



# **TRAVEL & MAJOR MEDICAL INSURANCE**

**POLICY 100012110 & 100012111**

**CERTAIN CLIENTS OF BENEFITSMYWAY, A DIVISION OF AGILE BENEFITS INC.**

## ENDORSEMENT

It is understood and agreed between the Policyholder and the Company that **TERMINATION OF INSURANCE OF AN INSURED PERSON** of this policy is amended to read as follows effective May 26, 2022:

Insurance will immediately terminate on the earliest of the following dates:

A. With respect to the Participant:

- (a) the date this policy is terminated;
- (b) the premium due date if the Policyholder fails to pay the required premium for a Participant, except as the result of an inadvertent error;
- (c) the premium due date coinciding with or immediately following the date a Participant reaches 70 years of age;
- (d) the date a Participant ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.

B. With respect to the insured Spouse and/or insured Dependent Child:

- (a) the date such person ceases to be an eligible person;
- (b) the date the Participant's insurance is terminated.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Declarations, Agreements, Exclusions or Conditions of the undermentioned Policy other than as above stated.

Attached to and forming part of Policy No. 100012110 of INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES

INC. issued to CERTAIN CLIENTS OF BENEFITSMYWAY, A DIVISION OF AGILE BENEFITS INC.



**CERTAIN CLIENTS OF BENEFITSMYWAY, A DIVISION OF AGILE BENEFITS INC.  
(THE POLICYHOLDER)**

**Policy No. 100012110 issued by iA Special Markets,  
a division of Industrial Alliance Insurance and Financial Services Inc.**

**OUT-OF-PROVINCE HOSPITAL/MEDICAL INSURANCE**

***Eligibility***

Insured Persons are Canadian resident executives, management or full-time employees of a participating Plan Member of the Policyholder under age 70 who are covered under the health insurance plan of their province of residence and for whom the applicable premium has been paid. Coverage may also be elected for spouses under age 70 and/or unmarried dependent children. Unmarried children are those under age 21 or to age 25 (age 26 in Quebec) if attending college or other school on a full-time basis and are dependent on your support.

***Coverage***

Injury sustained or Sickness contracted during the course of any trip outside the province of residence of a duration of 60 days or less.

“Accident” or “Accidental” whenever used in the policy means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while this policy is in force and be the basis of claim.

“Injury” whenever used in the policy means bodily injury caused by an Accident occurring while the policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the policy.

“Plan Member” whenever used in the policy means a participating BeneFitsMyWay, a division of Agile Benefits Inc. benefit plan member.

“Sickness” whenever used in the policy means sickness or disease occurring while the policy is in force as to the Insured Person whose sickness is the basis of claim.

***Maximum Limit of Indemnity***

The combined maximum for all expenses incurred for any one Injury or Sickness is \$1,000,000.00 CDN.

***Benefits***

Benefits are payable in excess of amounts paid by provincial health (whether or not the Insured Person is covered thereunder) and any other insurance policy applicable to the Insured Person.

**Excess Hospital Insurance**

Reimbursement of reasonable and necessary emergency hospital expenses up to and including semi-private accommodation as the result of Injury or Sickness.



If the Insured Person is confined to hospital on or after the trip termination date and prevented from returning to his province of residence, insurance will continue for the period of such confinement to a maximum of 90 days from the date the first insured expense was incurred.

## OUT-OF-PROVINCE HOSPITAL/MEDICAL INSURANCE (Continued...)

### **Excess Hospital Insurance (Continued...)**

If the Insured Person is discharged from hospital on or after the trip termination date, coverage will be extended for a maximum period of 72 hours immediately following such discharge.

If the Insured Person is returning to his province of residence and a delay is caused by a mechanical breakdown of the conveyance in which he is traveling or scheduled to travel, a traffic Accident or inclement weather, coverage will continue up to 72 hours from the date his insurance would have terminated.

If, as a result of Injury or Sickness, the Insured Person is not confined in a hospital but the attending physician certifies that his medical condition prevents him from returning to his province of residence, coverage will continue up to a maximum of 10 days from the date his insurance would have terminated.

### **Excess Medical Insurance**

If, as the result of Injury or Sickness, an Insured Person requires treatment or services as follows on an emergency basis:

- (a) out-patient room charges,
- (b) treatment by a physician or surgeon,
- (c) x-rays and laboratory examinations which are required for diagnostic purposes,
- (d) rental or cost of crutches, casts or cervical collars,
- (e) cost of splints, trusses, braces,
- (f) treatment by a physiotherapist while hospitalized for the duration of any one trip only when recommended in writing by the attending physician, subject to a maximum of \$1,000.00 per Injury or Sickness,
- (g) services of a licensed private duty nurse while the Insured Person is in Hospital (when recommended by the attending physician), subject to a maximum of \$5,000.00,
- (h) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary, subject to a maximum of \$5,000.00 per Injury or Sickness,
- (i) services of a licensed anesthetist, subject to the health insurance plan schedule of fees published by the Insured Person's province of residence, or
- (j) treatment by a licensed chiropractor, osteopath, chiropodist, podiatrist acupuncturist, speech therapist, psychologist or massage therapist (when recommended by the attending physician), up to a maximum of \$300.00 per practitioner,

the insurer will reimburse the reasonable and necessary expenses actually incurred during the period this insurance is in force for such treatment or services.

## OUT-OF-PROVINCE HOSPITAL/MEDICAL INSURANCE (Continued...)

### **Accidental Dental Reimbursement Benefit**

Reimbursement for reasonable and customary emergency treatment by a licensed dentist or dental surgeon outside the province of residence if required due to Injury to whole or sound teeth caused by a force or blow external to the mouth, subject to a maximum of \$2,000.00. Capped or crowned teeth are considered whole or sound.

### **Attendant Transportation Benefit**

Reimbursement of reasonable expenses for round trip airfare incurred by a medical attendant whose presence is required during the emergency evacuation of the Insured Person in accordance with the part titled "Evacuation", subject to a maximum of \$5,000.00. Expenses may also include one day accommodation and board for that day.

### **Board, Lodging and Travel Expenses**

Reimbursement of reasonable board, lodging and extra travel expenses incurred by other Insured Persons remaining with an Insured Person who has been hospitalized due to Injury or Sickness for a period of at least four consecutive days.

Reimbursement of reasonable expenses incurred by a member of the immediate family or companion aged 18 or older to attend the Insured Person if certified as medically necessary by the attending physician due to the Injury, Sickness or death of the Insured Person, limited to return economy airfare, \$50.00 per day accommodation and not exceeding a maximum of 20 consecutive days.

Reimbursement of transportation expenses under this benefit is limited to 75% of the cost of the fare. If transportation occurs in a motorized vehicle other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.25 per kilometer travelled.

Benefits paid or payable under this part are subject to a maximum of \$3,000.00 for any one Injury or Sickness.

### **Evacuation**

Reimbursement of reasonable expenses for transportation, medical services and supplies necessarily incurred in connection with the physician-ordered emergency evacuation of an Insured Person, including by air ambulance, due to Injury or Sickness during the course of a scheduled trip, subject to a maximum of \$15,000.00. All arrangements must be verified and approved by the insurer prior to evacuation.

### **Ground Ambulance Expense**

Reimbursement of reasonable expenses to transport an Insured Person to the nearest medical facility qualified to provide emergency services, subject to a maximum of \$500.00 per Injury or Sickness.

### **Prescription Drug Reimbursement**

Reimbursement of reasonable expenses for prescription drugs or medicines required on an emergency basis due to Injury or Sickness. Oral contraceptives, patent medicines, vitamins, repeat prescriptions, maintenance and chronic care drugs are excluded.

## OUT-OF-PROVINCE HOSPITAL/MEDICAL INSURANCE (Continued...)

### ***Benefits (Continued...)***

#### **Repatriation Benefit**

Reimbursement of the actual expense incurred for preparation and transport of the deceased Insured Person to the city of residence of the Insured Person if loss of life occurs due to Injury or Sickness, subject to a maximum of \$3,000.00.

#### **Return of Vehicle Benefit**

If, as the result of Injury or Sickness, the attending physician certifies in writing that the Insured Person has become disabled and is unable to continue the trip by means of driving an owned or rented motorized vehicle used as a conveyance during such trip, the insurer will pay the reasonable and necessary expenses actually incurred for the return of such vehicle by a commercial agency to the Insured Person's normal place of residence or the rental agency, as the case may be, up to a maximum of \$500.00.

#### **Special Transportation**

Reimbursement of reasonable and necessary expenses incurred for stretcher accommodation on a regularly scheduled airline for return of the Insured Person to the province of residence during an emergency evacuation in accordance with the part titled "Evacuation", subject to a maximum of \$5,000.00.

### ***Exclusions***

Coverage does not apply to any loss, fatal or non-fatal, caused by or resulting from:

- pregnancy or complications thereof within eight weeks of the expected termination date of pregnancy;
- declared or undeclared war or any act of war;
- any loss as the sole result of the utilization of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined;
- active full-time service in the armed forces of any country;
- suicide or self-destruction, while sane or insane;
- the commission or the attempt to commit a criminal act by the Insured Person;
- alcohol related illness or disease, or the abuse of medication, drugs, alcohol or other toxic substances, non-compliance with prescribed medical therapy or treatment. Alcohol abuse is defined as having a blood alcohol level in excess of 80 mg of alcohol per 100 ml of blood;
- participation in professional sports, bodily contact sports, acrobatic or stunt flying, hang gliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving, or motorized speed contests;
- expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges;
- a pre-existing or related condition whereby the Insured Person received medical treatment or required the use of medication during the six months preceding the date the Insured Person left their province of residence. This exclusion shall not apply to an Insured Person whose treatment was deemed, by the treating physician or health care provider, as a routine follow up examination, nor shall it apply to an Insured Person whereby their use of medication is for a controlled and medically Stabilized Condition, which was not medically compromised and whereby there was no change in either the medication or in frequency and usage, or dosage within the six months prior to departure. "Stabilized Condition" whenever used means a diagnosed condition that requires consistent medical treatment. The same condition must not have required a change in treatment and/or medication during the six- month period immediately preceding the departure date;

## OUT-OF-PROVINCE HOSPITAL/MEDICAL INSURANCE (Continued...)

### ***Exclusions (Continued...)***

- any ailment or condition for which an Insured Person undertakes a journey for the purpose of securing or with the intent of receiving medical attention, prescription drugs or medicine, or hospital services;
- any elective (non-emergency) treatment or surgery: (i) not required for the immediate relief of acute pain and suffering; (ii) which medically could be delayed until the Insured Person has returned to his province of residence; (iii) which the Insured Person elects to have rendered or performed outside his province of residence following emergency treatment for, or diagnosis of, a medical condition which on medical evidence would not prevent the Insured Person from returning to his province of residence prior to such treatment or surgery.

### ***Limitations***

In case of confinement in a hospital or emergency surgery, the insurer must be notified no later than 48 hours from the date of hospitalization or emergency surgery. Failure to make such notification may limit coverage to a maximum of \$10,000.00 for all expenses incurred.

### ***Termination of Insurance***

With respect to an executive, management or full-time employee, insurance will immediately terminate on the earliest of the following dates:

- (a) the date the policy is terminated;
- (b) the premium due date if the Policyholder fails to remit the required premium to the insurer, except as the result of an inadvertent error;
- (c) the date an executive, management or full-time employee reaches 70 years of age;
- (d) the date an executive, management or full-time ceases to be associated with the Policyholder in a capacity making such person eligible for insurance.

With respect to insured spouses and/or dependent children, insurance will immediately terminate on the earliest of the following dates:

- (a) the date such person ceases to be an eligible person;
- (b) the date the insurance is terminated.

### ***Claims Procedures***

If possible, before obtaining any medical services or advice, the Insured Person or an individual in charge of the Insured Person's care should call the numbers shown on the Emergency Hospital/Medical Insurance Certificate card (provided to the Insured Person by the Policyholder) with full details about the Insured Person, the Insured Person's location and condition, and the policy details noted on the card. The insurer reserves the right to request additional information when processing the claim.



## OUT-OF-PROVINCE HOSPITAL/MEDICAL INSURANCE (Continued...)

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* or other applicable legislation.

*This wording is for illustrative purposes only and carries no contractual or other rights. All rights with respect to the benefits of an Insured Person will be governed by the Group Master Policy, a copy of which is filed with the Policyholder.*

**CERTAIN CLIENTS OF BENEFITSMYWAY, A DIVISION OF AGILE BENEFITS INC.**  
(The Policyholder)

**Policy No. 100012111 issued by Special Markets Solutions,  
a division of Industrial Alliance Insurance and Financial Services Inc.**

**WITHIN-PROVINCE HOSPITAL/MEDICAL INSURANCE**

***Eligibility***

Insured Persons are Canadian resident executives, management or full-time employees of a participating Plan Member of the Policyholder under age 70 who are covered under the health insurance plan of their province of residence and for whom the applicable premium has been paid. Coverage may also be elected for spouses under age 70 and/or unmarried dependent children. Unmarried children are those under age 21 or to age 25 (age 26 in Quebec) if attending college or other school on a full-time basis and are dependent on your support.

***Coverage***

Injury sustained or Sickness contracted within the province of residence while this policy is in force.

“Accident” or “Accidental” whenever used in the policy means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while this policy is in force and be the basis of claim.

“Injury” whenever used in the policy means bodily injury caused by an Accident occurring while the policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the policy.

“Plan Member” whenever used in the policy means a participating BeneFitsMyWay, a division of Agile Benefits Inc. benefit plan member.

“Sickness” whenever used in the policy means sickness or disease occurring while the policy is in force as to the Insured Person whose sickness is the basis of claim.

***Maximum Limit of Indemnity***

The combined maximum for all expenses incurred for any one Injury or Sickness is \$250,000.00 CDN., subject to an annual maximum per Insured Person of \$125,000.00 CDN. Please refer to the Deductible section below for additional information.

**Deductible**

The Deductible amount of \$2,500.00 CDN applies to all benefits payable under the parts titled “Excess Hospital Insurance”, “Excess Medical Insurance”, “Ground and Air Ambulance Expense” and “Prescription Drug Reimbursement” as a result of any one Injury or Sickness per year.

Reimbursement of insured expenses commences following satisfaction of the Deductible amount, if any.

***Benefits***

Benefits are payable in excess of amounts paid by provincial health (whether or not the Insured Person is covered thereunder) and any other insurance policy applicable to the Insured Person.



## **WITHIN-PROVINCE HOSPITAL/MEDICAL INSURANCE (Continued...)**

### ***Benefits (Continued...)***

#### **Excess Hospital Insurance**

Reimbursement of reasonable and necessary hospital expenses up to and including semi-private accommodation as the result of Injury or Sickness.

#### **Excess Medical Insurance**

If, as the result of Injury or Sickness, an Insured Person requires treatment or services:

- (a) out-patient room charges,
- (b) treatment by a physician or surgeon,
- (c) x-rays and laboratory examinations which are required for diagnostic purposes,
- (d) rental of crutches or appliances,
- (e) cost of splints, trusses, braces,
- (f) treatment by a physiotherapist while hospitalized and up to a maximum of three treatments only when recommended in writing by the attending Physician per any one Injury or Sickness,
- (g) expenses for the services of a Nurse,
- (h) treatment by a licensed chiropractor, osteopath, chiropodist, podiatrist acupuncturist, speech therapist, psychologist or massage therapist (when recommended by the attending Physician), up to \$25.00 per treatment, or
- (i) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary,

the insurer will reimburse the reasonable and necessary expenses actually incurred during the period this insurance is in force for such treatment or services.

#### **Ground and Air Ambulance Expense**

Reimbursement of reasonable expenses to transport an Insured Person to the nearest medical facility qualified to provide necessary services, by either ground ambulance or air ambulance.

#### **Prescription Drug Reimbursement**

Reimbursement of reasonable expenses for prescription drugs or medicines required due to Injury or Sickness. Oral contraceptives, patent medicines, vitamins, repeat prescriptions, maintenance and chronic care drugs are excluded.

## WITHIN-PROVINCE HOSPITAL/MEDICAL INSURANCE (Continued...)

### **Exclusions**

Coverage does not apply to any loss, fatal or non-fatal, caused by or resulting from:

- pregnancy or complications thereof within eight weeks of the expected termination date of pregnancy;
- declared or undeclared war or any act of war;
- any loss as the sole result of the utilization of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined;
- active full-time service in the armed forces of any country;
- suicide or self-destruction, while sane or insane;
- the commission or the attempt to commit a criminal act by the Insured Person;
- alcohol related illness or disease, or the abuse of medication, drugs, alcohol or other toxic substances, non-compliance with prescribed medical therapy or treatment. Alcohol abuse is defined as having a blood alcohol level in excess of 80 mg of alcohol per 100 ml of blood;
- participation in professional sports, bodily contact sports, acrobatic or stunt flying, hang gliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving, or motorized speed contests;
- expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges;
- a pre-existing or related condition whereby the Insured Person received medical treatment or required the use of medication prior to the Insured Person's effective date of coverage under this policy;
- any ailment or condition for which an Insured Person undertakes a journey for the purpose of securing or with the intent of receiving medical attention, prescription drugs or medicine, or hospital services;
- any elective treatment or surgery: (i) not required for the immediate relief of acute pain and suffering; (ii) which the Insured Person elects to have rendered or performed outside his province of residence following treatment for, or diagnosis of, a medical condition which on medical evidence would not prevent the Insured Person from returning to his province of residence prior to such treatment or surgery.

### **Limitations**

In case of confinement in a hospital or surgery, the insurer must be notified no later than 48 hours from the date of hospitalization or surgery. Failure to make such notification may limit coverage to a maximum of \$10,000.00 for all expenses incurred.

### **Termination of Insurance**

With respect to an executive, management or full-time employee, insurance will immediately terminate on the earliest of the following dates:

- (a) the date the policy is terminated;
- (b) the premium due date if the Policyholder fails to remit the required premium to the insurer, except as the result of an inadvertent error;
- (c) the date an executive, management or full-time employee reaches 70 years of age;
- (d) the date an executive, management or full-time ceases to be associated with the Policyholder in a capacity making such person eligible for insurance.

## WITHIN-PROVINCE HOSPITAL/MEDICAL INSURANCE (Continued...)

### ***Termination of Insurance (Continued...)***

With respect to insured spouses and/or dependent children, insurance will immediately terminate on the earliest of the following dates:

- (a) the date such person ceases to be an eligible person;
- (b) the date the insurance is terminated.

### ***Claims Procedures***

If possible, before obtaining any medical services or advice, the Insured Person or an individual in charge of the Insured Person's care should call the numbers shown on the Hospital/Medical Insurance Certificate card (provided to the Insured Person by the Policyholder) with full details about the Insured Person, the Insured Person's location and condition, and the policy details noted on the card. The insurer reserves the right to request additional information when processing the claim.

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* or other applicable legislation.

*This wording is for illustrative purposes only and carries no contractual or other rights. All rights with respect to the benefits of an Insured Person will be governed by the Group Master Policy, a copy of which is filed with the Policyholder.*