



Preparing for your vacation

Know what to do in case of a medical emergency

For Great-West plan members

If you are travelling outside Canada, a little preparation is key to enjoying some time away. Before leaving, you should know what type of coverage you have in place, who to call in case of a medical emergency and how to make a claim for any out-of-pocket emergency medical expenses.

Understanding group and other travel insurance coverage

Great-West Life's out-of-country emergency care coverage is designed to provide benefits during a medical emergency while you or your covered dependants are temporarily outside Canada for business, education or vacation.

What is considered a medical emergency for the purposes of out-of-country emergency care coverage will depend on the specific terms of your group plan. Most group plans with out-of-country emergency care coverage provide coverage for medical expenses incurred only during the initial treatment of a medical emergency, such as physician fees, lab fees and hospital fees. It's important to review your booklet for further details of your coverage before leaving the country.

Provincial healthcare plan coverage must be in place in order for Great-West coverage to apply. If you are leaving the country for an extended period, you should inquire about getting a coverage extension of your provincial healthcare coverage prior to leaving Canada. In addition, you should be aware of any trip limits associated with your group plan. If you are travelling outside Canada for periods beyond this trip limit, you may want to consider purchasing additional coverage.

Coverage for global medical/travel assistance (“travel assistance”)

Travel assistance is a separate type of coverage from out-of-country emergency care coverage. Great-West's travel assistance coverage provides aid to travelers through 24-hour-a-day, seven-day-a-week access to a travel assistance provider. When you contact the travel assistance provider, the provider can direct you to a healthcare facility or assist with travel arrangements following a medical emergency. Travel assistance is also available if you are travelling within Canada more than 500 kilometers from home.

Great-West plans do not include coverage for trip cancellation, trip interruption or loss or damage of baggage. You may want to consider obtaining these types of coverage from other sources, such as travel agencies.

Getting ready to leave

Before leaving, you should:

- Leave details of insurance coverage with a contact person at home.
- Consider talking to your doctor to address any concerns about travelling with a medical condition.

We suggest having the following information with you when traveling:

1. Your Plan ID (either your Benefits Card with travel assistance contact numbers or your Travel Emergency Medical Card);
2. Your provincial health card; and
3. A valid passport.

For more information

If you have any general questions about your Great-West out-of-country emergency care coverage, please call 1-800-957-9777.

Visit Great-West's *GroupNet for Plan Members* website for coverage information, travel assistance cards and claim forms.

See www.voyage.gc.ca for a traveler's checklist, information on travelling with children and other travel tips.

In case of medical emergency

If you experience a medical emergency while outside Canada, you should contact the travel assistance location nearest you or have someone call on your behalf. The phone numbers (which can also be found on the back of your benefits card) are as follows:

NOTE: These toll-free numbers are meant to be used in case of emergency only and may not work in all circumstances. Cell phones do not always connect to toll-free numbers, and some pay phones may require payment in order to place the call.

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 countries list, go to *GroupNet™ for Plan Members* or www.greatwestlife.com – Client Services – Group Benefits Plan Members.

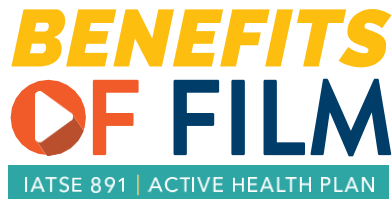
** Long distance charges can be submitted to Great-West for reimbursement.

In the rare event that you cannot successfully reach the travel assistance provider by calling collect, you may opt to pay for the call yourself and file a claim for reimbursement later.

Making a claim

If you incur any out-of-pocket expenses for a medical emergency, and have not contacted the travel assistance provider, you will need to submit an out-of-country claim form (*not a healthcare expenses statement*) and the associated provincial form for your province of residence. These forms can be found by visiting Great-West's website at www.greatwestlife.com and clicking *Client Services* or by going to the *GroupNet for Plan Members* website.





Information to Applicant REGARDING APPLICABLE COVERAGE:

Effective Jan. 1, 2016

There are limitations to “out of country coverage”.

MSP must be maintained.

Provincial plan coverage has to be maintained in order to continue any extended health benefits – 6 months is pretty standard for most provinces including British Columbia. It is the member’s responsibility to meet those eligibility requirements. The Union, the IATSE 891 MPWHBT, J&D Benefits and our various benefits suppliers will assume no responsibility and cannot be held in any way liable for the failure of the member to do so.

Global Medical Assistance Program

This program provides medical assistance through a worldwide communications network which operates 24 hours a day. The network locates medical services and obtains Great-West Life's approval of covered services, when required as a result of a medical emergency arising while you or your dependent is travelling for vacation, business or education. Coverage for travel within Canada is limited to emergencies arising more than 500 kilometres from home. You must be covered by the government health plan in your home province to be eligible for global medical assistance benefits. The following services are covered, subject to Great-West Life's prior approval:

- On-site hospital payment when required for admission, to a maximum of \$1,000
- If suitable local care is not available, medical evacuation to the nearest suitable hospital while travelling in Canada. If travel is outside Canada, transportation will be provided to a hospital in Canada or to the nearest hospital outside Canada equipped to provide treatment
- When services are covered under this provision, they are not covered under other provisions described in this booklet
- Transportation and lodging for one family member joining a patient hospitalized for more than 7 days while travelling alone. Benefits will be paid for moderate quality lodgings up to \$1,500 and for a round trip economy class ticket
- If you or a dependent is hospitalized while travelling with a companion, extra costs for moderate quality lodgings for the companion when the return trip is delayed due to your or your dependent’s medical condition, to a maximum of \$1,500

- The cost of comparable return transportation home for you or a dependent and one travelling companion if prearranged, prepaid return transportation is missed because you or your dependent is hospitalized. Coverage is provided only when the return fare is not refundable. A rental vehicle is not considered prearranged, prepaid return transportation
- In case of death, preparation and transportation of the deceased home
- Return transportation home for minor children travelling with you or a dependent who are left unaccompanied because of your or your dependent's hospitalization or death. Return or round trip transportation for an escort for the children is also covered when considered necessary
- Costs of returning your or your dependent's vehicle home or to the nearest rental agency when illness or injury prevents you or your dependent from driving, to a maximum of \$1,000. Benefits will not be paid for vehicle return if transportation reimbursement benefits are paid for the cost of comparable return transportation home

Benefits payable for moderate quality accommodation include telephone expenses as well as taxicab and car rental charges. Meal expenses are not covered.

Out-Of-Country Care

- **Emergency care** outside Canada is covered if it is required as a result of a medical emergency arising while you or your dependent is temporarily outside Canada for vacation, business or education purposes. To qualify for benefits, you must be covered by the government health plan in your home province.

A medical emergency is either a sudden, unexpected injury, or a sudden, unexpected illness or acute episode of disease that could not have been reasonably anticipated based on the patient's prior medical condition.

Emergency care is covered medical treatment that is provided as a result of and immediately following a medical emergency.

If the patient's condition permits a return to Canada, benefits are limited to the lesser of:

- the amount payable under this out-of-country care provision for continued treatment outside Canada, and
- the amount payable under the healthcare provisions of your employer's self-funded benefit plan described in this booklet for comparable treatment in Canada plus the cost of return transportation.

No benefits are paid for:

- any further medical care related to a medical emergency after the initial acute phase of treatment. This includes non-emergency continued management of the condition originally treated as an emergency
- any subsequent and related episodes during the same absence from Canada
- expenses related to pregnancy and delivery, including infant care:
 - after the 34th week of pregnancy, or
 - at any time during the pregnancy if the patient's medical history indicates a higher than normal risk of an early delivery or complications.

Non-emergency care outside Canada is covered for you and your dependents if:

- it is required as a result of a referral from your usual Canadian physician
- it is not available in any Canadian province and must be obtained elsewhere for reasons other than waiting lists or scheduling difficulties
- you are covered by the government health plan in your home province for a portion of the cost, and
- a pre-authorization of benefits is approved by Great-West Life before you leave Canada for treatment.

No benefits will be paid for:

- investigational or experimental treatment
- transportation or accommodation charges.

The plan covers the following services and supplies when related to out-of-country care:

- treatment by a physician
- diagnostic x-ray and laboratory services
- hospital accommodation in a standard or semi-private ward or intensive care unit, if the confinement begins while you or your dependent is covered
- medical supplies provided during a covered hospital confinement
- paramedical services provided during a covered hospital confinement
- hospital out-patient services and supplies
- medical supplies provided out-of-hospital if they would have been covered in Canada, under the healthcare provisions of your employer's self-funded benefit plan described in this booklet
- drugs for emergency medical situation only - routine prescription refills should be arranged in Canada on an exception basis prior to travel
- out-of-hospital services of a professional nurse
- for emergency care only:
 - ambulance services by a licensed ambulance company to the nearest centre where essential treatment is available
 - dental accident treatment if it would have been covered in Canada.