

Out-Of-Country Excess Hospital and Medical Insurance Plan (Includes Emergency Medical Assistance) Industrial-Alliance Pacific Life Insurance (IAP) Policy No. 135-1131

Policy Overview

Who is covered?

All Employees and Elected Officials under age 70, their spouses and dependent children as defined under the policy ("Insured Persons"), in the case of injury sustained or sickness contracted while travelling outside of Canada on City business. Insured Persons are covered from the date of departure from Canada until the earlier of their return to Canada or 60 days from the departure date.

Insured Persons travelling outside of Canada on City **business in excess of 60 days** are **not** covered under this policy.

What is covered?

The policy insures against loss from expenses, which are incurred as a result of injury or sickness occurring while outside Canada.

- Reasonable and customary expenses for: in-patient hospital stays including standard semi-private accommodations; out-patient emergency room charges; emergency treatment by a physician; x-rays and laboratory examinations for diagnostic purposes; ground ambulance; air ambulance (to a maximum of \$5,000); crutches or appliances, splints, trusses or braces; or physiotherapy when hospitalized and recommended by the attending physician (maximum 3 treatments).
- Reasonable and customary expenses for necessary emergency dental treatment received for injury to whole or sound teeth, to a maximum of \$2,000 per accident.
- Actual costs of prescription drugs prescribed by the attending physician excluding contraceptives, patent drugs, vitamins, repeat prescriptions, maintenance and chronic care drugs.
- If deemed medically necessary, all expenses for transportation, medical services and supplies necessarily incurred in connection with the emergency evacuation of the Insured Person, subject to a maximum of \$40,000.
- Up to \$5,000 for necessary travel expenses for economy return airfare for a medical attendant certified as medically necessary during the emergency evacuation of the Insured Person.
- In the event the Insured Person dies, up to \$5,000 for preparation and transportation of the body.

- In the event the Insured Person is confined to hospital for 5 or more consecutive days and cannot return to Canada, reasonable expenses for board, lodging and extra travel expenses for other Insured Persons to remain with the hospitalized person.
- In the event of injury, sickness or death of the Insured Person, economy return airfare plus \$100 per day accommodation benefit for attendance of family member if deemed medically necessary for maximum of 20 consecutive days. This benefit and the benefit for Insured Persons to remain with the hospitalized person is subject to an overall maximum of \$3,000.

Is there a maximum benefit?

The lifetime maximum amount payable with respect to any one Insured Person is \$1,000,000.

What if I have a medical emergency?

Emergency medical assistance is available **24 hours a day 7 days a week** for those covered under the policy.

The medical emergency must be reported to IAP Emergency Assistance **within 24 hours**. If IAP Emergency Assistance is not contacted, you may receive inappropriate or unnecessary medical treatment which may not be included in this coverage or it may result in your medical expenses being denied, benefits being limited or cause a delay in the settlement of your claim.

Typically, the hospital will make every effort to contact the Emergency Assistance provider in the event that the individual is not medically able to initiate contact (e.g. in a coma).

In the event of a medical emergency, report the medical emergency to IAP Emergency Assistance toll-free at **1-800-255-2008 within North America** or collect at **0-305-865-8895 if outside North America**.

Employees travelling outside of Canada on City business can obtain a **travel card** with the emergency assistance number prior to departure by contacting **Anne Dingwall**, Corporate Services (Human Resources) at **496-7814**.

In the event of a medical emergency IAP Emergency Assistance will:

- assist the employee in locating an appropriate physician, clinic or hospital and help with any language difficulties
- provide medical referrals, advice and information
- provide information on the employee's coverage under this plan to the hospital or physician
- assist with the transportation of a family member to the employee's bedside (when medically required) or to identify the deceased
- arrange for transportation home of the employee (i.e. emergency medical evacuation), when necessary
- contact the employee's family, employer or family physician
- provide legal counsel in the event of a serious accident
- coordinate the payment of hospital and medical expenses incurred

What if I require medical attention but it is not an emergency?

If the Insured Person is seeking non-emergency medical assistance (e.g. falls and requires stitches) they **must contact** IAP Emergency Assistance **within 24 hours** if the medical expenses incurred will **exceed five hundred dollars (\$500.00)**.

If the amount of the medical expenses incurred will be **less than five hundred dollars (\$500.00)** the Insured Person does not need to contact IAP Emergency Assistance. However, the Insured Person **must obtain a written report from the physician** detailing the accident or illness, treatment provided and an itemized list of expenses.

How do I make a claim?

Where there is a **medical emergency or medical expenses will exceed \$500** and the employee has contacted IAP Emergency Assistance, the medical service provider will typically send the bills directly to IAP. In some instances, the medical service provider may send the bill directly to the employee or to IAP and the Insured Person.

If the Insured Person receives a bill, they are to call 1-800-549-7227, Extension 320 and speak with Andree Lavallee. IAP will pay the medical service provider directly unless the Insured Person shows proof that they have paid the bill themselves.

Where the Insured Person is seeking medical assistance for a **non-emergency** (e.g. stitches) and the **medical expenses will not exceed \$500** the Insured Person is **required to pay the medical service provider directly**. Upon returning to Canada, the Insured Person will submit the claim to IAP. To submit a claim, call 1-800-549-7227, Extension 320 (Andree Lavallee) to obtain a claim form and Instruction Sheet.

What if I have other insurance policies with travel benefits?

Only those expenses in excess of amounts available, payable or collectable under the Provincial Health Care Plan of the province in which you are resident (i.e. Alberta Health Care), which are insured services or basic health services are payable under the Out-of-Country Excess Hospital and Medical Insurance Plan, whether or not you are covered thereunder.

If an Insured Person has coverage under another plan of insurance which provides similar benefits, claims will be coordinated with the other policies according to the Canadian Life and Health Insurance Association.

Are there any Exclusions and/or Limitations?

The policy does not provide payment or indemnity for expenses incurred directly or indirectly as a result of:

- pregnancy or complications thereof within 8 weeks of the expected termination date of pregnancy
- suicide or any attempt thereat or intentional self-inflicted injury, while sane or insane
- travel for the purpose of securing, or with the intent of, receiving medical attention, prescription drugs or medicine, or hospital services, no payment will be made for the expenses incurred
- elective (non-emergency) treatment or surgery, including treatment or surgery not required for the immediate relief of acute pain and suffering

- treatment or surgery which medically could be delayed until the Insured Person has returned to Canada, or which the Insured Person elects to have rendered or performed outside Canada following emergency treatment for, or diagnosis of, a medical condition which (on medical evidence) would not prevent the Insured Person from returning to Canada prior to such treatment or surgery
- declared or undeclared war or any act of war
- terrorist activity of any kind
- any loss as the sole result of the utilization of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined
- active full-time service in the armed forces of any country
- the commission or the attempt to commit a criminal act
- mental or emotional disorders, unless hospitalized
- participation in professional sports, bodily contact sports, acrobatic or stunt-flying, hang gliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving, or motorized speed contests

THIS IS A SUMMARY ONLY AND IS SUBJECT TO THE CONDITIONS AND EXCLUSIONS OF THE POLICY.

February 10, 2005