

# Visitors to Canada

## Schedule of Benefits



**TRAVELANCE**  
YOUR PEACE OF MIND, OUR PROMISE

	Essential Plan	Premier Plan
Maximum Duration	558 Days (18 Months)	558 Days (18 Months)
Emergency Medical	\$25,000, \$50,000, \$100,000, or \$150,000 (depends on plan limit chosen)	\$25,000, \$50,000, \$100,000, or \$150,000 (depends on plan limit chosen)
Hospitalization	✓ (Semi-Private)	✓ (Semi-Private)
Services of a Physician, Surgeon, or In-hospital Nurse	✓	✓
Ambulance	✓	✓
Diagnostics, Laboratory & X-ray Testing	✓	✓
Therapeutic Equipment, Rental & Purchase	✓	✓
Prescription Medication	30 Days, up to \$1,000	30 Days, up to \$10,000
Emergency Return Home	✓	✓
Emergency Dental	Injury \$2,000   Non-injury Pain \$300	Injury \$4,000   Non-injury Pain \$500
Repatriation of Remains	\$10,000	\$16,000
Cremation/Burial at Destination	\$4,000	\$6,000
Identification of Remains	Round-trip Air + \$450 Expenses	Round-trip Air + \$450 Expenses
Follow-Up Visits	1 Visit, up to \$1,000	3 Visits, up to \$3,000
Emergency Paramedical Services	-	\$500/Category
Visit to Bedside	-	Airfare \$3,000 + \$1,000 Expenses
Accommodation & Meals	-	\$150/Day, up to \$1,500
Return/Escort of Dependents	-	\$3,000
Incidental Expenses	-	Up to \$250
Return of Baggage & Personal Effects	-	\$500
Accidental Death & Dismemberment	-	Up to the plan limit chosen, to a maximum of \$100,000
Medical Assistance	✓	✓
Side Trips	✓	✓
Waived Deductible	First \$250 of deductible waived when hospitalized for 72 consecutive hours	First \$1,000 of deductible waived when hospitalized for 72 consecutive hours
Family Rate	2 Times Eldest Travelers Rate	2 Times Eldest Travelers Rate
Base Deductible	\$0	\$0
Deductible Options	\$250 (-10%), \$500 (-15%), \$1,000 (-20%), \$5,000 (-30%), \$10,000 (-45%)	\$250 (-10%), \$500 (-15%), \$1,000 (-20%), \$5,000 (-30%), \$10,000 (-45%)

The above is a brief summary of coverage. Please refer to the policy for complete details.