



## WARNING – EXCLUSIONS



### A) Exclusions due to pre-existing medical conditions

No amount is payable, under the terms of this coverage, if the loss sustained or the costs incurred result directly or indirectly from one of the following causes:

#### For people aged 54 and under, during the 3 months preceding the effective date of coverage:

- a) Any *medical condition* that affects you and that is not *stable*, except for a *minor ailment*
- b) Any heart condition for which you have used nitroglycerin more than once in a 7-day period for the relief of chest pain
- c) Any pulmonary condition for which you have been treated with home oxygen or have required corticosteroid therapy

#### For people aged 55 to 75 travelling less than 32 days, during the 6 months preceding the effective date of coverage:

- a) Any *medical condition* that affects you and that is not *stable*, except for a *minor ailment*
- b) Any heart condition for which you have used nitroglycerin more than once in a 7-day period for the relief of chest pain
- c) Any pulmonary condition for which you have been treated with home oxygen or have required corticosteroid therapy

#### For people aged 55 to 75 travelling 32 days or more and for people aged 76 or over:

A) The following specific *medical conditions* are excluded unless the *insurance certificate* stipulates otherwise:

- a) **During your life**, any *illness* which relates to one of the following *medical conditions* for which you have been diagnosed or treated:

##### i) Cardiovascular condition

- Angina
- Bypass
- Defibrillator
- Pacemaker
- Angioplasty
- Cardiomyopathy
- Myocardial infarction (Heart attack)
- Pulmonary hypertension
- Aortic aneurysm
- Congestive heart failure
- Myocarditis
- Valvulopathy or valve replacement
- Arrhythmia

##### ii) Transplant of one of the following organs:

- Bone marrow
- Liver
- Pancreas
- Heart
- Lung

- b) **During the 24 months preceding the effective date of coverage:**

- **Any chronic pulmonary condition** (chronic obstructive pulmonary disease (COPD), asthma, emphysema, chronic bronchitis or pulmonary fibrosis) for which you have been hospitalized or prescribed any type of corticosteroid tablet, including prednisone
- Any treatment or diagnosis of **kidney failure**

- c) **During the 12 months preceding the effective date of coverage**, any *illness* which relates to one of the following conditions:

- **Cancer** (except for basal cell carcinoma, squamous cell skin cancer or breast cancer treated only with hormone therapy) for which you have been diagnosed or treated
- **Gastrointestinal condition** (cirrhosis, hepatitis C, intestinal obstruction, diverticulitis, Crohn's disease, pancreatitis, ulcerative colitis) for which you have been diagnosed or treated



B) Also excluded when occurring during the **6 months preceding the effective date of coverage**:

- i) Any *medical condition* that affects you and that is not *stable*, except for a *minor ailment*
- ii) Any heart condition for which you have used nitroglycerin more than once in a 7-day period for the relief of chest pain
- iii) Any pulmonary condition for which you have been treated with home oxygen or have required corticosteroid therapy

#### **If you choose to make use of the "Trip break" (see page 35)**

Any *medical condition* that affects you and that is not *stable* in the **3 months** (if you are 54 years of age or under) or in the **6 months** (if you are 55 years of age or more) preceding the date of return to your destination.

#### **B) Other exclusions**

No amount is payable, under the terms of this coverage, if the loss suffered or costs incurred result directly or indirectly from one of the following situations:

##### **1. Treatment received without approval from Blue Cross Travel Assistance**

- a) Costs incurred during a medical consultation or *hospitalization* when you failed to communicate with *Blue Cross Travel Assistance* in advance, as mentioned in the "In case of a medical emergency while travelling" section of this coverage.
- b) Costs incurred as a result of a situation where you chose to receive a *treatment* or undergo surgery without receiving prior approval from *Blue Cross Travel Assistance* and/or when we do not consider such care to be *urgent*.
- c) Once your *treatment* has started, costs incurred when you failed to communicate with *Blue Cross Travel Assistance* to assess and approve any additional *treatment*.
- d) Fees exceeding \$10,000 for emergency air evacuation to the nearest suitable medical facility, when transportation has not been scheduled by *Blue Cross Travel Assistance*.

##### **2. Foreseeable treatment**

Costs related to a *medical condition* for which it is expected that, or it is reasonable to believe that, *treatments* will be required during the *trip*.

##### **3. Pending treatment or failure to comply with a prescribed treatment**

A condition for which medical advice has not been followed or investigations, *treatments*, examinations, or recommended interventions have not been carried out.

##### **4. Non-urgent, experimental, or optional treatment**

No benefit will be paid for a non-*urgent*, experimental, or optional *treatment*. For example, the costs of the following consultations or *treatments* are excluded:

- *Routine check-ups*
- Any *treatments* required for the continuous stabilization of a chronic *medical condition*, including the renewal of a prescription
- Aesthetic care or *treatment*
- Rehabilitation care
- Convalescent care
- Care given for the convenience of the patient
- Clinical research
- Experimental drugs

The mere fact that *treatments* provided in your province of residence are of inferior quality or take longer to obtain than those which can be obtained outside your province of residence does not constitute, within the meaning of this exclusion, a *medical emergency*.



### **5. Continued treatment once the medical emergency is over**

Continuing a *treatment* if we determine that the *medical emergency* is over.

### **6. Treatment received further to your transfer or repatriation refusal**

If we determine that you should be transferred to another facility or that you must be repatriated to receive *treatment*, and you choose not to consent, no benefit will be paid for this *treatment* or for subsequent *treatments* related to this *medical condition*.

### **7. Abusive or unreasonable billing**

Any invoiced amount that is not considered a *customary and reasonable expense*.

### **8. Trip without continuous coverage from a public health insurance plan**

No benefits will be paid if you are not covered under the *Health and Hospital Insurance Acts* of your province of residence for the entire duration of your *trip*. It is your responsibility to ensure that you have such coverage.

### **9. Treatments not covered under government programs**

*Treatments* received outside your province of residence and that are not insured under government programs.

### **10. Medical expenses incurred after an extension**

Expenses incurred during the extension period of your contract if they are linked to a *medical condition* that occurred during the *coverage period* preceding your extension request.

### **11. Expenses incurred during a "Trip Break"**

Expenses incurred during days spent in your province of residence while the "Trip break" is ongoing.

### **12. Trip undertaken for medical purposes**

No benefits will be paid if your *trip* is undertaken for the purpose of receiving a diagnosis, a *treatment*, surgery, a medical assessment, palliative care, or any other form of therapy.

### **13. Pregnancy, childbirth, or related complications**

a) Expenses related to routine prenatal and postnatal care.

b) Expenses related to pregnancy, childbirth, or their complications:

- When the care required results from a *high-risk pregnancy*, or
- When care is required during the 9 weeks preceding or following the expected delivery date

### **14. Child born during the trip**

When the expenses related to your pregnancy are excluded, care or *treatment* provided to your child born during the *trip* is also excluded.

### **15. Mental health disorders**

Any *medical condition* resulting from a mental health or psychiatric disorder unless you must be hospitalized for this condition.

### **16. Suicide and intentional injury**

Suicide, attempted suicide, or intentional injury, whether it is due to a psychological disorder or not.

### **17. Use of alcohol, drugs, and other intoxicating substances**

Any *medical condition* resulting from or in any way related to:

- Your chronic use of alcohol, drugs, or other intoxicating substances, including withdrawal symptoms
- Your excessive use of alcohol, drugs, or other intoxicating substances
- Driving a motor vehicle while you are impaired by any drug, whether it is legal or not, or with a blood alcohol level greater than 80 mg per 100 ml of blood (0.08).

### **18. Illegal act**

Your participation in any criminal or illegal act or any attempt to commit such acts, under any law.

### **19. Act of war and civil unrest**

Costs related to:

- Any act of war, whether war is declared or not
- A revolt
- A revolution
- Your voluntary participation in a riot or insurrection.

### **20. High-risk sports or activities**

Any *medical condition* resulting from your participation in *high-risk sports or activities*.

# TRIP CANCELLATION OR INTERRUPTION COVERAGE

When a sufficiently serious event directly affects you or your *travelling companion* and forces you to cancel, interrupt, extend, or modify the planned *trip*, the **Trip Cancellation or Interruption** coverage can cover the following:

- Insured *travel expenses*
- New occupancy charges when a *travelling companion* withdraws from the *trip*
- Additional transportation expenses
- Vehicle return expenses
- Expenses for the return or disposal of remains
- Subsistence allowance

If you have purchased this coverage, make sure to read the following carefully. The benefits offered vary according to your choice of protection and are subject to exclusions and limitations.



## NOTICE

### Coverage purchased with or without insured travel expenses

If this coverage appears on your *insurance certificate* and you have chosen to insure the prepayments of your travel expenses, the maximum insured amount will be indicated on the "Trip Cancellation" line. You therefore have access to all the benefits included in this coverage.

If this coverage appears on your *insurance certificate*, but you have chosen not to insure the prepayments of your travel expenses, the amount that will be indicated on the "Trip Cancellation" line will be zero dollars (\$0). You therefore have access to the following benefits only: additional transportation expenses, expenses for the return or disposal of remains, vehicle return expenses and subsistence allowance.

## Specific coverage provisions

To the "General provisions applicable to all coverages", the following is added:

### Supporting documents

When submitting a claim, you will be required to provide us with one or more of the following documents:

- A duly completed claim form
- A medical certificate giving a full diagnosis, issued by the *physician* who treated you where the *medical condition* occurred. Depending on the case, medical supervision must have begun before the scheduled departure date or return date of the *trip*
- A supporting document (for example, a letter from the airline, a police report, or a loss report) confirming that a sufficiently serious, unforeseen, and non-excluded event is the cause of your claim
- Receipts and proof of payment of your *travel expenses*
- The following original or electronic documents:
  - The unused transportation ticket
  - The original invoice from your *travel provider*
  - Official receipts for your new return transportation
  - Any proof of reimbursement or credit received from your *travel provider*

Failure to provide the required proof will result in your claim being denied.