

## Travel Health Benefits

Blue Cross Life Insurance Company of Canada Agreement Number 97180A  
Effective September 1, 2017

Emergency Travel Insurance for Active Group Plan Members and Their  
Dependants.

Blue Cross Life Insurance Company of Canada (“We”, “Us”, “Our”, or “Blue  
Cross”)

Agreement Limit: \$5,000,000 CAD

This plan covers *emergency medical treatment* of a medical condition that is acute and considered life threatening or if left unattended could deteriorate resulting in serious and irreparable harm. To be eligible, these expenses must be approved by Blue Cross and incurred while travelling outside of *your* province or territory of residence. *Emergency medical treatment* is covered until such time as Blue Cross deems the *emergency* to be over or the patient is medically stable to return to Canada.

Expenses for *emergency hospital* and/or medical services and travel assistance benefits are eligible when incurred for the necessary *emergency medical treatment* of an illness or injury occurring within the first 120 days of travel outside *your* province or territory of residence. If the University has approved *your* participation in an exchange program or extended travel period for any other valid academic reason, coverage will continue for the entire duration of the approved academic program or exchange, including the 120 days immediately prior to and immediately following the approved program, providing the entire period of travel has been approved in advance by the agreement holder and *you* and *your* dependants continue to meet the Eligibility for Coverage requirements as stated below.

**Please note:** for the purposes of coverage under this plan *your* province or territory of residence will be considered to be the province or territory where *you* are living while enrolled at a participating college or university if this is not *your* permanent province or territory of residence in Canada, or if *you* are a foreign student on a valid student visa.

The information provided herein is a summary of the terms and conditions detailed in the Agreement. All benefits are subject in every respect to the terms of the Agreement, which alone constitutes the agreement under which payments are made.

Expenses for Interruption of *your* Trip or Delay of *your* Trip must be pre-approved and organized by Canassistance and our claims administrator, Manitoba Blue Cross.

### **Warning:**

*You* must contact Canassistance before seeking *emergency medical treatment*. Failure to call before seeking treatment can result in a 30% reduction to *your* eligible claim payment, or no reimbursement for the expenses *you* have already incurred. If *you* are physically unable to call, someone else (family member, friend, *hospital*, *physician's* office staff) may call on *your* behalf. In addition, the medical advisors of Canassistance and our claims administrator, Manitoba Blue Cross must approve all medical procedures (including cardiac procedures, CAT scans and cardiac catheterization) in advance. **Please note** if *you* or *your* dependent *spouse* are age 65 or older a pre-existing condition clause applies to medical conditions which existed in the 365 days prior to *your* departure from *your* province or territory of residence.

### **Eligibility for Coverage**

To be a covered plan member for travel insurance benefits under this plan *you* must:

- have met and continue to meet the terms and conditions of the student health plan of which *you* are a member.

*you*, *your spouse* and *your dependent children* must:

- have active provincial/territorial government health insurance plan coverage, or have equivalent coverage
- be under 80 years of age, or the ages specified by the agreement holder's group plan for *you*, *your spouse*, and *your dependent children*, providing *you* and *your spouse* are under age 80.

N.B., *you* must verify *your*, *your spouse's* and *your dependent children's* eligibility for coverage prior to departure by contacting *your* student plan administrator.

## **Termination of Coverage**

All coverage terminates, including the coverage of *your spouse* and *your dependent children*, when:

- *you* no longer meet all of the conditions of Eligibility for Coverage.

The coverage of *your spouse* and *your dependent children* terminates when:

- they no longer meet all of the conditions of Eligibility for Coverage.

All coverage terminates when the agreement holder fails to submit the required subscriptions on *your* behalf.

## **What is Covered**

### **A. Emergency Medical Benefits**

In the event that *you* require *emergency medical treatment* as a result of injury or illness occurring during the coverage period, we will cover, when approved or authorized in advance by our claims administrator, Manitoba Blue Cross, *your reasonable and customary charges* for:

**Hospital Accommodation:** *Hospital* room and board costs, up to the semi-private room rate charged by the *hospital*.

**Physician Charges:** Services for *medical treatment* by a *physician*.

**Diagnostic Services:** Laboratory tests and x-rays when prescribed by the attending *physician* as part of the *emergency medical treatment*.

**Paramedical Services:** The services of a Paramedic to a maximum of \$250 per profession.

**Prescription Drugs:** The cost of prescription drugs when medically necessary for *emergency medical treatment*.

**Ambulance Services:** Licensed ground ambulance services when medically necessary to transport *you* to the nearest medical facility.

**Medical Appliances:** Minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when medically necessary.

**Private Duty Nurse:** The professional services of a registered private nurse.

**Emergency Air Transportation:** Air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* for immediate *emergency medical treatment* including transport on a licensed airline with an attendant, when required.

**Medical Evacuation:** Subject to the discretion of Manitoba Blue Cross, medical evacuation by air ambulance, or transport on a licensed airline with an attendant when required, to Canada for continued immediate medical treatment.

**Emergency Remote Evacuation:** When a regular ambulance service cannot be used, emergency evacuation from a mountain, body of water or other remote location by a commercial operator licensed to convey passengers to the nearest qualified medical facility capable of providing appropriate treatment, to a maximum payment of \$5,000.

**Transportation to Bedside:** Cost of a single round-trip economy airfare from Canada, plus up to \$150 per day for the cost of meals and commercial accommodation for one of the following *immediate family* members or a close personal friend, to be with *you* if the *you* are travelling alone and hospitalized as the result of an *emergency*. To be payable, this benefit requires that *you* be hospitalized as an inpatient for more than three (3) consecutive days outside *your* province or territory of residence and that the attending *physician* provide written certification that *your* medical condition was serious enough to warrant the visit; or where legally necessary, identify *your* remains prior to their release.

**Return of Travelling Companion:** If *you* are returned under the *Emergency Air Transportation* benefit or the Return of Remains benefit, we will reimburse the cost of a single one-way economy airfare for a travelling companion to return to Canada.

**Treatment of Dental Accidents:** Up to \$2,000 for *emergency* dental treatment to repair natural, vital and sound teeth or permanently attached artificial teeth, provided the injury was caused by an external and accidental blow to the mouth or face. This Agreement does not cover chewing accidents. The repair or replacement of dentures (full or partial) lost or damaged are not covered.

**Relief of Acute Dental Pain:** Up to \$200 for *your emergency* treatment by a dentist for the relief of acute dental pain.

**Meals and Accommodation:** Up to \$200 per day, to an overall maximum of \$2,500 per trip for the cost of *your* commercial accommodation and meals (including the expenses of *your* dependants when accompanying *you*) and *your* trip is extended beyond the scheduled return date, due to the hospitalization of *you* or *your* dependants.

**Vehicle Return:** Up to \$2,000 for the arrangements to return the vehicle (whether owned or rented) to *your* residence, or to the nearest appropriate rental agency, if *you* or *your* travelling companion are unable to do so due to illness or injury.

**Return of Remains:** In the event of *your* death due to an illness or injury this Agreement will provide up to \$40,000 towards the reasonable and necessary services required to transport the deceased's remains from the place of death to his city of residence in Canada, or for the burial or cremation of those remains at the place where the death occurred. The cost of a funeral, or burial casket or urn is not a covered expense.

## B. International Travel Assistance Services

**Travel Assistance Services:** We provide to *you* a toll free telephone number for access to a 24 hour worldwide assistance centre in the event of an *emergency*. Should an *emergency* occur during the 120 day travel period, the assistance centre will provide the following assistance services:

- i) referrals to a qualified *physician*, dentist, *paramedical practitioner* or *hospital*;
- ii) on-going monitoring of *medical treatment* if *you*, *your spouse* or *dependent children* are hospitalized;
- iii) payment assistance for *hospital* and/or medical expenses;
- iv) legal referrals;
- v) *emergency* cash transfer assistance (funds will come from *you*, *your family* or friends);
- vi) valuable document delivery assistance;
- vii) lost document/ticket assistance;
- viii) telephone interpretation services related to *your medical emergency*;
- ix) pre-trip assistance; and
- x) *emergency* message services where we will make at least 3 attempts in a 24 hour period to reach *your* requested party and provide *you* with an update on the results of our efforts to deliver *your* message.

The Travel Assistance Services described above do not provide for any payment from us to *you*.

## C. Trip Cancellation

In the event that *you* must cancel *your* trip before the scheduled departure date, we will reimburse *you* up to an overall maximum of \$1,500 for the forfeited, published, non-refundable trip payments or deposits incurred as a result of cancellation penalties for which no credits or refunds were issued by the supplier, when cancellation is due to:

1. The sudden, unexpected and unforeseen **Illness, Injury or Death** occurring to *you* or an *immediate family member*, requiring *you* to cancel *your* trip. The *physician* must recommend in writing against travel. The physical examination by a *physician* must take place on the earlier of: the 72 hours immediately prior to the time the cancellation, the scheduled departure date.
2. **Pregnancy and Adoption** of *you* if the pregnancy was diagnosed after booking the trip and the scheduled departure date falls within nine (9) weeks of the expected date of delivery, or the legal adoption of a child when the actual date the child is to be placed in *your* care occurs during the trip and this date was not known at the time of booking.
3. A **Terrorist Act** committed by an organized terrorist group (recognized as such by the Canadian Government), occurs at the intended location of *your* trip within 30 days of *your* departure date.
4. *You* are directly involved in a **Traffic Accident** while en route to a departure for a trip.

## D. Trip Interruption and Trip Delay

In the event that *you* must **Interrupt your Trip** due to the medical *emergency* or death of *you* or an *immediate family member* (whether or not they are travelling with *you*), or due to an act of terrorism committed by an organized terrorist group (recognized as such by the Canadian Government) occurring at *your* trip location, we will cover the cost, up to an overall maximum of \$5,000 for one way economy fare on a commercial flight via the most cost effective route to return *you* to *your* city and province or territory of residence in Canada. This also includes *your spouse* and *your dependant children* when travelling with *you* and *you* have member plus dependant coverage. When interrupting *your* trip due to illness, the attending *physician* must recommend in writing that *you* should interrupt *your* trip and return home immediately. **Delay your Trip** we will cover the cost, up to an overall maximum of \$5,000, for one way economy fare on a commercial flight via the most cost effective route if *you* are unable to return on *your* original scheduled flight due to the illness or injury of *you* or *your immediate family member*. The illness or accidental injury must require the care and attendance of a *physician* and the *physician* must recommend in writing that *your* return be delayed. In the event of an eligible trip interruption/delay we will also reimburse *you* for the *reasonable and customary charges* for **Meals and Accommodation** up to a total of \$200 per day, to an overall maximum of \$2,500 per trip for the cost of *your* commercial accommodation and meals (including the expenses of *your* dependants when accompanying *you*).

## Definitions

**Dependent Children** means the unmarried children (natural or legally adopted) or stepchildren of the insured student who qualify as a dependant under the Canadian Income Tax Act and also are:

- i) under 22 years of age; or
- ii) under 26 years of age if attending full-time at an accredited Canadian institute of learning; or
- iii) mentally or physically disabled with valid coverage under a Canadian provincial or territorial government health care plan.

**Emergency** means an unexpected occurrence (illness or injury) requiring immediate medical care. This includes *medical treatment* (non-elective) for immediate relief of severe pain, suffering or disease which cannot be delayed until the member or insured dependant is medically able to return to his province or territory of residence.

**Hospital** means an establishment duly licensed as such and is operated for the care and treatment of inpatients (excluding palliative care, rehabilitation, addiction treatment, convalescent care, rest or nursing home or health spa).

**Immediate Family Member** means a *spouse*, parent, child (including all natural or adopted), sibling, step-parent, step-child, grandparent or grandchild of *you* or *your spouse*.

**Medical Treatment** means the medically necessary advice, care, surgery (non-elective) or services provided for disease, illness, bodily injury, or acute psychosis that occurs during *your* trip. The treatment must be provided by, a licensed *physician*, dentist, *paramedical practitioner* and/or *hospital* and cannot reasonably be delayed until *you* return to *your* province or territory of residence without endangering *your* health. It does not include check-ups, regular treatment of a chronic condition, or cases where there are no specific symptoms.

**Paramedical Practitioner** means a physiotherapist, chiropractor, chiropodist, podiatrist or osteopath licensed to practice within the scope of such license at the location where the *medical treatment* is provided.

**Physician** means a person (not related to you by blood or marriage) who is licensed to prescribe drugs and administer *medical treatment* (within the scope of such license) at the location where the *medical treatment* is provided (excluding a naturopath, a herbalist or a homeopath).

**Reasonable and Customary Charges** means those charges in an amount consistently made by other vendors/providers for a given service in the same geographic area.

**Spouse** means the person who is legally married or in a legal civil union with *you*; or the person who is now and has been living with *you* in a conjugal relationship for a period of at least 1 year and who is publicly represented as *your spouse* or *your* domestic partner in the community in which *you* reside. For the purpose of this coverage *you* may have only one *spouse*.

**You and your** refers to those eligible person(s) for whom the agreement holder is submitting subscriptions. This may include the covered member, the covered member's *spouse* and their *dependent children* who are eligible and are covered under this Agreement.

## **Conditions and Limitations**

1. All dollar amounts are stated in Canadian funds.
2. No agent or other person has authority to accept or make representations of information or alter, modify or waive any of the provisions of this coverage.
3. *You* must contact Canassistance before seeking *emergency medical treatment*. Failure to call can result in a reduction to the amount reimbursed or no reimbursement for the expenses *you* have already incurred.
4. *You* must notify our Administrator, Manitoba Blue Cross, of a claim submission within 90 days from date of occurrence. *You* must submit claims to our Administrator, Manitoba Blue Cross, at PO Box 1046, Winnipeg, MB, R3C 2X7, 1.888.596.1032, within 6 months from date of occurrence. For *your* claim to be valid, *you* must provide all of the documents we require to support *your* claim, including proof of *your* departure date from Canada or the province/territory where *you* are currently attending school if this is other than *your* normal province/territory of residence.
5. We may void *your* coverage in the case of fraud or attempted fraud by *you* or if *you* conceal or misrepresent any circumstance or fact that is material.
6. *You* must repay to us amounts paid or authorized for payment on *your* behalf, if we determine the amount is not payable under this coverage.
7. We may require a *physician(s)* of *our* choice to physically examine *you* as often as reasonably needed while a claim is pending. We may also require an autopsy in the case of death, where law does not forbid it.
8. If *you* incur expenses covered under this plan because of a third party, we may take legal action against that party at our expense. We have full rights of subrogation and *you* agree to allow us to fully assert our right to subrogation and to cooperate fully with us by delivering such documents. *You* agree to do nothing that would prejudice our rights to recover funds from any source.
9. None of Blue Cross, Manitoba Blue Cross or Canassistance are responsible for the availability, quality or outcome of any *medical treatment*, medical transportation, or *your* failure to obtain *medical treatment*.
10. All benefits payable under this plan are in excess of similar coverage benefits payable by another plan. If *you* are eligible for benefits (similar to those provided hereunder) from more than one carrier, the total benefits paid to *you* by all carriers cannot exceed *your* actual covered expenses.

11. If *your* employer's extended health plan has a lifetime maximum coverage of more than \$50,000, we will co-ordinate payment only in excess of \$50,000 in accordance with the Canadian Life and Health Insurance Association's coordinating coverage guidelines.
12. If a covered loss incurred is either directly, or indirectly, the result of an "Act of Terrorism", payment of such loss is subject to the following terms and conditions:
  - i) Interruption of Trip benefits will be paid to a maximum of 100% of the sum insured. Losses will be directly reduced by the value of any alternate or replacement benefits or travel options given or offered by the airlines, tour or travel operators, cruise or travel suppliers, even if the alternative or replacement arrangements are declined by *you* and not used;
  - ii) All other benefits insured under this Agreement will be paid at 100% of the sum insured;
  - iii) If the total amount claimed under this Agreement in respect of the same incident, or series of incidents occurring within a 72 hour period exceeds \$10,000,000, the amount payable will be prorated among all eligible claimants. The amount paid will not exceed \$10,000,000 in the aggregate.
13. The total combined amount payable for all benefits covered under this Agreement shall not exceed \$5,000,000.

## **Exclusions**

This Agreement does not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. *Medical treatment* or services normally covered or reimbursable under *your* Government Health Insurance Plan or any other specific insurance *you* have.
2. *Medical treatment* or services received in *your* province or territory of residence, or in *your* home country if *you* are a foreign student studying in Canada.
3. Any trip booked, commenced or continued against the advice of *your physician* or after being diagnosed with a terminal illness.
4. The death or illness (or complications thereof) of *you*, if the death or illness occurred as a result of the outbreak of a communicable disease recognized as an epidemic or pandemic by the World Health Organization, or any expenses incurred due to a quarantine imposed by any governmental health organization due to an outbreak of a communicable disease, when the trip was booked after an advisory notice was issued by either the Canadian Government or the World Health Organization warning against travel to that location and *you* failed to follow that advisory.
5. Any medical condition that prior to departure, medical evidence suggests a reasonable expectation that *medical treatment* or hospitalization would be required while travelling.
6. *Medical treatment*, surgery, medication, services or supplies that are not required for the immediate relief of acute pain and suffering, or that *you* elect to have provided outside of *your* province or territory of residence when medical evidence indicates that *you* could return to *your* province or territory of residence to receive such *medical treatment*. The wait time to receive *medical treatment* has no bearing on the application of this exclusion.
7. *Medical treatment* or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such trip is taken on the advice or referral of a *physician*.
8. Cardiac catheterization, angioplasty, *and/or* cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by Manitoba Blue Cross prior to being performed except in extreme circumstances where such surgery is performed immediately on an *emergency* basis.
9. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies, unless authorized in advance by Manitoba Blue Cross.
10. Hospitalization or services rendered in connection with general health examinations for "check-up" purposes, *medical treatment* or care of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitative care, non-compliance with any prescribed medical therapy or treatment or *medical treatment* of an acute illness or injury after the initial *emergency* has ended (as determined by the medical team of our claims administrator, Manitoba Blue Cross).
11. *Medical treatment* of a recurrence or complication of any medical condition following *medical treatment* during the trip where our claims administrator, Manitoba Blue Cross determined and recommended that *you* should return to *your* province or territory of residence and *you* chose not to do so.
12. *Emergency* air transportation unless approved and arranged in advance by our claims administrator, Manitoba Blue Cross and Canassistance.
13. Treatment not performed by or under the supervision of a *physician*, licensed dentist, or the appropriate *paramedical practitioner*.

14. *Medical treatment* or hospitalization of mother and/or child as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the nine (9) weeks before or after the expected delivery date, or at any time for a pregnancy deemed as high risk by a *physician*, or induced abortion.
15. War, invasion, act of a foreign enemy, declared or undeclared hostilities, civil war, rebellion, revolution or military power.
16. Travel to a country, region or city for which the Canadian government has issued a travel advisory.
17. Act of terrorism, or by any counter-terrorism measure of a government or any other entity, except for injuries sustained as a direct result from fire or explosion, or as otherwise provided for under Trip Cancellation or Trip Interruption.
18. Committing or attempting to commit an illegal or criminal act.
19. Intentional self-injury; suicide or attempted suicide; non-compliance with a prescribed treatment or medical therapy; misuse of medication; alcohol intoxication or substance abuse.
20. Service in the armed forces of any country, whether on active duty or in a reserve capacity, police services or any other paramilitary organization.
21. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
22. The replacement of an existing prescription, whether by reason of loss unless otherwise specified elsewhere in this Agreement; renewal or due to inadequate supply; or the purchase of drugs and medications (including vitamins, meal replacements, and mineral supplements) which are commonly available without a prescription; or which are not legally registered and approved in Canada; or which are not required as a result of an *emergency*.
23. Upgrading charges for airline transportation unless approved in advance by our claims administrator, Manitoba Blue Cross and Canassistance.
24. Dental service related to the repair or replacement of dentures (full or partial) lost or damaged.
25. *Medical treatment*, service or supply related to locating organ donors for transplants, or any treatment, service or supply regarding the use of artificial organs.
26. Participation in professional sports; any motorized speed contest; bungee catapulting, stunt jumping, reverse jumping, launching; parapenting, ice climbing and/or a flight accident except as a passenger in a commercially licensed aircraft.
27. SCUBA diving unless the covered person holds a basic SCUBA designation from a certified school or other licensing body, or you are accompanied by a dive master or are diving in water not deeper than 10 metres.
28. Hang gliding, or parachuting unless in tandem with a licensed or certified instructor.

**Pre-existing Condition (Applicable to those 65 years of age and older)**

This Agreement does not cover losses or expenses related in whole or in part, directly or indirectly related to:

- a) the continuing *medical treatment*, recurrence, or medically recognized complication relating directly or indirectly to a medical condition for which *you* consulted, investigated, were diagnosed or for which treatment was taken by *you* during the 365 day period immediately before *your* departure from *your* province or territory of residence; and
- b) the *medical treatment* of, or relating to, a medical condition which exhibited any symptom during the 365 day period immediately before *your* departure from *your* province or territory of residence for which a reasonable person would have made enquiries regarding their medical condition, whether or not such enquiries were made.

**Please note:** This exclusion does not apply to a medical condition controlled by the consistent use of medication(s) taken as prescribed by a *physician* provided that during the 365 day period before *your* departure from *your* province or territory of residence there has been no change in any medication(s) and no other *medical treatment* has been taken or recommended. A new medication or an alteration in usage or dosage of a medication constitutes a change in medication. A change from a brand name medication to a generic brand with no change in usage or dosage, or the dosage changes for the regulatory medications of insulin, Coumadin and Warfarin, are not considered a change in medication.

## **Privacy**

We, Blue Cross and ASEQ (collectively "we" in this privacy section) respect *your* privacy and are committed to protecting it. However, by participating in this plan *you* have provided us with *your* consent to the collection, use and disclosure of *your* personal information, for the purposes of communicating with *you*, administering the terms of this Agreement, managing the business of Blue Cross; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law. To protect the confidentiality of the information *you* provide we will establish a file secured in the offices of Blue Cross, our claims administrator, Manitoba Blue Cross and Canassistance. We will restrict access to this file to those responsible for the administration of this plan and the processing and investigation of claims or to any other person *you* authorize, or as required or authorized by law.

## **Collecting and Using Your Information**

We will only collect and keep that necessary information we need to process and assess *your* claims. Limited personal information may be collected from and/or released to a third party. These parties include Canassistance, health care professionals and institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in this Agreement. Most information we collect will come directly or indirectly from *you*, *your* family, *your* employer and friends, references *you* provide to us, our representatives, *hospitals*, *physicians*, other health care providers, the government and its agencies (including provincial government health insurance plans), other insurance companies, travel suppliers, law enforcement agencies and private investigators.

We use this information only to evaluate and manage *your* health care, administer claims and negotiate payment on *your* behalf. We do not share this information with others, except that Manitoba Blue Cross, our Administrator, and Canassistance is provided with *your* information, as are those who are necessary to the services we provide and the investigation of claims under this plan, including other insurance companies/carriers, the government and its agencies (including provincial government health insurance plans) and other health care providers.

## **Access to Your Information**

*You* have a right to request to access or correct *your* personal information we have on file. To do so, *you* may contact the Privacy Officer at: [www.mb.bluecross.ca](http://www.mb.bluecross.ca)

*You may revoke consent at any time, however, if consent is withheld or revoked, the coverage may be denied or rescinded.*