



This policy outlines the terms and conditions of the Annual Travel benefits. For Health Plan benefits or if you have purchased any of the other options, please refer to those policies for their respective terms and conditions.

TRAVEL BENEFITS OUTSIDE OF YOUR PROVINCE OF RESIDENCE OR CANADA

When eligible expenses are incurred outside of Your Province of Residence or Canada due to Treatment of sudden or unexpected illness or Accidental bodily injury, GMS Insurance Inc. ("GMS") will cover the Reasonable and Customary charges for the listed benefits, in excess of the amount covered and/or paid by any Government Health Insurance Plan and/or any other insurance plans.

- A. For the expenses to be eligible, the sudden or unexpected illness or Accidental injury, and the necessary diagnosis and Treatment must occur within the first one hundred and eighty (180) days after leaving Your Province of Residence if travelling within Canada, within the first fifteen (15), thirty (30), or forty-eight (48) days after leaving Canada. The number of days per trip depends on the option You have chosen and paid the premium for.
- B. The maximum amount payable is \$1,000,000 per person per Policy Year.
- C. 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. **Private duty nursing** – Expenses to a maximum of \$5,000 per person for the professional services of a Registered Nurse (non-family member) for private duty nursing while hospitalized during an acute Emergency illness or injury.
 8. **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

IMPORTANT NOTICE PLEASE READ CAREFULLY

- **Individuals eighty (80) years of age and older are NOT eligible for travel coverage while traveling outside of Canada.** These individuals are eligible for travel coverage while traveling within Canada. For travel coverage while outside of Canada, please inquire about GMS TravelStar®.
- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that You read and understand Your policy before You travel as Your coverage may be subject to certain limitations or exclusions.
- A pre-existing exclusion applies to medical conditions and/or symptoms that existed prior to Your trip. **Additional conditions apply to individuals seventy (70) years of age and older.** Check clauses 3 and 4 of the Travel Benefit Conditions and Exclusions on page 2 to see if this applies to You and how it relates to Your departure date.
- 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.

PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL

of the attending Physician and with prior GMS approval.

9. **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. The attendant must not be a friend, relative, associate, or other person who was traveling with You when the Emergency occurred.
10. **Return of family member** – Reimbursement of a one-way, economy class airfare by the most direct route to the Departure Point, to a maximum of \$1,000, for the return of one (1) covered, accompanying family member if GMS requires that You return to Canada or Your Province of Residence for immediate medical Treatment or in the event of Your death. This benefit must be pre-approved by GMS.

11. **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.
12. **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.
13. **Return of remains** – When death results from a covered Emergency, the charges for either the preparation and transportation of the deceased to his/her Province of Residence, 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.
14. **Family to bedside** – Reimbursement of round-trip, economy class airfare by the most direct route, up to a maximum of \$3,000, in the event You become hospitalized for at least three (3) consecutive nights as a result of a covered Emergency, and the attending Physician advises the necessary attendance of one (1) of Your family members or close friends. In addition, reimbursement of up to \$150 per day to a maximum of \$750 for reasonable expenses incurred by the transported person, once they arrive. Original paid receipts for the costs incurred are required. This benefit must be pre-approved by GMS.
15. **Family transportation** – Charges for a single round trip, economy class airfare for an Immediate Family Member plus up to \$300 for meals and accommodation, to an aggregate maximum of \$2,000 to identify the deceased.
16. **Return of vehicle** – The costs up to \$2,000, with GMS approval, for returning Your vehicle, either private or rented, to Your residence or nearest appropriate vehicle rental agency, when You and any travel companions are unable to do so due to unexpected illness or Accidental injury. This benefit is only available when GMS returns You to Your Province of Residence for further in-hospital medical Treatment. Eligible costs include the return of a vehicle performed by a professional agency or the following necessary and reasonable expenses incurred by an individual returning the vehicle on Your behalf: fuel, meals, overnight accommodation, one-way economy airfare. Expenses incurred by anyone traveling with the person returning the vehicle are not covered. Written medical certification and original paid receipts for the costs incurred are required.
18. **Return of cat or dog** – Reimbursement up to \$300 to return Your cat or dog to Your Province of Residence, when GMS returns You to Your Province of Residence for further in-hospital medical Treatment.
19. **Child care** – Reimbursement up to \$500, with prior GMS approval, for licensed care of Dependant children if they are traveling with You, should You be hospitalized for forty-eight (48) hours or more due to a medical Emergency.
20. **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), to the original point of departure. GMS will also pay for an escort to accompany the children when necessary. This benefit must be pre-approved by GMS.
21. **Coverage continuation** – If coverage expires while hospitalized due to an Emergency, coverage will continue for You, Your Spouse and any Dependents traveling with You, up until seventy-two (72) hours after discharge from Hospital.
22. **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 Return Date. Original paid receipts for the costs incurred are required. This benefit must be pre-approved by GMS.
23. **24 hr. travel assistance services:**
 - a) Coordination of all medical care, transportation, and repatriation.
 - b) Telephone interpretation services in most languages.
 - c) Monitor progress during Treatment and recovery by managed care.

TRAVEL BENEFIT CONDITIONS AND EXCLUSIONS

The following conditions and exclusions apply to travel outside of Your Province of Residence and Canada.

1. New applicants must purchase this policy prior to leaving Your Province of Residence, in order for travel coverage to be effective. Travel coverage has no waiting period.
2. **Individuals aged eighty (80) years and older** (as of the plan renewal date) are eligible only for travel benefits while traveling within Canada. Coverage for these individuals will not provide travel benefits while traveling outside of Canada.
3. **Individuals age seventy (70) years and older as of their date of travel and**
 - a) Who have the following medical conditions:
 - A surgically untreated aneurysm
 - Both a Heart Disease and who are insulin dependant diabetic
 - A chronic lung and/or Heart Disease for which You use home oxygen
 - AIDS or HIV
 - OR**
 - b) Who in the twelve (12) months prior to the date of travel, have suffered from, been diagnosed with or had Treatment for:
 - Heart Attack or Congestive Heart Failure
 - Heart Surgery including bypass, valve, or defibrillator implant
 - Cardiac intervention procedures including angioplasty or stenting
 - Stroke, Bloodclots or Surgery on an Artery

- Kidney Failure or any Organ Transplant
- Gastrointestinal Bleed or a Bowel Obstruction
- Cancer (excluding basal cell carcinoma)

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Coverage for all medical conditions, including but not limited to those listed above, that existed prior to the departure from Your Province of Residence is subject to the following:

- 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 eighty (180) day period immediately before the date of departure from Your Province of Residence 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.
 - 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 eighty (180) day period prior to the date of departure from Your Province of Residence: 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.
4. For individuals age sixty-nine (69) and under, and, for individuals age seventy (70) and older for whom clause 3 above does not apply, coverage for medical conditions that existed prior to the departure from Your Province of Residence is subject to the following:
- 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 date of departure from Your Province of Residence 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.
 - 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 date of departure from Your Province of Residence: 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.
5. You or someone on Your behalf must contact our designated travel assistance firm prior to Treatment whenever possible. Failure to contact our designated travel assistance firm within twenty-four (24) hours of receiving medical Treatment or of admission to Hospital will limit benefits, otherwise payable, to 70% of eligible charges to a maximum of \$50,000.
 6. It is Your responsibility to provide proof that the dates of travel are consistent with the terms of this policy.
 7. No benefit will be payable when You travel to a country after such time that a travel advisory has been issued by the Canadian government recommending that Canadians do not travel to such country, or to a specific region within such country.
 8. No benefit will be provided where You act against medical advice or the advice of GMS and/or our designated travel assistance firm.
 9. No benefit will be provided for 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.
 10. No benefit will be provided for Treatment at a diagnostic facility unless pre-approved by our designated travel assistance firm.
 11. Emergency air transportation or return to Your Province of Residence must be arranged by our designated travel assistance firm.
 12. No benefit will be provided for 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.
 13. No benefit will be provided for drugs and medication which are commonly available without a prescription, not legally registered or approved in Canada, experimental drugs or preventative medicines or vaccines.
 14. No benefit will be provided for 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.
 15. No benefit will be provided for expenses resulting when travel is booked or commenced contrary to medical advice.
 16. No benefit will be provided for pregnancy, miscarriage, childbirth or complications of any of these conditions occurring after the first eighteen (18) weeks of pregnancy.
 17. No benefit will be provided for routine or general physical examinations, check-ups or services of a continued nature following Emergency Treatment of a sickness or injury.
 18. No benefit will be provided for coronary artery angioplasty, cardiac surgery or implantable cardiac

19. defibrillators (including any associated diagnostic tests or charges), unless necessary in a medical Emergency and approved by GMS prior to any actions.
 20. No benefit will be provided for any endovascular surgical procedures, either done individually or in combination with conventional surgical procedures.
 21. No benefit will be provided for any Treatment or surgery which is considered, by GMS to be experimental and GMS's opinion on the issue is final and binding.
 22. No benefit will be provided for 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.
 23. No benefit will be provided for persons holding a work visa from the country to which they are traveling; or for persons working in hazardous occupations.
 24. 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.
 25. Any material misrepresentation, provision of incorrect information or non-disclosure of information, related to medical conditions, will result in non-payment of any related claims.
 26. When taking multiple trips outside of Canada, You must return to Canada for a minimum of seventy-two (72) hours prior to making a subsequent trip in order to be eligible for the maximum trip length of Your policy. This condition does not apply in cases where the original trip duration is less than fourteen (14) days. However, all travel benefit conditions and exclusions are applicable to each subsequent trip, including travel benefit conditions and exclusions #3 and #4, regardless of Your Departure Point from Canada.
- **Departure Point** means the province, territory, or country You depart from on the first day of Your intended travel period.
 - **Heart Disease** means any disease of the heart including angina, irregular heartbeat, heart attack, congestive heart failure, ischemic heart disease, valvular heart disease, and myocardioathy.
 - **Immediate Family Member** means 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.
 - **Return Date** means the date on which You are scheduled to return to Your Departure Point.
 - **Surgeon** means a Physician who is licensed to practice surgery.

GENERAL CONDITIONS AND EXCLUSIONS

The general conditions and exclusions as listed in Your Health Policy apply to the Travel Policy.

STATUTORY CONDITIONS

The statutory conditions as listed in Your Health policy apply to the Hospital Cash policy except the following:

1. No refunds will be provided in the event of termination of this policy by the Policy Holder.

DEFINITIONS

The definitions, as listed in Your Health Policy, apply to the Travel Policy. The following definitions also apply to the Travel Policy.