
TRAVEL INSURANCE COVERAGE

**Information compiled by the
Canadian Hemophilia Society
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Canadian Hemophilia Society
Help Stop the Bleeding

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TABLE OF CONTENTS

INTRODUCTION	3
TWO EXAMPLES OF TRAVEL INSURANCE COVERAGE	4
Example 1: Blue Cross	4
PACIFIC BLUE CROSS (BRITISH COLUMBIA)	4
BLUE CROSS ALBERTA	5
BLUE CROSS SASKATCHEWAN	5
BLUE CROSS MANITOBA	6
IN QUEBEC, ONTARIO AND ATLANTIC PROVINCES	6
Example 2 : RBC Travel Insurance (available at RBC Bank local branches)	8
TRAVEL OUTSIDE YOUR PROVINCE	9
BRITISH COLUMBIA : MSP (MEDICAL SERVICES PLAN)	9
ALBERTA HEALTH CARE INSURANCE PLAN	10
SASKATCHEWAN HEALTH.....	11
MANITOBA HEALTH PLAN.....	12
ONTARIO HEALTH INSURANCE PLAN (OHIP)	13
RAMQ (RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC) PROVINCIAL INSURANCE	14
NEW BRUNSWICK MEDICARE	15
PRINCE EDWARD ISLAND DEPARTMENT OF HEALTH	17
NOVA SCOTIA MSI (MEDICAL SERVICES INSURANCE PROGRAM)	18
NEWFOUNDLAND HOSPITAL INSURANCE PLAN	18
STUDYING ABROAD AND AWAY FROM YOUR PROVINCE	21
To remain covered by your provincial plan	21
BRITISH COLUMBIA : MSP	21
ALBERTA HEALTH CARE INSURANCE	21
SASKATCHEWAN HEALTH.....	21
MANITOBA HEALTH INSURANCE.....	22
ONTARIO HEALTH INSURANCE PLAN	22
QUEBEC MEDICARE	22
NEW BRUNSWICK MEDICARE	23
PRINCE EDWARD ISLAND DEPARTMENT OF HEALTH	23
NOVA SCOTIA MEDICAL SERVICES INSURANCE	23
NEWFOUNDLAND MEDICAL CARE PLAN	23
CONCLUSION AND HELPFUL TIPS	24

INTRODUCTION

Individuals with a bleeding disorder may find cost related to an emergency situation very expensive outside the country or even their province of residence without first obtaining travel health insurance. Such policies are commonly known as “travel insurance”.

Travel insurance can include different types and ranges of products. Such a policy may, for example, only reimburse trip cancellation costs and therefore not pay for hospital care outside the province.

Travel insurance that covers medical expenses outside the province is usually for emergency care only. This means it will only reimburse the cost of fortuitous events and unanticipated medical problems.

This document provides information on private health coverage for temporary trips outside your province. Please note that information on travel health insurance can be obtained on the Web site of the OmbudService for Life & Health Insurance:

www.olhi.ca/downloads/pdf/Brochure_Guide_To_Travel_ENG.pdf

EXAMPLES OF TRAVEL ISURANCE COVERAGE

A number of companies offer travel insurance. Following our 2009 survey about Insurance Access, it came to our attention that two major companies were used at the time by people living with bleeding disorders: Blue Cross and RBC Travel Insurance. Below we present the two major players’ plans in this field which can help you have an idea of your possibilities and the rules which govern these plans.

TRAVEL OUTSIDE YOUR PROVINCE

In order to have a safe and pleasant trip, you should know what kind of emergency medical coverage protection you will get while travelling abroad or outside your province of residence. In the latter section of this document, we present some important things to know about your provincial plan and private insurance plans while travelling temporarily outside of your province.

STUDYING ABROAD AND AWAY FROM YOUR PROVINCE

Students planning to study in another province or abroad also need to make sure they have the proper health coverage. This section provides information specific to studying out of province.

TWO EXAMPLES OF TRAVEL INSURANCE COVERAGE

Example 1 – Blue Cross

Blue Cross is a well-known travel insurance provider, used by many persons with a bleeding disorder in Canada. However, Blue Cross is not a single entity and major differences exist between the different regions in Canada. Here is a review of what the insurer proposes for persons with bleeding disorder depending on your province residence.

PACIFIC BLUE CROSS (BRITISH COLUMBIA)

For the Emergency Medical Care Benefits, no benefits are payable if the loss sustained or the expenses incurred result directly or indirectly from one of the following causes:

Exclusions relating to pre-existing conditions

1) For persons

- under the age of 61 and covered by Individual, Package (including trip cancellation, trip interruption, etc.), Annual; or
- aged 61 to 75 and covered by Package Insurance for a period of 30 days or less and including the Trip Cancellation and Interruption benefit with an insured amount before departure.

During the 3 months prior to the Effective date of coverage:

- a) any illness, injury or condition (with exception of a minor ailment) related to a medical condition for which the Covered person
- consulted a Physician (other than for a regular checkup); or
 - was hospitalized; or
 - was prescribed or received a new treatment or
 - received a change in an existing treatment or
 - was prescribed or had taken a new medication; or
 - received a change in existing medication.
- b) any heart condition for which the Covered person has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain.
- c) any pulmonary condition for which the Covered person was treated with home oxygen or had recourse to a corticoid therapy.

Exclusions relating to pre-existing conditions

2) For persons

- Aged 61 to 75 and covered by Individual, Annual; or
- Aged 61 to 75 and covered by Package Insurance for a period of 30 days or less and not including the Trip Cancellation and Interruption benefit with an insured amount before departure; or
- Aged 61 to 75 and covered by Package Insurance for a period of 31 days or more; or
- Aged 76 or over.

During the 6 months prior to the Effective date of coverage, any illness or condition related to one of the medical condition listed below for which the Covered person:

- consulted a physician (other than for a regular checkup); or
- was hospitalized
- was prescribed or received a treatment; or
- was prescribed or had taken a medication for: cardiovascular conditions, chronic obstructive lung conditions; neurological conditions; Insulin-dependent diabetes; kidney failure, kidney transplantation; gastrointestinal conditions; cancer or malignant tumor.

During the 6 months prior to the Effective date of coverage, any other illness, injury or condition related to a medical condition for which the Covered person:

- consulted a physician (other than for a regular checkup); or
- was hospitalized
- was prescribed or received a treatment; or
- was prescribed or had taken a new medication; or
- received a change in existing medication.

Information can be found on Pacific Blue Cross' Website:

www.pbchbs.com/Corp/Default.aspx

www.pac.bluecross.ca/travelweb

BLUE CROSS ALBERTA

Alberta Blue Cross will require any persons living with a bleeding disorder to fill at least a health questionnaire and may also ask for more detailed information about your health. Depending on your personal medical condition, they can accept you with full coverage without any additional medical premiums, with additional medical premiums, or they can simply deny you.

BLUE CROSS SASKATCHEWAN

For the Daily Travel Plan, Blue Cross Saskatchewan will ask for your pre-existing conditions to have been stable and controlled during the last 6 months. No benefits are payable for any illness, injury or condition related to a medical condition for which the covered person consulted a physician, was hospitalized, received treatment or was advised to do so, was prescribed new medication or a change of dosage, or for which symptoms occurred and/or required medical investigation during the 6 months prior to the effective date of coverage.

Additional restrictions apply for the individuals aged between 60 and 69 who travel over 59 days and for individuals over 70. Those persons have to fulfill other criteria based on health. For example, this group of people won't be eligible for coverage if in the last 24 months prior to the date of travel they have:

- HIV, AIDS
- Hepatitis
- Heart attack
- etc.

As for the **International Student Travel Plan**, no pre-existing conditions are covered.

BLUE CROSS MANITOBA

Blue Cross Manitoba only addresses the preexisting conditions for the applicants of the **Deluxe Travel Health Plan** and the **Annual Travel Plan** and only if they are 55 years and older.

In both cases, pre existing conditions means “an illness or medical condition for which the Subscriber during the 12 months prior to the effective date of coverage for the trip in question, consulted a Physician, or was hospitalized, or received Treatment, or was prescribed Treatment or new medication or was given a change of dosage”.

To be cover, the same medical condition must be “stable and controlled” which means that the medical condition is not worsening and there has been no alteration in any medication for the condition or its usage or dosage, nor any other Treatment prescribed or recommended or received within the 12-month period prior to the effective date of coverage for the trip in question.

Subscribers of the Deluxe Travel Health Plan and the Annual Travel Plan are therefore not limited in their coverage because of any pre-existing condition if under 55 years of age. There is no medical questionnaire for those under 55 years of age. For the Trip Cancellation program, Blue Cross Manitoba requires pre-existing conditions to be stable 6 months prior to the effective date of coverage.

IN QUEBEC, ONTARIO, AND ATLANTIC PROVINCES

In regards to your pre-existing conditions, Blue Cross asks for a three months period of stability. The statement below describes the company policy regarding those health issues:

“No benefits are payable if the loss sustained or the expenses incurred result directly or indirectly from one of the following causes:

- a) any illness, injury or condition (with the exception of a **minor ailment**) related to a medical condition for which the covered person
 - consulted a physician (other than for a regular check-up), or;
 - was hospitalized, or;
 - was prescribed or received a new treatment, or;
 - received a change in an existing treatment, or;
 - was prescribed or had taken a new medication, or;
 - received a **change in existing medication** (including usage or dosage),
- b) any heart condition for which the covered person has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain,
- c) any pulmonary condition for which the covered person was treated with home oxygen or had recourse to a corticoid therapy,

during the 3 months prior to the effective date of coverage” (6 months for people over 60 of age).

It is therefore strongly suggested to inform the insurer of any change during the three prior months. For example, if a change was made in your medication dosage, Blue Cross can evaluate your risk (by a medical questionnaire filled by your physician) and decide to cover you anyway.

If you respect those conditions, benefits will be paid for reasonable and customary expenses incurred following an emergency resulting from an **accident** or a **sudden illness** which occurs on a trip during the period of coverage. Eligible treatments are limited to **what is declared necessary for the stabilization of the medical conditions** which means that the cost of drugs requiring a physician prescription will be reimburse (when required as part of an emergency treatment), **except when they are required for the continued stabilization of chronic medical conditions.**

For more information, please see the specimen policy of Blue Cross at:

www.useblue.com/userfiles/File/pdf/en/Policy/Specimen_Policy-en.pdf.

Example 2 – RBC Travel Insurance (available at RBC Bank local branches)

RBC offers two kinds of travel insurance products: those sold in « local branches » for RBC clients and those sold in travel agencies. This policy example is based on the first type of product. Travel agencies can sell different RBC medical insurance products where RBC non members can apply for them, but the conditions related to preexisting conditions will be about the same.

As a bank, RBC requires you to be a member/client to apply for their travel medical insurance (for products available in their local branches). The same conditions apply for the Single trip coverage or the Annual coverage.

RBC Travel Insurance has broken insurable persons into two categories:

- 1) Under 60
- 2) Over 60

1) Beneficiaries under 60 will be covered for their pre-existing conditions if they had a stable medical condition 90 days before the effective date of the coverage. According to RBC: stable is defined as any medical condition or related condition (including any heart or lung condition) for which there have been:

- no new treatment, new medical management, or new prescribed medication; and
- no change in treatment, change in medical management, or change in medication; and
- no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; and
- no new test results or test results showing a deterioration; and
- no investigations or future investigations initiated, or recommended for your symptoms; and
- no hospitalization or referral to a specialist (made or recommended).

Beneficiaries taking a single trip of 184 days or more and aged 40-49 will be asked to fill a medical questionnaire which will determine the level of coverage and the premiums.

2) Persons over 60 will have a medical questionnaire to fill in order to be placed in a category (if you are under 85 years, you can choose not to fill it: you will then be placed in the bronze category and your medical conditions 180 days prior to the travel won't be covered). After the questionnaire has been completed, you will be placed in one of the five categories. Your pre-existing conditions may or may not be covered.

This information is based on RBC travel policy found on the bank's Website:

www.rbcinsurance.com/travel/compare-travel-medical.html

These two policy examples are provided to help people with bleeding disorder make a clearer choice in regards to travel insurance and are for reference only. Any person who plans to get one of these protections should contact the company directly and ask for more information. Keep in mind that the better informed your company will be about your medical condition, the better information you will be able to obtain about your coverage.

TRAVEL OUTSIDE YOUR PROVINCE

Provincial coverage

Except for Quebec, all provinces signed an Interprovincial Billing Agreement concerning health care and therefore, similar physician and hospitalization services are provided outside your province for no fees. For clotting factors within Canada, it seems that even travelling in Quebec there will be no problems regarding the coverage and your province will be directly billed¹. For travel outside Canada, in each province, coverage is generally limited and very low. We do not have specific information about the state of coverage for clotting factors abroad (in case of emergencies) but we assume it follows the rules of each province concerning coverage outside Canada.

Many provinces offer coverage in case of emergency limited to a specific amount, sometimes insignificant in comparison to the charges you can incur in some countries (e.g. United States). Consequently, all provincial governments strongly suggest their residents acquire extra coverage when travelling out of province. For people living with bleeding disorders, it means that you must carry the amount of medication, such as clotting factors, that you will need while out of your province. Private insurance companies will ask you to be covered by your public plan in order to provide you with a private coverage: pay special attention to the Remaining covered sections below to be sure it is your case.

BRITISH COLUMBIA: MSP (MEDICAL SERVICES PLAN)

Travel within Canada

British Columbia has signed an agreement with all the other provinces and territories (except Quebec) for reciprocal health care. However, MSP does not cover the services of health care providers other than physicians (e.g. chiropractors or physiotherapists) outside the province. Similarly, PharmaCare does not provide coverage for prescription drugs or medical supplies when obtained outside B.C. Most physicians in other Canadian provinces and territories, except Quebec, will bill their own provincial health plan for services provided if you present your valid B.C. CareCard. The provinces recover the funding monthly between each other.

When travelling in Quebec, you will probably be required to pay for your medical services and seek reimbursement later from MSP using an **Out of Country Claim Form** (although, according to our sources, clotting factors won't be charged to the receiver but to your province).

B.C. residents are strongly advised to purchase additional health insurance when travelling to other Canadian provinces to cover the cost of services not included in the reciprocal agreement between provinces.

Travel outside Canada

Payment for physician services will be paid at the same rate that would have been paid if the emergency services were received in B.C. The cost of medical care outside Canada can be much higher than the amounts payable by MSP and extended health care plans. Also, Pharmacare BC

¹ According to Claude Meilleur, nurse coordinator at the Centre québécois des inhibiteurs de la coagulation de l'Hôpital Sainte-Justine and Nathalie Aubin, formerly nurse coordinator at the Service d'hémostase congénitale de l'hôpital de Montréal pour enfants.

does not provide coverage for prescription drugs or medical supplies obtained outside BC. MSP does not reimburse for services received by nurses. For complete protection, additional medical insurance should be purchased from a private insurance company, even if you only plan to leave the country for a day.

Remaining covered

You may be eligible to receive coverage for up to 24 months during a temporary absence from B.C. Approval is limited to once in five years for absences that exceed six months in a calendar year.

Residents who spend part of every year outside B.C. must be physically present in Canada at least six months in a calendar year and continue to maintain their home in B.C. in order to retain coverage. If you are unsure whether you will qualify for coverage during an absence or know your eligibility will end, **contact MSP** with details.

When you stay outside B.C. longer than the period for which you are entitled to coverage, you will be required to fulfill a waiting period upon return to the province before coverage can be renewed.

Claims

Out of Country claims must be submitted within 90 days of the date of service. In-patient hospital claims (and any associated medical claims) must be submitted within six months of discharge.

You will need to claim reimbursement from MSP using an Out of Country Claim Form (if you cannot print this form, see MSP Forms for other ways to obtain one). The completed form should be returned with:

- an itemized account, including the dates of service and details of services performed, and
- either the unpaid bills or the original receipts if the bills have been paid.

For more information:

www.health.gov.bc.ca/msp/infoben/leavingbc.html#outofp

ALBERTA HEALTH CARE INSURANCE PLAN

Travel within Canada

If you are travelling in another Canadian province or territory and require physician services or hospitalization, simply show your Alberta Personal Health Card at the time of service. Medically required physician services are billed automatically to the Alberta Health Care Insurance Plan. The exception to this is the province of Quebec, where it is likely you will have to pay for the services you receive (although clotting factors are generally directly billed to Alberta). Upon returning to Alberta you may apply to the Alberta Health Care Insurance Plan for reimbursement.

Travel outside Canada

For travel outside Canada, Alberta Health Care Insurance covers the same practitioner and hospitalization services as are covered in Alberta at the rate that an Alberta practitioner would receive on a fee-for-service basis. There are limits to the amount paid for a hospital stay. For example, the province will reimburse a maximum of \$100 per day of hospitalization.

You and/or your supplementary travel health insurance provider are responsible for paying the difference between what is charged and what the Alberta Health Care Insurance Plan pays. This amount can be very important as the cost of care is relatively low here in Canada. If you are billed directly by a physician for services provided outside Canada, you must pay for these services. You can submit a claim to the Alberta Health Care Insurance Plan or, if applicable, to your private insurer for reimbursement. Physicians outside Canada may submit a bill on your behalf for services you received.

Remaining covered

If you will be absent from Alberta for more than six months, you must arrange health care coverage while you are away. You may then apply for the following extensions of coverage:

- four years (48 months) if the absence is due to work, business or missionary service.
- two years (24 months) if the absence is due to travel, personal visits or an educational leave (sabbatical)
- the time period you are a full-time student at an accredited educational institute.

Claims

Claims for services received outside Alberta must be received by Alberta Health and Wellness within 365 days of the date of service. You are responsible for translating foreign language claims into English prior to submitting them. Complete the Travel claim form through the forms section on AHCIP Website:

www.health.alberta.ca/AHCIP/Q-coverage-outside-Alberta.html

SASKATCHEWAN HEALTH

Travel within Canada

Saskatchewan Health covers most hospital and medical care you receive in Canada by a reciprocal billing arrangement. This arrangement means you do not need prior approval and you will not be billed for most services you receive in other provinces or territories while travelling within Canada.

For services to be covered, you must produce a valid Saskatchewan health services card. If you cannot do so, the hospital or physician has the right to ask you to pay your bill. Hospital Services: before you are admitted as an inpatient, the hospital staff will ask you to sign a form declaring that you have valid coverage from Saskatchewan.

Physician Services received in Quebec: the reciprocal arrangement for physician services applies to every province except for Quebec. Submit your physician bill and Saskatchewan Health will pay for insured services provided in Quebec at Saskatchewan rates.

Drug Plan Services

If you bought a prescription drug from a pharmacy in another province or territory, you may submit the original receipt to the Saskatchewan Drug Plan and Extended Benefits Branch. Saskatchewan Health recognizes prescriptions for drugs normally covered in Saskatchewan according to Saskatchewan prices and drug plan policies. Be sure to include your health services number with the original receipt and send to Saskatchewan Health Registration.

Travel outside Canada

Hospital Services - Saskatchewan will reimburse you for hospital services received abroad, the same amount as it cost in the province. For example, hospitalization for one day will be reimbursed up to \$100Can. If you receive services outside Canada, you will usually find the cost much higher than in Saskatchewan. If the cost is higher, you will be responsible for paying the difference between the full amount charged and the amount Saskatchewan Health pays. Also, Saskatchewan Health will only cover emergency hospital service. For those reasons, you should buy additional health insurance if you plan to travel outside Canada.

Remaining covered

Permanent residents may remain insured during their absence provided they spend a minimum of six (6) months each year in the province. In certain circumstances, residents may remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. For further information, contact Saskatchewan Health Registration.

Claims

If you receive services outside Canada or physician services in Quebec, you may be billed directly. Please follow these steps so Saskatchewan Health can repay you: Send the bill to: Benefits and Inquiries -Medical Services Branch-Saskatchewan Health, 3475 Albert Street, Regina, SK S4S 6X6.

For more information:

www.health.gov.sk.ca/out-of-province-coverage2

MANITOBA HEALTH PLAN

Travel within Canada

Manitoba has agreements with all Canadian provinces (except Quebec) to allow physicians to bill your provincial health plan, although some physicians may choose to bill you directly. If you are admitted to an approved hospital anywhere in Canada, Manitoba Health will pay the standard rate. Because some services are excluded, you are encouraged to obtain additional health insurance before travelling. Contact Manitoba Health for more information.

Travel outside Canada

Manitoba Health will pay for emergency health related expenses outside of Canada at a rate equal to what a Manitoba doctor would receive for a similar service. Emergency hospital care is

paid on an average daily rate established by Manitoba Health. You may be charged more than the amount paid by Manitoba Health for services provided outside Canada. The difference above the covered amount may be substantial and is your responsibility so private insurance coverage is much suggested.

Claims

To be reimbursed, bring or mail your original bill to the Out-of-Province Claim Section at Manitoba Health within 6 months of receiving care. If you have made payments on your bills, Manitoba Health requires a receipt showing the amount paid. If you do not include your receipt, Manitoba Health will pay the hospital or doctor directly. Manitoba Health will cover you for health related expenses abroad according to what they would normally pay if the treatment/expense would have occurred in Manitoba. (i.e. ambulance expenses are not covered by Manitoba Health here, therefore they will not cover them abroad.) This means that if your expense is greater in your host country than the same procedure costs in Manitoba, you are responsible for the balance of the funds.

Remaining covered

To remain eligible for Manitoba Health coverage, you must be present in Manitoba for at least 183 days of the calendar year, which do not have to be consecutive. In this event, apply for a term certificate. If you plan to be away for longer than 90 days, please contact Manitoba Health for more information.

For more information:

www.gov.mb.ca/health/mhsip/index.html

ONTARIO HEALTH INSURANCE PLAN (OHIP)

Travel within Canada

If you are an insured resident of Ontario and you are outside the province temporarily you can use your Ontario health card to obtain insured physician and hospital services. In most cases, the hospital or physician that you visit while outside Ontario will bill the Ministry of Health and Long-Term Care directly.

If you are an insured resident and you are hospitalized in another province or territory while temporarily absent from Ontario, you are eligible for Ontario health insurance coverage for the duration of your hospitalization up to a maximum of 12 months. If you require hospitalization beyond the 12 month maximum, the province or territory where you are hospitalized will provide you with coverage from the 1st day of the 13th month.

If you have to pay for insured services that you receive in another part of Canada, such as physician services, you may be eligible for reimbursement from the ministry.

Travel outside Canada

Emergency health services are those given in connection with an acute* unexpected condition, illness, disease or injury that arises outside Canada and requires immediate treatment.

(*Treatment for a short period of time in which a patient is treated for a brief but severe episode of an illness, disease, condition or injury.)

The Ontario Health Insurance Plan (OHIP) only covers emergency health services at very limited rates. For example, an outpatient visit to a U.S. emergency room may cost thousands of dollars for the duration of your care, however OHIP will only reimburse up to a total of \$50.00 CDN per day for this service regardless of the severity of the situation.

Therefore, you are strongly advised to purchase additional health insurance every time you leave Canada to cover any expenses in excess of the limited funding provided by OHIP.

Remaining covered

To maintain eligibility for OHIP coverage you must be an eligible resident of Ontario. This means that you must:

- have an OHIP-eligible citizenship/immigration status; and
- be physically present in Ontario for 153 days in any 12-month period; and
- be physically present in Ontario for at least 153 days of the first 183 days immediately after establishing residency in the province; and
- make your primary place of residence in Ontario.

You may be eligible for continuous OHIP coverage during a longer absence. To confirm your continuous OHIP eligibility during any longer absence from Ontario, you should contact your local **Service Ontario – Health Card Services – OHIP office** before you leave the province. You will need to show a document explaining the reason for your absence as required.

Claims

All claims must be submitted to OHIP within 12 months of the out-of-country health services being rendered. To make a claim, you must submit a fully itemized bill to OHIP that includes all of the following:

- an original, detailed statement, itemizing the fee for each service, and
- your original receipt for payment for physician accounts, and
- your original receipt for payment for health facility accounts or a completed and signed Authorization and Direction section of the **Out-of-Province/Country Claims Submission form** for reimbursement of the maximum daily amount (refer to section **What is not covered by OHIP?**) to the out-of-country facility, and
- a completed **Out-of-Province/Country Claims Submission form** (0951-84).

For more information:

www.health.gov.on.ca/english/public/pub/ohip/travel.html

RAMQ (RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC) PROVINCIAL INSURANCE

Travel inside Canada

The RAMQ reimburses, up to the maximum of its own standard rates, the cost of professional services provided by a physician, a dentist or an optometrist within Canada, as long as such

services are covered in Quebec. You will pay nothing if the practitioner accepts your Medicare card. Otherwise, you must settle your bill and apply for reimbursement from the RAMQ. Rate differences between provinces may be significant. For example, the RAMQ will reimburse up to \$120 in costs for a fractured tibia. But in Alberta, the cost of professional services for such an injury run in excess of \$600.

Hospital services, including outpatient visits, are covered throughout the land and include nursing care, general services, diagnostics, accommodations in rooms with three or more beds and **drugs administered during hospitalization**.

Travel outside Canada

The Quebec government makes a basic contribution to costs incurred abroad if you remain covered by its Medicare plan. The government reimburses professional services based on its own rates and pays up to a certain ceiling for hospital care. This reimbursement may, however, only represent a small portion of emergency room charges in certain countries. The RAMQ pays a maximum of \$100 per day of hospitalization, for example. However, such a day costs over \$2,400 in Florida.

See the RAMQ's site:

www.ramq.gouv.qc.ca/en/publications/documents/depliantscitoyens/depl_ext_que_en.pdf.

Students, interns and employees of the Quebec government or nonprofits - The RAMQ will reimburse all emergency hospital fees outside the province for these individuals (75% for non-emergencies). These individuals must submit certain documents prior to their departure.

Claims

You have one year to seek reimbursement from the RAMQ for professional services and up to three years for hospital care. Simply download and complete the RAMQ form and attach the required documents. Then send them all to the Régie de l'assurance maladie du Québec, Service de l'application des programmes (Q037).

Remaining covered

Anyone who leaves Quebec temporarily must **notify the Régie de l'assurance maladie** if his/her stays outside the province total 183 days or more within a given **calendar year**. To be sure they will be covered by Quebec Medicare during their trip, such individuals should contact the RAMQ prior to departure.

NEW BRUNSWICK MEDICARE

Travel within Canada

If you require insured physician services anywhere in Canada, except Quebec, simply present your valid New Brunswick Medicare card to the physician. New Brunswick has agreements with all Canadian provinces and territories, except Quebec, which allow physicians to bill their own health plan for providing insured physician services to people from New Brunswick.

However, physicians in other provinces or territories may bill a New Brunswick resident for services excluded from the agreements, such as genetic screening and procedures still in the experimental or developmental phase. These claims can be submitted to New Brunswick Medicare for consideration, but reimbursement is not guaranteed.

In the province of Quebec, the physician may bill the patient directly or choose to bill New Brunswick Medicare. If you receive a bill from a physician in Quebec, submit a claim to New Brunswick Medicare for consideration. If reimbursement applies, it will be calculated at the Quebec rate only, which could be less than the amount billed by the physician.

Travel outside Canada

New Brunswick Medicare only covers emergency out-of-country physician and hospital services or services for which you have received prior approval. An emergency is related to a specific incident that occurs while outside Canada where a delay in the provision of treatment would threaten life, such as fractures, sutures and cardiac arrests. Emergency services do not include services related to a pre-existing condition which requires ongoing monitoring. New Brunswick Medicare pays \$50.00 a day for out-patient emergency services, and \$100.00 a day for in-patient services resulting from an emergency admission.

The costs of most out-of-country physician and hospital services are considerably higher than rates paid by New Brunswick Medicare and the difference between the two is your responsibility. That is why out-of-country travelers are strongly advised to obtain additional insurance from private insurers to cover the portion of charges not paid by New Brunswick Medicare.

Remaining covered

Permanent New Brunswick residents who plan to be temporarily absent from New Brunswick for a vacation, visit or business trip, remain insured during their absence, provided they live in New Brunswick for at least six months (183 days – consecutive or not) during a 12 month period.

You may be temporarily absent from New Brunswick for up to 182 days (consecutive or not) in a 12 month period without it affecting your coverage, provided your intention is to resume permanent residence in New Brunswick. If you need to be absent for more than 182 days, you must submit a written request to New Brunswick Medicare asking that your eligibility be maintained during your absence. Your eligibility can be extended for up to 12 months beyond the original 182 days. This type of request can only be granted once every three years.

Claims

To **claim** for services, original signed invoices or receipts must be submitted to New Brunswick Medicare within one year of the date of service. If an original document is not provided, the patient must ensure that the service provider certifies that the document is an original and the only one provided to the patient and that the document has an original signature.

For more information:

www.gnb.ca/0051/0394/index-e.asp

PRINCE EDWARD ISLAND DEPARTMENT OF HEALTH

Travel within Canada

The Department of Health will pay the full cost of (PEI insured) medical and/or hospital services obtained within Canada with the exception of Quebec, (which is not a party to the interprovincial agreements) which are provided to you as a result of an emergency or sudden illness. For services provided in Quebec, the department will make payments directly to the physician or will reimburse eligible residents at a predetermined rate. Coverage extends only to those services medically required at the time of the emergency or sudden illness. Any related non-emergency or elective service is not covered unless you have received the prior approval of the department. Please contact out-of-province coordinator if more questions: 902-368-6516.

Travel outside Canada

For eligible Island residents travelling outside of Canada, coverage for emergency or sudden illness will be provided at PEI rates in Canadian currency. Coverage is only provided for qualified medical doctors. Please be aware that charges for insured services are considerably higher outside Canada. You will be responsible to pay the difference between the fee charged and the amount paid by the Department. For this reason, residents visiting other countries are advised to obtain private medical insurance for the period they are absent from PEI.

Remaining covered

If you are a student, you will be provided coverage as long as you maintain full-time student status. If you are away on a contract (work or volunteer) outside Canada, you are eligible for coverage if your contract is for less than 24 months. You must live in Nova Scotia for 183 days before you are eligible for coverage under another contract. If you are working in another Canadian province for more than 12 months, you should contact that province for coverage. There is an Eligibility and Portability Agreement with all the provinces and territories. If you are on vacation, you will have continuous coverage if you are leaving Nova Scotia for over six months – but less than 12 months. You will be entitled to another extended absence after adhering to the 183 day ruling for five consecutive years.

Claims

For services received in Canada (and not directly billed), claims must be submitted within six months of the date of service. Contact:

Out-of-Province Coordinator - Medical Programs Division
P.O. Box 200016, Garfield Street
Charlottetown, PE C1A 7N8
Tel: 902-368-6516

For more information:

www.gov.pe.ca/health/index.php3?number=1020789&lang=E

NOVA SCOTIA MSI (MEDICAL SERVICES INSURANCE PROGRAM)

Travel within Canada

All provinces except Quebec have signed an Interprovincial Billing Agreement. If you show your current provincial Health Card to the provider for medically necessary insured services the claims will be paid by the host province. They will be reimbursed by the home province.

If you are required to pay the attending physician please submit your receipt to MSI for consideration. If you have any questions please call the MSI Registration Department at 902-496-7008 or 1-800-563-8880 (toll-free within Nova Scotia).

Travel outside Canada

MSI will pay emergency medical services only, in accordance with the Nova Scotia rates. Current rate for emergency in-patient services is \$525CAD per day. Pharmacare Program is not insured outside of Nova Scotia. The difference above the covered amount may be substantial and is your responsibility so private insurance coverage is much suggested.

Claims

All claims must be received by the department /MSI for payment within six months of the date of the discharge from the hospital to be eligible for payment. No claims received after the lapse of six months will be considered. All physician claims should be sent to P.O. Box 500, Halifax NS, B3J 3S1.

Remaining covered

If you are away on a contract (work or volunteer) outside Canada, you are eligible for coverage if your contract is for less than 24 months. You must live in Nova Scotia for 183 days before you are eligible for coverage under another contract. If you are on vacation, you will have continuous coverage if you are leaving Nova Scotia for over six months – but less than 12 months. You will be entitled to another extended absence after adhering to the 183 day ruling for five consecutive years.

For more information:

www.gov.ns.ca/health/msi/moving_travel.asp

NEWFOUNDLAND HOSPITAL INSURANCE PLAN

Travel within Canada

Insured hospital services provided to beneficiaries of the Newfoundland Hospital Insurance Plan, who are temporarily absent from the province, or who are medically referred outside the province for insured treatment, are eligible for coverage under the Provincial Plan. Coverage within Canada is in accordance with the terms and conditions that apply to residents who receive insured services within Newfoundland and Labrador. All residents are required to present a valid MCP card when accessing insured hospital services in other jurisdictions. Uninsured services, as outlined under the Plan, are not funded outside the province. Patients

and/or private insurance companies are responsible for payment of non-insured hospital services.

The Provincial/Territorial Ministry of Health, on behalf of the hospital where services are received, invoices and recovers insured hospital costs from the Newfoundland Hospital Insurance Plan, Department of Health and Community Services.

Travel outside Canada

Under the Newfoundland Hospital Insurance Plan, residents who are temporarily absent from the country for vacation, temporary employment and/or educational leave are eligible for insured hospital services in accordance with rates established by the provincial plan. Hospital services will be considered under the Plan when the insured services are provided by a recognized facility (licensed or approved by the appropriate authority within the state or country in which the facility is located) outside Canada. A maximum of \$465 per day in a tertiary or specialized hospital and a maximum of \$350 per day in a community or regional hospital are paid by the Newfoundland Hospital Insurance, which is far less than what you can pay in some countries. Therefore, it is recommended that residents traveling outside this country ensure that they have adequate private health insurance to supplement their provincial health plan.

Remaining covered

To ensure that coverage remains intact while outside Newfoundland and Labrador, an Out-of-Province Coverage Certificate should be obtained from MCP. This provides a maximum of twelve months' out-of-province coverage to eligible beneficiaries, with the following qualifications:

- Beneficiaries leaving for vacation purposes may receive an initial Out-of-Province Coverage Certificate for up to twelve months' coverage. The normal four month residency requirement must be met immediately following their return to Newfoundland and Labrador. Further Out-of-Province Coverage Certificates will only be issued to provide up to eight months' coverage.
- Beneficiaries leaving for work purposes (temporarily absent workers) may receive an Out-of-Province Coverage Certificate for up to twelve months' coverage. Beneficiaries who are working outside of the country may renew their Out-of-Province Coverage Certificate each year to provide up to three years' out-of-province coverage. A letter from the employer, on letterhead, stating the dates of employment is required.

Claims

Upon receipt of all the required documentation to support a claim for insured hospital services, the Newfoundland Hospital Insurance Plan will make the eligible payments to the appropriate party. If the patient has paid the claim and provides proof of payment, reimbursement will be payable to the claimant. If private insurance has paid the hospital directly, reimbursement will be payable to the Insurance Company.

If the account has not been paid, payment will be made directly to the hospital. Forms are available at:

Department of Health and Community Services

Confederation Building, West Block, PO Box 8700

St. John's, NL A1B 4J6

Telephone : 709-729-3108 / 709-729-5222

For more information:

www.health.gov.nl.ca/health/mcp/outofprovincecoverage.html

STUDYING ABROAD AND AWAY FROM YOUR PROVINCE

One of the first things you have to check while preparing your trip is the health coverage you will get while abroad or while in another province. You can be covered by your parents insurance or you may purchase travel insurance from a private company (including your own university or your host university health plan). Your provincial plan can offer you basic coverage but you will also need to subscribe to another type of coverage. Whatever the case, it is essential to remain covered by your provincial plan while abroad in order to be approved for private health coverage. Regarding this issue, exchange students in all provinces are entitled to special conditions concerning the duration of their coverage. As for the services covered, they are, except in Quebec, the same as for anyone who travels outside his/her province. Consult Travel outside Canada in the previous sections to learn more about it.

Other important step: Contact your home University International Office to have more information about medical travel insurance. Some host universities or home universities may require you to buy their own health insurance. In this case, check if you will be covered only in the country of your host university (if you are planning to visit other countries nearby, you should then subscribe to additional travel insurance). You must also check if there are any policy provisions about pre-existing conditions. In case of doubt, contact the insurance company directly.

To remain covered by your provincial plan

BRITISH COLUMBIA: MSP

Residents who leave B.C. temporarily to attend school or university may be eligible for MSP coverage for the duration of their studies, provided they are in full-time attendance at a recognized educational facility and are enrolled in a program which leads to a degree or certificate recognized in Canada.

Generally, beneficiaries who have been studying outside B.C. must return to the province by the end of the month following the month in which studies are completed. Any student who will not return to B.C. within that timeframe, and who has been away for less than 24 months, should **contact MSP** to discuss their situation.

ALBERTA HEALTH CARE INSURANCE

If your exchange lasts longer than six months, you must advise the Alberta Health Care Insurance to stay covered by the health insurance plan. You can apply for an extension of your coverage for the time period you are a full-time student at an accredited educational institute.

SASKATCHEWAN HEALTH

Under certain circumstances, you may retain limited coverage while away for up to one year provided you intend to return in Saskatchewan to live.

If you are going on an exchange for more than three months, you must advise Saskatchewan Health Registration of:

- the date you intend to leave Saskatchewan
- the reason for your absence
- your intended return date

MANITOBA HEALTH INSURANCE

If you are a full-time student while abroad, you are eligible to remain covered by Manitoba Health for the duration of your time overseas. You must confirm your full-time student status by having the University in which you are registered (for exchange students this would be the UM) issue a letter from the registrar's office confirming your full-time status. Or, you may pick up a form from Manitoba Health, take it with you and simply have your host University confirm your full-time status on the space provided on the form.

ONTARIO HEALTH INSURANCE PLAN

While abroad for your student exchange, you will be covered by the Ontario Health Insurance Plan during your full-time academic enrolment. However, you must contact your local Service Ontario – Health Card Services – OHIP office before you leave the province and you will need to show a document explaining the reason for your absence as required (for example, a letter from your school).

QUEBEC MEDICARE

Students studying abroad may receive coverage for their full stays, up to four years. They must however submit a certificate of enrolment in an educational program if they depart for more than 183 consecutive days.

The RAMQ will reimburse all emergency hospital stays outside the province for students and interns. Seventy-five percent of such charges will be reimbursed for non-emergency costs. Such individuals must, however, submit certain documents prior to their departure.

For further information, please visit the “Leaving Québec” section of the RAMQ's site:

www.ramq.gouv.qc.ca/en/citoyens/assurancemaladie/quitter/temporaire.shtml

Study abroad and receive free coverage!

The Quebec government has entered into certain social security agreements for Quebec exchange students abroad. Such agreements guarantee the payment of hospital medical care. In most if not all cases, you must complete forms before being eligible to benefit from these agreements. These documents may be provided by your Quebec university. However, you should check if the hospital system of your host country provides the same care available under the provincial system that is required by your condition (such as free coagulation factors).

Please note that exchange agreements only apply to the country in which your host university is located.

The following countries have social security agreements for foreign students: France (including its overseas departments of Guadeloupe, Martinique, French Guyana, Réunion, Saint-Pierre and Miquelon and Mayotte), Luxembourg, Portugal, Sweden, Norway, Finland and Denmark.

NEW BRUNSWICK MEDICARE

Certain steps are required in order to make sure you will still be covered by New Brunswick Medicare while abroad. Every year, in the summer or early fall, notify New Brunswick Medicare of your intended absence for study purposes. You must also request a letter of attestation (\$10 fee) from the Registrar's Office (LB-185) of the university and send it to New Brunswick Medicare.

PRINCE EDWARD ISLAND DEPARTMENT OF HEALTH

Students abroad will be provided coverage as long as they maintain full-time student status. Contact your home university to know what procedure shall be done to maintain that provincial coverage.

NOVA SCOTIA MEDICAL SERVICES INSURANCE

If you are a student and a Nova Scotia resident, and you are planning to be out of the country for a study period you must inform your local Nova Scotia Medical Services Insurance (MSI) office. They require a letter from the Registrar's Office stating that you are a full-time student and will be studying abroad.

NEWFOUNDLAND MEDICAL CARE PLAN

Students leaving for study purposes may receive an Out-of-Province Coverage Certificate for up to twelve months' coverage. This is renewable each year if a newly completed form and updated proof of enrolment in an educational institution is received. Approval is conditional upon the intention to return to Newfoundland and Labrador upon completion of the program of study. Contact MSP to receive an Out-of-Province Coverage Certificate.

Students of Memorial University: All students who are planning to rely on the MUNSU health plan must notify Jeff Hatcher in the MUNSU 737-7633 that they are planning to study abroad.

CONCLUSION AND HELPFUL TIPS

In conclusion, it is essential to be covered, at least for travel outside Canada, by private insurance coverage, whether you are leaving for one day or three months. Here are some useful tips regarding this issue.

Travel health insurance covers you only in case of medical emergencies. Therefore, they will not supply medication that is not for an emergency. Make sure you are bringing all your medication for the full time of your trip, for example, your clotting factors. Inform your medication provider that you will bring it abroad- if you are going out of the country, you will need some kind of proof that you need that medication: ask for a letter.

Private travel insurance coverage can have exceptions. They can exclude everything related to your pre-existing conditions such as hemophilia. As a person with a bleeding disorder, you should be sure that your private insurance plan covers your pre-existing conditions. If an insurer refuses to cover your pre-existing condition(s), you risk having to pay for expensive health care services that exceed the provincial coverage basic out-of-country rates. If this is the case, you may want to find a different insurer or reconsider your travel plans.

If you have extended health benefits through your employer you should contact them to determine the policy provisions prior to purchasing additional medical insurance.

Some people living with hemophilia have recommended Blue Cross as travel insurance. It is possible to get coverage with Blue Cross for medical expenses related to hemophilia. Check our Examples of policies to know more about the type of coverage major insurance companies can offer.

Before accepting to cover you, a private insurance company² will ask you to be covered by your provincial health plan for the full duration of your trip. Therefore, consult the *Remaining covered* sections to be sure it is your case.

It is to your benefit to disclose your health condition to your registered insurance provider. **If you do not completely, accurately and truthfully answer every question in your medical application your insurer has the right to void the policy, even if the symptom or condition you did not disclose had nothing to do with the emergency you are claiming for.** Also, by disclosing your pre existing conditions, your insurer will be able to offer you the coverage that you really need which will help you travel in peace. Happy and safe travels!

² For residents of Alberta: There is an advantage in choosing an insurer who has a contract with Alberta Health and Wellness. Companies that have this contract provide faster and more convenient claims service. Before you purchase supplementary travel health insurance for out-of-country travel, ask if the insurer has a contract with Alberta Health and Wellness (which most large insurance companies have). You can then make an informed decision about your best options.