

Emergency Out of Country Coverage





Keep this brochure and a copy of your Emergency Medical Travel Assistance card with your passport so that you or anyone you're travelling with can get assistance for you in case of an emergency. Please note, Out of Country coverage is only available if your group plan has this benefit.

What is Emergency Out of Country coverage?

Whether you travel within Canada or to another country for a vacation, business or to study, you're prepared for an unexpected medical emergency with Emergency Out of Country coverage through your Co-operators group health care plan. Your provincial health care plan covers you only to a certain extent when you travel within or outside of Canada. Emergency Out of Country coverage takes care of certain expenses beyond your province's plan that are related to emergency medical treatment.

Access to help whenever you need it

Help during your trip is available 24 hours a day, seven days a week, through our travel partner, Allianz Global Assistance. Call the number on the attached Emergency Medical Travel Assistance card for help finding a local medical service provider, confirming coverage, arranging advance payment, and finding service in a language other than English. Allianz Global Assistance will also keep track of the care and services you receive, and ensure you, your family, the attending doctor and your doctor in Canada are informed of your progress.

Note: If you are admitted to hospital in an emergency, someone must notify the emergency travel assistance service within 48 hours, or your benefits will be limited.

Eligibility requirements

To remain eligible for this benefit and services:

1. You must maintain your government health insurance plan.
2. You must not travel beyond the maximum number of consecutive out-of-province days as outlined in your benefits booklet.

There may be other limitations such as age restrictions and dollar limitations. Refer to your benefits booklet for details or contact the Group Client Service Centre at **1-800-667-8164**.

What is considered a medical emergency?

A medical emergency is a sudden injury or acute illness or an unexpected and unforeseen acute episode of a pre-existing illness that was stable and controlled prior to your trip. It is not monitoring of a pre-existing or chronic condition, or for any elective services.

Once the initial emergency treatment for a condition is completed, any ongoing medical treatment related to that condition is NOT covered.

When is a pre-existing medical condition considered stable and controlled?

A pre-existing medical condition must be stable and controlled for 90 days prior to your trip departure for it to be considered for coverage. A medical condition is considered stable and controlled when:

- Your condition has not worsened
- You have consistently been taking any medication prescribed by your doctor
- Your doctor has not prescribed or recommended any medical, surgical or diagnostic procedure
- You have not had any new treatments, medications or changes in dosage.

What if a medication or dosage changes?

There are times when a medication or dosage change does not impact the stability of a medical condition such as:

- Changing from a brand name to a generic equivalent medication
- New medication prescribed because the drug manufacturer has discontinued the drug or there is a declared national shortage of the medication
- Aspirin, vitamins and minerals taken for non-prescribed medical purposes
- Topical creams or ointments prescribed for skin irritations
- Routine adjustment of insulin or blood thinner
- Decrease in cholesterol medication
- Dosage change of thyroid or hormone replacement therapy medication.

Are pregnancy or delivery related expenses covered?

Expenses related to pregnancy any time prior to the 32nd week are covered, EXCEPT when the physician considers the pregnancy high risk.

Expenses related to pregnancy or delivery after the 32nd week of pregnancy are not covered.

Covered Services

Co-operators provides coverage in excess of your provincial health plan for the following during emergency medical treatment:

- Treatment by a physician
- Diagnostic x-ray and laboratory services
- Approved hospital accommodation in a standard or semi-private ward or intensive care unit, if the confinement begins while you are insured under this benefit provision
- Medical supplies and paramedical services provided during a covered hospital confinement
- Hospital outpatient services and supplies, including out-of-hospital services of a professional nurse
- Medical supplies provided out of hospital if they would have been covered in Canada
- Prescription drugs
- 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 under the Extended Health Care Provision of your policy.

Example of expenses not covered

- Continued medical care following an emergency outside Canada if the patient's condition allows them to return to Canada
- Non-emergency care or follow-up after the initial emergency treatment
- Illness that poses an immediate threat to a person's life or long-term health that could have been reasonably anticipated based on the person's prior medical condition
- Medical attention for monitoring a pre-existing or chronic condition
- Any elective medical treatment
- Expenses incurred while relocating to another country

If a medical emergency occurs

Call Allianz Global Assistance at the number on your card immediately before seeking medical treatment. If you or someone on your behalf cannot contact Allianz Global Assistance prior to receiving medical treatment, contact them as soon as possible to avoid reduced coverage.

How to submit a claim

Here are some things to keep in mind to help ensure your claim is managed efficiently, and that you do not have to pay any unnecessary, out-of-pocket expenses.

Call to report a claim

If you have a claim, call Allianz Global Assistance at the number on your card and have the following information ready.

1. Your group benefit policy number and certificate number.
2. Plan member's name and patient's name.
3. Provincial health insurance number.
4. Location of the emergency: city, country, address, phone number.
5. Nature of the emergency.
6. Reason for travel: vacation, business, study.
7. Patient's date of departure from home and scheduled return date.
8. Name, address and/or phone number of the patient's family physician in Canada.
9. Indicate whether the patient has any other types of coverage (e.g. other group insurance or credit card insurance).

If you have to pay directly

Allianz Global Assistance will set up your service provider for direct billing to save you out of pocket expenses. There are some health care providers that will not accept direct payment from a benefits provider and will request payment up front. In this case, pay for the expenses yourself, submit them to your provincial health insurance plan, and then to Allianz Global Assistance for the outstanding balance. Always keep copies of your receipts and claim forms, as your provincial health plan will NOT return these to you.

Mail your claim information to:

Allianz Global Assistance
700 Jamieson Parkway
Cambridge, ON N3C 4N6

Getting help with your claim

Allianz Global Assistance will assist regardless of the dollar amount of your claim, and arrange to pay for all eligible emergency medical expenses whenever possible. They will also coordinate, where appropriate, payment of the claim on your behalf with your government health insurance plan.

If payments are made on your behalf for ineligible services or amounts, The Co-operators reserves the right to recover any overpayment.

Reimbursement of out-of-pocket expenses is based on reasonable and customary charges as determined by The Co-operators. Reimbursement is in Canadian funds and is based on the rate of exchange at time of claim. Claims must be filed within the appropriate time frame as noted in your benefits booklet.

If you are admitted to a hospital

Hospitals will not accept your Emergency Medical Travel Assistance card as proof of medical coverage, but will use it to call Allianz Global Assistance who will then verify your coverage.

If, in the unlikely event the hospital refuses to recognize your coverage, you or your family member should call Allianz Global Assistance, who will speak to the hospital directly. If the hospital will not discharge you without payment, Allianz Global Assistance will provide a guarantee of payment letter from The Co-operators. If this letter is not satisfactory to the hospital, it is your responsibility to arrange payment for all bills when you are discharged.

Travelling to foreign countries

Some governments require all foreign travellers and emigrants to carry a valid medical travel insurance policy to enter the country. You may be required to show proof of insurance valid for the duration of your stay; if you do not have proper coverage, you will have to purchase a policy from a local insurance company.

Login to Benefits Now® for Plan Members before you leave to print a letter confirming your Emergency Out of Country coverage under your Co-operators group benefit plan.

While a confirmation letter qualifies as proof of insurance, The Co-operators cannot guarantee that you will not be required to purchase additional insurance upon arrival.

Before your departure

As you plan for your trip, take the time to:

1. Understand what your provincial health plan covers before you leave the country; like your group benefit plan, many provincial plans have time limitations on claim submissions.
2. Read your benefits booklet to get familiar with the details about your Emergency Out of Country coverage.
3. Find out what the passport, visa, vaccination and inoculation assist requirements are for your destination. Speak to the travel provider and visit travel.gc.ca for details on travelling restrictions.
4. Give someone at home a copy of your passport and itinerary, in case they are lost or stolen.
5. Make sure those travelling with you are aware of all of your necessary personal information so they can call for help on your behalf.
6. Note the travel assist provider's contact numbers on your card. Keep your travel assist card with you.

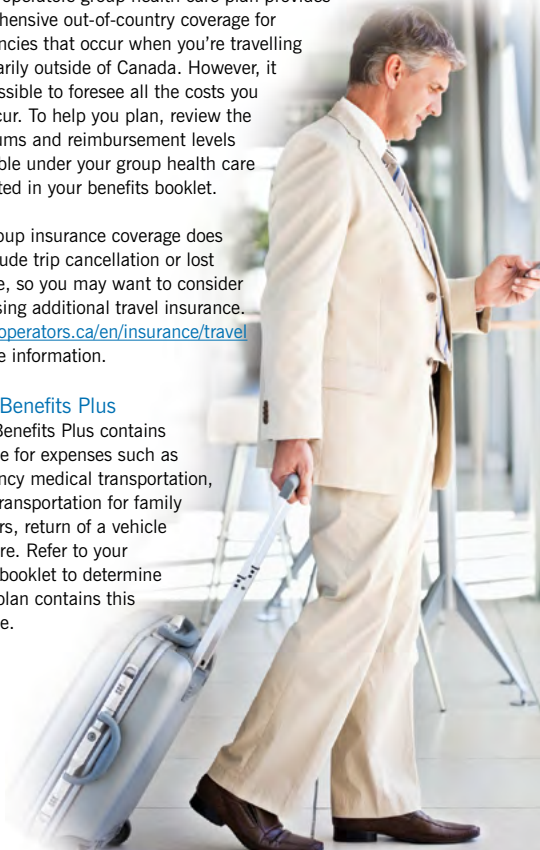
When to purchase additional travel coverage

The Co-operators group health care plan provides comprehensive out-of-country coverage for emergencies that occur when you're travelling temporarily outside of Canada. However, it is impossible to foresee all the costs you may incur. To help you plan, review the maximums and reimbursement levels applicable under your group health care plan listed in your benefits booklet.

Your group insurance coverage does not include trip cancellation or lost baggage, so you may want to consider purchasing additional travel insurance. Visit cooperators.ca/en/insurance/travel for more information.

Travel Benefits Plus

Travel Benefits Plus contains coverage for expenses such as emergency medical transportation, return transportation for family members, return of a vehicle and more. Refer to your benefit booklet to determine if your plan contains this coverage.



Emergency Medical Travel Assistance

Be sure to fill in your name, group and account numbers and keep this card with you when you travel.

For 24 hour emergency medical assistance while travelling call:

Canada and the USA
1-888-440-2667 (toll-free)
From other countries
1-416-340-1316 (call collect)



Name: _____

Group #: _____

Certificate #: _____

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IMPORTANT:

In the event of an emergency hospital admission, the emergency medical travel assistance service **MUST** be notified within 48 hours. Failure to do so will limit benefits.

*This card has been issued by the Co-operators Life Insurance Company as evidence of insurance for hospital and medical insurance benefits under the indicated group number. This certificate is valid only if the plan member and/or eligible dependents are members in good standing of the group covered by the contract. For information regarding coverage, please refer to the brochure available at www.cooperators.ca or on Benefits Now® for Plan Members or call **1-800-667-8164**.*

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Coverage limitations:

This brochure provides a brief explanation of the available services; read your policy booklet or speak to your plan administrator for the complete terms of the policy, information on specific limits and maximums, and details relating to limitations and exclusions. The master policy, as amended from time to time, takes precedence as the final basis for all claims settlements.

Neither Allianz Global Assistance nor Co-operators Life Insurance Company are liable for conditions, events or factors that delay, interfere, or prevent the provision of these services.

Neither Allianz Global Assistance nor Co-operators Life Insurance Company are responsible for the availability, quality, or results of any medical treatment received by you or your covered dependents, or the failure to obtain medical treatment or emergency assistance services for any reason.

Co-operators Life Insurance Company and Allianz Global Assistance, in conjunction with the attending physician, reserve the right to return the covered person to his or her province of residence for ongoing treatment. Refusal to comply with the transfer request will end Co-operators Life Insurance Company's liability. The immediate availability of care, treatment or surgery on return to the province of residence is not the responsibility of Co-operators Life Insurance Company or Allianz Global Assistance.

Emergency medical travel assistance is provided to you and your dependents while travelling outside your province of residence for specified periods of time, according to the plan selected by your employer. See your benefit booklet for details on the length of time that coverage is provided.

Some of the listed services may be limited or suspended in the event of circumstances beyond Co-operators Life Insurance Company's or Allianz Global Assistance's control, such as; war, insurrection, foreign hostility, riot, rebellion, military uprising, labour disturbances, marshal law, strikes, nuclear accidents, or acts of God.

About The Co-operators

The Co-operators Group Limited is a Canadian-owned financial service co-operative, well known for its community involvement and commitment to sustainability. In addition to group benefits, The Co-operators offers auto, home, life, commercial, farm and travel insurance, as well as investment products through its group of companies.

For more information, please visit cooperators.ca/en/Group/group-benefits.

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