



SPECIALTY PRODUCTS

21-24

Out-of-Country Emergency Care and Travel Assistance coverage reminders

Before travelling, we recommend that you check your provincial and federal guidelines for out-of-country travel. A little preparation can help put your mind at ease when you travel outside of Canada. So before you leave, you should know what type of coverage you have, who to call in case of a medical emergency and how to make a claim before you leave.

Understanding group and other travel insurance coverage

Your Out-of-Country Emergency Care coverage is designed to provide benefits during a medical emergency while you or your dependants are temporarily outside of Canada, for vacation, business or education.

What's considered a medical emergency? That depends on the terms of your group plan for Out-of-Country Emergency Care coverage. Most group plans with Out-of-Country Emergency Care cover 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 benefits booklet for further details about your coverage before you travel.

Provincial health care coverage must be in place for your Out-of-Country Emergency Care coverage to apply. You can also consider purchasing additional insurance if your trip is longer than the trip limit of your group plan.

Travel Assistance coverage

Your group plan may provide Travel Assistance coverage, which is different than Out-of-Country Emergency Care coverage. Travel Assistance provides 24/7 access to a travel assistance provider. The travel assistance provider can direct you to a health care facility or assist with travel arrangements following a medical emergency. As with Out-of-Country Emergency Care coverage, it's important to review your benefits booklet for the specifics of your coverage, including any coverage limitations related to trip duration.

Canada Life™ plans don't include trip cancellation, trip interruption or lost and damage baggage coverage.

COVID-19

Claims related to COVID-19 during travel to a country with or without travel advisory warnings will be assessed like any other claim under your plan. Plan coverages vary, so every claim will be handled on a case-by-case basis. For a case to be considered a medical emergency, you must

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have acute symptoms of an illness. A positive COVID-19 test without acute symptoms isn't considered a medical emergency.

Coverage for COVID-19 diagnostic/screening and antibody/serology tests aren't covered under the standard group benefits plan; however, with a prescription it may be eligible under a health care spending account if your plan has one.

The following medical care is covered if you contract COVID-19:

- If you go to a clinic because you don't feel well. A physician's consultation would be an eligible expense.
- If you're hospitalized. These medical costs are eligible for coverage.

Quarantine expenses aren't covered.

Getting ready to leave

Before travelling you should:

- Review your benefits booklet to understand the specifics of your coverage
- Leave the insurance coverage details with a contact at home
- Talk to your doctor if you have concerns about any medical conditions

Keep with you when travelling:

- Your group benefits plan ID and phone number(s) to call in case of a medical emergency. These numbers are located on your benefits or Travel Assistance card and in your Travel Assistance brochure.
- Your provincial health card
- A valid passport

If you have access, visit mycanadalifeatwork.com for an Out-of-Country Emergency Care coverage letter and claim forms.

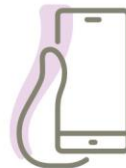
See travel.gc.ca for a traveller's checklist, information on travelling with children and other travel tips.

Making a claim

If you experience out-of-pocket expenses for a medical emergency, and haven't contacted the travel assistance provider, you'll need to submit an out-of-country claim form (not a health care expenses statement) and the applicable provincial/territorial form. These forms can be found on canadalife.com.

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