

## Your Group Benefits

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### Out-of-Province/Territory or Out-of-Canada

#### **IMPORTANT NOTICE**

Your Group Policy includes travel coverage – what’s next? We want you to understand (and it is in your best interests to know) what your Policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through this benefits booklet before you travel.

- This benefit covers claims arising from sudden and unforeseen situations (example: accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this benefit, you and your Eligible Dependents must meet all of the eligibility requirements (example: covered by your provincial/territorial health insurance plan for the duration of your trip).
- This benefit contains limitations and exclusions. Examples may include: Medical Conditions that are not Stable, Medical Emergencies related to pregnancy or delivery within 4 weeks of the expected date of delivery.
- This benefit may not cover claims related to Pre-Existing Medical Conditions, whether diagnosed or not at the time of departure.
- In the event of a claim your prior medical history may be reviewed.

**IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. IF YOU HAVE QUESTIONS, PLEASE CONTACT THE MANULIFE CUSTOMER SERVICE CENTRE AT 1-800-268-6195 OR ONLINE AT MANULIFE.CA**

#### **Special definitions**

The following terms apply for the purposes of medical Treatment provided outside of the Employee or Eligible Dependent’s province/territory of residence.

##### ***Hospital***

a Hospital is an institution that is licensed as an accredited hospital that is staffed and operated for the care and Treatment of in-patients and out-patients. Treatment must be supervised by Physicians and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

a Hospital is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the older adults or health spa.

##### ***Medical Condition***

any disease, illness or injury (including symptoms of undiagnosed conditions).

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### ***Medical Emergency***

a sudden and unforeseen Medical Condition that requires immediate Treatment. A Medical Emergency no longer exists when the evidence reviewed by Manulife indicates that no further Treatment is required at destination or you are able to return to your province/territory of residence for further Treatment.

### ***Physician***

a Physician is a person licensed in the jurisdiction where the services are provided, to prescribe and administer medical Treatment.

### ***Pre-existing Medical Condition***

a Pre-Existing Medical Condition is any Medical Condition that exists prior to the insured person's date of departure from their province/territory of residence.

### ***Reasonable and Customary Charges***

charges incurred for drugs, services and supplies that are comparable to what other providers charge for similar drugs, services and supplies in the same geographical area.

the lowest of:

- a) The prevailing amount charged in the absence of insurance for the same or comparable drug, services or supply in the same geographical area in which the charge is incurred, as determined by Manulife; or
- b) the amount shown in the applicable professional association fee guide; or
- c) the maximum price established by law; or
- d) the amount as determined by Manulife as reasonable to be charged for the drug, service, or supply.

### ***Stable***

a Medical Condition is considered Stable when in the 90 days prior to departure **all** of the following statements are true:

- a) there has not been any new Treatment prescribed or recommended, or change(s) to existing Treatment, and
- b) there has not been any change to any existing prescribed drug, or any recommendation or starting of a new prescription drug, and
- c) the Medical Condition has not become worse, and
- d) there have not been any new, more frequent or more severe symptoms, and
- e) there has been no hospitalization or referral to a specialist, and
- f) there have not been any tests, investigation or Treatment recommended, but not yet complete, nor any outstanding test results, and
- g) there is no planned or pending treatment.

All of the above conditions must be met for a Medical Condition to be considered Stable.

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### ***Treatment, Treat***

a procedure prescribed, performed or recommended by a Physician for a Medical Condition. This includes but is not limited to prescribed medication, investigative testing and surgery.

### **Out-of-Province/Territory or Out-of-Canada**

#### **Coverage Information**

- a) Treatment required as a result of a Medical Emergency which occurs during the first 90 days while temporarily outside the province/territory of residence, provided the insured person who receives the Treatment is also covered by the Provincial/Territorial Plan during the absence from the province/territory of residence, up to a maximum of \$5,000,000 per lifetime.

Charges for the following are payable under this expense:

- a) Physician's services;
- b) Hospital room and board at standard Ward rates. Charges in excess of Ward rates are payable, if Hospital coverage is provided under this Benefit Program;
- c) the cost of special Hospital services;
- d) hospital charges for out-patient Treatment;
- e) licensed ambulance services, including air ambulance, to transfer the patient to the nearest medical facility or Hospital where adequate Treatment is available; and
- f) medical evacuation for admission to a Hospital or medical facility in the province/territory where the patient normally resides.

The amount payable for these expenses will be the Reasonable and Customary charges less the amount payable by the Provincial/Territorial Plan.

Charges incurred outside the province/territory of residence for all other Covered Extended Health Care Expenses are payable on the same basis as if they were incurred in the province/territory of residence.

### **Emergency Travel Assistance**

#### **How to Access Emergency Travel Assistance - Your Emergency Travel Assistance Card**

Please call the travel assistance organization before obtaining Treatment, so we may:

- a) confirm coverage
- b) provide referrals
- c) provide assistance
- d) authorize Treatment

If it is medically impossible for you to call prior to obtaining Treatment, we ask you to call or have someone call on your behalf as soon as possible.

Your Emergency Travel Assistance card lists the toll-free numbers to call in case of an emergency, while travelling outside your province/territory. The toll-free number will put you in touch with the international travel assistance organization.

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Your Emergency Travel Assistance card also lists your I.D. number and Group Policy number, which the travel assistance organization needs to confirm that you are covered by Emergency Travel Assistance.

If you do not have an Emergency Travel Assistance Card, please contact your plan administrator.

Emergency Travel Assistance is a travel assistance program available for you and your covered Eligible Dependents. The assistance services are delivered through an international organization, specializing in travel assistance. The following services are provided, when required as a result of a Medical Emergency while travelling outside your province/territory of residence, for the same period as specified under the Out-of-Province/Territory or Out-of-Canada benefit.

Details on your Emergency Travel Assistance benefit are provided below, as well as in your Emergency Travel Assistance brochure.

### **Medical Emergency Assistance**

#### **a) 24-Hour Access**

Multilingual assistance is available 24 hours a day, seven days a week, through telephone (toll-free or call collect), telex or fax.

#### **b) Medical Referral**

Referral to the nearest Physician, dentist, pharmacist or appropriate medical facility, and verification of insurance coverage, is provided.

#### **c) Claims Payment Service**

If a Hospital or other provider of medical services requires a deposit or payment in full for services rendered, and the expenses exceed \$200 (Canadian), payment of such expenses will be arranged and claims co-ordinated on behalf of the insured person.

Payment and co-ordination of expenses will take into account the insurance that the insured person is eligible for under a Provincial/Territorial Plan and this benefit. If such payments are subsequently determined to be in excess of the amount of benefits to which the insured person is entitled, Manulife shall have the right to recover the excess amount by assignment of Provincial/Territorial Plan benefits and/or refund from you.

#### **d) Medical Care Monitoring**

Medical care and services rendered to the insured person will be monitored by medical staff who will maintain contact, as frequently as necessary, with the insured person, the attending Physician, the insured person's personal Physician and family.

#### **e) Medical Transportation**

If Medically Necessary, arrangements will be made to transfer an insured person to and from the nearest medical facility or to a medical facility in the insured person's province or territory of residence. Expenses incurred for the medical transportation will be paid, as described under Medical Services and Supplies - Out-of-Province/Territory or Out-of-Canada.

If Medically Necessary for a qualified medical attendant to accompany the insured person, expenses incurred for round-trip transportation will be paid.

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### **f) Return of Dependent Children**

If dependent children are left unattended due to the hospitalization of an insured person, arrangements will be made to return the children to their home. The extra costs over and above any allowance available under pre-paid travel arrangements will be paid.

If necessary for a qualified escort to accompany the dependent children, expenses incurred for round-trip transportation will be paid.

### **g) Trip Interruption/Delay**

If a trip is interrupted or delayed due to an illness or injury of an insured person, one-way economy transportation will be arranged to enable each insured person and a Travelling Companion (if applicable) to rejoin the trip or return home. Expenses incurred, over and above any allowance available under pre-paid travel arrangements will be paid.

A Travelling Companion is any one person travelling with the insured person, and whose fare for transportation and accommodation was pre-paid at the same time as the insured person's fare.

If the insured person chooses to rejoin the trip, further expenses incurred which are related directly or indirectly to the same illness or injury, will not be paid.

### **h) After Hospital Convalescence**

If an insured person is unable to travel due to medical reasons following discharge from a Hospital, expenses incurred for meals and accommodation after the originally scheduled departure date will be paid, subject to the maximum shown in part l) of this provision.

### **i) Visit of Family Member**

Expenses incurred for round-trip economy transportation will be paid for an Immediate Family Member to visit an insured person who, while travelling alone, becomes hospitalized and is expected to be hospitalized for longer than 7 days. The visit must be approved in advance by Manulife.

### **j) Vehicle Return**

If an insured person is unable to operate their owned or rented vehicle due to illness, injury or death, expenses incurred for a commercial agency to return the vehicle to the insured person's home or nearest appropriate rental agency will be paid, up to a maximum of \$1,000 (Canadian).

### **k) Identification of Deceased**

If an insured person dies while travelling alone, expenses incurred for round-trip economy transportation will be paid for an Immediate Family Member to travel, if necessary, to identify the deceased prior to release of the body.

### **l) Meals and Accommodation**

Under the circumstances described in parts f),g),h),i), and k) of this provision, expenses incurred for meals and accommodation will be paid, subject to a combined maximum of \$2,000 (Canadian) per Medical Emergency.

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### Non-Medical Assistance

a) **Return of Deceased to Province/Territory of Residence**

In the event of the death of an insured person, the necessary authorizations will be obtained and arrangements made for the return of the deceased to their province/territory of residence. Expenses incurred for the preparation and transportation of the body will be paid, up to a maximum of \$5,000 (Canadian). Expenses related to the burial, such as a casket or an urn, will not be paid.

b) **Lost Document and Ticket Replacement**

Assistance in contacting the local authorities is provided, to help an insured person in replacing lost or stolen passports, visas, tickets or other travel documents.

c) **Legal Referral**

Referral to a local legal advisor, and if necessary, arrangement for cash advances from the insured person's credit cards, family or friends, is provided.

d) **Interpretation Service**

Telephone interpretation service in most major languages is provided.

e) **Message Service**

Telephone message service is provided for messages to or from family, friends or business associates. Messages will be held for up to 15 days.

f) **Pre-trip Assistance Service**

Up-to-date information is provided on passport and visa, vaccination and inoculation requirements for the country where the insured person plans to travel.

### Exceptions

Manulife, and the company contracted by Manulife to provide the travel assistance services described in this benefit, will not be responsible for the availability, quality, or results of any medical Treatment, or the failure of an insured person to obtain medical Treatment or emergency assistance services for any reason.

Emergency assistance services may not be available in all countries due to conditions such as war, political unrest or other circumstances which interfere with or prevent the provision of any services.

### Exclusions

*No Out-of-Province/Territory or Out-of-Canada Medical Emergency benefits are payable for expenses directly or indirectly related to:*

- a) any Medical Condition which is not Stable in the 90 days before the scheduled date of departure from the province/territory of residence;
- b) self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness;
- c) further related medical Treatment if Manulife determines that you should transfer to another facility or return to your home province/territory of residence for treatment;

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- d) tests, Treatment or surgery for which you could have returned home, after your Medical Emergency Treatment has started. This includes but is not limited to invasive or investigative testing, MRI, CT, surgery, cardiac catheterization, other cardiac procedures, transplant, and follow up appointments;
- e) non-Emergency or elective Treatment (e.g. cosmetic surgery, chronic care, rehabilitation, or any Treatment not immediately medically required, including any expenses for directly or indirectly related complications);
- f) any claim, if you or your Eligible Dependent are not covered under the Government Health Insurance Plan (GHIP) of your province or territory of residence for the entire duration of the trip. It is your responsibility to check that you do have this coverage;
- g) any charges incurred relating to a trip made for the purpose of obtaining a diagnosis, Treatment, surgery, investigation, palliative care, or any alternative therapy, as well as any related complication;
- h) any Medical Condition or symptoms for which it is reasonable to believe or expect that Treatment will be required during your trip;
- i) the continued Treatment, recurrence or complication of a Medical Condition or related condition, following Emergency Treatment during your trip, if Manulife determines that your Emergency has ended and you are able to return to your province/territory of residence for further Treatment;
- j) a Medical Condition that is the result of you or your covered Eligible Dependent not following Treatment as prescribed, including prescribed prescription or over-the-counter medication;
- k) any Medical Emergency related to a to pregnancy, delivery, or complications of either, for insured persons who are pregnant and travelling within 4 weeks of the expected date of delivery;
- l) a Medical Condition arising during your trip from, or in any way related to, the operation of a motor vehicle or watercraft of any kind by you or your covered Eligible Dependent while impaired by a drug or any intoxicant or having a blood alcohol level of more than 80 mg of alcohol per 100 ml of blood.

### Subrogation (Third Party Liability)

If your medical expenses result from an injury caused by another person and you have the legal right to recover damages, your employer may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgement of your legal action, you will be required to reimburse your employer those amounts you recover which, when added to the payments you received from your employer, exceed 100% of your incurred expenses.

### Exclusions

*No Extended Health Care benefits are payable for expenses related to:*

- a) war, whether declared or undeclared, insurrection or willing participation in a riot or civil commotion;
- b) your involvement in the commission or attempted commission of an assault, criminal offence, or illegal act;
- c) injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol;

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- d) an illness or injury for which benefits are payable under any government plan or workers' compensation;
- e) charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms;
- f) services or supplies provided by an employer's medical or dental department;
- g) services or supplies for which no charge would normally be made in the absence of group benefit coverage;
- h) services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of coverage;
- i) services or supplies which are not permitted by law to be paid;
- j) services or supplies which are required for recreation or sports;
- k) services or supplies which would have been payable by the Provincial/Territorial Plan if proper application had been made;
- l) medical treatment which is not usual or customary, or is Experimental or Investigational in nature;
- m) medical or surgical care which is cosmetic;
- n) x-ray fees, unless otherwise specified;
- o) services or supplies which are performed or provided by the covered person, an Immediate Family Member or a person who lives with the covered person;
- p) services or supplies which are provided while confined in a hospital on an in-patient basis; or
- q) services or supplies which are not specified as a covered expense under this benefit.