



July 2013

Well the summer holidays are here. If you are travelling in Canada or outside Canada, a little preparation is so important to enjoying some time away with peace of mind. You should know what type of coverage you have in place, who to call in case of a medical emergency and how to make a claim for any out-of-pocket emergency medical expenses. Plan sponsors and employees simply cannot assume everything is insured; otherwise, an employee could be responsible for an expensive and unexpected medical bill.

### **Understanding your Group Coverage while traveling Within Canada**

One of the guiding principles to our provincial health care system is the Canada Health Act that protects all eligible individuals when traveling throughout Canada. This is accomplished by a series of bilateral reciprocal billing agreements signed by all provinces except Quebec. The goal is that the insured person need only present their provincial health care card and should not incur any out of pocket medical expenses. The physician or hospital will bill directly to the home province and will be paid for the services at the rate normally charged in the visited province. Quebec has not agreed to this and instead pays at the rate that applies within Quebec. Consequently residents of Quebec obtaining services while visiting other provinces are often asked to pay out of pocket and apply for reimbursement once they return home. Having a group or individual travel protection may cover any differences between the provincial plans and offer additional benefits such as return of a vehicle, return of deceased body, or meals and accommodation etc.

### **Understanding your Group Coverage while traveling outside of Canada**

Your group out-of-country coverage is designed to provide benefits during a medical emergency while you or your dependents are temporarily outside Canada or your province for business, education or vacation. What is considered a medical emergency for the purposes of the travel coverage will depend on the specific terms of your group plan. Most group travel plan provides coverage for medical expenses incurred only during the initial treatment of a medical emergency, such as physician fees, lab fees and hospital fees. It's important to be familiar with the specifics of your coverage before you leave the country or province.

Provincial healthcare plan coverage must be in place in order for an Insurer's coverage to apply. If you are leaving the country for an extended period, you should inquire about getting a coverage extension through your provincial healthcare plan prior to leaving Canada. The following is a link for those who want to apply for the extended OHIP coverage in Ontario.

[http://www.health.gov.on.ca/en/public/publications/ohip/longer\\_absences.aspx](http://www.health.gov.on.ca/en/public/publications/ohip/longer_absences.aspx)

## Understanding your travel assistance coverage

Travel assistance is a separate type of coverage from out-of-country emergency medical coverage. While out-of-country coverage focuses on the medical costs of an emergency, Group coverage for travel assistance coverage provides aid through 24-hour-a-day, seven-day-a-week access to the Assistance Centre. The travel assistance co-ordinators can direct you to an appropriate healthcare facility or assist with travel arrangements following a medical emergency. The services usually include the following

- Admission to the nearest and best equipped hospital
- Confirmation of the plan member's coverage
- Consultations with doctors to ensure the best medical care available in the region
- Transfer to a hospital better equipped to deal with the plan member's illness or injury
- Immediate settlement of medical and hospital expenses
- Necessary arrangements in the event of death
- Coordinate and pay for the return of the plan member's family members in case of serious illness or death
- Arrange for an escort for a dependent child under 16 and assume all expenses
- Round trip travel expenses paid for a family member to be by the side of the plan member, should they be hospitalized for more than 7 days
- Pay for meals and accommodation for up to 7 days, if the plan member's trip is interrupted due to the hospitalization or death of an accompanying family member
- Emergency messages to the family or the employer, if and when the plan member is unable to do so
- Help locate lost items such as passport, luggage, money, credit cards, travel tickets
- Provide legal assistance if any legal action is taken against the plan member
- Return of vehicle
- Translation services and more...

Most group travel insurance coverage do not include coverage for trip cancellation, trip interruption or loss or damage of baggage. However, it can be purchased at an additional cost..

## 5 Common Travel Insurance Exclusions

**1. What are the pre-existing medical conditions?** What is the definition of a pre-existing condition that would be excluded under the emergency medical travel plan? Would an insured individual be covered if his/her physician deemed them medically stable or a recent change in medication? In the case of an expecting mother, is a pre-term delivery, a miscarriage or any complications that would arise from a pregnancy covered? Is an expecting mother covered for any medical services relative to her pregnancy after 30 weeks, 36 weeks or is a pregnant mom insured at all?

**2. Would a medical emergency be excluded if participating in certain activities?** For example, would a medical emergency be covered if it was a direct result of rock climbing, mountain biking, downhill skiing (in-bounds or out-of-bounds), parasailing, kite boarding or scuba diving? Some contracts may have a use of Alcohol exclusion and any expense related to an injury or illness may be excluded where evidence shows affected by the use of alcohol or prohibited drugs. While enjoying the warm sun or the snow, many would not be wondering if their travel coverage would exclude one of these activities. Also, nobody ever thinks anything is going to go wrong. Therefore, before leaving for a trip it is important that an employee ask the insurer if coverage is excluded during the participation of any activities.

**3. Is there a limit on the number of days?** How long can an employee travel before their travel coverage expires? Some only offer coverage for trips less than 30 or 60 days. For those going on extended vacations this is an important question. If **you** are travelling outside Canada for periods beyond this trip limit, you may

want to consider purchasing additional coverage and ensure you have provincial coverage.

**4. Are there any destinations excluded?:** If there is any question in an insured individual's mind that their destination may not be covered, it is highly recommended that they contact the insurer before they depart to ensure they will be covered while travelling.

**5. In the event of a medical emergency, what does an insured individual have to do?** It is very important that employees are reminded they need to contact the travel insurer prior to receiving medical services to "open" the claim file. In addition, the travel insurer can immediately direct the insured individual to an approved medical facility, provide translation services and identify what services are provided with the insurance plan. If an employee does not call the insurer, they are at risk of receiving medical services from a provider that is not covered by the insurance plan or receiving services that are not insured by the plan. Too often claims are denied this step isn't taken.

### **Getting ready to leave**

Before departing, you should:

- Ensure you pack your travel insurance papers, along with emergency help numbers, including your family doctor's contact information.
- Bring along your travel assistance card (these can be printed off from your group insurer's website).
- Leave details of insurance coverage with a contact person at home.
- Consider talking to your doctor to address any concerns about travelling with a medical condition and contact your provider to ensure that there will be no pre-existing limitations under your policy. In some cases, where there is a pre-existing condition you may want to obtain an individual coverage.

### **In case of medical emergency**

If you experience a medical emergency while traveling, you should contact the Assistance Centre or have someone call on your behalf. The phone numbers (which can also be found on the back of your travel assistance card)

### **Making a claim**

If you incur any out-of-pocket expenses for a medical emergency, and have not contacted the Assistance Centre, you will need to submit an out-of-country claim form (*not a healthcare expenses statement*). These forms can be found by visiting your insurer's website or through your administrator

In conclusion, although a contract may not provide all the details of the emergency medical travel policy, it is best that plan sponsors do not assume that all medical services are insured or that there are no exclusions. Plan sponsors need to know what they are paying for and they need to let their employees know what is—and isn't—covered. Or, at the very least, reminding employees to look into this before they leave on vacation and where they can obtain the information.

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