

# Emergency Hospital & Medical for Canadians

Multi-trip Basic plan – Worldwide destinations

AGES	0 – 30	31 – 39	40 – 54	55 – 59
Trip length	Per Person			
4 days	\$45	\$45	\$54	\$66
8 days	68	68	75	92
15 days	103	101	107	130
35 days	150	134	142	186
60 days	255	255	384	403
125 days	624	633	733	949

DEDUCTIBLES
<ul style="list-style-type: none"> <li>Standard deductible per claim: \$250.</li> <li>Surcharge to remove deductible: 10%</li> </ul>


The premium for family coverage is calculated at two times the premium for the eldest adult age 59 and under.

For the summary of coverage and eligibility refer to page 18.

## Important notes

- Use the applicant’s age on the effective date.
- This product covers the insured on an unlimited number of trips during a 365 day period from the effective date.
- Top-ups and Extensions are available for trips over the trip length purchased (see pages 10 – 11 for procedures).
- Premiums are not refundable after the effective date.
- Family includes the applicant, age 59 and under, the applicant’s spouse age 59 and under, and any number of dependent children 21 years of age and under.

## When is a medical questionnaire required?

0 – 59 Years of Age	60 – 84 Years of Age
<p>Standard Eligibility</p> <p><b>Not required</b></p> <p>Client is covered for medical conditions that are stable for 90 days immediately prior to effective date</p>	<p>Additional Eligibility</p> <p><b>Required</b></p> <p></p> <p>Complete Medical Questionnaire through quicktic*</p>

- \* Depending on the answers to the medical questionnaire, benefits are not payable for costs incurred due to or resulting from a medical condition or related condition, other than a **minor ailment**:
- that was not **stable** at any time during the 90, 180, or 365 days immediately before the **effective date**; or
  - for which **treatment** was received at any time during the 365 days immediately before the **effective date**; or
  - for which **treatment** was received at any time before the **effective date**.

Refer your client to their confirmation of coverage for the pre-existing conditions exclusion that applies to them.