
Summary of Benefits

Travel Benefit

Deductible	None
Reimbursement Level	100%
Coverage Duration	First 180 days of Trip outside province of Residence
Stability Requirement	Participant must be Stabilized in the 6 months before the departure date
Applicable to Retiree Classes	
	Benefit Maximum
Emergency Hospital and Medical Travel Coverage	\$2,000,000/Participant/Incident*
Worldwide Travel Assistance	Yes
Referral Outside of Canada**	\$500,000/Participant/lifetime
Termination	
Survivor Coverage	

*Incident: An individual occurrence of Emergency Accident, Injury, Sickness or Disease.

**Pre-authorization required.

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Purpose of Coverage

Blue Cross will pay the Eligible Expenses described in this benefit, subject to the conditions outlined below.

Additional Definitions

The following definitions apply to this benefit, in addition to those found under the *Key Terms* provision of this booklet.

Accident: An unexpected, unforeseen event or mishap that occurs without intent or design.

Accommodation: Lodging located near the Hospital where the Participant is confined.

Airfare: The regular economy-class fare on a scheduled regular flight operated by an air carrier certified by Transport Canada or an equivalent governmental authority in its country.

Disease: Any unhealthy condition of the body, or of any part of the body, that occurs while coverage is in force for Participant and in respect of which expenses are incurred during a Trip outside their province of Residence.

Emergency: Unexpected and not preplanned.

Fare: The standard fare charged for:

- an economy-class seat on a scheduled domestic or international flight;
- a coach seat on a passenger train;
- a regular seat on a passenger bus; or
- an economy-class seat on a boat;

provided that each carrier holds an operating certificate issued by Transport Canada or an equivalent governmental authority in its country of certification.

Hospital: A licensed institution that provides continuous medical and nursing care, with at least 1 physician on duty at all times and 24-hour nursing services by registered Nurses. Immediate Family Members may serve as Physicians or Nurses for this definition. The institution must offer diagnostic and surgical facilities and operate as an active treatment hospital.

Coverage excludes any facility used primarily as a clinic, rest home, nursing home, or convalescent facility or similar institution unless specifically authorized by Blue Cross.

Immediate Family Member: Anyone age 18 and older who is the Participant's child, parent, child, brother, sister, in-law (including son, daughter, father, mother, brother or sister-in-law) including natural, adopted or step relationships, as well as the Participant's spouse, grandson, granddaughter, grandfather or grandmother.

Injury: A bodily injury resulting from an Accident that occurs while the Participant is covered under this plan. The injury must be the direct and sole cause of a loss eligible under the plan, and must be sustained during a Trip outside the Participant's province of Residence, with related expenses incurred during that Trip. Injury does not include any form of Sickness or Disease unless directly caused by an Accident.

Motorized Vehicle: A passenger car, station wagon, van, jeep-type vehicle, truck, ambulance, or any motorized vehicle used by police forces at the municipal, provincial or federal police level.

Nurse: A registered nurse (R.N.) or licensed practical nurse who is authorized to practice by the appropriate government licensing body. A Nurse cannot be the Participant or an Immediate Family Member.

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Physician: A licensed medical doctor, other than the Participant or an Immediate Family Member who is authorized to practice by the appropriate medical licensing body or government authority in the location where treatment is rendered.

Province: Interpreted to mean “territory” when the Participant’s Residence is located in a Canadian territory or receives treatment within a Canadian territory.

Regular Care and Attendance: The observation and treatment provided in accordance with established standards of medical practice for the condition requiring such treatment or causing Hospital confinement.

Residence: The primary dwelling occupied by the Participant, including the premises on which it is located.

Sickness: Any impairment of normal physiological function, including illness or infection, that occurs while the plan is in force for the Participant and forms the basis of a claim, with related expenses incurred during a Trip outside the province of Residence.

Travelling Companion: A person who is sharing same booked accommodation with the Participant.

Trip: Travel that begins on the date of departure from the Participant’s province of Residence and ends on the date of return to that province, up to a maximum duration 180 consecutive days.

What Blue Cross Will Pay

Blue Cross will pay for the expenses explicitly listed in the categories below, subject to the following terms and conditions:

- payment is limited to the reimbursement level, benefit maximums and coverage duration specified below and in the Summary of Benefits;
- prior approval of Blue Cross must be obtained before the Eligible Expense is incurred;
- the charges must be usual, customary and reasonable, meaning that:
 - the amount charged is consistent with the amount typically charged by health practitioners for similar products or services in the geographical area in which the service or supply is being purchased; and
 - the frequency and quantity in which services or supplies are purchased by the Participant are, in the opinion of Blue Cross in consultation with its health care consultants, consistent with the frequency and quantity that would usually be prescribed or needed for the Participant’s condition;
- payment is limited in accordance with the Exclusions and Limitations provision of this benefit;
- payment is limited to amounts that are in excess of coverage provided by any other plan (where a court determines that this plan and any other plans provide primary coverage, this benefit will be co-ordinated with the other plan, as specified under the Coverage Details section of this booklet); and
- payment is subject to post-payment audit.

Emergency Hospital and Medical Travel Coverage

Blue Cross will pay the Eligible Expenses listed in this section if:

- they are incurred as a result of an Emergency;
- the Participant is covered by government health care coverage when the Emergency occurs; and
- Blue Cross is satisfied the expense is necessary to stabilize the Participant’s medical condition.

Hospitalization: Charges for Hospital room accommodation (not a suite of rooms), as well as medically required inpatient outpatient Hospital services.



Helpful Tip

Make sure to bring your Blue Cross identification card with you when you travel.

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Nursing Care: Fees for private duty nursing performed by a professional nurse or nursing assistant when prescribed by the attending Physician. The nurse providing the service must not be a Family Member of the Participant or an employee of the Hospital.

This coverage excludes nursing fees for custodial care.

Drugs: The cost of drugs, sera, and vaccines prescribed by a physician, or legally qualified dentist and dispensed by a registered pharmacist or physician, to a dispensing maximum of a 30-day supply.

Coverage excludes charges for the administration of injectable drugs.

Ambulance Service: The cost of ground or air ambulance for transportation of a stretcher patient to the nearest qualified medical facility. This includes the cost of an inter-Hospital transfer if the attending Physician and Blue Cross determine that existing facilities are inadequate for Treatment or stabilization.

Diagnostic Services: Charges for:

- blood plasma, whole blood, or oxygen, including administration; and
- diagnostic X-rays and laboratory tests.

Medical Appliances: Charges for:

- artificial limbs, eyes, and other prosthetic appliances, to a maximum of \$2,000 per calendar year;
- purchase or rental of casts, cervical collars, crutches, trusses, splints, and braces (excluding dental braces and splints); and
- rental of a wheelchair, iron lung, or other durable medical equipment required for temporary therapeutic purposes.

Physician Fees: Fees charged for Physician or surgeon services.

Anaesthetist: Expenses for a licensed anaesthetist when recommended by a Physician.

Practitioners: The cost of services rendered by chiropractors, osteopaths, chiropodists/podiatrists (including 1 X-ray per practitioner) and physiotherapists.

In addition, the cost of services rendered by massage therapists (Physician referral required), speech therapists, and licensed psychologists to a maximum of \$500 per specialty per Accident, Sickness or Disease.

This excludes practitioners who ordinarily reside in the Participant's Residence or who are Immediate Family Members.

Emergency Dental Treatment Benefit: Charges for dental treatment, replacement, or X-rays provided by a legally qualified dentist or oral surgeon, when required due to an Injury to whole and sound teeth (capped or crowned teeth are considered whole and sound), resulting from a force or blow external to the mouth. Blue Cross will pay the expenses up to an aggregate maximum amount of \$2,000 per accident.

Coverage amounts are determined in accordance with the fee guide for dental general practitioners applicable to the Participant's province of Residence.

Evacuation Benefit: If, due to Injury, Sickness or Disease, a Participant requires any of the following evacuations below, Blue Cross will pay the reasonable and necessary expenses incurred:

- transportation by any conveyance licensed to carry passengers for hire (excluding ground ambulance), including air ambulance, from the location of the Accident, Sickness or Disease to the nearest Hospital capable of providing the necessary treatment (or to a medical facility or physician's clinic when appropriate), when such evacuation is recommended by the attending Physician and approved by Blue Cross;

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- transportation to the Participant's province of Residence by any conveyance licensed to carry passengers for hire (excluding ground ambulance), including air ambulance, when recommended by the attending Physician and approved by Blue Cross and when the attending Physician provides written certification that Participant's medical condition after treatment warrants return for continued care or recovery; and
- transportation to the Participant's province of Residence when the Participant is confined as an inpatient under the Regular Care and attendance of a Physician, preventing return on the original scheduled return flight when that ticket is non-changeable and non-refundable.

Blue Cross will also reimburse reasonable and necessary round-trip Airfare, Accommodation, and board expenses incurred by a medical attendant or 1 Immediate Family Member accompanying the Participant, up to a maximum of \$5,000.

This benefit is payable under only 1 plan issued to the Plan Sponsor by Blue Cross.

Repatriation Benefit: The reasonable and necessary expenses incurred to transport the body of a deceased Participant whose death resulted from Injury, Sickness or Disease when located not less than 50 kilometres from their normal Residence. This includes transportation to the nearest appropriate resting place (such as a funeral home or place of interment) within the vicinity of the Participant's Residence, as well as charges for preparing the body for transportation. The maximum amount payable under this benefit is \$15,000.

Benefits are payable to the individual who incurred the covered expenses.

Family Transportation and Accommodation Benefit: If, due to Injury, Sickness or Disease, a Participant dies or is hospitalized as an inpatient for at least 4 consecutive days under the Regular Care and Attendance of a Physician, Blue Cross will pay the reasonable and necessary expenses incurred by:

- any other Participants or Travelling Companion who stay with the hospitalized Participant and are unable to return to their province of Residence on their original, non-changeable and non-refundable return date. Eligible expenses include board, Accommodation, and transportation home by the most direct route, up to the cost of a 1-way Fare; or
- an Immediate Family Member or designated representative for board, Accommodation, and 1 return Fare to travel by the most direct route between their Residence and the hospitalized Participant, when the Participant was travelling without a family member at the time of hospitalization.

Transportation reimbursement is limited to 75% of the applicable Fare. For travel by a Motorized Vehicle other than one operated under a license for the conveyance of passengers for hire, reimbursement is limited to \$0.35 per kilometre.

The total amount payable under this benefit is \$5,000 per Participant, per Accident, Sickness or Disease.

Vehicle Return Benefit: The reasonable and necessary expenses charged by a commercial agency to return the Participant's Motorized Vehicle, whether private or rental used as transportation during a trip, when the attending Physician certifies in writing that the Participant has become disabled as a result of Injury, Sickness or Disease and is unable to continue the trip by means of driving that vehicle. The vehicle will be returned by a commercial agency to the Participant's normal place of Residence or to the rental agency, as applicable.

This benefit is subject to a maximum of \$1,000 per 1 Accident, Sickness or Disease.

Rental Expense Benefit: The reasonable expenses incurred for the rental of a telephone and or television set when, as a result of Injury, Sickness or Disease, the Participant is confined as an inpatient in a hospital and is under the regular care and attendance of a Physician.

This benefit is subject to a maximum of \$200 per 1 Accident, Sickness or Disease.

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Hotel Convalescence Benefit: The cost of commercial accommodation and meals when the Participant's travel is delayed due to Injury, Sickness or Disease of the Participant or Travel Companion. The medical reason for the delay must be verified by the attending Physician. The maximum reimbursement is \$150 per Participant per day for a maximum of 20 days (up to a total maximum of \$3,000 per Injury, Sickness or Disease).

All costs must be supported by receipts from commercial organizations.

Worldwide Travel Assistance

Blue Cross, through its travel assistance provider, will provide an emergency toll-free line available 24 hours a day, 7 days a week, for Participants who need medical assistance or general assistance while travelling.

Medical Assistance

If the Participant requires hospitalization or a consultation with a physician as a result of an Emergency, the travel assistance provider appointed by Blue Cross will provide the following support services:

- direct the Participant to an appropriate clinic or Hospital;
- confirm with the service provider that the Participant is covered;
- ensure a follow-up of the medical file and communicate with the Participant's family physician;
- co-ordinate the return home of a Child if the Participant is hospitalized;
- repatriation of the Participant to the province of residence if the Participant meets the eligibility requirements of this expense;
- arrange for the transportation of an Immediate Family Member to the Participant's bedside if the Participant meets the eligibility requirements of this expense; and
- co-ordinate the return of the Participant's vehicle if the Participant meets the eligibility requirements of this expense.

General Assistance

In Emergency situations, the travel assistance provider appointed by Blue Cross will also provide the Participant with the following services:

- transmittal of urgent messages;
- co-ordination of claims;
- services of an interpreter for Emergency calls;
- referral to legal counsel in the event of a serious accident;
- settlement of formalities in the event of death;
- assistance with the loss or theft of identity papers; and
- information regarding embassies and consulates.

In addition, pre-travel advice regarding visas and vaccines is available.

Blue Cross and its travel assistance provider are not responsible for the quality of medical and Hospital care provided to the Participant or for the availability of such care.

Referral Outside of Canada

When an attending physician refers a Participant outside of Canada for medical services not available in Canada, Blue Cross will cover the portion of expenses listed below which exceed those covered by the Participant's government health care coverage.

Hospital Services: Charges for:

- hospital room accommodation;
- intensive care room accommodation;
- nursing services;
- operating and recovery room services;
- diagnostic and laboratory services, including X-rays;

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- oxygen and blood;
- prescription drugs including intravenous solutions; and
- physiotherapy.

Physicians and Surgeons: Charges for services rendered by a physician or surgeon.

Ambulance Transportation and Attendant: Charges for licensed ambulance services needed to transport a stretcher patient to and from the nearest hospital able to provide acute care. Charges for air transportation are included to a maximum of up to 3 economy fare seats on a regularly scheduled flight. This also includes any charges for travel expenses of an accompanying registered nurse or qualified medical attendant, other than a relative.

To be eligible for coverage under this category, all expenses must be pre-approved by Blue Cross and the Participant's government health care coverage must agree to cover a portion of the expenses.

Specific Exclusions and Limitations Applicable to Referral Outside of Canada

The following limitations apply:

- a) any referral outside of Canada must be medically necessary and not be for services that are available in Canada, as determined by Blue Cross;
- b) the claim must have pre-authorization from Government Health Care Coverage and Blue Cross;
- c) payment will be made based on the Provider's Usual, Customary and Reasonable charges for the services or supplies provided in the area in which they are rendered;
- d) payment will only be made for services or supplies provided while the Participant is under the treatment of a Physician;
- e) no payment will be made for treatment related to an illness beginning within 12 months following the Participant's effective date of coverage or for which medical treatment was received, or medication was prescribed 12 months prior to the effective date of this coverage; and
- f) services for experimental medical procedures or treatment methods not approved by the Canadian Medical Association.

Payment of Claims

How Payments are Made

Blue Cross may approve payment directly to the service provider. In certain circumstances, the Participant will pay the full cost of any Eligible Expense at the time of purchase. Blue Cross will then reimburse any Eligible Expenses on receipt of proof of payment from the Participant.

The following benefits are excluded from the overall benefit maximum of Emergency Hospital and Medical Travel Coverage:

- Evacuation Benefit;
- Repatriation Benefit;
- Family transportation and Accommodation Benefit;
- Vehicle Return Benefit;
- Rental Expense Benefit; and
- Hotel Convalescence Benefit.

Unless otherwise specified, all benefits, including those for a Dependent Spouse or Child, are paid to the Participant or as they request. Any unpaid benefits at the time of the Member's death will go to the estate.

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Continuation of Coverage

In the event the Participant is delayed beyond the termination date of coverage, coverage under this plan may be continued without payment of premium, subject to the following:

- If the Participant is in the process of returning to their province of Residence and the delay results from a mechanical failure of the mode of transportation, a traffic accident, or adverse weather conditions, coverage will remain in force for a period not exceeding 72 hours from the original termination date of coverage;
- If the Participant is hospitalized as an inpatient due to Injury, Sickness or Disease at the time coverage would otherwise terminate, coverage will continue for up to 72 hours following discharge from the Hospital; and
- If, as a result of Injury, Sickness or Disease, the Participant is not confined to a Hospital but the attending Physician determines that the Participant is medically unable to return to their province of Residence, coverage will be extended for a maximum period of 10 days from the date coverage would otherwise have ended.

Any coverage extended under this section shall be governed by the terms, conditions, and benefit limits of the Plan in effect on the date coverage would otherwise have terminated, including any applicable reductions in coverage.

Time Limit to Submit a Claim

Emergency Hospital and Medical Travel Coverage, and Referral Outside of Canada: Written notice of a claim must be provided to Blue Cross within 30 days from the date the expense was incurred, or as soon as reasonably possible.

Written proof of claim must be submitted to Blue Cross within 90 days from the date the expense was incurred.

Failure to provide notice of claim or proof of claim within the time periods specified above will not invalidate a claim where it is demonstrated that compliance was not reasonably possible and the required information was provided as soon as reasonably possible, provided that in no event shall notice or proof be accepted more than 1 year from the date the expense was incurred.

Exclusions and Limitations

Limitations Applicable to all Travel Benefit Claims

The following limitations apply:

- coverage for a Trip begins once the Participant departs the border of their province of Residence, or, when travelling by air, at the moment the aircraft takes off from within their province of Residence, provided the Participant's insurance is in effect.
Coverage ends when the Participant crosses back into their province of Residence upon returning from the Trip, or, if travelling by air, when the aircraft lands in their province of Residence, or as specified in the definition of Trip following the date of departure from the province of Residence, whichever occurs first;
- all expenses must be Emergency, non-elective in nature, incurred outside the Participant's province of Residence, and exceed the amounts payable under any individual, group or Government Health Care Plan; and
- in consultation with the attending Physician, Blue Cross may require that the Participant be transferred to another Hospital or returned to their province of Residence for ongoing treatment. If the Participant refuses the recommended transfer, Blue Cross will not be responsible for any further expenses related to the condition after the proposed transfer date.

Exclusions Applicable to all Travel Benefit Claims

No payment will be made (or payment may be reduced) if:

- a) expenses that are covered under any Government Health Care Coverage, whether benefits are payable or not, or expenses for which insurance coverage is prohibited by law;
- b) expenses for which reimbursement has been made through the Plan Sponsor's other group health or hospitalization insurance plan;
- c) medical examinations requested by a third party, cosmetic procedures, and dental treatment unless required due to an Accident;
- d) charges for experimental drugs not approved by Pharmaceutical Drugs Directorate, Health Canada, any type of contraceptive and patent medicines;
- e) charges for experimental medical treatments;
- f) services for which no charge would normally be made if insurance coverage were not in place;
- g) medical expenses for treatment or surgery the Participant chooses to receive outside their province of Residence after Emergency care or diagnosis, when medical evidence shows the Participant could have returned home before undergoing such treatment or surgery;
- h) **Applicable to Retiree Classes** - any medical condition for which the Participant received medical advice, consultation or treatment within 6 months prior to the start of the Trip, except for a Chronic Condition that is under treatment and has remained Stabilized through the regular use of prescribed medication. A Chronic Condition is a disease or disorder that has existed for at least 6 months. Stabilized means the condition has not required any change in medical or psychiatric care for at least 6 months. Adjustments to Warfarin or Coumadin dosages are not considered medical intervention, provided the attending Physician confirms the condition was stabilized prior to departure;
- i) the Participant fails to communicate with Blue Cross in the event of medical consultation or hospitalization following an injury or Sickness;
- j) expenses are incurred beyond the coverage duration period specified in the Summary of Benefits;
- k) the purpose of the Trip is primarily to seek medical advice or treatment, even if this Trip is on the recommendation of a physician, with the exception of Referral Outside of Canada;
- l) expenses have already been paid or are eligible for refund from a third party;
- m) expenses are incurred by a Participant who is not covered by Government Health Care Coverage; or
- n) expenses are incurred as a result of:
 - i. participation in acts of terrorism, or in a riot, insurrection or civil commotion;
 - ii. suicide or intentionally self-inflicted injury; or
 - iii. any war, whether declared or not, within Canada or the United States of America.

Specific Exclusions and Limitations

Emergency Hospital and Medical Travel Coverage

No payment will be made for:

- a) expenses for any care, treatment, surgery, products or services that:
 - i. are not incurred as a result of an Emergency;
 - ii. are not medically necessary;
 - iii. are performed for cosmetic purposes only;
 - iv. are not required for the immediate relief of acute pain and suffering; or
 - v. could be delayed until the Participant's return to Canada;
- b) expenses incurred due to pregnancy or childbirth, except for pregnancy complications, which are covered as any other Sickness; or
- c) expenses incurred due to an Emergency that occurs while participating in a sport for remuneration.