





Comprehensive Medical Insurance for Visitors to Canada

enVia Visitors Program **Emergency Medical Insurance**

Two Plans - Enhanced or Premium - including these benefits:

- Hospital Accommodation: semi private room / emergency outpatient consultations
- Physician Charges: medical treatment by a physician / reasonable & customary charges*
- Private Duty Nursing: reasonable & customary*
- Paramedical Services: physiotherapist, chiropractor, osteopath and podiatrist up to \$500 per profession
- Diagnostic Services: laboratory tests and X-rays
- Medical Appliances: crutches, casts, splints, canes, etc.
- Prescription Drugs: limited to a 30 day supply per medication
- Ambulances & Emergency Air Transportation: when medically necessary
- Dental Accidents & Dental Pain: up to \$3,000
- Repatriation of Remains: up to \$10,000
- Return & Escort of Children: economy airfare
- Return of Baggage: up to \$500
- Accidental Death & Dismemberment: up to \$25,000 (or \$50,000 Premium)
- Flight Accident: up to \$50,000 (or \$100,000 Premium)
- Vaccines: \$100** (Premium plan only)
- **Physical Exam:** \$250 per policy year** (Premium Plan only)
- Eye Exam: \$100 per policy year** (Premium Plan only)
- Maternity Care: \$10,000 per policy year (Premium Plan only)

All benefit limits are in Canadian currency.



Flexible Plans, **Unbeatable Options**

- Family or single coverage
- Choice of policy maximum based on your needs: \$25,000 / \$50,000 / \$100,000 / \$150,000 or \$300,000
- Coverage for up to 365 days
- Coverage for temporary visits to other countries excluding the country of origin
- Coverage extensions available
- No deductible on Enhanced Plan

* Reasonable and Customary Costs means costs that are incurred for approved, covered medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar sickness and/or injury. ** Not subject to a deductible.

enVia Visitors Program Emergency Medical Insurance

Eligibility:

To be eligible for coverage you must:

- Be visitor to Canada, a person with a valid work or student visa, a Canadian resident or an immigrant not eligible for a government health insurance plan in Canada;
- Be at least 15 days of age and less than 70 years of age;
- Not be travelling against the advice of a physician and/ or have been diagnosed with a terminal illness;
- Not be experiencing new or undiagnosed symptoms.
- Not require assistance with the activities of daily living.
- Coverage may be purchased prior to your arrival in Canada or within 30 days thereof.
- Your spouse and/or child(ren) must also meet all of the above criteria to be eligible for coverage.



WTP Assist is here for you, On Call Around the World, Day or Night

When it comes to an emergency, time is a critical factor. **WTP Assist's** toll free number is the solution. Each caller is connected



with a courteous and professional case coordinator who will answer questions and assist in obtaining medical care 24 hours/day, 365 days/year.

- Benefit information
- Urgent Message relay
- Claims informationPersonalized service
- Direct billing instructionsFast payment of claims

Interpretation service

Medical assistance

- Fewer forms to fill out
- Quick answers to questions

enVia Visitors Program - DAILY RATE TABLE								
	Enhanced Plan				Premium Plan			
Ages	\$25,000	\$50,000	\$100,000	\$150,000	\$100,000	\$150,000	\$300,000	
0 to 25	\$2.17	\$2.44	\$3.04	\$4.01	\$3.16	\$4.18	\$4.81	
26 to 35	\$2.34	\$2.64	\$3.28	\$4.34	\$4.90	\$6.48	\$7.45	
36 to 40	\$2.39	\$2.69	\$3.34	\$4.42	\$6.04	\$7.98	\$9.18	
41 to 55	\$2.71	\$3.05	\$3.80	\$5.02	\$7.62	\$10.07	\$11.58	
56 to 60	\$3.04	\$3.42	\$4.25	\$5.62	\$9.16	\$12.12	\$13.94	
61 to 65	\$3.69	\$4.15	\$5.16	\$6.82	\$12.01	\$15.88	\$18.27	
66 to 70	\$4.34	\$4.88	\$6.08	\$8.03	\$16.75	\$22.15	\$25.48	
	Enhanced Plan Fine Print				Premium Plan Fine Print			
Ages	Pre-existing Conditions Clause				Pre-existing Conditions Clause			
0 to 70	90 Days Stability				90 Days Stability			

Note: Family Rates are 2 times the Single Daily Rate of the eldest applicant.

This brochure is intended for promotional purposes and is not an insurance policy. It is not an offer of insurance. It contains some information about coverages offered by Berkley Canada but it does not list all of the conditions and exclusions that apply to the described coverages. The actual wording of the policy governs all situations. The products and rates described are subject to change without notice at any time.

enVia Visitors To Canada Emergency Medical Insurance is underwritten by Berkley Canada and administered by WTP Assist - World Travel Protection Canada Inc.

Get covered today! For additional information, please contact:



MACLAGAN INC. P.O. Box 47509, 946 Lawrence Ave. East, Don Mills, ON M3C 3S7 1-877-755-9670 toll-free | 416-446-7371 fax info@envia.ca | www.envia.ca



enVia Visitors To Canada Emergency Medical Insurance Application Form

Section 1: General Information	า							
APPLICANT LAST NAME	FIRST NAME	FIRST NAME		MARITAL STA	TUS			
DATE OF BIRTH (DD/MM/YYYY) SEX	MALE 🔿 FEMALE	LANGUAGE	FRENCH	COUNTRY OF	ORIGIN			
ADDRESS IN CANADA					PROVINCE		POSTAL CODE	
TELEPHONE	EMAIL ADDRE	ESS						
CONTACT PERSON IN CANADA - LAST NAME		FIRST NAME			YOUR EMPLOYMENT STATUS			
ADDRESS		CITY) PART-TIME () TEMP () CONTRACTOR	
					PROVINCE			
TELEPHONE	EMAIL ADDRE	ESS						
Section 2: Dependent Information	t ion (if application	able and applyir	ng for "Fa	amily Cov	verage")			
	Child Aged 21-25						aed 21-25	
Last Name	First N	ame & Initial	Sex (M/F) Bi	rthdate (DD/N	1M/YYYY)		if Disabled)
Spouse:								
Child:) STUDENT	
Child:						() STUDENT	
Child:) STUDENT	
Child:) STUDENT	
	isabled Students of	nhy covorad up to ag	0 25 and m	ust provido	proof of attand		/	<u> </u>
If a Child is over age 21, state if a Student or Disabled. Students only covered up to age 25 and must provide proof of attendance at school (ie. a copy of their student card).								
Section 3: Benefit Coverage								
Type of Coverage Single Plan Family Plan (If applying for Family Coverage, please complete Dependent Information section above)								
Application Type New Policy Additional Policy or Add Dependent to existing Policy No.								
Visit Details	A (DD/MM/YYYY APP	LICATION DATE (DD/MM/	YYYY EFFE	CTIVE DATE (D	JD/MM/YYYY	NUMBER OF I	JAYS EXPIRY	DATE (DD/MM/YYYY
Plan Selection O Enhanced Plan	n: O \$25	5,000 🔿 \$50	,000,	() \$100,	,000 ()\$1	150,000		
OR Premium Plan	: () \$10	0,000 ()\$15	 0 000	◯ \$300,				
	. () \$10	0,000 (\$15	0,000	<u> </u>	,000			
Daily Rate Lookup (Select the rate for yo	ur chosen Plan, Co	overage Level and A	ge Group.	lf applying	for Family Cov	erage, select the	e rate of the E	LDEST applicant)
	enVia	a Visitors Program	n - DAIL)	RATE TA	BLE			
	Enhance			Premium Plan				
Ages \$25,000	\$50,000	\$100,000	\$150	,000	\$100,000		0,000	\$300,000
0 to 25 \$2.17	\$2.44	\$3.04	\$4		\$3.16		1.18	\$4.81
26 to 35 \$2.34	\$2.64	\$3.28		.34	\$4.90		5.48	\$7.45
36 to 40 \$2.39	\$2.69	\$3.34		.42	\$6.04		7.98	\$9.18
41 to 55 \$2.71	\$3.05	\$3.80		.02	\$7.62		0.07	\$11.58
56 to 60 \$3.04	\$3.42	\$4.25		.62	\$9.16		2.12	\$13.94
61 to 65 \$3.69	\$4.15	\$5.16		.82	\$12.01		5.88	\$18.27
66 to 70 \$4.34	\$4.88	\$6.08		.03	\$16.75		2.15	\$25.48
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Rate Calculation: * Note: Family Rates are 2 times the Single Daily Rate of the eldest applicant.

Age of Eldest Applicant ____

Number of Days: ____

____ = Total Premium Due \$____

(A)

Section 4: Premium Payment						
Total Premium Due \$	(A)					
Method of Payment: 🔿 CASH 🔿 CHEQUE 🔿 VISA 🔿 MASTERCARD						
Name as it appears on card:]				
Credit Card Number:		Expiry Date: /				

Section 5: Waiting Period, Eligibility, Declaration & Authorization

I understand that this emergency medical insurance is subject to limitations and exclusions. I am aware that pre-existing medical conditions may be excluded as set out in the Exclusions of the policy. I further certify that the information given in this application is correct and that coverage under this policy may be void if I misrepresent or fail to disclose any material fact. I understand the Waiting Period as specified below:

Age 70 or under:

If I purchase my policy:

- 1. within 30 days of my arrival in Canada:
 - a. I understand that this coverage excludes any loss as a result of sickness or symptoms which manifested or were contracted or treated within 48 hours following the policy effective date.

To be eligible for coverage you must:

- Be a visitor to Canada, a person with a valid work or student visa, a Canadian resident or an immigrant not eligible for a
 government health insurance plan;
- Be at least 15 days of age and less than 70 years of age;
- Not be travelling against the advice of a physician and/or have been diagnosed with a terminal illness;
- Not be experiencing new or undiagnosed symptoms.
- Not require assistance with the activities of daily living.
- Coverage may be purchased prior to your arrival in Canada or within 30 days thereof.
- Your spouse and/or child(ren) must also meet all of the above criteria to be eligible for coverage.

PRE-EXISTING CONDITIONS EXCLUSION:

This policy does not cover losses or expenses related in whole or in part due to any sickness, injury or medical condition that was not stable in the 90 days prior to the effective date.

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Signature of Plan Member (in full)

Date (DD/MM/YYYY)

Please mail, fax or scan & email this application to:

enVia Visitors to Canada Program P.O. Box 47509 946 Lawrence Ave. East Don Mills, ON M3C 3S7

Phone: (416) 453-9430 Fax: (416) 446-7371 E-mail: info@envia.ca