

Emergency Assistance

In a medical **emergency** you must contact Intrepid

24/7™ Toll-Free **1-833-366-0873** or Collect **416-987-2247**

Intrepid 24/7™ makes sure that *you* get the care *you* need. When you call Intrepid 24/7™, a case will be opened for *you*, and medical staff will review *your* case to make sure *you* receive the best care possible for *your* situation. Intrepid 24/7™ will even arrange direct payment to *hospitals* and other service providers, so *you* don't need to worry about the bills.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

In the event of a medical **emergency**, *you* or someone acting on *your* behalf must call one of the following telephone numbers listed below:

U.S. and Canada **1-833-366-0873**

Elsewhere **416-987-2247** Collect

In the event of **sickness** or **injury** covered by this policy requiring **hospitalization**, surgery, **major diagnostic testing**, or any **medical treatment** outside of Canada, *you* must contact Intrepid 24/7™ within 48 hours from the time of **emergency**. If Intrepid 24/7™ is not contacted, *your* claim may be denied or only partially covered.

This insurance covers medical expenses from **sickness** or **injury**, and losses arising from unexpected circumstances. Coverage is subject to certain limitations and exclusions, which are explained in this policy. It is important that *you* read and understand *your* policy.

You must call Intrepid 24/7™ to ensure coverage of certain expenses. If *you* fail to contact Intrepid 24/7™, *you* may be responsible for a portion of the expenses.

In the event of an **accident**, **injury** or **sickness**, *your* prior medical history will be reviewed after a claim has been reported.

All benefit limits are expressed in Canadian currency.

This policy is underwritten by certain Lloyd's Underwriters. MSH International (Canada) Ltd. performs enrolment and provides customer service. Emergency Assistance is provided by Intrepid 24/7™.

Certain Lloyd's Underwriters will pay the benefits stated in this policy, subject to all of its terms, conditions, limitations, exclusions and other provisions for **reasonable and customary** expenses that are incurred as a result of an unexpected **sickness** or **injury** up to the benefit maximum for that particular benefit, or to the overall policy maximum. All maximums stated in this policy are per **insured person** per consecutive 12-month period unless otherwise stated.

This policy is in force only if MSH International (Canada) Ltd. confirms *your* coverage after receiving *your* enrolment information and the full premium. If *you* have not received confirmation of coverage, contact Intrepid 24/7™ immediately by phone at **1-883-366-0873** or email intrepid247@intrepid247.com.

Restriction on Beneficiary Designation

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

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

For information about making a claim, or the status of a claim *you* have already sent us, call Intrepid 24/7™ Claims at **1-866-883-9485** or **416-640-7862** or email claims@intrepid247.com.

POLICY FOR INTERNATIONAL STUDENT HEALTH INSURANCE

SECTION I – ELIGIBILITY AND COVERAGE PERIOD

To be eligible for coverage, *you* must be:

- an **international student** or **participant** at a **participating educational institution** or **organization** with a current passport and/or student visa, under the age of 70, residing in Canada, whose name is on file with the **plan administrator** as being insured under this policy during the **coverage period**; or
- a chaperone, international faculty member, **teacher**, or other affiliate in an educational, business, or cultural exchange with a **participating educational institution** or **organization**, under the age of 70, residing in Canada, whose name is on file with the **plan administrator** as being insured under this policy during the **coverage period**; or
- the **parent/legal guardian**, **spouse**, and/or **dependent child(ren)** under the age of 70 of any of the persons listed above, residing together in Canada, and sharing the same **coverage period**.

Eligibility does not supercede the **participating educational institution's** or **organization's** decision to exclude from coverage individuals other than the **international student** or **participant**.

Coverage commences on the latest of:

- the date the **plan administrator** confirms that *you* are insured under the policy;
- the date that *you* leave *your home country* to come to Canada;
- the effective date shown on *your* confirmation of **coverage documents**.

Travel from *your home country* to Canada is covered (including any layover location en route to Canada) provided the total trip length between departure from *your home country* and arrival in Canada does not exceed seven (7) days.

This policy terminates on the earliest of:

- the expiry date indicated on *your* confirmation of **coverage documents**;
- the date the required premium is due and unpaid and appropriate statutory notice has been given to *you*;
- the date *you* attain age 70;
- the date we obtain reasonable evidence of fraudulent use of the coverage card;

- the date *you* permanently return to *your home country*;
- 60 days after the date from which a **participating educational institution** or **organization** no longer considers *you* active in their program whether that be through removal or voluntary departure (not applicable if *you* graduate from the **participating educational institution**);
- 60 days after the date *you* no longer meets the eligibility requirements under SECTION I – ELIGIBILITY AND COVERAGE PERIOD (not applicable if *you* graduate from the **participating educational institution**).

Coverage Outside of Canada

School breaks and travel outside Canada during the **coverage period** are valid provided at least 51% of the **coverage period** is spent in Canada. Coverage for travel to the USA is limited to a maximum of 30 days per visit and cannot exceed 49% of the **coverage period**.

Visits to *your home country* are permitted, however, coverage will be suspended and expenses will not be covered, nor premiums refunded while in *your home country*, except where travel to *your home country* is expressly taken in order to participate in a school-organized sporting or extra-curricular event. 51% of the **coverage period** must still be spent in Canada. Intrepid 24/7™ requires notification within 48 hours for any **medical treatment** provided outside of Canada.

Automatic Continuation of Coverage

If *you* are unavoidably delayed for a reason in no way attributable to *you*, beyond the end of the coverage period, this policy will automatically remain in effect at no extra premium for a period not to exceed:

- 72 hours, if delayed while traveling as a fare paying passenger in a licensed public conveyance or by private vehicle and the delay is caused by mechanical breakdown, a traffic accident or inclement weather; or
- The period of confinement as an **in-patient** in a **hospital** OR the period during which *you* are unable to travel on medical grounds acceptable to MSH International (Canada) Ltd. Following discharge from Hospital or following medical approval to travel, an additional 72 hour extension will be granted.

SECTION II - DEFINITIONS

Whenever used in this policy, the following terms shall be italicized and have the meaning specified below.

Accident means any sudden and unforeseen event occurring during the policy term, resulting in bodily **injury**, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control.

Chronic Condition means a **sickness**, disease or **injury** that is persistent, incurable and does not spontaneously disappear with time.

Claim Documents means the information relevant to *your* visit to a medical facility. This includes, but is not limited to, a signed claim form, medical notes/records, referrals, itemized bills, payment receipts, and prescription receipts.

Corrective Device means a device that is required by *you* on the advice of a **physician** to compensate for a physical impairment and without which it would be a physical impossibility for *you* to continue *your* trip. Includes prosthetic limbs, wheelchairs, seeing-eye dogs, and hearing aids, but not eyeglasses, or orthodontic or other dental appliances.

Coverage Documents means the welcome letter that is provided to *you* either in hard copy or electronically that includes *your* personalized wallet card showing *your* name, policy number, and coverage dates.

Coverage Period means the period of time that *you* are insured under the policy, starting from 12:01 a.m. on the effective date of coverage and ending at 12:00 midnight on the termination date.

Dentist means a practitioner of dentistry lawfully qualified and licensed to practice in the jurisdiction in which they have provided the services or supplies for which the charges are incurred.

Dependent Child(ren) means unmarried persons residing with *you* and dependent on *you* for support if *you* are their **parent/legal guardian**, and who are:

- at least 15 days old, unless the child is born as a result of an eligible pregnancy as set out under this policy, and under 21 years of age; or
- under 26 years of age and in attendance at an institution of higher learning, or
- of any age over 15 days old and have a mental or physical impairment.

Emergency means a sudden and unexpected medical condition or **injury** that requires immediate **medical treatment**. The condition or **injury** must have manifested itself while *your* policy is in force.

End of Emergency means a given declaration, as determined by Intrepid 24/7™ that there is no pending emergent treatment and *you* are able to continue *your* trip. **End of Emergency** can also be declared once *you* are able to return, or have returned, to *your home country*.

Excursion means any continuous travel outside of Canada (and not to *your home country*) during the **coverage period**, provided that at least 51% of the **coverage period** is spent in Canada.

Fit to Travel means the treating medical practitioner had determined *you* are able to complete travel to *your home country* and/or resident country with or without medical attention and services.

GHIP (Government Health Insurance Plan) means the health insurance coverage that Canadian provincial or territorial governments provide for their residents.

Home Country means the country for which the *you* hold a passport. Where *you* hold more than one passport, the Home Country will be taken to mean the country that the policyholder has declared upon commencement of this policy.

Home Health Care means care that is provided in *your* principal residence within Canada.

Hospital means an establishment which:

- holds a license as a **hospital** (if licensing is required in the jurisdiction);
- operates primarily for the reception, care and treatment of sick, ailing or injured persons as **in-patients**;
- provides 24 hour a day nursing service by registered or graduate nurses;
- has a staff of one or more **physicians** available at all times;
- provides organized facilities for diagnosis, and major medical surgical facilities;
- is not primarily a clinic, nursing, rest or convalescent home or similar establishment; and
- is not, other than incidentally, a place for the treatment of alcohol or drug addiction.

Hospitalization or **Hospitalized** means *you* occupy a **hospital** bed for more than 24 hours for **medical treatment** and for which admission was recommended by a **physician** when **medically necessary**.

Immediate Family Member means *your spouse*, **parent/legal guardian** (includes stepparent), brother or sister (includes stepbrother or stepsister), child (including legally adopted child or stepchild), brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law or father-in-law.

Injury means bodily damage or harm, sustained by *you*, directly resulting from an **accident** that occurs while *your* coverage under this policy is in force and requires **emergency** treatment that is covered by this policy.

In-patient means a patient who occupies a **hospital** bed for more than 24 hours for **medical treatment** and for whom admission was recommended by a **physician** when **medically necessary**.

Insured or Insured Person means a person for whom insurance is in force under this policy and who is on file/declared with the **plan administrator**.

Insurer means certain Lloyd's Underwriters who provides this insurance.

International Student means a non-Canadian student enrolled in and attending classes in an educational program at a **participating educational institution** who has had to obtain a student visa and/or temporary visa status for the purpose of pursuing an education within Canada and is required to arrange insurance through the **participating educational institution**.

Loss means, in sections pertaining to Accidental Death and Dismemberment benefits:

- with reference to quadriplegia, paraplegia, and hemiplegia: the complete and irreversible paralysis of such limbs;
- with reference to hand or foot: complete severance through or above the wrist or ankle joint, but below the elbow or knee joint;
- with reference to arm or leg: complete severance through or above the elbow or knee joint;
- with reference to thumb and index finger: complete severance through or above the first phalange;
- with reference to eye: the irrecoverable loss of the entire sight thereof;
- with reference to speech: complete and irrecoverable loss of the ability to utter intelligible sounds;
- with reference to hearing: complete and irrecoverable loss of hearing in both ears;
- with reference to "Loss of Use": the total and irrecoverable loss of use provided the loss is continuous for 12 consecutive months and such loss of use is determined to be permanent.

Major Diagnostic Testing means diagnoses which require magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and/or biopsies.

Medical Treatment means any reasonable medical, therapeutic or diagnostic measure prescribed by a medical *physician* or eligible paramedical practitioner, including prescribed medication, reasonable investigative testing, *hospitalization*, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem.

Medically Necessary means the services or supplies provided by a *hospital* or *physician*, licensed *dentist* or other licensed provider that are required to identify or treat *your sickness* or *injury* and that are defined as follows:

- consistent with the symptom or diagnosis and treatment of *your sickness* or *injury*;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of *you*, a *physician* or *surgeon* or other licensed provider; and
- when applied to the care of an *in-patient*, it further means that *your* medical symptoms or conditions require that the services cannot be safely provided as a *hospital outpatient*.

Minor Ailment means any *sickness* or *injury* which does not require:

- a. the use of medication for a period of greater than 15 days; or
- b. more than one follow-up visit to a *physician*, *hospitalization*, surgical intervention; or
- c. referral to a specialist; and
- d. which ends at least 30 consecutive days prior to the start date of coverage.

A *chronic condition* or any complication of a *chronic condition* is not considered a *minor ailment*.

Mountain Climbing means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pickaxes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.

Outpatient means *you* receive treatment, including diagnostic services at a *hospital*, other medical institution, or *physician's* office; where the *you* are not admitted or confined to a *hospital* bed as an *inpatient* or day patient.

Parent/Legal Guardian means the natural or adoptive parent, or another adult, who is responsible for the care of, and lives at the same residential address as, an *international student* or *participant* under the age of 18.

Participant means a non-Canadian, individual member of a group such as a club or camp, amateur sports team, day care center, religious or charitable organization, volunteer, civic, community service or recreational organization.

SECTION III - BENEFITS

When, by reason of *sickness* or *injury*, *you* incur eligible expenses as described in this section, the *insurer* will reimburse the *reasonable and customary* costs for such expenses, subject to all limitations, exclusions and other provisions of the policy. The *insurer* will pay benefits to the claimant or the assigned person/health care provider named on the claim form, during the *coverage period* to a maximum of \$2,000,000 per *insured person*. Coverage for an *insured person* under the age of six (6) months old is limited to \$25,000. The benefits within this policy are not subject to a deductible.

Coverage for eligible expenses will only be provided until the *end of emergency* is declared, unless further treatment is approved in advance by Intrepid 24/7™.

Should *you* qualify for and receive coverage under *GHIP*, eligible expenses shall exclude any treatment or services eligible under *GHIP*.

EMERGENCY MEDICAL BENEFITS

The following benefits are payable when incurred as the result of a covered *emergency* during the *coverage period*.

1. Hospitalization Expenses

When, by reason of *injury* or *sickness*, *you* are confined to a *hospital*, the *insurer* will pay the *reasonable and customary* costs for room and board charges (up to semi-private room accommodation), including the costs relating to *physicians*, *surgeons*, nursing, operating room, prescription drugs, dressings, diagnostic services, medical appliances, and any other necessary cost made by the Hospital for *inpatient hospital* Services, day patient *hospital* services, as well as costs incurred in an intensive care unit.

2. Medical and Surgical Services

- a. *Medical treatment* by a legally licensed *physician*, *surgeon*, anesthetist, nurse practitioner, or registered graduate nurse (other than an *immediate family member*);
- b. blood plasma, whole blood or oxygen including their administration.

3. Psychiatric/Psychological Care

When deemed essential by the attending *physician*, the actual costs for:

- a. Exceptional *hospitalization* - up to \$50,000 per lifetime, per *insured person*, for *hospital*, medical and/or psychiatric treatment if admitted to *hospital* for suicide, attempted suicide, self-inflicted injuries, mental or emotional disorders (including but not limited to stress, anxiety, panic attacks, depression, eating disorders and weight problems) or other psychiatric treatment.
- b. Psychiatric *hospitalization* - up to \$25,000 per *insured person* per policy year for *in-patient* services.
- c. *Outpatient* psychologist/psychiatrist - the services of a psychologist or psychiatrist to a combined maximum of \$2,500 per policy year, per *insured person*.

4. Prescription Drugs

When *medically necessary* for *emergency medical treatment*: drugs, medicine, and serums obtainable only upon a written prescription and dispensed by a pharmacist, *physician*, chemist, *surgeon*, *physician's* assistant, or nurse practitioner to a maximum of a 60 days' supply per drug classification, per *sickness* or *injury*.

5. Dental Emergency

When performed by a legally qualified *dentist* or oral *surgeon*, *emergency* treatment:

- a. up to \$4,000 to repair or replace whole or sound natural teeth or permanently attached artificial teeth damaged as a result of an accidental blow to the face;
- b. up to \$600 for relief of pain caused other than by a blow to the face and including wisdom teeth for which *you* have not previously received treatment or advice.

Reimbursement will not exceed the minimum fee specified in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association in the province or territory in which you receive such treatment.

Participating Educational Institution or Organization means a school, school board/district, college, university, or other recognized institution of learning, or other contracted group in Canada which has been fully accredited (if required) in accordance with applicable law and regulations and has agreed to participate in the International Student Health Insurance – MyCanadaPlan Plus.

Physician or Surgeon means a medical doctor, other than *you* or an *immediate family member*, who is licensed to administer *medical treatment* and prescribe drugs in the jurisdiction where they provide medical services.

Plan Administrator means MSH International (Canada) Ltd.

Pre-Existing Medical Condition means any *sickness*, disease, mental, nervous or emotional disorder or disorder for which *you* received any one of medical advice, treatment, service, prescribed medication, diagnosis or consultation, including consultation to investigate and/or diagnosis (where diagnosis has not yet been made) or would have been received by a prudent individual with in the 24 months immediately preceding the effective date of coverage. For continuous coverage, the effective date means the effective date of the initial policy purchased.

Reasonable and Customary means the amount usually charged for treatment, services or supplies to provide an appropriate level of care given the severity of the *sickness* or *injury* being treated, in the geographical location where the treatment, services or supplies are being provided.

Sickness means the onset or deterioration of illness or disease requiring *medical treatment*, care or advice while *you* are in Canada or on an *excursion*.

Spouse means the person related to *you* in one of the following ways:

- legally married to *you* or in a civil union; or
- living with *you* in a conjugal relationship and represented as *your spouse* or partner.

Stable means any medical condition, whether or not the diagnosis has been determined, other than a *minor ailment* for which there has been:

- a. no *hospitalization*; and
- b. no new diagnosis, treatment or prescribed medication; and
- c. no alteration* in treatment or medication; and
- d. no new, more frequent or more severe symptoms; and
- e. no new test results showing deterioration; and
- f. no referral to a specialist (made or recommended) and *you* are not awaiting surgery or the results of further investigations performed by any medical professional.

*Alteration includes a new medication, stopped medication, increase or decrease in medication, but does NOT include changes between brand-name and generic versions of drugs with the same active ingredient and dosage, or routine adjustments of maintenance medications such as insulin, Coumadin or Warfarin.

Teacher means an individual in the education profession who is temporarily visiting Canada for the purposes of accompanying one or more *international students* and/or whose visit is sponsored by a *participating educational institution* as part of a cultural exchange or similar program.

Terminal Illness means *you* have a condition that is cause for the *physician* to estimate that *you* have less than 6 months to live.

You or Your means the *insured person*

Treatment must be initiated within fourteen (14) days from the time the *emergency* began and be completed no later than 90 days after treatment began and before *your* expiry date.

6. Paramedical Services

When deemed essential on an *emergency* basis and accompanied by a written referral from a *physician*, the services of a licensed:

- a. physiotherapist or speech therapist, to a combined maximum of \$1,000 per policy year, per *insured person*;
- b. chiropractor, osteopath, naturopath, podiatrist, chiropodist, or acupuncturist, up to a maximum of \$500 per profession, per policy year, per *insured person*.

7. Diagnostic Services

Laboratory tests and x-rays that are ordered by the attending *physician* and that are part of the *emergency medical treatment*. This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are approved in advance by Intrepid 24/7™.

See SECTION VI - GENERAL PROVISIONS AND LIMITATIONS for more information.

8. Medical Appliances

When approved in advance by Intrepid 24/7™, and prescribed by the attending *physician* as the result of a covered *accident* or *sickness*:

- a. minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers;
- b. up to \$200 for prescription eyeglasses or contact lenses;
- c. up to \$300 for hearing aids or custom orthotics;
- d. up to \$800 for custom knee braces;
- e. the temporary rental of a *hospital* type bed, wheelchair, iron lung or other durable equipment for therapeutic treatment, not exceeding the purchase price.

9. Private Duty Nurse and Home Health Care

When approved in advance by Intrepid 24/7™, prescribed by an attending *physician*, and required following a covered *emergency*, *medically necessary* costs incurred for:

- a. the professional services of a registered private duty nurse (other than by an *immediate family member*) while *hospitalized*; or
- b. in lieu of *hospitalization*, up to a maximum of \$15,000 for *home health care* from a registered private duty nurse or licensed medical practitioner (other than an *immediate family member* or resident of *your* principal residence).

10. Follow-Up Care

Up to a maximum of \$1,000 for *outpatient* services at an on-campus medical facility for *medical treatment* that is *medically necessary* following an initial *emergency*. This benefit is subject to approval by Intrepid 24/7™.

11. Tutorial Services

If *you* are confined to a *hospital* for a minimum period of thirty (30) consecutive days due to a covered *sickness* or *injury*, the *insurer* will pay up to \$20 per hour to a maximum of \$500 for the actual expenses incurred for a qualified private tutorial service

EMERGENCY TRANSPORTATION

12. Ground Transportation

Licensed ground ambulance service (or taxi fare up to \$100 in lieu of ambulance) to the nearest medical facility for *medical treatment* as the result of a covered *emergency*.

13. Air Transportation

This benefit must be pre-approved and arranged in advance by Intrepid 24/7™

Up to the overall policy maximum for:

- air ambulance to the nearest appropriate medical facility or to a Canadian hospital or to a hospital in your home country for immediate emergency medical treatment;
- transport on a licensed airline with an attendant (when required) for your emergency return to your home country or your province or territory of residence in Canada for immediate medical attention;
- the fare for additional seats to accommodate a stretcher, if required, to return you to your home country or your province or territory of residence in Canada;
- up to the cost of a one-way economy airfare to return you to your home country or your province or territory of residence in Canada following an emergency and after you are fit to travel.

The cost of ground transportation before or after the flight or for connecting flights as well as the cost of a medical attendant, if required, are included in this benefit.

14. Repatriation or Local Burial of Remains

In the event of your death as a result of a covered accident or unforeseen sickness and when approved and arranged in advance by Intrepid 24/7™:

- up to \$15,000 toward the actual cost incurred for the preparation of remains and transportation (including a standard shipping container) to your home country; or
- up to \$5,000 for cremation and/or burial at the place of death.

The cost of the casket, urn or funeral is not covered.

15. Transportation to Bedside

This benefit must be pre-approved and arranged by Intrepid 24/7™

Up to a maximum of \$5,000 for single round-trip economy airfare by the most direct and economical route plus up to \$150 per day to a maximum of \$1,500 for the reasonable commercial living expenses for up to two (2) immediate family members to:

- be with you if you are hospitalized as the result of a covered emergency and the attending physician provides written certification that the situation was serious enough to warrant the visit; or
- identify you prior to the release of your body, where necessary.

NON-EMERGENCY BENEFITS

The following benefits are payable when incurred during the coverage period.

16. Pre-Existing Medical Condition Coverage

Medical expenses related to a pre-existing medical condition:

- routine care of the pre-existing medical condition but excluding any treatment or surgery which can reasonably be delayed until your expected date of return to your home country or primary place of residency outside of Canada without causing irreversible or permanent damage or;
- expenses incurred resulting from a change in the pre-existing medical condition during the coverage period.

This benefit is limited to a maximum of \$10,000 per insured person per policy period for insured persons over the age of 50 years old.

17. Physical Examination

Up to a maximum of \$175 per insured person, per policy year after 6 months of continuous coverage including costs associated with preventative services, routine diagnostic testing, X-rays or laboratory services.

18. Eye Examination

Up to \$100 for one eye examination by a licensed optometrist or ophthalmologist in any consecutive 12-month period provided a minimum of six (6) months of consecutive coverage has been purchased.

19. Diabetic Supplies

Up to \$200 in any consecutive 12-month period for insulin and standard syringes, needles and diagnostic aids required for the treatment of diabetes.

20. Corrective Devices

This benefit must be pre-approved and arranged by Intrepid 24/7™

Up to \$1,000 to repair or replace a corrective device required by you if, during the coverage period, your required corrective device is stolen and not recovered, is damaged, or suffers a malfunction or defect which renders it unusable.

This benefit does not apply to defects or malfunctions which were evident prior to the coverage period or to defects or malfunctions covered by other insurance plans including manufacturers' warranties. Corrective lenses and orthodontic appliances are not covered.

21. Wart Treatment

Up to \$500 per insured person, per policy year for medically required wart treatment.

HIV/AIDS COVERAGE

22. Expenses incurred as a result of a positive human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), or AIDS-related complex (ARC) diagnosis, which was diagnosed after coverage commenced, will be based on standard terms and conditions of the Policy and covered to a lifetime maximum of \$10,000.

SECTION IV - EXCLUSIONS

Failure to contact Intrepid 24/7™ in the event of hospitalization within 48 hours from the time of the emergency may limit eligible medical expenses.

This policy does not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

- Any sickness, injury or medical condition that was not stable in the 90 days prior to the effective date. If coverage is renewed without any lapse, this exclusion will be applied based on the effective date of the initial MyCanadaPlan Plus policy as long as subsequent coverage is purchased on or before the expiry date of the existing policy.
- A sickness or injury that, at the time of departure from your home country, might reasonably be expected to require you to undergo medical treatment, surgery or hospitalization.
- Any medical treatment claimed under the Emergency Medical Benefits section of the policy that is not emergency medical treatment for the immediate relief of acute pain and suffering.
- Any elective, dental, plastic or cosmetic surgery except as the result of a covered emergency, as provided under Benefit #5 - Dental Emergency.
- Any medical treatment claimed under the Emergency Medical Benefits section of the policy which can reasonably be delayed until you return to your home country by the next available means of transportation, whether you intend to or not.
- Treatment or services that contravene any GHIP plan in Canada.
- Any medical treatment claimed under the Emergency Medical Benefits section of the policy required on an ongoing basis including continued stabilization of a medical condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or convalescent or ongoing care, and medical treatment of an acute sickness and/or injury after the end of emergency except as provided in Benefit #10 - Follow-Up Care or Benefit #9 - Private Duty Nurse and Home Health Care.

MATERNITY SERVICES

Pregnancies existing prior to the coverage effective date* will only be covered for emergency complications for the first 32 weeks of pregnancy to a maximum benefit of \$5,000 per insured person. Well Baby Care will not be covered for pregnancies existing prior to the coverage effective date*.

23. Pre-/Post-Natal Care and Delivery

This benefit will reimburse any eligible expenses, as defined in the Emergency Medical Benefits section of this policy, relating to pre-/post-natal care for the mother, including involuntary termination and delivery when pregnancy begins on or after the insured person's effective date* of coverage. Reimbursement of eligible expenses under this Benefit is 100% subject to a maximum of \$25,000 per insured person, per policy year.

Medical treatment and services including hospital accommodations are covered when confirmed by a physician to be necessary in respect of childbirth. Midwifery services are considered a covered expense when used in place of a physician. In the event of an elected caesarean section, this policy excludes expenses relating to the caesarean section procedure, but will reimburse the reasonable and customary costs for hospital room and board charges (up to semi-private room accommodation), subject to the Maternity benefit maximum.

The newborn child will be covered under this benefit from the date of birth until 15 days of age.

* For continuous coverage, the effective date means the effective date of the initial policy purchased.

24. Well Baby Care

Includes a series of regularly scheduled check-ups. Hearing loss assessments and immunizations are also covered under Well Baby Care. Immunizations covered include (but are not limited to) the first dose of Hepatitis B and the dose for Tuberculosis for residents of developing countries. This benefit covers children up to 1 year of age and is subject to a maximum of \$500.

ACCIDENTAL DEATH & DISMEMBERMENT

If a covered loss occurs due to injury, we will pay in one sum the indicated percentage of the Principal Sum as set out in the Loss Schedule below, as follows:

24 Hour Accident Principal Sum: \$50,000.

25. 24 Hour Accident

If injury results in any of the following losses within 365 days after the date of the accident, the policy provides the benefits indicated below, in accordance with the 24 Hour Accident Principal Sum:

LOSS SCHEDULE

Loss	% of Principal Sum
Loss of life	100%
Loss of both hands or Loss of both feet	100%
Loss of entire sight of both eyes	100%
Loss of one hand and one foot	100%
Loss of one hand and the entire sight of one eye	100%
Loss of one foot and the entire sight of one eye	100%
Loss of one arm	50%
Loss of one leg	50%
Loss of one hand	50%
Loss of one foot	50%
Loss of entire sight of one eye	50%
Loss of thumb or index finger of the same hand	33 ⅓%
Loss of speech and hearing	100%
Loss of speech or hearing	66 ⅔%
Quadriplegia, paraplegia, hemiplegia	100%
Loss of use of both arms or both hands	100%
Loss of use of one hand or one foot	50%
Loss of use of one arm or one leg	50%

Disappearance

If your body has not been found within one year of your disappearance (as documented by a competent governmental or law enforcement agency), you shall, in the absence of any evidence to the contrary, be deemed to have suffered Loss of life.

Beneficiary

The benefit for Loss of life is payable to the deceased person's estate. If you are under age 16 (or 18 in Quebec), the benefit is payable to your parent/legal guardian. We may ask the claimant to prove their relationship to the deceased.

26. Trauma Counselling

Expenses incurred for up to six (6) trauma counselling sessions if you suffer a loss under Accidental Death & Dismemberment within 90 days from the date of an accident which occurred during the coverage period.

- Pregnancy, miscarriage, voluntary termination of pregnancy, childbirth, or their complications except as provided in the Maternity Services section of the policy.
- The worsening, recurrence, side effects or complications of a medical condition resulting from your non-compliance or failure to follow the directions of a physician or other health care provider except as provided under Benefit #14 - Repatriation or Local Burial of Remains.
- Drugs and medications which are:
 - vaccines or immunizations, except as provided in Benefit #24 - Well Baby Care;
 - commonly available without a prescription, preventative medications, acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products;
 - any type of contraceptive (except as provided in Benefit #19 - Maternity), pregnancy test, fertility drug or test, or erectile dysfunction drugs;
 - not legally registered and approved in Canada or not medically necessary.
- Any sickness, injury or medical condition for which a diagnosis need not have been made, where the policy is purchased or the visit is undertaken for the purpose of securing or with the intent of receiving medical or hospital services, whether or not such visit is taken on the advice of a physician or surgeon.
- Transplants including, but not limited to, cornea or organ transplants or bone marrow transplants, artificial joints, prosthetic devices or implants including any associated charges.
- Medical treatments or services within your home country except where travel is expressly taken in order to participate in a school-organized sporting or extra-curricular event.
- Medical examinations performed at the request of a third party (including medical examinations for immigration purposes) or consultations with a physician by telephone or e-mail.

15. Expenses for any benefit or *medical treatment* that requires prior approval by Intrepid 24/7™ if such approval was not provided, except in extreme circumstances where such *medical treatment* is performed on an *emergency* basis immediately upon admission to *hospital*.
16. *Injury* received as a direct consequence or as a result of the *insured person* having blood content of 80 milligrams or more of alcohol per 100 millilitres of blood or, in the absence of a specific measurement, in the professional opinion of the attending *physician*.
17. Any *sickness* or *injury* if at the time of the *sickness* or *injury*, you are under the influence of drugs or intoxicants, other than alcohol (unless administered on, and in strict accordance with, the advice of a legally qualified *physician*), except as provided under Benefit #14 - Repatriation or Local Burial of Remains.
18. Any *sickness*, *injury* or medical condition resulting from *your* commission or attempted commission of an illegal act.
19. Mental, emotional or psychological disorders including medications except as provided under Benefit #3 - Psychiatric/Psychological Care or Benefit #14 - Repatriation or Local Burial of Remains.
20. Suicide, any attempt at suicide, or intentionally self-inflicted *injury*, when you have attempted suicide or self-inflicted *injury* or caused intentional self-inflicted *injury* in the 5 years prior to the effective date.
21. *Injury* resulting from participation in: professional athletics (for which you are remunerated); *mountain climbing*; aviation except as a fare-paying passenger on a commercial aircraft; hang gliding; skydiving; parachuting; bungee jumping; snow skiing or snowboarding outside of marked trails at supervised recreational facilities; motorized speed events or contests; scuba diving unless PADI/NAUI certified or accompanied by a certified instructor.
22. Death or *injury* sustained while operating or learning to operate any aircraft as pilot or crew.
23. Travel to, from or through any country, region or city for which, prior to the effective date or *your* departure date, any department of the Canadian Government has issued a warning to avoid all travel or to avoid non-essential travel if the expenses are the result of the reason for which the warning was issued.
24. An act of declared or undeclared war, civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition by or under the order of any government or public or local authority.
25. Contamination resulting from radioactive material or nuclear fuel or waste.
26. Injuries received while you are participating in any manoeuvres or training exercises of the armed forces, national guard or organized reserve corps of any country or international authority.
27. *Medical treatment* or services normally covered or reimbursable under any other insurance.
28. Any consultation or treatment for Attention Deficit Hyperactivity Disorder (ADHD) or similar conditions or diagnoses.
29. Any costs incurred due to *your* travelling against the advice of a *physician* or any *loss* resulting from *your sickness* or medical condition that was diagnosed by a *physician* as a *terminal illness* prior to the effective date.
30. Further *medical treatments* or services in Canada for any *sickness*, *injury*, or medical condition that arose during a visit to *your home country*, except where travel is expressly taken in order to participate in a school-organized sporting or extra-curricular event.

The following additional exclusions are also applicable to Accidental Death & Dismemberment benefits:

- Sickness*, disease, or disability whether the *loss* or claim results directly or indirectly from any of these:
31. Mental incapacity whether the *loss* or claim results directly or indirectly from any mental incapacity.
 32. Sustained while you are undergoing the medical or surgical treatment of *sickness*, disease, or bodily or mental infirmity.
 33. Stroke or cerebrovascular condition, cardiovascular condition including, but not limited to, myocardial infarction or heart attack, coronary thrombosis, aneurysm.
 34. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if you are:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
 35. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying *sickness*, disease or condition including but not limited to diabetes.
 36. An act, attempted act or omission taken or made by you, or an act, attempted act or omission taken or made with your consent, for the purposes of interrupting the blood flow to your brain or to cause asphyxiation to you, whether with intent to cause harm or not.
 37. Natural causes.

SECTION V – CLAIM PROCEDURES

1. Emergency Medical Assistance

This policy provides worldwide emergency assistance for you while in Canada, or on an *excursion*, except where local conditions render such assistance not feasible. In the event of *sickness* or *injury* covered by this policy requiring *hospitalization*, surgery, *major diagnostic testing*, or any *medical treatment* outside of Canada, Intrepid 24/7™ must be notified within 48 hours from the time of *emergency*. If Intrepid 24/7™ is not informed, this could result in the denial of claims for some expenses and some expenses being only partially covered. In the event of a medical *emergency* you or someone acting on your behalf must call one of the worldwide telephone numbers listed below:

U.S. and Canada **1-833-366-0873**
Elsewhere **1-416-987-2247** Collect

It is your responsibility to ensure that Intrepid 24/7™ is contacted or to inform someone on your behalf to do so. If Intrepid 24/7™ is not contacted within 48 hours, benefits under this policy may be limited.

2. Notice and Proof of Claims

Intrepid 24/7™ will coordinate services and billings with providers to ensure direct billing of your expenses where available and when notified accordingly. In such instances you will only be required to complete a claim form to authorize the sharing of your personal information. If you pay directly for medical services and need to seek reimbursement, you or someone acting on your behalf must retain all original itemized invoices and receipts from all medical providers, original prescription receipts, and any other original *claim documents* to substantiate any eligible expenses. Claims may be filed by electronic claims submission or by mail to:

Intrepid 24/7™ – Claims Administration

150 King Street West, Suite 602, PO Box 75
Toronto, Ontario (Canada) M5H 1J9
1-866-883-9485 or 416-640-7862 | claims@intrepid247.com | www.intrepid247.com

Note: Remember to retain a copy for your records.

Claim documents must be received within the following timelines in order for your claim to be eligible:

- a. within 365 days from the date of the *sickness* or *injury*, furnish to us such proof of claim as is reasonably possible in the circumstances of the happening of the *sickness* or *injury* occasioned thereby during the *coverage period*; and
- b. if so required by us, furnish a certificate as to the cause and nature of the *accident* or *injury* caused thereby, for which the claim is made and as to the duration of the *injury* or *loss*, from a legally qualified medical *physician*.

3. Notice of Claim After Your Policy Ends

We must receive your claim within twelve (12) months of the date your policy ended. We will not pay any claim we receive more than twelve (12) months after the date your policy ended, regardless of when the eligible expense was incurred.

SECTION VI – GENERAL PROVISIONS AND LIMITATIONS

Pre-Approval Requirements

Intrepid 24/7™ must approve in advance any surgery, invasive procedure, *major diagnostic testing* or *major medical treatments*, or *medical treatment* outside of Canada before any expenses are incurred. It remains your responsibility to contact Intrepid 24/7™ for approval or to inform someone on your behalf to do so, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis. If such services are not pre-approved then notification must be received within 48 hours otherwise claims will be assessed as per the terms and conditions of the policy, and if approved, reimbursed at 80% of all eligible expenses up to the policy limits and maximum. In some cases, the approval must be provided by us before any expenses are incurred.

Clerical Error

Clerical error on our part or the *plan administrator* in the keeping of records for furnishing of information shall not void any *insured person's* insurance otherwise validly in force, provided the proper premium remittance is made, nor shall it continue any *insured person's* insurance otherwise validly terminated under the terms of the policy.

Applicable Law

This contract of insurance is governed by the laws of the province or territory where this policy was issued. Any legal proceeding by you, your heirs or assigns shall be brought in the courts of the province or territory where this policy was issued.

Other Insurance

Benefits under this policy are payable in excess of those available under any other similar plans or insurance policies, or contracts, or government health insurance plans, or any private, public, provincial or territorial automobile insurance plan, providing *hospital*, medical or therapeutic coverage or benefits, or any other third party liability insurance in force. You may not claim or receive in total more than 100% of the loss caused by the insured event.

Limitation of Benefits

Intrepid 24/7™ on behalf of the *insurer* reserves the right, as reasonably required and at its expense, to transfer you to any *hospital* or to transport you to Canada or your home country following an

emergency. If you refuse to be transferred or transported when declared medically *fit to travel* by the medical director, any continuing costs incurred after your refusal will not be covered and the payment of such costs becomes your sole responsibility. Coverage ceases upon your refusal and no coverage will be provided to you for the remainder of the *coverage period*.

Limits on Assistance Services

Intrepid 24/7™ reserves the right to suspend, curtail or limit services in any area or country in the event that war, political instability or hostility renders the area inaccessible. Intrepid 24/7™ will use its best efforts to provide services during any such occurrence.

Availability and Quality of Care

Neither the *insurer* nor Intrepid 24/7™ shall be responsible for the availability or quality of any *medical treatment* (including the results thereof) or your failure to obtain *medical treatment* during the *coverage period*.

Time limit for recovery of insurance money

Every action or proceeding against the *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 or the provincial or territorial legislation that applies to this policy.

Refunds

In the event that you have cancelled your trip, you have been denied entry to Canada, or that you return permanently to your home country, you shall be entitled to a pro-rata refund of the unused portion of the insurance premium you have paid, provided that no claims have been or will be submitted under this policy. Refunds will be subject to any applicable refund rules of the participating educational institution or organization and/or a \$25 administration fee.

Premiums

This policy is provided for the *coverage period*, provided that premiums are paid. For subsequent *coverage periods* a new policy can be purchased, subject to the rate table in effect at the time of the purchase.

SECTION VII - STATUTORY CONDITIONS

The Contract

The application, this policy, any document 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 authority to change the contract or waive any of its provisions.

Waiver

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

Copy of Application

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

Material facts

No statement made by you at the time of enrolment for this policy can be used in defense of a claim under or to avoid this policy unless it is in the application or any other written statements or answers given as evidence of insurability.

Notice and proof of claim

You, or a beneficiary entitled to make a claim, or the agent of any of them, shall,

- a. give written notice of claim to the *insurer*,
 - i. by delivery thereof, or by sending it by registered mail to the head office or chief agency of the *insurer* in the province, or
 - ii. by delivery thereof to an authorized agent of the *insurer* in the province,

not later than 30 days from the date a claim arises under the contract on account of an *accident*, *sickness* or disability;

- b. within 90 days after the date a claim arises under the contract on account of an *accident* or *sickness*, furnish to the *insurer* such proof as is reasonably possible in the circumstances of:
 - i. the happening of the *accident* or the start of the *sickness*,
 - ii. the loss caused by the *accident* or *sickness*,
 - iii. the right of the claimant to receive payment,

- iv. the claimant's age, and
- v. if relevant, the beneficiary's age; and

if so required by the *insurer*, furnish a satisfactory certificate as to the cause or nature of the *accident*, *sickness* or disability for which claim may be made under the contract and as to the duration of such *sickness* or disability.

Failure to give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the time required by this condition 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 1 year after the date of the *accident* or the date a claim arises under the contract on account of *sickness* or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
- b. in the case of death of a person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year from the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim

The *insurer* shall furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit their proof of claim in the form of a written statement of the cause or nature of the *accident*, *sickness* or disability giving rise to the claim and of the extent of the loss.

Rights of Examination

As a condition precedent to recovery of insurance money under the contract,

- a. the claimant must give the *insurer* an opportunity to examine the person of the person insured when and as often as it reasonably requires while the claim is pending, and
- b. in the case of death of the person insured the *insurer* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

When Moneys Payable

All money payable under this contract shall be paid by the *insurer* within 60 days after it has received proof of claim.

SECTION VIII - ABOUT YOUR PERSONAL INFORMATION

Lloyd's Underwriters place great importance on the protection of *your* privacy. *Your* personal information will be collected, used and disclosed only for the purpose of providing *you* with the insurance services *you* requested. This information remains confidential, as is required under applicable federal and provincial laws. In the event of a claim, Intrepid 24/7™ and the *insurer* may collect *your* personal health information held by a third party. This information may be released to employees of Intrepid 24/7™ and the *insurer* for claims analysis and to better serve *you*.

In no case will the *insurer* release this information to any person or organization that is not clearly entitled to it without first seeking *your* consent. For details of the *insurer's* privacy policy please see:

<https://www.lloyds.com/common/privacy-notice>

To see the MSH International (Canada) Ltd. privacy policy, please visit <https://americas.msh-intl.com/en/americas/international-benefits/privacy-policy-msh-americas.html>

Underwritten by certain Lloyd's Underwriters

IDENTIFICATION OF INSURER



Effected with certain Lloyd's Underwriters as scheduled herein ("the Insurers"), through Lloyd's Approved Coverholder ("the Coverholder"):

MSH INTERNATIONAL (CANADA) LTD., Suite 602, 150 King Street West, Toronto, Ontario, Canada M5H 1J9