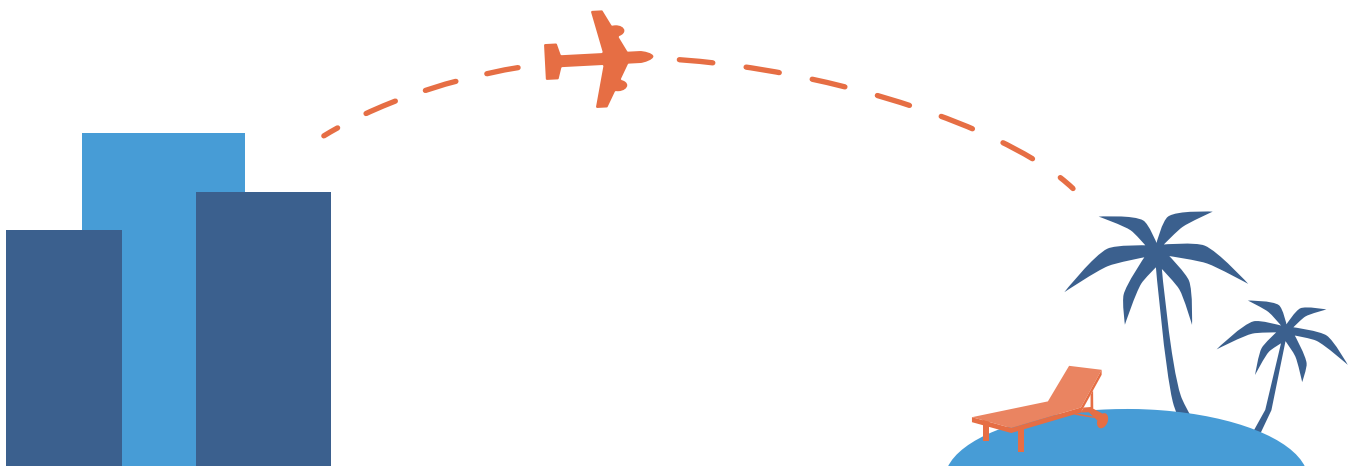




# Xodus

## Emergency Medical Insurance

Xodus Travel Services Inc.  
Effective: December 1, 2023



Underwritten by: Northbridge General Insurance Corporation

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## SECTION 1 - GENERAL INFORMATION



**This policy is underwritten by Northbridge General Insurance Corporation (“Northbridge”).** Northbridge has appointed Xodus Travel Services Inc. (operating as Xodus) as the administrator under this policy.



*Italicized Words* have a specific meaning. Please refer to the “[Definitions](#)” section of this policy to find the meaning of each italicized word.



**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.**



**10-Day Free Look** – If *you* notify *us* within 10 days of *your* purchase date, as indicated on *your* confirmation, that *you* are not completely satisfied with *your* policy, *we* will provide a full refund if *you* have not already departed on *your* trip and there is no claim in progress. Refunds are only available when *we* receive *your* request for a refund before *your* departure date.

## SECTION 2 – IMPORTANT INFORMATION

### IMPORTANT NOTICE – PLEASE READ CAREFULLY

*You* have purchased a travel insurance policy – what’s next? *We* want *you* to understand (and it is in *your* best interest to know) what *your* policy includes, what it excludes, and what is limited (payable but within limits).

Please take time to read through *your* policy before *you* travel. Italicized terms are defined in *your* policy.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, *you* must meet all of the eligibility requirements.
- This insurance contains limitation and exclusions (i.e. *medical conditions* that are not disclosed by *you*, pregnancy, *child* born on *trip*, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to pre-existing *medical conditions*.
- Contact *our* Assistance Center before seeking *treatment* or *your* benefits may be limited.
- In the event of a claim *your* prior medical history may be reviewed.
- If *you* have been asked to complete a *medical questionnaire* and any of *your* answers are not accurate or complete, *your* policy may be voidable.



It is *your* responsibility to understand *your* coverage.  
If *you* have questions, call Xodus Travel Services Inc. at:

[+1 866-424-0825](tel:+18664240825) or [+1 416-987-1250](tel:+14169871250)

**IMPORTANT:** If you have any change in your health status and/or change in medication or treatment, between the date you completed the application for this coverage and your effective date, you must either go to [www.xodus.ca](http://www.xodus.ca) and modify your medical declaration or notify us by calling +1 866-424-0825 or +1 416-987-1250. In addition, if you have purchased a Multi-Trip Plan, you must also notify us if there is any change in your medical condition(s) and/or change in medication or treatment after your effective date. Otherwise, any such change may render your policy voidable by us.

In the event of emergency, call the Assistance Centre immediately at:



[+1 833-754-3725](tel:+18337543725) toll-free from the USA and Canada

[+1 416-987-1218](tel:+14169871218) collect to Canada from anywhere else in the world

The Assistance Center is ready to assist you 24 hours a day, each day of the year.

You must call the Assistance Centre before obtaining emergency treatment, so that we may confirm coverage and provide pre-approval of treatment. Please note that if you do not call the Assistance Centre in an emergency, you may have to pay 25% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for you to call, please have someone call on your behalf.

## SECTION 3 – ELIGIBILITY

**TO BE ELIGIBLE FOR INSURANCE UNDER THIS POLICY**, you must be a resident of Canada, and covered under a government health insurance plan. You must have purchased coverage for the entire duration of your trip away from home. We must have received your completed application (including the medical declaration), have had your health history reviewed by us, received a Medical Underwriting Agreement from us, and paid the required premium in full.

## SECTION 4 – EMERGENCY MEDICAL INSURANCE

This policy provides emergency medical coverage for the plan type you have purchased:

- a Single-Trip plan for travel outside your province of residence or Canada, or
- a Multi-Trip plan for an unlimited number of trips outside your province of residence or Canada, taken within one (1) year of the effective date for the trip length as shown on your confirmation.

### Benefits – What does Emergency Medical Insurance cover?

Emergency Medical Insurance covers you for up to \$10,000,000 CDN of covered expenses as a result of an emergency while on a trip, only if these covered expenses are not covered by your government health insurance plan or any other benefit plan. If you have purchased a multi-trip plan, regardless of the number of trips taken the maximum payable for the term of the policy is \$10,000,000 per insured person. A medical treatment plan approved by your attending physician and accepted by the Assistance Centre, will be developed to provide medically necessary treatment. After your medical emergency treatment has started, the Assistance Centre must assess and pre-approve additional medical treatment.

Covered expenses and benefits are subject to the policy's limits, exclusions, terms and conditions, and *your* deductible amount. Deductible amount means the amount of covered expenses that *you* are responsible for paying per person per *emergency* medical event. *Your* deductible amount in Canadian dollars applies to the amount remaining after any covered expenses are paid by *your government health insurance plan*. The insurer will pay eligible expenses for losses incurred in excess of the deductible amount. As shown on *your* declaration page, per insured, per covered condition or event.

The eligible benefits are:

1. **Expenses for emergency treatment** – We will pay for *reasonable and customary* charges for medical care received from a *physician* in or out of a *hospital*, the cost of a semi-private *hospital* room (or an intensive or coronary care unit where medically necessary), the services of a licensed private duty nurse while *you* are in *hospital*, the rental or purchase (whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose or find out more about *your* condition, and drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist. An *emergency* related to the *pre-existing condition(s)* listed in the *Medical Underwriting Agreement* will be covered.
2. **Expenses to receive paramedical services** – We will pay for care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$70 per visit to a combined maximum limit of \$700 for a covered *injury*.
3. **Expenses for emergency ambulance transportation** – We will pay for *reasonable and customary* charges of local licensed ambulance service to the nearest qualified medical service provider in an *emergency*.
4. **Expenses for emergency dental treatment** – If *you* need *emergency dental treatment*, we will pay:
  - up to \$300 for the relief of dental pain; or
  - if *you* suffer an accidental blow to the mouth, up to \$3,000 to repair or replace *your* natural or permanently attached artificial teeth (up to \$2,000 during *your trip* and up to \$1,000 to continue medically necessary *treatment* in the ninety (90) days after the accident).
5. **Expenses to bring someone to your bedside** – If *you* are travelling alone and are admitted to a *hospital* for three (3) days or more because of a medical *emergency*, we will pay the economy class fare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to \$1,000 for that person's hotel and meals. Please note: This person is not covered under *your* insurance and should consider purchasing their own travel medical insurance.
6. **Extra expenses for meals, hotel, and taxi** – If a medical *emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your emergency treatment* or that of *your travel companion* requires *your* transfer to a location that is different from *your* original destination, we will reimburse *you* up to \$200 per day to a maximum limit of \$2,000 for *your* extra meals, hotel, and taxi fares. We will only pay for these expenses if *you* have actually paid for them.
7. **Repatriation Expenses related to your death** – If *you* die during *your trip* from an *emergency* covered under this insurance, we will reimburse *your* estate up to \$5,000 for:
  - the cost to have *your* body prepared or cremated where *you* die; and
  - the return *home* of *your* ashes or *your* body (in the standard transportation container normally used by the airline); or
  - *your* burial where *you* die.

Also, if someone is legally required to identify *your* body and must travel to *your* place of death, *we* will pay the economy class fare via the most cost-effective itinerary for that person, as well as up to \$300 for that person's hotel and meal expenses. Note: This person is not covered under *your* insurance and should consider purchasing their own travel medical insurance.

8. **Expenses to bring you home** – If *your* treating *physician* recommends that *you* return *home* because of *your* *emergency* or if *our* medical advisors recommend that *you* return *home* after *your* *emergency*, when approved and arranged by the Assistance Centre, *we* will pay for:
  - the extra cost of an economy class fare via the most cost-effective itinerary; or
  - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; and
  - the return cost of an economy class fare via the most cost-effective itinerary for a qualified medical attendant to accompany *you*, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline; or
  - the cost of air ambulance transportation, if this is medically necessary.
9. **Expenses to return children under your care** – If *you* are admitted to *hospital* for more than twenty-four (24) hours or must return *home* because of an *emergency*, when approved in advance by the Assistance Centre, *we* will pay for the extra cost of one-way economy class airfare to return the *children* *home* via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The *children* must have been under *your* care during *your* *trip* and covered under a Northbridge travel insurance policy.
10. **Expenses to return your travel companion home** – When approved in advance by the Assistance Centre, *we* will cover the extra cost of one-way economy airfare via the most cost-effective itinerary, to return *your* *travel companion* (who is travelling with *you* at the time of *your* *emergency* and insured under a Northbridge travel insurance plan) *home*, if *you* return *home* under Benefit #7 or #8.
11. **Phone call expenses** – *We* will pay for phone calls to or from *our* Assistance Centre regarding *your* medical *emergency*. *You* must provide receipts or other reasonable evidence to show the cost of these calls and the numbers phoned or received during *your* *trip*.
12. **Expenses to return your vehicle home** – If because of a medical *emergency* *you* or *your* *travel companion* are unable to drive *home* the *vehicle* *you* used during *your* *trip*, when approved in advance by the Assistance Centre, *we* will cover up to \$3,000 charged by a commercial agency to bring *your* *vehicle* *home*. If *you* rented a *vehicle* during *your* *trip*, *we* will cover its return to the rental agency.

## **Exclusions & Limitations – What does *Emergency Medical Insurance* not cover?**

*We* will not pay any expenses or benefits relating directly or indirectly to:

1. Any *pre-existing condition* not listed on the *Medical Underwriting Agreement* and/or misrepresented or not disclosed on or in *your* *Medical Underwriting application*.
2. Any change in *your* health status occurring after *your* application date and not reported prior to *your* *effective date*.
3. If *you* purchased a Multi-Trip Plan, any change in *your* health status occurring after *your* *effective date* that has not been reported and reassessed for continued coverage under the terms of this policy.
4. Any *emergency* if the answers provided in the *medical questionnaire* are not truthful and accurate.

5. Covered expenses that exceed the *reasonable and customary* charges where the medical *emergency* happens.
6. Covered expenses that may exceed 75% of the cost *we* would normally have to pay under this insurance, if *you* do not contact the Assistance Centre at the time of the *emergency*. If *your medical condition* makes it medically impossible for *you* to call, please have someone call on *your* behalf.
7. Any non-*emergency*, experimental or elective *treatment* such as cosmetic surgery, chronic care, or rehabilitation including any expenses for directly or indirectly related complications.
8. The continued *treatment* of a *medical condition* or related condition, following *emergency treatment* during *your trip*, if *our* medical advisors determine that *your emergency* has ended.
9. Any *medical condition* or symptoms:
  - when *you* knew or for which it is reasonable to believe or expect that *treatment* will be required during *your trip*; and/or
  - for which future investigation or *treatment* was planned before *you* left *home*; and/or
  - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before leaving *home*; and/or
  - that had caused *your physician* to advise *you* not to travel.
10. Any *trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.
11. Any *emergency* that occurs while *you* are participating in:
  - any sporting activity for which *you* are paid.
  - any extreme sport or activity involving a high level of risk, such as those indicated below, but not limited to:
    - mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead rope or top rope anchoring equipment to ascend or descend a mountain;
    - rock-climbing;
    - parachuting;
    - skydiving;
    - hang-gliding or using any other air supported device; or
    - participating in a motorized speed contest;
    - scuba diving.
12. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
13. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
14. Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
15. Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.

16. Routine pre-natal or post-natal care; Pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
17. *Your child* born during the *trip*.
18. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
19. For insured *children* under two (2) years of *age* any *medical condition* related to a birth defect.
20. Any loss resulting from *your minor mental or emotional disorder*.
21. Any *treatment*, services or supplies not medically necessary, or any medical procedures and/or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by the Assistance Centre in advance. All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an *emergency* basis.
22. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
23. Any further medical *treatment* if *our* medical advisors determine that *you* should transfer to another facility or return to *your home* province/territory of residence for *treatment*, and *you* choose not to.
24. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
25. For policy extensions and Top-Ups: any *medical condition* which first appeared, was diagnosed, or treated after the scheduled *departure date* and prior to the *effective date* of the policy extension or Top-Up.
26. *Acts of Terrorism*.
27. *Acts of war*.
28. Any *medical condition* *you* suffer or contract when an official travel advisory issued by the Canadian government states, "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of *your destination*, before *your effective date*.

To view the travel advisories, visit the Government of Canada Travel site.

This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

### **What are the other conditions that apply to *Emergency Medical Insurance*?**

If *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum coverage of \$50,000 or less, *we* will not coordinate payment with that coverage. If *your* lifetime maximum is more than \$50,000, *we* will coordinate payment.

*We* will pay *Emergency Medical* covered expenses in excess of the deductible amount that *you* have selected for this policy.



## SECTION 5 – GENERAL CONDITIONS RELATING TO YOUR EMERGENCY MEDICAL INSURANCE COVERAGE

### YOUR COVERAGE STARTS

For a Single *Trip* plan, *your* coverage starts on the later of:

- the date *you* leave *your* province or territory of residence; or
- the *effective date* shown on *your confirmation*.

For a Multi-*Trip* plan, *your* coverage starts each date *you* leave *your* province or territory of residence and each date *you* leave Canada on or after the *effective date* as stated on *your confirmation*.

### YOUR COVERAGE ENDS

For a Single *Trip* plan, *your* coverage starts on the later of:

- the date *you* return to *your* province or territory of residence; or
- the *expiry date* shown on *your confirmation*.

For a Multi-*Trip* plan, *emergency* medical coverage ends on the earliest of:

- the date *you* return to *your* province or territory of residence; or
- the *expiry date*, as stated on *your confirmation*; or
- when travelling outside Canada, the date *you* reach the maximum *trip* length *you* purchased for each *trip*, as stated on *your confirmation*.

### MULTI-TRIP PLANS

- Provides coverage for an unlimited number of *trips* taken within one (1) year, commencing with the *effective date* as shown on *your confirmation*.
- Provides *you* with *emergency* medical coverage for an unlimited number of days of travel within Canada but outside *your* province or territory of residence.
- Each *trip* taken outside of Canada can be up to the maximum number of days *you* selected when *you* purchased *your* Multi-*Trip* plan, beginning on the first day *you* leave Canada.
- For a *trip* to be covered under the benefits of Northbridge *Emergency* Medical Insurance, it must start on or after the *effective date* and end prior to or on the *expiry date* shown on *your confirmation*.
- Top-Up coverage can be purchased for trips that are longer than the maximum *trip* length selected or if *your* *trip* extends beyond the *expiry date* of *your* Multi-*Trip* plan as shown on *your confirmation*. In the event of a claim, *you* will be required to provide proof of *your departure date* and *your* return date. Proof can include *your* plane ticket, train ticket, a stamped passport, and/or a credit card or bank statement showing purchases in Canada just prior to *your departure date*.

## **Top-Up *your trip* under the Multi-Trip Emergency Medical plan:**

If *your trip*:

- is longer than the maximum number of coverage days *you* have under *your* current plan; or
- will extend beyond the *expiry date* shown on *your confirmation*, *you* can either:
  - purchase Top-Up coverage before the *expiry date* of *your* Multi-Trip plan for any additional travel days; or
  - purchase a new Northbridge Multi-Trip Emergency Medical plan, with no lapse in coverage, providing the total duration of the *trip* does not exceed the maximum *trip* length *you* choose.

When *you* apply for Top-Up coverage, *you* will be required to answer questions about *your* health.

**AUTOMATIC EXTENSION** is provided beyond *your expiry date* as shown on *your confirmation* if:

- *your* carrier is delayed. In this case, *we* will extend *your* coverage for up to seventy-two (72) hours; or
- *you* or *your travel companion* are hospitalized on the *expiry date*. In this case, *we* will extend *your* coverage during the hospitalization up to 365 days or until, in *our* opinion, *you* are stable for discharge from *hospital* or evacuation *home*, whichever is earlier and for up to five (5) days after discharge from the *hospital*; or
- *you* or *your travel companion* have an *emergency* that does not require hospitalization but prevents travel. In this case, *we* will extend *your* coverage for up to five (5) days.

## **TO STAY LONGER THAN PLANNED**

*You* may be able to extend *your* coverage if:

- the total length of *your* time away from Canada, including top-up or extension, does not exceed the maximum allowed by *your government health insurance plan*; and
- *you* pay the additional premium; and
- *you* have had no claim or event that has resulted or may result in a claim under this policy; and
- there has been no change in *your* health status.

Any extension is subject to the approval of the Assistance Centre.

In any case, *we* will not extend any coverage beyond twelve (12) months after the *effective date*.

## **SECTION 6 – MEDICAL CONCIERGE SERVICES**

Northbridge is pleased to provide *you* with Virtual Medicine Services, on a worldwide basis.

### **What services are available?**

Northbridge has an international network of medical providers and partners who provide services across time zones and who assure a quick and streamlined access to healthcare 24/7/365 all over the world.

The program will assist with coordinating payment of eligible expenses subject to the terms and conditions of the policy.

To access this service, simply utilize the mobile application described in *your* fulfilment documents or call the Assistance Centre using the phone numbers indicated on the wallet card.

## SECTION 7 – WHAT ELSE DO YOU NEED TO KNOW?

Coverage under this policy is issued on the basis of information provided in *your medical questionnaire* and application, the *Medical Underwriting Agreement*, and application. *Your* entire contract with *us* consists of: this policy, *your* application for this policy (including the *medical questionnaire*), the *Medical Underwriting Agreement*, the *confirmation* issued in respect of that application, and any other amendments or endorsements resulting from extensions of coverage.

This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact in *your* application for this policy, extension or Top-Up of coverage for benefits under this policy.

*We* will not pay a claim if *you*, any person insured under this policy or anyone acting on *your* behalf attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim. *You* must be accurate and complete in *your* dealings with *us* at all times.

**Despite any other provision of this contract, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance.**

### **Limitation of Liability**

*Our* liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount purchased, for any loss or expense. Neither *we*, upon making payment under this policy, nor *our* agents or administrators assume any responsibility for the availability, quality, results or outcome of any *treatment* or service, or *your* failure to obtain any *treatment* or service covered under the terms of this policy.

### **Premium**

The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates then in effect.

Upon payment of the appropriate premium, this document becomes a binding contract provided it is accompanied by a *confirmation* upon which a contract number appears and *we* have received *your* completed application (including the *medical questionnaire* and *medical underwriting agreement*) prior to *your departure date*. If the premium is insufficient for the period of coverage selected, *we* will charge and collect any underpayment; or shorten the policy period by written endorsement if an underpayment in premium cannot be collected.

### **How does this insurance work with other coverages that you may have?**

The coverages outlined in this policy are second payor coverages. Along with this coverage, *you* may have other third-party liability, group or individual, basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage or any other third-party liability insurance. In this case, amounts payable under this insurance are limited to that portion of *your* expenses, incurred outside the province or territory of residence, that are in excess of the amounts insured by *your* other in-force plans or contracts.

Total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. *We* will coordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance (except if *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum of \$50,000 or less), to a maximum of the largest amount specified by each insurer.

In addition, *we* have full rights of subrogation. In the event of a payment of a claim under this policy, *we* will have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this policy. *You* will execute and deliver such documents as are necessary and cooperate fully with *us* to allow *us* to fully assert *our* rights. *You* must do nothing to prejudice such rights. In return of payment of benefits (compensation) and up to the amount thereof, *we* become the beneficiary of the rights and causes of action that *you* might have against anyone responsible for the loss. If *we* can no longer exercise this action due to *your* action or inaction, *we* can be relieved of all or part of its obligations towards *you* or *your* beneficiary.

If *you* are insured under more than one insurance policy underwritten by *us*, the total amount *we* pay to *you* cannot exceed *your* actual expenses; and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy.

## SECTION 8 – HOW TO MAKE A CLAIM

In the event of *emergency*, call the Assistance Centre immediately at:



**+1 833-754-3725** toll-free from the USA and Canada

**+1 416-987-1218** collect to Canada from anywhere else in the world

The Assistance Center is ready to assist *you* 24 hours a day, each day of the year.

Please note that **if you do not call** the Assistance Centre in an *emergency* prior to receiving *treatment*, **you will have to pay 25% of the eligible medical expenses** *we* would normally pay under this policy (25% co-insurance).

If it is medically impossible for *you* to contact the Assistance Centre when the *emergency* happens, the 25% co-insurance will not apply. In this case, *we* ask that *you* contact the Assistance Centre as soon as *you* can or that someone do so on *your* behalf. **Do not assume that someone will contact the Assistance Centre for you. It is your responsibility to verify that the Assistance Centre has been contacted.**

If *you* choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, these eligible expenses will be reimbursed to *you* based on the *reasonable and customary* charges that *we* would have paid directly to such provider. Medical charges that *you* pay may be higher than this amount; therefore, *you* will be responsible for any difference between the amount *you* paid and the *reasonable and customary* charges reimbursed by *us*. Some benefits are not covered if they have not been authorized and arranged by the Assistance Centre.

To make a claim due to *sickness, injury, or disease* during *your trip*, *your* proof of claim should be sent to *us* as soon as possible and in no event later than 12 months from the date of loss.

**If you are making an *Emergency Medical Insurance claim***, we will need: a) original itemized receipts for all bills and invoices; b) proof of payment by *you* and by any other benefit plan; c) medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must support that the *treatment* was medically necessary; d) proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident; e) proof of travel (including *departure date* and return date); and f) *your* historical medical records (if we determine such to be applicable).

**To whom will we pay your benefits if you have a claim?** Except in the case of *your* death, we will pay the covered expenses under this insurance to *you* or the provider of the service. Any sum payable in the event of *your* loss of life will be payable to *your* estate. *You* must repay us any amount paid or authorized by us on *your* behalf if we determine that the amount is not payable under *your* policy. All amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, we will use *our* exchange rate on the date *you* received the service outlined in *your* claim. We will not pay for any interest under this insurance.

Is there anything else *you* should know if *you* have a claim? Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is barred unless commenced within the time set out in the Insurance Act, or in the Limitations Act in the Canadian province or territory where *your* policy was issued.

To determine the validity of a claim under this policy, we may obtain and review the medical records of *your* attending *physician(s)*, including the records of *your* regular *physician(s)* at *home*. These records may be used to determine the validity of a claim whether or not the contents of the medical records were made known to *you* before *you* incurred a claim under this policy. As a condition precedent to recovery of insurance money under this policy, the claimant shall afford us an opportunity to examine the person of the person insured when and so often as we reasonably require while the claim hereunder is pending; and in the case of death of the person insured, we may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

## **IMPORTANT CONTACT INFORMATION**

To enquire about *your* claim status, please log into *your* account described in *your* fulfillment documentation or call the Customer Service Centre at [1 833-754-3725](tel:18337543725) or [+1 416-987-0869](tel:+14169870869).

For coverage information, general inquiries, or to apply for an extension or refund of premium, please call [+1 866-424-0825](tel:+18664240825) or [+1 416-987-1250](tel:+14169871250).

Written correspondence regarding claims should be mailed to:

Northbridge General Insurance  
Corporation care of  
Xodus Travel Services Inc.

## SECTION 9 – DEFINITIONS

When *italicized* in this policy, the term:

**Acts of terrorism** means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force, where such activity, threat, act, or use is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems, and the intention of such activity, threat, act or use is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a government (whether that government is legal or illegal); and/or
- promote political, social, religious or economic objectives.

**Acts of war** means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

**Age** means *your age* at *your* application date.

**Change in medication** means the medication dosage, frequency, or type has been reduced, increased, stopped and/or new medications have been prescribed. Exceptions: the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in *your medical condition*; and a change from a brand name medication to a generic brand medication of the same dosage.

**Child, Children** means *your* unmarried, dependent son or daughter or *your* grandchild(ren) under the *age* of twenty-one (21) or, if a full-time student, under the *age* of twenty-six (26). Also, an unmarried dependent son or daughter of any *age*, if mentally or physically disabled.

**Confirmation** means the document or set of documents confirming *your* insurance coverage under this policy and, where applicable, *your trip* arrangements. It includes the *Medical Underwriting Agreement* and application for this policy, once the required premium has been received by *us*.

**Departure date** means the date *you* leave *home*.

**Effective date** means the date on which *your* coverage starts.

For Single-Trip plans, *emergency* medical coverage start on the later of:

- the date *you* leave *home*; or
- the date shown on *your confirmation*.

For a Multi-Trip plan, *emergency* medical coverage starts each date *you* leave *your* province or territory or residence and each date *you* leave Canada on or after the *effective date* as stated on *your confirmation*.

**Emergency** means a sudden and unforeseen *medical condition* that requires immediate *treatment*. An *emergency* no longer exists when the evidence reviewed by the Assistance Centre indicates that no further *treatment* is required at destination or *you* are able to return to *your* province or territory of residence for further *treatment*.

**Expiry date** means the date *your* coverage ends.

For Single-Trip plans, *emergency* medical coverage ends on the earlier of:

- the date *you* return *home*; or
- the *expiry date* shown on *your confirmation*.

For all Multi-Trip plans, *emergency* medical coverage ends on the earliest of:

- the date *you* return *home*;
- the *expiry date*, as stated on *your confirmation*; or
- when travelling outside Canada, the date *you* reach the maximum *trip* length *you* purchased for each *trip* as stated on *your confirmation*.

**Government health insurance plan** means the health insurance coverage that the provincial or territorial governments provide to its residents.

**Home** means *your* Canadian province or territory of residence. If *you* requested coverage to start when *you* leave Canada, *home* means Canada.

**Hospital** means an institution that is licensed as an accredited *hospital* that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physician(s)* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A *hospital* is not an 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.

**Immediate family** means *spouse*, parent, legal guardian, step-parent, grandparent, grandchild, in-law, natural or adopted *child*, step-*child*, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew or cousin.

**Injury** means sudden bodily harm that is caused by external and purely accidental means.

**Medical condition** means any disease, *sickness* or *injury* (including symptoms of undiagnosed conditions).

**Medical questionnaire** means all the medical questions that *you* were required to answer when *you* applied for coverage under this policy.

**Medical Underwriting Agreement** means the document that *you* receive from *us* after *you* have been medically underwritten, which specifies *your pre-existing conditions* covered under this policy, and includes *your* responses to the *medical questionnaire*.

**Minor mental or emotional disorder** means:

- having anxiety or panic attacks, or
- being in an emotional state.

And where *your treatment* includes only minor tranquilizers or minor anti-anxiety medication (anxiolytics) or no prescribed medication at all.

**Physician** means a person who is not *you* or a member of *your immediate family* or *your travel companion*, licensed in the jurisdiction where the services are provided, to prescribe and administer medical *treatment*.

**Pre-existing condition** means any *medical condition* that exists before *your effective date*.

**Reasonable and customary** means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

**Sickness** means illness, disease, or any symptom related to that illness and/or disease.

**Spouse** means someone to whom one is legally married, or with whom one has been residing and who is publicly represented as a *spouse*.

**Travel companion** means someone who shares *trip* arrangements and accommodations with *you*. No more than three individuals (including the insured) will be considered travel companions on any one *trip*.

**Treatment** means hospitalization, or a procedure prescribed, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to prescribed medication, investigative testing and surgery.

**IMPORTANT:** Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

**Trip** means the time between *your effective date* and *expiry date*.

**Vehicle** includes any private or rental passenger automobile, boat, mobile *home*, camper truck or trailer *home* which *you* use during *your trip* exclusively for the transportation of passengers (other than for hire).

**We, us, our** means Northbridge.

**You, your** means the person(s) named as the insured(s) on the *confirmation*, for which insurance coverage was applied for and the appropriate premium was received by *us*.

## SECTION 10 – NOTICE ON PRIVACY

The Northbridge group of companies is committed to protecting *your* personal information. This Privacy Notice applies to all of the member companies of Northbridge, which includes Northbridge Financial Corporation and Northbridge General Insurance Corporation.

When *you* request an insurance product or service from *us*, *you* consent to allow *us* to collect, use and disclose *your* personal information for the following purposes:

- Offering and providing products and services to meet *your* needs;
- Establishing and maintaining communications with *you*;
- Verifying personal information *you* provide in *your* application;
- Assessing and underwriting risks on a prudent basis;
- Performing safety assessments;
- Determining insurance product prices;
- Investigating and settling claims;
- Detecting and preventing fraud or other illegal activities;
- Analyzing business results and compiling statistics;
- Conducting market research;
- Reporting to regulatory or industry entities; and
- Acting as required or authorized by law.



*You* may withdraw *your* consent, but doing so may limit *our* ability to provide *you* with the requested product or service.

As part of maintaining *our* relationship with *you*, *we* may share *your* personal information within the Northbridge group of companies and with third parties, but only for the purposes identified above, and in accordance with this Privacy Notice. Where personal information is shared with third parties, it is done on the basis that they will maintain the confidentiality of the information. If *we* discover that third parties are improperly handling *your* personal information, *we* will take appropriate action to protect *your* personal information.

*We* may use service providers located outside of Canada to collect, use, disclose or store personal information. Where *we* do so, *we* will contractually require such third party to employ the appropriate security safeguards to protect *your* personal information, subject to the law in the third party jurisdiction. While the personal information is in another jurisdiction it may be accessed by the courts, law enforcement and national security authorities of that jurisdiction. The jurisdictions where personal information may be collected, used, disclosed and stored include the United States of America.

*You* can obtain a copy of *our* Privacy Policy by visiting *our* website at [www.nbfc.com](http://www.nbfc.com) or by contacting *your* broker or agent. *You* may request access to *your* personal information that *we* have on file in order to verify its accuracy and completeness by sending a written request to *our* Privacy Officer. If *you* have any questions or complaints regarding *our* Privacy Policy or procedures, please contact *our* Privacy Officer:

By Mail: Northbridge Financial Corporation  
105 Adelaide Street West, 7th Floor  
Toronto, Ontario M5H 1P9  
Attention: Privacy Officer

By E-mail: [privacy@nbfc.com](mailto:privacy@nbfc.com)

By Phone: [\(416\) 350-4400](tel:(416)350-4400)  
[1-800-268-9680](tel:1-800-268-9680)

If *we* are unable to resolve *your* privacy concern to *your* satisfaction, *you* have the right to contact *your* privacy regulator. *Our* Privacy Officer will provide *you* with this contact information upon request.

## SECTION 11 – HELP IS JUST A PHONE CALL AWAY

Enjoying *your trip* should be the first thing on *your* mind. *Our* multilingual Assistance Centre is there to help and support *you* 24 hours a day, each day of the year with:

### **Pre-Trip Information**

- Passport and visa information
- Health hazards advisory
- Weather information
- Currency exchange information
- Consulate and embassy locations

### **During a Medical *Emergency***

- Verifying and explaining coverage
- Referral to a doctor, *hospital*, or other healthcare provider
- Monitoring *your* medical *emergency* and keeping *your* family informed
- Arranging return transportation *home* when medically necessary
- Arranging direct billing of covered expenses (where possible)

### **Other Services**

- Assistance in obtaining *emergency* cash
- Translation and interpreter services in a medical *emergency*
- *Emergency* message services
- Assistance with obtaining prescription drugs
- Assistance with obtaining legal help or bail bond



In the event of *emergency*, call the Assistance Centre immediately at:

**[1 833-754-3725](tel:18337543725)** toll-free from the USA and Canada

**[+1 416-987-1218](tel:+14169871218)** collect to Canada from anywhere else in the world

The Assistance Center is ready to assist *you* 24 hours a day, each day of the year.



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most Canadians travel every day without a problem, but if something does happen, the member companies of the Travel Health Association of Canada (THiA) want you to know your rights. THiA's Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

Know your health | Know your trip | Know your policy | Know your rights

**Underwritten by:**

Northbridge General Insurance Corporation /  Northbridge<sup>®</sup> Insurance