

Single Trip Annual Emergency Medical Insurance - Worldwide

Coverage

- This insurance provides coverage in case of injury or sickness requiring an emergency hospital stay or emergency medical treatment while travelling outside the Insured(s) home province or territory whether abroad or within Canada.
- Automatic travel within Canada outside of the Insured's home province or territory. When travel is within Canada, coverage is automatically provided beyond the maximum number of days selected at the time of purchase, but still limited to the expiry date of the Policy.
- Maximum coverage - \$5 million (CAD).
- The Insured must be a Canadian resident and insured and/or eligible for benefits under the government health care plan of their province or territory of residence.
- Family plan available.

Benefits

Includes licensed ambulance, emergency dental expense, prescription drug reimbursement, emergency medical transport, family transportation expense, board and lodging for the Insured when their travelling companion is confined to hospital, escort home of insured children and more.

For complete details on any of these benefits, please read the official [policy wording](#).

For Single Trip Emergency Medical Insurance

Eligibility Requirements

- The Insured must be a Canadian resident, and the Insured must be insured or eligible for benefits under the government health care plan of the province or territory in which the Insured resides. If the Insured is not insured under the government health care plan in the province or territory in which the Insured resides, the portion that would have been refunded by the provincial or territorial government health care plan is not a benefit of this Insurance.
- The insured must not be traveling against physician's advice.
- The insured must not have been diagnosed with a terminal condition.

For Single Trip - Emergency Medical Insurance

Exclusions

In addition to the General Exclusions, this Insurance does not provide coverage or services and does not pay claims for expenses incurred directly or indirectly as a result of:

- For Worldwide and Worldwide excluding USA plans only:

Any pre-existing condition, except as follows:

Applicable to persons 59 years and under

- a) On trips 35 days or less, except for any condition or symptom (other than a minor ailment):
 - i) That arose or worsened on the date of departure or at any time within the 7 days before the date of departure; or,
 - ii) For which medical treatment was obtained on the date of departure or at any time within the 7 days before the date of departure; or,
 - iii) That developed before departure and was undiagnosed at the time of departure.
- b) On trips over 35 days, any condition which has remained stable in the 90 days before the date of departure.

If you extend your trip and the total trip length (including the extension) exceeds 35 days, paragraph b) applies.

Applicable to Insureds 60 to 74 Years

On all trip lengths, any pre-existing condition which has remained stable in the 180 days before the date of departure.

Applicable to Insureds 75 Years and Over

On all trip lengths, any pre-existing condition which has remained stable in the 365 days before the date of departure. If you purchased this Policy to top-up any other insurance plan, the stability for pre-existing conditions is based on your total trip length.

Pre-existing conditions that do not meet the criteria set out above are not covered.

- Tests and investigation except when performed at the time of initial emergency sickness or injury.
- Any medical treatment, other than continuous treatment as specified in the Dental Services Benefit, which is a continuation of or subsequent to an emergency sickness or accident during the same trip, including its recurrence or any complications related directly or indirectly thereto, unless you are declared by an attending physician medically unfit to return to your home province because the emergency had not ended.
- Expenses once the emergency ends and in the opinion of the attending physician or dentist, you are able to travel to your home province for any further treatment relating to the sickness or accident that led to the emergency (other than specified under the Follow-up visit Benefit).

- Emergency sickness or injury incurred if you choose to travel to a destination after a formal written travel advisory and/or travel warning has been issued by Global Affairs Canada or Public Health Agency of Canada (PHAC) recommending that you avoid all or non-essential travel to that destination during your trip. This exclusion applies if the advisory/warning is issued before the date you leave for your trip and the expenses are directly or indirectly caused by the reason for the travel advisory/warning.

Exclusions

Please find below important exclusions. Please refer to the policy wording for the full list of General Exclusions and Exclusions applicable to the coverage.

- Any elective (non-emergency) treatment or surgery.
- Any medical condition or recognized complication of a condition, where the purpose of your trip is to seek medical treatment advice or services, and where the medical evidence indicates the medical treatment, advice or services received are related to that condition.
- Any sickness, injury or death that could reasonably be contributed to or caused by your:
 - a) Intoxication from alcohol consumption (alcohol intoxication is determined either when records indicate that you have reached or exceeded a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood or when records indicate that you were intoxicated and no blood alcohol level is specified); or,
 - b) Abuse of alcohol or misuse of prescription drugs, over the counter medication or other intoxicants, either before or during your trip; or,
 - c) Consumption or use of illegal or controlled drugs (based on the law where the cause of the claim occurred).