

ACCIDENT & SICKNESS COVERAGE SUMMARY 2022

This is a brief summary of the policy terms and conditions. In the event of conflict between this document and the actual policy wording, the policy wording will prevail.

All currency is Canadian funds unless otherwise stated.

Eligible Classes of Insured Persons:

All persons including campers, employees and volunteers, Canadian and non-Canadian, under the age of ninety (90) who are registered and in attendance at an Insured Organization which is registered with the Policyholder and where the camp/Organization operator has completed an Application for Insurance.

SANCTIONED ACTIVITIES AND SCOPE OF COVERAGE

Such insurance as is afforded to an Insured Person shall apply only to Injury or Sickness, sustained by such person only while participating in sanctioned activities under the supervision and direction of the Insured Organization or under the supervision of a proper authority of the Insured Organization.

Coverage is in force as to the Insured Person while the Insured Person:

- (a) is in or on buildings or premises of a Insured Organization during the time the Insured Person is required to be therein or thereon by reason of attendance at the Insured Organization on any regular Camp day.
- (b) is attending or participating in a regularly scheduled Insured Organization activity approved and supervised by a proper authority of the Insured Organization;
- (c) is travelling directly to or from such regularly scheduled and approved Insured Organization activity as a group, provided such group is at the time under the supervision of a proper authority of the Insured Organization;
- (d) is travelling directly to or from his/her residence immediately before or after the Insured Organization period contracted for, not to exceed, however, in either instance, forty-eight consecutive hours.
- (e) is in or on premises of a Insured Organization and including any incidental travel connected therewith.
- (f) is volunteering to assist in case of emergency on or off premises.

"Residence" shall include both the dwelling of which an Insured Person is an occupant, and the premises on which it is situated.

Coverage shall not be provided for any activities which are not authorized by the Insured Organization.

Coverage is not provided for any activities which are not authorized by the Organization.

Coverage is not provided for rental groups, their participants, guests, invitees, employees or volunteers.

PARA-MEDICAL REMIMBURSEMENT BENEFIT CANADIAN INSURED PERSONS

ACCIDENT & SICKNESS:

- The Insurer will pay the reasonable expenses actually incurred by the Insured Person within fifty-two weeks after the date of the accident or after the commencement of loss by reason of sickness, not to exceed **\$100,000.00**.
- Accident & Sickness Coverage is available to Resident Camps/Organizations
- Accident Coverage **only** is available to Day Camps/Organizations

When as a result of an injury, an Insured Person requires medical treatment within thirty (30) days from the date of the accident or by reason of sickness, an Insured Person who is insured under a Canadian provincial or territorial government health insurance plan incurs expense for any of the following services, while under the regular care and attendance of a legally qualified physician or surgeon who is not a member of the immediate family of the Insured Person, the Insurer shall reimburse the Insured Person for the following reasonable and necessary expenses:

1. private duty nursing by a licensed graduate nurse (R.N.) who does not ordinarily reside in the Insured Person's home or is not a member of his/her immediate family;
2. transportation, recommended by a legally qualified physician or surgeon, when such service is provided by a Professional Ambulance Service to the nearest approved hospital which is equipped to provide the required and recommended necessary treatment;
3. hospital charges for the difference between the public ward allowance under the Insured Person's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a legally qualified physician or surgeon);
4. rental of wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary;
5. fees of a licensed physiotherapist;
6. drugs and medicines purchased by prescription made by a physician or surgeon but excluding oral and other contraceptives;
7. miscellaneous, expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof;
8. fees of a licensed chiropractor;

MEDICAL REMIMBURSEMENT BENEFIT NON-CANADIAN INSURED PERSONS

ACCIDENT & SICKNESS:

- The Insurer will pay the reasonable expenses by the Insured Person within fifty-two weeks after the date of the accident or after the commencement of loss by reason of sickness, not to exceed **\$100,000.00**.
- Benefits are subject to an 80% Co-Insurance Clause, with the Insured responsible for 20% of any eligible medical expense incurred.

Note: There is no coverage for any pre-existing condition, within a 90-day period, for all Non-Canadian Insured Persons, unless such condition was stable and controlled.

With respect to Non-Canadian Insured Persons who are not insured under a Canadian provincial or territorial government health insurance plan, the following benefits are included:

1. private duty nursing by a licensed graduate nurse (R.N.) who does not ordinarily reside in the Insured Person's home or is not a member of his/her immediate family;
2. transportation, recommended by a legally qualified physician or surgeon, when such service is provided by a Professional Ambulance Service to the nearest approved hospital which is equipped to provide the required and recommended necessary treatment;
3. hospital charges for the difference between the public ward allowance under the Insured Person's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a legally qualified physician or surgeon);
4. rental of wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary;
5. fees of a licensed physiotherapist;
6. drugs and medicines purchased by prescription made by a physician or surgeon but excluding oral and other contraceptives;
7. miscellaneous, expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof;
8. fees of a licensed chiropractor;
9. treatment or services by a legally qualified physician or surgeon, other than himself/herself, not to exceed the amount payable under the Health Insurance Board Schedule of Fees of the Province in which such expenses are incurred;
10. laboratory or x-ray examination for diagnosis, not to exceed **\$2,500.00** during the policy term and during any one period of disability, provided the Insured Person is not confined within a hospital as a resident patient charged for room and board during the time such expenses are incurred;
11. anesthetics, not to exceed the amount payable under the Health Insurance Board Schedule of Fees of the Province in which such expenses are incurred.

EMERGENCY AIR TRANSPORTATION

If an Injury or Sickness commencing during the course of a camp results in a Medically Necessary Air Transportation of an Insured Person, the Insurer will pay benefits for Covered Expenses up to a combined maximum of \$100,000.00 dollars for all Medical expenses and Emergency Air Transportation to Home city or country per Insured Person. Any Air Transportation must first be approved by the Insurer.

An Air Transportation is Medically Necessary if after being treated at a local Hospital, the Insured Person's medical condition warrants transportation to the place where he or she resides to obtain further medical treatment or to recover.

ACCIDENTAL DENTAL EXPENSE REIMBURSEMENT - \$7,500.00:

If an Insured Person suffers injury to whole and sound teeth, and within thirty (30) days from the date of the accident, obtains treatment from a legally qualified dentist or dental surgeon and incurs related dental expenses, the Insurer will reimburse the Insured Person up to a maximum of \$7,500.00.

- Reimbursement is subject to the amount allowed for such service in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association in the province or territory in which the Insured Person receives such original treatment in Canada.
- Reimbursement shall only be made provided that expenses are:
 - Incurred in Canada or Home Country;
 - Incurred within one hundred four (104) weeks of the date of the accident causing injury;
 - Incurred only for therapeutic and not elective of aesthetic treatment; and
 - Supported by an original standard claim form submitted to the Company of proof of claim.
- This benefit is in excess of any similar benefit provided under any other insurance policy or plan.

ADDITIONAL BENEFITS HIGHLIGHT

The following is a highlight of some of the benefits which may be available under this policy, subject to the limits, definitions, terms, and conditions contained in the policy wording.

DEPENDENT CHILD EDUCATIONAL BENEFIT	\$ 5,000.00
PROSTHETIC APPLIANCES	\$ 7,500.00
PSYCHOLOGICAL THERAPY	\$ 5,000.00
SEAT BELT BENEFIT	\$ 5,000.00
FAMILY TRANSPORTATION BENEFIT	\$ 15,000.00
HOME ALTERATION AND VEHICLE MODIFICATION	\$ 50,000.00
REHABILITATION BENEFIT	\$ 25,000.00
REPATRIATION BENEFIT	\$ 15,000.00
SPOUSAL EDUCATION BENEFIT	\$ 15,000.00
PERMANENT AND TOTAL DISABILITY	\$100,000.00*

***(less any amounts paid or to be paid under other sections of the policy)**

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT:

The Insurer shall pay an indemnity determined from the Table of Losses, if an Insured Person sustains a loss resulting from injury that is insured, provided that:

- a) such loss occurs within three hundred and sixty-five (365) days after the date of the accident causing such loss,
- b) if more than one (1) loss is sustained as the result of any accident, only the largest amount is payable.

TABLE OF LOSSES - The principal sum is \$50,000.00

Loss of Life	The Principal Sum
Loss of Both Hands or Both Feet	The Principal Sum
Loss of Entire Sight of Both Eyes	The Principal Sum
Loss of One Hand and One Foot	The Principal Sum
Loss of One Hand and the Entire Sight of One Eye	The Principal Sum
Loss of One Foot and the Entire Sight of One Eye	The Principal Sum
Loss of One Arm or One Leg	Four-Fifths of the Principal Sum
Loss of One Hand or One Foot	Three-Quarters of the Principal Sum
Loss of the Entire Sight of One Eye	Three-Quarters of the Principal Sum
Loss of Thumb and Index Finger of Same Hand	One-Third of the Principal Sum
Loss of Speech and Hearing in Both Ears	The Principal Sum
Loss of Speech or Hearing	Three-Quarters of The Principal Sum
Loss of Hearing in One Ear	Two-Thirds of The Principal Sum
Loss of Four Fingers of One Hand	One-Third of The Principal Sum
Loss of All Toes of One Foot	One-Quarter of the Principal Sum
Loss of Use of Both Arms or Both Hands	The Principal Sum
Loss of Use of One Hand or One Foot	Three-Quarters of The Principal Sum
Loss of Use of One Arm or One Leg	Four-Fifths of The Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs)	The Principal Sum x2
Paraplegia (total paralysis of both lower limbs)	The Principal Sum x2
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	The Principal Sum x2

DISAPPEARANCE:

If the body of an Insured Person has not been found within one (1) year of the forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then, for the purposes of this contract such Insured Person shall, in the absence of any evidence to the contrary, be deemed to have suffered Loss of Life.

GENERAL EXCLUSIONS:

No coverage shall be provided under the policy for any loss resulting in whole or in part from:

- (a) suicide or any attempt thereat by the Insured Person while sane;
- (b) self inflicted Injury or any attempt thereat by the Insured Person while sane or insane;
- (c) declared or undeclared war or any act thereof;
- (d) sustained while the Insured Person is undergoing the medical or surgical treatment of disease, or bodily or mental infirmity;
- (e) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - (i) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
or
 - (ii) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft, however the use of UAV (Drone under 35kg) is not considered aircraft; or
 - (iii) riding as a passenger in an Owned Aircraft or Leased Aircraft operated by the Insured Organization;
- (f) an accident occurring while the Insured Person is not engaged in a Sanctioned Activity;
- (g) anticipated medical treatments required on an ongoing basis or for continued stabilization of a medical condition known to the Insured Person prior to insurance hereunder; and
- (h) a medical condition that had deteriorated, or had to be treated or investigated in the three (3) months immediately preceding the Non-Canadian Insured Person's insurance hereunder.