

Out-of-Province Emergency Hospital & Medical Travel Insurance Program

Frequently Asked Questions*

1) *When will coverage be effective?*

- Coverage is effective the 1st of the month following approval of application. A minimum of five (5) business days must be allowed from the time the application is received by HUB for the application to be processed and approved.

2) *How is premium calculated?*

- The group program operates on an annual basis from April 1 through March 31. 2019/2020 annual rates are \$60 for Single and \$144 for Couple/Family coverage.
- If you are enrolling other than April 1st, you are required to pay \$5 (Single) or \$12 (Couple/Family) per month from effective date (see 1) above) until next April 1st. As an example, for Single coverage with application received by HUB on July 15th, cheque remitted (payable to STRATA Benefits Consulting) would be in the amount of \$40 (8 months from August 1st to following March 31st x \$5/month = \$40).

3) *What is eligibility age for Applicant (Plan Member)?*

- You must be under age 69 at time your application is processed for approval.

4) *What is the termination age for coverage?*

- Applicant (Plan Member) or Spouse: on 70th birthday
- Dependent: on 19th birthday, unless mentally or physically disabled prior to age 19 and considered a dependent as defined under the Income Tax Act.

5) *What happens to Spouse/Dependent coverage when Applicant (Plan Member) turns 70 and Spouse is under age 70?*

- Coverage will cease for Spouse and Dependents on Applicant (Plan Member)'s 70th birthday
- If Spouse is also eligible as Applicant (Plan Member), they can apply for coverage for them (and their eligible Dependents).

6) *What is the stability clause?*

- Benefits are not payable for costs or losses incurred due to, contributed to by, or resulting from a medical condition or related condition, other than a minor ailment, that was not stable at any time during the 90 days immediately before the trip. Refer to the certificate of insurance for definitions of medical condition, minor ailment and stable.

7) Can you provide a summary of benefits:

Emergency Hospital & Medical Insurance Coverage	LIMITS
Emergency Hospital & Medical Insurance Maximum Limit	\$5 million
Included in the overall maximum limit:	
Hospital confinement and Medical Services	up to overall maximum
Paramedical Services (physiotherapist, chiropractor, chiropodist or osteopath)	\$250 per profession
Medical Appliances	approved in advance
Private Duty Nurse	up to overall maximum
Ground Transport	up to overall maximum
Emergency Air Transportation	up to overall maximum
Incidental Expenses (e.g. telephone calls, television rental)	\$250
After Hospital Recovery	\$75 per day, up to 5 days
Transportation to Bedside	see benefit for details
Meals and Accommodation	\$150 per day to a maximum of \$3,000 per trip
Return of Travelling Companion	single one-way airfare to Canada
Return of Animal Companion	\$500
Return of Dependent Children	see benefit for details
Return of Remains	\$5,000
Return of Excess Baggage	\$500
Vehicle Return	\$5,000

(Note: Please see the insurance certificate for full details)

8) Are there any exclusions?

Benefits are not payable for costs

- incurred as a result of your travelling against the advice of a physician or any loss resulting from your sickness or medical condition that was diagnosed by a physician prior to the departure date.
- incurred as a result of 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 you could return to your province or territory of residence to receive such treatment. The wait time to receive treatment in your province or territory of residence has no bearing on the application of this exclusion.
- of treatment or surgery incurred 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.
- or losses incurred as a result of cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless pre-approved by Allianz Global Assistance, except in extreme circumstances where such surgery is performed immediately on an emergency basis.

- incurred as a result of magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies, unless authorized in advance by Allianz Global Assistance.
- incurred as a result of hospitalization or services rendered in connection with general health examinations for "check-up" purposes, treatment or care of an ongoing medical condition, regular care of a chronic condition, home health care, investigative testing, rehabilitative care, or treatment in connection with drug, alcohol or other substance abuse, non-compliance with any prescribed medical therapy or treatment or medical treatment of sickness or injury after the initial emergency has ended (as determined by the medical team of Allianz Global Assistance).
- incurred as a result of any disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless you are hospitalized for that condition.
- incurred as a result of emergency air transportation unless approved and arranged in advance by Allianz Global Assistance.
- incurred as a result of any treatment not performed by or under the supervision of a physician, licensed dentist, or the appropriate paramedical practitioner.
- incurred as a result of treatment or hospitalization of mother or child as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the nine weeks before or after the expected delivery date, or at any time for a pregnancy deemed as high-risk pregnancy by a physician, or induced abortion.
- incurred as a result of any war, invasion, act of a foreign enemy, declared or undeclared hostilities, civil war, rebellion, revolution or military usurpation of power.
- incurred as a result of any travel to a country, region or city for which the Canadian government has issued a travel advisory, except in the case of such having been issued after the your arrival at the destination(s) specified.
- incurred as a result of any travel to a sanctioned country for any business or activity to the extent that such coverage would violate any applicable national economic or trade sanction law or regulations.
- incurred as a result of any nuclear reaction, radiation or radioactive, biological or chemical contamination.
- incurred as a result of any seepage, pollution or contamination.
- incurred as a result of any epidemic or pandemic.
- incurred as a result of committing or attempting to commit an illegal act or a criminal act.
- incurred as a result of any intentional self-injury; suicide or attempted suicide; abuse of medication, illicit drugs or alcohol.
- incurred as a result of any motor vehicle accident that results in injury while under the influence of illicit drugs or alcohol where the concentration of alcohol in your blood exceeds 80 milligrams of alcohol in 100 millilitres of blood.
- incurred as a result of any participation in high-risk activities.
- incurred as a result of any loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof. Whenever possible, Allianz Global Assistance will help co-ordinate the replacement of prescription eyeglasses or essential prescription medication in the event these items need to be replaced during your trip.

- incurred as a result of the replacement of an existing prescription, whether by reason of loss unless otherwise specified elsewhere in this certificate, 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.
- incurred as a result of upgrade charges for airline transportation unless approved in advance by Allianz Global Assistance.
- incurred as a result of dental service related to crowns and root canals or the repair or replacement of full or partial dentures when lost or damaged.
- incurred as a result of any treatment or services received in the province where you reside.
- incurred as a result of any treatment, service or supply related to locating organ donors for transplants, or any treatment, service or supply regarding the use of artificial organs.

This insurance does not cover the actual cost to replace prescription eyeglasses or essential prescription medication.

* ***IMPORTANT:*** *This FAQ provides a summary of the Out-of-Province Emergency Hospital & Medical benefits underwritten by CUMIS General Insurance Company, a member of Co-operators group of companies, and under Group Policy FC310042, administered by Allianz Global Assistance, which is a registered business name of AZGA Service Canada Inc. and distributed by HUB International Canada West ULC. For full terms and conditions, including limitations and exclusions, please refer to the certificate of insurance.*

Refer to the certificate of insurance for full terms, conditions, and exclusions or email gfmannualtravel@hubinternational.com.