

the
EDGE

Travel Medical Emergency Annual Plan



the
EDGE

POLICY BOOKLET

EDGE ANNUAL TRAVEL MEDICAL EMERGENCY

Underwritten by Beneva, 625 Jacques-Parizeau St, PO Box 1500, Quebec, QC G1K 8X9 1 800 463 4856.

Administered by Beneva's travel assistance service provider ("**Administrator**").

Distributed by The Edge Benefits Inc.

IMPORTANT NOTICE

Please read *your* policy carefully when *you* receive it.

- Travel insurance doesn't cover everything; it is designed to cover losses arising from sudden and unforeseeable circumstances due to an **emergency**.
- **It is important that *you* read and understand *your* policy before *you* travel as *your* coverage may be subject to certain limitations or exclusions.**
- **Important note about changes in *your* health**
If ***your*** health changes after the ***effective date*** stated on ***your*** Schedule of Benefits, ***your*** eligibility will not be affected, but coverage for that ***medical condition*** will be subject to limitations and exclusions.
- Please check ***your*** Schedule of Benefits to ensure ***you*** have the coverage options ***you*** require. ***You*** will be responsible for any expenses that are not payable by the ***insurer***.
- **In the event of a medical *emergency*, *you* or someone acting on *your* behalf must notify the Administrator (toll free 1-844-780-9832 or worldwide collect 418-780-9832) within 24 hours of admission to a *hospital* and before any surgery is performed. EDGE ID No. 010246**
- Failure to notify the ***Administrator*** as required may delay the processing and payment of ***your*** claim and may limit the amount of ***your*** claim payment.
- **In the event of an *accident, injury or sickness*, *your* prior medical history may be reviewed when a claim is reported.**
- This policy contains a number of exclusions and limitations which may apply to a ***medical condition*** and/or symptoms that existed prior to ***your trip***.
- This policy contains a provision removing or restricting the right of an insured person to designate persons to whom or for whose benefit insurance money is payable.

Right to Examine

Please review this policy when ***you*** receive it to ensure it meets ***your*** needs.

You have 10 days after purchase to return this policy for a full refund, provided ***you*** have not departed on ***your trip*** and a claim has not been incurred.

Refunds

A full refund will be provided for policies returned within 10 days of purchase, provided ***you*** have not departed on ***your trip*** and a claim has not been incurred.

After this 10-day period, this policy is non-refundable.

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Insuring Agreement

In consideration of the **application for insurance** and payment of the appropriate premium, and subject to the terms, conditions, limitations, exclusions and other provisions of this policy, the **insurer** will pay the **reasonable and customary costs** for eligible expenses incurred during the **coverage period**, up to the amounts specified in this policy, in excess of any amount allowed and/or paid for by any other insurance plan(s). Payment is limited to the amounts specified under each coverage option. Some benefits are subject to advance approval by the **Administrator**. **You** will be responsible for any expenses that are not payable by the **insurer**.

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Eligibility for Coverage

To be insured under this policy, **you** must:

1. be a permanent resident of Canada;
2. purchase single or **family coverage** prior to **your departure date** from **your** home province or territory of residence;
3. be covered by the **government health insurance plan** of **your** Canadian province or territory of residence for the full duration of **your trip**; and
4. be under 65 years of age at the time of purchase.

Commencement and Termination of Coverage

When Coverage Begins

Coverage begins on the later of when **your** application is accepted by The Edge Benefits Inc. and the required premium has been paid or the **effective date** specified on the Schedule of Benefits issued by The Edge Benefits Inc. If payment is made by cheque, coverage will not become effective until the cheque submitted as payment clears and monies are deposited.

In addition, **your spouse** and **dependent children** become insured under **your** policy when **family coverage** has been selected and the appropriate premium submitted.

When Coverage Ends

Your coverage will end upon the earlier of:

- the date **you** cease to meet any of the eligibility for coverage requirements; or
- 11:59 p.m. on the **expiry date** indicated on **your** Schedule of Benefits.

Renewal of Your Annual Coverage

Your coverage will automatically be renewed on the **expiry date** for an additional 365 days if, on the **expiry date**:

- **you** are a Canadian resident;
- **you** are under age 65;
- The Edge Benefits Inc. has received the required renewal premium from **you**; and
- The Edge Annual Travel Medical Emergency plan policy continues to be available.

If **you** do not want **your** coverage to automatically renew, **you** must contact The Edge Benefits Inc. at 1-800-908-9917 prior to **your expiry date**.

Automatic Extension of Coverage

Coverage will automatically be extended beyond the **day limit** for up to 72 hours provided:

1. **you** are hospitalized due to a medical **emergency** on the last day of coverage. Coverage will continue for as long as **you** are hospitalized as an **inpatient**. The 72-hour extension commences upon release from **hospital**;
2. the delay of a **common carrier** in which **you** are a passenger causes **you** to miss the scheduled return to **your** province or territory of residence (including by reason of weather);
3. the private automobile in which **you** are travelling is involved in a traffic accident, or mechanical breakdown, that prevents **your** return to **your** province or territory of residence on or before the **day limit** ends;
4. the scheduled return to **your** province or territory of residence is delayed due to a medical **emergency** and the attending **physician** certifies **you** are medically unfit to travel; or
5. **you** are subjected to forced quarantine by government authorities.

All claims incurred after the original scheduled **return date** must be supported by documented proof of the event resulting in the delayed return.

Definitions

The defined terms below will appear in **bold italics** throughout this policy.

Accident or accidental means a sudden, unexpected, unintended, unforeseeable external event, occurring during the **coverage period**, arising wholly from accidental means, which independently of any other cause, results in ***injury***.

Act of terrorism means an act, including but not limited to hijacking, the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

Act of war or war means any act causing loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.

Administrator means the service provider appointed by the **insurer** to administer and provide the medical assistance and claims services under this policy.

Animal companion means a domestic cat or dog that is owned for companionship or as a helper and not owned for commercial reasons.

Application for insurance means the printed form, computer printout, document provided by The Edge Benefits Inc. The application for insurance forms part of the insurance contract.

Commercial accommodation means an establishment providing short-term accommodation for paying guests, licensed under the law of its jurisdiction, which provides proof of commercial transaction. This includes accommodation booked through an online business or booking platform which is accredited by the appropriate authorities to operate such a business or provide such services.

Common carrier means any land, air or water conveyance for regular passenger service, which is fully licensed to carry passengers for compensation or hire and which undertakes to carry all persons indifferently as to who may apply for passage, so long as there is room and there is no legal excuse for refusal.

Contamination means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances, which causes **illness** and/or death.

Coverage period means the period from the **effective date** to the **expiry date** as indicated on **your** Schedule of Benefits.

Day limit means the 30 consecutive days that coverage outside **your** province or territory of residence is in effect. The number of consecutive days include the **departure date** and **return date**.

Departure date means the date **you** leave **your** home province or territory of residence.

Dependent children means the unmarried persons who are dependent on **you** for support and are:

- under 21 years of age; or
- under 26 years of age if a full-time student attending a recognized college or university; or
- 21 years of age or older and permanently mentally or physically challenged and incapable of self-support and became so while eligible as a dependent child.

Effective date means the later of:

- a) the date indicated as the effective date on **your** Schedule of Benefits; or
- b) the date **you** exit **your** province or territory of residence for a **trip**.

Emergency means an unexpected **illness** or **injury** that occurs during a **trip**, requiring immediate **medically necessary treatment**. This includes **treatment** for the immediate relief of acute pain or suffering, and such **treatment** cannot be delayed until **your** return to **your** province or territory of residence. This does not include elective, experimental or alternative treatment.

Expiry date means the earlier of:

- a) the date indicated as the expiry date on **your** Schedule of Benefits; or
- b) the date and time **you** return to **your** province or territory of residence; or
- c) when travelling outside Canada, the date **you** reach the **day limit**.

Family coverage means the coverage that **you**, **your spouse** and **dependent children** have when the family coverage option has been selected, the required premium has been paid and it is reflected on the Schedule of Benefits issued by The Edge Benefits Inc.

Good health means the state of full physical and psychological well-being in which one knows of no reason to seek **medical treatment** and is unaware of any disease, disturbance to bodily or mental functions, or any ailment that impacts one's ability to function physically or mentally.

Government health insurance plan means the health care coverage provided by Canadian provincial and territorial governments to their residents.

High-risk activity(ies) means:

- heli-skiing;
- any skiing or snowboarding outside marked trails;
- ski jumping;
- skydiving or sky-surfing;
- scuba diving (except if certified by internationally recognized and accepted programs such as NAUI or PADI, or if diving depth does not exceed 30 meters);
- white water rafting (except grades 1 to 4);
- rock climbing (includes but is not limited to bouldering, ice climbing, lead or top-rope, multi-pitch, soloing, sport climbing, trad climbing or via ferrata. Rock climbing does not include climbing artificial rock walls when using proper safety equipment under supervision.);
- mountain climbing (the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.);
- street luge or skeleton activity;
- any sporting or underwater activity for which remuneration is paid;
- all extreme or combat sports; and
- any motorized vehicle competition.

Hospital means an establishment that is licensed as a hospital and is operated for the care and **treatment of inpatients**, has a registered nurse and **physician** always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the hospital. Hospital does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged, or health spa.

Illness means any unforeseen acute illness or disease occurring during the **coverage period** requiring the immediate medical care or **treatment** of a **physician** and which cannot be delayed until **you** return to **your** province or territory of residence.

Immediate family member means **your spouse**, parent, child (natural, adopted or stepchild), sibling, step-parent, grandson, granddaughter, grandfather or grandmother.

Incident date means the date when **you** first exhibited signs or symptoms and/or sought **treatment** for a **medical condition, illness or injury**.

Injury means unexpected and unforeseen harm to the body that is caused solely and independently by an **accident**, sustained during the **coverage period** that requires **emergency treatment**.

Inpatient means a patient who is treated as a registered bed patient in a **hospital** or other eligible facility and for whom is charged room and board. Admittance as an **inpatient** must be for **medically necessary treatment** and the admission recommended by the attending **physician**.

Insurer means Beneva Inc., who underwrites this policy.

Medical condition means an **accidental injury or illness** (including symptoms of undiagnosed conditions) for which **treatment**, medical examination, investigative testing or advice was sought or received, and during which a diagnosis of the condition need not have been definitively made.

Medically necessary means the services or supplies provided by a **hospital, physician, dentist**, or other licensed provider that are required to identify and treat an **illness or injury** or disease and that the **Administrator** determines are:

- consistent with the symptoms, diagnosis or **treatment** and appropriate according to accepted standards of medical practice for that **illness, injury** or disease;
- are not experimental or solely investigative in nature;
- the most appropriate supply, or level of services, that can be safely provided and cannot be omitted without adversely affecting **your** condition or the quality of medical care;
- not solely for the convenience of **you, a physician** or other provider; and
- unable to be reasonably delayed until **you** return to **your** province or territory of residence.

Medical treatment or **treatment** means the **medically necessary** advice, care, surgery (non-elective) or services provided to **you** for a disease, **illness**, bodily **injury**, or acute psychosis that occur during a **trip**. Treatment must be provided by a licensed **physician, physician's assistant, nurse practitioner, dentist, paramedical practitioner** and/or **hospital** and cannot reasonably be delayed until **you** return to **your** province or territory of residence without endangering **your** health. It does not include checkups, regular treatment of a chronic condition, or cases where there are no specific symptoms.

Ongoing medical condition means an acute **illness** and/or **injury** that requires continuing care and/or **treatment** after the initial **emergency** has ended as determined by the medical team of the **Administrator**.

Nurse practitioner means a person licensed to practice as a nurse practitioner or equivalent designation in the jurisdiction where the **treatment** is provided, and has the ability to individually diagnose and treat patients, order and interpret tests and prescribe medication, within the scope of such license. A nurse practitioner must not be related to **you** by either blood or marriage.

Paramedical practitioner means physiotherapist, chiropractor, chiropractist; podiatrist or osteopath licensed to practice within the scope of such license at the location where the **treatment** is provided and who is not related to **you** by either blood or marriage. This does not include a naturopath, herbalist or a homeopath.

Physician means a person legally licensed to prescribe drugs and administer **medical treatment**, within the scope of such license, at the location where the **medical treatment** is provided. A physician must not be related by either blood or marriage to **you**.

Physician assistant means a person licensed to practice as a physician assistant or equivalent designation in the jurisdiction where the treatment is provided, and has the ability to complete physician duties and prescribe medications as designated by the supervising **physician**. A physician assistant must not be related to **you** by either blood or marriage.

Reasonable and customary costs or **charges** means those charges in an amount consistently made by other vendors/providers for a given service in the same geographical area where the costs are incurred.

Return date means the date **you** return to **your** home province or territory of residence.

Sanction means any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulations.

Spouse means the person who is:

- legally married or in a legal civil union with **you**, or
- living with **you** in a conjugal relationship and publicly represented as **your** spouse or domestic partner in the community in which **you** reside.

For the purposes of this insurance **you** may have only one **spouse**.

Stable means that if **you** already have a known **illness** before the **trip**, **you** must ensure before departure that:

- **Your** health condition is good, and stable. **Your** state of health is considered unstable, and its effects are not considered to be those of a sudden and unexpected **illness**, in the following cases:
 - Symptoms worsen;
 - A relapse is suffered;
 - The disease or illness is in its terminal phase;
 - The disease or illness is chronic and shows signs that deterioration may occur or foreseeable complications may arise during the **trip**;
- **You** are able to carry out usual daily activities; and
- **You** are experiencing no symptoms that may reasonably suggest that any complications may arise or medical care may be required during the **trip** outside **your** province of residence.

You can contact the **Administrator** to clarify the term "sudden and unexpected illness" and to confirm whether coverage may be limited in any way by **your** condition.

Travel advisory means a formal written notice issued by the Canadian government instructing travellers to avoid all travel to a country, region or city. This does not include travel information reports.

Travelling companion means a person with whom **you** are sharing travel arrangements and prepaid accommodation.

Trip means a journey undertaken by **you**, beginning on **your departure date** and ending upon **your return date**.

Vehicle means a private passenger automobile which **you** used during **your trip**. The vehicle can be either owned by **you** or leased by **you** from a commercial rental agency.

You or your means a person, who is named on the Schedule of Benefits issued by The Edge Benefits Inc. and whom the required premium has been paid. Where **family coverage** is in effect, **you, your**, shall also mean **your spouse** and **dependent children**.

Emergency Assistance Services

The **Administrator** is available to take calls, 24 hours a day, 7 days a week.

Emergency Call Centre – No matter where **you** travel, professional assistance personnel are ready to take **your** call. the **Administrator** can provide **you** with Canada Direct instructions and codes so that **you** only deal with Canadian telephone operators.

Referrals – The **Administrator** can refer **you** to the preferred medical providers (**hospitals**, clinics and **physicians**) that are closest to where **you** are staying. With a referral, it is less likely that **you** will have to pay for services out-of-pocket.

Benefit Information – Explanation of this policy is available to **you** and to the medical providers who are treating **you**.

Medical Consultants – The **Administrator's** team of medical professionals, available 24 hours a day, will monitor the services given in the event of a serious **emergency**. When required, the **Administrator** will help **you** return to Canada for the care required.

Urgent Message Relay – In the event of a medical **emergency**, the **Administrator** will contact **your travelling companion** to keep them advised of **your** medical situation and will help **you** exchange important messages with **your** family.

Interpreter Service – The **Administrator** can connect **you** to an interpreter when required for **emergency** services while abroad.

Lost Document and Ticket Replacement – The **Administrator** will assist in contacting the local authorities to help **you** replace lost or stolen passports, visas, tickets or other travel documents.

Direct Billing – Whenever possible, the **Administrator** will instruct the **hospital** or clinic to bill the **insurer** directly.

Claims Information – The **Administrator** will answer any of **your** questions about the eligibility of **your** claim, standard verification procedures, or the way that the benefits are administered.

Emergency Medical Coverage

Emergency Procedures

You must contact the **Administrator** before seeking **emergency treatment**. Should **you** be unable to call, someone may call on **your** behalf (**travelling companion, hospital, physician's** office). Failure to call the **Administrator** may result in partial reimbursement, or no reimbursement for expenses that have already been incurred.

The medical advisors of the **Administrator** must approve all medical procedures in advance (this includes but is not limited to cardiac procedures, CAT scans, MRIs or cardiac catheterization). When calling in advance, it is less likely that **you** will have to pay for services out-of-pocket.

IMPORTANT NOTE: In the event of a claim **you** will need to supply proof of **your departure date** and **return date**.

Emergency Medical Term of Coverage

Your coverage begins on the **effective date** and ends on the **expiry date**.

Emergency Medical Benefits

In the event of an **emergency**, the following benefits are eligible under this policy up to \$5 million per insured person for expenses incurred when the **incident date** falls within the first 30 days of **your trip**.

This policy covers the following eligible **reasonable and customary costs** for **medically necessary emergency treatment** in excess of those covered by **your government health insurance plan** or other insurance of which **you** are insured. Costs must be incurred outside of **your** province or territory of residence as a result of an **emergency** due to an **illness** or **injury** that occurs during the **coverage period**:

1. **Hospital Accommodation:** **Hospital** room and board costs up to the semi-private room rate charged by the **hospital**. If **medically necessary**, expenses for **treatment** in an intensive or coronary care unit are also covered.
2. **Physician Charges:** Services for **treatment** by a **physician, physician's assistant** or **nurse practitioner**.
3. **Diagnostic Services:** Laboratory tests and X-rays when prescribed by the attending **physician** as part of the **emergency treatment**. This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless authorized in advance by the **Administrator**.
4. **Paramedical Services:** The services (including X-rays) of a **paramedical practitioner** to a maximum of \$250 per profession when approved in advance by the **Administrator**.
5. **Prescription Drugs:** The cost of prescription drugs when **medically necessary** for **emergency treatment** (including injectable drugs and sera) that can only be obtained

upon medical prescription and are prescribed by a **physician** or licensed dentist and dispensed by a licensed pharmacist.

Expenses for drugs that are considered experimental by the medical advisors of the **Administrator** are not covered. Drugs required to stabilize a chronic condition, or a **medical condition**, that **you** were prescribed before departure on the **trip** are not covered. This benefit is limited to a 30-day supply per prescription unless **you** are hospitalized for longer than 30 days.

6. **Medical Appliances:** When approved in advance by the **Administrator**, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending **physician**, obtained outside **your** province or territory of residence and **medically necessary**.
7. **Private Duty Nurse:** The **reasonable and customary costs** for the professional services of a registered private nurse, when **medically necessary** and approved in advance by the **Administrator**.
8. **Ground Transport:** Licensed taxi or ground ambulance services when **medically necessary** to transport **you** to and from the nearest medical facility. **Please note**, any bills or receipts submitted must include the pick-up and drop-off locations.
9. **Emergency Air Transportation:** When approved and arranged in advance by the **Administrator**:
 - air ambulance to the nearest appropriate medical facility or to a Canadian **hospital** for immediate **emergency treatment**;
 - transport on a licensed airline with a qualified attendant (when required) to return **you** to **your** province or territory of residence for immediate **emergency treatment**.
10. **Incidental Expenses:** In the event of **your** hospitalization due to an **illness** or **injury**, the **insurer** agrees to reimburse up to \$250 toward incidental **hospital** expenses (telephone calls, television rental) when **you** are hospitalized for at least 48 hours.
11. **After Hospital Convalescence:** If **you** are unable to travel due to medical reasons following discharge from a **hospital**, expenses incurred for meals and **commercial accommodation** after the originally scheduled **return date** will be paid up to a maximum of \$75 per day to a maximum of five days, per insured person.
12. **Transportation to Bedside:** When approved in advance by the **Administrator**, the **reasonable and customary cost** of a single round-trip economy airfare from Canada, plus up to \$150 per day for the cost of meals and **commercial accommodation** for one **immediate family member** or one close personal friend, to:
 - be with **you** if **you** are travelling alone and are hospitalized as the result of an **emergency**. To be payable, this benefit requires **you** be hospitalized as an **inpatient** for more than three consecutive days outside **your** province or territory of residence and the attending **physician** provide written certification that **your medical condition** was serious enough to warrant the visit; or
 - where legally necessary, identify **your** remains prior to the release of the body.The **insurer** will only reimburse covered expenses evidenced by the original itemized receipts.
13. **Meals and Accommodation:** Up to \$150 per day, to an overall maximum of \$3,000 per **trip** for the cost of **commercial accommodation** and meals for **you** and/or any **travelling companion** when **your trip** is extended beyond the last day of the **day limit** due to **your** hospitalization or when **you** are unable to travel due to medical reasons. This benefit must be approved in advance by the **Administrator** and certified by the **physician** that **you** are unable to travel and evidenced by original receipts.

14. **Return of Travelling Companion:** If **you** are returned to **your** province or territory of residence under the Emergency Air Transportation benefit or the Return of Remains benefit, the **insurer** will reimburse the cost of a single one-way economy airfare for a **travelling companion** to return to Canada, when approved in advance by the **Administrator**.
15. **Return of Animal Companion:** If **you** are returned to **your** province or territory of residence under the Emergency Air Transportation benefit, the **insurer** will reimburse up to \$500 to return **your animal companion** to **your** province or territory of residence.
16. **Return of Dependent Children:** If **dependent children** are left unattended due to **your** hospitalization, arrangements will be made to return the **dependent children** to their home. The extra costs over and above any allowance available under prepaid travel arrangements will be paid. If necessary for a qualified escort to accompany the **dependent children**, expenses incurred for round-trip transportation will be paid.
17. **Return of Remains:** In the event of **your** death due to an **illness or injury**, the **insurer** will provide up to \$5,000 towards the reasonable and necessary services required to:
- transport **your** remains, from the place of death to **your** city of residence in Canada; or
 - for the burial or cremation of those remains at the place where the death occurred.
- The cost of a funeral, a burial casket or an urn, are not covered expenses.
18. **Return of Excess Baggage:** When approved in advance by the **Administrator**, in the event of **your** return to **your** province or territory of residence under the Emergency Air Transportation benefit, this insurance covers the cost to return **your** excess baggage up to a maximum of \$500.
19. **Vehicle Return:** If, due to **illness or injury**, either **you** or **your travelling companion** are not able to operate **your vehicle**, this insurance covers the **reasonable and customary cost** of returning **your vehicle** to its point of origin. When approved in advance, the **Administrator** will make the arrangement for the return of the vehicle. Coverage also includes the **reasonable and customary costs** of lodging, meals and transportation in order for **you** to return to **your** province or territory of residence.
- The maximum amount payable for all eligible expenses included in the Vehicle Return benefit is \$5,000. The **insurer** will only reimburse covered expenses evidenced by original receipts.
20. **Treatment of Dental Accidents:** Up to \$2,000 for **emergency dental treatment** to repair natural, vital and sound teeth or permanently attached artificial teeth, for **injury** caused by an external and **accidental** blow to the mouth or face. **You** must consult a **physician** or dentist immediately following the **injury** and **treatment** must be completed during the **coverage period**. An accident report is required from a **physician** or dentist for claims purposes. This policy does not cover chewing accidents unless as expressly provided for under the Relief of Acute Dental Pain benefit.
21. **Relief of Acute Dental Pain:** Up to \$200 per insured person for **emergency treatment** by a dentist for the relief of acute dental pain. This includes the cost of prescription drugs for the relief of such pain when prescribed by the treating dentist.
22. **Incidental Expenses Related to Pandemic Constraints:** The insurer agrees to reimburse up to \$250 toward incidental expenses when **you** must involuntarily incur additional expenses due to being denied boarding a flight or crossing a border, or forced to quarantine by government authorities, when justified by special pandemic measures.

Emergency Medical Exclusions

The **insurer** does not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. **Your** health prior to departure is not **stable**.
2. Any **medical condition** for which it is reasonable to believe or expect that **treatments** will be required during **your trip**.
3. **Treatment** or services normally covered or reimbursable under a **government health insurance plan** or any other specific insurance that **you** hold.
4. Any **trip** booked, commenced or continued against the advice of **your physician**.
5. **Treatment**, surgery, medication, services or supplies that are not required for the immediate relief of acute pain and suffering, or **you** elect to have provided outside of **your** province or territory of residence when medical evidence indicates **you** could return to **your** province or territory of residence to receive **treatment**. The wait time to receive **treatment** in **your** province or territory of residence has no bearing on the application of this exclusion.
6. **Treatment** or surgery during a **trip**, when the purpose of the **trip** is to secure or with the intent of receiving medical or **hospital** services, whether or not such **trip** is taken on the advice or referral of a **physician**.
7. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by the **Administrator** prior to being performed except in extreme circumstances where surgery is performed immediately on an **emergency** basis.
8. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies, unless authorized in advance by the **Administrator**.
9. Hospitalization or services rendered in connection with general health examinations for "check-up" purposes, **treatment** or care of an **ongoing medical condition**, regular care of a chronic condition, home health care, investigative testing, rehabilitative care, or **treatment** in connection with drug, alcohol or other substance abuse, non-compliance with any prescribed medical therapy or **treatment** of an acute **illness** or **injury** after the initial **emergency** has ended (as determined by the medical team of the **Administrator**).
10. **Treatment** of a recurrence or complication of any **medical condition** following **medical treatment** during the **trip** where the **Administrator** determined that **you** should return to **your** province or territory of residence and **you** chose not to do so.
11. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless **you** are hospitalized for that condition.
12. Emergency air transportation unless approved and arranged in advance by the **Administrator**.
13. **Treatment** not performed by or under the supervision of a **physician, physician assistant, nurse practitioner, licensed dentist, or the appropriate paramedical practitioner**.
14. Routine or elective **treatment** for pregnancy, including high-risk pregnancy, within the first 31 weeks of the pregnancy.
15. **Treatment** or hospitalization of mother or child as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the nine weeks before

or after the expected delivery date, or at any time for a pregnancy deemed as high-risk by a **physician**, or induced abortion.

16. An **act of war**, invasion, act of a foreign enemy, declared or undeclared hostilities, civil **war**, rebellion, revolution or military usurpation of power or an **act of terrorism**.
17. Expenses incurred in a location for which the Government of Canada issued an advisory to avoid all travel, before **your** departure date, advising travellers to avoid all travel, and **you** have an **emergency or medical condition** related to the travel warning. This exclusion does not apply to travel deemed essential by the Canadian government. If the insured is already present at the location in question or on a cruise ship at the time the advisory is issued, they must comply with the advisory within 14 days following its issuance. If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.
18. Travel to a sanctioned country for any business or activity to the extent that such cover would violate any applicable national economic or trade **sanction** law or regulations.
19. Nuclear reaction, radiation or radioactive, biological or chemical **contamination**.
20. Seepage, pollution or **contamination**.
21. Committing or attempting to commit an illegal act or a criminal act.
22. Intentional self-injury; suicide or attempted suicide; abuse of medication, illicit drugs or alcohol.
23. Any motor vehicle accident that results in **injury** while under the influence of illicit drugs or alcohol where the concentration of alcohol in **your** blood exceeds 80 milligrams of alcohol in 100 millilitres of blood.
24. Participation in **high-risk activity(ies)**.
25. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
Whenever possible, the **Administrator** will help coordinate the replacement of **your** prescription eyeglasses or essential prescription if these items need to be replaced during **your trip**. This insurance does not cover the actual cost to replace **your** prescription eyeglasses or essential prescription medication.
26. The replacement of an existing prescription, whether by reason of loss, renewal or due to inadequate supply; or the purchase of drugs and medications (including vitamins, meal replacements, and mineral supplements) which are commonly available without a prescription; or are not legally registered and approved in Canada; or are not required as a result of an **emergency**.
Whenever possible, the **Administrator** will help coordinate the replacement of **your** essential prescription medication in the event it needs to be replaced during **your trip**. This insurance does not cover the actual cost to replace **your** essential prescription medication.
27. Upgrade charges for airline transportation unless approved in advance by the **Administrator**.
28. Dental service related to crowns and root canals or the repair or replacement of full or partial dentures when lost or damaged.
29. **Treatment** or services received in the province where **you** attend school or work on a full-time basis.
30. **Treatment**, service or supply related to locating organ donors for transplants, or any **treatment**, service or supply regarding the use of artificial organs.

31. ***Illness or injury*** resulting from a motor vehicle accident where **you** are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.

Submission of Claims

Notice of Claim and Proof of Claim

In the event of an ***emergency***, contact the **Administrator** toll free at 1-844-780-9832 or worldwide collect 418-780-9832 as soon as possible. If the **Administrator** is not contacted immediately, **you**, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

- give written notice of claim by delivery thereof or by sending it by registered mail to the **Administrator** not later than 30 days from the date the claim is incurred under this policy;
- within 90 days from the date a claim is incurred, provide the **Administrator** such proof of claim as is reasonably possible in the circumstances giving rise to the claim and the loss occasioned thereby, the right of the claimant to receive payment, their age and the age of the beneficiary, if relevant; and
- if required by the **Administrator**, provide a satisfactory certificate stating the cause for which the claim is made and the duration of the ***illness or injury***, if applicable.

Failure to give notice of claim or furnish proof of claim within the above prescribed period does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one year from the date of ***injury***, or loss, or the date a claim arises under the policy on account of ***illness*** if it is shown that it was not reasonably or medically possible to give notice or furnish proof within the time so prescribed.

PAYMENT OF CLAIMS

All claim amounts payable under this policy shall be paid by the **Administrator**, on behalf of the **insurer**, within 60 days following the receipt of due proof of claim that is satisfactory to them. For information regarding the status of a claim, please contact the **Administrator**.

CLAIMS PROCEDURES

You are responsible for providing all the documents outlined below and for any charges levied for these documents. To file a claim, **you** must:

- include the policy number, patient's name (married and maiden, if applicable), date of birth, and Canadian provincial or territorial **government health insurance plan** number with its expiry date or version code (if applicable);
- submit all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and type of **treatment**, and the name of the medical facility and/or **physician**;
- provide original prescription drug receipts (not cashier receipts) from the pharmacist, **physician** or **hospital** showing the name of the prescribing **physician**, prescription number, name of medication, date, quantity and total cost;
- provide proof of the **departure date** and **return date**;
- provide written proof of claim within one-year of the date of receipt of services covered under this policy;
- provide additional information pertinent to **your** claim, as may be required by the **Administrator** after receipt of the claim;
- sign and return the authorization form, provided by the **Administrator**, allowing the **insurer** to recover payment from the Canadian provincial or territorial **government health insurance plan**. The **insurer** will coordinate and pay **your** claim to the participating

- medical providers and where permitted, coordinate claims directly with the Canadian provincial or territorial **government health insurance plan** on **your** behalf; and
- return the unused portion of **your** air ticket to the **Administrator**, if the Emergency Air Transportation benefit is used.

All pertinent documents should be sent to the **Administrator**.

General Conditions

1. All premiums, benefit maximums and benefit payments are stated in Canadian dollars. For foreign currency expenses, **the insurer** uses the exchange rate of the Bank of Canada.
2. **You** must repay to the **insurer** amounts paid or authorized for payment on **your** behalf, if **the insurer** determines the amount is not payable under this insurance.
3. **You** must submit claims to the **Administrator** within twelve months from date of loss.
4. References to **your** age refer to **your** age on the date **you** applied for insurance.
5. If **you** incur losses covered by this insurance because of a third party, **the insurer** may take legal action against that party at the **insurer's** expense. **The insurer** has full rights of subrogation. **You** agree to allow **the insurer** to fully assert their right to subrogation and to cooperate fully with the **insurer** by delivering such documents. **You** agree to do nothing that would prejudice the **insurer's** rights to recover funds from any source.
6. The **insurer**, the **Administrator** and the **insurer's** agents are not responsible for the availability, quality or outcome of any **medical treatment** or of any medical transportation, or **your** failure to obtain **medical treatment**.
7. All benefit payments under this policy are in excess of similar insurance benefits payable by another insurer. If **you** are eligible under more than one insurance plan for benefits, which are similar to those for which **you** are insured hereunder, the total benefits paid to **you** by all insurers cannot exceed **your** actual covered losses.
8. The **insurer** will coordinate the payment of benefits with all insurers with whom **you** are eligible for benefits similar to those provided under this policy, to a maximum of the largest amount specified by each insurer. Benefits payable under any other insurance plan which **you** may have coverage under will be coordinated in accordance with the current guidelines issued by the Canadian Life & Health Insurance Association.
9. Limit on Liability - It is a condition precedent to liability under this policy that at the time of application and on the **effective date**, **you** are in **good health** and know of no reason to seek **medical treatment**.
10. Limitation of Action - Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), *the Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), *The Limitations Act* (for actions or proceedings governed by the laws of Saskatchewan) or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Quebec Civil Code*.

Statutory Conditions

Contract

The application, this policy, any document (including but not limited to the completed medical questionnaire, Schedule of Benefits) attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

Waiver

The **insurer** shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the **insurer**.

Copy of Application

The **insurer** shall, upon request, furnish **you** or a claimant under the contract a copy of the application.

Material Facts

No statement made by **you** or a person insured at the time of application for the contract shall be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Change in Premium

The Company reserves the right to change the premium from time to time. If the Company finds it necessary to change the premium, the Administrator will give at least 31 days prior written notice to the Insured Person at the most recent email or street address, as shown in the Administrator's records.

Termination

You may at any time request that this contract be terminated and the **insurer** shall, as soon as practical after **you** make the request, refund the amount of premium actually paid by **you** that is in excess of the short-rate premium calculated to the date of the request according to the table in use by the **insurer** at the time of the termination.

Refer to Refunds on page 0.

Notice and Proof of Claim

Please refer to the Claims Procedures on page 12.

You or the claimant, if other than **you**, shall be responsible for providing the **Administrator** with the following:

1. receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
2. any payment made by any other insurance plan or contract, including a government hospital/ medical plan; and
3. supporting medical documentation, at the request of the **Administrator**.

If **you** do not provide the required supporting documentation, **your** claim will not be paid.

Failure to Give Notice and Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if:

- a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than the limitation period set out in *The Limitations Act* from the date of the

accident or the date a claim arises under the contract on account of **illness** or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or

- b) in the case of **your** death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than the limitation period set out in *The Limitations Act* after the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim

Claims forms are available by contacting the **Administrator's** Claims Department and shall be furnished to **you** upon request, and no later than 15 days after receiving notice of claim.

Rights of Examination

The claimant shall provide the **insurer** with the opportunity to examine **you** when and so often as it reasonably requires while a claim is pending. In the case of **your** death, the **insurer** may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies. The **insurer** shall bear the costs of any examination or autopsy and shall provide copies of the reports of any examination or autopsy to the **insured** or the **insured's** representative.

When Money Payable

All money payable under this contract shall be paid by the **insurer** within 60 days after the **insurer** has received proof of claim. For information regarding the status of a claim, please contact the **Administrator**.

Travel Insurance Personal Information Notice

Protecting your personal information

Protecting **your** personal information is a top priority. This Privacy Notice explains how and what types of personal data will be collected, why it is collected and to whom it is shared or disclosed. PLEASE READ THIS NOTICE CAREFULLY.

Beneva (the "insurer"), Beneva travel assistance service provider ("Administrator"), The Edge Benefits Inc. (the Distributor) and any of the insurer's agents, representatives and reinsurers (for the purpose of this Privacy Notice collectively "we" "us" and "our") require **your** personal information.

Personal information protection policy

In order to offer you quality products and services, we must obtain, use and store some of your personal information. "Personal information" refers to any information that concerns you and allows us to identify you.

Safeguarding your privacy and ensuring the security of your personal information is important to us. For this reason, we have implemented security and monitoring measures to protect your personal information and privacy, in compliance with the applicable laws. Our security and monitoring measures are based on the principles set out below.

Collection, use and disclosure of personal information

Your personal information is held by us in order to allow you to benefit from all our products and services.

We collect personal information when it is necessary to perform operations for which we obtain your consent or which are lawful. We collect, store and use personal information for the following purposes:

- To establish your identity and determine if you are eligible for products and services;
- To ensure that the advice, products and services we offer you are appropriate;
- To issue, manage, administer and update your products and services;
- To communicate with you by various methods such as mail, email, text, telephone, other telecommunication methods and social media to convey marketing material or information on the benefits, features, etc. of products or services;
- To study and assess your claims and other information in order to understand who you are, your activities and needs, and to know which products, services or promotions are likely to interest you, including for targeting promotions in accordance with the information we have collected;
- To protect you and ourselves against errors and criminal activities, including as a means for the protection, detection and investigation of fraud, money laundering, cyber bullying and other similar risks and threats;
- To understand and better manage the progression of Beneva's activities and develop products and services, including doing market studies, analyzing or using data that we hold on you to develop or adapt products and services that meet your needs.

Only our employees, agents, distribution partners and service providers may access your personal information, and solely when such access is required to perform their duties, carry out their mandates or fulfil their service contracts.

We will not disclose your personal information to third parties unless we have obtained your prior consent, except when legally permitted and when required.

We may also collect personal information from third parties such as credit rating companies, employers, hospitals or financial agencies. We may also communicate with them to verify or complete personal information.

Data warehousing outside of Canada

We use service providers located outside of Canada to perform certain operations during the normal course of business. It is possible that your personal information may be used and transferred to another country and would be subject to the laws of that country. Note that our protection of personal information policies set out that we must sign contracts with our services providers and have certain measures in place to ensure the confidentiality and security of your personal information. These precautions are in place to prevent this information from being used for purposes other than those for which it was collected.

Accuracy of information

We make every reasonable effort to ensure that the personal information that we hold concerning you is accurate, complete and up-to-date when it is used. We also count on your cooperation to contact us when there is any change to your personal information.

Access and correction

You can access the personal information we hold or request to have incomplete or inaccurate information corrected. To do so, you must submit a written request to the distributor, The Edge Benefits Inc.

Safeguards

We have implemented and continue to develop rigorous safeguards to protect the confidentiality of your personal information against loss or theft and any unauthorized access, disclosure, copying, use or modification.

These safeguards include organizational measures such as:

- Security certificates and access to information restricted to that which is required and necessary;
- Physical measures such as employee access cards to our offices, identity cards and registration of visitors, saving and archiving of data on an external system, etc.;
- Technological measures such as passwords that must be frequently changed, encryption and firewalls.

We regularly test our security procedures to assess their efficiency and effectiveness.

For more information, please consult Beneva's Personal Information Protection policy available beneva.ca.

Before *you* seek medical care, *you*, or someone on *your* behalf MUST CALL the *Administrator* IMMEDIATELY.

If *you* require *medical treatment* during *your trip*, or for any other *emergency*, *you* must contact the *Administrator* immediately at one of these numbers:

CANADA AND USA TOLL FREE: 1-844-780-9832

Local or collect from anywhere else call: 418-780-9832

EDGE ID No.: 010246

ABOUT THE EDGE BENEFITS INC.

Our mission is to safeguard the lifestyle of our customers ~ simply.

The Edge Benefits has been incorporated since 1985, and is a proud member of The Co-operators Group of Companies.

Our simplified approach to offering complex living benefit solutions to the Canadian consumer has been revolutionary in the insurance industry. By working with leading Canadian insurers, we build best-in-class lifestyle protection products to meet the ever-growing needs and challenges faced by our customers.

We are a full service company. We issue all policies, collect premiums, and provide support when our customers need us most – in the event of a claim.

Claims Procedures

Before paying any benefits, claim forms must be completed and sent to the Insurer. Please call The EDGE Claims Customer Care 1-800-908-9917, Ext. 401; Direct – 1-877-902-EDGE (3343) or email claimscustomercafe@edgebenefits.com to obtain the appropriate forms and for details on claims procedures.

Quality Guarantee

You have thirty days to decide if the coverage meets your needs. If the coverage does not meet your needs, simply mark "Cancel" on your Schedule of Benefits and return it with the policy booklet to The Edge Benefits Inc. who will cancel your coverage from the effective date and refund any premium paid, provided no claims have been incurred during that period.

PRIVACY STATEMENT

How We Collect Your Information

We collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through our representatives. We may also need to collect information about you from sources such as hospitals, doctors and other health care providers, the Medical Information Bureau, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your current and former employer.

How We Use Your Information

We use your information to provide the products and services you request, which includes using it to evaluate insurance risk and manage claims. We may also share your information with others who work for The Edge Benefits, or with third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, the Medical Information Bureau, financial institutions, third party administrators, and any references you provide. We may use your information internally, to prepare statistical reports that help us understand the needs of our customers and that

help us understand and manage our business. If you have given us your social insurance number, we will use it for taxation purposes and to help identify you with Citizenship and Immigration Canada, when necessary.

For further information on the privacy policies and procedures of any of the Insurers that partner with The Edge Benefits Inc. or to access your information or to ask us to correct information, you can contact us at:

Tel: 1-877-902-EDGE (3343) Fax: (866) 273-5557
The Edge Benefits Inc.
11 – 1111 Stellar Dr., Newmarket, Ontario L3Y 7B8

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SAMPLE

IMPORTANT:

Before you seek medical care, you,
or someone on your behalf **MUST CALL**
Beneva's Travel Assistance Provider
IMMEDIATELY.

Wherever you go, Beneva's Travel Assistance Provider
is just a phone call away - 24 hours a day, 7 days a week.

beneva

If you require medical treatment during your trip,
or for any other emergency, you must contact
Beneva's Travel Assistance Provider
immediately at one of these numbers:

CANADA AND USA TOLL FREE:

1-844-780-9832

Local or collect from anywhere else call:
418-780-9832

EDGE ID No. :

010246



© 1111 Stellar Drive, Suite 11
Newmarket, Ontario L3Y 7B8
Toll-Free: 1-877-902-EDGE (3343)
Fax: 1-866-273-5557

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www.edgebenefits.com

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