

SUMMARY

2021-2022 SEASON **60 AND OLDER**
TRAVEL INSURANCE IN CASE OF MEDICAL EMERGENCY

BENEFITS, IN A NUTSHELL

GLOBAL MAXIMUM	\$5,000,000 <small>(unless specified otherwise)</small>
Emergency Medical Insurance covers	
Hospital / Medical Expenses	Physician Fees
Medical Appliance	Diagnostic Services
Ambulance Services	Emergency Air Transportation
Emergency Ocular Care <small>(if surgery: 100% of the first \$2,000 / 50% of excess costs)</small>	Prescription Drugs for <i>Emergency Treatment</i> <small>US \$5 co-pay (non-refundable)</small>
Emergency Transportation to <i>Insured Person's</i> Bedside	Return of Deceased
Other Benefits of the Medical Insurance	
Maximum sum payable:	
Incidental <i>Hospital</i> Expenses	\$100
Private Duty Nursing Care	\$3,000
Emergency Dental Care	\$1,000
Paramedical Fees	50% up to \$300
Return of <i>Vehicle</i>	\$2,000
Delayed Return Expenses	\$150 per day up to \$1,000
Emergency Round Trip	\$1,500 ¹

1. This benefit is not applicable to Annual Plans nor to *Trips* of less than 30 days

Please refer to the policy for more detailed information on the insured risks, exclusions, and benefits.
In case of disparity between this document and the policy wording, the latter prevails.

TOUR+MED TRAVEL INSURANCE PRODUCTS ARE UNDERWRITTEN BY:

LS-Travel, insurance company

247 Thibeau Boulevard
Trois-Rivières, QC, G8T 6X9
Tel.: 1-877-344-8398
Fax: 1-819-377-6069
info@lsvoyage.ca
www.lsvoyage.ca



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Any questions about the Autorité des marchés financiers du Québec? www.lautorite.qc.ca

Tour+Med travel medical insurance is offered to Canadian residents who meet the eligibility conditions and who travel out of their province of residence for a maximum of 183 consecutive days.

ELIGIBILITY CONDITIONS

Persons of 60 years old and older

You must maintain permanent residence in Canada, be eligible for benefits under *Your* Provincial Government Health Insurance Plan, understand and speak either one of Canada's official languages (English or French), and be 60 or older on *Departure Date* for the Per Trip Plan or between 60 and 85 years old on the *Effective Date* for the Multi-Trip Annual Plan.

You are NOT eligible for coverage under this policy if *You* have or ever had:

1. A *Terminal Illness*;
2. A kidney disease requiring dialysis or a major organ transplant (heart, lung, liver, kidney or pancreas);
3. Lung cancer, pancreatic cancer, liver cancer or if *You* have had intravenous chemotherapy within 3 months before *Departure Date*;
4. A *Medical Condition* that has required home oxygen.

You are also NOT eligible for coverage under this policy if:

5. *You* require assistance with any activities of daily living (eating, dressing, personal hygiene) or require the use of a wheelchair or walker for *Your* mobility (please note that occasional use in airports or shopping centres is not considered);
6. *Your Physician* has recommended that *You* do not travel.

DEDUCTIBLES WITH DISCOUNTS

When a contract is issued with a deductible, the *Insured Person* agrees to either reimburse the *Insurer* or pay the portion of the eligible medical expenses equivalent to the deductible amount. *You* could have the option to choose between traditional or hospital-care deductibles ranging from CAN \$250 to \$10,000, reducing *Your* premium by 5% to 35%. At time of application, the *Insurer* reserves the right to impose either one of the deductibles without any reduction or savings in premium.

- **Traditional Deductible:** The full amount of the deductible applies on a per *Event* basis.
- **Hospital Deductible:** The full amount of the deductible applies as soon as an *Event* involves *Your Hospitalization*, visit to the Emergency Room of a *Hospital*, or visit to an internal or external *Hospital* clinic. The deductible also applies to land or air ambulance transportation.

PREMIUM CALCULATION

Tour+Med premiums are fully personalized and calculated upon:

- *Your* age on the *Departure Date*;
- *Your* gender;
- The exact number of days of *Your Trip*;
- *Your Pre-existing Medical Conditions*;
- The use or absence of options and a deductible;
- *Your* destination;
- Available discounts, if applicable.

Premiums are subject to change without notice. Travel medical insurance is exempt of tax and can be calculated as medical expenses in *Your* income tax report. *Your Travel Insurance Confirmation* will act as *Your* tax receipt.

IMPORTANT DEFINITIONS

The meanings of words printed in *italics* throughout our documents are explained in the “Definitions” section of the policy. Here are a few examples. Read the policy for details on all of our defined words.

“*Change*” - Means any of the following alteration or deterioration of *Your* health status:

- 1) Onset of new and/or more frequent *Symptoms*; or
- 2) *You* have received a new diagnosis; or
- 3) *You* have been hospitalized or, other than routine, *You* have sought consultation from a *Physician*, *You* have undergone examinations or tests for the purpose of establishing a diagnosis; or
- 4) *Your Treatment* has been modified; *You* have been prescribed a new *Medication* and/or a *Medication* has been stopped and/or the dosage and/or the frequency of an existing *Medication* has increased or decreased (Exceptions the routine adjustment of Coumadin, Warfarin or insulin and the change from a brand name *Medication* to a generic brand *Medication* of the same dosage).

“*Stable and Controlled*” - Means any *Medical Condition* (other than a *Minor Ailment*) for which all the following statements are true:

1. There has not been a new diagnosis, any new *Treatment* prescribed or recommended, or *Change(s)* to existing *Treatment* (including a stoppage in *Treatment*), and
2. There has not been any *Change* to any existing prescribed *Medication* (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new prescription *Medication* (Exceptions the routine adjustment of Coumadin, Warfarin or insulin and the change from a brand name *Medication* to a generic brand *Medication* of the same dosage); and
3. There has not been any new, more frequent or more severe *Symptoms*, and
4. There has not been any *Hospitalization* or referral to a specialist, and
5. There has not been any medical exam, investigative testing or test results showing deterioration; and
6. There has not been any *Treatment* recommended, planned or not yet completed, nor any outstanding test results.

All of the above conditions must be met for a *Medical Condition* to be considered *Stable and Controlled*.

“*Treatment*” - Means a procedure prescribed, performed or recommended by a *Physician* for a *Medical Condition*, including but not limited to prescribed *Medication* (including *Medication* prescribed “as needed”), investigative testing and surgery.

TYPES OF PLANS

Single Trip Plan

The Single Trip Plan is offered for any *Trip* outside *Your* province of residence and is valid for the length of the single *Trip*.

Requests for premium refunds will only be considered in the case of non-departure or early return. See section XI. Premium Refunds in the policy for more information.

Unless the Trip Break option applies, if *You* are covered by a Single Trip Plan and return to *Your* province of residence, the policy is automatically terminated. See the policy for details on this option.

TYPES OF PLANS (continued)

Annual Plan (Multi-Trip Plan)

The Annual Plan provides coverage for multiple *Trips* outside *Your* province of residence for a duration not exceeding the maximal duration option chosen on the *Travel Insurance Confirmation* during the *Policy Period*. Coverage under the Annual Plan begins on *Your Effective Date* and terminates on the *Expiry Date* as indicated on *Your Travel Insurance Confirmation*. *You* must meet the eligibility conditions before each *Departure Date* and individual *Trips* must be separated by a return to *Your* province of residence.

The Annual Plan also provides coverage during the *Policy Period* for unlimited travel within Canada but outside *Your* province of residence. *You* may need to purchase a Single Trip Plan if *You* leave Canada after being outside of *Your* province of residence longer than the maximum duration chosen.

Premium paid can only be refunded prior to the *Effective Date* of the policy.

IMPORTANT

- I understand that if I do not meet the eligibility and the policy requirements or if pertinent medical information is omitted and/or falsified, the *Insurer* may deny my coverage and render my policy null and void. If my medical declaration is incomplete or inaccurate, no benefit will be payable.
- All of the numbered pages of the *Travel Insurance Confirmation* will be an integral part of *Your* policy. As per the terms and eligibility conditions of the policy, benefits payable under this policy are subject to the receipt of *Your* signed *Travel Insurance Confirmation* and the required premium payment prior to *Your Departure Date* from *Your* province of residence. *Your Travel Insurance Confirmation* and a copy of the policy will be sent to *You* by email or mail following payment of *Your* premium. A specimen of the policy can be consulted under section “Documentation” of the website www.lsvoyage.ca.
- Following the purchase of *Your* travel insurance, *You* must carefully review *Your Travel Insurance Confirmation*, as this document reflects the personal and medical information *You* provided. *Your* medical declaration constitutes the basis of *Your* insurability and eligibility. If *You* are uncertain, please ask *Your Representative* or *Your Physician*.
- Take note that any declared or undeclared *Medical Condition* which has not been *Stable and Controlled* in the 6 months preceding *Your Departure Date* is not covered. This includes but is not limited to any *Medical Condition* for which *You* are in the process of investigation, or waiting for a diagnosis or *Treatment*. Please read the definition of *Stable and Controlled* in the policy. If *You* wish to be covered, inquire about the Reduced Stability Period option, available for certain *Medical Conditions*.
- *You* must inform the *Insurer* of any *Change* in your health status, including prescription dosage, before *Your Effective Date*, as this may affect *Your* eligibility.
- If *You* fail to call the Emergency Assistance prior to any *Treatment*, the *Insurer* will deny the claim or limit the reimbursement to the lesser of charges that would have been incurred within its network of medical providers or 70% of the eligible expenses incurred up to a maximum of CAN \$ 25 000.

EXCLUSIONS AND LIMITATIONS

The policy contains exclusions and limitations. Here are a few examples. Read the policy for details on all of the exclusions and limitations that could affect *Your* coverage.

Benefits are not payable under this policy if losses sustained or expenses incurred are the direct or indirect result of, for example:

Your Pre-existing Medical Conditions:

1. Any *Medical Conditions* or *Changes* in *Your* health (except *Minor Ailments*) that have not been *Stable and Controlled* for a period of six (6) months before the *Departure Date*, unless specified otherwise in writing by the *Insurer*. Exception: High blood pressure requires only 2 month stability before the *Departure Date* unless *You* suffer from cardiac (heart), vascular, respiratory (lung) or neurological conditions.

2. Any *Treatment* not authorized by the Emergency Assistance, or not considered to be an *Emergency* as defined in this policy. (See examples in the policy.) Also, any *Treatment* that could reasonably be delayed until the *Insured Person* returns to his/her province of residence even if the perception is that the care may be of less accessibility and quality in the province of residence.

3. If Medical Assistance decides that *You* should transfer to another facility or if the Emergency Assistance Medical Director determines that *You* can return to *Your* province of residence for *Treatment* (by the most appropriate transport option), and *You* (or a member of *Your* family) choose not to, benefits will not be paid for this *Treatment* and any further medical *Treatment*. The contract will be terminated and the *Insurer* will be relieved of any further liability.

4. The continued *Treatment*, *Recurrence* or complication of a *Medical Condition* or any direct or indirect complication that may occur, if Medical Assistance determines that *Your Emergency* has ended.

The intent of Your Trip:

6. A *Trip* undertaken for the purpose of obtaining a diagnosis, on the recommendation of a *Physician* or not, *Treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.

7. Any *Medical Condition* or *Symptoms* for which it is reasonable to believe or expect that *Treatments* will be required during *Your Trip*.

20. Any *Medical Condition* occurring during *Frequent Business Trips* or during a trip for volunteer activity.

Other risks:

17. Any *Accident* or *Medical Condition* sustained while participating in (any activity deemed risky by the *Insurer*, such as gliding, hang-gliding, rock climbing, parachuting, any speed or race contest, any underwater activity, (...) or any activities requiring that the *Insured Person* signs an accident waiver and release of liability form. Please read the complete exclusion in the policy for more details.)

19. Any Event or claim pertaining to (...)

f) The reason for which the Government of Canada (www.travel.gc.ca) issues a travel advisory to avoid all travel or to avoid all non-essential travel to a country, region or city, if the advisory is in effect on *Your Departure Date*. (...) It is *Your* responsibility to verify the status of *Your* destinations. (Please read the complete exclusion in the policy for more details.)

RIDERS

The Insurer offers riders in order to customize *Your* coverage. Ask to verify *Your* eligibility and if a rider suits *Your* needs. Details of a rider will be provided in the specific documents of the said rider.

NOTICE OF RIGHT TO EXAMINE THE POLICY

You have ten (10) days, from the day *You* receive *Your* policy, to inspect it and verify the accuracy of *Your* declaration and *Travel Insurance Confirmation*. The policy contains some limitations and exclusions. Please read it carefully and contact *Your Representative* if needed before leaving. If *You* are not completely satisfied, return it by registered mail to the *Insurer* and any premium paid will be refunded, provided that *You* have not taken any *Trip* during the examination period. Failure to return the policy will be considered as an acceptance of all of its terms, conditions and limitations.

NOTE: If *Your Medical Condition* changes prior to *Your Effective Date*, *You* must notify the *Insurer* and are not eligible for benefits under this policy if *You* submit a claim for that condition. The *Insurer* reserves the right to re-evaluate *Your* insurability before *Your Effective Date*.

IMPORTANT: For benefits to be payable under this policy, *You* must have signed *Your Travel Insurance Confirmation* and required premium payment must be received prior to *Your Departure Date*.

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

HOW TO FILE A CLAIM

Required documentation must be received no later than 90 days after *You* return to *Your* province of residence from *Your Trip*. Cash register coupons (stubs) will not be accepted for reimbursement. Any fees for the completion of medical certificates or claims forms are not covered by the *Insurer*.

It may be required that *You* pay providers directly. Coordination of care through the Emergency Assistance will expedite reimbursement.

All claim forms are available online at www.lsvoyage.ca or by calling 1-877-344-8398.

In the event of a dispute over the reimbursement of a claim, the *Insured Person* must request in writing that the revision committee reassess the claim before taking any legal action. The request must be sent in writing 30 days of the receipt of the written position from the *Insurer*. The committee will take into consideration all pertinent information provided by the *Insured Person* and a decision, based on the insurance policy provisions and conditions, will be rendered in writing within thirty (30) days of the receipt of the revision request.

Send requests for claim revision to:

CLAIMS REVIEW COMMITTEE
LS-Travel, Insurance Company
247 Thibeau Blvd
Trois-Rivières (Quebec) G8T 6X9

If *You* wish to file a complaint to the *Insurer*, please read the procedure and our Complaint Review policy under "Make a complaint" at the bottom of the www.lsvoyage.ca website.

APPENDIX

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services (chapter D-9.2)

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

The Act allows you to rescind an insurance contract, without penalty, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit www.lautorite.qc.ca.

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To : LS-Travel, insurance company
247 Thibeau Boulevard, Trois-Rivières, QC, G8T 6X9

Date: _____ (date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance contract no.: _____ (number of contract, if indicated)

Entered into on: _____ (date of signature of contract)

In: _____ (place of signature of contract)

_____ (name of client)

_____ (signature of client)

YOUR DISTRIBUTOR:

Voyages Vision DT Québec Est Inc.

400 Ste-Croix avenue, local 100
Montreal, QC, H4N 3L4
Tel: 1-866-802-6676
solutions@visiontravel.ca
www.visiontravel.ca