

**GROUP
INSURANCE**



Your Travel Assistance Benefit

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You will be pleased to know that your supplemental health insurance coverage allows you to benefit from travel assistance, giving you peace of mind when travelling outside your province of residence.



Before leaving

- Before you travel, whether for business or on vacation, it is important to read and understand the details of your out-of-province medical assistance program.
- Your coverage does not cover expenses incurred due to a pre-existing medical condition that you knew to be unstable prior to leaving your province of residence. It provides reimbursement for expenses paid in the event of a medical emergency due to a sudden or unforeseen incident.

If you have an illness or pre-existing medical condition

- Before your departure, you must ensure that your medical condition is stable and that you have no symptoms that could reasonably indicate potential health-related complications or the need for health care while you are outside your province of residence. Assurance from your attending physician that you are able to travel does not automatically mean that your insurance will cover your medical condition.
- If in doubt, you can contact the Assistance service at 1-800-203-9024 to request an evaluation of your health condition. In most cases, a simple over-the-phone interview is all that is required and you will receive an answer by the end of the call. In other cases, a medical questionnaire must be completed by your attending physician and a response will be sent to you in writing.

A travel assistance that gives you peace of mind

If you travel to an at-risk country

Since your coverage contains certain exclusions in terms of countries at risk, check if the Canadian government has issued a warning before leaving:

<http://travel.gc.ca/travelling/advisories>.

Check the coverage period provided in your contract to make sure that you are covered for the duration of your trip.

Medical emergencies

Services offered

24-hour telephone access

The Medical Assistance Service provider will provide a 24-hour hotline, 365 days a year, staffed by multilingual coordinators, to connect the insured person to a network of specialists who will handle the emergency.

Medical care

The Medical Assistance Service provider will:

- Provide a referral to a physician or an appropriate hospital, if the insured person is unable to locate a physician or hospital;
- Organize consultations with general practitioners or specialists in order to obtain the best medical care available in the area (upon request of the insured person);
- Provide assistance with admittance to a hospital;
- Confirm to doctors and hospitals that the insured person's group policy will cover the insured person's medical expenses.

Medical transportation

The Medical Assistance Service provider will:

- Arrange and pay for transportation or transfer of the insured person by appropriate means to a hospital as recommended by the attending physician, and to which the Medical Assistance Service provider agrees to;
- Arrange and pay for the return of the insured person to their residence or to a hospital near their residence after initial medical care has been provided, by an appropriate means of transportation, provided the return is medically necessary and permissible based on the medical condition. The Medical Assistance Service provider will arrange for the insured person's return using the most appropriate means of transportation: air ambulance, helicopter, commercial airline, train or ambulance.



Medical emergencies

Services offered

Payment of medical expenses and cash advance

- The Medical Assistance Service provider will make the necessary arrangements to pay medical expenses which are covered under the *Emergency Medical Expenses Incurred Outside of Province* section of the Supplemental Health Insurance benefit.
- When necessary for the insured person to obtain required medical treatment, the Medical Assistance Service provider will advance up to \$10,000 (Canadian) after consultation with the insurer.

Return of deceased

- Should the insured person die, the Medical Assistance Service provider will make all the arrangements and pay all the expenses associated with returning the body of the deceased person to the place of burial in their province of residence, up to a maximum of \$3,000. Funeral expenses will not be covered.

Return of dependent children

- The Medical Assistance Service provider will organize the return of the insured person's dependent children under age 16 who are left unattended due to the hospitalization of the insured person. In addition, the Medical Assistance Service provider will arrange and pay for economy transportation for the children, with an escort if necessary, to their usual place of residence. If the return tickets are still valid, only the additional cost incurred for the return transportation, after deducting the value of the tickets, will be paid.

Return of an insured person or a member of the insured person's immediate family

- The Medical Assistance Service provider will organize the return of the insured person and/or a member of the insured person's immediate family who has lost the use of their return ticket due to the insured person's hospitalization or death. The Medical Assistance Service provider will arrange and pay for economy transportation to return the insured person and/or member of the immediate family to their usual place of residence. If the return tickets are still valid, only the additional cost incurred for the return transportation, after deducting the value of the tickets, will be paid.

Visit from a member of the immediate family

- The Medical Assistance Service provider will arrange and pay for round-trip economy class transportation for a member of the immediate family to visit the insured person if the person is hospitalized for at least seven consecutive days and the attending physician feels that the visit would be beneficial to the patient.

Expenses for commercial accommodation and meals

- When a return is delayed due to the hospitalization of an insured person for a period of more than 24 hours or because of an insured person's death, the expenses for commercial accommodation and meals incurred due to the delay by the insured person or by a member of the immediate family accompanying the insured person or visiting the insured person will be reimbursed, subject to a daily maximum of \$150 per person, and an overall maximum of \$1,500. Receipts must be provided before reimbursement can be made by the Medical Assistance Service provider.



Vehicle return

- The Medical Assistance Service provider will pay up to \$1,000 to return the insured person's vehicle, either private or rental, to the insured person's residence or the nearest appropriate vehicle rental location.

Emergency drugs

- Should an insured person require drugs for the treatment of a medical condition and such drugs are not available locally, the Medical Assistance Service provider will coordinate a search for the drugs and, once located, arrange for the delivery of the drugs. The insured person will be responsible for the cost of the drugs, unless they are covered under the Supplemental Health Insurance Benefit.

Travel assistance services

Personal emergency

Telephone interpretation service

- The Medical Assistance Service provider will provide the insured person with telephone interpretation services in most foreign languages.

Messages

- The Medical Assistance Service provider will relay a message, upon request, to the insured person at their home, office or elsewhere, or hold messages for the insured person or the members of their immediate family for up to 15 days.

Legal assistance

- The Medical Assistance Service provider will assist the insured person in finding local legal aid when required, and will also help the insured person obtain a cash advance from their credit cards, family and friends, in order to pay for any bail or legal fees.

Travel information

- The Medical Assistance Service provider will provide the insured person with travel information related to transportation, vaccinations and precautionary measures before, during and after the insured person's trip.

Lost baggage or travel documents

- If the insured person loses or has their travel documents and/or baggage stolen, the Medical Assistance Service provider will help them contact the appropriate authorities.



Eligibility

Expenses for the services and equipment described will be covered, up to the maximum amount indicated in the contract, when they are incurred for a medical emergency that occurs while the insured person was outside their province of residence, on the condition that:

- The medical emergency occurred during the covered period or during a planned trip that doesn't exceed the maximum duration of absence.*
- The insured person was travelling for professional reasons, a vacation or to attend an accredited educational institution full-time.
- The services and equipment had to be provided before the insured person returned to their province of residence in order to protect their health.

If the insured person must be hospitalized outside Canada due to a medical emergency, the insured person is obligated to contact the designated Medical Assistance Service through the insurer as soon as the insured person is reasonably able to do so after the beginning of their hospitalization. Failure to fulfil this condition could lead to the refusal by the insurer to handle the insured person's claim or limit the claim resulting from the medical emergency.

In addition, if during a medical emergency, the insurer believes that the insured person can be repatriated to their province of residence without affecting their health and the insured person refuses to be repatriated, the insurer will not subsequently reimburse the fees incurred by the insured person for the medical emergency.

No reimbursement is provided under this benefit for fees incurred due to a health condition whose precariousness was known to the insured person and which the insured person knew was not under control when their absence from their province of residence began.

Definition

Member of the immediate family: the insured person's spouse, father, mother, child, brother or sister.

Liability

The Medical Assistance Service provider and insurer will not be held responsible for the provider's failure to provide medical assistance or for delays caused by strikes, civil wars, wars, invasions, intervention by enemy powers, hostilities (whether war is declared or not), rebellions, insurrections, acts of terrorism, military operations or coups, riots or uprisings, radioactive fallout, or any other situation beyond its control.

The doctors, hospitals, clinics, lawyers and other authorized practitioners or institutions to which the Medical Assistance Service provider directs insured persons are independent contractors and act on their own behalf and are not employees, agents or subordinates of the Medical Assistance Service provider or the insurer.

The Medical Assistance Service provider and the insurer are not responsible and assume no liability for the negligence or other acts or omissions by the doctors, hospitals, clinics, lawyers or other authorized practitioners or institutions to which the insured person is directed by the Medical Assistance Service provider.

*The covered period and the maximum duration of absence may vary depending on your plan. Please refer to your booklet for more details.

Reimbursement

If a cash advance was made to cover a charge that had been made or a charge was paid, and the participant submits to the insurer such charge as a covered expense under the Supplemental Health Insurance Benefit at a later date, the insurer will only reimburse the participant an amount that equals the charge less the amount previously advanced or paid for such expense, subject to the deductible and reimbursement level that is applicable to the expense.

If a cash advance to cover an expense had been made or an expense had been paid and (i) such expense is not a covered expense under the *Emergency Medical Expenses Incurred Outside the Province of Residence* section of the Supplemental Health Insurance Benefit or (ii) the amount advanced or paid was in excess of the insurer's responsibility under this policy, the participant will be responsible for reimbursing the insurer the cash advance or the excess amount, whichever is applicable, within 90 days of the insured person returning to their province of residence. Should the participant fail to pay back the cash advance or excess amount, the insurer will have the right to reduce future health claims or any other claims by the participant or their dependents under this policy by the amount owing.

Note: These Travel Assistance Benefit details may vary according to your group plan.

In case of a medical emergency outside your province of residence or Canada, you can reach your medical assistance service, at all times.

Emergency out-of-province assistance

In Canada and the USA:
1-800-203-9024

In other countries, call collect:
514-499-3747

The contact information is indicated on the back of your Group Insurance Benefit Card.

We suggest contacting the Assistance service as soon as possible even before consulting a doctor. In most regions, it's best to let the Assistance service supplier arrange the terms of payment. It's always best to not make a deposit or cash payment before calling the Assistance service.

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