

## SUMMARY OF COVERAGE

### Triathlon Canada Excess Travel Medical Insurance

The following are subject to the terms, conditions and exclusions of Triathlon Canada policies on file with Triathlon Canada.

**EXCESS TRAVEL MEDICAL POLICY NUMBER: TR1001-0184-001**

**LIMIT:** \$2,000,000  
**Deductible:** NIL  
**INSURER:** GameDay Insurance Inc./Aviva Insurance Company of Canada  
**CLAIMS ASSIST:** 1-866-661-7507

#### When should a member/club purchase travel medical insurance?

When travelling outside of Canada please contact Triathlon Canada to arrange coverage while out of Canada in a sanctioned/approved event.

#### Who Is An Insured?

Coverage is provided to member participants, managers, coaches, trainers, officials & executives.

#### What are We Covered For?

Coverage is provide for emergency medical care in excess of your provincial or territorial plan, due to an **Illness or Accident** while traveling **Outside Your Province or Outside Canada**.

#### Highlights of Coverage:

➤ \$2,000,000 Travel Medical Insurance	➤ Dental Accidents
➤ Hospital Services	➤ Out of Pocket Expenses
➤ Doctor's Services	➤ Trip Interruption
➤ Ambulance	➤ Repatriation

#### Excess Medical/Hospital Expense – Accident & Sickness

When as a result of an injury or sickness the Insured requires necessary services of a physician, registered nurse, physiotherapist, hospital, x-ray clinic, laboratory, ambulance or emergency medical return to the outbound point of departure, the insurer will pay the actual expenses incurred not to exceed the maximum sum stated on the individual certificate. Hospital services shall include all necessary services provided normally by a duty registered and licensed hospital excluding services of a nursing home, rest home or by other non-hospital institutions. Coverage is provided only for expenses incurred by Canadian residents, which are in excess of the benefits available under any Canadian federal or provincial hospital and/or medical plan regardless of whether or not the Insured is enrolled in such a plan.

#### Blanket Dental Accident Reimbursement

When an injury to whole or sound teeth including filled or restored teeth and receives dental treatment commencing within 30 days of the date of the accident, the insurer shall pay for the necessary expenses for such treatment rendered within 52 weeks of the accident. Payments for all treatment rendered shall be limited to an aggregate of \$5,000.

The following provisions also apply:

- Any payment made under this section shall not exceed the amount specified in the schedule of fees in effect at the time of the accident as published by the dental association of the province in which this policy is issued;
- Capped or crowned teeth shall be deemed as whole or sound teeth;
- No benefit will be payable for expenses of dental treatment incurred for the cost of replacement, adjustment or repair of artificial teeth or dentures (except as otherwise provided herein), any orthodontic treatment, any dental treatment provided solely for cosmetic or esthetic reason

#### Out of Pocket Expenses

In the event covered injury or sickness causes an Insured's delay in returning to the point of departure beyond the return date, the Insurer will pay for reasonable out of pocket expenses incurred by the insured up to the per diem amount specified in the individual certificate, not the exceed the maximum applicable benefit for all such expenses.

#### Trip Interruption

If, after the outbound departure, the Insured is obliged to leave the tour upon a physician's advice due to covered illness or injury, the Insurer will pay for the cost of one way economy class transportation to rejoin the ongoing tour or to original point of departure.

#### Repatriation Expense

In the event of covered death of the Insured, occurring after the originating flight date, the Insurer will pay the cost of the actual expense incurred for conveyance of the body and ashes of the insured person to the outbound point of departure, not to exceed the applicable maximum benefit.

**JONES BROWN**