



Travel

Annual and Daily Travel Agreement
– for Albertans age 59 and under



Effective September 1, 2013

Purchase online, by phone
or visit any Alberta Blue Cross office

PLEASE READ

- ✓ Alberta Blue Cross Travel Plans contain specific exclusions and limitations. It is important to read and understand your travel Agreement before you travel. Please take the time to thoroughly review this Agreement and ensure you and all Covered Persons are aware of these exclusions and limitations.
- ✓ If any exclusion or limitation relates to you or anyone else included on your Agreement - regardless of age - please contact your nearest Alberta Blue Cross office to discuss further.
- ✓ Benefits will not be paid if the claim is related to any Pre-existing Medical Condition that was **NOT** Stable at any time within **90 (ninety) days** prior to the departure date of travel.
- ✓ Our definition of **STABLE** is: Any medical condition or related medical condition for which all the following statements are true:
 - a) There has been no new diagnosis, Treatment or evaluation of symptoms.
 - b) There has been no change in diagnosis or Treatment.
 - c) There has been no newly prescribed medication or Change in Medication.
 - d) There has been no new symptoms, no increase in the frequency or severity of the symptoms or no indication that the condition may be getting worse.
 - e) There has been no new test results or test results showing a deterioration or pending test results (other than routine tests as part of regular follow-ups).
 - f) There has been no investigations or future investigations initiated or recommended.
 - g) There has been no hospitalization related to any medical condition.
 - h) There has been no referral to a medical specialist or a specialty clinic (made or recommended) and no further investigations or results are pending.

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Important information

- ✓ The Annual travel plan benefits are valid for one year, allowing any number of trips to a maximum of 30 days per trip. All terms and conditions are effective **prior** to each date of departure.
- ✓ Purchase of an Annual Travel Agreement **and first extension to coverage must be purchased prior to the date of departure** from Alberta.
- ✓ The Daily travel plans are purchased on a per trip basis; before you leave either Alberta or Canada!
- ✓ If you are enrolled on a Daily Travel Agreement and you need to change your Return Date, please contact Alberta Blue Cross **prior** to your original Agreement's Return Date to extend coverage.

Read this Agreement carefully!

This contract, the validated application and any amendments form your Agreement.

Emergency Medical Care Benefits

– Annual and Daily Travel Plans for age 59 and under

Alberta Blue Cross **Annual travel plan** - this plan provides up to \$5 million per eligible Covered Person, per Eligible Trip, in the following areas for Emergency medical care while travelling outside Alberta.

Alberta Blue Cross **Daily travel plan** - this plan provides up to \$5 million per eligible Covered Person in the following areas for Emergency medical care while travelling during the Period of Coverage.

Hospital Services

Accommodation

Alberta Blue Cross will cover Usual, Customary and Reasonable Charges for Active Treatment Hospital room accommodation (not a suite), in excess of the amount paid by a Covered Person's Alberta Health Care Insurance Plan.

Outpatient

Payment will be made for outpatient services provided by an Active Treatment Hospital, in excess of the amount paid by a Covered Person's Alberta Health Care Insurance Plan.

Incidental Expenses

Payment of up to \$50 per day to a maximum of \$500 per Hospital stay will be paid to cover Inpatient Incidental Expenses incurred during the Hospital stay. Paid receipts must be submitted.

Health Care Professionals

Physicians

Alberta Blue Cross will cover Usual, Customary and Reasonable Charges made by a physician (not a relative), in excess of the amount paid by a Covered Person's Alberta Health Care Insurance Plan.

Paramedical Services

Payment of up to \$300 for each type of practitioner for charges (including X-rays) made by a physiotherapist, chiropractor, chiropodist, podiatrist or osteopath when required for Emergency treatment (practitioner cannot be a relative of the Covered Person).

Nursing Care

Usual, Customary and Reasonable Charges for a qualified, private registered nurse (not a relative) who performs duties that require the skills and expertise of a registered nurse, during and immediately following hospitalization, when ordered by the attending physician.

Prescriptions and Services

Prescriptions

Drugs, serums and injectables prescribed by the attending physician and supplied by a licensed pharmacist, excluding vitamins, patent, proprietary or over-the-counter products, when required for Emergency treatment and not for maintenance of an existing condition.

Diagnostic Services

Usual, Customary and Reasonable Charges for laboratory tests and X-rays prescribed by the attending physician and approved by the Travel Assistance Service medical advisor. Tests include but are not limited to MRI's, CAT scans, and cardiac catheterization.

Medical Appliances

The cost of splints, casts, crutches, canes, slings, trusses, walkers and/or the temporary rental of a wheelchair, when prescribed by the attending physician, and required due to an Accident or unexpected Illness.

Emergency Dental Care

Accidental Dental

Up to a maximum of \$2,000 for the repair, extraction, replacement and treatment to a Covered Person's natural or permanently attached artificial teeth damaged by a direct accidental external blow to the mouth. A Covered Person must see a physician or dentist immediately following the Accident. Treatment must begin within the Period of Coverage and be completed within 182 days of the date of the accidental injury. An accident report is required from the treating physician or dentist.

Relief of Dental Pain

Treatment in a dental office for the Emergency relief of dental pain, excluding root canals, is covered to a maximum of \$300. Treatment must be rendered at a location at least 200 kilometres outside Alberta.

Meals and Accommodation

Up to \$2,500 will be reimbursed to a maximum of \$250 per day for unavoidable additional expenses incurred by one Covered Person when remaining with a sick or injured travelling companion. The delay must be verified by the attending licensed physician and supported with receipts from commercial organizations.

Transportation Benefits

All transportation benefits except for Ambulance Services must receive the prior approval of the Travel Assistance Service and are subject to the discretion of Alberta Blue Cross.

Ambulance Services

Usual, Customary and Reasonable Charges for regular ambulance services from the place of Illness or Accident to the nearest qualified medical facility capable of providing appropriate treatment.

When regular ambulance services cannot be used, up to \$5,000 will be reimbursed towards the cost of emergency evacuation of the Covered Person from a mountain, body of water or other remote location to the nearest qualified medical facility capable of providing appropriate treatment.

Medical Evacuation Air Ambulance Services

The cost of air evacuation between Hospitals, for Hospital admission in Alberta, at the discretion of Alberta Blue Cross or when ordered by the attending physician or the Travel Assistance Service medical advisor and approved by Alberta Health Care Insurance Plan or Alberta Blue Cross.

Medical Evacuation Repatriation

When the Covered Person's medical Emergency is such that:

1. The attending physician or the Travel Assistance Service medical advisor specifies in writing that the Covered Person should immediately return to Alberta for immediate medical attention, Alberta Blue Cross will reimburse the extra cost incurred for the purchase of a one way economy airfare, plus the additional economy airfare, if required, to accommodate a stretcher, to return the Covered Person, by the most direct route, to the air terminal nearest the departure point in Alberta. This benefit assumes the Covered Person is not holding a valid open-return air ticket. The benefit also applies to one member of the family who is covered by an Alberta Blue Cross Travel Agreement, and is travelling with the patient at the time of Illness or injury.

2. The attending physician or the Travel Assistance Service medical advisor or commercial airline stipulates, in writing, that the Covered Person must be accompanied by a qualified medical attendant (not a relative) or a non-medical escort, Alberta Blue Cross will reimburse the Usual, Customary and Reasonable Charges for a medical attendant registered in the jurisdiction in which treatment is provided, including round trip economy airfare, overnight hotel and meal expenses, if required.

Friend / Family Hospital Visit

One round trip economy airfare, by the most direct route from the province of residence, and up to \$2,500 to a maximum of \$250 per day for meals and accommodation will be reimbursed for a family member or friend to visit a Covered Person confined in a Hospital. This benefit requires the Covered Person to have been an Inpatient for at least three (3) days while outside of Alberta, plus the written verification of the attending physician that the situation was serious enough to have required the visit.

The family member or friend is responsible for their own emergency medical travel coverage.

Identification of the Deceased

One round trip economy airfare, by the most direct route from the province of residence, and up to a maximum of \$250 per day to a maximum of three (3) days for meals and accommodation will be reimbursed for a family member or friend to identify the deceased prior to the release of the body, where necessary.

The family member or friend is responsible for their own emergency medical travel coverage.

Return of the Deceased

Up to \$7,000 will be reimbursed towards the cost of preparation and homeward transportation to Alberta, of a deceased Covered Person (excluding the cost of a coffin) or, up to \$2,500 will be reimbursed towards the cost of cremation or burial at the place of death, of the deceased Covered Person.

Return of Dependent Children

Usual, Customary and Reasonable Charges for one-way economy airfare for the return of Dependent children, provided the Covered Person has been admitted to Hospital for more than 48 hours or requires medical repatriation. This includes the cost for an escort at the discretion of Alberta Blue Cross. Receipts must be submitted.

Return of Personal Items

Up to \$500 will be reimbursed towards the cost to return the Covered Person's luggage or personal items if the Covered Person is returned to their departure point by air ambulance as a result of a medical Emergency. This benefit also applies to reimbursement towards the cost of returning the deceased Covered Person's personal items to Alberta. Receipts must be submitted.

Return of Pet(s)

Up to \$500 for the cost of one-way transportation for the return of a pet(s) if the Covered Person is returned to their departure point by air ambulance as a result of a medical Emergency. Receipts must be submitted.

Return of Vehicle

1. Up to \$1,000 will be reimbursed, when pre-approved by Alberta Blue Cross, towards the Usual, Customary and Reasonable Charges for returning the Covered Person's private or rental vehicle, to Alberta or to the nearest appropriate vehicle rental agency, when they are unable due to an unexpected illness or physical injury and their travelling companion is unable to do so. Medical certification is required, as well as receipts for costs incurred (i.e. fuel, accommodation, meals, airfares, etc.).
2. If a Covered Person's private vehicle is rendered inoperable due to an accident, costs will be covered for one-way economy airfare, to return the Covered Person by the most direct route to Alberta. An official police report of the accident is required.

Automatic Extension of Coverage

Coverage under this Agreement will automatically be extended, free of charge, to the Covered Person and any accompanying family members covered under this Agreement for up to 72 hours following the:

1. Covered Person's date of discharge from Hospital if admitted to Hospital prior to the termination date of the maximum length of coverage of an Eligible Trip or prior to the Return Date.
2. Termination of this Agreement when return to Alberta is delayed beyond the termination date of the maximum length of coverage of an Eligible Trip or delayed beyond the Return Date,
 - by order of the attending physician or the Travel Assistance Service medical advisor, due to a covered Illness or accidental injury; OR
 - due to the delay of a common carrier (airplane, bus, train), on which the Covered Person is a passenger; or the delay is caused by a traffic accident or mechanical failure of a private automobile enroute to the departure point.

Claims must be supported by documentary proof.

Travel Assistance Service

In the event of a medical Emergency outside Alberta, contact must be made with our Travel Assistance Service. They will:

Medical Assistance

1. Assist a Covered Person in locating an appropriate physician, clinic or Hospital.
2. Provide information and coordinate payment to the Hospital and/or physician.
3. Monitor the medical treatment of the Covered Person and keep the family informed.
4. Arrange for transportation home of the patient, if medically permissible.
5. Arrange the transportation of a family member to the patient's bedside or to identify the deceased.

6. Arrange repatriation of remains when death occurs away from home.

General Assistance

1. Provide emergency response in most major languages.
2. Assist in contacting family, business partner(s) or family physician.
3. Coordinate local care of Dependent children or grandchildren with an escort if necessary, if the Covered Person is hospitalized.
4. Coordinate the return home of Dependent children or grandchildren with an escort if necessary, if the Covered Person is hospitalized.
5. Arrange the transmission of urgent messages to family members or business partners.
6. Coordinate with government embassies, airlines, tour operators, travel agents and others who will assist in the event of an Emergency.
7. Assist in the event of loss of passports or airline tickets.
8. Assist in locating legal counsel in the event of a serious accident.
9. Coordinate claims processing and health care provider discounts.

In a medical Emergency, the Covered Person, or someone assisting the Covered Person, must call the Travel Assistance Service **before** hospitalization. The Travel Assistance Service will make the necessary arrangements in order to direct the Covered Person to an appropriate clinic or Hospital. Failure to contact the Travel Assistance Service, prior to hospitalization, will result in the medical expenses being denied, unless it was not possible to make contact.

Travel Plan Extensions

For trips exceeding 30 days (Annual travel plan) or the length of the original Agreement (Daily travel plan), contact Alberta Blue Cross to purchase additional days of coverage with an Alberta Blue Cross Daily Travel Agreement.

1. The maximum number of days of travel outside Alberta during the Period of Coverage may not exceed the total of 275 days (approximately nine (9) months).
2. For an Annual Travel Agreement, the first Extension must be purchased from Alberta Blue Cross prior to departure from Alberta.
3. For a Daily Travel Agreement, the Extension must be purchased prior to the Return Date of the original Agreement.
4. A top up is an Extension to an existing Alberta Blue Cross group travel benefit. A top up must be purchased prior to departure from Alberta.
5. Additional Extensions must be purchased prior to the Return Date of the previous Extension.
6. Any Extension must be for the same benefits as the original Agreement.
7. If a claim is incurred during the original Agreement or any Extensions, then no further benefits will be available in relation to that claim under any subsequent Extension.
8. Please provide the original Travel Identification Number or Alberta Blue Cross coverage number at the time of Extension.
9. The Covered Person's Alberta Health Care Insurance Plan must remain in effect for the whole term of this Agreement and all Extensions.
10. Extensions will not be permitted on any travel plan, other than an Alberta Blue Cross underwritten travel plan.
11. Extension requests will be accepted by telephone, if payment is made with a valid major credit card.

How to Claim Benefits

In the event of illness or injury:

1. Contact the Travel Assistance Service prior to commencement of treatment. Failure to do so may invalidate the claim.
2. Obtain and complete a Travel Claim form from Alberta Blue Cross.
3. Obtain and complete the Insurance Claim Consent and Authorization form from Alberta Blue Cross.
4. Submit receipts or statements to Alberta Blue Cross along with the completed Travel Claim and Insurance Claim Consent and Authorization forms.

Claims must be received by Alberta Blue Cross within 12 months of the date of service. When submitting claims to Alberta Blue Cross always include the following:

1. Diagnosis and details of services rendered.
2. Original invoice and other supporting receipts. (Invoice is a detailed list of services provided).
3. Patient's Travel ID number.
4. Patient's Alberta Personal Health Number.
5. Patient's Alberta Blue Cross coverage number, if a member.
6. Details of other health or travel insurance plans the patient may have.
7. Name and phone number of patient's Canadian physician.

The Covered Person's Canadian physician will be contacted by Alberta Blue Cross in order to verify eligibility.

If a Hospital or medical provider does not accept confirmation of payment from the Travel Assistance Service or Alberta Blue Cross, the Member/Agreement Holder or patient will be responsible for payment of any expenses incurred. To receive reimbursement for Eligible Expenses, the Member/Agreement Holder or patient must obtain itemized receipts, or other reasonable evidence, for all services provided and all expenses paid by them.

Please forward all claims to:

Alberta Blue Cross
Attention: Travel Claims
10009 - 108 Street
Edmonton, Alberta T5J 3C5

Eligibility

A Covered Person is NOT eligible for coverage under Alberta Blue Cross travel plans, regardless of the nature of the claim, and Alberta Blue Cross will not pay any benefit or claim, or accept any liability if a Covered Person:

1. Travelling outside Alberta, with the intent or incidentally, to seek any medical advice, surgery, Treatment or second opinion, even if the trip is on the recommendation of a physician or other medical professional.
2. Has booked travel or commenced travel contrary to medical advice or where a Covered Person's physician or other medical professional has advised them not to travel.
3. Has ever had two (2) or more major strokes. (Strokes that have resulted in symptoms that lasted for more than 24 hours).
4. Has an implantable cardioverter-defibrillator (ICD).
5. Is using home oxygen.
6. Has been receiving kidney dialysis.
7. Has received a Terminal Prognosis.
8. Has been diagnosed with Acquired Immune Deficiency Syndrome (AIDS).
9. Has reached the age of 60 prior to or on the Effective Date.

Exclusions & Limitations

Alberta Blue Cross will NOT pay any benefit or accept any liability for claims relating to:

1. Any Pre-existing Medical Condition where the Covered Person is **NOT** Stable at any time within **ninety (90) days** prior to the departure date of travel.

Our definition of **STABLE** is: Any medical condition or related medical condition for which all the following statements are true:

- a) There has been no new diagnosis, Treatment or evaluation of symptoms.
 - b) There has been no change in diagnosis or Treatment.
 - c) There has been no newly prescribed medication or Change in Medication.
 - d) There has been no new symptoms, no increase in the frequency or severity of the symptoms or no indication that the condition may be getting worse.
 - e) There has been no new test results or test results showing a deterioration or pending test results (other than routine tests as part of regular follow-ups).
 - f) There has been no investigations or future investigations initiated or recommended.
 - g) There has been no hospitalization related to any medical condition.
 - h) There has been no referral to a medical specialist or a specialty clinic (made or recommended) and no further investigations or results are pending.
2. Surgery which required hospitalization as an Inpatient during the three (3) month period immediately prior to the departure date of travel.

3. The need for surgery, medication or treatment of a condition where the Covered Person is currently on a medical waiting list in Canada for that condition.
4. Any medical condition where, prior to travel, there was a recommended, or scheduled medical investigation, testing, or surgery whether the Treatment has occurred or not.
5. Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, treatments, tests or procedures were not carried out.
6. Any treatment due to:
 - a medical Emergency that is a result of pregnancy or childbirth complications, including any treatment for the newborn, if a medical Emergency occurs after the 32nd week of gestation.
 - the deliberate inducement of a miscarriage.
 - the Covered Person's pregnancy, if at any time during their medical history indicated a pregnancy that is at high risk for medical complications or there is the risk of a premature birth.
7. Any hospitalization or services rendered in connection with general health examinations for "check-up" purposes; ongoing maintenance of an existing condition; medical attention that was anticipated prior to travel; elective services; rehabilitation or ongoing care in connection with drugs, alcohol or any other substance abuse; in the nature of a rest cure or travel for health; any treatment which is experimental or recognized by Alberta Health as experimental; or for cosmetic purposes.
8. Expenses incurred outside Alberta, when the Covered Person could have been returned to Alberta without endangering their life or health, even if the Treatment available in Alberta could be of lesser quality than the treatment available outside Alberta or even if the Covered Person must go on a waiting list for that treatment.

9. Hospital accommodation or Treatment received in a hospital other than a General Active Treatment Hospital such as a chronic care hospital or a chronic care unit of a public hospital, convalescent or nursing homes or health spas.
10. Emergency medical care expenses in excess of \$5 million (Canadian), per Covered Person, per Period of Coverage.
11. Services provided by naturopaths, homeopaths, optometrists, or nurse's assistants.
12. Abuse of medication, toxic substances or alcohol.
13. The use of non-prescribed drugs.
14. Expenses incurred due to driving a motorized vehicle while impaired by drugs, toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood.
15. Suicide, attempted suicide or self-inflicted injury of a Covered Person, whether or not the Covered Person is sane.
16. Commission of or attempt to commit, directly or indirectly, a criminal act under legislation in the area of commission of the offense.
17. Participation as a Professional in a sport or activity.
18. Training, practicing or participating in any competitive or non-competitive activities that involve any motor sport, motorized speed contest, rodeo activity or Extreme Sport (including, but not limited to, bungee jumping, hang gliding, parachuting, para-sailing, mountain climbing, rock climbing, skydiving, scuba diving as a Professional or without certification).
19. Any flight Accident (including, but not limited to, light, ultralight or homebuilt aircraft, ballooning, hang-gliding, gliding) unless the Covered Person is riding as a fare paying passenger on a commercial airline or charter aircraft with a seating capacity of six (6) people or more.

20. Participation in an insurrection, war or act of war (declared or not), the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, participation in any riot or public confrontation, civil commotion, or any other act of aggression.
21. Emergency medical care expenses incurred in a country, region or city during a Covered Person's trip when, prior to the departure date, a written formal notice was issued by the Department of Foreign Affairs, Trade and Development of the Canadian government, or its equivalent, advising Canadians to avoid non-essential travel or avoid all travel to that country, region or city unless the incident is unrelated to the posted warning.
22. Hospitalization, if, in a medical Emergency, the Covered Person, or someone assisting the Covered Person, did not call the Travel Assistance Service **before** hospitalization. The Travel Assistance Service will make the necessary arrangements in order to direct the Covered Person to an appropriate clinic or Hospital. Failure to contact the Travel Assistance Service, prior to hospitalization, will result in medical expenses being denied unless it was not possible to make contact.

Terms of Agreement

1. All the printed provisions in this Agreement will constitute the entire Agreement between Alberta Blue Cross and the Covered Person(s) and no verbal or other written information apart from that provided in this Agreement shall have any effect. No amendments to this Agreement will be valid unless made by Alberta Blue Cross, in writing, and signed by an authorized representative of Alberta Blue Cross.
2. Alberta Blue Cross reserves the right to accept or decline the purchase of travel coverage based on the assessment of a medical condition or the overall health of any individual applying for coverage.
3. This Agreement shall be void if, whether before or after an Accident, Illness or injury, a Covered Person has not disclosed, has concealed or has misrepresented any material fact or circumstance concerning this coverage.
4. Alberta Blue Cross reserves the right to refuse coverage.
5. No benefits are available under the Annual Travel Agreement for business travel and job related Illness or injury; however, this does not include attendance at a convention, conference, trade show or exhibition by a Covered Person if that Covered Person is present only to receive information or a product.
6. All amounts indicated in this Agreement are in Canadian funds.
7. All benefit levels outlined in this Agreement are per person amounts, unless otherwise stated.
8. Any unsigned travel coverage application accepted by Alberta Blue Cross is considered valid by proxy. Proxy is the authorization given to a person to act for another.
9. Application for travel coverage must be accepted by Alberta Blue Cross on or before the Effective Date.
10. This travel coverage is valid on the Effective Date.

11. Coverage is purchased for the Covered Person and/or their family. This Agreement is not transferable to another person or family.
12. Eligibility is based on the age of the eldest Covered Person on the Effective Date.
13. Family rates are based on the age of the eldest Covered Person on the Effective Date. Family rates are calculated by taking the age of the eldest Covered Person and multiplying by two.
14. Family coverage for the **Annual Travel Agreement** includes Spouse and/or eligible Dependent children under the age of 18. Family coverage for the **Daily Travel Agreement** includes Spouse and/or eligible Dependent children less than 21 years of age.
15. Family coverage is available to the Member/Agreement Holder, Spouse and/or eligible Dependents.
16. Single coverage is only available to the Member/Agreement Holder.
17. The maximum Daily Travel Agreement length, including all Extensions, is 275 days [approximately nine (9) months] for eligible persons **age 59 and under**.
18. The Annual Travel Agreement shall be in effect for a period of one year, less a day, from the Effective Date.
19. The Annual Travel Agreement includes any number of trips taken during the year. The maximum length of each Eligible Trip is 30 days. Coverage terminates 30 days after the Covered Person leaves Alberta. Covered Persons must return to their place of residence in Alberta to be eligible for an additional Eligible Trip.
20. Alberta Blue Cross Annual and Daily Travel Agreements are only available to Alberta residents **age 59 and under** covered by the Alberta Health Care Insurance Plan, in good standing, and who are travelling outside Alberta.
21. Purchase of Annual travel coverage and the **first extension of coverage must be purchased prior to departure from Alberta**.

22. A Daily Travel Agreement must be purchased prior to the departure date for the entire duration of any trip outside of Alberta, including the date of departure from and the date of return to Alberta.
23. Coverage is void if the Agreement was purchased while outside of Alberta.
24. Coverage is void if it is determined that the entire trip was not covered by Alberta Blue Cross travel coverage.
25. If a Covered Person returns to Alberta prior to the Daily Travel Agreement's Return Date, any unused days of coverage under the Agreement are void.
26. If any portion of an Eligible Trip takes place after the termination date of the Annual Travel Agreement, the Covered Person(s) will not be covered for the remaining portion of the trip.
27. Payment for the Annual Travel Agreement is non-refundable.
28. Coverage will be declined if the payment made is not received by Alberta Blue Cross due to non-payment, an N.S.F. cheque or invalid credit card charge.
29. The Travel Assistance Service has the authorization to act on behalf of Alberta Blue Cross.
30. Alberta Blue Cross, in consultation with the attending physician or the Travel Assistance Service medical advisor, reserves the right to transfer the Covered Person to another Hospital or to return the Covered Person to Alberta. Refusal to comply with the transfer request will void the Agreement from that time forward and will absolve Alberta Blue Cross of any further liability, whether that liability is related to the initial incident or not.
31. The following benefits are not covered unless prior approval is received from Alberta Blue Cross: Medical evacuation air ambulance services; Medical evacuation repatriation; Friend/Family Hospital visits; Identification of the deceased; Return of the deceased; Return of dependent children; Return of personal items; Return of pet(s); Return of vehicle.

32. Alberta Blue Cross will cover Usual, Customary and Reasonable Charges for eligible Emergency medical care expenses. Covered benefits shall be payable only on the submission of certification by the attending physician or the Travel Assistance Service medical advisor that services were for Emergency treatment defined as treatment of an immediate nature required as a result of an unforeseen Accident or Illness.
33. Only charges for Emergency medical services incurred while the Covered Person is outside the boundaries of Alberta, during the Period of Coverage, will be eligible.
34. To be eligible, the Hospital or medical benefits covered under this Agreement must have been provided at the nearest eligible facility capable of providing adequate service at the time of the Illness or injury.
35. Alberta Blue Cross shall have the right to obtain medical information from the Covered Person's physician(s) and may request an assessment by an independent physician(s) or specialist(s) to administer the terms of this Agreement.
36. Alberta Blue Cross has the authority to obtain the Covered Person's pertinent medical records, information or payment from any physician, dentist, hospital, clinic, related facility or other insurers to administer the terms of this Agreement.
37. No benefits are payable for expenses incurred after the Return Date, unless admitted to Hospital prior to the Return Date or when automatic extension of coverage is provided.
38. Alberta Blue Cross and the Travel Assistance Service are not responsible for the availability, quality or results of any medical treatment or transportation, or the failure of a Covered Person to obtain medical treatment.
39. If the air ambulance benefit is used, the unused portion of the Covered Person's air ticket must be surrendered to Alberta Blue Cross.
40. Claims must be submitted to Alberta Blue Cross within 12 months of the date of service.

41. All claims must be supported by receipts from commercial organizations.
42. Alberta Blue Cross may request proof of departure upon receipt of a claim. Be prepared to provide a ticket of travel, fuel, restaurant or hotel receipts or a passport stamp indicating the date of departure from Alberta or Canada.
43. It is the Covered Person's responsibility to be able to prove their dates of travel are consistent with the terms of the Agreement.
44. No sum payable under this Agreement shall carry interest.
45. When payment is made by Alberta Blue Cross directly to the Member/Agreement Holder or beneficiary, payment will be made by cheque in Canadian funds, based on the rate of exchange in effect at the time the service was performed or product supplied, as determined by any Canadian chartered bank.
46. This Agreement shall be governed by and interpreted in accordance with the laws of the Province of Alberta.
47. Alberta Blue Cross Travel Coverage is not a substitute for any other coverage. Alberta Blue Cross Travel Coverage pays expenses in excess of those covered under a government operated program or by any other insurance or benefit plan under which a Covered Person has benefits, to the maximum of the allowable amount provided by this coverage. In the event a Covered Person is entitled to similar benefits under any other individual or group contracts including, but not limited to, the Alberta Health Care Insurance Plan, Workers' Compensation, credit card coverage, private or auto insurance, Alberta Blue Cross will coordinate the payment of benefits to a maximum of the largest amount specified by each insurer. Payment of the total benefits by all insurers cannot exceed one hundred percent (100%) of the actual Eligible Expenses which were incurred.

48. Limitation periods for legal actions – Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.
49. If, in the event of loss, the Covered Person shall acquire any right of action against any individual, firm or corporation for loss covered hereunder, the Covered Person will, if requested by Alberta Blue Cross, assign and transfer such claim or right of action to Alberta Blue Cross to all such rights of action to the amount of any indemnity for loss paid by Alberta Blue Cross. The Covered Person will permit suit to be brought in the Covered Person's name under the direction of Alberta Blue Cross. The Covered Person shall do nothing after a loss to prejudice such rights.
50. If Alberta Blue Cross pays benefits for a Covered Person and a third party makes payment for those same benefits, the Covered Person will owe Alberta Blue Cross the amount previously paid by Alberta Blue Cross.

Definitions

ACCIDENT: a happening which is not due to illness, but is due to external, violent, sudden, unexpected causes being beyond the Covered Person's control.

AGREEMENT: this contract, the validated application and any subsequent amendments.

ANNUAL: a one year period, less a day, from the Effective Date on the valid travel Agreement.

CHANGE IN MEDICATION: any increase or decrease in dose, strength or frequency of a prescribed medication, as well as the addition or discontinuation of any medication. The following is not considered a change in existing medication:

- a) The daily sliding scale or glucometer adjustments for insulin injections.
- b) A change from a brand name medication to the generic form of the same medication, provided the dosage is the same.
- c) The routine adjustment of Coumadin or Warfarin or other anticoagulant medications except where newly prescribed or stopped.

COVERED PERSON: the Member/Agreement Holder and, depending on the coverage selected, may include the Spouse and/or Dependent children of the Member/Agreement Holder, who is **age 59 and under** prior to or on the Effective Date. The Covered Person must reside in Alberta and be covered by the Alberta Health Care Insurance Plan, in good standing.

DEPENDENT: the Member/Agreement Holder's Spouse and any unmarried children, less than 18 years of age under the **Annual Travel Agreement**, and less than 21 years of age under the **Daily Travel Agreement**, who are financially dependent on the Member/Agreement Holder and are listed under the Member/Agreement Holder's Alberta Health Care Insurance Plan.

EFFECTIVE DATE: the date coverage begins on the Annual and Daily Travel Agreement.

ELIGIBLE EXPENSES: charges incurred by a Covered Person and are payable by Alberta Blue Cross based on the provisions of this Agreement.

ELIGIBLE TRIP: any number of trips may be taken during the Annual period to a combined maximum of 275 days in a 12 month period including all extensions. The maximum length of coverage the Annual Travel Agreement provides, for each eligible trip, is 30 days. Coverage terminates 30 days after the Covered Person leaves Alberta.

EMERGENCY: medical treatment of an immediate nature required as a result of an unforeseen Accident or Illness.

EXTENSION: the purchase of additional days of coverage to an existing Alberta Blue Cross travel plan or travel benefit.

EXTREME SPORT: any sporting or recreational activity that lies outside the normal rules or limits of traditional sports or an activity that is made extreme or dangerous by modifying the equipment and locales or where there can be a high probability of physical danger, risk of injury or death as a result of participation.

HOSPITAL / ACTIVE TREATMENT HOSPITAL / GENERAL ACTIVE TREATMENT HOSPITAL: an institution which is legally licensed as a hospital, in the jurisdiction in which services are provided, for the care and treatment of resident Inpatients. The term hospital, as used in this Agreement, shall not include a rehabilitation hospital, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat substance abuses.

ILLNESS: any condition, sickness or disease first manifesting itself during the term of a trip while this Agreement is in force.

INCIDENTAL EXPENSES: miscellaneous expenses incurred by the covered Inpatient as a result of hospitalization due to a covered Accident or Illness (i.e. telephone, television).

INPATIENT: a Covered Person admitted and confined to a General Active Treatment Hospital for more than 24 hours on the recommendation of the attending physician.

MEDICAL CONSULTATION: any visit with a medical practitioner. This excludes minor ailments and routine checkups where the results of the checkup and any testing are known and no new symptoms were reported, there were no new diagnoses, an existing condition did not deteriorate, and there were no recommended changes in Treatment.

MEMBER / AGREEMENT HOLDER: the person whose application for coverage has been accepted by Alberta Blue Cross and whose payments have been paid in accordance with this Agreement.

PERIOD OF COVERAGE (Annual Travel Agreement): up to 30 days, per Eligible Trip, beginning on the date of departure from Alberta. For each Eligible Trip, benefits become effective at the time of leaving Alberta and expires: at the time the Covered Person(s) arrives back to Alberta, the specified end date of this Agreement, or the last day of an Eligible Trip, whichever comes first.

PERIOD OF COVERAGE (Daily Travel Agreement): the total number of consecutive days of coverage beginning on the Effective Date and ending on the Return Date. Benefits become effective at the time of leaving Alberta and expire when the Covered Person(s) arrives back to Alberta, or on the return date of this Agreement, whichever comes first.

PRE-EXISTING MEDICAL CONDITION: a medical condition which presented signs or symptoms or for which a Covered Person has received Medical Consultation, and/or which existed prior to the departure date of travel, whether or not the medical condition had been diagnosed by a physician. This definition includes a medically recognized complication or recurrence of a medical condition or related medical condition or a medical condition which occurred during the Period of Coverage.

PROFESSIONAL: an individual who participates in a sport or activity with an expectation of remuneration or sponsorship or endorsement or to receive financial return which could form a substantial part of their livelihood.

RETURN DATE: the date coverage ends on the Agreement or when the Covered Person(s) returns back to Alberta, whichever comes first.

SPOUSE: a person to whom the Member/Agreement Holder is legally married or is a partner who has cohabitated with the Member/Agreement Holder for a minimum of 12 consecutive months and through this period has been publicly represented as the Member/Agreement Holder's spouse and must be **age 59 and under**. The spouse must be registered under the Member/Agreement Holder's Alberta Health Care Insurance Plan.

STABLE: any medical condition or related medical condition for which all the following statements are true:

- a) There has been no new diagnosis, Treatment or evaluation of symptoms.
- b) There has been no change in diagnosis or Treatment.
- c) There has been no newly prescribed medication or Change in Medication.
- d) There has been no new symptoms, no increase in the frequency or severity of the symptoms or no indication that the condition may be getting worse.
- e) There has been no new test results or test results showing a deterioration or pending test results (other than routine tests as part of regular follow-ups).
- f) There has been no investigations or future investigations initiated or recommended.
- g) There has been no hospitalization related to any medical condition.
- h) There has been no referral to a medical specialist or a specialty clinic (made or recommended) and no further investigations or results are pending.

TERMINAL PROGNOSIS: an advanced stage of a medical condition for which a physician gave a prognosis of eventual and inevitable death or palliative care was received.

TRAVEL ASSISTANCE SERVICE: provides help, primarily in medical emergencies during travel. This service is employed by Alberta Blue Cross and has the authorization to act on behalf of Alberta Blue Cross.

TREATMENT: a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a physician, including but not limited to prescribed medication, investigative testing and surgery. Treatment does not include the unaltered use of prescribed medication for a medical condition or a medical examination in which a physician observes no change in a previously identified condition or investigative testing where a medical condition was not diagnosed.

USUAL, CUSTOMARY AND REASONABLE CHARGES:

“Usual” means the amount normally charged for a service given or supplied by a provider; “Customary” means the range of usual charges by providers with similar expertise and services within the geographic area; “Reasonable” means those charges that, in the opinion of the provider’s professional association, are justifiable in the circumstances of the particular case in question.

Refunds

Annual Travel Agreement

- Payments made for Annual Travel Agreements are non-refundable after the Effective Date. No partial refunds will be made for any reason.
- Failure to travel, duplicate travel coverage or the development of a medical condition which would cause the Covered Person to be ineligible for coverage does not constitute cause for a payment refund.

Daily Travel Agreement

- Full refunds will be permitted for Daily Travel Agreements if notice is postmarked or received prior to the Effective Date.
- Partial refunds will be permitted, less a \$15 administration fee. Proof of early return must be provided or a written request must be received prior to the termination date of the Agreement.
- Partial refunds for early return will be permitted even if there is a claim pending or paid.

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affordable, easy and convenient.**

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www.ab.bluecross.ca

A toll-free line is available for people
living outside these major areas

1-800-661-6995



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