

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
- **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 Flyer 161216

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 (subject to waiting period).
- Your spouse and/or child(ren) must also meet all of the above criteria to be eligible for coverage.



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

When it comes to an emergency, time is a critical factor. **CanAssistance's** toll free number is the solution. Each caller is connected with a courteous and professional case coording questions and assist in obtaining medica **CanAssistance** 365 days/year.

- Benefit information
- Urgent Message relay
- Claims information
- Personalized service
- Fewer forms to fill out
- Medical assistance
- Interpretation service
- Direct billing instructions
- Fast payment of claims
- Quick answers to questions

enVia Visitors Program - DAILY RATE TABLE										
		Enhanc	ed Plan		Premium Plan					
Ages	\$25,000	\$50,000	\$100,000	\$150,000	\$100,000	\$150,000	\$300,000			
0 to 25	\$1.53	\$1.82	\$2.36	\$3.14	\$3.78	\$4.76	\$5.86			
26 to 35	\$1.75	\$2.07	\$2.69	\$3.58	\$4.31	\$5.43	\$6.68			
36 to 40	\$1.75	\$2.07	\$2.69	\$3.58	\$4.31	\$5.43	\$6.68			
41 to 54	\$2.18	\$2.59	\$3.36	\$4.47	\$5.38	\$6.78	\$8.34			
55 to 59	\$2.18	\$2.59	\$3.36	\$4.47	\$5.38	\$6.78	\$8.34			
60 to 64	\$2.61	\$3.09	\$4.01	\$4.47	\$6.42	\$6.78	\$9.95			
65 to 69	\$3.34	\$3.96	\$5.14	\$6.84	\$8.22	\$10.36	\$12.74			
70 to 74	\$4.61	\$5.46	\$7.09	\$9.43	N/A	N/A	N/A			
75 to 79	\$5.73	\$6.78	\$8.81	\$11.72	N/A	N/A	N/A			
80 to 84	\$9.36	\$11.09	\$14.40	\$19.15	N/A	N/A	N/A			
85 to 89	\$12.92	\$15.30	\$19.87	\$26.43	N/A	N/A	N/A			
		Enhanced Pl	an Fine Print	Premium Plan Fine Print						
Ages		Pre-existing Co	nditions Clause	Pre-existing Conditions Clause						
0 to 70		90 Days	Stability	90 Days Stability, \$500 deductible						

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.

Get covered today! For additional information, please contact:

enVia Benefits Program 30 Kelfield Street 1-877-755-9670 toll-free info@envia.ca | www.envia.ca





enVia Visitors To Canada Emergency Medical Insurance Application Form

Section 1: General	Information											
APPLICANT LAST NAME	FIRST NAME			MARITAL STATUS								
				MARRIED SINGLE COMMON-LAW OTHER								
DATE OF BIRTH (DD/MM/YYYY)	E FEMALE	LANGUAGE ENGLISH FR		INTRY OF ORIG	IN							
ADDRESS IN CANADA		CITY	'	PROVINCE			POSTAL CODE					
TELEPHONE		EMAIL ADDRESS	S									
CONTACT PERSON IN CANADA - LAS	T NAME		FIRST NAME YOUR EMPLOYMENT STATUS									
ADDRESS			CITY		PROVINCE			PART-TIME TEMP CONTRACTOR POSTAL CODE				
TELEPHONE	EMAIL ADDRESS											
TELEPHONE												
Section 2: Dependent Information (if applicable and applying for "Family Coverage")												
Last Nam	e	First Name & Initial Sex (I			M/F) Birthdate (DD/MM/YYYY)			Child Aged 21-25 (or 25+ if Disabled)				
Spouse:												
Child:							C	STUDENT DISABLED				
Child:							C	STUDENT ODISABLED				
Child:							C	STUDENT ODISABLED				
Child:								STUDENT OISABLED				
If a Child is over age 21, st	tate if a Student or Disal	oled. Students on	lly covered up to age 25	and must p	provide proc	of of attendance	e at school (ie	. a copy of their st	udent 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												
Application Type (New Policy (Additional										
Visit Details Departure date from country of origin (DD/MM/YYYY) APPLICATION DATE (DD/MM/YYYY) EFFECTIVE DATE (DD/MM/YYYY) NUMBER OF DAYS EXPIRY DATE (DD/MM							E (DD/MM/YYYY)					
Plan Selection	Enhanced Plan:	○ \$25,	000 🔾 \$50,00	0 0	\$100,000	\$150	0.000					
	OR											
) Premium Plan:	() \$100	0,000 (\$150,0	00 🔾	\$300,000							
Daily Rate Lookup (Se	elect the rate for your o	thosen Plan, Cov	verage Level and Age (Group. If ap	oplying for F	amily Covera	ge, select the	rate of the ELDE	ST applicant)			
		enVia '	Visitors Program - I	DAILY RA	TE TABLE							
		Enhance	CONTRACTOR				Premium P	and the same of th				
Ages	\$25,000	\$50,000		\$150,000		.00,000	\$150,000					
0 - 25	\$1.53	\$1.82	\$2.36	\$3.14		\$3.78	\$4.76	\$5.8				
26 -35	\$1.75	\$2.07 \$2.07	\$2.69	\$3.58		\$4.31	\$5.43	\$6.6				
			\$2.69	\$3.58		\$4.31	\$5.43	\$6.6				
	41 - 54 \$2.18		\$3.36	\$4.47		\$5.38 \$6.		\$8.3				
	55 - 59 \$2.18		\$3.36	\$4.47		\$5.38 \$6.		\$8.3				
60 - 64	60 - 64 \$2.61		\$4.01	\$4.47		\$6.42 \$6.		\$9.9	05			
65 - 69			\$5.14	\$6.84		\$8.22 \$10						
70 - 74			\$7.09 \$9.43			N/A N,		N/A				
			\$8.81	\$11.72			N/A					
80 - 84 \$9.36 \$11.09			\$14.40	\$19.15		N/A	N/A					
85 - 89	\$12.92	\$15.30	\$19.87	\$26.43		N/A	N/A	N/A	4			
Rate Calculation: *	Note: Family Rates are	2 times the Sin	gle Daily Rate of the e	ldest appli	cant.							
Age of Eldest Applicant _	Numb	er of Days:	X Daily F	Rate* \$		= Total Premium Due \$						

Sec	tion 4: Premium P	Payment											
Total	Premium Due \$	(<i>P</i>	.)										
Metho	d of Payment:		O VISA	O MAST	ERCARD								
Name a	as it appears on card:												
Credit	Card Number:								Expiry Da	te:	/		
Sec	tion 5: Waiting Pe	eriod, Eligil	oility, Dec	claratior	n & Au	thoriz	ation						
I und med this a	derstand that this er ical conditions may l application is correct erstand the Waiting P	mergency mobel excluded and that cov	edical insu as set out erage unde	rance is s in the Exc er this pol	subject clusion:	to limit s of the	ations a policy. I	furthe	r certify tl	hat the	inform	ation	given in
Age	70 or under:												
1. \	urchase my policy: within 30 days of my a. I understand tha contracted or trea	nt this covera	ge exclud	-				ess or s	symptoms	s which	manife	ested	or were
To be	e eligible for coverag	e you must:											
	Be a visitor to Canada, government health ins	•	a valid wo	rk or stude	ent visa,	, a Canad	dian resid	lent or a	an immigra	ant not	eligible	for a	
■ E	Be at least 15 days of a	ige and less th	an 70 years	s of age;									
■ 1	Not be travelling agair	nst the advice	of a physici	ian and/or	have b	een diag	nosed w	ith a te	rminal illne	ess;			
I	Not be experiencing n	ew or undiag	nosed symp	otoms.									
	Not require assistance												
	Coverage may be purc	·	•				•						
	our spouse and/or ch	ild(ren) must	also meet a	ıll of the ak	bove cri	teria to l	oe eligibl	e for co	verage.				
PRE	-EXISTING CONDI	ITIONS EXC	LUSION:										
	policy does not cove not stable in the 90 d				hole or	in part	due to ar	ny sick	ness, injui	ry or mo	edical c	ondit	tion that
X	ature of Plan Member (in full)										Date	a (DD/M	MM/YYYY)

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

enVia Benefits Program 30 Kelfield Street Toronto, ON M9W 5A2 Toll-free: 1-877-755-9670 Fax: 705-721-0352

E-mail: info@envia.ca