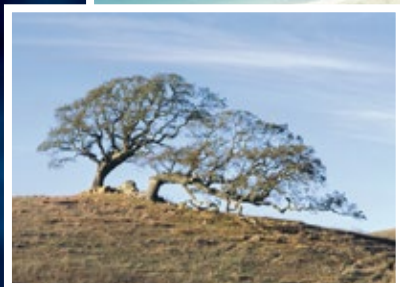


# 2024-2025 MEDIPAC Travel Insurance Guide



MEDIPAC TRAVEL INSURANCE



Legion 



**SAVE UP TO 20%!**

**New clients can save up to 5%**

**Details on page 9**

# Great Reasons to Buy

## Easy Payment Option

Spread your premium over two easy, automatic payments directly from your bank account. Pay 50% of your premium when you apply and 50% one month later.

*Only available with cheque payments.*

## New Client Discount

If you're new to Medipac, you can SAVE up to 5% with our Claim-Free Advantage Discount.

*See page 9 for details.*

## Rewards – SAVE up to 20%!

Loyal clients can earn up to 10% with our Loyalty Credit, and up to another 10% if they remain claim free, with our Claim-Free Discount.

*See page 9 for details.*

## Annual Plans

More than 50% of Canadians take two or more trips each year.

Apply for Medipac and choose an optional Annual Add-on.

You'll save time and money, and have year-round coverage for any other trips of up to 23 or 33 days each. Any trip can be extended.

*See page 12 for details.*



## Worldwide Emergency Assistance

Medipac's trained medical professionals are only a phone call away, 24 hours a day, seven days a week. Medipac Assist is your lifeline to information, service and advice when travelling in a foreign country.

Read what our satisfied clients say about Medipac on page 11.

# the Medipac® Program!

## MedipacMAX – Most Popular!

Inflation protection; a MUST-have option that more than doubles your maximum benefit to \$5 million USD. Includes increased coverage for COVID-19 and other important benefits for only \$147.

*See page 13 for details.*

**MUST  
HAVE!**

## Short Term Travel

Hopping across the border for a little shopping or taking a 10-day cruise? Do not take a chance by travelling without Medipac Travel Insurance!

*See page 43 for details.*

## Pre-Existing Condition Coverage

Most clients with stable and controlled medical conditions can purchase Medipac and have full coverage for ALL such conditions. *Read the enclosed policy for details, beginning on page 26.*

## Superannuates

The Public Service Health Care Plan (PSHCP) has limited travel coverage. Purchase Medipac for your entire trip and receive a premium credit (discount) **AND** an upgraded 40-day annual plan at no extra cost. We do not recommend topping up your PSHCP.

*See page 10 for details.*

## Endorsed by the CSA and the Royal Canadian Legion

Medipac has been chosen as the exclusive Travel Insurance Partner of both the Canadian Snowbird Association and the Royal Canadian Legion. We're proud to have earned their trust, and we hope to earn yours!





**MEDIPAC**  
Travel Insurance

Buying travel insurance is serious business. Something as simple as tripping over your own feet can cause a catastrophic financial loss, especially if you are in the United States or Mexico. Almost every one of us has some health issues and a flare-up of one of those issues can also prove to be very expensive, indeed.

When we travel outside of Canada, our vaunted medical system is useless. Our provinces will reimburse you between \$75 and \$1,100 per day of hospitalization outside Canada; most provinces reimburse only \$100 per day.

The **real** cost of a hospital stay, in the U.S. for instance, ranges from \$8,000 to \$40,000 **per day**. And then you have to pay for those pesky MRI's and Cat scans and other costly medical tests, **and** drugs **and** doctors (usually several) all at very inflated prices. Medipac routinely settles bills in excess of \$100,000 and we receive dozens every month in excess of \$500,000.

As an example, let's say you have some minor chest pain and it results in a visit to the hospital for five days. The total medical costs would be in the range of half a million dollars, really. Complicated surgeries and extended hospital stays can cost more than a million dollars, even in Mexico. Your provincial health care would usually reimburse you a paltry \$500. The very best provinces might reimburse you \$5,000. Who is going to pay the other \$495,000?

### **Medipac is your best hope!**

Medipac travel medical insurance has exceptional benefits, no age limits, **full coverage** for most stable medical conditions, and we automatically provide **free** 24-hour access to our own dedicated medical professionals. **Medipac Assist** is your lifeline in the event of any emergency and we will help you to navigate foreign medical systems and protocols should you ever need us...AND we can, and will, get you home.

**Medipac is more than just a travel insurance policy...much, much more!**

Sincerely,






John Ross Quigley, CEO

*P.S.: Our Annual Add-On benefit includes coverage for additional trips within Canada for up to **6 months** and I personally recommend it. You should also consider our most popular plan – MedipacMAX – for greater protection.*

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# Important Insurance Tips

1. Always read your *Travel Insurance Policy (TIP)* before making your purchase decision, and ensure that you understand the coverages being offered, as well as the policy limitations and exclusions.  
 At Medipac, we're proud of our policy and always include it in our Guide so that clients have the opportunity to review it before buying. **Do not buy any plan without reading, and understanding, its policy first.**
2. Before you purchase any *TIP*, ask about the assistance services – most assistance companies are disinterested third parties that route medical emergency calls to call-centre clerks, rather than to medical professionals.  
 At Medipac Assist, **medical professionals will answer your calls** – much more expensive, of course, but we take our responsibilities seriously! Minutes can save lives.
3. Every *TIP* has limitations and conditions. Ensure that you understand the pre-existing condition clause of your *TIP*, and note that these conditions usually apply as of your departure date, not when you purchased the policy. If you purchase an annual plan, these conditions apply to the departure date of each and every trip.  
 Medipac's **90-day stability period** is one of the fairest and most liberal pre-existing condition clauses\* in the industry.
4. The “definitions” section of some *TIPs* defines “treatment” as including “taking ANY medication.” So if you ARE taking a medication, you will NOT meet the requirements of their pre-existing clause and no coverage is provided for your condition, or anything related to it. Stability really does not matter in these *TIPs*, so beware!  
 The Medipac policy covers most stable and controlled conditions\*, including those for which you take medication, provided they have been stable during the 90 days prior to your effective date. **Make sure you buy insurance that covers your medical condition.**
5. Many *TIPs* have different deductible choices. Deductibles are a good way in which to reduce your premium cost. However, only choose a deductible that you can afford.  
 Medipac offers deductibles from \$0 to \$10,000 USD, with **substantial savings!** See the other sections of this Guide for details, but always choose a deductible that you can afford.

\*See Unstable Pre-Existing Conditions starting on policy page 5



## Important Insurance Tips

6. If you plan to take more than one trip during the upcoming year, consider purchasing an annual plan, rather than applying for travel insurance before each trip. You can save time and money.  
 Medipac's Annual Add-ons are perfect for seasoned and regular travellers who plan to travel more than once during the year, and the **savings can be significant!**
7. If your upcoming birthday places you in the next-higher age band, your premium can increase.  
 You can **save money by departing earlier** than planned, prior to your birthday. Even if you purchase a longer trip, your premium may be lower because you are now in a less costly age band.
8. A dangerous practice is to refuse treatment or not change a drug, despite your doctor's recommendation, because you think that it may affect your insurance.  
 This does not work. If a doctor recommends a change in drugs and you do not accept that change, an insurance company may treat this as an unstable pre-existing condition. A claim may not be paid for that condition. Please, just do what your doctor recommends and **do not sacrifice your health for insurance reasons.**  
Medipac can often provide full coverage if you contact us and explain your situation. See page 11 for information on Individual Underwritten Insurance.
9. Some travellers leave a few days earlier or return home a few days later than they originally expected, without advising their insurance company. What they do not realize is that statistically the two highest incidences of claim are at the beginning and the end of trips.  
 This means no insurance protection when it is needed the most. Many insurance plans will void your insurance if such information is withheld. **Call your insurance company if you have a change of plans.**
10. Many *TIPs* require proof of departure and return. Purchases at "duty free" and using credit cards on your first day away and upon your return home are convenient ways of establishing a record that can be retrieved later.  
 Medipac recommends using a passport for all of your travels, and asking that it be stamped upon entering and leaving any country. **That's indisputable proof!**

*Safe Travelling!*

## ❖ Medipac Assist

- 24-hour, toll-free advice from our experienced medical professionals
- Caring assistance throughout any medical emergency
- Hospital, clinic and physician referrals

## ❖ Benefits up to \$2,000,000 USD including:

- Hospital and Emergency Room Expenses
- Doctor's, Physician's, Chiropractor's and other Practitioner's Care
- Air Ambulance, Ground Ambulance and Paramedic Fees
- Emergency Prescription Drug Coverage
- Return of Your Vehicle (including your trailer or motor home)
- Return of Your Spouse and/or Dependent Children to Canada
- Coverage for COVID-19

## ❖ Discounts and Credits (page 9)

- Claim-Free Discount (available to new clients, too)
- Loyalty Credit

## ❖ Existing Insurance (page 10)

- Top-ups
- Co-insurance
- Federal Superannuate option

## ❖ Coverage Options (pages 12-13)

- MedipacMAX (recommended)
- MedipacPLUS
- Annual Add-on

## ❖ Individualized Underwritten Insurance (page 11)

- For individuals not eligible for Medipac's regular travel insurance plan
- To cover pre-existing conditions that do not meet our stability requirements



# Discounts - Save with Medipac

## Loyalty Credit – Save up to 10%

Medipac is continually working to save money for our clients. As one of our loyal Medipac clients, you can now save up to 10% off of your travel insurance; you will receive a 1% premium credit for each consecutive year in which you purchase Medipac for up to ten years or a total Loyalty Credit of 10%.

*Note: If you were unable to travel in any particular year, advise us in writing. Medipac may still allow a Loyalty Credit.*

## Claim-Free Discount – Save up to 10%

Each year, thousands of Medipac clients qualify for substantial savings under our Claim-Free Discount program – saving hundreds, if not thousands of dollars! Medipac clients will receive a 1% Claim-Free Discount for each consecutive year they purchased Medipac and did not submit a claim, to a maximum of 10%. Also, protect your Claim-Free Discount with MedipacMAX or MedipacPLUS (see page 13).

*Note: A claim less than your deductible is not considered a claim for discount purposes.*

### **Combine all of the above discounts to save up to 20%.**

Save up to 25% in PEI, Nunavut, the Northwest Territories and the Yukon, under our provincial discount program.

## NEW to Medipac? You too can save up to 5%!

As a NEW Medipac client, you may be eligible for Medipac's **Claim-Free Advantage Discount**.

If you have not been hospitalized and have not made a travel medical insurance claim for the past three consecutive years, you may be entitled to savings under this unique program.

Your discount will be based on the number of consecutive years in which you have not made a claim. The initial discount is 3% and will increase by 1% for each additional claim-free year to a maximum of 5%. You must provide Medipac with a written statement confirming the number of years you have not been hospitalized and have remained claim free.

*Discounts do not apply to Annual Add-on rates, MedipacMAX or MedipacPLUS.*

## Existing Insurance? Reduce Your Cost

If you are one of the many travellers who already have some form of travel medical insurance, but with limited coverage, you can choose to modify your plan with Medipac Travel Insurance.

**Co-insurance** – If your existing policy provides coverage for your whole trip, but includes a co-insurance feature that requires you to pay a percentage of any bill (typically 20%), Medipac may be able to pass on significant savings with our Co-insurance Program. Call Medipac and request a special Co-insurance Application Supplement.

**Lifetime Maximum** – Many retirees have medical plans with limited lifetime maximums. If you have such a plan, you may choose to use a portion of your benefits under the plan to pay your Medipac deductible and, by choosing a \$5,000 or \$10,000 deductible, you can substantially reduce your premium. Payment of your deductible will be required up front.

**Top-up Options** – If you have an existing policy that provides for a limited number of travel days, you can have your Medipac policy begin on the day your other coverage expires. Simply select the Effective Date on which you want your Medipac policy to begin and pay the premium for the extra number of days you need to complete your trip. This is called “topping up.”

**WARNING:** In all top-up plans, eligibility conditions and pre-existing conditions will apply as of the effective date of your Medipac Travel Insurance Policy, NOT on your date of departure. If you have a change in your health prior to Medipac's Effective Date of Insurance, you must contact Medipac for a full review.

## Save with Federal Superannuate Credits

Retired federal civil servants, military personnel and retired RCMP officers who participate in the Public Service Health Care Plan (PSHCP) are provided with up to \$1,000,000 CAD in basic travel medical benefits, for the first 40 days of any trip.

Some Superannuates choose to top up their insurance coverage, but if they purchase Medipac for the entire duration of their trip with a \$1,000,000 deductible for the first 40 days, they are covered from their date of departure with Medipac's maximum policy benefit of \$2,000,000 USD and receive a Federal Superannuate Coverage Credit towards their premium. In addition, they receive an out-of-country, 40-day annual plan at no extra cost. The annual plan begins on the Effective Date of Insurance and will be subject to the same deductible for each trip.

### Why choose the credit:

- Double the benefit
- Premium discount for existing coverage
- 40-day, out-of-country annual plan at no extra cost
- Coverage from day one of your trip
- Additional benefits not provided by PSHCP
- 24-hour emergency assistance from Medipac Assist

FEDERAL SUPERANNUATE CREDITS - AVAILABLE FOR TRIPS OVER 40 DAYS									
Age Bands		Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
Deductible	\$99	\$ 45	\$ 82	\$ 113	\$ 158	\$ 188	\$ 308	\$ 413	\$ 672
	\$1,000	38	70	101	141	152	280	378	588
	\$5,000	28	54	77	111	124	202	278	448
	\$10,000	20	42	58	75	89	131	208	311

Medipac provides coverage for emergencies that occur on the dates on which your Medipac policy is in effect, and not for any other period of time. We strongly recommend that you carefully review and understand your other coverage.

# Individual Underwritten Insurance

## For Applicants NOT Eligible for Medipac

Some of Medipac's clients have found it difficult, if not impossible, to purchase proper travel health insurance due to a recent change in their medication, a change in their health status or because of hospitalization during the past year.

**Medipac may be able to help – ask about our Individual Underwritten Insurance.**

If you do not qualify for Medipac's regular policy, or if you want coverage for a "pre-existing condition" that would otherwise be excluded, we invite you to call our Specialty Services department at **1-877-888-5259** and ask for our Individual Underwritten Application. Your Claim-Free Discount and Loyalty Credit will still apply.

## Medipac Assist

The Medipac Assistance "hotline" is a very important service for our clients. Should you ever need to call, you will speak directly with one of our medical professionals who are trained and experienced in critical care. Our medical professionals will help you deal with a sometimes intimidating foreign medical system and can help you to get the appropriate medical care.



## Some of your comments about our Medipac Program

*"I required your company's help one winter whilst travelling back from Texas...I wish for you to pass on my utmost thanks to you and your staff, travelling is made much easier with good coverage insurance-wise."*

Norm

*"I want to thank you for your tremendous assistance you gave me during this episode, I appreciate it very much."*

Richard

*"Thank you for the care and guidance you provided during my illness. Your support was truly appreciated during a trying time."*

Bruce

# Annual Add-on

Medipac offers two great options for frequent travellers: a 23-day Annual Add-on and a 33-day Annual Add-on.

## Save time and money with Medipac's Annual Add-on Options

When you purchase a single trip policy, you can save time when you upgrade your policy with Medipac's Annual Add-on; apply only once for your travel insurance and cover all of the short trips you take during the year.

When you purchase the Annual Add-on, you will also save money! An Annual Add-on will give you the freedom to take an unlimited number of trips outside Canada for one low price. Depending on which Annual Add-on you choose, you can take an unlimited number of trips 23 or 33 days\* in length outside Canada, and trips up to 182 days\* in length within Canada, outside of your home province.

*\*If one of the trips under your Annual Add-on exceeds the maximum number of per-trip days (23 or 33) you MUST call Medipac and apply to extend or top up your coverage for that trip.*

## Need Separate Annual Coverage?

To get your 23-day or 33-day annual plan, simply buy either a 22-24 day or a 31-33 day Medipac Travel Insurance Policy, add the Annual Add-on rate and indicate the date on which you wish your annual coverage to begin. It's that simple! *See page 43 for short term rates.*

*To purchase a 23-day Annual Add-on you must buy a minimum 22-24 day single trip plan.*

*To purchase a 33-day Annual Add-on you must buy a minimum 31-33 day plan.*

**Did You Know** that our provincial health insurance plans **DO NOT COVER** many emergency expenses incurred in Canada (outside your province of residence), such as medication, ambulance, paramedical services or air evacuations? Medipac does! Your Medipac policy also covers additional non-medical costs for all of your trips, including return of your vehicle, bringing a family member to your bedside, out-of-pocket expenses and emergency dental expenses.

## Convenient Features

- You can choose to have your Annual Add-on begin at any time between your purchase date and your Effective Date.
- Extensions and top-ups are available for trips under your Annual Add-on.
- You are not required to notify Medipac before you depart on any short trip covered under your Annual Add-on. You are, however, required to provide **proof of your trip start date**, in the event of a claim.



**Please remember that the Pre-Existing Condition clauses apply prior to each and every trip (see Unstable Pre-Existing Conditions starting on policy page 5).**

*Annual Add-on rates can be found on all rate tables. The Annual Add-on can be used alone, extended or topped up for every other trip but cannot be used in combination with the Single Trip with which it is purchased.*

*The premium for the Annual Add-on cannot be refunded once coverage begins.*

# MedipacMAX and MedipacPLUS

## MEDIPAC MAX

## \$ 147

MedipacMAX is a MUST-have option for all policies. For only \$147, your policy maximum benefit increases to \$5 million USD, which includes coverage for COVID-19.

MedipacMAX also includes 8 additional enhanced benefits listed below. When combined with Medipac's discounts, MedipacMAX provides the most coverage at great rates.

**1) Claim-Free Discount Protection:** Each year that you purchase Medipac and remain claim free, you earn a 1% discount, up to 10%. This is in addition to the Loyalty Credits you will earn – up to 10%. Many clients already save hundreds, even thousands of dollars, with each purchase. MedipacMAX will protect you from losing your discounts from a single claim in a policy period.

**2) Inpatient Rehabilitation Benefit:** In the event you suffer an accidental orthopedic injury while out of country and require rehab, you will be reimbursed up to \$5,000 for the cost of inpatient rehabilitation.

**3) Accidental Death Insurance:**  
A \$10,000 CAD death benefit will be paid to your estate if you die as a result of an accidental injury while you are on your MedipacMAX insured trip.

**4) Relocation Benefit:** In the event a disaster caused by a hurricane, flood, forest fire, sinkhole or earthquake causes your principal dwelling to become uninhabitable, you will be reimbursed up to \$5,000 for temporary accommodations and transportation.

**5) Return To Canada Benefit:** If, after you leave Canada, a member of your immediate family who is not travelling with you dies or a natural disaster causes your principal residence to become uninhabitable, you will be reimbursed for economy-class return airfare to a maximum of \$4,000 to fly you from your vacation destination to Canada and back. This benefit also provides coverage for ground transportation expenses.

**6) Canadian Hospitalization Benefit:** If Medipac returns you to Canada for medical reasons and you are hospitalized within three days of your return to Canada, you will be paid \$200 CAD per day to a maximum of \$2,000 CAD.

**7) Pet Benefit:** If Medipac returns you to Canada for medical reasons, you will be reimbursed up to \$1,500 to return your pet(s) to Canada. If you have a claim under the MedipacMAX Return to Canada benefit (above), you will be reimbursed the cost of boarding your pet(s) for one week to a maximum of \$1,000 while you are in Canada.

**8) Excess Luggage Benefit:** If Medipac returns you to Canada for medical reasons and you are unable to return your luggage to Canada by any other means, you will be reimbursed up to \$1,000 for the cost to return your excess luggage.

## MEDIPAC PLUS

## \$ 59

MedipacPLUS is a good addition to any Medipac policy. MedipacPLUS includes the benefits listed above, with two exceptions; 1) the maximum benefit of your policy would be increased to \$5 million USD with coverage for COVID-19 limited to \$2 million USD, and 2) the coverage listed under benefits 2 through 8 would be limited to the following amounts: Inpatient Rehabilitation Benefit - \$2,500; Accidental Death Insurance benefit - \$5,000 CAD; Relocation Benefit - \$2,500; Return To Canada Benefit - \$2,000; Canadian Hospitalization Benefit - \$100 per day up to \$1,000 CAD; Pet Benefit - \$750 to return your pet or \$500 for boarding; and Excess Luggage Benefit - \$500.

# Preferred PLUS Rates - \$ 99 USD Deductible

For Short Term rates see page 43

Zero Deductible add 10%  
to \$99 Deductible Rates

TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	\$ 204	\$ 278	\$ 338	\$ 363	\$ 552	\$ 762	\$ 1,389	\$ 2,525
51-60	240	328	387	429	661	919	1,609	2,742
61-66	283	388	473	528	758	1,094	1,804	3,103
67-75	333	469	547	625	891	1,254	2,150	3,495
76-82	377	507	591	685	989	1,368	2,454	3,834
83-90	416	545	616	758	1,068	1,529	2,670	4,111
91-96	437	581	676	851	1,184	1,760	2,903	4,343
97-105	485	622	707	909	1,309	1,889	3,048	4,866
106-112	530	663	757	994	1,417	2,043	3,274	5,293
113-120	581	745	842	1,048	1,554	2,227	3,567	5,828
121-126	632	815	948	1,139	1,667	2,366	3,884	6,299
127-135	677	893	1,055	1,221	1,799	2,460	4,110	6,723
136-142	714	968	1,151	1,289	1,924	2,622	4,428	7,297
143-150	745	1,016	1,222	1,377	2,090	2,820	4,751	7,770
151-156	789	1,055	1,299	1,488	2,263	2,998	4,963	8,247
157-165	845	1,121	1,365	1,550	2,370	3,123	5,115	8,631
166-175	914	1,176	1,418	1,640	2,513	3,224	5,292	9,120
176-183	947	1,217	1,492	1,747	2,698	3,436	5,636	9,662
184-190	1,043	1,311	1,599	1,815	2,815	3,531	5,796	10,360
191-200	1,154	1,455	1,725	1,947	3,171	3,799	6,345	11,343
201-212	1,328	1,694	1,971	2,213	3,658	4,198	7,102	12,725

Trips in excess of 183 days are available to residents of all provinces and territories **except** QC, PEI and NU.

## ANNUAL ADD-ON RATES

23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 65	\$ 70	\$ 89	\$ 111	\$ 142	\$ 196	\$ 301	\$ 374
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 89	\$ 99	\$ 130	\$ 160	\$ 206	\$ 281	\$ 437	\$ 549

# Preferred PLUS Rates - \$ 1,000 USD Deductible

For Short Term rates see page 43

TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	\$ 194	\$ 255	\$ 308	\$ 341	\$ 490	\$ 680	\$ 1,232	\$ 2,169
51-60	206	278	332	372	560	805	1,388	2,356
61-66	241	325	399	446	640	975	1,548	2,680
67-75	302	391	461	546	755	1,114	1,812	3,048
76-82	329	432	501	614	870	1,229	2,054	3,298
83-90	351	445	519	658	921	1,338	2,256	3,517
91-96	376	482	554	719	1,019	1,531	2,486	3,803
97-105	415	503	598	777	1,109	1,635	2,624	4,198
106-112	454	547	629	841	1,227	1,779	2,812	4,545
113-120	498	606	706	894	1,341	1,944	3,091	4,926
121-126	542	675	828	967	1,411	2,079	3,345	5,354
127-135	583	749	926	1,030	1,485	2,150	3,545	5,732
136-142	617	808	965	1,096	1,620	2,277	3,815	6,246
143-150	643	836	1,016	1,173	1,773	2,438	4,113	6,685
151-156	677	855	1,082	1,259	1,906	2,608	4,291	7,076
157-165	726	925	1,131	1,298	2,021	2,710	4,421	7,446
166-175	776	948	1,186	1,351	2,137	2,815	4,564	7,873
176-183	826	983	1,241	1,440	2,246	2,989	4,841	8,391
184-190	875	1,071	1,314	1,497	2,378	3,074	4,979	8,930
191-200	992	1,217	1,461	1,649	2,685	3,316	5,450	9,733
201-212	1,147	1,415	1,670	1,874	3,098	3,674	6,096	10,887
Trips in excess of 183 days are available to residents of all provinces and territories <b>except</b> QC, PEI and NU.								
ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 55	\$ 68	\$ 80	\$ 95	\$ 119	\$ 173	\$ 262	\$ 325
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 72	\$ 89	\$ 116	\$ 136	\$ 172	\$ 251	\$ 385	\$ 481



# Preferred PLUS Rates - \$ 5,000 USD Deductible

For Short Term rates see page 43

TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	\$ 170	\$ 210	\$ 262	\$ 295	\$ 415	\$ 562	\$ 957	\$ 1,758
51-60	179	248	303	340	496	669	1,116	1,975
61-66	215	295	342	411	566	775	1,309	2,244
67-75	250	343	392	488	647	884	1,516	2,575
76-82	283	368	421	536	706	972	1,679	2,756
83-90	312	399	464	582	752	1,075	1,826	2,895
91-96	328	434	502	645	827	1,214	2,019	3,115
97-105	363	459	534	685	891	1,285	2,096	3,623
106-112	395	486	575	730	981	1,395	2,259	3,809
113-120	426	546	629	784	1,094	1,531	2,484	4,198
121-126	454	597	723	844	1,179	1,642	2,680	4,468
127-135	475	637	765	859	1,270	1,699	2,816	4,838
136-142	499	679	805	905	1,346	1,811	3,017	5,278
143-150	531	698	843	957	1,456	1,950	3,253	5,584
151-156	562	720	895	1,029	1,554	2,060	3,393	5,932
157-165	591	760	948	1,061	1,633	2,123	3,448	6,240
166-175	635	799	977	1,129	1,698	2,213	3,633	6,580
176-183	674	823	999	1,198	1,841	2,363	3,872	6,960
184-190	722	897	1,071	1,239	1,942	2,435	3,998	7,479
191-200	808	1,019	1,159	1,342	2,185	2,624	4,380	8,151
201-212	881	1,187	1,337	1,527	2,518	2,915	4,906	9,148

Trips in excess of 183 days are available to residents of all provinces and territories **except** QC, PEI and NU.

## ANNUAL ADD-ON RATES

23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 48	\$ 58	\$ 67	\$ 77	\$ 97	\$ 137	\$ 201	\$ 264
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 59	\$ 81	\$ 96	\$ 110	\$ 143	\$ 199	\$ 296	\$ 389

# Preferred PLUS Rates - \$ 10,000 USD Deductible

For Short Term rates see page 43

TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	\$ 155	\$ 192	\$ 239	\$ 263	\$ 356	\$ 516	\$ 883	\$ 1,519
51-60	160	215	262	289	397	595	981	1,714
61-66	179	237	298	331	471	698	1,128	1,951
67-75	207	255	323	410	559	801	1,351	2,234
76-82	234	287	350	457	624	878	1,495	2,415
83-90	261	318	380	488	684	957	1,641	2,659
91-96	278	354	408	544	756	1,089	1,813	2,882
97-105	304	384	427	567	821	1,180	1,876	3,160
106-112	330	421	468	616	890	1,285	2,043	3,350
113-120	363	456	539	659	989	1,395	2,252	3,649
121-126	394	508	598	721	1,060	1,489	2,435	3,933
127-135	416	551	657	762	1,133	1,544	2,576	4,068
136-142	444	584	711	811	1,234	1,635	2,737	4,588
143-150	467	616	760	865	1,328	1,762	2,958	4,863
151-156	493	639	801	931	1,416	1,867	3,095	5,158
157-165	515	678	840	962	1,482	1,919	3,148	5,412
166-175	560	717	884	1,009	1,571	2,017	3,296	5,732
176-183	599	750	912	1,075	1,667	2,145	3,532	5,999
184-190	639	799	948	1,099	1,758	2,259	3,618	6,487
191-200	727	911	1,078	1,216	1,983	2,377	3,964	7,092
201-212	833	1,055	1,232	1,382	2,287	2,634	4,443	7,956

Trips in excess of 183 days are available to residents of all provinces and territories **except** QC, PEI and NU.

## ANNUAL ADD-ON RATES

23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 44	\$ 52	\$ 59	\$ 67	\$ 84	\$ 115	\$ 168	\$ 210
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 49	\$ 73	\$ 83	\$ 96	\$ 121	\$ 168	\$ 247	\$ 312

# Preferred Rates - \$99 USD Deductible

For Short Term rates see page 43

Zero Deductible add 10%  
to \$99 Deductible Rates

TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	\$ 398	\$ 484	\$ 578	\$ 806	\$ 1,121	\$ 1,430	\$ 2,154	\$ 3,502
51-60	514	564	695	956	1,311	1,659	2,437	4,038
61-66	548	628	775	1,042	1,466	1,861	2,849	4,499
67-75	604	727	885	1,159	1,634	2,050	3,262	5,077
76-82	706	781	947	1,234	1,790	2,276	3,697	5,585
83-90	781	845	1,010	1,323	1,909	2,522	4,020	6,120
91-96	828	905	1,095	1,443	2,077	2,799	4,555	6,745
97-105	888	991	1,215	1,565	2,328	3,018	4,932	7,398
106-112	940	1,104	1,367	1,690	2,563	3,290	5,325	7,978
113-120	1,018	1,243	1,538	1,817	2,757	3,549	5,798	8,551
121-126	1,084	1,355	1,738	1,951	3,018	3,745	6,294	9,144
127-135	1,177	1,467	1,882	2,080	3,269	4,019	6,697	9,757
136-142	1,266	1,619	2,036	2,224	3,519	4,289	7,117	10,276
143-150	1,331	1,761	2,232	2,375	3,729	4,575	7,599	11,132
151-156	1,409	1,914	2,392	2,519	3,964	4,850	7,922	11,960
157-165	1,501	2,059	2,529	2,638	4,227	5,090	8,293	12,623
166-175	1,617	2,212	2,685	2,862	4,493	5,363	8,676	13,295
176-183	1,715	2,345	2,849	3,126	4,727	5,630	9,073	13,968
184-190	1,882	2,511	3,036	3,399	5,123	6,030	9,589	14,667
191-200	2,104	2,777	3,291	3,761	5,775	6,508	10,480	15,897
201-212	2,438	3,148	3,843	4,320	6,461	7,038	11,705	17,780

Trips in excess of 183 days are available to residents of all provinces and territories **except** QC, PEI and NU.

## ANNUAL ADD-ON RATES

23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 79	\$ 92	\$ 126	\$ 172	\$ 220	\$ 322	\$ 425	\$ 554
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 110	\$ 131	\$ 177	\$ 249	\$ 318	\$ 470	\$ 623	\$ 815

# Preferred Rates - \$ 1,000 USD Deductible

For Short Term rates see page 43

TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	\$ 346	\$ 422	\$ 501	\$ 646	\$ 975	\$ 1,218	\$ 1,822	\$ 3,039
51-60	438	495	603	806	1,104	1,437	2,072	3,462
61-66	471	536	673	915	1,272	1,591	2,436	3,922
67-75	527	628	788	1,018	1,425	1,755	2,789	4,404
76-82	599	705	820	1,081	1,575	1,946	3,162	4,899
83-90	662	740	858	1,146	1,668	2,160	3,525	5,292
91-96	712	786	906	1,228	1,760	2,389	3,886	5,848
97-105	758	836	962	1,363	2,011	2,606	4,213	6,406
106-112	805	902	1,075	1,486	2,219	2,812	4,549	6,916
113-120	852	1,003	1,289	1,598	2,386	3,041	4,961	7,411
121-126	904	1,080	1,460	1,659	2,619	3,251	5,374	7,924
127-135	956	1,192	1,533	1,798	2,845	3,437	5,843	8,456
136-142	1,031	1,317	1,660	1,952	3,042	3,624	6,233	8,907
143-150	1,083	1,431	1,810	2,075	3,232	3,884	6,580	9,648
151-156	1,161	1,543	1,955	2,198	3,422	4,142	6,832	10,194
157-165	1,221	1,709	2,083	2,283	3,671	4,381	7,038	10,938
166-175	1,299	1,805	2,208	2,573	3,898	4,606	7,497	11,616
176-183	1,384	1,903	2,297	2,856	4,127	4,823	7,664	12,209
184-190	1,528	2,039	2,448	3,254	4,443	5,090	8,122	12,705
191-200	1,706	2,258	2,653	3,721	4,947	5,463	8,787	13,787
201-212	1,950	2,561	3,072	4,308	5,596	6,001	10,001	15,398
Trips in excess of 183 days are available to residents of all provinces and territories <b>except</b> QC, PEI and NU.								
ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 65	\$ 75	\$ 109	\$ 141	\$ 177	\$ 255	\$ 346	\$ 482
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 89	\$ 107	\$ 156	\$ 202	\$ 258	\$ 371	\$ 509	\$ 714

# Preferred Rates - \$5,000 USD Deductible

For Short Term rates see page 43

TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	\$ 272	\$ 334	\$ 419	\$ 533	\$ 768	\$ 974	\$ 1,469	\$ 2,470
51-60	347	389	476	662	916	1,135	1,693	2,793
61-66	381	430	536	730	1,020	1,289	1,919	3,099
67-75	410	501	596	803	1,131	1,426	2,264	3,579
76-82	490	544	634	863	1,255	1,563	2,563	3,996
83-90	541	578	680	907	1,331	1,755	2,775	4,293
91-96	571	627	747	974	1,401	1,933	3,148	4,747
97-105	609	686	844	1,084	1,608	2,099	3,394	5,196
106-112	649	759	968	1,174	1,766	2,276	3,672	5,589
113-120	705	865	1,106	1,252	1,901	2,443	4,010	6,012
121-126	751	936	1,227	1,354	2,096	2,591	4,381	6,422
127-135	795	1,020	1,298	1,407	2,271	2,797	4,737	6,867
136-142	878	1,136	1,445	1,530	2,422	2,959	5,047	7,241
143-150	926	1,217	1,542	1,659	2,581	3,172	5,338	7,834
151-156	975	1,319	1,659	1,759	2,742	3,358	5,546	8,418
157-165	1,041	1,455	1,796	1,998	2,930	3,552	5,824	8,887
166-175	1,109	1,544	1,911	2,220	3,150	3,742	6,055	9,436
176-183	1,182	1,598	1,996	2,399	3,243	3,918	6,235	9,887
184-190	1,299	1,739	2,137	2,618	3,544	4,125	6,570	10,313
191-200	1,457	1,922	2,316	2,933	3,953	4,498	7,122	11,190
201-212	1,687	2,178	2,515	3,249	4,467	5,080	8,106	12,441

Trips in excess of 183 days are available to residents of all provinces and territories **except** QC, PEI and NU.

## ANNUAL ADD-ON RATES

23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 55	\$ 72	\$ 89	\$ 115	\$ 144	\$ 210	\$ 280	\$ 388
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 78	\$ 103	\$ 130	\$ 160	\$ 208	\$ 306	\$ 415	\$ 573

# Preferred Rates - \$10,000 USD Deductible

For Short Term rates see page 43

TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	\$ 252	\$ 299	\$ 357	\$ 463	\$ 698	\$ 896	\$ 1,336	\$ 2,198
51-60	311	332	392	587	847	1,024	1,530	2,525
61-66	343	389	446	662	939	1,138	1,780	2,828
67-75	381	422	495	735	1,026	1,288	2,040	3,172
76-82	444	499	570	780	1,137	1,426	2,318	3,553
83-90	488	525	626	828	1,206	1,581	2,517	3,832
91-96	532	563	727	884	1,308	1,757	2,851	4,220
97-105	560	623	806	970	1,456	1,908	3,087	4,624
106-112	592	691	838	1,073	1,603	2,049	3,327	4,987
113-120	636	789	959	1,136	1,719	2,213	3,632	5,345
121-126	679	849	1,075	1,198	1,886	2,351	3,932	5,717
127-135	736	918	1,178	1,316	2,055	2,517	4,276	6,103
136-142	781	998	1,296	1,406	2,198	2,683	4,556	6,489
143-150	834	1,095	1,392	1,499	2,329	2,857	4,790	6,947
151-156	879	1,194	1,505	1,684	2,477	3,032	4,998	7,466
157-165	941	1,280	1,610	1,926	2,640	3,198	5,236	7,893
166-175	999	1,376	1,736	2,152	2,819	3,374	5,455	8,382
176-183	1,070	1,449	1,810	2,333	2,962	3,527	5,616	8,796
184-190	1,178	1,564	1,916	2,465	3,198	3,725	5,945	9,171
191-200	1,317	1,738	2,094	2,709	3,574	4,074	6,428	9,948
201-212	1,527	1,961	2,398	3,085	4,025	4,395	7,316	11,108
Trips in excess of 183 days are available to residents of all provinces and territories except QC, PEI and NU.								
ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 48	\$ 63	\$ 78	\$ 99	\$ 123	\$ 179	\$ 234	\$ 318
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 68	\$ 93	\$ 117	\$ 149	\$ 179	\$ 261	\$ 343	\$ 470

# Standard Rates - \$99 USD Deductible

For Short Term rates see page 43

Zero Deductible add 10%  
to \$99 Deductible Rates

TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	\$ 511	\$ 540	\$ 762	\$ 916	\$ 1,239	\$ 1,721	\$ 2,663	\$ 4,461
51-60	542	720	899	1,075	1,498	2,090	3,098	5,049
61-66	645	837	991	1,215	1,741	2,365	3,464	5,827
67-75	685	928	1,121	1,409	1,999	2,607	3,868	6,624
76-82	786	1,063	1,256	1,526	2,282	2,977	4,227	7,351
83-90	882	1,141	1,338	1,688	2,448	3,342	4,733	8,101
91-96	930	1,195	1,435	1,824	2,609	3,628	5,135	8,949
97-105	1,033	1,316	1,646	2,098	2,991	3,940	5,656	9,980
106-112	1,147	1,453	1,782	2,320	3,321	4,270	6,073	10,792
113-120	1,198	1,587	1,920	2,475	3,485	4,580	6,532	11,616
121-126	1,283	1,726	2,079	2,619	3,659	4,888	7,070	12,153
127-135	1,365	1,822	2,310	2,874	3,997	5,207	7,677	13,243
136-142	1,498	1,894	2,463	3,054	4,325	5,519	8,303	14,109
143-150	1,572	1,995	2,622	3,289	4,751	5,832	8,847	15,495
151-156	1,628	2,126	2,761	3,457	5,149	6,215	9,518	16,406
157-165	1,741	2,298	3,058	3,639	5,664	6,613	10,415	17,758
166-175	1,873	2,442	3,348	3,863	5,861	7,059	11,201	18,920
176-183	1,960	2,633	3,624	4,112	6,176	7,557	11,724	19,584
184-190	2,092	2,898	3,981	4,589	6,896	8,327	12,790	20,672
191-200	2,442	3,263	4,519	5,031	7,958	9,281	14,294	22,958
201-212	2,845	3,621	5,161	5,860	9,221	10,571	16,424	25,493

Trips in excess of 183 days are available to residents of all provinces and territories **except** QC, PEI and NU.

## ANNUAL ADD-ON RATES

23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 135	\$ 148	\$ 178	\$ 229	\$ 344	\$ 500	\$ 704	\$ 1,040
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 190	\$ 210	\$ 260	\$ 330	\$ 496	\$ 729	\$ 1,031	\$ 1,531



# Standard Rates - \$1,000 USD Deductible

For Short Term rates see page 43

TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	\$ 399	\$ 511	\$ 649	\$ 727	\$ 1,087	\$ 1,499	\$ 2,338	\$ 3,781
51-60	444	599	760	903	1,299	1,806	2,682	4,239
61-66	486	674	872	1,029	1,488	2,052	2,999	4,871
67-75	540	775	989	1,175	1,696	2,255	3,335	5,559
76-82	606	839	1,074	1,298	1,891	2,628	3,656	6,145
83-90	692	892	1,145	1,434	2,062	2,915	4,092	6,796
91-96	731	952	1,248	1,567	2,268	3,179	4,425	7,349
97-105	855	1,037	1,383	1,790	2,513	3,423	4,888	8,369
106-112	899	1,141	1,510	1,975	2,754	3,743	5,248	9,063
113-120	945	1,245	1,599	2,107	2,979	4,013	5,643	9,746
121-126	999	1,330	1,749	2,294	3,225	4,266	6,112	10,195
127-135	1,078	1,397	1,943	2,471	3,498	4,571	6,628	11,117
136-142	1,177	1,484	2,097	2,599	3,682	4,828	7,182	11,853
143-150	1,229	1,536	2,221	2,791	4,059	5,110	7,640	13,019
151-156	1,283	1,618	2,351	2,945	4,385	5,430	8,230	13,796
157-165	1,361	1,764	2,598	3,087	4,824	5,798	8,990	14,912
166-175	1,472	1,916	2,857	3,290	4,996	6,166	9,677	15,887
176-183	1,536	2,048	3,037	3,547	5,269	6,635	10,115	16,446
184-190	1,638	2,277	3,340	3,899	5,872	7,293	11,046	17,598
191-200	1,913	2,560	3,653	4,243	6,779	8,133	12,348	18,897
201-212	2,233	2,843	4,324	4,994	7,856	9,265	14,191	19,568
Trips in excess of 183 days are available to residents of <b>all</b> provinces and territories <b>except</b> QC, PEI and NU.								
ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 115	\$ 133	\$ 162	\$ 197	\$ 291	\$ 434	\$ 607	\$ 923
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 161	\$ 189	\$ 231	\$ 283	\$ 425	\$ 633	\$ 893	\$ 1,364

# Standard Rates - \$5,000 USD Deductible

For Short Term rates see page 43

TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	\$ 352	\$ 448	\$ 547	\$ 632	\$ 818	\$ 1,182	\$ 1,827	\$ 3,138
51-60	371	487	603	736	1,020	1,457	2,114	3,560
61-66	443	589	693	833	1,197	1,623	2,381	4,097
67-75	472	678	790	946	1,374	1,806	2,637	4,670
76-82	529	728	857	1,045	1,550	2,059	2,898	5,182
83-90	599	774	946	1,159	1,682	2,292	3,254	5,695
91-96	640	817	1,020	1,266	1,839	2,490	3,526	6,178
97-105	740	906	1,145	1,439	2,054	2,697	3,882	7,026
106-112	788	998	1,234	1,588	2,254	2,930	4,174	7,594
113-120	831	1,091	1,331	1,698	2,398	3,115	4,485	8,190
121-126	880	1,191	1,440	1,811	2,541	3,334	4,866	8,575
127-135	940	1,237	1,575	1,954	2,751	3,562	5,269	9,297
136-142	1,024	1,298	1,688	2,099	2,966	3,837	5,702	9,942
143-150	1,079	1,339	1,803	2,264	3,271	3,997	6,043	10,926
151-156	1,125	1,416	1,890	2,366	3,538	4,262	6,537	11,598
157-165	1,195	1,553	2,098	2,493	3,835	4,548	7,069	12,522
166-175	1,287	1,676	2,294	2,644	4,026	4,841	7,693	13,341
176-183	1,347	1,798	2,497	2,844	4,273	5,198	8,057	13,761
184-190	1,434	1,991	2,735	3,151	4,734	5,717	8,777	14,521
191-200	1,658	2,232	3,088	3,456	5,452	6,367	9,814	16,582
201-212	1,944	2,487	3,543	4,016	6,329	7,165	11,275	17,943

Trips in excess of 183 days are available to residents of all provinces and territories **except** QC, PEI and NU.

## ANNUAL ADD-ON RATES

23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 89	\$ 102	\$ 131	\$ 161	\$ 241	\$ 345	\$ 479	\$ 728
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 126	\$ 145	\$ 188	\$ 231	\$ 349	\$ 502	\$ 704	\$ 1,078

# Standard Rates - \$10,000 USD Deductible

For Short Term rates see page 43

TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	\$ 316	\$ 391	\$ 471	\$ 588	\$ 739	\$ 1,092	\$ 1,653	\$ 2,735
51-60	336	441	547	672	965	1,318	1,913	3,126
61-66	391	511	609	749	1,099	1,463	2,151	3,598
67-75	426	599	708	862	1,239	1,595	2,395	4,107
76-82	478	641	765	947	1,374	1,806	2,631	4,557
83-90	546	689	822	1,028	1,535	2,017	2,938	5,020
91-96	593	736	911	1,146	1,651	2,248	3,194	5,417
97-105	652	810	1,040	1,297	1,833	2,418	3,506	6,071
106-112	712	893	1,129	1,434	2,038	2,649	3,763	6,669
113-120	746	983	1,206	1,534	2,171	2,829	4,051	7,198
121-126	778	1,066	1,304	1,626	2,282	3,026	4,380	7,539
127-135	851	1,106	1,398	1,749	2,475	3,228	4,761	8,097
136-142	930	1,171	1,526	1,896	2,683	3,464	5,142	8,753
143-150	976	1,217	1,627	2,032	2,946	3,616	5,482	9,616
151-156	1,012	1,275	1,713	2,143	3,193	3,831	5,878	10,125
157-165	1,079	1,381	1,896	2,255	3,444	4,092	6,456	10,996
166-175	1,159	1,499	2,078	2,392	3,628	4,380	6,928	11,710
176-183	1,217	1,638	2,252	2,572	3,836	4,666	7,275	12,150
184-190	1,298	1,797	2,471	2,844	4,277	5,163	7,922	12,786
191-200	1,513	2,021	2,799	3,119	4,935	5,754	8,816	14,211
201-212	1,764	2,246	3,200	3,636	5,718	6,551	10,183	15,805
Trips in excess of 183 days are available to residents of all provinces and territories <b>except</b> QC, PEI and NU.								
ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 78	\$ 89	\$ 111	\$ 137	\$ 205	\$ 292	\$ 403	\$ 595
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	\$ 109	\$ 126	\$ 159	\$ 198	\$ 296	\$ 426	\$ 591	\$ 879



## 2024-2025 Travel Emergency Medical Insurance Policy

Please read the policy carefully.  
Certain conditions, limitations and exclusions apply.

The following 11 pages contain  
the actual policy text.

Underwritten by:  
Old Republic Insurance Company of Canada

Please read this policy carefully for an understanding of the coverage provided. **You may cancel Your policy within 10 days of the purchase date with a full return of premium provided You have not departed on Your Trip and there is no claim in progress.** This policy is underwritten by Old Republic Insurance Company of Canada, which has appointed Medipac International Inc. (Medipac) to perform certain administrative services, including enrolment and customer service, and Medipac Assistance International Inc. (Medipac Assist) to perform all assistance and claims services. The *Company* will pay benefits specified subject to the exclusions, limitations, definitions and other provisions of this policy. For an understanding of the exclusions, please refer to “WHAT IS NOT COVERED” and “GENERAL LIMITATIONS”. The section titled “THE DEFINITIONS” provides an explanation of the words and phrases shown in italics.

This coverage is available to Canadian residents only and must be purchased prior to the Date of Departure and from within Canada. *You* must be covered under the Government Health Insurance Plan of the Canadian province or territory in which *You* reside. Family coverage is available to *You* (if under age 56), *Your Spouse* and *Your Children*. All family members must be named on *Your Policy*. *Children* must be accompanied by either *You* or *Your Spouse*. A *Spouse* over age 55 is not covered by a family policy.

This policy covers *Reasonable Expenses* incurred by *You* outside *Your* province or territory of principal residence; that result from a *Medical Emergency*, including COVID-19, occurring during the period of coverage (as explained below); and that *You* incur for *Medically Necessary Medical Treatment*.

This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

This insurance policy is in force only if Medipac has received *Your* completed application and premium; *You* have met the policy eligibility criteria; and a policy has been issued.

## PERIOD OF COVERAGE

For the **Single Trip Plan**, *Your* insurance coverage begins at 12:01 a.m. on *Your Effective Date of Insurance* as set out in *Your* application for insurance and cannot begin earlier unless *You* notify Medipac in advance. *Your* insurance ends on the earlier of: (a) 11:59 p.m. on the scheduled return date set out in *Your* application for

insurance; (b) the date *You* return to Canada for any medical reason. Once treatment ends *You* may apply to Medipac Assist to have *Your* policy reinstated. To be valid, a policy endorsement is required.

If, during the **Single Trip Plan**, *You* return to *Your* province or territory of residence for any other reason and resume travel, this insurance does not provide coverage for any *Medical Emergency* concerning, relating to, caused by or arising from any medical or physical condition for which *You* received *Medical Attention* while in *Your* province or territory of residence. The number of days *You* return to *Your* province or territory of residence cannot be refunded.

If *You* have purchased the **Annual Add-on** in addition to the **Single Trip Plan**, then for every **other Trip**:

**1. Outside Canada**, *Your* insurance coverage begins at 12:01 a.m. on each day *You* leave Canada during the 365-day period beginning on *Your Effective Date of Insurance*. *Your* coverage ends on the earlier of: (a) 364 days after *Your Effective Date of Insurance*; (b) the date *You* return to Canada; (c) 12:01 a.m. 23 days after the date *You* leave Canada (if *You* purchased the 23-day Annual Add-on); or (d) 12:01 a.m. 33 days after the date *You* leave Canada (if *You* purchased the 33-day Annual Add-on).

**2. Within Canada**, *Your* insurance coverage begins at 12:01 a.m. on each day *You* leave *Your* Canadian province or territory of principal residence during the 365-day period beginning on *Your Effective Date of Insurance*. *Your* coverage ends on the earlier of: (a) 364 days after *Your Effective Date of Insurance*; (b) the date *You* return to *Your* Canadian province or territory of principal residence; or (c) 12:01 a.m. 182 days after the date *You* leave *Your* Canadian province or territory of principal residence.

The period of coverage is subject to the automatic extension provision explained in “WHAT HAPPENS TO MY INSURANCE COVERAGE IF I AM HOSPITALIZED AND CANNOT RETURN ON MY SCHEDULED RETURN DATE?”

The insurance coverage must be purchased for the entire duration of *Your Trip*, unless otherwise expressly stated in this policy.

If *You* have purchased the Annual Add-on in addition to the **Single Trip Plan**, *You* can extend any single *Trip* during *Your* policy's 365-day period. When extending *Your* Annual Add-on, the same coverage type and deductible option **MUST** apply. *Your* Annual Add-on cannot be used in combination with *Your* **Single Trip Plan**.

## WHAT SHOULD I DO IF I NEED TO SEEK TREATMENT WHILE TRAVELLING?

You **MUST** notify Medipac Assist **PRIOR** to seeking *Medical Treatment* – keep Your policy number and the following telephone numbers easily accessible.

1-800-813-9374 (U.S. and Canada)

416-441-6337 (collect or direct from all other locations).

**Failure to call Medipac Assist will result in reimbursement of only 75% of all eligible Covered Expenses to a maximum of \$50,000 USD.**

If You are not able to call because You are medically incapacitated, You or someone on Your behalf **MUST** contact Medipac Assist as soon as reasonably possible. Do not assume that someone has called Medipac Assist on Your behalf; it remains Your responsibility to ensure that Medipac Assist has been contacted.

All medical procedures and/or tests (**including but not limited to** MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram, Angioplasty or Cardiac Catheterization or **ANY** surgery) **MUST** be authorized by Medipac Assist in advance. Reimbursement is subject to the terms and conditions of this policy.

Whenever possible, Medipac Assist will:

- verify Your insurance coverage;
- direct You or transfer You to one of our network of *Hospitals, Physicians* or other medical providers and help to manage Your emergency medical claim;
- provide multilingual interpreters to communicate with *Physicians* and *Hospitals* in foreign countries;
- contact Your family and *Physician*;
- pay *Covered Expenses* directly to *Hospitals, Physicians* and other medical providers on Your behalf;
- monitor Your medical condition;
- arrange for return transportation to a *Hospital* in Canada, if necessary.

A *Medical Treatment* plan will be developed to provide *Medically Necessary Medical Treatment* in a managed care setting.

You **MUST** provide authorization for the release of medical records and information from Your attending *Physician(s)* (including any test results, hospital and pharmaceutical records). No benefits will be payable under this policy without the required information.

## THE DEFINITIONS

The following words have specific meanings:

**“Children”** means unmarried dependent sons or

daughters, or grandchildren, who are under the age of 19 and are full-time students; or dependent sons, daughters or grandchildren of any age who are mentally or physically disabled. All *Children* must have been born at least 3 months prior to Your *Effective Date of Insurance* or Your *Trip Start Date*.

**“Company”** means Old Republic Insurance Company of Canada.

**“Covered Expense”** means *Reasonable Expenses* in excess of the Government Health Insurance Plan of the Canadian province or territory in which You reside, any other Insurance Plan with the same or similar coverage provided under this policy, or any private or provincial or territorial Auto Insurance Plan for supplies, treatment or services listed in The Benefits section subject to policy limitations.

**“Deductible Amount”** means the amount of *Covered Expenses* that You will be responsible for paying. *Covered Expenses* are first paid by Your Government Health Insurance Plan; then Your *Deductible Amount* applies before any remaining *Covered Expenses* are paid under this policy. The *Deductible Amount*, if any, applicable to this policy is shown in U.S. dollars on the Policy Validation Label affixed to this policy and applies to each *Trip*. Your *Deductible Amount* must be satisfied in order for Your claim to be paid.

**“Effective Date of Insurance”** means for the Single *Trip* Plan, the later of 1) the Date of Departure shown on Your application for insurance or 2) the date You leave Your province or territory of residence. If purchasing the Single *Trip* Plan to top up another medical travel insurance policy, it means the *Effective Date of Insurance* indicated on Your application for insurance. For the Annual Add-on (if purchased) it means the date You choose Your insurance coverage to take effect as indicated on Your application for insurance.

**“Hospital”** means an institution which is licensed as a *Hospital* and which:

- a) 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
- b) provides medical care under the supervision of a staff of *Physicians*, with 24-hour-a-day care by registered nurses; and

(c) is not otherwise licensed as a home for the aged, a rest home, health spa, nursing home, convalescent hospital, hospice, palliative care facility, a place for the care and treatment of drug addicts or alcoholics, custodial or educational facility, or any rehabilitation facility.

**“Hospitalized”** and **“Hospitalization”** means confinement in a *Hospital* as defined above.

**“Injury”** means any accidental bodily harm that occurs and results in *Covered Expenses* while this policy is in force. Such *Injury* must be caused solely by external, violent and accidental means, and independent of *Sickness* and of any other cause.

**“Insured”** means a person who is named on the application for insurance, to whom a policy has been issued, and in whose name the required premium has been paid.

**“Medical Attention”**: see Policy Page 6 for details.

**“Medical Emergency”** means a *Sickness* or *Injury* which:

- (a) results in symptoms which occur suddenly and unexpectedly; and
- (b) requires immediate *Physician's* care to prevent death or serious impairment of *Your* health and/or to relieve acute pain and suffering; and
- (c) occurs outside *Your* Canadian province or territory of principal residence.

**“Medical Treatment”** means any reasonable medical, therapeutic or diagnostic measure, service or supply that is *Medically Necessary* and that is prescribed by a *Physician* in any form, including prescribed medication, reasonable investigative testing, *Hospitalization*, surgery or other prescribed or recommended treatment directly related to a condition, symptom, illness or disease. *Medical Treatment* does not include either: (a) the use of prescribed drugs or medication for a controlled condition, symptom, illness or disease when the dosage, drug or medication remains unchanged; or (b) a check-up where the *Physician* observes no change in a previously noted condition, symptom, illness or disease.

**“Medically Necessary”** in relation to any service, supply or other matter means one which is ordered by a *Physician* and one which the *Company* determines is:

- (a) provided for the diagnosis or direct treatment of an *Injury* or *Sickness*;

(b) appropriate and consistent with the symptoms and findings or diagnosis and treatment of the *Insured's Injury* or *Sickness*;

(c) not experimental or investigative;

(d) provided in accordance with generally accepted medical practice;

(e) not possible to delay until *You* return to Canada; and

(f) the most appropriate supply or level of service which can be provided on a cost-effective basis (including, but not limited to, in-patient vs. outpatient care, electric vs. manual wheelchair, surgical vs. medical or other types of care).

The fact that the *Insured's* attending *Physician* prescribes the services or supplies does not automatically mean such services or supplies are *Medically Necessary* and covered by this policy.

**“Physician”** means a medical practitioner (other than the *Insured*, a *Spouse* or relative) who was at the time of treatment licensed to prescribe and administer *Medical Treatment* within the scope of a medical doctor's licence, or a surgeon who performs surgery within the scope of a surgeon's licence and whose legal and professional standing within their jurisdiction is equivalent to a doctor of medicine (M.D.) duly licensed to practise in any province or territory of Canada.

**“Pre-Existing Condition”**: see Policy Page 5 for details.

**“Reasonable Expenses”** means expenses which are incurred for *Medical Treatment* at a level usually provided for cases that are of the nature and severity of the *Medical Emergency* being treated.

**“Routine Check-up”** means any medical examination which is performed for the purpose of general health monitoring, which may include routine medical tests and which is unrelated to any specific symptom, illness, condition or disease.

**“Sickness”** means an illness or disease which results in a *Covered Expense* while this coverage is in force. The *Sickness* must be serious enough for a reasonable person to seek personal *Medical Treatment* from a *Physician*.

**“Spouse”** means a person with whom the *Insured* is cohabiting and who either:

- (a) is legally married to the *Insured*; or



(b) has lived with the *Insured*, in a conjugal relationship, for a period of twelve (12) consecutive months immediately prior to the *Effective Date of Insurance* of this policy and who has been publicly represented as the *Insured's* spouse in the community in which they reside.

**"Stable and Controlled"** : see Policy Page 6 for details.

**"Trip"** means the defined period of travel between the time *You* leave home and the date *You* are scheduled to return home.

**"Trip Start Date"** means the Date of Departure each time *You* leave *Your* province or territory of principal residence during the period of coverage if *You* purchased the Annual Add-on.

**"You"** and **"Your"** mean the same as *Insured* defined above.

## THE BENEFITS

The following are *Covered Expenses* provided they are incurred by an *Insured* as a result of a *Medical Emergency*.

### 1. Hospital/Medical/Ambulance Expenses:

- (a) *Hospital* room and board, up to the semi-private charge, services, supplies, intensive care unit and coronary care unit expenses;
- (b) *Physician's* charges for medical and surgical care;
- (c) X-rays and other diagnostic tests when prescribed by the attending *Physician* and approved in advance by Medipac Assist;
- (d) The cost of local licensed ambulance service to the nearest medical facility able to provide appropriate care;
- (e) Drugs and medication which by law require a written prescription and are dispensed by a pharmacist up to a maximum limit of a 30-day supply;
- (f) The cost or rental of casts, splints, trusses, braces, crutches, rental of a wheelchair or other medical appliances when prescribed by a *Physician* and approved in advance by Medipac Assist.

**2. Private Duty Nursing Expenses:** covers the cost of the professional services of a registered private duty nurse for out-of-*Hospital* nursing care only if recommended as *Medically Necessary* by the attending *Physician*. Charges for the services of a registered private duty nurse who is a *Spouse* or is related to *You* are not covered. The maximum benefit amount is \$7,500. This benefit must be approved in advance by Medipac Assist.

**3. Chiropractic Services:** covers the cost of the professional services of a licensed chiropractor for a *Medical Emergency*. Charges for the services of a licensed chiropractor who is a *Spouse* or is related to *You* are not covered. The benefit amount is a maximum of \$500.

**4. Other Professional Services:** covers the cost of the professional services of a licensed chiropodist, osteopath, podiatrist or physiotherapist only if recommended as *Medically Necessary* by the attending *Physician*. Charges for the services of a licensed practitioner who is a *Spouse* or is related to *You* are not covered. The benefit amount is a maximum of \$500.

**5. Emergency Dental Expenses:** If *You* suffered an *Injury* to *Your* teeth as a result of an external accidental blow to the mouth or face (chewing accidents are not covered), *You* will be reimbursed up to \$5,000 per *Insured* person for dental treatment to repair or replace natural teeth or permanently attached artificial teeth. Dental treatment must take place within 90 days of the accidental blow to the mouth or face. If *You* need treatment for relief of dental pain, a maximum of \$500 will be allowed for such treatment. Dental treatment must take place before *You* return to *Your* Canadian province or territory of principal residence.

**6. Return of Vehicle:** If neither *You* nor anyone travelling with *You* is able to operate *Your* owned or rented vehicle due to *Sickness*, *Injury* or death while travelling outside *Your* province or territory of residence, this plan will reimburse a maximum of \$5,000 for the return of the vehicle.

Eligible for reimbursement is the lesser of the cost of the return 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 and one-way economy airfare. To receive reimbursement, original receipts must be submitted. Any other expenses are not covered. Benefits will only be payable when pre-approved and/or arranged by Medipac Assist and the vehicle is returned to *Your* normal place of residence or the nearest appropriate rental agency within 30 days of *Your* return to Canada. Car rental costs while awaiting the return of *Your* vehicle are not eligible expenses. A copy of vehicle ownership is required.

**7. Bringing a Relative to Your Bedside:** covers the cost of reasonable expenses incurred by a family member or a close friend to visit *You* in *Hospital* in the event that *You* are *Hospitalized* for at least three (3) consecutive nights due to a *Medical Emergency*. The benefit amount is payable to a maximum of \$2,000. The benefit covers the cost of commercial accommodations, meals, essential telephone calls and taxi expenses up to \$350 per day and the cost of a round-trip economy class airfare. The *Company* requires original receipts for the incurred costs. This benefit must be approved in advance by Medipac Assist.

**8. Out-of-Pocket Expenses for Accompanying Family Member:** covers the cost of reasonable expenses for commercial accommodation, meals, essential telephone calls and taxi expenses incurred by an accompanying family member in the event that *You* are *Hospitalized* on the scheduled return date to Canada, as indicated on the Application. The benefit amount is up to \$350 per day to a maximum of \$2,000. The *Company* requires all original receipts for the expenses incurred.

**9. Return of Spouse and Children:** covers the cost of an economy class airfare to the departure point for the return of *Your Spouse* and *Children*, if the *Company* requires that *You* return to Canada for immediate *Medical Treatment* or in the event of *Your* death. This benefit is payable up to a maximum of \$2,500. This benefit must be approved in advance by Medipac Assist.

**10. Emergency Air Transportation:** covers, as a result of a *Sickness* or *Injury*: (a) the cost of a one-way, economy class airfare to *Your* departure point in Canada; or (b) the cost of additional airline seats to accommodate a stretcher when recommended by the attending *Physician*. Any air transportation must be arranged and approved in advance by Medipac Assist.

**11. Qualified Medical Attendant:** covers the reasonable expenses for the services of a medical attendant. These services must be on the recommendation of a *Physician* and must be approved in advance by Medipac Assist. Charges for the services of a medical attendant who is a *Spouse* or is related to *You* are not covered.

**12. Air Ambulance:** covers the reasonable cost of air ambulance transportation, when medically required, between *Hospitals*. This benefit must be arranged and approved in advance by Medipac Assist.

**13. Return of Deceased:** covers the cost of preparation and transportation of a deceased *Insured* to the original departure point in Canada. This benefit includes the cost of a standard transportation container (excludes cost of a casket). The maximum benefit amount is \$10,000. For cremation or burial of the deceased *Insured* at the place of death, the maximum benefit amount is \$5,000. If it is necessary to identify the deceased *Insured* before release of the body, the benefit also covers the cost of a round-trip, economy class airfare for one family member or close friend and their out-of-pocket expenses up to \$350 per day to a maximum of \$2,000. The *Company* requires original receipts for the incurred costs. This benefit must be approved in advance by Medipac Assist.

**14. Return to Destination:** covers the cost of an economy class airfare to return *You* and/or *Your Insured Spouse* back to *Your* original *Trip* destination so *You* can continue *Your Trip* after *Your* medically approved emergency evacuation back to Canada. This benefit is available only if no further treatment is required and Medipac Assist has approved *Your* return under *Your* existing policy. To be valid, a policy endorsement is required.

NOTE: NOTWITHSTANDING THE OTHER PROVISIONS OF THIS POLICY, ANY *MEDICAL TREATMENT*, SERVICE OR SUPPLY THAT IS NOT SPECIFICALLY LISTED IN THE SECTION "THE BENEFITS" IS NOT COVERED BY THIS POLICY.

## WHAT IS NOT COVERED

### UNSTABLE PRE-EXISTING CONDITIONS

This insurance does not provide coverage for **any** *Medical Emergency* concerning, relating to, caused by or arising from any of the following:

1. Any *Pre-Existing Condition* that was not *Stable and Controlled* in the 90 days prior to the *Effective Date of Insurance* or *Your Trip Start Date*. This includes any reaction that results from a change in medication prescribed for such a condition.

**"Pre-Existing Condition"** means, whether or not diagnosed, any medical or physical condition, symptom, illness or disease for which *Medical Attention* was received or for which an ordinarily prudent person would have sought *Medical Attention* prior to the *Effective Date of Insurance* or *Your Trip Start Date*.

**“Stable and Controlled”** means:

- (a) the medical or physical condition, symptom, illness or disease did not first manifest itself; and/or
- (b) the medical or physical condition, symptom, illness or disease was not first investigated; and/or
- (c) the medical or physical condition, symptom, illness or disease has not worsened; and/or
- (d) no change in any medication or its usage or dosage occurred, was prescribed and/or recommended by a *Physician*; and/or
- (e) no new medication was prescribed and/or recommended by a *Physician*; and/or
- (f) no *Medical Attention* was received, prescribed or recommended by a *Physician*.

**“Medical Attention”** means any medical, therapeutic or diagnostic procedure, service or supply that is prescribed, performed or recommended by a *Physician*, including but not limited to prescribed medication, investigative testing or surgery. *Medical Attention* does not include either the unchanged use of prescribed medication for a medical condition, symptom or problem which is *Stable and Controlled*; or a *Routine Check-up*.

A change in medication does not apply to cholesterol lowering medication or to a change in any other medication from a brand name medication to a generic brand medication (insofar as the dosage is not modified). If *You* are taking Coumadin (warfarin) or insulin and are required to have *Your* blood levels tested on a regular basis and *You* are required to adjust the dosage of *Your* medication only to ensure correct blood levels are maintained, such a change is not considered to be a change in medication, provided *Your* medical condition remains unchanged.

2. Any medical or physical condition, symptom, illness or disease that, in the 12 months prior to *Your Effective Date of Insurance* or *Your Trip Start Date*, required: a) a total of three (3) or more Emergency Room visits, *Hospitalizations*, Day Surgeries or any combination of all three; and/or b) a single *Hospitalization* for more than 48 consecutive hours.

3. Any medical or physical condition, symptom, illness or disease for which treatment and/or investigation(s) was recommended but not received prior to *Your Effective Date of Insurance* or *Your Trip Start Date*.

## GENERAL EXCLUSIONS

This insurance does not cover, provide services or pay expenses resulting directly or indirectly from:

4. War, whether declared or not, any act of civil war, rebellion, insurrection or terrorism, participation in a riot, civil commotion or demonstration or service in the armed forces of any country.
5. Suicide, attempted suicide or self-inflicted *Injury*.
6. (a) Normal pregnancy; (b) normal childbirth; or (c) any complication, condition or symptom of pregnancy occurring within the last 18 weeks before the expected date of delivery or 9 weeks after.
7. Any child born during a *Trip*.
8. A *Trip* made for the purpose of obtaining a diagnosis, treatment, investigation, surgery or palliative care, whether or not it was recommended by a physician.
9. Emotional, psychological or mental disease, disorder, condition or symptom.
10. Medical or surgical treatment which is not a *Medical Emergency*, is primarily cosmetic, or is experimental; or any complication of the foregoing treatment.
11. Any medical or physical symptom, illness or disease for which, prior to *Your Trip Start Date*, *Medical Attention* or a change in medication has been recommended or scheduled for a date after *Your Trip* begins.
12. Expenses for which no charge would normally be made in the absence of insurance.
13. Rehabilitation, the continued treatment, or complication of the medical condition which caused the *Medical Emergency*, once *You* are discharged from *Hospital* or once a *Medical Emergency* ends, as determined by the *Company*.
14. Any expenses incurred after the date on which *You* have declined an offer of repatriation and/or medical evacuation.
15. The commission or attempted commission of any criminal act by *You*.

16. Any treatment, services or supplies not *Medically Necessary* (as defined), or any medical procedures and/or tests (including but not limited to MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram, Angioplasty or Cardiac Catheterization) not authorized by Medipac Assist in advance. All surgeries must be authorized by Medipac Assist prior to being performed except in extreme circumstances where surgery is performed on an emergency basis immediately upon admission to a *Hospital*.
17. Emergency medical relocation unless arranged and approved in advance by Medipac Assist.
18. Any treatment, services or supplies provided by a home for the aged, a rest home, health spa, nursing home, convalescent hospital, hospice, palliative care facility, a place for the care and treatment of drug addicts or alcoholics, custodial or educational facility, or any rehabilitation facility.
19. Any *Hospital* or medical benefits if *You* are not covered under the Government Health Insurance Plan of *Your* Canadian province or territory of principal residence.
20. Any damage to or loss of: hearing aids, eyeglasses, sunglasses, contact lenses, artificial teeth or artificial limbs and resulting prescription thereof.
21. a) Non-compliance with or the refusal to accept recommended medical treatment or rehabilitation; b) the abuse or chronic use of drugs, alcohol or other intoxicants (including symptoms of withdrawal); or c) the abuse of prescribed medication (including non-compliance with or refusal to take prescribed medication); whether prior to or during *Your Trip*.
22. The regular treatment or regular care of a condition that existed prior to the *Effective Date of Insurance*.
23. A Heart, Lung, Liver, Kidney, Pancreatic or Bone Marrow Transplant.
24. A *Medical Emergency* that occurred during a *Trip* under the Annual Add-on for which proof of departure has not been provided.
25. Any medical treatment or condition resulting from the practice or training for, or participation in, any high-risk sport, activity or behaviour, including but not limited to scuba diving, mountaineering, rock or precipice climbing, hang gliding, paragliding, sport parachuting, skydiving or bungee jumping.
26. Any medical treatment or condition resulting from the practice or training for, or participation in, a) any speed or endurance contest or b) any athletic or sport activity for remuneration or prize money.
27. Any medical or physical condition, symptom, illness or disease for which the results of any test(s) and/or investigation(s) were not available prior to the *Effective Date of Insurance* or *Your Trip Start Date*.
28. Any *Medical Emergency* that occurs in any city, region or country where the Government of Canada has issued a travel advisory to "avoid all non-essential travel" or "avoid all travel" prior to *Your Effective Date of Insurance* or *Your Trip Start Date*. For travel advisories due to COVID-19, this exclusion does not apply.
29. A COVID-19 test that is required by any body with appropriate authority (such as a government or transportation service) for entry or exit from a country or jurisdiction, to use its services, or for a COVID-19 test which is not considered a *Medical Emergency*.
30. A general health examination or check-up.

## GENERAL LIMITATIONS

If *Your* health changes (including a new or changed diagnosis) and/or *You* have any investigations or seek medical attention at any time between *Your Date of Application* and *Your Effective Date of Insurance*, *You* must contact Medipac at 1-800-633-4722 right away. A reassessment for *Your* eligibility and rate qualification will be required, and *Your* premium may be adjusted. Failure to contact Medipac may result in payment of only a portion of the *Covered Expenses*, a claim denied, or the policy deemed **null and void**.

### Individuals Excluded from Coverage

*You* cannot be covered by this policy, and all insurance coverage is null and void, and the liability of the *Company* will be limited to return of premium if:

1. Coverage is not purchased for the entire duration of *Your Trip* (unless otherwise expressly stated in this policy).
2. Coverage is applied for while outside Canada (with the exception of post-departure applications for extension of coverage).
3. Any material misrepresentation is made on the application or in connection with any claim for benefits under this policy.

and/or if between *Your Date of Application* and *Your Effective Date of Insurance*:

4. *You* had been diagnosed as having a terminal illness or had been advised by a *Physician* not to travel.
5. *You* had been diagnosed with pulmonary fibrosis or interstitial lung disease.
6. *You* had an organ or bone marrow transplant (excluding cornea or skin graft) or a blood disorder for which *You* received stem cell treatment.
7. *You* had been treated for, taken or been prescribed medication for, or been diagnosed with lung cancer, metastatic cancer or two (2) or more cancers (excluding basal cell and squamous cell skin cancer).
8. *You* had a cardiac condition with an ejection fraction of less than 41% or a ventricular function grade of 3 or 4.
9. *You* had moderately severe or severe cardiac valve stenosis.
10. *You* had an aneurysm or dilated artery greater than 4.5 cm in size (diameter or width) which remains surgically untreated.
11. *You* underwent chemotherapy, immunotherapy or targeted drug therapy for cancer or malignant tumour(s).
12. *You* had surgery or stenting on any artery or had cardiac pacemaker implant surgery.
13. *You* had cardiac ablation, cardiac defibrillator implant surgery, coronary angioplasty and/or stent, coronary bypass surgery, cardiac valve replacement or repair, had a heart attack, a cardiac arrest or an episode of congestive heart failure.
14. *You* had a stroke, a transient ischemic attack (TIA) or a ministroke.
15. *You* had any chronic lung disease (including emphysema, chronic obstructive pulmonary disease [COPD], chronic bronchitis, reactive airway disease or asthma) which caused *You* to be *Hospitalized* for more than 24 consecutive hours, or for which *You* had taken or been prescribed prednisone or Solu-Medrol.
16. *You* had taken or been prescribed home oxygen for any reason.
17. *You* had taken or been prescribed insulin or two (2) or more medications for diabetes and medication for a heart condition. The term “medication” includes nitroglycerin in any form.

If *You* are under the age of 56 and travelling for less than 41 days, items 4. to 17. do not apply.

## Misstatement

If *You* misstate *Your* response to any question in section A of the application, then this policy is null and void.

If *You* misstate *Your* response on the application to the question which asks if *You* have smoked cigarettes and, as a result, paid a lower premium than required, *Your* policy will provide reimbursement of only 75% of all *Covered Expenses*.

If *You* misstate *Your* response in any other section of the application and, as a result, paid a lower premium than required, this policy will cover only the proportion of *Covered Expenses* that the premium paid bears to the required premium. *You* will be responsible for the remaining portion of *Covered Expenses*.

Where the *Company* has incurred expenses on *Your* behalf, *You* irrevocably assign *Your* premium and any Government Health Insurance Plan payments to the *Company*, where the amount of premium is greater than the *Company's* expenses, the difference shall be refunded to *You*.

## CHANGE IN DEPARTURE DATE

For the Single *Trip* Plan, if there is a change in *Your* Date of Departure, notice **MUST** be provided to Medipac from within Canada prior to the Date of Departure shown in *Your* application. If *You* purchased the Annual Add-on, *You* are not required to provide advance notice of *Your Trip Start Date* for every other *Trip*. **However, evidence of these dates will be required at the time of claim.**

## IS THERE ANYTHING ELSE I NEED TO KNOW?

Yes, the following are the general conditions that apply to *Your* insurance under this policy:

- A. This policy will reimburse *You* for *Covered Expenses* (including *Covered Expenses* for COVID-19) up to a maximum of \$2,000,000 USD per *Insured*.
- B. The *Company* and its agents are not responsible for the availability, quality or results of any *Medical Treatment* or transportation, or where *You* fail to obtain *Medical Treatment* or proper *Hospitalization*.
- C. The *Company* reserves the right to return *You* to Canada or to transfer *You* to one of our preferred health care providers. **Refusal to comply with the transfer or the return to Canada renders this policy null and void** as of the date and time of *Your* refusal. After that date and time no expenses will be



- paid under this insurance policy; for greater clarity, coverage under this policy will cease.
- D. There is no insurance coverage if the premium is not received by Medipac due to an N.S.F. cheque or invalid credit card charge.
- E. Every action or proceeding against the *Company* or its agents 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.
- F. In no event will a claim be accepted after one year from the date of occurrence.
- G. Any fraud, attempted fraud, misrepresentation or non-disclosure of any material fact relating to this insurance or to a claim under this policy renders this policy null and void. If *You* have misstated *Your* age, and such misstatement results in *Your* paying premium which is less than the required premium, this policy will cover only the proportion of *Covered Expenses* that the premium paid bears to the required premium.
- H. Where the *Company* has incurred expenses on *Your* behalf for a loss caused by, or that can be attributed to a third party, the *Company* has the right to subrogate any incurred expenses against the third party and/or any other person or entity that may be obligated to indemnify the third party (and/or *You*) or that may be deemed responsible for the loss ("Responsible Party"). The *Company*, at its own expense, has the right to initiate or continue legal proceedings ("Legal Claim"), in *Your* name, against the Responsible Party. *You* must take all reasonable steps to assist the *Company* in advancing the Legal Claim. Where *You* initiate a Legal Claim, or seek compensation for *Your* loss, the *Company's* rights of subrogation must be sufficiently addressed, and the *Company* kept informed of any negotiations. The *Company* has the right to review, approve and/or reject any offer of compensation or settlement. Any funds received by *You* or *Your* representatives, in compensation or settlement for *Your* loss, must first be applied to any expenses incurred by the *Company*, and the *Company* reimbursed accordingly.
- I. When the *Company* has made *Hospital* or other medical payments on *Your* behalf, *You* must sign an Authorization Form which authorizes and allows the *Company* to recover such payments from *Your* other insurers and other health plans (including *Your* Government Health Insurance Plan). *You* must assist the *Company* in obtaining such reimbursement. If an advance has been made for any expense that is not covered by this insurance policy, *You* will be required to reimburse the *Company*.
- J. All benefit amounts under this policy are in United States currency unless stated otherwise. If *You* have paid a *Covered Expense* in a currency other than that of United States or Canada, any reimbursements made will be in Canadian currency at the prevailing rate of exchange on the date the service was provided. No sum payable under this policy shall bear interest.
- K. This insurance is supplementary health coverage; i.e., this policy covers expenses in excess of those covered under *Your* Government Health Insurance Plan, any Private or Provincial or Territorial Auto Insurance Plan or any other insurance. If *You* have similar out-of-country/province extended health benefits with a lifetime maximum coverage of: (a) \$100,000 CAD or less, the *Company* will not co-ordinate payment with such coverage; or (b) over \$100,000 CAD, the *Company* will co-ordinate payment with such coverage in excess of \$100,000 CAD.
- L. For purposes of determining eligibility under the section "Individuals Excluded from Coverage" in the General Limitations of this policy or for determining the validity of a claim, **hospital records, pharmaceutical records and the medical records of *Your* attending Physician(s) (including *Your* Canadian Physician(s)), will be obtained and reviewed by the *Company*.** *Your* claim cannot be processed and no benefits will be payable under this policy without the required information.
- M. Despite any other provision contained herein, **this policy is subject to the applicable statutory conditions in the Insurance Act**, as applicable in *Your* province or territory of residence, respecting contracts of accident and sickness insurance.
- N. The right of any person to designate persons to whom or for whose benefit insurance money is payable is restricted.
- O. The *Company* has the right, and *You* shall afford the *Company* the opportunity, to have *You* medically examined by an independent medical professional when and as often as may reasonably be required while benefits are being claimed or paid under this policy. In the event of death, the *Company* has the right to request an autopsy if not prohibited by law.

## WHAT HAPPENS TO MY INSURANCE COVERAGE IF I AM HOSPITALIZED AND CANNOT RETURN ON MY SCHEDULED RETURN DATE?

This policy provides an automatic extension of coverage at no additional cost to *You* in each of the following situations:

1. If *You* are in *Hospital* due to *Injury* or *Sickness* on *Your* scheduled return date, insurance coverage will remain in force for the period of time *You* remain in *Hospital*, plus a further period of 72 hours following *Your* discharge from *Hospital*.
2. If *Your* return is delayed beyond *Your* scheduled return date due to the delay of a common carrier in which *You* are scheduled to travel; or, while travelling by automobile, *You* are involved in an accident or a mechanical breakdown, insurance coverage will be extended until *You* return to *Your* point of departure or for 72 hours after the date when the insurance coverage would otherwise have terminated, whichever occurs first.

However, in any event, insurance coverage will not be extended more than twelve (12) consecutive months immediately after the date of *Your Medical Emergency* which was the cause of *Your* delay beyond *Your* scheduled return date.

## HOW DO I PRESENT MY CLAIM?

When *You* contact Medipac Assist at the time of *Your Medical Emergency*, we will send *You* a Claim Kit containing everything necessary to submit *Your* claim, including instructions and forms (also available on our website at [www.medipac.com](http://www.medipac.com)). **Forms must be returned to our office within 30 days of receipt.** Failure to provide the required documents in a timely manner will reduce any amount payable under this policy.

To adjudicate *Your* claim, the *Company* will require:

- a completed Claim and Authorization and Release Form
- original invoices and/or receipts
- payment of *Your Deductible Amount*, if any
- payment of outstanding premium, if any
- complete medical records including final diagnosis by the attending *Physician*
- medical records relating to the continuation of any treatment after *Your* return to Canada
- historical medical records
- any other relevant documentation
- proof of *Your* departure date, if claiming under the Annual Add-on or when requested by the *Company*

For payment, please submit ONLY original itemized bills, the HCFA-Form 1500, UB-04 (with itemized statement) OR an original itemized doctor's bill with:

- formal letterhead with full name and address
- tax I.D.
- procedure and diagnostic codes with dollar amounts
- original doctor's signature (stamped photocopied signatures are not acceptable)

Original bills must be provided for any eligible out-of-pocket expenses. Cash register receipts are not considered original bills.

For Claim inquiries please phone the Medipac Assist Claims Department:

Toll-free from the U.S.A. and Canada: **1-888-311-4761**  
or from other locations: (416) 441-7073

## POLICY EXTENSIONS

All requests for an extension of coverage are subject to approval and are not guaranteed. To extend *Your* coverage *You* must call Medipac Customer Service at 1-800-633-4722 toll-free from the U.S. or Canada, or at (416) 441-7070 from other locations during general office hours. Extensions will not be completed by email or voicemail. Policy terms, conditions and exclusions will apply during the extension period.

An extension must be applied for at least 5 days prior to the expiry date of *Your* policy, or at least 5 days prior to the date *Your Trip* will end under the Annual Add-on, if applicable. If *Your* Annual Add-on has ended, *You* must purchase a new policy.

To apply for an extension of coverage *You* must:

- be in good health and have had no change in *Your* health status between *Your Effective Date of Insurance* and the date of *Your* request for an extension;
- have had no event that has resulted or may result in a claim on the policy;
- have not consulted a physician or other registered medical practitioner between the Date of *Your* Departure from Canada and the date of *Your* request for an extension;
- complete a questionnaire;
- pay the required premium by credit card; and
- pay a non-refundable administration fee per person, per extension.

Extensions are available in trip length units as published, and the total trip length cannot exceed the maximum number of days allowed by *Your* Government Health



# Policy Text

Insurance Plan, or 212 days. Extensions are calculated using the rate of the new total trip length minus the rate of the original trip length. If extending a *Trip* under the 23-day or 33-day Annual Add-on, the extension is calculated using the rate of the new *Trip* total minus the rate of a 23-day or 33-day trip length.

## Extension Exclusion:

Policy extensions do not cover, provide services or pay claims for expenses resulting directly or indirectly from any *Sickness* or *Injury* that first manifested, was first diagnosed, or first treated after the *Effective Date of Insurance* or *Trip Start Date* and prior to the date when *Your* application to extend *Your* period of coverage under this insurance was approved.

## REFUND POLICY

1. No refunds are available if a claim has been incurred.
2. The premium for the Annual Add-on cannot be refunded once coverage begins.
3. Refund requests must be made in writing from within Canada and can be either mailed or e-mailed. All refund requests must be signed and dated by each individual applicant.
4. Refunds will be made using the same method of payment in which the original transaction was completed.

## A refund will be provided to an Insured in the following situations:

**FULL REFUND** only if, prior to the *Effective Date of Insurance*, the policy is cancelled for the following reasons:

- the *Insured* or his/her *Spouse* is unable to travel due to *Sickness* or *Injury* (a *Physician's* statement is required); or
- the *Insured* is unable to travel due to a death in the immediate family.

**FULL REFUND** less a \$50 Administration Fee per person if prior to the *Effective Date of Insurance* the policy is cancelled for any other reason. Premiums \$50 or less will not be refunded.

Any **FULL REFUND** of the **Single Trip Plan** will also terminate the Annual Add-on.

## PARTIAL REFUND if:

- the *Insured* returns to Canada prior to the scheduled return date with at least 5 consecutive unused days remaining on their policy.
- If the refund request is sent via e-mail, proof of *Your* return to Canada must be provided.
  - If travelling by air, provide a boarding pass or check-in receipt.

- If crossing the border by land, provide a receipt with the date of *Your* return and a Canadian address (e.g. the receipt for a purchase made with the credit card *You* used to pay for *Your* policy).
- A pro-rata refund will be calculated using the postmarked date of the written request or, in the cases of an e-mailed request, the date indicated on the proof of return.
- If *You* have purchased the 23-day (or 33-day) Annual Add-on, only the premium in excess of a minimum 22-24 day (or 31-33 day) Single *Trip* Plan will be eligible for a refund.
- *Your* request **MUST** include a statement that no claims have been incurred.

**PARTIAL REFUNDS** are subject to a \$20 Administration Fee per person. Premiums \$20 or less will not be refunded.

## All requests for refunds can be mailed to:

**Medipac Travel Insurance,**  
180 Lesmill Road, Toronto ON M3B 2T5  
or e-mailed to: [service@medipac.com](mailto:service@medipac.com)

Signed for the *Company* by:



Jason Smith, CPA, CA  
President and CEO

## Underwritten by

Old Republic Insurance Company of Canada.  
100 King Street W. Suite 1100, Hamilton, ON L8P 1A2

## IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable medical emergencies. It is important that you read and understand your policy before you travel, as your coverage is subject to certain conditions, limitations and exclusions.
- A pre-existing exclusion may apply to medical conditions and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.
- Travel insurance requires you to notify your designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

**Please read your policy carefully before you travel.**

# MedipacMAX Endorsement (If purchased)

If purchased, this Endorsement forms part of *Your* policy and is subject to ALL of the terms and conditions, including definitions, of *Your* Medipac Travel Emergency Medical Insurance Policy. MedipacMAX is only in effect while *You* are travelling out of province during the Medipac period of coverage as outlined on page 1 of the policy under which this endorsement was purchased. Benefit maximums are in U.S. dollars unless otherwise indicated.

## CLAIM-FREE DISCOUNT PROTECTION

If *You* are entitled to a Medipac Claim-Free Discount for *Your* next policy purchase, and *You* add this Endorsement, the claim that causes *You* to exceed *Your* deductible is forgiven and not considered a claim for the purpose of calculating *Your* Medipac Claim-Free Discount; any subsequent claims will not be forgiven for this purpose. *Your* current discount will carry forward for *Your* next year's purchase.

## POLICY MAXIMUM

Policy Page 8 under "IS THERE ANYTHING ELSE I NEED TO KNOW?" Point A. has been modified as follows:

- A. This policy will reimburse *You* for *Covered Expenses* (including *Covered Expenses* for COVID-19) up to a maximum of \$5,000,000 USD per *Insured*.

## CANADIAN HOSPITALIZATION BENEFIT

The Canadian Hospitalization Benefit pays *You* \$200 CAD per day, to a maximum of \$2,000 CAD. This benefit applies if Medipac Assist returns *You* to Canada for medical reasons and *You* are *Hospitalized* within 3 days of *Your* return. *Hospitalization* must be for consecutive days and *You* must provide medical records of *Your* Canadian *Hospital* stay when making a claim under this benefit.

## PET BENEFIT

The Pet Benefit will reimburse up to a maximum of \$1,500 in transportation expenses to return *Your* pet(s) to Canada if Medipac Assist returns *You* to Canada for *Medical Treatment* during *Your* period of coverage; or if *You* have an eligible claim under the Return to Canada benefit, the *Company* will reimburse *You* for boarding costs for *Your* pet(s) for 1 week up to a maximum of \$1,000 while *You* are in Canada. The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

## EXCESS LUGGAGE BENEFIT

The Excess Luggage Benefit will reimburse up to a maximum of \$1,000 in shipment expenses to return *Your* Excess Luggage to Canada if Medipac Assist returns *You* to Canada for *Medical Treatment* during *Your* period of coverage if *You* are unable to return *Your* Excess Luggage by any other means. The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

## RETURN TO CANADA BENEFIT

The Return to Canada Benefit covers the cost of a return economy class airfare to a maximum of \$4,000 to fly *You* from *Your* vacation destination to Canada and back to *Your* vacation destination. Any flight outside *Your* period of coverage is not eligible for reimbursement. In addition, this benefit covers out-of-pocket expenses including ground transportation and accommodations to a maximum of \$700. This benefit is payable in the event a member of *Your Immediate Family*, who is not travelling with *You*, dies after *You* leave *Home*, or a natural disaster causes *Your Principal Residence* to become uninhabitable after *You* leave *Home* (provided *Your* home insurance policy pays for the damage in part or in full). The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

## EXCLUSION FOR RETURN TO CANADA BENEFIT

No benefits are payable if:

1. The deceased *Immediate Family* member was *Hospitalized* within 30 days prior to the *Effective Date of Insurance* or *Your Trip Start Date*; **OR**
2. At the time *You* applied for coverage, a reasonable person would have expected that an event payable under the Return To Canada benefit would occur prior to *Your* scheduled return date.

# MedipacMAX Endorsement (If purchased)

## RELOCATION BENEFIT

The Relocation Benefit will reimburse the reasonable expenses for temporary accommodations and transportation in the event a disaster caused by a hurricane, flood, forest fire, sinkhole or earthquake causes *Your Principal Dwelling* to become uninhabitable. This benefit is payable to a maximum of \$5,000. The *Company* requires proof of residence, proof the disaster occurred and all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

## ACCIDENTAL DEATH BENEFIT

### Insured Risk

*You* are covered for \$10,000 CAD if *You* die as a result of an accident which occurred while *You* are outside *Your* province or territory of residence and while *Your* Medipac Travel Emergency Medical Insurance Policy is in force.

This benefit is payable to *Your* estate for the loss of *Your* life resulting within 12 months from the date of the accident described as an insured risk.

This benefit will begin on *Your Effective Date of Insurance* and will remain in effect during *Your* period of coverage.

### EXCLUSION FOR ACCIDENTAL DEATH BENEFIT

The *Company* will not pay any claim under the Accidental Death Benefit resulting directly or indirectly from:

1. Training, serving or taking part in any capacity in armed forces (land, sea or air) or their operations in any country or international authority.
2. While serving as a pilot or crew member of any aircraft or while as a passenger in an aircraft which is being used for a purpose other than transportation.
3. While making a parachute jump for any purposes other than to save *Your* life.

## Claims Procedures

To make a claim under the Accidental Death Benefit, written notice of the accident must be given to the *Company* within 30 days of the date of the accident and written proof must be submitted within 90 days of the date of the accident. The *Company* provides the necessary claim forms as well as instructions covering other requirements that may aid in a prompt handling of the claim.

If the *Company* does not receive the required notice and proof of loss, the claim may not be considered after the 90 day period has expired, unless there is a good reason for the delay. In no event is a claim considered after one year from the date of the accident if the *Company* was not notified and the necessary forms not completed and submitted to the *Company*.

## INPATIENT REHABILITATION BENEFIT

MedipacMAX will reimburse up to a maximum of \$5,000 for the cost of inpatient rehabilitation (rehab) in the event *You* suffer an accidental orthopedic injury and are recommended for inpatient rehabilitation by a physician. The injury and rehab must occur outside of Canada. The rehab must be recommended to take place immediately following the treatment of *Your* injury. This benefit must be approved in advance by Medipac Assist.

## Additional Definitions under MedipacMAX

**"Home"** means *Your* Canadian province or territory of residence.

**"Immediate Family"** means Spouse, Mother, Father, Mother-in-law, Father-in-law, Son, Daughter, Son-in-law, Daughter-in-law, Grandson or Granddaughter. **Brothers and Sisters are not included.**

**"Principal Dwelling"** means the principal residence located at the out-of-province address in which *You* reside.

**"Principal Residence"** means the dwelling located at the Canadian address indicated on *Your* application for the Medipac Travel Emergency Medical Insurance Policy under which this Endorsement was purchased.

# MedipacPLUS Endorsement (If purchased)

If purchased, this Endorsement forms part of *Your* policy and is subject to ALL of the terms and conditions, including definitions, of *Your* Medipac Travel Emergency Medical Insurance Policy. MedipacPLUS is only in effect while *You* are travelling out of province during the Medipac period of coverage as outlined on page 1 of the policy under which this endorsement was purchased. Benefit maximums are in U.S. dollars unless otherwise indicated.

## CLAIM-FREE DISCOUNT PROTECTION

If *You* are entitled to a Medipac Claim-Free Discount for *Your* next policy purchase, and *You* add this Endorsement, the claim that causes *You* to exceed *Your* deductible is forgiven and not considered a claim for the purpose of calculating *Your* Medipac Claim Free Discount; any subsequent claims will not be forgiven for this purpose. *Your* current discount will carry forward for *Your* next year's purchase.

## POLICY MAXIMUM

Policy Page 8 under "IS THERE ANYTHING ELSE I NEED TO KNOW?" Point A. has been modified as follows:

- A. This policy will reimburse *You* for *Covered Expenses* for COVID-19 up to a maximum of \$2,000,000 USD per *Insured*. This policy will reimburse *You* up to a maximum of \$5,000,000 USD per *Insured* for all *Covered Expenses*.

## CANADIAN HOSPITALIZATION BENEFIT

The Canadian Hospitalization Benefit pays *You* \$100 CAD per day, to a maximum of \$1,000 CAD. This benefit applies if Medipac Assist returns *You* to Canada for medical reasons and *You* are *Hospitalized* within 3 days of *Your* return. *Hospitalization* must be for consecutive days and *You* must provide medical records of *Your* Canadian *Hospital* stay when making a claim under this benefit.

## PET BENEFIT

The Pet Benefit will reimburse up to a maximum of \$750 in transportation expenses to return *Your* pet(s) to Canada if Medipac Assist returns *You* to Canada for *Medical Treatment* during *Your* period of coverage; or if *You* have an eligible claim under the Return to Canada benefit, the *Company* will reimburse *You* for boarding costs for *Your* pet(s) for 1 week up to a maximum of \$500 while *You* are in Canada. The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

## EXCESS LUGGAGE BENEFIT

The Excess Luggage Benefit will reimburse up to a maximum of \$500 in shipment expenses to return *Your* Excess Luggage to Canada if Medipac Assist returns *You* to Canada for *Medical Treatment* during *Your* period of coverage if *You* are unable to return *Your* Excess Luggage by any other means. The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

## RETURN TO CANADA BENEFIT

The Return to Canada Benefit covers the cost of a return economy class airfare to a maximum of \$2,000 to fly *You* from *Your* vacation destination to Canada and back to *Your* vacation destination. Any flight outside *Your* period of coverage is not eligible for reimbursement. In addition, this benefit covers out-of-pocket expenses including ground transportation and accommodations to a maximum of \$350. This benefit is payable in the event a member of *Your Immediate Family*, who is not travelling with *You*, dies after *You* leave *Home*; or a natural disaster causes *Your Principal Residence* to become uninhabitable after *You* leave *Home* (provided *Your* home insurance policy pays for the damage in part or in full). The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

## EXCLUSION FOR RETURN TO CANADA BENEFIT

No benefits are payable if:

1. The deceased *Immediate Family* member was *Hospitalized* within 30 days prior to the *Effective Date of Insurance* or *Your Trip Start Date*; **OR**
2. At the time *You* applied for coverage, a reasonable person would have expected that an event payable under the Return To Canada benefit would occur prior to *Your* scheduled return date.

# MedipacPLUS Endorsement (If purchased)

## RELOCATION BENEFIT

The Relocation Benefit will reimburse the reasonable expenses for temporary accommodations and transportation in the event a disaster caused by a hurricane, flood, forest fire, sinkhole or earthquake causes *Your Principal Dwelling* to become uninhabitable. This benefit is payable to a maximum of \$2,500. The *Company* requires proof of residence, proof the disaster occurred and all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

## ACCIDENTAL DEATH BENEFIT

### Insured Risk

*You* are covered for \$5,000 CAD if *You* die as a result of an accident which occurred while *You* are outside *Your* province or territory of residence and while *Your* Medipac Travel Emergency Medical Insurance Policy is in force.

This benefit is payable to *Your* estate for the loss of *Your* life resulting within 12 months from the date of the accident described as an insured risk.

This benefit will begin on *Your Effective Date of Insurance* and will remain in effect during *Your* period of coverage.

### EXCLUSION FOR ACCIDENTAL DEATH BENEFIT

The *Company* will not pay any claim under the Accidental Death Benefit resulting directly or indirectly from:

1. Training, serving or taking part in any capacity in armed forces (land, sea or air) or their operations in any country or international authority.
2. While serving as a pilot or crew member of any aircraft or while as a passenger in an aircraft which is being used for a purpose other than transportation.
3. While making a parachute jump for any purposes other than to save *Your* life.

## Claims Procedures

To make a claim under the Accidental Death Benefit, written notice of the accident must be given to the *Company* within 30 days of the date of the accident and written proof must be submitted within 90 days of the date of the accident. The *Company* provides the necessary claim forms as well as instructions covering other requirements that may aid in a prompt handling of the claim.

If the *Company* does not receive the required notice and proof of loss, the claim may not be considered after the 90 day period has expired, unless there is a good reason for the delay. In no event is a claim considered after one year from the date of the accident if the *Company* was not notified and the necessary forms not completed and submitted to the *Company*.

## INPATIENT REHABILITATION BENEFIT

MedipacPLUS will reimburse up to a maximum of \$2,500 for the cost of inpatient rehabilitation (rehab) in the event *You* suffer an accidental orthopedic injury and are recommended for inpatient rehabilitation by a physician. The injury and rehab must occur outside of Canada. The rehab must be recommended to take place immediately following the treatment of *Your* injury. This benefit must be approved in advance by Medipac Assist.

## Additional Definitions under MedipacPLUS

**"Home"** means *Your* Canadian province or territory of residence.

**"Immediate Family"** means Spouse, Mother, Father, Mother-in-law, Father-in-law, Son, Daughter, Son-in-law, Daughter-in-law, Grandson or Granddaughter. **Brothers and Sisters are not included.**

**"Principal Dwelling"** means the principal residence located at the out-of-province address in which *You* reside.

**"Principal Residence"** means the dwelling located at the Canadian address indicated on *Your* application for the Medipac Travel Emergency Medical Insurance Policy under which this Endorsement was purchased.

## Privacy

Collecting personal information about You is essential to our ability to offer You high quality insurance products and service. The information provided by You will be used only for determining Your eligibility for coverage under the Policy, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties, such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that we must share Your information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. We take great care to keep Your personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If You have questions about our privacy policy, please visit [www.orican.com/privacy](http://www.orican.com/privacy) or contact our Privacy Officer at [privacy@orican.com](mailto:privacy@orican.com) or 1-800-530-5446.

## Administration Fees

- |  |         |
|--|---------|
| 1. Change ( <i>first change at no charge</i> ).....        | \$20.00 |
| 2. NSF cheque.....   | \$25.00 |
| 3. Rush delivery service ( <i>2-4 business days</i> )..... | \$20.00 |
| 4. Extension .....   | \$10.00 |
| 5. Full refund   |         |
| Medical reasons.....                                       | FREE    |
| Any other reason.....                                      | \$50.00 |
| 6. Partial refund.....                                     | \$20.00 |

*Administration fees are non-refundable.*



# Short Term Rates

## Short-Term Travel Medical Insurance

Medipac offers coverage for short-term travel at affordable rates, perfect for friends or family who visit you at your winter destination.

You can also turn your short-trip plan into year-round protection with either our 23-day or our 33-day Annual Add-on.

If you are age 55 and under, there are no medical questions. Simply call Medipac to purchase or apply online at [www.medipac.com](http://www.medipac.com).

If you are over age 55, complete the application to determine your rate category and find your rate on pages 44 to 46.

### INDIVIDUAL RATES FOR APPLICANTS AGE 55 AND UNDER

AGE	\$99 USD DEDUCTIBLE													23-day Add-on	33-day Add-on
	TRIP LENGTH														
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	37-40		
TO 55	66	73	80	84	86	93	99	107	115	126	133	142	152	65	89

Zero Deductible add 10% to \$99 Deductible Rates

You must buy a minimum 22-24 day trip to purchase the 23-day Annual Add-on.

You must buy a minimum 31-33 day trip to purchase the 33-day Annual Add-on.

## Family Plans

Coverage is available for three or more family members and insures you, your spouse (if applicable) and any children\* (including grandchildren) who are at least 3 months old and under the age of 19. When taking a trip, children must be accompanied by either the applicant or spouse.

**Note:** If you or your spouse is over the age of 55 or if any child is over the age of 18, you must purchase a separate policy for that person.

Family plans cannot be extended beyond 40 days.

*\*see definition on page 2 of the policy*

### FAMILY RATES FOR APPLICANTS AGE 55 AND UNDER

AGE	\$99 USD DEDUCTIBLE													23-day Add-on	33-day Add-on
	TRIP LENGTH														
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	37-40		
TO 55	132	146	160	168	172	186	198	214	230	252	266	284	304	130	178

Zero Deductible add 10% to \$99 Deductible Rates

You must buy a minimum 22-24 day trip to purchase the 23-day Annual Add-on.

You must buy a minimum 31-33 day trip to purchase the 33-day Annual Add-on.

Call 1-800-633-4722 for more information or assistance



# Short Term Rates for Individuals OVER Age 55

AGE	PREFERRED PLUS - \$99 USD DEDUCTIBLE													Zero Deductible add 10% to \$99 Deductible Rates	23-day Add-on	33-day Add-on
	TRIP LENGTH															
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	37-40			
56-60	78	85	91	95	111	123	140	153	165	177	189	207	220	70	99	
61-65	99	107	120	129	144	164	179	207	217	231	248	256	305	89	130	
66-70	107	112	126	141	156	175	188	218	233	251	257	276	316	111	160	
71-75	120	135	142	160	181	202	235	265	293	319	360	397	442	142	206	
76-79	130	161	199	231	261	309	352	398	446	497	540	580	628	196	281	
80-85	158	199	296	390	465	535	598	688	809	894	994	1,076	1,194	301	437	
86+	223	348	487	598	725	852	962	1,096	1,254	1,397	1,615	1,841	2,053	374	549	

Zero Deductible add 10%  
to \$99 Deductible Rates

AGE	PREFERRED PLUS - \$1,000 USD DEDUCTIBLE													23-day Add-on	33-day Add-on
	TRIP LENGTH														
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	37-40		
56-60	73	78	86	89	103	115	133	146	160	173	185	199	210	68	89
61-65	93	99	110	116	135	156	175	190	211	223	238	248	288	80	116
66-70	99	107	115	123	145	165	180	199	218	238	248	258	298	95	136
71-75	113	122	134	147	164	194	228	259	284	306	338	374	415	119	172
76-79	124	131	182	220	250	285	328	366	418	467	499	535	581	173	251
80-85	140	180	262	345	415	474	529	642	720	778	883	956	1,064	262	385
86+	188	299	415	521	619	734	834	952	1,095	1,219	1,343	1,585	1,766	325	481

AGE	PREFERRED PLUS - \$5,000 USD DEDUCTIBLE													23-day Add-on	33-day Add-on
	TRIP LENGTH														
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	37-40		
56-60	67	71	76	80	89	99	110	121	131	140	146	156	166	58	81
61-65	78	84	94	105	114	133	146	157	166	175	199	218	241	67	96
66-70	85	89	99	112	123	141	156	165	178	183	210	231	252	77	110
71-75	96	106	119	132	146	164	181	199	217	240	268	298	328	97	143
76-79	103	122	158	185	215	242	271	298	335	378	404	437	469	137	199
80-85	116	140	232	274	326	375	422	479	558	620	681	745	821	201	296
86+	157	239	330	408	496	576	654	747	894	1,019	1,142	1,284	1,425	264	389

You must buy a minimum 22-24 day trip to purchase the 23-day Annual Add-on.

You must buy a minimum 31-33 day trip to purchase the 33-day Annual Add-on.

# Short Term Rates for Individuals OVER Age 55

AGE	PREFERRED - \$99 USD DEDUCTIBLE													23-day Add-on	33-day Add-on
	TRIP LENGTH														
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	37-40		
56-60	92	104	127	154	177	197	215	226	245	266	280	304	336	92	131
61-65	111	138	161	183	210	232	258	283	306	329	342	363	398	126	177
66-70	117	150	186	213	218	279	312	341	376	398	425	461	493	172	249
71-75	142	185	230	233	269	344	391	429	479	518	557	599	690	220	318
76-79	164	209	287	356	423	468	554	613	683	754	781	884	1,013	322	470
80-85	258	332	458	590	716	804	936	1,074	1,211	1,314	1,434	1,599	1,810	425	623
86+	338	458	663	833	1,028	1,180	1,397	1,578	1,770	1,931	2,106	2,282	2,482	554	815

AGE	PREFERRED - \$1,000 USD DEDUCTIBLE													23-day Add-on	33-day Add-on
	TRIP LENGTH														
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	37-40		
56-60	87	99	115	135	151	178	203	215	232	250	266	288	312	75	107
61-65	99	120	149	175	197	220	245	270	294	310	331	347	368	109	156
66-70	111	129	171	190	206	250	291	322	355	374	391	433	464	141	202
71-75	130	156	208	213	228	316	374	406	450	479	519	563	599	177	258
76-79	153	195	270	330	392	435	517	565	637	698	725	818	881	255	371
80-85	198	291	432	547	666	744	879	987	1,109	1,210	1,339	1,477	1,586	346	509
86+	299	425	612	770	951	1,099	1,296	1,433	1,631	1,787	1,932	2,113	2,295	482	714

AGE	PREFERRED - \$5,000 USD DEDUCTIBLE													23-day Add-on	33-day Add-on
	TRIP LENGTH														
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	37-40		
56-60	78	87	97	110	124	139	146	158	171	178	188	208	232	72	103
61-65	89	99	117	133	146	161	173	183	194	209	220	234	272	89	130
66-70	95	115	132	154	176	191	210	228	241	254	266	294	342	115	160
71-75	123	142	160	190	221	242	261	285	306	326	344	383	458	144	208
76-79	138	174	207	252	298	336	371	392	441	468	497	565	648	210	306
80-85	169	237	337	417	509	565	647	699	776	842	920	1,021	1,096	280	415
86+	256	339	465	594	735	834	911	998	1,122	1,220	1,335	1,464	1,591	388	573

You must buy a minimum 22-24 day trip to purchase the 23-day Annual Add-on.

You must buy a minimum 31-33 day trip to purchase the 33-day Annual Add-on.

# Short Term Rates for Individuals OVER Age 55

AGE	STANDARD - \$99 USD DEDUCTIBLE													Zero Deductible add 10% to \$99 Deductible Rates	23-day Add-on	33-day Add-on
	TRIP LENGTH															
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	37-40			
56-60	106	117	135	165	212	242	267	297	324	365	404	429	477	148	210	
61-65	145	170	208	267	306	339	396	411	482	516	550	608	660	178	260	
66-70	156	186	243	289	345	382	457	499	562	607	669	710	751	229	330	
71-75	167	199	291	354	425	467	544	624	711	772	859	933	989	344	496	
76-79	189	236	353	451	532	608	708	819	928	1,032	1,146	1,275	1,398	500	729	
80-85	260	361	537	708	849	964	1,147	1,329	1,506	1,677	1,891	2,094	2,279	704	1,031	
86+	399	608	997	1,268	1,591	1,797	2,126	2,493	2,807	2,998	3,205	3,438	3,740	1,040	1,531	

Zero Deductible add 10%  
to \$99 Deductible Rates

AGE	STANDARD - \$1,000 USD DEDUCTIBLE													23-day Add-on	33-day Add-on
	TRIP LENGTH														
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	37-40		
56-60	99	114	128	151	187	208	234	259	285	326	361	382	423	133	189
61-65	133	162	197	233	276	299	324	363	416	455	487	540	585	162	231
66-70	139	173	214	255	308	339	404	443	496	545	593	619	645	197	283
71-75	146	186	260	313	394	425	485	553	626	683	757	826	918	291	425
76-79	159	220	314	398	474	556	638	710	821	912	1,013	1,139	1,243	434	633
80-85	214	340	479	606	695	836	966	1,137	1,320	1,485	1,672	1,852	2,016	607	893
86+	358	539	883	1,129	1,408	1,591	1,801	2,126	2,429	2,706	2,888	3,050	3,253	923	1,364

AGE	STANDARD - \$5,000 USD DEDUCTIBLE													23-day Add-on	33-day Add-on
	TRIP LENGTH														
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	37-40		
56-60	89	99	121	137	162	185	199	215	230	256	280	299	328	102	145
61-65	120	151	181	205	233	255	270	293	322	356	384	418	481	131	188
66-70	127	162	198	220	267	292	331	343	390	423	457	482	537	161	231
71-75	135	172	224	272	328	363	416	440	488	532	591	638	699	241	349
76-79	148	212	270	343	406	470	523	560	630	706	787	885	981	345	502
80-85	198	276	384	487	575	649	766	899	1,035	1,147	1,297	1,430	1,561	479	704
86+	314	425	699	901	1,121	1,306	1,510	1,716	1,923	2,098	2,260	2,432	2,637	728	1,078

You must buy a minimum 22-24 day trip to purchase the 23-day Annual Add-on.

You must buy a minimum 31-33 day trip to purchase the 33-day Annual Add-on.

# Trip Days – Quick Calculator

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
1 1	1 32	1 62	1 93	1 123	1 154	1 185	1 213	1 244	1 274	1 305	1 335
2 2	2 33	2 63	2 94	2 124	2 155	2 186	2 214	2 245	2 275	2 306	2 336
3 3	3 34	3 64	3 95	3 125	3 156	3 187	3 215	3 246	3 276	3 307	3 337
4 4	4 35	4 65	4 96	4 126	4 157	4 188	4 216	4 247	4 277	4 308	4 338
5 5	5 36	5 66	5 97	5 127	5 158	5 189	5 217	5 248	5 278	5 309	5 339
6 6	6 37	6 67	6 98	6 128	6 159	6 190	6 218	6 249	6 279	6 310	6 340
7 7	7 38	7 68	7 99	7 129	7 160	7 191	7 219	7 250	7 280	7 311	7 341
8 8	8 39	8 69	8 100	8 130	8 161	8 192	8 220	8 251	8 281	8 312	8 342
9 9	9 40	9 70	9 101	9 131	9 162	9 193	9 221	9 252	9 282	9 313	9 343
10 10	10 41	10 71	10 102	10 132	10 163	10 194	10 222	10 253	10 283	10 314	10 344
11 11	11 42	11 72	11 103	11 133	11 164	11 195	11 223	11 254	11 284	11 315	11 345
12 12	12 43	12 73	12 104	12 134	12 165	12 196	12 224	12 255	12 285	12 316	12 346
13 13	13 44	13 74	13 105	13 135	13 166	13 197	13 225	13 256	13 286	13 317	13 347
14 14	14 45	14 75	14 106	14 136	14 167	14 198	14 226	14 257	14 287	14 318	14 348
15 15	15 46	15 76	15 107	15 137	15 168	15 199	15 227	15 258	15 288	15 319	15 349
16 16	16 47	16 77	16 108	16 138	16 169	16 200	16 228	16 259	16 289	16 320	16 350
17 17	17 48	17 78	17 109	17 139	17 170	17 201	17 229	17 260	17 290	17 321	17 351
18 18	18 49	18 79	18 110	18 140	18 171	18 202	18 230	18 261	18 291	18 322	18 352
19 19	19 50	19 80	19 111	19 141	19 172	19 203	19 231	19 262	19 292	19 323	19 353
20 20	20 51	20 81	20 112	20 142	20 173	20 204	20 232	20 263	20 293	20 324	20 354
21 21	21 52	21 82	21 113	21 143	21 174	21 205	21 233	21 264	21 294	21 325	21 355
22 22	22 53	22 83	22 114	22 144	22 175	22 206	22 234	22 265	22 295	22 326	22 356
23 23	23 54	23 84	23 115	23 145	23 176	23 207	23 235	23 266	23 296	23 327	23 357
24 24	24 55	24 85	24 116	24 146	24 177	24 208	24 236	24 267	24 297	24 328	24 358
25 25	25 56	25 86	25 117	25 147	25 178	25 209	25 237	25 268	25 298	25 329	25 359
26 26	26 57	26 87	26 118	26 148	26 179	26 210	26 238	26 269	26 299	26 330	26 360
27 27	27 58	27 88	27 119	27 149	27 180	27 211	27 239	27 270	27 300	27 331	27 361
28 28	28 59	28 89	28 120	28 150	28 181	28 212	28 240	28 271	28 301	28 332	28 362
29 29	29 60	29 90	29 121	29 151	29 182		29 241	29 272	29 302	29 333	29 363
30 30	30 61	30 91	30 122	30 152	30 183		30 242	30 273	30 303	30 334	30 364
31 31		31 92		31 153	31 184		31 243		31 304		31 365

## TRIP DURATION CALCULATOR

Select the **Red** numbers beside your departure and return dates. Insert them into the formula and complete the calculation. Statutory holidays highlighted in green.

	<b>EXAMPLE:</b> (If you are leaving October 15 and returning March 25)	<b>CALCULATE YOUR TRIP LENGTH:</b>
Return Date #	<b>237</b>	
<b>minus</b> Effective Date #	<b>- 76</b>	<b>-</b>
<b>subtotal</b>	<b>161</b>	
Add 1	<b>+</b> <b>1</b>	<b>+</b> <b>1</b>
Equals Trip Duration (days)	<b>162</b>	
	Select the 165-day package to cover your entire trip.	

# Strength In Partnership



**MEDIPAC**  
Travel Insurance



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*Rates subject to change*