

DESCRIPTION OF BENEFITS – PRESTIGE TRAVEL PLAN

If the Insured Person incurs charges for medically necessary treatment, services or supplies which are covered under the policy, the Company will pay benefits, subject to the terms, conditions and limitations outlined in the policy.

Benefits are payable to the extent that:

- a) the charges are reasonable and customary for the services rendered and do not exceed the maximum amount specified;
- b) there is no law or legislation prohibiting insuring such services in the Insured Person's province or territory of residence;
- c) the services were authorized in writing as medically necessary by a Practitioner operating within the scope of his or her license except as otherwise stated;
- d) the amount claimed is not covered, or exceeds the amount allowed under the Government Health Insurance Plan for the services provided; and
- e) the charges are for treatment of an illness or injury.

Under this policy, coverage for medical expenses is supplementary to and not a replacement for coverage under the Insured Person's Government Health Insurance Plan in their province or territory of residence.

Charges for the following services are included as Eligible Expenses for Reimbursement under Your policy:

EXTENDED HEALTH CARE EMERGENCY TRAVEL EXPENSES – OUT-OF-PROVINCE/COUNTRY COVERAGE

This plan is administered by Johnson Inc. (Johnson). It is underwritten by Desjardins Financial Security (DFS), which has appointed Sigma Assistel Canada Inc. (Sigma Assistel) as the sole provider of all assistance and claims services under this policy.

IMPORTANT: Benefits and services eligible for payment under this policy must be pre-approved and arranged in advance by Sigma Assistel. PLEASE READ THIS CERTIFICATE OF INSURANCE CAREFULLY.

Immediate contact to Sigma Assistel is necessary to ensure expenses are covered. At first onset of symptoms of a medical Emergency and before the Insured Person seeks medical attention, he / she should contact the 24-hour Sigma Assistel Assistance Centre; however if the Insured Person is unable to do so because he / she is medically incapacitated, someone else must contact Sigma Assistel as soon as is reasonably possible. Otherwise Eligible Expenses will be limited to \$2,000.

1. PLAN DESIGN

BASE PLAN The Base Plan is a continuous plan that provides Emergency travel coverage for an unlimited number of Trips, up to a maximum of 62 days duration for each Trip. Proof of Departure from Your province or territory of residence is required if a claim occurs.

SUPPLEMENTAL PLAN The Insured Person may elect coverage under the Supplemental Plan for Trips of longer than 62 days. This plan provides coverage for a single Trip occurring between the Effective Date and the Trip Termination Date as noted on the enrollment form or as subsequently advised to, and confirmed by the plan administrator.

The choice of Plan is stated in the Confirmation Letter which is sent to an Insured on enrollment.

THE INSURED PERSON MUST PURCHASE A SUPPLEMENTAL POLICY IN ADDITION TO THE BASE PLAN TO COVER THE ENTIRE LENGTH OF HIS / HER TRIP.

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EXTENDING YOUR TRIP If You have not had a medical condition and want to extend Your Trip, You must contact the Administrator to arrange for an extension of coverage before Your current Trip termination date. Your premium will be adjusted on the next monthly premium deduction date and written notification will be sent to You. If You have had a medical condition, the SIGMA Claims Assistance Centre must approve Your request for an extension.

2. BENEFITS

This policy of insurance, issued by DFS, covers reasonable and customary expenses incurred for medical treatment of a medical Emergency occurring during the Period of Coverage, and while the Insured Person is on an insured Trip. All dollar amounts stated herein are in Canadian currency unless otherwise stated.

DFS pays the Insured Person's health care provider or reimburses the Insured Person for covered expenses. DFS will in turn seek Reimbursement from the Insured Person's Government Health Insurance Plan and will co-ordinate coverage with other policies under which the Insured Person is covered according to the Co-ordinating Coverage Guidelines for Out-of-Province / Country Health Care Expenses.

This policy covers the following Eligible Expenses, and are subject to an overall lifetime maximum of \$2,000,000 per Insured Person. Benefits/maximums indicated are on a per Insured Person basis, unless otherwise specified.

3. EMERGENCY MEDICAL EXPENSES

This benefit covers the cost of Emergency Hospital, surgical and medical treatment for the following:

- a) Semi-Private hospital room and board, or private room charges when a private room is certified as medically necessary by the attending Physician;
- b) other Hospital services and supplies;
- c) medical, surgical or anaesthetic treatment by a licensed Physician;
- d) x-rays, lab charges and other diagnostic tests;
- e) use of an operating room, anaesthetic and surgical dressings;
- f) the cost of licensed ambulance service;
- g) outpatient Emergency room charges;
- h) drugs and medications legally requiring a Physician's written prescription; and
- i) the rental cost of a wheelchair, or the rental or purchase of minor medical appliances such as crutches, braces and other necessary medical appliances.

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4. TRANSPORTATION

Reimbursement of charges for:

- a) licensed ground or air ambulance to the nearest medical care facility in which the required treatment can be provided, subject to a limit of one (1) return Trip;
- b) extra costs of return economy fare by the most direct route (air, bus or train) to the insured's normal place of residence when an insured's illness is such that he/she must return home and be accompanied by a qualified medical attendant. Written authorization that such Emergency transportation and the care of a medical attendant is required must be provided by the attending Physician. Coverage includes:
 - i) one (1) economy seat for the insured, or the number of economy seats required to accommodate the insured if the insured must be transported on a stretcher; and
 - ii) one (1) economy round Trip fare for a medical attendant who is not related to the insured by blood or marriage.
- c) one (1) round Trip economy fare (air, bus or train) by the most direct route from Canada, of an Insured Person's Immediate Family Member to be with the insured, who has been confined to a hospital, when:
 - i) the attendance of a family member is recommended in writing by the insured's attending Physician; and
 - ii) the insured is confined to a hospital for three (3) days or more.
- d) one round Trip economy fare for an Immediate Family Member of the deceased Insured Person, by the most direct route (air, bus or train), when it is necessary to identify the deceased prior to the release of the body.

ALL TRANSPORTATION MUST BE PRE-APPROVED AND ARRANGED BY SIGMA ASSISTEL CANADA.

5. INCIDENTAL HOSPITAL EXPENSES

Eligible expenses up to a maximum of \$100 per Hospital stay to cover incidental expenses for television rental and / or telephone rental provided the Insured Person has been hospitalized for 48 hours or more.

6. PRIVATE DUTY NURSING EXPENSES

Coverage will be provided to a maximum of \$5,000 per Calendar Year for professional private duty nursing services (in Hospital only) by a registered graduate nurse (not related to the Insured Person by blood or marriage) when medically necessary and pre-approved by Sigma Assistel.

7. PHYSIOTHERAPY AND OTHER PROFESSIONAL SERVICES

When the professional services of a physiotherapist, chiropractor, chiropodist or podiatrist are medically necessary and the Insured Person's attending Physician verifies in writing that the treatment is necessary as a result of an Emergency, coverage will be provided for up to a maximum of \$225 per Specialty per Calendar Year. Charges for these services will only be reimbursed after the Government Health Insurance Plan annual maximum has been reached for the corresponding type of professional service, where such legislation exists. Approval must be arranged in advance by Sigma Assistel.

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8. EMERGENCY DENTAL EXPENSES

This benefit covers the reasonable and customary cost, up to a maximum benefit of \$1,000 per Calendar Year, for repair or replacement of natural teeth (including capped or crowned teeth) or permanently attached artificial teeth (required as the result of an accidental Injury to the mouth caused by an external accidental blow to the mouth). Chewing accidents are not covered. Services must be performed by a licensed Dentist or Dental Surgeon.

To be eligible for payment for Emergency dental services,

- a) expenses must commence within 30 days after the date of the Injury (unless the treatment cannot be rendered due to the nature of the Emergency), and the charges must be incurred within 365 days after such date;
- b) the claim must be accompanied by one or more of the following: (i) an official police or accident report, (ii) a licensed Dentist, Dental surgeon or a Physician report, and / or (iii) an Emergency Hospital or medical facility report.

9. EMERGENCY RELIEF OF DENTAL PAIN

This benefit covers the cost of Emergency palliative treatment to relieve dental pain, up to a maximum of \$200.

This benefit does not cover charges for routine dental care or treatment, root canal and other procedures which are not approved by Sigma Assistel. Services must be performed by a licensed Dentist / Dental Surgeon.

10. RETURN OF MINOR DEPENDENT CHILD WITH ESCORT

If a Dependent (as defined under Immediate Family Member) under the age of sixteen (16) who travels with the Insured Person on the same Trip is left unattended because the Insured Person is hospitalized for a period of 48 hours or more, or because the Insured Person must return to Canada because of a medical Emergency, this benefit will arrange for and cover the extra cost of one-way economy transportation by the most direct route to return the Dependent to their home in their province or territory of residence. Coverage also provides for the cost of return economy transportation for an escort, when such escort is deemed necessary by the Insurer.

Benefits are only payable if this service is approved and arranged in advance by Sigma Assistel.

11. REPATRIATION OR BURIAL

If the Insured Person dies while on an insured Trip, this benefit will pay the cost of preparation (including cremation) and transportation of the deceased's remains to his / her province or territory of residence, or the cost of burial at the place of death up to a maximum of \$5,000. The cost of a burial coffin or urn is not a covered expense.

12. VEHICLE RETURN

If neither the Insured Person nor a Travelling Companion is able to operate the Insured Person's owned or rental Vehicle due to Sickness, Injury or Death while travelling outside the Insured Person's province or territory of residence, this plan will reimburse a maximum of \$2,000 per Household for the return of the Vehicle per Trip. Eligible for Reimbursement is the cost of the return performed by a professional agency; or the following necessary and reasonable expenses incurred by an individual returning the vehicle on behalf of the Insured Person: fuel, meals, overnight

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accommodation, one-way economy airfare. **TO RECEIVE REIMBURSEMENT, ORIGINAL RECEIPTS MUST BE SUBMITTED.** Any other expenses are not covered.

Expenses incurred by anyone travelling with the person returning the vehicle are not covered.

Benefits will only be payable for return of the Vehicle when the service is pre-approved and / or arranged by Sigma Assistel and the vehicle is returned to the Insured Person's normal place of residence or the nearest appropriate rental agency within 30 days of the Insured Person's return to Canada.

13. TRIP CANCELLATION, INTERRUPTION AND DELAY BENEFITS

This insurance does not cover Trips within the Insured Person's province or territory of residence and must be in effect prior to the event which necessitates a claim. When the reason for cancellation occurs prior to departure of an insured Trip, the Insured Person must cancel his / her Trip with the travel agency or Travel Supplier and notify Sigma Assistel Canada within 48 hours following the event forcing cancellation. Any issued ticket(s) must be surrendered to Sigma Assistel Canada. **Please Note:** Any loss arising as a result of the bankruptcy or insolvency of a travel agent, agency, broker or travel supplier is not covered.

In the event the Insured Person must cancel his / her Trip, the Insured Person will be reimbursed the non-refundable portion of the pre-paid travel arrangements up to a maximum of \$6,000 per Trip.

TRIP INTERRUPTION AND DELAY – POST DEPARTURE

In the event the Insured Person must curtail his / her Trip or delay his / her Day of Return, the Insured Person must contact Sigma Assistel Canada within 48 hours of the event forcing interruption / delay. The Insured Person will be reimbursed for the extra cost of a one-way economy airfare to the departure point or to the destination point and any unused non-refundable land arrangements up to a maximum \$6,000 per Trip.

Trip Cancellation, Interruption and Delay benefits are covered where applicable upon the occurrence of any of the following events:

- a) Death, Injury or Sickness of an Insured Person, an Extended Family Member, a Close Business Associate, or a Travelling Companion.
- b) Insured Person being called unexpectedly for jury duty or being subpoenaed as a witness in a case being heard during the Trip.
- c) A transfer by employer of the Insured Person or his / her Spouse for which notice was received from the employer subsequent to the booking and prior to scheduled Day of Departure, if the date of transfer is coincident with or prior to the scheduled Day of Departure, and requires a move to a new principal residence.
- d) Damage to the Insured Person's principal residence by a disaster making it uninhabitable.
- e) Hijack of a Common Carrier in which an Insured Person is travelling.
- f) Terrorism in a country that an Insured Person is scheduled to visit, which leads to a recommendation by the Government of Canada that Canadians should not travel to that area due to Terrorist incidents for a period which includes the Day of Departure.

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- g) Death, quarantine or hospitalization for at least 48 hours, of host at destination.
- h) A natural disaster at the place of destination.
- i) Medical quarantine of an Insured Person for a communicable disease diagnosed by a Physician.
- j) If an Insured Person is involuntarily dismissed or laid-off from his / her principal employment within 30 days of the scheduled Day of Departure, provided a letter of termination is produced, and provided the Insured Person had no knowledge of this loss on the date of application for insurance.
- k) Refusal of an Insured Person's visa, provided that documentation shows he or she was eligible to apply, that refusal is not due to a late application, and that the application is not a subsequent attempt for a visa that had been previously refused.
- l) If the Insured Person misses the originating flight from the scheduled departure point or cruise due to delay of the Insured Person's connecting carrier (plane, ship, bus, limo, taxi, train, auto) resulting from inclement weather conditions, mechanical failure, traffic accident, police-directed road closure or flight delay.
- m) Cancellation of a planned business meeting due to death or hospitalization of the person with whom the Insured Person is to meet, or cancellation of a conference (for which the Insured Person has paid registration fees) due to circumstances beyond the control of the Insured Person. Benefits are only payable to the Insured Person who is attending the meeting. Proof of registration will be required in the event of a claim.
- n) A call to service of the Insured Person by Government with respect to reservists, military, police or fire personnel.

Expenses will be reimbursed when the Insured Person provides, at DFS's discretion, any of the following when applicable:

- a) a statement completed by the Physician in personal attendance in the locality where the Sickness or Injury occurred stating the diagnosis and the complete reason for the necessity of delay or cancellation of the Insured Person's Trip;
- b) documentary evidence of the Emergency situation which caused the delay;
- c) proof that a portion of the travel arrangement costs are non-refundable;
- d) any unused transportation tickets;
- e) any receipts for land arrangements and out-of-pocket expenses,
- f) any tickets or receipts for any extra transportation cost incurred.

EXCLUSION: TRIP INTERRUPTION AND DELAY

Benefits will not be payable for an early or late return (a return Trip delayed more than 10 days beyond the scheduled Day of Return) unless recommended by the attending Physician; or the Insured Person was incapacitated, or the Immediate Family Member, Travelling Companion, or Close Business Associate of an Insured Person was confined to a Hospital for at least 72 consecutive hours within the 10-day period.

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Please Note: Any loss arising as a result of the bankruptcy or insolvency of a travel agent, agency, broker or travel supplier is not covered.

Points Program redemptions of any type and points used to purchase travel arrangements are not an eligible expense under this insurance. Please contact Your Points Program supplier. Exception: If there is any monetary fee charged for the reinstatement of Your applicable travel points, Reimbursement may be payable based on the covered events listed under Trip Cancellation, Interruption & Delay Insurance benefits.

14. ADDITIONAL HOTEL AND MEAL EXPENSES

This benefit covers the cost of necessary meals and hotel accommodation up to \$150 per day and up to a maximum of \$1,500 per person for the following:

- a) Transportation to the Bedside, and
- b) Trip Interruption and Delay, and
- c) Return of Minor Dependent Child (under the age of 16) with Escort.

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SIGMA ASSISTEL TRAVEL ASSIST SERVICE

In an Emergency, the Insured Person or someone on their behalf must contact Sigma Assistel to ensure the Insured Person's expenses are covered. At the first onset of symptoms of an Emergency, and before the Insured Person seeks medical attention, he / she must contact the 24-hour Sigma Assistel Centre. If the Insured Person is unable to do so, because he / she is medically incapacitated, someone else must contact Sigma Assistel as soon as is reasonably possible.

This call to the Sigma Assistel Emergency Assistance Helpline will entitle the Insured Person to receive the following services:

1. MEDICAL ASSISTANCE AND CONSULTATION

The Insured Person will be directed to the nearest appropriate medical facility. Sigma Assistel will verify coverage to ensure there are no delays in treatment.

2. UP FRONT PAYMENT

For eligible medical expenses, Sigma Assistel will guarantee coverage and arrange direct payment to the medical providers and the Hospital, wherever possible.

3. EMERGENCY MESSAGE CENTRE

In case of an Emergency, Sigma Assistel can help to relay important messages to or from the Insured Person's family, business or Physician.

4. LOST DOCUMENT AND TICKET REPLACEMENT

Sigma Assistel will help the Insured Person replace lost or stolen travel documents. The cost of obtaining replacement documents is the Insured Person's responsibility.

5. LEGAL ASSISTANCE

Sigma Assistel can direct the Insured Person to a local lawyer or assist the Insured Person to arrange for bail or for payment of legal fees. The cost of these services is the Insured Person's responsibility.

6. PRE-TRIP PLANNING ASSISTANCE

If the Insured Person calls 1-877-775-3695 Sigma Assistel can provide information on inoculation and visa requirements.

PRE-EXISTING CONDITIONS

Pre-existing conditions are not a limitation under this policy, in which case, any Eligible Expenses related to a pre-existing condition will be reimbursed at 100%.

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CLAIMS

1. NOTICE AND PROOF OF CLAIM FOR EMERGENCY TRAVEL COVERAGE

In the event of a Medical Emergency, Sigma Assistel will direct the Insured Person to the nearest appropriate medical facility. Sigma Assistel will pay Hospitals and other medical providers directly, wherever possible, except when the Insured Person chooses to pay the expenses or when the medical care provider refuses to accept payment directly from Sigma Assistel. To ensure expenses are covered and to benefit from the assistance services available, the Insured Person must notify Sigma Assistel when he / she has an Emergency and preferably before hospitalization, or within 48 hours after admission to a Hospital. If the Insured Person is unable to do so because he /she is medically incapacitated, someone else must do so as soon as is reasonably possible. Otherwise Eligible Expenses will be limited to \$2,000.

To make a claim for Emergency Travel expenses under this policy, notice of the claim must be submitted to Sigma Assistel within thirty (30) days after the Medical Emergency occurs, or as soon as is reasonably possible thereafter. A phone call to Sigma Assistel to report the claim will be considered "Notice of Claim" under the terms of the policy.

Written proof of claim must be submitted within 90 days after the date of the Medical Emergency, but not after the end of the Calendar Year following the year in which the Medical Emergency was incurred. Written proof of claim will include the completion of any claim forms furnished by Sigma Assistel, supported by original receipts, the attending Physician's report or statement, and any other form of documented evidence requested by Sigma Assistel. In the event that the claim is reported to Sigma Assistel by phone, and the provider of the treatment agrees to bill Sigma Assistel directly for the Eligible Expenses, Sigma Assistel will, where possible, obtain the documentation necessary to process the claim. If the Insured Person arranges treatment and pays the Eligible Expenses, they must provide the documentation indicated.

All documents necessary to support a claim must be provided to Desjardins Financial Security and / or Sigma Assistel Canada at the Insured Person's expense.

On termination of an Insured Person's coverage for any reason, including as a result of termination of this policy, written proof of claim satisfactory to the Plan Administrator must be received no later than 90 days following the date of termination.

Failure to give notice of claim or furnish proof of claim within the time prescribed herein does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date a claim arises hereunder, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

2. CO-ORDINATION OF BENEFITS BETWEEN TWO PLANS

Benefits payable under this policy shall be co-ordinated with any other coverage(s) and are payable in excess of all other benefits in effect on the Insured Person's behalf, so that payment under this policy and any other plan, including but not limited to the Insured Person's Government Health Insurance Plan, individual or group policy, credit card coverage or other insurance, shall not exceed 100% of the eligible charges incurred.

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3. RIGHT TO RECOVER PAYMENTS

If after benefit payments have been made to or on behalf of any Insured Person, it is discovered that, due to clerical, electronic or administrative error, payment was made inadvertently or in excess of the amount(s) required to satisfy the terms of this policy, the Company reserves the right to recover the inadvertent or excess payment(s) from the Insured Person or to the organization to whom the payment was paid.

If the amount of the inadvertent or excess payment(s) cannot be recovered within a reasonable time period, the Company has the right to reduce future benefit payments to or on behalf of the Insured Person until such amount(s) are recovered in full.

4. SUBROGATION FROM A THIRD PARTY

If the Company pays any benefits in respect of a sickness or injury where a third party is liable, the Insured Person's right of recovery shall be subrogated to the Company to the extent of the benefits paid, and the Company may bring action in the name of the Insured Person to enforce such right where permitted by law.

In such an event, the Insured Person and his/her legal representative shall co-operate with the Company to facilitate recovery and settlement of any payments, in order to satisfy the intent of this provision.

5. AUTHORIZATION

An Insured Person as a condition precedent to receiving benefits under this agreement, consents to, authorizes and directs any person or corporation to provide the Plan Administrator with any reports, records, x-rays or other information relating to the treatment, services or supplies for which the claim is made.

6. LIMITATION OF ACTION

In the event of a claims dispute, an Insured Person must bring any legal action or proceeding against the Company within 24 months of the date the charges were incurred or the date on which they return to their province or territory of residence, whichever applies. All legal actions or proceedings must be brought in the Canadian province or territory in which the Insured Person permanently resides.

7. DUPLICATE COVERAGE

If there is any duplication of expenses between both In-Province Extended Health Care and Emergency Travel Plan Eligible Expenses, expenses which are incurred outside the insured individual's province or residence in the event of an Emergency while travelling shall be payable as Emergency Travel Plan Eligible Expenses, not as In-Province Extended Health Care Eligible Expenses.

8. RETURNING A PATIENT TO THEIR PROVINCE OF RESIDENCE

The Company, through Sigma Assistel, in consultation with the attending Physician, reserves the right to return the sick or injured Insured Person to his or her province or territory of residence. If in consultation with the attending Physician, an Insured Person is able to return to their province or territory of residence following the diagnosis of, or Emergency medical treatment and / or diagnosis of a medical condition which requires continuing medical care, treatment or surgery, and the Insured Person elects to have the treatment or surgery performed outside their province of

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residence, no benefits shall be payable with respect to such continuing treatment or surgery. The immediate availability of treatment or surgery on return to the province of residence is not the responsibility of the Company, Sigma Assistel or the Plan Administrator.

9. PROOF OF DAY OF DEPARTURE

In the event of a claim, the Insured Person will be required to provide proof of the Day of Departure from his / her province or territory of residence.

Proof of Day of Departure includes: a border crossing receipt, duty free receipt, airplane ticket or boarding pass, stamped passport, credit card receipt, signed and dated bank or financial institution documents, or any signed and dated document that proves the Insured Person was in his / her province of residence the day before the scheduled Day of Departure.

Proof must identify the following:

- a) Your name;
- b) transaction date; and,
- c) transaction location.

10. CONTACT IN THE EVENT OF A MEDICAL EMERGENCY

The Insured person must contact Sigma Assistel directly when a medical Emergency arises, at their 24- hour Emergency Helpline:

SIGMA ASSISTEL

Canada: 1-877-775-3695

Other Locations (Call Collect): (514) 875-3695

Fax: (514) 875-7729

Sigma Assistel will direct the Insured Person to the nearest appropriate medical facility. Sigma Assistel will pay Hospitals and other medical providers directly, wherever possible, except when the Insured Person chooses to pay the expenses or when the medical care provider refuses to accept payment directly from Sigma Assistel.

IMPORTANT TO REMEMBER!

To benefit from the assistance services available and to ensure expenses are covered, the Insured Person must notify Sigma Assistel when he / she has an Emergency and preferably before hospitalization or within 48 hours after admission to a Hospital. If the Insured Person is unable to do so because he / she is medically incapacitated, someone else must do so as soon as is reasonably possible. Otherwise Eligible Expenses will be limited to \$2,000.