

BENEFIT SUMMARY

EXTENDED HEALTH CARE BENEFIT

Maximum:

Overall	Unlimited
Hospital Benefit	Semi-private Room charges, up to a maximum of \$180 per day
Hearing Aids	\$1,000 per 48 consecutive months per adult \$1,000 per 12 consecutive months per dependent child
Vision Care	\$350 per 24 consecutive months per Covered Person
Prescription Sunglasses	\$300 lifetime maximum
Laser Eye Surgery	\$1,000 lifetime maximum

Deductible: Nil

Reimbursement Percentage: 100%

Termination: When you attain age 70 or retire, whichever is earlier.

DELUXE TRAVEL BENEFIT

Maximum per trip:

Duration	90 days
Coverage	\$1,000,000 per Covered Person

Deductible: None

Reimbursement Percentage: 100%

Termination: When you attain age 70 or retire, whichever is earlier.

DENTAL CARE BENEFIT

Benefit: Special Dental Plan

Maximum: Basic and Major Services combined \$2,000 per calendar year per Covered Person
Orthodontic Services \$2,500 lifetime maximum per Covered Person

Deductible: None

Reimbursement Percentage:

Basic Services	100%
Major Services	80%
Orthodontic Services	50%

Fee Guide:

Description	Ontario Dental Association Suggested Fee Guide for General Practitioners
Year	Current less 1year

Termination: When you attain age 70 or retire, whichever is earlier.

DELUXE TRAVEL BENEFIT

DEFINITIONS

The following definitions apply exclusively within the description of this Benefit:

Elective Treatment includes treatment or surgery:

- not immediately required for the relief of acute pain and suffering;
- which medically could be delayed until the Covered Person's return to the province of residence.
- which the Covered Person elects to have rendered or performed outside the province of residence following emergency treatment for, or diagnosis of, a medical condition which would not prevent the Covered Person from returning to his or her province of residence to receive such treatment or surgery.

Eligible Medical Expense means the reasonable and customary charge for a service or supply which is ordered by a physician, is medically necessary for the treatment of a Covered Person's medical emergency, and is listed in the "Eligible Medical Expenses" section of this Benefit.

Travelling Companion means any person who has prepaid accommodation and/or transportation with the Covered Person. The Insurer will only consider a maximum of four persons in a group of Travelling Companions, including the Covered Person.

EMERGENCY AND PAYMENT ASSISTANCE

Emergency Help Line: In the event of a medical emergency while travelling outside the province of residence, call the Assistance Centre. The toll-free numbers are listed on your world assistance card and are available 24 hours a day, seven days a week.

IF A COVERED PERSON IS HOSPITALIZED, THE ASSISTANCE CENTRE MUST BE CONTACTED WITHIN 24 HOURS OF ADMISSION*. FAILURE TO CONTACT THE ASSISTANCE CENTRE WILL RESULT IN DENIAL OF YOUR CLAIM. If it is not possible to reverse the charge or call toll free, the Insurer will pay the cost of the telephone call.

**In the case of an incapacitating or acute sickness or injury which prevents the Covered Person or a Travelling Companion from contacting the Assistance Centre or arranging for the Assistance Centre to be contacted within 24 hours, the claim will still be considered provided the Assistance Centre is called as soon as reasonably possible.*

When contacting the Assistance Centre, the Covered Person must be able to provide his or her provincial health insurance plan number, the the Insurer group benefit plan number, his or her certificate number, and the Service Code shown on the world assistance card which applies for this Benefit.

If you require general information about your travel benefit, please call OTIP at 1-866-783-6847.

IMPORTANT INFORMATION

- Coverage is available only to residents of Canada who are covered by a provincial health insurance plan while they are travelling outside their province of residence.
- Coverage is limited to a maximum of 90 consecutive days per trip, beginning on and including the date of departure, and the total amount payable per trip for all Eligible Expenses will not exceed \$1,000,000 per Covered Person.
- The availability, quality or results of any medical treatment, transport or other services, or the failure of the Covered Person to obtain medical treatment or other services, is not the responsibility of OTIP, the Insurer or the Assistance Centre.
- To be eligible, the hospital or medical benefits covered must have been provided at the nearest appropriate facility capable of providing adequate service at the time the medical emergency occurred.
- The Insurer will make benefit payments, based on reasonable and customary charges as determined by the Insurer, after receipt and evaluation of satisfactory claim information. Reimbursement will be made in Canadian funds based on the rate of exchange the Covered Person would be charged within the country of travel as determined by the Insurer on the advice of any Schedule One Canadian bank. No payable amount will carry interest.
- Benefits described in this Benefit will be payable only on receipt of certification from the attending physician that services have been rendered and were for emergency treatment. Costs for completion of medical certificates or documentation required for the assessment of claims are the responsibility of the Covered Person.
- The Insurer and the Assistance Centre, in consultation with the attending physician, reserve the right to transfer the Covered Person to another hospital or return the Covered Person to his or her province of residence. Refusal to comply with the transfer request will end the Insurer's liability. (Note: The immediate availability of care, treatment or surgery on return to the province of residence is not the responsibility of OTIP, the Insurer or the Assistance Centre.)
- The provisions of the Deluxe Travel Benefit are subject to change by the Insurer. However, if a change in coverage occurs, it will apply only to trips beginning on or after the effective date of the change.

ELIGIBLE EXPENSES

The following services and supplies are available to Covered Persons who, while vacationing or travelling outside the province of residence for other than health reasons, incur health care expenses as a result of a medical emergency or require other Emergency Assistance Services as described in this Benefit.

ELIGIBLE MEDICAL EXPENSES

Hospital Accommodation - Room and board (not a private room or suite) in an active treatment hospital in excess of the amount paid by the provincial health insurance plan.

Outpatient Services provided by a hospital.

Physicians' Charges in excess of the amount paid by the provincial health insurance plan.

Private Duty Nursing Services - Charges for private duty nursing services which can only be performed by a Duly Licensed registered nurse (R.N.) when those services are performed during or immediately following hospitalization, provided the services are certified in writing as medically necessary by the attending physician and are not performed by a relative.

Ground Ambulance Services to the nearest medical facility where adequate medical care can be provided.

Air Ambulance Services between hospitals or for repatriation for admission to a hospital in the Covered Person's province of residence, at the discretion of, or when approved by the Insurer. (Arrangements must be made through the Assistance Centre.) Any unused portion of the Covered Person's travel ticket must be surrendered to the Insurer.

Paramedical Services - Up to \$300 for charges made by a Duly Licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath (including x-rays).

Diagnostic Services - Laboratory tests and x-rays ordered by the Covered Person's attending physician.

Treatments - The cost of whole blood, blood plasma or specialized treatments using radium and radioisotopes.

Prescription Drugs - Drugs, medicines and injected sera purchased on the prescription of a physician or dentist and dispensed by a licensed pharmacist. Excluded are vitamins, vitamin/mineral preparations, food supplements, general public (G.P.) products and over-the-counter drugs or medicines, whether prescribed or not.

Medical Appliances - The cost of splints, casts, crutches, canes, slings, trusses, walkers and/or the temporary rental of a wheelchair required as a result of a medical emergency which occurs outside the province of residence, when prescribed by the attending physician and obtained outside the province of residence.

Dental Accident - Up to \$2,000 for expenses incurred by a Covered Person for dental treatment to natural teeth when necessitated by a direct, external accidental blow to the mouth and not by an object intentionally placed in the mouth. Treatment must begin within the period of coverage for that trip and be completed within 183 days following the accident. An accident report is required from the treating physician or dentist immediately following the accident.

Relief of Dental Pain - Up to \$200 for emergency treatment to relieve dental pain, excluding root canals, provided treatment is rendered at least 200 km from the Covered Person's province of residence.

Miscellaneous Hospital Expenses - Up to \$100 during one period of hospitalization, to cover incidental expenses. Receipts must be submitted.

EMERGENCY ASSISTANCE SERVICES

The following emergency assistance services are available to a Covered Person, provided arrangements are made through the Assistance Centre.

Assistance in locating a physician, clinic or hospital.

Confirmation of coverage to the hospital or physician.

Advance Hospital/Medical Payment - An advance deposit for hospital charges will be provided prior to emergency treatment if required. Payment in full for hospital or physicians' charges will also be arranged if required immediately upon discharge from care.

Medical Monitoring - Monitoring the medical condition and treatment of a Covered Person.

Care of Children - Arrangement of local care for children and/or co-ordination of their return home, when the Covered Person is hospitalized.

Repatriation - When a Covered Person's attending physician specifies in writing that he or she must be returned to the province of residence for immediate medical attention as a result of a medical emergency, the extra cost of the most economical airfare and, if necessary, the cost to accommodate a stretcher, will be covered to return the Covered Person by the most direct route to the air terminal nearest the departure point in the Covered Person's province of residence, provided arrangements are made through the Assistance Centre. This benefit will also apply to one other Covered Person who is travelling with the patient at the time the medical emergency occurs.

NOTE: This benefit is only provided when the Covered Person does not have a valid open-return air ticket.

In addition, when the attending physician or commercial airline specifies in writing that the patient must be accompanied by a qualified medical attendant (not a relative), the fee charged by the medical attendant will be covered, as well as charges for the most economical airfare and overnight hotel and meal expenses for that attendant, if necessary.

Friend/Family Hospital Visit - The most economical airfare by the most direct route from the Covered Person's province of residence will be covered for one family member or friend to visit a Covered Person confined in a hospital as a result of a medical emergency. This benefit is only provided when the Covered Person has been an in-patient for at least seven days outside his or her province of residence and the attending physician certifies in writing that the situation was serious enough to require the visit.

Identification of Deceased - The most economical airfare by the most direct route from the Covered Person's province of residence will be covered for one family member or friend to identify the deceased Covered Person in order to permit release of the body.

Return of Deceased - Up to \$5,000 will be reimbursed towards the cost of preparation and transportation of a deceased Covered Person to the city of usual residence. Alternatively, up to \$2,500 will be reimbursed for cremation and/or burial of the Covered Person at the place of death. In either case, the cost of a casket is excluded.

Meals and Accommodation - Up to \$150 per day, to an overall maximum of \$1,500 for you and your Dependents combined, will be reimbursed towards the extra cost incurred by a Covered Person for commercial accommodation and meals when return to the province of residence is delayed beyond the planned termination date of the trip due to sickness or injury of a Covered Person or Travelling Companion. Claims must be verified by the attending physician and supported by receipts from commercial organizations.

Vehicle Services - Up to \$1,000 will be reimbursed toward the cost of driving a Covered Person's vehicle, either private or rental, to the province of residence or nearest appropriate vehicle rental agency when the Covered Person is unable to do so due to sickness or injury, and there is no Travelling Companion who can do so. Medical certification is required, as well as receipts for costs incurred.

If the Covered Person's private vehicle is stolen or rendered inoperable due to an accident, the most economical airfare to return the Covered Person to the province of residence by the most direct route will be covered. The Insurer must be provided with an official report of the loss or accident.

Transmission of urgent messages to family members or business partners.

Assistance with lost documents.

Assistance in accessing legal counsel.

AUTOMATIC EXTENSION OF COVERAGE

If a Covered Person is confined in a hospital on the date the 90 day coverage period ends, coverage will continue until discharge from the hospital.

In addition, coverage will automatically be extended to the Covered Person and any accompanying covered family members for up to 72 hours:

- following discharge from a period of hospitalization which extended past the end of the 90 day coverage period;
- beyond the end of the 90 day coverage period when return to the province of residence is delayed, by order of the attending physician, due to a covered medical emergency;
- beyond the end of the 90 day coverage period when return to the province of residence is delayed:
 - due to the delay of a common carrier (airplane, bus, taxi, train) on which the Covered Person is a passenger; or
 - due to a traffic accident or mechanical failure of a private automobile en route to the departure point.

Claims must be supported by documented proof.

EXCLUSIONS

The Insurer will not pay benefits for expenses incurred:

- For care, services or supplies which are not medically necessary, as determined by the Insurer.
- For elective treatment.

- For hospital accommodation or treatment received in a hospital which is not an active treatment hospital, such as a nursing home, health spa, chronic care hospital or chronic care unit of a public hospital.
- Outside the province of residence when the Covered Person could have been returned to the province of residence without risk to the Covered Person's life or health, even if the treatment available in the province of residence is of lesser quality than that available elsewhere.
- For a medical condition for which, prior to departure, medical evidence would suggest that treatment or hospitalization could be required while on the trip.
- By a Covered Person who is travelling outside the province of residence, with intent or incidentally, to seek medical advice or treatment, even if the trip is on the recommendation of a physician.
- For hospitalization or services rendered in connection with or in any way associated with:
 - general health examinations for check-up purposes;
 - ongoing maintenance of an existing medical condition;
 - rehabilitation or ongoing care in connection with drug, alcohol or other substance abuse;
 - a rest cure or travel for health reasons; or
 - cosmetic treatment.
- In connection with or in any way associated with travel booked or commenced contrary to medical advice or after receipt of a terminal prognosis.
- For hospital or medical care of either a Covered Person or a newborn Child as a result of, in connection with or in any way associated with:
 - full-term birth;
 - medical complications after the 26th week of pregnancy; or
 - deliberate termination of pregnancy.
- For services provided by naturopaths or optometrists or for cataract surgery.
- As a result of, in connection with or in any way associated with driving a Motorized Vehicle while impaired by drugs, alcohol or toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood. (For the purpose of this exclusion, "Motorized Vehicle" means any form of transportation which is propelled or driven by a motor and includes, but is not restricted to, an automobile, truck, motorcycle, moped, snowmobile or boat.)
- As a result of, in connection with or in any way associated with abuse of medication, toxic substances, alcohol or the use of non-prescribed drugs.
- As a result of, in connection with or in any way associated with suicide, attempted suicide or self-inflicted injury, whether sane or insane.
- As a result of, in connection with or in any way associated with committing, or attempting to commit, a criminal act under legislation in the jurisdiction where the act was attempted or committed.

- As a result of, in connection with or in any way associated with parachuting, hang gliding, bungee jumping, mountaineering, cave exploring, participation in professional sports or any speed contest by a Motorized Vehicle. (For the purpose of this exclusion, “Motorized Vehicle” means any form of transportation which is propelled or driven by a motor and includes, but is not restricted to, an automobile, truck, motorcycle, moped, snowmobile or boat.)
- As a result of, in connection with or in any way associated with a flight accident unless the Covered Person is riding as a fare-paying passenger on a commercial airline or charter aircraft with a seating capacity of six people or more.
- As a result of, in connection with or in any way associated with the radioactive, toxic, explosive or other hazardous properties of nuclear materials or by-products.
- As a result of, in connection with or in any way associated with any of the following, regardless of any other cause or event contributing concurrently or in any other sequence thereto: war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, hijacking or any Act of Terrorism or any action taken in controlling, preventing or suppressing any of the foregoing. (For the purpose of this exclusion, “Act of Terrorism” means an act, including but not limited to, the use of force or violence and/or the threat thereof, by any person or groups of persons, whether acting alone or on behalf of or in connection with any organization or government, committed for political, religious, ideological, or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear that has been determined by the appropriate federal authority to have been an act of terrorism.)
- As a result of, in connection with or in any way associated with service in the armed forces.
- For services or supplies to the extent to which they are available under any government plan, or would be available without charge if this coverage was not in effect.

The Insurer will not provide emergency assistance services which relate in any way to expenses which are excluded above.