

Eligible for:	<b>Super Visa, Visitors, New Immigrants, Foreign Workers, Returning Canadians</b> <b>Coverage with pre-existing conditions</b>				
	Destination	GMS	Travelance Premier	Manulife Plan B	21 Century Enhanced
Monthly Pay Option	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (if purchased for 6 months and up)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (if purchased for 1 or 2 years)
Maximum Period	12 Months	12 Months	18 Months	12 Months	24 Months
Deductible Type	Per Claim	Per Claim	Per Claim	Per Claim	Per Policy
Age Limit	79	80	79	85	85
Maximum insurance amount	\$300,000	\$150,000	\$150,000	\$150,000	\$200,000
Stable Pre-existing Medical Condition Coverage	<input checked="" type="checkbox"/> <u>Stable medical condition means:</u> a) there has not been any new treatment prescribed or recommended, or change(s) to existing treatment (including a stoppage in treatment); and b) there has not been any change in medication, or any recommendation or starting of a new prescription drug, and c) the medical condition has not become worse, and d) there has not been any new, more frequent or more severe signs or symptoms, and e) there has been no hospitalization or referral to a specialist, and f) there have not been any tests, investigation or treatment recommended, but not yet complete, nor any outstanding test results, and g) there is no planned or pending treatment.	<input checked="" type="checkbox"/> <u>Stable means:</u> a) you have no reason to expect medical treatment after your effective date for the medical condition or any symptoms; b) you have not received new or different medical treatment for the medical condition; c) you have not had an alteration to an existing prescription drug or were prescribed a new prescription drug for the medical condition; d) your medical condition has not become worse; e) you have not experienced new, more frequent or more severe symptoms; f) you have not had or needed medical consultation for undiagnosed symptoms; g) you have not needed in-hospital care, a referral to a specialist, or a follow-up visit; and h) you have not had tests or further investigation, whether you know the results or not, related to the medical condition.	<input checked="" type="checkbox"/> <u>Stable means:</u> a) there has not been any new Treatment prescribed or recommended, or change(s) to existing Treatment (including a stoppage in Treatment); and b) there has not been any change to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new prescription drug. If You require a routine adjustment to the dosage of Your prescription for Coumadin, Warfarin or Insulin (unless it is newly prescribed or stopped) to ensure correct blood levels are maintained, such a change is not considered an alteration in medication provided the condition remains unchanged; and c) the Medical Condition has not become worse; and d) there has not been any new, more frequent or more severe symptoms; and e) there has been no hospitalization or referral to a specialist; and f) there have not been any tests, investigation or Treatment recommended, but not yet complete, nor any outstanding test results; and g) there is no planned or pending Treatment.	<input checked="" type="checkbox"/> <u>Stable medical condition means:</u> a) there have not been any new symptoms; and b) existing symptoms have not become more frequent or severe; and c) a physician has not found that the medical condition has become worse; and d) no test findings have shown that the medical condition may be getting worse; and e) a physician has not provided, prescribed, or recommended any new medication, or any change in medication; and f) a physician has not provided, prescribed, or recommended any investigative testing, new treatment, or any change in treatment; and g) there has been no hospitalization or referral to a specialist or specialty clinic; and h) a physician has not advised referral to a specialty clinic or a specialist for further testing, and there has been no testing for which the results have not yet been received.	<input checked="" type="checkbox"/> <u>Stable Chronic Condition means</u> a pre-existing medical condition for which, in the 180 days prior to your effective date of insurance: a) there have been no new symptoms or change in symptoms; and b) existing symptoms have not become more frequent or severe; and c) physician has not found that the medical condition has become worse; and d) no test findings have shown that the medical condition may be getting worse; and e) a physician has not provided, prescribed, or recommended any new medication, or any change in medication; and f) a physician has not provided, prescribed, or recommended any investigative testing, new treatment, or any change in treatment; and g) there has been no hospitalization or referral to a specialist or specialty clinic; and h) physician has not advised referral to a specialist or further testing, and there has been no testing for which results have not yet been received.
Prescription Medications	Up to \$1,000/30-day supply	Up to Sum Insured/30-day supply	Up to \$10,000/30-day supply	Up to Sum Insured	Up to \$500/30-day supply
Follow Up Treatment	Unlimited follow ups, up to \$3,000	Up to Sum Insured	Up to 3 Visits, up to \$3,000	Up to Sum Insured	Up to Sum Insured

Land and Air Ambulance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Accidental Dental Treatment	Up to \$3,000	Up to \$2,000	Up to \$4,000	Up to \$4,000	Up to \$4,000
Dental Pain Relief (acute pain)	Up to \$500	Up to \$250	Up to \$500	Up to \$300	Up to \$300
Return of Deceased Body / Remains	Up to \$10,000	Up to \$10,000	Up to \$16,000	Up to \$3,000	Up to \$7,500 (Combined)*
Cremation / Burial	Up to \$4,000	Up to \$4,000	Up to \$6,000	Up to \$3,000 for Cremation / Up to \$6,000 for Burial	Up to \$7,500 Burial or cremation (Combined)*
Accidental Death	Up to Sum Insured (not exceeding \$150,000)	<input checked="" type="checkbox"/>	Up to Sum Insured (not exceeding \$100,000)	Up to Sum Insured (not exceeding \$50,000)	Up to Sum Insured (not exceeding \$25,000)
Emergency Return Home / Repatriation	Up to \$3,000 for Airfare / Air Ambulance	Up to \$5,000 for Airfare / Air Ambulance	Up to \$10,000 Airfare / Air Ambulance	Airfare / Air Ambulance	Airfare / Air Ambulance
Side-Trips to another country	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Travel Coverage to and from Canada	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Free physical annual exam	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy Complications Coverage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Up to the 31st Week of Pregnancy Only	<input checked="" type="checkbox"/>
Baby Delivery Coverage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pre-natal Coverage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

This table is for informational purposes only. For accurate and up-to-date information, see Policy wording or contact us at (403)690-8622 or (587)707-3240, [contact@artemfinancial.ca](mailto:contact@artemfinancial.ca)  
[www.touristinsurance.ca](http://www.touristinsurance.ca)