

Individual Medical Underwriting Plan

Product Summary



Insurance

September 1, 2026

How to Contact Us

Insurer:	Echelon Insurance Registered with the Autorité des marchés financiers under client number 2000702152 Attn: Orion Travel Insurance 60 Commerce Valley Drive East Thornhill, Ontario L3T 7P9 Phone: 905-747-4900 Toll free: 1-855-674-6684 Email: orioninfo@orionti.ca Website: www.oriontravelinsurance.ca
Distributor:	Agence de voyages de l'automobile et Touring club du Québec inc. 444 Bouvier Street, Quebec (Quebec) G2J 1E3 Phone: 1-800-686-9243 Email: assurances@caaquebec.com Website: www.caaquebec.com/travel-insurance
Autorité des marchés financiers :	The Autorité des marchés financiers can provide <i>you</i> with information about <i>your insurer's</i> or <i>your insurance distributor's</i> obligations. Website: www.lautorite.qc.ca

Things to Consider

This is a summary. For complete details, please refer to the insurance *policy*. *You* can get a copy from the CAA-Quebec Travel Centre where *you* purchased this insurance, as well as on the website at <https://www.caaquebec.com/en/for-your-insurance/documentation/>.

If *you* have any questions, *you* may contact CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world).

NOTE: This product only covers emergency medical care. If *you* want protection for trip cancellation or trip interruption, consider buying other CAA-Quebec Travel Insurance products.

Benefit amounts stated on this summary are in Canadian Dollars, and deductible amounts are in U.S. Dollars.

Key Definitions

Insurer means Echelon Insurance.

Government health insurance plan (GHIP) means a Canadian provincial or territorial *government health insurance plan*.

Medical treatment means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. *Medical treatment* includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

Policy means the insurance policy, any riders or amendments to this document, the application, any medical questionnaire(s) (if applicable), and *your* Declaration Page, all of which form the entire contract and must be read as a whole.

Things To Consider

Trip means the period of time between *your* date of departure and *your* date of return. For travel within *your* province or territory of residence, a trip qualifies only if it includes at least one overnight stay with a travel supplier.

We, us or **our** means the *Insurer*.

You and **your** means the *Insured*.

WARNING: The insurance *policy* will be issued on the basis of information in or provided in connection with *your* application, including answers to the medical questionnaire, if any. *Your* answers must be complete and accurate. If it is found that *you* have not answered any question asked in the medical questionnaire truthfully and accurately, *you* will be responsible for the first \$5,000 of any claim, in addition to any applicable deductible. *You* will also be required to pay the additional premium necessary based on true and accurate answers to the medical questionnaire, otherwise no future coverage will be provided under this *contract*.

We will not pay a claim if *you*, any person insured under this policy or anyone acting on *your* behalf, attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

Who is Eligible to Purchase This Insurance

To be eligible *you* must:

- be a Canadian resident covered by a *government health insurance plan (GHIP)* for the full duration of the *trip*;
- purchase this insurance no more than 90 days before *your* date of departure.

***You* are not eligible for coverage if:**

- *you* have been diagnosed with a terminal illness for which a physician has estimated that *you* have less than 6 months to live;
- *you* have been advised by a physician against travel at this time;
- *you* require kidney dialysis;
- *you* have ever received a bone marrow or organ transplant (except cornea or skin transplant);
- *you* have been diagnosed with and/or received *medical treatment* for metastatic cancer in the last 5 years; or
- *you* have been prescribed or taken home oxygen for a lung condition in the last 12 months.

IMPORTANT: A medical questionnaire must be completed as part of *your* application for this insurance coverage.

A new medical questionnaire may be required for an extension to determine eligibility and premium.

What Does the Insurance Cover

This insurance provides coverage for a medical emergency while *you* are travelling. Benefits covers **up to \$10 million*** for reasonable charges incurred following an emergency resulting from a sudden accident, sickness or injury which occurs on a *trip*. It includes:

- hospitalization, medical, dental and paramedical expenses;
- transportation expenses, such as ambulances, taxis or repatriation costs;
- transportation costs for a family member or a close friend to visit *you*;
- return of vehicle, baggage and pet;
- child care;
- reimbursement of the cost of returning *your* remains or burial/cremation costs;
- subsistence costs, medical follow-up and domestic services in Canada.

* Maximum of **\$25,000** if at time of claim:

- your GHIP* coverage has lapsed; and/or
- you* did not have *GHIP* authorization to cover *your trip* days exceeding the days *your government health insurance plan* covers outside *your* province or territory of residence.

OTHER COVERAGE DETAILS

Maximum Trip Duration	• 365 days including extension with <i>GHIP</i> approval
Medical Questionnaire	• Required • A new medical questionnaire may be required for extensions
Deductible Options	• \$0, \$300, \$500, \$1,000, \$3,000, \$5,000, \$10,000, \$25,000 or \$50,000 • Applies per insured and per <i>trip</i>

* Maximum *trip* days may not exceed the period for which *your GHIP* covers *you* or 365 days.

Coverage Starts	The latest of: • <i>your</i> date of departure; or • the date <i>you</i> leave <i>your</i> departure point as defined in the <i>policy</i>.
Coverage Ends	The earliest of: • <i>your</i> date of return as shown on <i>your</i> Declaration Page; or • the date <i>you</i> return to <i>your</i> departure point as defined in the <i>policy</i>.

- Coverage will be extended automatically without additional premium if *your* return is delayed beyond the date of return as shown on *your* Declaration Page under certain conditions, for certain situations beyond *your* reasonable control. *You* must notify CAA Assistance of the delay prior to the date of return.
- Coverage can be voluntarily extended provided that *you* apply prior to the date of return as shown on *your* Declaration Page, *we* approve the extension, a supplemental premium is paid and that all required conditions are met.

Exclusions, Limitations and Conditions

The following are some of the main exclusions of the *contract*. Please consult the policy for a full list of all the exclusions and limitations which could impact *your* coverage.

Emergency Medical Insurance Exclusions

There will be no coverage **and no payment will be made** for any claim resulting from:

1. A pre-existing medical condition that *you* did not disclose to *us* when *you* applied for this insurance or a change in *your* health status/medication *you* did not report to *us* before *your trip*;
2. If *you* are pregnant and have any complications from pregnancy or delivery;
3. *Your* participation in certain sports and high risk leisure activities;
4. The abuse of alcohol, drugs or intoxicants;
5. Suicide or self-inflicted injury;
6. *Your* negligence or involvement in the commission of a criminal act;
7. Travelling specifically to receive *medical treatment*;
8. Travelling when *medical treatment* has been planned or could be expected during the *trip*;
9. *Your* status as patient in a chronic care or convalescent home, a nursing home or for rehabilitation services;
10. *Medical treatment* received outside *your* province of permanent residence which *you* could have obtained in *your* province except for necessary emergency *medical treatment* due to an accident or sudden illness;
11. Non-emergent, experimental or elective *medical treatment*;
12. Certain products, even when prescribed, such as dietary or food supplements, over-the-counter medication, processed food for infants or medication not approved in Canada;
13. Certain surgery and diagnostic testing, such as cardiac catheterization, angioplasty and/or cardiovascular surgery if they are not approved in advance by CAA Assistance (except as a medical emergency) or magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies;
14. Continuing/recurrent care or *medical treatment* after the initial medical emergency has ended;
15. Medical services rendered in *your* province of residence or related to a change in *your* health while on a *trip* break;
16. Travelling against the medical advice of a physician;
17. *Your* medical condition is the result of *you* not following *your* prescribed *medical treatment*;
18. Expenses for which *you* are charged solely because *you* are insured;
19. Travelling to a destination where the Canadian government has issued an advisory to avoid all travel or non-essential travel (*you* can view the travel advisories on the Government of Canada travel website). This exclusion does not apply to claims for an emergency or a medical condition unrelated to the travel advisory;
20. Professional or other services rendered by a family member.

Please refer to the *policy* for the complete list of exclusions.

Exclusions, Limitations and Conditions

OTHER IMPORTANT CONDITIONS

1. Must be issued in Canada and purchased prior to the date of departure or effective date.
2. If *you* are applying for an extension prior to the date of return of *your contract*, a new medical questionnaire may be required.
3. *You* cannot receive more than 100% of *your* actual expenses by claiming from *us*. If *we* pay *your* health care provider or reimburse *you* for covered expenses, *we* will seek reimbursement from *your government health insurance plan* and from any other medical reimbursement plan under which *you* may have coverage.
4. If *you* undergo tests as part of a medical investigation, obtain treatment or surgery (including invasive testing) that is not pre-approved by CAA Assistance, *your* claim will not be paid except in extreme circumstances where it would delay surgery required to resolve a life-threatening crisis.
5. If *we* determine that *you* should transfer to another facility or return to *your* home province and *you* refuse, no further *medical treatment* will be paid.
6. *We* are not responsible for the availability, quality or results of *medical treatments* or transportation.
7. If CAA Assistance determines that *your* emergency has ended, *we* will not cover the continued treatment, recurrence or complication after the emergency.

Refer to the policy for a complete list of conditions.

How to File a Claim

STEP 1: NOTIFYING CAA ASSISTANCE OF A CLAIM

You must contact CAA Assistance at 1-866-580-2999 in Canada & mainland U.S., or from elsewhere at 1-519-251-5179 prior to obtaining emergency *medical treatment* so that *we* may:

- confirm coverage; and
- provide pre-approval of *medical treatment*.

CAA Assistance will pay hospitals, physicians and other medical providers directly, whenever possible. Where direct payment cannot be arranged, *we* will reimburse eligible expenses.

Some benefits are reimbursable on *your* return. Check the Benefits and Services Offered section in the policy to see if this applies.

WARNING: *You* must contact CAA Assistance before obtaining emergency *medical treatment*. If it is medically impossible for *you* to contact them prior to obtaining the *medical treatment*, contact them as soon as possible or have someone contact them on *your* behalf. **If *you* fail to contact CAA Assistance before *you* obtain *medical treatment*, *your* maximum benefit will be reduced to 80% of expenses up to a maximum of \$25,000.**

Also keep in mind that certain treatments, such as magnetic resonance imaging (MRI), CAT scans, sonograms, ultrasounds, cardiac catheterization, angioplasties, and cardiovascular surgery will not be covered unless pre-approved by CAA Assistance.

How to File a Claim

STEP 2: SUBMITTING *YOUR* CLAIM

Submit, **within 90 days**, a claim form and all required documents (invoices, receipts and other back-up documentation) described in the applicable insurance coverage(s) in the policy (see section – How to File a Claim):

Online Claim Submission

To avoid mail delays, submit *your* claim online at **orion.xodus.ca** and follow the instructions.

Mail Claim Submission

You may also submit *your* claim by mail, sending *your* claim form completed and all requested documents at:

CAA Quebec Travel Insurance
Xodus Travel Services Inc.
PO Box 36, Station A
WINDSOR, ON
N9A 6J5

Phone numbers to reach us:

From Canada & Mainland US: **1-866-580-2999**
From Elsewhere: **1-519-251-5179**

STEP 3: REIMBURSEMENT

All money payable under this *contract* shall be paid by *us* within **60 days** after *we* have received proof of claim and all required documentation.

The Cost of This Insurance Product

Premiums for the Emergency Medical Insurance (Individual Medical Underwriting Plan) are personalized and are determined based on:

- *your* age upon purchase;
- the exact number of days of *your trip*;
- pre-existing medical condition;
- the applicable rebates, if any;
- the deductible chosen.

Premiums are subject to change before purchase without notice.

Your Right To Cancel

You may cancel a *contract* within **10 days of purchase** if *you* have not departed on *your trip* and there is no claim in progress.

By calling CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world), in person at any CAA-Quebec Travel centre (a list of locations is available online at <https://www.caaquebec.com/en/contact-us/> under Find a Service Outlet click on “Travel Centres”) or by mailing the Notice of Recession found in Schedule I.

Refunds

Premium refunds may be available provided no claim has been paid, incurred or reported under this *contract*.

Full refunds:

- Eligible if requested and approved prior to the original departure or effective date of the *trip*.

Partial refund of unused days:

- Must be requested and approved by *us* prior to the expiry date of the *trip*. Proof of early return (for example, customs or immigration stamp, gas receipts) is required. Any refund is calculated from the postmarked date of written request, the actual date *you* visited or called CAA Quebec Travel Centre to request the refund, or the date shown on *your* proof of early return, whichever occurs first.

Filing a Complaint

Our Customer Complaints office is in place to ensure the decision is fair, equitable and developed within company standards.

The *Insurer* is also a member of the General Insurance Ombudservice, an independent dispute resolution service. Customers are encouraged to first attempt to resolve their complaint directly with the *Insurer* before accessing the General Insurance Ombudservice.

You may contact *our* Customer Complaints Office by phone, fax, email or by regular post:

Attention: Customer Complaints Office
Orion Travel Insurance
PO Box 8075 STN Industrial Park
Markham, Ontario L3R 0K4
Phone: 905-747-4900
Toll Free: 1-855-674-6684
Email: orioninfo@OrionTi.ca

More information on the Dispute Resolution process is available at www.oriontravelinsurance.ca.

SCHEDULE I

Notice of Cancellation of an Insurance Contract

NOTICE GIVEN BY DISTRIBUTOR

Article 440 of the Act respecting the distribution of financial products and services.

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS

- The Act enables you to cancel the insurance contract you just signed at the same time as another contract, **without penalties, within 10 days of its signature**. To do so, you must send the insurer a notice by registered mail within this delay. You may use the enclosed model to that effect.
- Despite the cancellation of the insurance contract, the first contract entered into retains all its effects. Be careful, it is possible that you may incur the loss of favourable conditions extended upon signing this contract; please enquire from your distributor or consult your contract.
- After the expiry of the **10-day** delay, you have the option of cancelling your insurance at any time, but penalties may apply.

For further information, please contact the Autorité des marchés financiers at: (418) 525-0337 or 1-877-525-0337.

- Section 441 does not apply where the principal contract is for a period of 10 days or less and where it became effective at the time of the request for cancellation of the Trip Cancellation & Interruption Insurance.
- Section 441 does not apply where the Trip Cancellation is purchased within 11 days prior to the Trip.

NOTICE OF RECISSION OF AN INSURANCE CONTRACT

To: Echelon Insurance
Attn.: Orion Travel Insurance
PO Box 8075 STN Industrial Park
Markham, Ontario L3R 0K4

Date: _____
(Date of sending of this Notice)

Under Article 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract no. _____
(Number of contract, if indicated)

entered into on: _____
(Date of signature of contract)

at: _____
(Place of signature of contract)

(Name of client)

(Signature of client)

The distributor must fill in this section beforehand.

This notice must be sent by registered mail.

Notes

The purpose of this fact sheet is to inform you of your rights.
It does not relieve the insurer or the distributor of their obligations to you.

LET'S TALK INSURANCE!

Name of distributor: Agence de voyages de l'automobile et Touring club du Québec inc

Name of insurer: Echelon Insurance

Name of insurance product: Individual Medical Underwriting Plan



IT'S YOUR CHOICE

You are never required to purchase insurance:

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.



RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

The *Autorité des marchés financiers* can provide you with unbiased, objective information.

Visit www.lautorite.qc.ca or call the AMF at 1-877-525-0337.

Reserved for use by the insurer:

This fact sheet cannot be modified



Questions about your contract?

1-833-861-0112 – Canada & United States

+1-514-861-0112 – Elsewhere in the world, call collect

caaquebec.com

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