Missionary Medical Benefits

WORLDWIDE PROTECTION FOR MISSIONARIES, NON-PROFITS, VOLUNTEERS, & NGOS



MISSIONARY MEDICAL BENEFITS SUMMARY

Eligibility	Employees under age 70 working in Canada on behalf of the Policyholder (and their eligible Dependents), who are on file with the Policyholder.
On Call Emergency Assistance	24 Hour Worldwide Assistance services are provided by On Call International. In the event of an emergency, immediately call: Toll Free (North America): 1-855-464-8968 Call collect from elsewhere in the world: +1 603-328-1355
Pre-Certification Requirements	On Call International must be contacted for all Air Ambulance Services . All hospital and surgical expenses must be pre-certified by On Call International. Family members, friends and Hospital or Physician's office staff may call on your behalf.
Insurer	Certain Underwriters at Lloyd's London through Sutton Special Risk Inc.

MAJOR MEDICAL INSURANCE

SINGLE, COUPLE, OR FAMILY COVERAGE

Benefit Percentage	100%
Deductible	Nil
Maximum	\$1,000,000 lifetime per Insured Person
Covered Expenses	Semi-private room and board and other necessary Hospital services and supplies
	Outpatient Hospital services
	 Physician services for medical treatment or surgical procedures
	Anaesthesia and its administration
	 diagnostic X-rays and radioactive therapies
	Blood Transfusions and blood plasma
	oxygen and the administration thereof
	 Prosthetic appliances, dressings applied by medical personnel, mechanical aids to breathing and similar medical supplies made necessary by disability commencing while covered by this insurance
	 Professional nursing services rendered by a Nurse (maximum \$10,000 per coverage year)
	 Local ambulance to and from Hospital where medically necessary
	• One (1) physical examination per coverage year up to a maximum of \$350 per coverage year
	• For Dependent Children, drugs and medicines, which require a written prescription and are so prescribed, when not administered during a period of Hospital Confinement, up to a maximum of \$1,500 per coverage year.
	Allergy treatments
	 Immunizations normally paid for by a Canadian Provincial Government Health Plan
	Diabetic supplies (insulin, syringes and glucose strips)
	 Physiotherapist or speech therapist up to a maximum of \$2,500 per coverage year
	• Licensed psychologist, chiropodist, podiatrist, chiropractor, naturopath, osteopath, acupuncturist or massage therapist to a maximum of \$500 per coverage year per type of service
	 Replacement of prescription glasses or hearing aids required as a result of damage caused by a direct accidental blow occurring while the person is insured
	 Dental services necessitated by an accidental blow to the mouth (treatment incurred within 90 days, to a maximum \$15,000 per accident)
	• Eye exams for Dependent Children, up to a maximum of \$125 per Dependent Child per coverage year



MEDICAL BENEFITS SUMMARY CONTINUED

Pregnancy and Delivery Benefits	• Pregnancy and Delivery benefits to a maximum of \$10,000 per Pregnancy. The Pregnancy and Delivery benefit covers Medically Necessary expenses incurred in respect of childbirth. Eligible expenses include delivery costs, pre-natal and post-natal treatment of the mother, Hospitalization and Physicians services.
	 Midwifery services are deemed to be a covered expense when used in place of or in addition to a Physician
	 Where Caesarean Section is Medically Necessary, the maximum is increased to \$15,000 per Pregnancy
	• Elective Caesarean Section or Caesarean Section deemed necessary as a result of a previous elective Caesarean Section is limited to a \$10,000 maximum per Pregnancy and Delivery
	 Other Complications of Pregnancy are insured in accordance with the Policy limitations, to an overall maximum of \$50,000
	• When Pregnancy and Delivery benefits are a covered expense, the newborn child is automatically covered
	Pregnancy Benefit Limitation (Outside Canada)
	This policy provides Emergency Pregnancy coverage only outside Canada (miscarriage, pre-mature delivery and abortion) subject to the maximums specified above for Pregnancy and Delivery Benefits. However, coverage does not include any travel outside Canada in the 8 weeks prior to the Insured Person's expected delivery date.
Well-Baby Care	 Well-baby Care (including the outlined Immunizations) to a maximum \$2,000 or 24 months of age, whichever is reached first. Eligible Well-baby immunizations are as follows: Diphtheria-Tetanus- Pertussis (DTaP), Inactivated Polio Vaccine (IPV), Haemophilus Influenzae Type B (Hib), Mumps- Measles-Rubella (MMR), Hepatitis B
Additional Covered	Air Ambulance, Transportation & Repatriation Expenses
Expenses	The following benefits are payable subject to an overall combined maximum of \$300,000:
	a) Necessary transportation expenses for the Insured Person to the nearest hospital, or to a hospital in their country of normal residence if deemed essential by the attending Physician or Surgeon. All airline flights will be paid at economy fare, unless executive class is deemed medically necessary by the attending Physician.
	b) Roundtrip transportation for an accompanying qualified medical attendant to hospital and back.
	c) Roundtrip economy transportation for one accompanying family member and/or any minor dependents, who actually reside with the Insured Person in the country of employment or assignment, to the hospital and back, or in the case of minor dependents to the nearest available alternative caregiver.
	d) Roundtrip economy transportation costs for one family member not residing with the Insured Person between their country of residence and the country of employment, where the Insured Person has died or is certified by their attending Physician or Surgeon to be in critical condition.
	e) In the event of the death of the Insured Person, the expenses of preparation and transport home of the body, including costs of embalming and a coffin.



MEDICAL BENEFITS SUMMARY CONTINUED

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Expenses Not Covered	The following types of expenses are not insured under this policy:
Covered	• expenses for which an Insured Person is eligible for reimbursement under a Canadian Provincial or Federal Government Health Plan or expenses paid for or furnished under the terms of any other health plan;
	 services provided by a public or tax supported Agency or Department of any Government which are normally provided free of charge;
	 services and supplies which are deemed by the Insurer to be experimental;
	 routine health check-ups or dental care except as specifically stated above;
	 hospital charges for non-medical services, such as radio or telephone;
	 cosmetic surgery unless required for an injury suffered while insured under this policy;
	 drugs and medicines, whether prescribed or not (unless administered during a period of Hospital Confinement), except for drugs and medicines for Dependent Children as specifically stated above;
	• expenses for services provided by a member of the Insured Person's immediate family or by a person customarily residing with the Insured Person;
	Well-Baby Care except as provided for in this Benefits Summary;
	• expenses incurred in the Insured Person's Country of Residence except as provided in in the policy under Extension of Benefits;
	• expenses incurred by an Insured Person who is travelling outside their Country of Residence or Country of Assignment, with intent or incidentally, to seek medical advice or treatment, even if the trip is made on the recommendation of a Physician, unless approved in advance by the Insurer;
	• any fertility/infertility services, tests, treatment and or procedures of any kind, including but not limited to fertility/infertility drugs, artificial insemination, in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), surrogate mother and all other procedures and services related to fertility and infertility.
	• contraceptive devices, elective circumcision and/or elective sterilization; assisted reproduction, orthotics and orthopaedic shoes; or
	• products, treatments and consultations for smoking cessation, weight management or sexual dysfunction.
Injuries and	The following kinds of injury or sickness are not insured under this policy:
Sicknesses Not Covered	• suicide or any attempt thereat, self inflicted Injury or wilful self exposure to needless peril other than in an
Covered	attempt to save a human life;
	 chronic Alcoholism or drug Addiction and all its related treatments, conditions, diseases and/or complications; Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), Aids Related Complex (ARC) and all related conditions;
	 Pregnancy (including childbirth, miscarriage or Therapeutic Abortion) and all its related treatments, conditions, diseases and/or complications, unless specifically shown as covered in this Benefits Summary; Injury or Sickness as a result of declared or undeclared War or any act thereof or invasion;
	• Injury or Sickness as a result of actively participating in Acts of Terrorism, civil commotions or riots of any kind;
	• Injury or Sickness as a result of training, serving, or taking part in any capacity in the armed forces (land, sea
	or air) or their operations, of any country or international authority; or • Injury or Sickness as a result of Acts of Terrorism which involve the use or release or the threat thereof of any
	nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s).
Coverage Limitations Outside Canada	With respect to Major Medical benefits, coverage outside Canada is limited to a maximum of 90 days per trip and is limited to Emergency Treatment only.
	Emergency means any sudden, unforeseen or unexpected Sickness or Injury that occurs during the period of insurance coverage and makes it necessary to receive immediate medical treatment.
Additional Limitations and/or Exclusions	Additional limitations and/or exclusions that apply to coverage are outlined under the Coverage Limitations Outside Canada section and the benefit description above.
Repatriation	If the Insured Person has a serious or terminal illness or condition for which extended or ongoing treatment may be required and such treatment can be provided in their Country of Residence or Home Country at less cost to the Insurer, the Insured Person may be repatriated to their Country of Residence or Home Country.
Claim Procedures	Written notice must be given to Insurer within 30 days and written proof must be submitted within 90 days of the date a claim arises.

