may take legal action against the person(s) at fault in Your name to recover these expenses. You agree to fully cooperate with GMS in any action that might be taken.
12. This policy is in excess only of all other insurance plans or amounts recoverable by any other party. If GMS pays eligible expenses to You and a third party makes payment for those same benefits, You are responsible for reimbursing GMS the amount previously paid by GMS.
13. In the event that You have concurrent insurance from another source(s) for benefits provided under this policy, benefits shall be coordinated as follows:
 - a) All benefits from any Government Plan shall be determined and recovered first;
 - b) GMS will pay eligible expenses only in excess of amounts covered by that of any other insurer(s), including but not limited to any employment related plan, extended health care plan, private or provincial vehicle insurance, credit card policy or any other insurance, whether collectible or not;
 - c) If, however, that other source(s) of coverage is also "excess only", all benefits shall be determined and recovered from the policies based on the following priority:
 - i) Any plan not containing a coordination of benefits statement;
 - ii) Any employment/retirement related plan; then
 - iii) Any other plan, including GMS. In this case, the benefits shall be prorated according to the maximum amounts that would have been payable as the result of the benefit contained under the respective plans. You agree that prorated sharing is what was intended when this policy was entered into and that sharing on any other basis including on the basis of independent liability and/or equal sharing is not what was intended or agreed to.

1. If a covered person is entitled to similar benefits under any other individual or group contract, the benefits payable under this policy shall be coordinated so that the total payment from all coverages shall not exceed the amount for which the claim is made.
2. Should any changes in Your health occur after the application date and prior to the Effective Date, GMS must be contacted and the application updated.
3. GMS, in consultation with the attending Physician, reserves the right to transfer You to another Hospital or medical facility capable of providing the necessary medical services or to return You to Your Province of Residence. Refusal to do so will absolve GMS of further liability.
4. GMS is not responsible for the availability, quality, results of any medical Treatment or transportation, or Your failure to obtain medical Treatment.
5. GMS has the authority to access prior and/or resulting medical records or reports, covering diagnosis and services rendered to covered persons, from any Physician, Hospital, medical clinic, any other medical care facility or any government insurance plan.
6. Any material misrepresentation, provision of incorrect information or non-disclosure of information, related to medical conditions, will result in non-payment of any claims and will void Your coverage.
7. If GMS determines that there is no coverage for a claim(s) under this policy all amounts advanced to You or on Your behalf will be repaid by You to GMS on demand. In such circumstances any payment(s) made by GMS will not constitute an acceptance of coverage.
8. By purchasing this policy You are authorizing:
 - a) any physician, health care provider, other person, Hospital or institution to release to Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers (collectively "GMS") any information covering your medical history, symptoms, treatment, examination, diagnosis and/or services rendered to You or any of Your dependants herein listed;
 - b) GMS to collect, store and use any information which is provided or information obtained pursuant to clause (c);
 - c) GMS to obtain information from, or disclose information to: the operator of any Hospital, clinic, or other health facility; a Physician or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required. This information is intended for the purposes of administering the plan and communicating with You.

REFUNDS

1. A full refund is available if the entire trip is cancelled prior to the Effective Date of coverage.
2. A partial refund is available if:
 - a) You return to Your Country of Origin and a minimum of 30 days remains unused on the policy or;
 - b) You become eligible and covered under a provincial or territorial health plan during the Period of Coverage.
3. No refunds are available if claims have been incurred under this policy.
4. All refunds are subject to an administration fee of \$20 per policy and no refund will be issued for amounts under \$5.

CHANGES TO COVERAGE

1. Extensions may be approved if GMS is notified forty-eight (48) hours prior to the Expiry Date of the existing coverage and You have not required medical services in excess of \$500 during Your Period of Coverage. Payment must be made using a Visa or MasterCard credit card. You must contact GMS directly to extend Your policy.
2. Upgrades to the Sum Insured are available provided You have not required medical services in excess of \$500 during Your Period of Coverage. There will be a forty-eight (48) hour waiting period after the request for the upgrade before the upgraded Sum Insured is available.

DEFINITIONS

The following definitions apply to all coverages.

Accidental: A happening due to external, sudden, fortuitous causes beyond Your control.

Country of Origin: The country in which You maintain a permanent residence prior to entry into Canada.

Departure Point: The province, territory or country You depart from on the first day of Your intended travel period.

Effective Date: The date on which Your coverage begins under this policy, as shown on Your insurance application.

Emergency: A sudden and urgent happening requiring immediate action.

Expiry Date: The date on which Your coverage ends under this policy, as shown on Your insurance application.

GMS: Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers.

Government Plan: Any plan of insurance provided by or under the administrative control of any government or agency in accordance with any law (other than the Unemployment Insurance Act of Canada) or any plan providing insurance coverage regulated by any government.

Heart Disease: Any disease of the heart including angina, irregular heartbeat, heart attack, congestive heart failure, ischemic heart disease, valvular heart disease, and myocardiopathy.

Hospital: An institution licensed as a hospital which is primarily engaged in providing medical, diagnostic and surgical services for the care and Treatment of sick or injured persons on an in-patient basis, and, which has a laboratory, a registered graduate nurse and Physician always on duty and an operating room where surgical operations are performed by a legally licensed medical Physician(s). In no event shall the term "hospital" or "general active Treatment hospital" mean any hospital or institution or part of such hospital or institution licensed or used principally as a clinic, continued care or extended care facility, convalescent home, rehabilitation centre, rest home, nursing home for the aged, health spa or Treatment centre for drug addiction or alcoholism.

Immediate Family Member: Your legal or common-law Spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, grandparent, grandchild, in-law, or natural or adopted child.

Period of Coverage: The number of days of coverage for which premium has been paid and for the dates indicated on the application.

Physician: A duly qualified doctor of medicine, who is not a member of Your family, and is entitled under the laws of the Province, State or Country where the services are rendered to prescribe drugs and administer medical Treatment. A Physician does not include a naturopath, herbalist, or homeopath.

Reasonable and Customary: Charges that are reasonably comparable to those normally charged for that service in the particular area where the service is received.

Return Date: The date on which You are scheduled to return to Your Departure Point, as shown on Your application.

Spouse: The person to whom You are legally married or with whom You have resided for at least twelve (12) months and whom You present publicly as Your Spouse.

Sum Insured: The maximum sum payable, which You selected at the time of purchase and premium payment for, or which applies automatically to, a given insurance coverage.

Surgeon: A Physician who practices surgery.

Treatment: Any medical, therapeutic or diagnostic measure prescribed or recommended by a Physician in any form including prescription medication, investigative testing, hospitalization, surgery or other prescribed or recommended Treatment directly referable to the condition, symptom or problem.

You or Your: The eligible person(s) named in the application attached to and forming part of the policy, who have paid the required premiums for the covered period stated in the application and meet all the Conditions of the policy.