

THE CANADIAN RUGBY UNION O/A RUGBY CANADA (The Policyholder)

**Policy No. 100013053 issued by iA Special Markets,
a division of Industrial Alliance Insurance and Financial Services Inc.**

Out-of-Province Hospital/Medical Insurance Plan Summary

ELIGIBILITY

Insured Persons are Canadian members of the Policyholder under age 70 who are covered under the health insurance plan of their province of residence, and non-Canadian members of the Policyholder under age 70 who are covered under the health insurance plan of their province of residence, for whom the applicable premium has been paid.

COVERAGE

Injury or Sickness sustained by the Insured Person during the course of any bona fide business trip or assignment outside the province of Residence While on the business of the Policyholder made by the Insured Person while this policy is in force of a duration of 180 days or less, including incidental personal travel for up to 14 days when taken While on the business of the Policyholder. This extends to participating in practice or competition in the sports of rugby, which practice or competition is approved by and under the supervision of proper authority of the team, club, or organization or the Policyholder. Trips with scheduled durations of more than 180 days are not covered in their entirety.

"Accident" or "Accidental" whenever used in the policy means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while the policy is in force and be the basis of claim.

"Injury" whenever used in the policy means bodily injury caused by an Accident occurring while the policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the policy.

"Sickness" whenever used in the policy means sickness or disease occurring while the policy is in force as to the Insured Person whose sickness is the basis of claim.

MAXIMUM LIMIT OF INDEMNITY

The lifetime maximum per Insured Person is \$1,000,000.00 CDN.

BENEFITS

Benefits are payable in excess of amounts paid by provincial health (whether or not the Insured Person is covered thereunder) and any other insurance policy applicable to the Insured Person.

Excess Hospital Insurance

Reimbursement of reasonable and necessary emergency hospital expenses up to and including semi-private accommodation as the result of Injury or Sickness.

If the Insured Person is confined to hospital on or after the trip termination date and prevented from returning to his province of residence, insurance will continue for the period of such confinement to a maximum of 90 days from the date the first insured expense was incurred.

If the Insured Person is discharged from hospital on or after the trip termination date, coverage will be extended for a maximum period of 72 hours immediately following such discharge.

BENEFITS (Continued...)

Excess Medical Insurance

Reimbursement of reasonable and necessary expenses for treatment or services rendered on an emergency basis such as out-patient room charges; treatment by a physician; x-rays and laboratory examinations; rental of crutches or appliances; costs of splints, trusses, braces; treatment by a physician-prescribed physiotherapist while hospitalized, for the duration of any one trip and subject to a maximum of \$1,000.00 per policy term; charges made for anesthesia and its administration; blood transfusions and blood plasma; oxygen and the administration thereof when recommended by a physician; prosthetic appliances, dressings applied when recommended by a Physician, mechanical aids to breathing and similar medical supplies made necessary by a disability commencing while coverage is in-force; expenses for the services of a Nurse when recommended by a Physician; allergy treatments when recommended by a Physician; immunizations normally covered by a Canadian Provincial Government Health Plan when recommended by a Physician; diabetic supplies (insulin, syringes and glucose strips) when recommended by a Physician; treatment by a licensed chiropractor, podiatrist, chiropractor, naturopath, osteopath, acupuncturist or registered massage therapist while hospitalized for the duration of any one trip only when recommended in writing by the attending Physician, subject to a maximum of \$500.00 per practitioner and per policy term, or replacement of prescription glasses or hearing aids required as a result of damage caused by an Accident.

Accidental Dental Reimbursement Benefit

Reimbursement for reasonable and customary emergency treatment by a licensed dentist or dental surgeon outside the province of residence if required due to Injury to whole or sound teeth caused by a force or blow external to the mouth, subject to a maximum of \$15,000.00. Capped or crowned teeth are considered whole or sound.

Attendant Transportation Benefit

Reimbursement of reasonable expenses for round trip airfare incurred by a medical attendant whose presence is required during the emergency evacuation of the Insured Person in accordance with the part titled "Evacuation", subject to a maximum of \$300,000.00 combined with the parts titled "Board, Lodging and Travel Expenses", "Evacuation" and "Repatriation Benefit" of this policy. Expenses may also include one day accommodation and board for that day.

Board, Lodging and Travel Expenses

Reimbursement of reasonable board, lodging and extra travel expenses incurred by other Insured Persons remaining with an Insured Person who has been hospitalized due to Injury or Sickness for a period of at least five consecutive days.

Reimbursement of reasonable expenses incurred by a member of the immediate family to attend the Insured Person if certified as medically necessary by the attending physician due to the Injury, Sickness or death of the Insured Person, limited to return economy airfare, \$100.00 per day accommodation and not exceeding a maximum of 20 consecutive days.

Benefits paid or payable under this part are subject to a maximum of \$300,000.00 combined with the parts titled "Attendant Transportation Benefit", "Evacuation" and "Repatriation Benefit" of this policy as a result of any one Injury or Sickness.

Out-of-Province Hospital/Medical Insurance Plan Summary (Continued...)

BENEFITS (Continued...)

Evacuation

Reimbursement of reasonable expenses for transportation, medical services and supplies necessarily incurred in connection with the physician-ordered emergency evacuation of an Insured Person due to Injury or Sickness during the course of a scheduled trip, subject to a maximum of \$300,000.00 combined with the parts titled "Attendant Transportation Benefit", "Board, Lodging and Travel Expenses" and "Repatriation Benefit" of this policy. All arrangements must be verified and approved by the insurer prior to evacuation.

Ground and Air Ambulance Expense

Reimbursement of reasonable expenses to transport an Insured Person to the nearest medical facility qualified to provide emergency services.

Prescription Drug Reimbursement

Reimbursement of reasonable expenses for prescription drugs or medicines required on an emergency basis due to Injury or Sickness. Oral contraceptives, patent medicines, vitamins, repeat prescriptions, maintenance and chronic care drugs are excluded.

Repatriation Benefit

Reimbursement of the actual expense incurred for preparation and transport of the deceased Insured Person to the city of residence of the Insured Person if loss of life occurs due to Injury or Sickness, subject to a maximum of \$300,000.00 combined with the parts titled "Attendant Transportation Benefit", "Board, Lodging and Travel Expenses" and "Evacuation" of this policy.

Special Transportation

Reimbursement of reasonable and necessary expenses incurred for stretcher accommodation on a regularly scheduled airline for return of the Insured Person to the province of residence during an emergency evacuation in accordance with the part titled "Evacuation", subject to a maximum of \$5,000.00.

EXCLUSIONS

Cover does not apply to any loss, fatal or non-fatal, caused by or resulting from:

- pregnancy or complications thereof within eight weeks of the expected termination date of pregnancy;
- declared or undeclared war or any act of war;
- any loss as the sole result of the utilization of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined;
- active full-time service in the armed forces of any country;
- suicide or self-destruction, while sane or insane;
- the commission or the attempt to commit a criminal act by the Insured Person;
- alcohol related illness or disease, or the abuse of medication, drugs, alcohol or other toxic substances, non-compliance with prescribed medical therapy or treatment. Alcohol abuse is defined as having a blood alcohol level in excess of 80 mg of alcohol per 100 ml of blood;
- expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges;

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* or other applicable legislation.

This summary is for information purposes only and carries no contractual or other rights. All rights with respect to the benefits of an Insured Person will be governed by the Group Master Policy, a copy of which is filed with the Policyholder.

EXCLUSIONS

- any ailment or condition for which an Insured Person undertakes a journey for the purpose of securing or with the intent of receiving medical attention, prescription drugs or medicine, or hospital services;
- any elective (non-emergency) treatment or surgery: (i) not required for the immediate relief of acute pain and suffering; (ii) which medically could be delayed until the Insured Person has returned to his province of residence; (iii) which the Insured Person elects to have rendered or performed outside his province of residence following emergency treatment for, or diagnosis of, a medical condition which on medical evidence would not prevent the Insured Person from returning to his province of residence prior to such treatment or surgery.
- chronic alcoholism or drug addiction and all its related treatments, conditions, diseases and/or complications.

LIMITATIONS

In case of confinement in a hospital or emergency surgery, the insurer must be notified no later than 48 hours from the date of hospitalization or emergency surgery. Failure to make such notification may limit coverage to a maximum of \$10,000.00 for all expenses incurred.

TERMINATION OF INSURANCE

Insurance will immediately terminate on the earliest of the following dates:

- (a) the date the policy is terminated;
- (b) the premium due date if the Policyholder fails to remit the required premium to the insurer, except as the result of an inadvertent error;
- (c) the date an Insured Person reaches 70 years of age;
- (d) the date an Insured Person ceases to be associated with the Policyholder in a capacity making such person eligible for insurance.

CLAIMS PROCEDURES

If possible, before obtaining any emergency medical services or advice, the Insured Person or an individual in charge of the Insured Person's care should call the numbers shown on the Emergency Medical/Travel Assistance card (provided to the Insured Person by the Policyholder) with full details about the Insured Person, the Insured Person's location and condition, and the policy details noted on the card. The insurer reserves the right to request additional information when processing the claim.

Written notice of claim is to be given to the insurer within a period of 30 days from the date of the accident or commencement of Sickness. Claim forms are available from the plan administrator or from the insurer at (800) 266-5667. The insurer reserves the right to request additional information when processing the claim. Completed claim forms must be filed with the insurer within 90 days after the date of the accident or commencement of Sickness and no later than one year regardless of whether the full extent of loss is known.