



## **YOUR GLOBAL MEDICAL ASSISTANCE AND OUT-OF-COUNTRY BENEFIT PROGRAM OUTLINE**

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Your Global Medical Assistance program operates 24 hours a day, anywhere in the world, to help you find appropriate emergency medical treatment and assist with arranging billing under your group benefit plan.

### **1. What services are included with this travel assistance coverage?**

#### **Travel Assistance Services include:**

- Assistance in locating appropriate medical services
- Coordination of direct billing with providers
- Assistance with unattended children
- Return of vehicle
- Transportation reimbursement
- Medical evacuation
- Family member travel assistance
- Traveling companion expenses
- Repatriation

### **2. How do you access the services?**

Simply call the toll-free phone number to access the worldwide network. If a toll-free number is not available from within a country to which the individual is traveling, call collect. Members may submit long distance charges related to the medical event under the Global Medical/Travel Assistance benefit plan for reimbursement.

From Canada or the U.S: 1-855-222-4051

From Mexico: 0-1-800-522-0029

Dominican Republic: 1-800-203-9530

Universal countries: 1-800-9006-7555\*

Cuba: 1-204-946-2946 (call direct) \*\*

All other countries: 1-204-946-2577 (call direct\*\* or collect)

\* To view the universal list, go to *GroupNet™* for plan members or [www.greatwestlife.com](http://www.greatwestlife.com)

\*\*Long distances charges can be submitted to Great-West Life for reimbursement.

**3. What information do I need when calling in my emergency?**

**Be prepared with as much of the following information as possible:**

- your name
- employer's name
- policy number (44501 for Active members) and (6772 for Retired members)
- ID number (WIN for Active members) and (Client ID# for Retired members)
- GMA ID number (870)
- a description of the situation
- phone number to reach you for follow-up with information and/or questions during your case.

**You may be asked the following questions:**

- Are you in pain now?
- When did your symptoms first begin?
- Are you alone or are you with a traveling companion?
- Do you need help getting to a doctor or hospital?

You will be given a case number for reference. A multilingual Assistance Coordinator will render whatever assistance is necessary, and an Emergency Response Team will monitor your case until the situation is resolved.

**4. Should I consider purchasing additional travel insurance coverage for items not covered by the out-of-country plan?**

While travelling out-of-country, members who wish to have trip cancellation/interruption or lost baggage protection insurance should consider purchasing such coverage from their travel agent at time of booking or through an insurance company.

Members who spend extended periods of time outside of Canada at vacation properties may wish to purchase coverage that would allow a return to their vacation home, and not their primary residence, after a medical event to receive any required continued care.

**5. What factors should I consider when purchasing additional travel insurance coverage?**

Members purchasing additional travel insurance should consider the following:

- whether policy is an in-excess or top up and the meaning of both
- that coverage will begin from their day of departure
- whether a policy has a notification period and/or limitation
- what the travel assistance package consist of and provides for
- whether there are time constraints on claim submissions from the member
- policy on pre-existing conditions
- policy on pregnancy, if applicable
- if a change in medication excludes the member from coverage for the given condition
- whether policy has exclusions on travel advisories, war, participation in extreme sports and alcohol related incidents

**6. If I reside out of my province or Canada for part of the year, am I eligible for out-of-country emergency benefits?**

A member who resides outside of the country for part of the year and who has maintained their provincial coverage is eligible for out-of-country emergency benefits, which provides coverage for sudden, unexpected illness and/or injury.

The out-of-country/province emergency benefit is designed to supplement coverage available under provincial health plans for brief absences from Canada for the purpose of business, education and/or vacation. As such, one of the conditions under the out-of-country/province benefit is that the member maintains his/her provincial coverage. Most provincial plans require a person to be physically present in their province of residence for 183 days (not necessarily consecutive). It is recommended that, persons leaving their province for more than six months inquire with their provincial healthcare program about getting coverage extension prior to leaving.

**7. How am I covered under my group plan for travel within Canada?**

Under a federal-provincial agreement involving all provinces except Quebec, the provincial health plans will provide full coverage for insured hospital and physician's fees when an eligible individual received medical care outside his home province, at least 500 km from home but within Canada.

Similarly, Quebec's provincial health plan will provide full coverage for emergency treatment rendered in another Canadian province. The only likely

gap in provincial plan coverage of physician's fees and hospital charges occurs when Quebec residents visit other provinces for non-emergency care.

Members who have incurred such an expense must contact their provincial healthcare program for reimbursement. Any portion not covered by the province may be submitted under your healthcare plan for consideration.

## **8. How am I covered under my group plan for travel outside Canada?**

If you are traveling outside your province of residence for business, vacation or educational reasons and have maintained provincial healthcare coverage, you and your eligible dependents are covered for **unforeseen medical emergencies** which may arise.

## **9. What is defined as a medical emergency?**

A medical emergency is:

- a sudden and unexpected injury/illness;
- the onset of a condition not previously known or identified prior to departure from Canada; or
- an unexpected episode of a condition known or identified prior to departure from Canada

An unexpected episode means it would not have been reasonable to expect the episode to occur while travelling outside Canada. If a person was suffering from symptoms before departure from Canada, Great-West Life may request medical documentation to determine whether, in the circumstances, it could have reasonably been anticipated that the person may require medical treatment while outside Canada.

## **10. What are the covered emergency medical expenses?**

In the event of an emergency medical situation, the following expenses are covered in excess of the provincial health plan on a reasonable and customary basis for the area in which they are incurred:

- treatment by a physician
- diagnostic x-ray and laboratory services
- hospital emergency room and/or intensive care unit
- hospital ward, semi-private or private room up to \$200 per day
- medical supplies provided during a covered hospital confinement
- paramedical services provided during a covered hospital confinement
- hospital outpatient services and supplies
- drugs

**11. How would a member's existing medical condition and/or actions prior to departure impact the claims adjudication process?**

The out-of-country benefit pays for medical emergencies which cannot be reasonably anticipated, based on the member's medical experiences in the few weeks leading up to their departure from Canada.

The intent is not to find ways to decline valid claims. Rather this ensures that only claims for medical expenses which truly could not have been reasonably anticipated by the patient are processed.

**12. Would a medical condition be covered where a plan member is medically stable and has obtained a doctor's statement before departure?**

If an individual is deemed stable and not expecting to require treatment while away, a physician's clinical notes would have to support this as part of the claims adjudication process. Each situation is reviewed based on its own merit.

**13. If you require a pre-departure doctor's statement of medical stability, who pays for the related doctor's fee and can this, be covered under the health coverage?**

All fees associated with obtaining medical reports and/or doctor's notes are the responsibility of the member and not eligible under the plan.

**14. How is my coverage affected if I am diagnosed with a terminal illness and/or cancer?**

The severity of the illness may be such that the member could reasonably expect a medical emergency could occur. Based on the intent of the benefit, Great West Life would decline claims where, in their opinion, the patient could have anticipated a medical emergency.

In such cases, a member may be required to provide medical documentation indicating there were no complications such as hospitalizations, medication changes, doctor visits and no new or ongoing symptoms for that condition during the three-month period immediately prior to departure date.

Persons undergoing active chemotherapy or radiation would not be considered stable or controlled until they are said to be in remission.

- 15. If the person is an expectant mother, would pre-term delivery, a miscarriage or any complications that would arise from a pregnancy be covered?**

Providing the expecting mother was not deemed high risk or presenting with symptoms of pre-term delivery, miscarriage or any other complications in the week leading up to their departure date, expenses prior to the 35<sup>th</sup> week of gestation would be considered eligible. Claims related to the pregnancy during travel in the 35th week or after would 'not' be eligible since it is not sudden or unexpected.

- 17. What is the main difference between out-of-country under our group benefit plan and that of an individual travel insurance plan?**

Individual travel insurance plans generally underwrite and include a pre-existing condition clause that would exclude all medical service and supplies that are required to treat that condition. Great-West Life's out-of-country benefit does not exclude any medical condition but does require that treatment for that condition be sudden & unexpected or acute.

- 18. Are claims treated differently if a member lives out of country and submits claims?**

If an individual is living permanently outside of the country there is no travel assistance coverage in place.

- 19. Can a member obtain maintenance drugs while out of country? For example, if the medication is lost or a refill is required.**

Our plan does not provide for non-emergency services acquired while outside Canada. Plan members are encouraged to bring a sufficient supply of their medication as 'refills' will not be eligible during their absence from Canada.

In a situation where the plan member has 'lost' a filled prescription, its replacement is considered an emergency and would be eligible for reimbursement.

- 20. Is the claim assessed with foreign exchange at the time of payment of the claim or the time the claim is submitted to Great-West Life?**

Standard practice is to assess with the foreign exchange at the time of payment. However, if a member provides the exchange that was used at the time of payment with supporting documentation, we will use the amount indicated by the plan member.

**21. What are your exclusions for drug/alcohol related incidents?**

Great-West Life's out-of-country emergency benefit does not have a drug/alcohol limitation.

**22. What services are generally not covered by the plan?**

The following out-of-country expenses are not covered:

- expenses related to pregnancy or delivery after the 35th week of pregnancy or at any time prior to the 35th week if the patient's Canadian physician considers the pregnancy a high risk
- scheduled testing and/or treatment of a condition even if deemed urgent, when the patient's medical condition permits a return to Canada
- continued medical care following an emergency outside Canada, if the patient's medical condition permits a return to Canada for treatment
- cosmetic, investigational and/or experimental treatment

**23. Would an emergency be excluded if participating in certain activities (i.e. rock climbing, scuba diving, parasailing, etc.)?**

The only exclusions under this category are:

- persons who are receiving a sponsorship or are paid in some manner to participate in the activity
- rescue missions where the patient is not injured or requiring acute medical attention in a hospital setting

**24. Are there any destinations excluded from coverage?**

- **Travel Advisories**

The out-of-country plan does not make any reference to travel advisories and will still provide coverage if a person travels to a region for which a travel advisory has been issued. If a person is traveling to a restricted area, they should be cautioned about the difficulties in obtaining travel assistance or the required medical treatment if a medical emergency should arise.

- **War, Riot, Insurrections**

Coverage is not available to anyone who is actively participating in an act of war, civil unrest and insurrection.

**25. What are the most common misconceptions about out-of-country coverage?**

The most common misconceptions regarding out-of-country coverage include:

- the member does not realize that a completed claim form must be submitted to initiate a claim
- the member is not aware that the emergency benefit is limited to the initial emergency only

**26. What are the most common reasons for claim denials?**

- ongoing, regular follow up and/or scheduled treatments
- treatment that is not required immediately following the emergency
  - for example, a physician wants to schedule surgery and patient is stable enough to be returned to Canada for treatment
- member has not maintained his/her provincial health coverage
- scheduled appointments

**27. How do I submit a claim?**

When you call at the time of emergency, a claim form package will be sent to your Canadian home address for completion upon your return to Canada. It will be important for you complete these as soon as you arrive due to the time limits imposed by the provincial health plans.

If you have not received a claim package or did not call at the time of your emergency and/or prefer to file your claim while you are outside your home province you may visit [www.greatwestlife.com](http://www.greatwestlife.com) and select forms.

**28. Is there a lifetime maximum or a maximum number of travel days?**

This is no lifetime maximum or maximum on days you can travel, as long as your provincial coverage is in place.

**29. What information should I bring when I travel?**

- confirmation of medical coverage letter, available from your *GroupNet™* profile
- Great West Life wallet ID benefits card
- provincial health card



- printout of your eligible dependents from your *GroupNet™* profile
- valid passport
- travel assist wallet card, available from your *GroupNet™* profile.

**30. Will Great West Life automatically pay my hospital and doctor bills when I am discharged from the hospital?**

The travel assistance department will arrange direct billing between the provider of the service and Great-West Life. However, when you return will need to complete the required out-of-country and authorization forms. If you receive any invoices, they should be sent to Great-West Life for handling and make sure you indicate your case number on all receipts and invoices submitted to Great West Life.

**31. Who do I contact if I have questions about out-of-country/Travel Assist?**

Call Target Benefit Administrators at 1-888-660-6055