

# TravelCare Medical

## Multi-Trip Annual Plan



### About *Your* Travel Insurance:

This is **your** insurance policy, a contract detailing the terms and conditions of the insurance coverage(s) available. Refer to the **insurance application/confirmation of coverage** to view the coverages purchased. Keep it in a safe place and carry it with **you** when **you** travel.



Insurance

## IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL

**You** have purchased a travel insurance policy – what’s next? **We** want **you** to understand (and it is in **your** best interests to know) what **your** policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through **your** policy before **you** travel. **Bolded** and **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 limitations and/or exclusions; e.g., **medical conditions** that are not **stable**, pregnancy, child born on **trip**, excessive use of alcohol, high risk activities.
- This insurance may not cover claims related to **pre-existing medical conditions**, whether disclosed or not at time of policy purchase.
- Contact Assured Assistance Inc. before seeking **treatment** or **your** benefits may be limited or denied.
- 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 will be voidable.

IT IS **YOUR** RESPONSIBILITY TO UNDERSTAND **YOUR** COVERAGE. IF **YOU** HAVE QUESTIONS, CALL 1-800-387-2487, visit **our** website at [www.rbcinsurance.com](http://www.rbcinsurance.com) or contact **us** at P.O. Box 97, Station A, Mississauga, Ontario L5A 2Y9.

## What the Provincial Regulators want you to know:

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.



## What to do if you need help on your trip

Call Assured Assistance Inc. (AAI) — 24/7 Help Wherever **You** Roam.

Assured Assistance Inc. (AAI) is the travel assistance company that operates on behalf of RBC Insurance®. They provide **our** world-class emergency travel assistance.

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

**Please call 1-800-387-2487 toll-free from the U.S. and Canada or (905) 816-2561 collect from anywhere in the world. (Note: If international operator assistance is required; please confirm how to call collect to Canada from your destination before leaving.)**

Get the PATH App. Download the free RBC Insurance PATH app for quick, easy access to **emergency** medical assistance anywhere **you** travel.

Get it from the Apple Store or Google Play.

### What Assistance Services are available?

AAI provides **Emergency** Assistance leveraging **our** travel assistance coordinators, travel professionals and call centre infrastructure teams. Behind the scenes **our** medical assistance team is ready to provide their expertise when required.

### Emergency Assistance Services

The following assistance services are available to **you**:

#### Medical Assistance & Consultation

When **you** have a medical **emergency** and **you** call **us**, whenever possible, **you** will be directed to one or more recommended medical service providers near **you**. In addition, whenever possible, **we** will:

- in consultation with **your physician**, arrange **emergency** medical transportation to a suitable facility if it is determined that existing facilities are inadequate in order to **treat** or stabilize **your medical condition**;
- provide confirmation of coverage and pay **your** eligible medical expenses directly to the recommended medical service provider;
- consult with **your** attending **physician** to monitor **your** care; and
- monitor the appropriateness, necessity and reasonableness of that care to ensure that **your** resulting eligible expenses will be covered by this insurance.

### Pay Assistance

Whenever possible, the payment of the eligible medical services **you** receive will be co-ordinated through **us**, communicated with **your** medical provider, and billing arrangements will be discussed. Pay assistance may not be available from certain medical service providers for reasons beyond **our** control. **You** may be required to make payment up-front or to leave a deposit. If **you** are required to make payment up-front or leave a deposit, call **us** immediately.

### Replacement Co-ordination

Whenever possible, **we** will help co-ordinate the replacement of **your** prescription eyeglasses or essential prescription medication in the event these items need to be replaced during **your trip**. This insurance does not cover the actual cost to replace **your** prescription eyeglasses or essential prescription medication.

### How do I make a claim?

If **you** need a Claim & Authorization form to submit a new claim, or **you** want status on an existing claim, please contact **our** Claims Department at:

905-816-2572 or 1-800-263-8944

Address:

P.O. Box 97

Station A, Mississauga, Ontario, L5A 2Y9

Or **you** can visit **our** website at

<http://www.rbcinsurance.com/travel/travel-insurance-claims.html> to obtain an **Emergency** Medical claim form.



## Eligibility

### Eligibility

To be eligible for insurance coverage you must:

- be a Canadian resident;
- at the time the coverage is purchased, be 65 years of age or older;
- purchase **your** coverage before **your effective date**;
- have correctly completed the **medical questionnaire**;
- be covered under **your government health insurance plan** for the full duration of **your trip**.

In addition,

#### While you travel outside Canada

Coverage is limited to an eligible person who is travelling outside of Canada for any number of **trips** for a maximum of:

- 9 consecutive days outside of Canada if **you** have purchased the 9-Day option; or
- 16 consecutive days outside of Canada if **you** have purchased the 16-Day option; or
- 30 consecutive days outside of Canada if **you** have purchased the 30-Day option (available to persons under 80 years of age only); or
- 60 consecutive days outside of Canada if **you** have purchased the 60-Day option (available to persons under 80 years of age only).

The consecutive days for travel outside of Canada include **your** date of departure from Canada and the date **you** return to Canada. If **you** are travelling for more than 9 consecutive days under the 9-Day option, 16 consecutive days under the 16-Day option, 30 consecutive days under the 30-Day option or 60 consecutive days under the 60-Day option, **you** must **top-up** this coverage as outlined under “Topping Up another travel insurance coverage” in this policy. **If you do not top-up this coverage for a trip that is longer than your 9-Day, 16-Day, 30-Day or 60-Day option, you will not have coverage for any claim incurred outside of your period of insurance during that trip.**

#### While you travel within Canada

Coverage is limited to an eligible person and provides coverage for unlimited travel while travelling within Canada but outside **your** province or territory of residence.

#### IMPORTANT

This insurance is subject to a maximum of \$20,000 if **you** do not have valid **government health insurance plan** coverage at the time of claim.

## When does *your* coverage start?

Insurance starts on *your start-up date*.

For TravelCare Gold, Silver and Bronze Medical, *your effective date* or *your start-up date* cannot be more than 120 days from the date of *your insurance application/confirmation of coverage*.

## When does *your* coverage end?

Insurance ends on the earliest of:

- a the date of the cause of cancellation if *your trip* is cancelled before *your* date of departure from *your departure point*;
- b the date *you* return to *your* province, territory or country of residence;
- c midnight on the 9th day, the 16th day, 30th day or the 60th day (based on *your* purchased option) of *your* travel outside of Canada;
- d midnight of *your return date*;
- e midnight of *your expiry date*;
- f the day before the one-year anniversary of *your start-date*.

### IMPORTANT

*Your* TravelCare Medical Multi-Trip annual plan terminates at the end of each 365 day period and *you* must apply for new coverage.



## 10 Day Free Look

If *you* are not completely satisfied with this travel insurance, *you* may cancel it within 10 days of purchase for a full refund, provided *you* have not left on *your trip* and have not experienced an event that would cause *you* to submit a claim. Refunds after the 10 day may not be permitted.

## What is Covered?

After *you* leave:

**Emergency Medical** – covers the **reasonable and customary** medical expenses *you* incur on *your trip* for necessary medical care or surgery, as part of the **emergency treatment** arising from a **medical condition** that is sudden and unexpected.

## What is not Covered?

It is really important to read *your* insurance coverage before *you* travel. There are exclusions and limitations that apply to *your* coverage. Not every situation or loss is covered. **We** only cover claims that meet the terms and conditions as **we** outline in this document.

### IMPORTANT

If *you* have any questions about *your* travel insurance coverage, please visit **our** website or call **us**.



## Summary of Travel Insurance Coverage

| TravelCare Medical Multi-Trip Annual Plan   | Maximum Sums Available   |
|---|--|
| <b>Emergency Medical Treatment</b>  | Unlimited <sup>1</sup>   |
| Incidental <b>Hospital</b> Expenses   | \$500  |
| Physiotherapist, chiropractor, chiropodist, podiatrist or osteopath   | \$300  |
| Return to <b>Trip</b> destination   | One-way economy airfare  |
| Out of Pocket Expenses  | \$1,750  |
| Repatriation of Remains<br><small>*Please see policy for limits on the transportation container, cremation and burial at location</small> | Transportation cost: Unlimited*  |
| Bedside Companion's travel to bedside   | Economy Airfare & \$500 out of pocket expenses   |
| <b>Emergency</b> Transportation   | One-way Economy airfare, or stretcher, or qualified medical attendant or air ambulance |
| <b>Emergency</b> Dental <b>Treatment</b> <sup>2</sup>   | \$300 and/or accidental blow ( <b>emergency</b> expenses)                              |
| Return of <b>Vehicle</b>  | <b>Reasonable and customary</b> costs  |
| Return of <b>children</b>   | One-way economy Airfare & escort if necessary  |
| Return of one <b>travelling companion</b>   | One-way economy airfare  |
| Return of dog or cat  | \$500  |
| Return of Excess Baggage  | \$500  |
| Domestic Services   | \$250  |
| <b>Physician</b> visit to replace lost, stolen or damaged prescription medication   | One visit to a <b>physician</b> to obtain a written prescription                       |

<sup>1</sup> This insurance is subject to a maximum of \$20,000 if **you** do not have valid **government health insurance plan** coverage.

<sup>2</sup> Benefit is **emergency** dental expenses to repair or replace natural or permanently attached artificial teeth incurred during the **trip** and up to a maximum of \$1500 for continued necessary **treatment** after returning to Canada.

## Definitions

When reading *your* insurance coverage, *you* will notice that certain words are **bolded** and *italicized*. Please review the “Definitions” section located on the last few pages of this insurance document.

## General Conditions

There are general conditions that apply to all coverages and they can be found on last few pages of this insurance document.

## Emergency Travel Medical Insurance

### Description of Coverage:

*Emergency* Travel medical coverage provides benefits to travellers in *emergency* medical situations.

This insurance covers the *reasonable and customary* medical expenses *you* incur once *you* have left *your departure point* for necessary medical care or surgery, as part of the *emergency treatment* arising from a *medical condition* up to the maximum amounts outlined in the section titled “What is Covered”.

This insurance only covers expenses in excess of those covered under *your government health insurance plan* and by any other insurance or benefit plan under which *you* are covered.

### Emergency Contact Numbers:

- 1-800-387-2487 (toll-free call from the USA or Canada)
- 905-816-2561 (collect call from anywhere through a local operator)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905-813-4719 (fax)

## IMPORTANT

### What must *you* do in a medical *emergency*?

- *You* must contact *us* before seeking *emergency treatment*.
- In addition, all surgery and heart procedures, including heart catheterization, must be approved in advance by *us*.
- When *you* contact *us*, *we* will refer *you* or may transfer *you*, when medically appropriate, to one of the accredited medical service providers within the *network*.
- *We* will also request for the medical service provider within the *network* to bill the medical expenses covered under this insurance directly to *us* instead of to *you*.
- Failure to call may result in reduced benefits.
- If *your medical condition* prevents *you* from calling *us* before seeking *emergency treatment*, *you* must call *us* as soon as medically possible. As an alternative, someone else (family member, friend, *hospital* or *physician's* office staff, etc.) may call on *your* behalf.
- *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.



## What is Covered

### Emergency Medical Treatment

This insurance covers medical expenses related to the following when required as part of the **emergency treatment** during **your trip**:

- **emergency treatment**, other than dental **treatment**;
- services of a legally licensed **physician**, surgeon, anaesthetist or registered graduate nurse;
- **hospital** accommodation in a semi-private room when **you** are a resident inpatient;
- outpatient services provided by a **hospital**;
- the services of a licensed private duty nurse while **you** are hospitalized;
- the lesser of the rental or purchase of a **hospital**-type bed, a wheelchair, brace, crutches and other medical appliances;
- diagnostic testing, when pre-authorized by **us**;
- the services of the following legally licensed practitioners for **emergency treatment** of a covered injury up to a maximum of \$300 per profession: physiotherapist, chiropractor, chiropodist, podiatrist or osteopath; and
- **prescription drugs**.

### Emergency Dental

This insurance covers the following dental expenses when required as **emergency treatment** and ordered by or received from a licensed dentist:

- if **you** need dental **treatment** to repair or replace **your** natural or permanently attached artificial teeth because of an accidental blow to **your** face, **you** are covered for the **emergency** dental expenses **you** incur during **your trip** and **you** are also covered up to a maximum of \$1,500, to continue necessary **treatment** after **your** return to Canada. However, this **treatment** must be completed within 180 days after the accident.
- if **you** need other **emergency** dental **treatment**, **you** are covered for the **emergency** dental expenses **you** incur during **your trip**, up to a maximum of \$300, and the complete cost of **prescription drugs**.

## Out of Pocket Expenses

### IMPORTANT

This benefit is subject to the pre-authorization of Assured Assistance Inc.

Please call us:

1-800-387-2487 (toll-free call from the USA or Canada)

905-816-2561 (collect call from anywhere through a local operator)

- This insurance covers **your** reimbursement, up to \$175 per day to a maximum of \$1750, for **your** commercial accommodations and meals, essential telephone calls, internet usage fees, and taxi fares (ride sharing or rental car in lieu of taxi fares), if, upon **physician's** advice:
  - **you**, or **your travelling companion**, are relocated to receive medical attention for an **emergency medical condition** covered under this insurance; or
  - **you** are delayed beyond **your return date** in order to receive **emergency treatment** or because **your travelling companion** requires **emergency treatment** for an **emergency medical condition** covered under this insurance.
- Incidental **Hospital** Expenses: This insurance covers **your** reimbursement, up to \$50 per day to a maximum of \$500, for **your** incidental **hospital** expenses (telephone calls, television rental) while **you** are hospitalized for at least 48 hours.



## Transportation

### Ground ambulance

This insurance covers **you** for local ground ambulance service to a **hospital, physician** or medical service provider in an **emergency**. **We** will pay for local taxi fare in lieu of local ground ambulance service where an ambulance is medically required but not available.

### Air Ambulance, Commercial Flight or Stretcher

#### IMPORTANT

**This benefit must be pre-authorized and arranged by Assured Assistance Inc.**

**Please call us:**

**1-800-387-2487 (toll-free call from the USA or Canada)**

**905-816-2561 (collect call from anywhere through a local operator)**

If the **physician** treating **you** recommends to **us** in writing that **you** return to **your** province or territory of residence because of **your medical condition** in order to receive **emergency** medical attention, or if **our** medical advisors determine that **you** are able to and recommend that **you** return to **your** province or territory of residence following **your emergency treatment**, this insurance covers **you** for one or more of the following, when medically essential:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to **your** province or territory of residence to receive immediate **emergency** medical attention; or
- the cost of a stretcher fare on a commercial flight via the most cost effective route to **your** province or territory of residence, if a stretcher is medically necessary; or
- when medically necessary or required by the airline, the cost of an upgraded airline seat on a commercial flight via the most cost effective route and the usual fees and expenses for a qualified medical attendant to accompany **you**; or
- the cost of air ambulance transportation.

## IMPORTANT

The following benefits are subject to the pre-authorization of Assured Assistance Inc.

Please call us:

1-800-387-2487 (toll-free call from the USA or Canada)

905-816-2561 (collect call from anywhere through a local operator)

### Return of *children* and escort for *children* to their province or territory of residence

If dependent *children* insured under one of *our emergency* medical insurances travel with *you* or join *you* during *your trip* and *you* are hospitalized for more than 24 hours or *you* must return to Canada because of *your emergency medical condition* covered under this insurance, this insurance covers:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route for the return of those *children* to their province or territory of residence; and
- the cost of a return economy air fare via the most cost effective route on a commercial flight for an escort if the airline requires that the *children* be escorted.

### Return of *travelling companion*

- If *you* are travelling with a *travelling companion*, this insurance covers one *travelling companion* for the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your* province or territory of residence, if *you* must return to Canada to receive immediate medical attention because of a *medical condition* covered under this insurance.

### Return to *your trip* destination

- This insurance covers *you* for a one-way economy air fare on a commercial flight via the most cost effective route to *your* scheduled *trip* destination after *you* are returned to *your* province or territory of residence to receive immediate medical attention, provided *your* attending *physician* determines that *you* require no further

medical attention for *your medical condition*. *Your trip* to return to *your* scheduled *trip* destination must occur during *your period of insurance* originally provided by this benefit.

- This benefit can only be used once during *your trip*.
- Once *you* return to *your trip* destination, a recurrence of the initial *medical condition* or related condition will not be covered under this insurance.
- When this benefit is provided to *you*, *your effective date* under this insurance becomes the day *you* leave *your* province or territory of residence to return to *your trip* destination.

### Return of *your dog* or *cat*

- If *your* domestic dog(s) or cat(s) travel with *you* during *your trip* and *you* must return to Canada because of *your emergency medical condition* covered under this insurance, this insurance covers the cost of one-way transportation up to a maximum of \$500 to return *your* domestic dog(s) or cat(s) to *your* province or territory of residence.

### Return of *your excess baggage*

- If *you* return to *your* province or territory of residence by air ambulance (pre-authorized by *us*) because of *your emergency medical condition*, this insurance covers the cost to return *your* excess baggage up to a maximum of \$500.

### Return of *vehicle*

- If, as a result of a medical *emergency* during *your trip*, *you* are unable to return a *vehicle* to its point of origin, this insurance covers the *reasonable and customary* charges for a commercial agency to return the *vehicle* to *your* residence or to a *commercial rental agency*.

### Bedside companion's travel to *your* bedside

## IMPORTANT

A bedside companion is a person of *your* choice who is required at *your* bedside while *you* are hospitalized during *your trip*.

- If **you** are travelling alone and are hospitalized (for more than 24 hours) during **your trip**, then in the event a bedside companion is required, this insurance covers:
  - the cost of a return economy air fare on a commercial flight via the most cost effective route;
  - up to \$500 for commercial accommodations and meals for the bedside companion; and
  - **your** bedside companion is insured under the terms of **your** insurance during the period in which this person is required as **your** bedside companion.
- If **you** are over age 20 and physically or mentally disabled, or under age 21 and dependant on **your** bedside companion for support, this insurance provides this benefit to **you** as soon as **you** are admitted to a **hospital**.

#### Domestic Services

- If **you** return to **your** province or territory of residence by air ambulance because of **your emergency medical condition**, and **your medical condition** restricts **your** ability to perform domestic services, this insurance covers the cost of **reasonable and customary** domestic services provided by a registered domestic service business up to a maximum of \$250. Benefit must be used within 30 days of **your** return to **your** province or territory of residence. Note: this benefit is applicable to **your** primary residence.

#### Physician visit to replace lost, stolen or damaged prescription medication

- If **your** prescription medication (needed to stabilize **your medical condition**) is lost, stolen or damaged during **your trip**, and the medication is required for the balance of **your trip**, this insurance covers the cost of one visit to a **physician** to obtain a written prescription in order for **your** medication to be dispensed by a licensed pharmacist during **your trip**. Note: this benefit is only covered if the prescription medication requiring a written prescription must be dispensed during **your trip** and cannot be delayed until **your** return to **your** province or territory of residence.

#### Repatriation of **your** remains

If, during **your trip**, **you** die from a **medical condition** covered under this insurance, the insurance covers:

- the transportation of **your** remains in the common carrier's standard transportation container to **your** province or territory of residence, and up to \$5,000 for the preparation of **your** remains and for the cost of the common carrier's standard transportation container; or
- the transportation of **your** remains to **your** province or territory of residence and up to \$5,000 for the cremation of **your** remains at the location where **your** death occurred; or
- up to \$5,000 for the preparation of **your** remains and the cost of a standard burial container and up to \$5,000 for the burial of **your** remains at the location where **your** death occurred.

If someone is legally required to identify **your** remains, this insurance covers the cost of a return economy air fare on a commercial flight via the most cost effective route and up to \$500 for commercial accommodations and meals for that person. That person is covered under the terms of **your** insurance during the period in which he/she is required to identify **your** remains, but for no longer than 3 business days.

## Limitations, Conditions & Exclusions

### What Coverage Limitations Apply:

- 1 This policy is issued on the basis of information in **your** application or provided in connection with **your** application (including answers to the **medical questionnaire**, if required). When completing the application and answering the medical questions, **your** answers must be complete and accurate. In the event of a claim, **we** will review **your** medical history. If any of **your** answers are found to be incomplete or inaccurate:
  - **your** coverage will be void
  - which means **your** claim will not be paid
- 2 **You** must call **us** before obtaining **emergency treatment** so that **we** may:
  - confirm coverage
  - provide pre-approval of **treatment**

If it is medically impossible for **you** to call prior to obtaining **emergency treatment**, **we** ask **you** to call or have someone call on **your** behalf as soon as possible. Otherwise, if **you** do not call **us** before **you** obtain **emergency treatment**, **you** will be responsible for 30% of **your** medical expenses covered under this insurance.
- 3 This insurance does not cover expenses incurred within **your** home province or territory of residence.
- 4 **We** will not pay a benefit if **you** are not covered under the **government health insurance plan (GHIP)** of **your** province or territory of residence for the entire duration of the **trip**. It is **your** responsibility to check that **you** do have this coverage. If GHIP is not in force, this insurance is subject to a maximum of \$20,000.
- 5 If after **your effective date**, the Government of Canada issues an official travel advisory to “Avoid all non-essential travel” or “Avoid all travel” regarding the country, region or city of **your** destination, **your** coverage under this insurance will be limited to a period of 10 days from the date the travel advisory is issued. If for reasons beyond **your** control, **you** are unable to return back to Canada within 10

days, please contact **us** to determine if coverage can be extended.

### What Conditions Apply

- 1 By paying the premium for this insurance, **you** agree that **we** have:
  - a **your** consent to verify **your** health card number and other information required to process **your** claim, with the relevant government and other authorities;
  - b **your** authorization to **physicians**, **hospitals** and other medical providers to provide to **us** any and all information they have regarding **you** while under observation or **treatment**, including **your** medical history, diagnoses and test results; and
  - c **your** agreement to the disclosure of the information available under a) and b) above to other sources, as may be required for the processing of **your** claim for benefits obtainable from other sources.
- 2 This insurance is subject to the “**Terrorism Coverage**”, “**General Conditions**” and “**How Do You Submit a Claim?**” sections outlined in this insurance.

### What is Not Covered

#### **Pre-existing Medical Condition** Exclusions:

|                              |             |
|------------------------------|-------------|
| TravelCare – Gold Coverage   | Exclusion 1 |
| TravelCare – Silver Coverage | Exclusion 2 |
| TravelCare – Bronze Coverage | Exclusion 3 |

#### **EXCLUSION 1 – TRAVELCARE GOLD**

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 **Your medical condition** or related condition (whether or not the diagnosis has been determined) if, at any time in the 90 days before **you** depart on **your trip**, **your medical condition** or related condition has not been **stable**.
- 2 **Your** heart condition (whether or not the diagnosis has been determined) if, at any time in the 90 days before **you** depart on **your trip**:

- a Any heart condition has not been **stable**; or
  - b **You** have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 **Your** lung condition (whether or not the diagnosis has been determined) if, at any time in the 90 days before **you** depart on **your trip**:
- a Any lung condition has not been **stable**; or
  - b **You** have been **treated** with or prescribed home oxygen (on a regular basis or on an as-needed basis) or **treated** with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

#### EXCLUSION 2 – TRAVELCARE SILVER

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 **Your medical condition** or related condition (whether or not the diagnosis has been determined) if, at any time in the 180 days before **you** depart on **your trip**, **your medical condition** or related condition has not been **stable**.
- 2 **Your** heart condition (whether or not the diagnosis has been determined) if, at any time in the 180 days before **you** depart on **your trip**:
  - a Any heart condition has not been **stable**; or
  - b **You** have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 **Your** lung condition (whether or not the diagnosis has been determined) if, at any time in the 180 days before **you** depart on **your trip**:
  - a Any lung condition has not been **stable**; or
  - b **You** have been **treated** with or prescribed home oxygen (on a regular basis or on an as-needed basis) or **treated** with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

#### EXCLUSION 3 – TRAVELCARE BRONZE

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 **Your medical condition** or related condition (whether or not the diagnosis has been determined) if, at any time in the 365 days before **you** depart on **your trip**, **your medical condition** or related condition has not been **stable**.
- 2 **Your** heart condition (whether or not the diagnosis has been determined) if, at any time in the 365 days before **you** depart on **your trip**:
  - a Any heart condition has not been **stable**; or
  - b **You** have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 **Your** lung condition (whether or not the diagnosis has been determined) if, at any time in the 365 days before **you** depart on **your trip**:
  - a Any lung condition has not been **stable**; or
  - b **You** have been **treated** with or prescribed home oxygen (on a regular basis or on an as-needed basis) or **treated** with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

#### General Exclusions

In addition to the exclusion outlined above under **Pre-Existing Medical Condition** Exclusions, this insurance does not cover any loss, claim or expense of any kind caused directly or indirectly by:

- 1 The continued **treatment**, recurrence or complication of a **medical condition** or related condition, following **emergency treatment** during **your trip**, if **our** medical advisors determine that **your emergency** has ended.
- 2 The **treatment** of any heart or lung condition, following **emergency treatment** for a related or unrelated heart or lung condition during **your trip**, if **our** medical advisors determine that **you** were medically able to return to **your** home country and **you** chose not to return.

- 3 After **your medical emergency treatment** has started, **we** must assess and pre-approve additional medical **treatment**. If **you** undergo tests as part of a medical investigation, **treatment** or surgery, obtain **treatment** or undergo surgery that is not pre-approved, **your** claim will not be paid. This includes, but is not limited to, invasive testing, surgery, cardiac catheterization, other cardiac procedures, transplant, and MRI.
- 4 **Your** self-inflicted injury, suicide or attempt to commit suicide.
- 5 Any claim that results from or is related to **your** involvement in the commission or attempted commission of a criminal offence or illegal act.
- 6 Any **medical condition** arising during **your trip** from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
- 7 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**.
- 8 Any **medical condition** that is the result of **you** not following **treatment** as prescribed to **you**, including prescribed or over-the-counter medication.
- 9 **We** will not pay a benefit with respect to non-**emergency**, experimental or elective **treatment** (e.g. cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications).
- 10 **Your** participation as a **professional** athlete in a sporting event including training or practice for the same.
- 11 **Your** participation in rock climbing or **mountain climbing**.
- 12 **Your** participation in a motorized race or motorized speed contest including training or practice for the same.
- 13 A **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.
- 14 A **medical condition** for which future investigation or **treatment** (except routine monitoring) is planned before **your effective date**.
- 15 Any **medical condition** or symptoms for which it is reasonable to believe or expect that **treatments** will be required during **your trip**.
- 16
  - a Any claim related to routine pre-natal or post-natal care, or
  - b Any claim related to **your** child born during the **trip**; or
  - c Any claim related to pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
- 17 Symptoms which would have caused an ordinarily prudent person to seek **treatment** or medication in the 90 days before **your effective date**.
- 18 Any claim incurred after a **physician** advised **you** not to travel.
- 19 Any expenses incurred if the reason for **your emergency** is associated in any way with an official travel advisory issued before **your effective date** by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of **your** destination.  
 \*\*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.
- 20 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, benefits will not be paid for further medical **treatment** and contract will be terminated.

- 21 a Applicable to optional insurance policy extension – Any **medical condition** which first appeared, was diagnosed or received **emergency treatment** prior to the **effective date** of the insurance extension if the extension was purchased after the contracted date of departure.
- b Applicable to **top-up** coverage – Any **medical condition** which first appeared, was diagnosed or received **emergency treatment** prior to the **effective date** of this insurance if this insurance was purchased as **top-up**.
- 22 Any claim related to:
- an act of war whether declared or undeclared;
  - rebellion;
  - exposure to nuclear reaction or radiation;
  - radioactive, biological or chemical **contamination**.
- 23 Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

### Terrorism Coverage

Where an **act of terrorism** directly or indirectly causes a loss that would otherwise be payable under one of the Covered Reasons in accordance with the terms and conditions of this insurance, this insurance will provide coverage as follows:

- 1 **We** will reimburse **you** up to a maximum of 100% of **your** eligible loss.
- 2 The benefits payable are in excess to all other potential sources of recovery, including but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only respond after **you** have exhausted all such other sources.

## How to Become Insured, Extend or Modify Your Insurance

### How do you become insured?

**You** become insured and this insurance document becomes an insurance contract:

- **Your** name is on the **insurance application/confirmation of coverage**. **You** have completed the **medical questionnaire** if required.
- The required premium has been paid on or before **your effective date**.

### When does your coverage automatically extend?

- 1 If **you** cannot complete **your trip** by **your return date** because of the delay of a common carrier in which **you** are scheduled to travel, **your** coverage will automatically extend for the delay period to a maximum of 72 hours.
- 2 If **you** or **your travelling companion** are hospitalized on **your return date** or **expiry date**, **your** coverage will automatically extend for the period of hospitalization and up to an additional 5 days after discharge.
- 3 If **you** or **your travelling companion** are delayed beyond **your return date** because of a **medical condition** and are medically unable to travel, but are not hospitalized, **your** coverage will automatically extend for the delay period to a maximum of 5 days after **your return date**.
- 4 Regardless of the automatic extensions above, coverage will not continue beyond 365 days from **your** latest date of departure from **your departure point**.

### What if you decide to extend your trip?

If **you** decide to extend **your trip**, any extension of **your** coverage is subject to the following conditions:

- 1 a If **you** have not had a **medical condition** under **your** existing coverage under any of **our** insurances, **you** must request the extension by contacting **us** before **your return date**.



- b If **you** have had a **medical condition** under **your** existing coverage under any of **our** insurances, **you** must request the extension by contacting **us** before **your return date**, and the extension is subject to **our** approval.
- 2 **You** must pay the required additional premium before **your original return date**.
  - 3 If the insurance for which **you** require the extension is not available for the duration that includes the total number of days of **your trip** and any optional extension(s), **your** coverage cannot be extended. Instead, **you** may be able to purchase a new policy under the coverage:
    - a for which **you** are eligible; and
    - b that is available for the duration that includes the period beginning with **your effective date** and ending at **your new return date**.
  - 4 Any extension of **your** coverage is subject to **our** approval and **we** reserve the right to decline the request.
- The terms, conditions and exclusions of the extension policy apply to **you** during the extension period.

### Topping Up another travel insurance coverage

If **you** are travelling for more than 9 consecutive days under the 9-Day option, 16 consecutive days under the 16-Day option, 30 consecutive days under the 30-Day option or 60 consecutive days under the 60 Day option, **you** must **top-up** this coverage as outlined below.

If **you** want to **top-up your** coverage, **you** may purchase another policy from **us** under the insurance for which **you** are eligible, and that is available for the duration that includes the period beginning with **your effective date** and ending at **your new return date** for the additional number of days beyond the duration provided by **your** TravelCare Medical Multi-Trip annual plan:

- a Before **your effective date**, **you** may contact **us** to purchase **top-up** coverage.
- b After **your effective date** and if **you** have not had a **medical condition** during **your trip**, **you** must contact **us** before **your** scheduled **return date** to purchase **top-up** coverage.
- c After **your effective date** and if **you** have had a **medical condition** during **your trip**, **you** must contact **us** before **your** scheduled **return date** to purchase **top-up** coverage. The issuance of the **top-up** policy is subject to our approval.
- d The terms, conditions and exclusions of **our** policy issued as **top-up** apply to **you**.
- e **You** cannot purchase an annual coverage to **top-up** a single **trip** (if **you** have travel insurance included with **your** credit card coverage, **you** can purchase an annual coverage as **top-up**).
- f **You** must pay the required **top-up** premium before **your** date of departure from **your departure point**.
- g Any **top-up** coverage is subject to **our** approval and **we** reserve the right to decline the request.

If **you** do not **top-up** this coverage for a **trip** that is longer than **your** 9-Day, 16-Day, 30-Day or 60-Day option, **you** will not have coverage for any claim at any time incurred outside of **your period of insurance** during that **trip**. If the policy **you** are purchasing as **top-up** requires **you** to complete a **medical questionnaire**, **you** must complete the **medical questionnaire** for that **top-up** coverage.



## Insurance Premium

### About *Your* Premium

- The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates in effect.
- Premium rates and coverage terms and conditions are subject to change without prior notice.
- Coverage will be null and void if credit card charges are invalid, or if no proof of *your* payment exists.

### When can *your* premium be refunded?

If *you* are not completely satisfied with this travel insurance, *you* may cancel it within 10 days of purchase for a full refund, provided *you* have not left on *your trip* and have not experienced an event that would cause *you* to submit a claim. Refunds after the 10 day will not be permitted unless it is prior to *your start-up date*.

#### IMPORTANT

No refund of premium will be made in the event that a claim has been paid, incurred or reported, or if *you* have already departed on *your trip*.

### Contract or Coverage Termination by *Us*

- 1 This policy is issued on the basis of information in *your* application or provided in connection with *your* application (including answers to the *medical questionnaire*, if required). When completing the application and answering the medical questions, *your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history. If any of *your* answers are found to be incomplete or inaccurate:
  - *your* coverage will be void
  - which means *your* claim will not be paid
- 2 If *you* fail to meet the eligibility conditions as outlined under “Eligibility”, *your* insurance is void and *our* liability is limited to a refund of the premium paid.
- 3 *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.
- 4 This contract is void if a *trip* is 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.



## How to Submit a Claim

### How to Submit a Claim

- 1 When **you** call **us** at the time of an **emergency**, **you** will be given all the information required to file a claim. Otherwise, please refer to the instructions below.
- 2 **We** do not cover fees charged for completing a medical certificate.
- 3 **You** must file **your** claim with **us** within 90 days of **your** return to **your departure point**.
  - If **you** need a Claim & Authorization form, please contact **our** Claims Department at **1-800-387-2487 toll-free from the U.S. and Canada, or (905) 816-2561**.
  - Or **you** can visit **our** website at <http://www.rbcinsurance.com/travelinsurance> to obtain an **Emergency Medical** claim form.
  - **Our** address:  
P.O. Box 97, Station A,  
Mississauga, Ontario, L5A 2Y9

### Information Required for each type of claim

#### If you are making an **Emergency Medical Insurance** claim:

**We** require the fully completed Claim & Authorization form, and when applicable:

- **Our medical questionnaire.**
- Original of all bills, invoices and receipts.
- Proof of payment by **your government health insurance plan** and payment from any other insurer or benefit plan.
- The completed and signed Power of Attorney and Régie de l'assurance maladie du Québec forms if **you** reside in the province of Quebec.
- A complete diagnosis from the **physician(s)** and/or **hospital(s)** who provided the **treatment**, including, where applicable, written verification from the **physician** who **treated you** during **your trip** that the expenses were medically necessary.

In addition, for accidental dental expenses, **we** require proof of the accident.

**FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF YOUR CLAIM.**

## What can you expect from us when making a claim

- 1 When making a claim under this insurance, **you** must provide the applicable documents **we** require. Failure to provide the applicable documentation will invalidate **your** claim.
- 2 **We** will pay the expenses, other than for loss of life, covered under this insurance to **you** or to the provider of the service(s). Any sum payable for loss of life will be payable to **your** estate unless otherwise specified in **your insurance application/confirmation of coverage**.
- 3 Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, **we** will use the exchange rate on the date the last service was rendered to **you**. This insurance will not pay for any interest.
- 4 **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.
- 5 During the processing of a claim under this insurance, **we** may require **you** to undergo a medical examination by one or more **physicians** selected by **us** and at **our** expense.

## Option to appeal if you do not agree with partial payment or denial

If **you** have not been able to resolve **your** concern with **us** and **you** have received a letter stating **our** final decision/proposal, **you** can contact the RBC Insurance Customer Care Assurance office for assistance. This office can offer a fair and objective review of both parties' positions without bias and provide a final report of its findings/recommendations.

### What You Will Need:

- Provide a written statement of **your** outstanding concerns and **your** resolution expectations.
- Provide a copy of the RBC Insurance business division final decision/proposal letter.

- Provide any new information or documentation not already submitted to support **your** position.

### Please contact:

**RBC Insurance Services Inc.**  
Customer Care Assurance  
PO Box 213, Station A  
Mississauga, Ontario L5A 4N9

### Contact us online

[https://www.rbcinsurance.com/cgi-bin/contact\\_us.cgi?form=feedback](https://www.rbcinsurance.com/cgi-bin/contact_us.cgi?form=feedback)

Call 1-888-728-6666

Fax 1-888-844-3331

## General Conditions

- 1 Throughout this document, any reference to age refers to **your** age on the date of **insurance application/confirmation of coverage**.
- 2 **We** and **our** agents are not responsible for the availability, quality or results of any medical **treatment** or of any transportation or of **your** failure to obtain medical **treatment**.
- 3 This document, including the **insurance application/confirmation of coverage** and, when applicable, the **medical questionnaire**, is the entire contract between **you** and **us**. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.
- 4 Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or in other applicable legislation in **your** province of residence. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

- 5 **You** may only commence a legal action in the province or territory where the policy was issued. **You** or **your** heirs assign consent to the transfer of any legal action to the province or territory where the policy was issued.

### Access to Care

**We** will assist **you** to access care whenever possible; however, **we** are not responsible for the quality of care **you** receive.

### Misrepresentation

- 1 This policy is issued on the basis of information in **your** application or provided in connection with **your** application (including answers to the **medical questionnaire**, if required). When completing the application and answering the medical questions, **your** answers must be complete and accurate. In the event of a claim, **we** will review **your** medical history. If any of **your** answers are found to be incomplete or inaccurate:
  - **your** coverage will be void
  - which means **your** claim will not be paid
- 2 **You** must be accurate and complete in **your** dealings with **us** at all times.
- 3 **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.

### Co-ordination of Benefits

If **you** are eligible for benefits, similar to the benefits provided under this insurance, the total benefits paid to **you** by all insurers cannot exceed the actual incurred expense.

**We** will coordinate the payment of benefits from all insurers with whom **you** are eligible, to the maximum of the largest amount specified by each insurer.

- 1 **In the case of out-of-country/province health care coverage:**
  - a if **you** are retired and **your** former employer provides to **you**, under an extended health insurance plan, a lifetime maximum coverage of:
    - \$50,000 or less, **we** will not coordinate payment with such coverage;
    - more than \$50,000, **we** will coordinate payment with such coverage only in excess of \$50,000; in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.
  - b if **you** are actively employed and **your** current employer provides to **you**, under a group health insurance plan, a lifetime maximum coverage of:
    - \$50,000 or less, **we** will not coordinate payment with such coverage;
    - more than \$50,000, **we** will coordinate payment with such coverage only in excess of \$50,000.
- 2 If **you** are insured under more than one of **our** policies, the total amount paid to **you** cannot exceed the actual expense which **you** have incurred, and the maximum **you** are entitled to is the largest amount specified for the benefit in any one policy.
- 3 Any of **our** policies are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of **our** policies.

## Right to be Reimbursed (Subrogation) and Third Party Recovery

As a condition to receiving benefits under this policy, **you** agree that if **you** have a claim or right of action against any person, company or organization for the loss or expenses for which under this policy **we** have made payment, **you** shall, if requested by **us**, assign and transfer such claim or right of action to **us**. **You** agree that **you** will do nothing to prejudice our rights to recover, and **you** will cooperate fully with **us** and to allow **us**, at **our** own expense, to bring a law suit in **your** name against the third party.

In the event that **you** institute a demand or action in connection with the losses or expenses for which under this policy we have made payment, **you** agree to:

- 1 Immediately notify **us** of this claim and provide the name and address of the lawyer or firm pursuing this action on **your** behalf;
- 2 Advise the lawyer or firm acting on **your** behalf about **our** right to be reimbursed under this policy, and instruct any such lawyer or firm acting on **your** behalf to include as part of **your** action all amounts paid by **us** under this policy;
- 3 Keep **us** informed on the status of **your** legal action and to provide **us**, free of charge with such reports as we may reasonably require and details of any settlement negotiations; and
- 4 Reimburse **us** for all **emergency** medical, hospital and related costs paid under the policy from any amounts **you** receive from a third party responsible (in whole or in part) for **your** injury or sickness whether such amounts are paid under a judgment or settlement agreement.



## Definitions

The following are **our** definitions and apply when **bolded** and written in *italics* throughout this document.

**Children** – dependent unmarried persons, who are **your** natural, adopted or step-children, and are:

- a under 21 years of age; or
- b under 26 years of age if full-time students; or
- c **your** child of any age who is mentally or physically disabled.

**Commercial rental agency** – a car rental agency licensed under the law of its jurisdiction.

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

**Departure point** – the place **you** depart from on the first day of **your** intended travel period, as shown on **your trip** itinerary insured by **us**.

**Effective date** – **your effective date** is shown on **your insurance application/confirmation of coverage**:

**TravelCare Medical Multi-Trip Annual Plan:**

- subsequent to **your start-up date**, the date on which **you** are scheduled to leave **your departure point**.

**Top-up coverage:**

- 12:01 a.m. on the day following the date of expiry of **your** prior coverage; or
- if **you** purchase **top-up** coverage for the beginning portion of **your** intended travel period, **your effective date** is set out in the point above, based on the coverage **you** purchase as **top-up**. (not applicable if TravelCare Medical Multi-Trip annual plan is purchased as **top-up** to **your** travel insurance included with **your** credit card coverage.

**Emergency** – a sudden and unforeseen **medical condition** that requires immediate **treatment**. An **emergency** no longer exists when the evidence reviewed by Assured Assistance Inc. indicates that no further **treatment** is required at destination or

**you** are able to return to **your** province/territory of residence for further **treatment**.

**Expiry date** – the date on which **your** coverage ends under this insurance, as shown on **your insurance application/confirmation of coverage**.

**Family coverage** – the coverage option that is available to **you** and **your children**, when the required premium has been paid.

**Government health insurance plan** – the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

**Hospital** – 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 **physicians** 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** – **spouse**, parent, legal guardian, legal ward, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew.

**Insurance application/confirmation of coverage** – the document provided by **us** or through **your** online application which confirms the insurance coverage **you** have purchased. The **insurance application/confirmation of coverage** forms part of the insurance contract.

**Medical condition** – Any disease, illness or injury (including symptoms of undiagnosed conditions).

**Medical questionnaire** – the form that contains questions that must be answered correctly at the time of **insurance application/confirmation of coverage**, and that, once completed and signed, forms part of the insurance contract. **Your medical condition** at the time of completion of the **medical questionnaire** determines the terms of coverage and/or the premium that apply to **you**.

**You** must complete the **medical questionnaire** if **you** are applying for:

- a any TravelCare Gold, Silver or Bronze coverages; or
- b TravelCare-Gold Medical if **your trip** exceeds 183 days.

**Mountain climbing** – the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead-rope or top-rope anchoring equipment.

**Network** – the **hospitals, physicians** and other medical service providers recognized by **us** at the time of the **emergency**.

**Period of insurance** – the period of time between **your effective date** and **your return date**.

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

**Pre-existing medical condition** – any **medical condition** that exists prior to **your effective date**.

**Prescription drug** – drug or medicine that can only be issued upon the prescription of a licensed **physician** or dentist and is dispensed by a licensed pharmacist. **Prescription drug** does not mean such drug or medicine when **you** need (or renew) them to continue to stabilize a condition which **you** had before **your trip**, or a chronic condition.

**Professional** – engaged in a specified activity as **your** main paid occupation.

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

**Return date** –

- Under TravelCare Medical Multi-Trip annual plan 11:59 p.m. on the last day of **your** purchased option (9, 16, 30 or 60 day option).
- If **you** purchase **top-up** coverage, **your return date** is 11:59 p.m. on the last day of **your**

extended coverage. (Note: if **you** purchased **your** TravelCare Medical Multi-Trip annual plan as **top-up** to **your** travel insurance included with **your** credit card coverage, the duration of **your top-up** coverage cannot exceed **your** purchased option (9, 16, 30 or 60 day option).)

**Spouse** – the person who is legally married to **you**, or has been living in a conjugal relationship with **you** for a continuous period of at least one year and who resides in the same household as **you**.

**Stable** – a **medical condition** is considered **stable** when all of the following statements are true:

- there has not been any new **treatment** prescribed or recommended, or change(s) to existing **treatment** (including a stoppage in **treatment**), and
- there has not been any change to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new **prescription drug**, and
- the **medical condition** has not become worse, and
- there has not been any new, more frequent or more severe symptoms, and
- there has been no hospitalization or referral to a specialist, and
- there have not been any tests, investigation or **treatment** recommended, but not yet complete, nor any outstanding test results, and
- there is no planned or pending **treatment**.

All of the above conditions must be met for a **medical condition** to be considered **stable**.

**Start-up date** –

- the date of **your insurance application/confirmation of coverage**.
- or the date **you** designate as the date of **your** departure on **your** first **trip** under this insurance, as entered on **your insurance application/confirmation of coverage**.



This date cannot be more than 120 days from the date of **your insurance application/confirmation of coverage**.

- Coverage for each subsequent **trip** starts each date **you** leave **your** province or territory of residence and is based on **your** purchased option of: 9 consecutive days under the 9-Day option, 16 consecutive days under the 16-Day option, 30 consecutive days under the 30-Day option, 60 consecutive days under the 60-Day option (while **you** travel outside of Canada).

**Terrorism or act of terrorism** – an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

**Top-up** –

- a the coverage **you** purchase from **us** to add to **your** insurance beyond the duration covered under **your** TravelCare Medical Multi-Trip annual plan.
- b the TravelCare Medical Multi-Trip annual plan coverage **you** purchase from **us** to complement travel insurance included with **your** credit card coverage that is in effect for the initial portion of **your trip** duration.

**Travelling companion** – the person who is sharing travel arrangements with **you**, to a maximum of three persons.

**Treat, treated, treatment** – 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.

**Trip** – the period of time between leaving **your departure point** up to and including **your return date**.

**Vehicle** – a private passenger automobile, motorcycle, minivan, mobile home, camper truck or trailer home which **you** use during **your trip** exclusively for the transportation of passengers other than for hire. It can be either owned by **you** or leased by **you** from a **commercial rental agency**.

**We, us** and **our** refer to RBC Insurance Company of Canada and Assured Assistance Inc.

**You**, and **your** refer to the person named as the insured on the **insurance application/confirmation of coverage** when the required insurance premium has been paid before the **effective date** and **children**, when **family coverage** is applicable and in effect.



RBC Insurance Company of Canada and  
Assured Assistance Inc.  
P.O. Box 97, Station A,  
Mississauga, Ontario L5A 2Y9



Insurance

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