

## TERMS AND CONDITIONS

(Please read carefully)

- A. The applicant certifies that the statements made on this application are complete and accurate and in no way seeks the coverage herein applied for by other than totally honest representation.
- B. The applicant agrees that the coverage for the Travel Health Plan and Travel Accident Plan is effective only if this application and requisite Subscription are received on or prior to Departure Date.
- C. The applicant agrees coverage for Trip Cancellation benefits is effective only if this application and requisite Subscription are received prior to any cancellation penalties becoming chargeable or within 72 hours of initial deposit.
- D. The applicant agrees the coverage for the Tour Package Plan is effective only if this application and requisite Subscription are received prior to any cancellation penalties becoming chargeable or within 72 hours of initial deposit.
- E. The applicant agrees that Travel Health Benefits will not be paid for:
- i) Any person travelling for the purpose of seeking medical or hospital services of any kind.
  - ii) Any person aware of requiring medical or hospital services.
  - iii) Any person travelling against medical advice.
- F. Family coverage means the applicant, Spouse, and any eligible Dependents travelling with the applicant. (Under the Annual Travel Plan Spouse and eligible Dependents do not have to be travelling with the applicant to be covered.)
- G. Applicants age 55 to 74 agree that when covered by the Annual Travel Plan no Trip shall exceed 32 days in duration, and cannot be extended by Manitoba Blue Cross or another carrier. Any extension purchased to extend coverage beyond the 32-day limitation will invalidate all coverage for that Trip under the Annual Travel Plan.
- H. Applicants under age 55 (on Effective Date of Term of coverage) covered by the Annual Travel Plan may extend their coverage with Manitoba Blue Cross only (maximum 30 days) on a per Trip basis beyond the 32-day limitation. The total period of coverage may not exceed 62 days per Trip. This coverage cannot be extended by Manitoba Blue Cross or another carrier beyond 62 days. Any extension purchased to extend coverage beyond the 62-day limitation will invalidate all coverage for that Trip under the Annual Travel Plan.
- I. The applicant agrees that coverage must be purchased prior to their departure from Manitoba and/or Canada and for the entire duration of their trip, which originates and terminates in Manitoba and/or Canada. If any travel occurs outside of the effective dates of your policy, that travel will invalidate all coverage for that trip.
- For the Annual Travel Plan coverage must be purchased prior to the Departure Date from Manitoba, and all trips must originate and terminate in Manitoba.
- J. The applicant agrees that any extension coverage must be with Manitoba Blue Cross and must be purchased from Manitoba Blue Cross or an authorized agent. Any extension coverage purchased from another carrier, will invalidate all coverage for that trip.
- K. Applicants age 55 to 74 who have answered a medical questionnaire agree to report to Manitoba Blue Cross any change in medical condition that would alter the answers to their medical questions prior to Departure Date.
- L. Manitoba Blue Cross is not liable to pay benefits for any Travel Health Benefit services or charges resulting directly or indirectly from a Pre-existing Condition as defined in SECTION II, to or on behalf of any Subscriber age 55 or over covered under this Policy for the:
- i) Deluxe Travel Health Plan - Silver Plan
  - ii) Annual Travel Plan (age 55 to 74)
  - iii) Tour Package Plan (age 55 and over)
- M. I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by Manitoba Blue Cross and/or Blue Cross Life Insurance Company of Canada may be collected, used, or disclosed to administer the terms of my policy, to develop and recommend suitable products and services to me, and to manage the Company's business.
- Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross Plans, health care professionals and institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in my policy.
- I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Blue Cross' privacy policies I can contact Blue Cross at **204.775.0151** or toll-free at **1.800.USE.BLUE (1.800.873.2583)** or at [mb.bluecross.ca](http://mb.bluecross.ca) should I have questions as to the collection, use or disclosure of my personal information.
- I authorize Blue Cross to collect, use and disclose my personal information as described above.

### IMPORTANT NOTICE – PLEASE READ CAREFULLY

- **Travel insurance is designed to cover losses arising from sudden, unexpected and unforeseeable circumstances.** It is important that you read and understand your policy before you travel as your coverage may be subject to certain limitations or exclusions.
- Your policy may not provide coverage for medical conditions and/or symptoms that existed before your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is made.
- If your policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

**PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL.**

## COVERAGE PROVISIONS FOR THE FOLLOWING PLANS

Annual Travel Plan, Deluxe Travel Health Plan, Travel Accident Plan, Airfare Cancellation Plan, Tour Package Plan

### SECTION I - THE CONTRACT

The validated Policy issued by Manitoba Blue Cross or a Blue Cross agent shall constitute the entire contract between the parties hereto and no representative or Blue Cross agent is authorized to vary or alter any of the terms and conditions thereof.

The acceptance of the application by a Blue Cross agent shall not be binding upon Manitoba Blue Cross in the event the terms and conditions as set out by Manitoba Blue Cross have not been satisfied.

Manitoba Blue Cross reserves the right to reject any application in the event the terms and conditions have not been satisfied.

### SECTION II - DEFINITION OF TERMS

**“Accident”** shall mean a happening due to external, violent, sudden, fortuitous causes being beyond the Subscriber’s control.

**“Air Ambulance”** shall mean an aircraft equipped with first aid equipment, oxygen and resuscitators, regularly used for transporting sick or injured persons.

**“Ambulance”** shall mean a ground vehicle containing first aid equipment, oxygen and resuscitators, regularly used for transporting sick or injured persons.

**“Business Meeting”** shall mean a pre-arranged private meeting pertaining to the full-time occupation or profession of the Subscriber and which was the sole purpose of the trip (documentary evidence of meeting arrangements required). In no event shall Business Meeting include a convention, conference, assembly, trade show, exhibition, seminar or board meeting.

**“Change in Prescribed Medication”** shall mean the medication dosage or frequency has been reduced, increased, stopped and/or new medication has been prescribed.

#### Exceptions:

- A change from a brand name medication to a generic brand of the same dosage.
- The routine adjustment of Coumadin, warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and there has been no change in your medical condition.

**“Departure Date”** shall mean 1. the date the Subscriber leaves Manitoba and/or Canada. 2. for the Annual Travel Plan, shall mean the date the Subscriber leaves Manitoba.

**“Dependent”** shall mean an unmarried child of a Subscriber, under 21 years of age, and dependent for support on the Subscriber, and an unmarried child under the age of 24 who is a full-time student at a specialized school, college or university.

The following will be considered children of the Subscriber:

- i) natural children
- ii) legally adopted children
- iii) stepchildren
- iv) the children of the person with whom the Subscriber is living in a conjugal relationship provided such children are living with the Subscriber.

The age restriction does not apply to unmarried, unemployed children over the age of 21 (24 for a full-time student) if they are dependent upon the covered Subscriber by reason of a mental or physical disability and have been continuously so disabled prior to the attainment of age 21 (24 for a full-time student). In the event of a claim, proof of disability prior to age 21 (24 for a full-time student) will be required.

**“Effective Date”** for the Annual Travel Plan shall mean the date the Subscriber is entitled to coverage under this Policy; is established by the applicant; is within 30 days of the date of purchase; is not earlier than the date of purchase.

**“Elective”** shall mean any treatment or surgery, which is not required for the immediate relief of acute pain or suffering or which reasonably could be delayed (on medical evidence) until the patient returned to Manitoba.

**“Expiry Date”** for the Annual Travel Plan shall mean the date 365 days from and including the Effective Date.

**“Financial Loss”** shall mean the amount of money paid to or due to the organization arranging the trip, for travel arrangements (airfare, land arrangements, hotel deposits, etc.) which amount has not been refunded to the Subscriber or for which the Subscriber has not been, nor will be, reimbursed other than provided herein.

**“Health Care Practitioner”** shall mean a person who has met the professional and legal requirements of the jurisdiction where the care or services are provided giving them authority to provide health care services. Where no such professional authority or legal requirements exist, the person must have a certificate of competency from a professional body which is responsible for established standards of competence for the conduct for the particular health care profession and the person must be acting within the scope of that license. In all instances, a person may not be a relative of the insured to be considered a Health Care Practitioner for the purposes of this plan.

**“Immediate Family”** shall mean the Spouse, parent, step-parent, grandparent, grandchild, in-law, natural or adopted child, stepchild, brother, sister, step-sister, step-brother, aunt, uncle, niece, nephew, or business partner.

**“In-patient”** shall mean a patient confined to a hospital for more than 24 hours on the recommendation of the attending Physician.

**“Mysterious Disappearance”** shall mean when the article of personal property in question cannot be located and the circumstances of its disappearance cannot be explained, or do not lend themselves to a reasonable inference that a theft occurred.

**“Physician”** shall mean a duly qualified doctor of medicine entitled under the laws of the province, state or country where the services are rendered, to practice medicine without restriction.

**“Policy”** shall mean this document and the provisions contained herein, including any extensions or amendments issued hereto.

**“Pre-existing Condition”** shall mean the Subscriber consulted a Physician for an illness or medical condition, or was hospitalized, or received Treatment, or was prescribed Treatment or new medication or was given a Change in Prescribed Medication:

- i) during the 12-month period prior to the effective date of coverage for the trip in question for the Deluxe Travel Health - Silver Plan and Tour Package Plan.
- ii) during the 12-month period prior to the Departure Date for the Trip in question for the Annual Travel Plan.
- iii) during the six-month period prior to the date of purchase of Policy for Trip Cancellation Benefits.

A pre-existing condition would not include consulting a Physician for a previously identified medical condition that has not changed, 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:

- i) for the 12-month period prior to the effective date of coverage for the trip in question for the Deluxe Travel Health - Silver Plan and Tour Package Plan.
- ii) for the 12-month period prior to the Departure Date for the Trip in question for the Annual Travel Plan.
- iii) for the six-month period prior to the date of purchase of Policy for Trip Cancellation Benefits.

**“Service Fees”** shall mean fees for professional travel advice or service rendered by an agent.

**“Spouse”** shall mean a person who is legally married to the Subscriber, or has continuously resided with the Subscriber having been represented as members of a conjugal relationship. Manitoba Blue Cross will at no time provide coverage for more than one Spouse under the same Policy.

**“Stable and Controlled”** shall mean the medical condition is not worsening and there has been no Change in Prescribed Medication for the condition or its usage or dosage, nor any other Treatment prescribed or recommended or received:

- i) within the 12-month period prior to the effective date of coverage for the trip in question for the Deluxe Travel Health - Silver Plan and Tour Package Plan.
- ii) within the 12-month period prior to the Departure Date for the Trip in question for the Annual Travel Plan.
- iii) within the six-month period prior to the purchase date of the Policy for Trip Cancellation Benefits.

**“Subscriber”**

- i) for the Deluxe Travel Health Plan and Tour Package Plan shall mean the applicant or if enrolled under a family Policy shall mean the applicant, Spouse, and eligible Dependents travelling with the applicant.
- ii) for the Annual Travel Plan shall mean the applicant (up to and including the age of 74), or if enrolled under a family Policy shall mean the applicant and Spouse (up to and including the age of 74), and eligible Dependents.

**“Subscription”** shall mean the amount charged by Manitoba Blue Cross as consideration for the coverage of benefits made available under the terms and conditions of this Policy.

**“Term”** shall mean

- i) the period from and including the Departure Date equal to the number of days indicated on the application form.
- ii) for the Annual Travel Plan, the period of 365 days from and including the Effective Date indicated on the application form.

**“Totally Disabled”** shall mean the complete inability of the Subscriber, on medical evidence, to continue his or her duties or activities and to continue the trip.

**“Tour Package”** shall mean a travel package, which includes all components of the Subscriber’s travel arrangements (transportation, accommodation, etc.). Tour Package shall have the same meaning as Policy.

**“Travel Companion”** shall mean the person(s) up to a maximum of four people who are travelling together with the Subscriber.

**“Travel Health Plan”** shall have the same meaning as Policy.

**“Travel Supplier”** shall mean any travel agency, travel wholesaler, tour operator, airline or accommodation facility.

**“Treatment”** shall mean a medical or diagnostic procedure prescribed, performed or recommended, including but not limited to, prescribed medication, investigative testing and surgery. Treatment includes a Change in Prescribed Medication but does not include the unaltered use of prescribed medication for a medical condition which has been Stable and Controlled or a medical examination in which a Physician observes no change in a previously identified condition:

- i) for the 12-month period prior to the effective date of coverage for the trip in question for the Deluxe Travel Health - Silver Plan and Tour Package Plan.
- ii) for the 12-month period prior to the Departure Date for the Trip in question for the Annual Travel Plan.
- iii) for the six-month period prior to the purchase date of the Policy for the Trip Cancellation Benefits.

**“Trip”** for the Annual Travel Plan shall mean the total number of days the Subscriber is outside the boundaries of Manitoba.

**“Usual, Customary, and Reasonable”** shall mean the following:

**Usual** is the Usual charge for a given service or supply by an individual providing services or supplies in his personal practice.

**Customary** is that range of Usual charges by individuals, of similar training and experience, providing services or supplies for the same service within a specific limited geographic or socioeconomic area.

**Reasonable** is a charge which meets the criteria of both Usual and Customary, or in the opinion of the provider’s professional association, is justifiable in the special circumstances of the particular case in question.

**“Vehicle”** shall mean a passenger automobile, motorcycle, motor home, or truck with a gross vehicle weight of less than 9,000 pounds, providing no such Vehicle is licensed to carry passengers for hire.

### SECTION III - BENEFITS

To be eligible the Subscriber must be registered with and entitled to benefits from Manitoba Health, Seniors and Active Living. Subject to the exclusions and limitations and the terms and conditions of this Policy, the Subscriber shall be entitled to the reimbursement of actual expenses for those charges which are listed as eligible benefits. The Subscriber must produce valid receipts for payment of any eligible charges.

Travel Health benefits cover the Usual, Customary, and Reasonable hospital, medical and related expenses incurred following an unexpected, sudden or unforeseen **emergency** illness or Accident outside of Manitoba in excess of the scheduled amount payable by Manitoba Health, Seniors and Active Living to a maximum of \$5,000,000 per Subscriber, per claim to a lifetime maximum of \$5,000,000 per Subscriber.

#### Automatic Extension

Travel Health and Travel Accident benefits will be extended for up to 72 hours after the scheduled return date in the following circumstances:

- If due to a medical emergency you are hospitalized on your last day of coverage, (as determined by the terms of your Travel Plans Application) your benefits will remain in force throughout the period of hospitalization, plus 72 hours following your discharge from hospital.
- For trips of 32 days or less, the automatic extension applies only if your return is delayed due to the fault of the carrier in which you are a fare-paying passenger.

A claim under this benefit must be supported by a letter from the transportation authority confirming the period of delay.

- For trips of more than 32 days, the automatic extension applies regardless of the reason for the delay.

### A. TRAVEL HEALTH BENEFITS

(Applicable to Deluxe Travel Health Plan, Tour Package Plan and Annual Travel Plan.)

**All Travel Health Benefits described shall be considered eligible only on the submission of certification by the attending Physician that the services were for unexpected, sudden or unforeseen emergency treatment required for the immediate relief of acute pain or suffering. Chronic care and charges for treatment, which could have been delayed (on medical evidence) until your return to Manitoba, will not be eligible.**

#### Accidental / Emergency Dental

- Coverage for dental care service to natural teeth when necessitated by a direct accidental blow to the mouth only, and not by an object wittingly or unwittingly placed in the mouth. Treatment for services required as a result of dental injury must be rendered within 180 days following the date of the Accident in order to be considered an eligible expense. The maximum amount payable is \$3,000 per Accident.
- Coverage for treatment for the emergency relief of dental pain to a maximum of \$300. Services must be rendered outside of Manitoba. A letter from the attending dentist must be presented indicating treatment was necessary to relieve acute dental pain not present before Departure Date.

#### Ambulance Services

- Coverage for ground Ambulance service from the place of illness or Accident to the nearest hospital capable of providing appropriate treatment.

#### Blood and Blood Plasma

- Coverage for blood and blood plasma if not available free of charge.

#### Board and Lodging

- Additional expenses incurred for board and lodging by a relative or friend remaining with a Subscriber (patient) during their hospitalization as an In-patient. To be eligible for coverage, the relative or friend must be travelling with the Subscriber and also be covered by a Manitoba Blue Cross Travel Health Plan. Return of the Subscriber (patient) must be unavoidably delayed beyond the termination date of their trip. Only expenses incurred after the termination date of the Subscriber's scheduled trip will be considered eligible.

#### Dependent Escort

- Additional cost of return economy airfare for an escort to accompany covered Dependents (up to 18 years of age) to Manitoba in the event a Subscriber has been air evacuated to Canada for medical reasons.

#### Drugs or Medicines

- Coverage for drugs or medicines which are prescribed by a Physician and dispensed by a licensed pharmacist, excluding vitamins and vitamin preparations, over the counter drugs, or patent and proprietary medicines available without a written prescription from a Physician.

#### Emergency Remote Evacuation

- When a regular ambulance service cannot be used, coverage for emergency evacuation from a mountain, body of water or other remote location by a commercial operator licensed to convey passengers to the nearest qualified medical facility capable of providing appropriate treatment to a maximum benefit payment of \$5,000 per Subscriber.

#### Hospital In-patient Allowance

- An allowance of \$40 per day for each day the Subscriber is hospitalized as an In-patient. Maximum coverage \$1,000.

## Hospital Services

- Coverage for hospital In-patient and out-patient services and supplies provided by a licensed hospital excluding any charges not paid by or on behalf of the Subscriber, or that the Subscriber was otherwise entitled to be reimbursed for.
- Coverage for medical and surgical services by a Physician. Coverage for services rendered in connection with general examinations, chronic or on-going care, or for “check-up” or “cosmetic” purposes are not eligible expenses.

## International Travel Assistance

- The provision of 24 hour worldwide assistance for pre-travel assistance and medical situations arising out of emergency illness or Accident requiring hospitalization or medical treatment. Neither Manitoba Blue Cross nor the International Travel Assistance provider shall be responsible for the availability, quality or results of any medical treatment or the failure of the Subscriber to obtain medical treatment.

## Medical Evacuation

- Subject to the discretion of Manitoba Blue Cross, medical evacuation to a hospital in Canada if the evacuation is not harmful to the patient’s health. Prior approval must be obtained from Manitoba Blue Cross.
- Additional cost, if any, of the most direct return (economy) air travel from the place where the Subscriber was hospitalized as an In-patient to their home city in Manitoba, including the cost of return economy air travel for a graduate professional nurse where nursing care is required during the flight home. This benefit must be supported by a letter from the attending Physician that return to Manitoba for additional treatment is medically necessary. This coverage also applies to the family (applicant, Spouse and Dependents) or one travelling companion who is covered by a Manitoba Blue Cross Travel Health Plan and is travelling with the patient at the time of illness or Accident.
- Economy air transportation by stretcher to the home city in Manitoba if the patient has received treatment at a hospital as an In-patient.

## Paramedical

- Coverage for physiotherapy when provided in a hospital.
- Coverage for the services of a chiropractor and/or a podiatrist lawfully entitled to practice in the jurisdiction where the service was performed. A letter from the attending Physician must be presented indicating treatment was for acute rather than chronic care.

## Private Duty Nursing

- Coverage for private duty nursing care during or immediately following hospitalization as an In-patient. The services must be provided by a graduate professional nurse registered in the place where the service was provided. The services must have been recommended by the attending Physician and the nurse must not be a relative of the patient.

## Repatriation Benefit

- In the event of loss of life, up to \$7,500 towards the cost of transporting a deceased Subscriber to their home city in Manitoba (including costs of preparation and standard transportation container), or up to \$5,000 for cremation or burial at place of death.

## Replacement of Eyeglasses or Contact Lenses

- Coverage for the repair or replacement of prescription eyeglasses or contact lens or lenses up to a maximum of \$100 in the event of accidental injury resulting in the loss or breakage of eyeglasses or loss or breakage of a contact lens or lenses. The injury must be treated by a Physician or dentist for the charges to be eligible.

## Return of Pet / Vet Charges

- Additional cost of returning a Subscriber’s accompanying pet to the Subscriber’s home city in Manitoba to a maximum of \$500 per pet, in the event a Subscriber is confined in hospital for at least three days outside of Manitoba.
- Coverage for emergency veterinary care due to unexpected injury of accompanying pet to a maximum of \$200 per pet.

## Return of Vehicle

- An allowance of \$4,000 towards the cost of the return of a private or rental Vehicle used for the trip, to the Subscriber’s place of residence, or nearest rental agency, in the event the Subscriber becomes Totally Disabled and is unable to drive the Vehicle.

## Transportation to Bedside / Identify Deceased

- Coverage for transportation to the bedside of a Subscriber incurred by their Spouse or any one family member to be with the Subscriber who is confined in hospital, and will be an In-patient for at least three days outside of Manitoba. This benefit must be supported by the written verification of the attending Physician that the Subscriber’s medical condition was serious enough to require the visit. Transportation will also be allowed for a family member travelling to identify a deceased Subscriber prior to release of the body, if required by law. Coverage includes round-trip economy airfare on a commercial flight via the most direct cost effective route from Canada to the place where illness or Accident occurred.
- Coverage for commercial accommodations and meals for a person travelling to the bedside or travelling to identify a deceased family member to a combined maximum of \$200 per day to a maximum benefit payment of \$2,500.

## B. TRIP CANCELLATION BENEFITS

(Applicable to Airfare and Holiday Cancellation Plans and Tour Package Plan. Please note: Trip Cancellation plans are non-refundable.)

### Risks Covered

This coverage excludes loss caused or contributed to by a cause of cancellation, which existed at the time of application. If the cause of cancellation is a Pre-existing Condition, benefits are only payable if the attending Physician verifies that the condition was completely Stable and Controlled.

1. If a Subscriber is compelled to cancel their scheduled departure due to:
  - (a) the death, sickness, or bodily injury of,
    - i) the Subscriber, or
    - ii) a member of the Subscriber's Immediate Family, or
    - iii) a Travel Companion, or
    - iv) a member of the Travel Companion's Immediate Family
  - (b) the death or hospitalization of the Subscriber's host at destination, or
  - (c) a fire which renders the Subscriber's principal residence uninhabitable, or
  - (d) being summoned for jury duty, quarantined, hijacked, or
  - (e) being subpoenaed as a witness in a case being heard during the Term of this Policy (excluding law enforcement officers), or
  - (f) a transfer by the Subscriber's employer requiring moving the Subscriber's permanent residence 160 km (100 miles) or more within 30 days of the scheduled departure or scheduled return date, or
  - (g) the involuntary loss of permanent employment provided that employment had been with the same employer for more than one year from date of purchase. (A claim must be substantiated by a letter from the employer.)
  - (h) cancellation of a Business Meeting, as defined, because of sickness, injury or death of the person with whom the meeting had been arranged in advance.
  - (i) a travel advisory and/or travel warning issued by the Canadian Government, after the date the trip is booked, recommending not to travel to the contracted destination on the contracted dates.
2. If a Subscriber is compelled to return prior to or later than the original scheduled return date and/or to incur certain expenses due to a delayed return because of the occurrence of one of the events in 1 (a) to 1 (i) of this section, then the Subscriber shall be entitled to the **following benefits** in accordance with the coverage selected on the application.

### (i) Airfare Cancellation Protection

- Prior to departure: The non-refundable portion of the Subscriber's prepaid airfare up to the amount of coverage selected on the application.  
OR  
After departure: The extra cost of one-way economy airfare by the most direct route home by a regularly scheduled flight up to the amount of coverage selected on the application. This would be indicated as a separate amount under Air Extra on the application. If return of a Subscriber is delayed more than ten days beyond the scheduled return date, this benefit shall only be payable upon submission of proof that the sick or injured person was admitted and confined to hospital as an In-patient for more than 48 hours.
- The extra cost of economy air transportation to destination in the event of a missed connection due to a schedule change by a tour operator.
- A maximum of \$25 per transaction for Service Fees incurred to change a reservation. The total amount of the claim must be less than the non-refundable portion of the original booking. The invoice issued for the original booking must clearly indicate this fee would be payable in the event of a change.
- Service Fees for travel advice or service directly related to the trip booking, when clearly indicated on the invoice at time of deposit.
- In the event of loss of life, up to \$7,500 towards the cost of transporting a deceased Subscriber home (including costs of preparation and standard transportation container), or up to \$5,000 for cremation or burial at place of death.

### (ii) Holiday Cancellation Protection

- The non-refundable portion of the Subscriber's prepaid air, land, and surface arrangements up to the amount of coverage selected on the application.
- The extra cost of a one-way economy airfare by the most direct route home by a regularly scheduled flight. If return of the Subscriber is delayed more than ten days beyond the scheduled return date, this benefit shall be payable only upon submission of proof that the sick or injured person was admitted and confined to hospital as an In-patient for more than 48 hours. This benefit is payable only if the holiday package covered includes a pre-paid transportation cost.
- If a member of the Subscriber's Immediate Family/Travel Companion, who is scheduled to accompany the Subscriber in booked double accommodation, must cancel and the Subscriber elects to proceed alone, then the Subscriber is eligible for the reimbursement of the single supplement charged to the Subscriber up to an amount not exceeding the cancellation penalty applicable at the time the said family member/Travel Companion must cancel.
- The cost of the Subscriber's prepaid non-refundable unused land arrangements up to the amount of coverage selected on the application.
- The extra cost of economy air transportation to destination in the event of a missed connection due to a schedule change by a tour operator or the delay of connecting carrier (airline, bus, train) resulting from weather conditions or mechanical failure; or delay of automobile (limousine, taxi, private automobile) resulting from a traffic accident or from an emergency police directed road closure (substantiated by a police report). This is subject to the connecting carrier or automobile being scheduled to arrive at departure point not less than three hours prior to the time scheduled for flight departure or six hours prior to the time scheduled for sailing.

- The non-refundable unused portion of prepaid land costs up to the amount of coverage selected on the application if connecting scheduled carrier is delayed by weather conditions for a period of at least 30% of the total number of days of the covered trip and the Subscriber elects not to proceed on the holiday.
- The extra cost of economy class scheduled carrier transportation by the most direct route to join or rejoin a pre-arranged tour package by a Travel Supplier in the event that the Subscriber must miss a portion of the holiday.
- A maximum of \$25 per transaction for Service Fees incurred to change a reservation. The total amount of the claim must be less than the non-refundable portion of the original booking. The invoice issued for the original booking must clearly indicate that this fee would be payable in the event of a change.
- Service Fees for travel advice or service directly related to the trip booking, when clearly indicated on the invoice at time of deposit.
- In the event of loss of life, up to \$7,500 towards the cost of transporting a deceased Subscriber home (including costs of preparation and standard transportation container), or up to \$5,000 for cremation or burial at place of death.

**Conditions**

- (a) This cancellation insurance is valid only when the application and requisite Subscription are received or are postmarked prior to any cancellation penalties becoming chargeable to the Subscriber or within 72 hours of initial deposit.
- (b) When a cause of cancellation occurs prior to the Departure Date, Manitoba Blue Cross must be notified of the details within 48 hours of the said cause of cancellation, and the Subscriber must cancel the trip with the travel agency or the carrier concerned within the same 48 hours. Claims settlement shall be limited to the non-refundable amounts stipulated above at the time of the cause of cancellation or within 48 hours.
- (c) To substantiate a claim for non-refundable or additional costs, the Subscriber must provide, where applicable, unused transportation tickets, receipts for land arrangement costs and passenger receipts for return transportation other than contracted return transportation. Also, a medical certificate must be furnished by a Physician where the sickness or Accident occurred stating the complete diagnosis and the exact reasons why travel was impossible.
- (d) Service Fees must be included in the total non-refundable portion of the amount of coverage selected on the application.

**C. TRAVEL ACCIDENT BENEFITS**

**(Applicable to Travel Accident Plan Only.)**

**The following benefit is being underwritten by Blue Cross Life Insurance Company of Canada.**

**Benefit**

Payment for the greatest single loss of life, limb or sight directly resulting from an Accident, up to 365 days after the Accident.

Coverage is provided 24 hours a day from 12:01 a.m. on the Departure Date to 12:00 midnight on the day of return.

Payment for the loss of life, loss of, or loss of use of, limb or sight to the Subscriber who suffers the loss, shall be paid at:

- 100% of the principal amount for the applicant or Spouse age 16-69.
- 20% of the principal amount for the applicant or Spouse age 70 and over.
- 20% of the principal amount for applicants under age 16 or for Dependents (if family coverage).

Payment for accidental death of the Subscriber will be made to the designated beneficiary or to the estate when no beneficiary is designated. Payment for accidental dismemberment of the Subscriber will be made to the applicant.

**Schedule of Benefits**

**Principal Amount**

- |  |               |
|--|---------------|
| 1) Loss of life .....  | <Full Amount> |
| 2) Loss of, or loss of use of, both hands or both feet or sight in both eyes ..... | <Full Amount> |
| 3) Loss of, or loss of use of, one hand and one foot .....                         | <Full Amount> |
| 4) Loss of, or loss of use of, one hand and sight in one eye .....                 | <Full Amount> |
| 5) Loss of, or loss of use of, one foot and sight in one eye .....                 | <Full Amount> |
| 6) Loss of, or loss of use of, one hand or one foot or sight in one eye .....      | <Half Amount> |

The principal amount shall be the amount specified on the application form, which forms part of this Policy.

“Loss of” used with reference to hand or foot means complete and permanent severance at or above the wrist or ankle joint. When used with reference to eye means the irrecoverable total loss of sight in the eye.

“Loss of use” means the total and irrecoverable loss of use for 12 continuous months after which the benefit is payable, provided the loss of use is determined to be permanent.

If a Subscriber suffers more than one such loss as a result of any one Accident, payment will be made only for that loss for which the largest benefit is specified, up to 365 days after the Accident.

Upon the occurrence of any one of the above losses all coverage for that person shall immediately cease, except as respecting such loss or subsequent losses directly resulting from the same Accident. In no event, shall the maximum amount payable under this Policy for all losses of the Subscriber exceed the principal amount.

**D. ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS**

(Applicable to Tour Package Plan, Deluxe Travel Plan and the Annual Travel Plan.)

The following benefit is being underwritten by Blue Cross Life Insurance Company of Canada.

**Benefit**

Payment for the greatest single loss of life, limb or sight directly resulting from an Accident, up to 365 days after the Accident.

Coverage is provided 24 hours a day from 12:01 a.m. on the Departure Date to 12:00 midnight on the day of return.

Payment for the loss of life, loss of, or loss of use of, limb or sight to the Subscriber who suffers the loss, shall be paid at:

- 100% of the principal amount for the applicant or Spouse age 16-69.
- 20% of the principal amount for the applicant or Spouse age 70 and over.
- 20% of the principal amount for applicants under age 16 or for Dependents (if family coverage).

Payment for accidental death will be made to the designated beneficiary or to the estate when no beneficiary is designated. Payment for accidental dismemberment of the Subscriber will be made to the applicant.

<b>Schedule of Benefits</b>	<b>Principal Amount</b>
-----------------------------	-------------------------

1) Loss of life .....	\$10,000
2) Loss of, or loss of use of, both hands or both feet or sight in both eyes .....	\$10,000
3) Loss of, or loss of use of, one hand and one foot .....	\$10,000
4) Loss of, or loss of use of, one hand and sight in one eye .....	\$10,000
5) Loss of, or loss of use of, one foot and sight in one eye .....	\$10,000
6) Loss of, or loss of use of, one hand or one foot or sight in one eye .....	\$5,000

“Loss of” used with reference to hand or foot means complete and permanent severance at or above the wrist or ankle joint. When used with reference to eye means the irrecoverable total loss of sight in the eye.

“Loss of use” means the total and irrecoverable loss of use for 12 continuous months after which the benefit is payable, provided the loss of use is determined to be permanent.

If a Subscriber suffers more than one such loss as a result of any one Accident, payment will be made only for that loss for which the largest benefit is specified.

Upon the occurrence of any one of the above losses, all coverage for that person shall immediately cease, except as respecting such loss or subsequent losses directly resulting from the same Accident. In no event shall the maximum amount payable under this Policy for all losses of the Subscriber exceed the principal amount.

**Exclusions**

(Applicable to Travel Accident and Accidental Death & Dismemberment Benefits.)

No benefit shall be payable in respect of any loss caused directly or indirectly, wholly or in part by one or more of the following:

1. Insurrection, war or act of war (declared or not), or the hostile action of the armed forces of any country, service in the armed forces, hijacking or terrorism, or participation in any riot, public confrontation, civil commotion or any other act of aggression.
2. Suicide, attempted suicide or self-inflicted injury of a Subscriber under this Policy.
3. Any loss, fatal or non-fatal, which occurs while participating in or engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.
4. Any loss, fatal or non-fatal, which occurs while operating a motorized vehicle with a blood alcohol level in excess of the legal limit in the jurisdiction where the Accident occurred. Vehicle means any form of transportation which is drawn, propelled or driven by any means and includes, but is not restricted to, an automobile, truck, motorcycle, moped, bicycle, snowmobile, boat or all-terrain vehicle.
5. Participation in athletic sports for remuneration, parachuting or skydiving, bungee jumping, gliding, mountaineering, spelunking or any racing or speed contest.
6. Flight accident unless the Subscriber is riding as a fare-paying passenger on a commercial airline or charter aircraft with a seating capacity of six people or more.

**Conditions**

(Applicable to Travel Accident and Accidental Death & Dismemberment Benefits.)

1. The insurer has the right and the claimant shall afford to the insurer the opportunity to examine the Subscriber so often as it may be reasonably required when a claim under this insurance is pending.
2. Any claim for indemnity under this insurance must be submitted within one year of the date of the Accident for which the claim is made and must be substantiated by a certificate from the attending Physician at the place of the occurrence of the Accident attesting to the actual injuries sustained.



**E. AIR FLIGHT AND COMMON CARRIER ACCIDENT BENEFITS**

**(Applicable to Tour Package Plan Only.)**

**The following benefit is being underwritten by Blue Cross Life Insurance Company of Canada.**

**Risks Insured**

Accidental death or dismemberment occurring while this Policy is in force, that is a direct result of bodily injuries suffered by external, violent and accidental means (hereinafter called "such injuries") sustained by the person while riding solely as a passenger in or boarding or alighting from:

1. A certified passenger aircraft provided by a regularly scheduled airline and operated by a properly certified pilot;
2. Any land conveyance licensed for the transportation of passengers while travelling to and from an airport immediately preceding departure or immediately following arrival of such aircraft;
3. Any other public conveyance, excluding air, licensed to convey passengers for hire.

Coverage is in effect for Subscribers who are passengers on:

- (a) any trip departing from any point or points within Manitoba and destined for a location outside of Manitoba; or
- (b) any trip destined to arrive at any point or points in Manitoba from a location outside of Manitoba; or
- (c) any trip where both the departure point and the destination are from a location outside of Manitoba.

**Principal Amount**

The principal amount shall be \$50,000 for the Subscriber and Spouse, and \$10,000 for the covered Dependents.

<b>For Loss of</b>	<b>Benefit</b>
Life.....	100%
Two limbs.....	100%
Sight of both eyes.....	100%
One limb and sight in one eye.....	100%
One limb.....	50%
Sight in one eye.....	50%

If such injuries shall, within one year from the date of the Accident, result in any of the foregoing losses, the insurer will pay the benefit set opposite such loss. Only one benefit, the largest, shall be paid for all losses resulting from one Accident and in no event shall the total benefits payable for one or more Accident exceed the principal amount.

**Conditions**

1. The insurer has the right and the claimant shall afford to the insurer an opportunity to examine the Subscriber so often as it may be reasonably required when a claim under this insurance is pending.
2. Any claim for indemnity under this insurance must be submitted within one year of the date of the Accident for which the claim is made and must be substantiated by a certificate from the attending Physician at the place of the occurrence of the Accident attesting to the actual injuries sustained.

**Exclusions**

No benefit shall be payable in respect of any loss caused directly or indirectly, wholly or in part by one or more of the following:

1. Insurrection, war (declared or not), or the hostile action of the armed forces of any country, or any riot or civil commotion.
2. Intentionally self-inflicted injuries, suicide or attempted suicide.
3. Committing or attempting to commit a criminal offense.

**Aggregate Limit of Liability**

Aggregate limit of liability is \$5,000,000 per aircraft or common carrier. If the total claims payable exceeds \$5,000,000 then the insurer shall pro-rate the payment.

**Beneficiary Designation**

Indemnity for loss of life of the insured will be payable to the estate of the insured. All other indemnities will be payable to the insured.

**Statutory Conditions**

Notwithstanding any other provisions herein contained, this agreement is subject to the statutory conditions in the Insurance Act respecting contracts of accident insurance.

## F. BAGGAGE PROTECTION BENEFITS

(Applicable to Tour Package Plan Only.)

**Loss or damage to baggage or personal effects to a maximum of \$500 per Subscriber.**

Benefits cover loss or damage to baggage or personal effects belonging to you, or your family while travelling with you, caused by theft, burglary, fire or transportation hazards outside of your province of residence. The maximum amount payable for any one item or set of items is the lesser of its actual cash value or \$250 and is in excess of the loss or damage to properties specifically or otherwise insured.

In the event your checked baggage is delayed by the carrier for 12 hours or more while enroute and before returning to your original departure point, you will be entitled to reimbursement of up to \$200 for the purchase of necessary toiletries and clothing. (Proof of delay of checked baggage from the carrier along with receipts of purchases must accompany your claim.)

The maximum amount payable under this Policy is \$500 per Subscriber subject to the exclusions and limitations.

### Conditions

The following conditions are in addition to the standard terms of this Policy.

1. In the event of theft, burglary, robbery, malicious mischief, disappearance, loss or damage, you must:
  - a) Immediately notify and obtain corroborating documentary evidence from the police or, if the police are not available, the hotel manager, tour guide or transportation authorities;
  - b) Promptly take all reasonable precautions to protect, save and/or recover the property; and
  - c) Notify Manitoba Blue Cross within 7 days of return.

Failure to comply with this condition will invalidate any claim under this insurance.
2. If the covered property is under check of a common carrier and delivery is delayed, this coverage will continue until such property is delivered by the common carrier.
3.
  - a) Manitoba Blue Cross is not liable beyond the cash value (original cost less deduction for depreciation) of the property at the time of loss.
  - b) Manitoba Blue Cross has the option to repair or replace any damaged or lost property with other of similar kind, quality and value and to require submission of the property for appraisal of damage.

### Exclusions

No benefit shall be payable for the following:

1. Loss of or damage to automobiles or automobile equipment, motorcycles, bicycles, boats, motors or other conveyances or their accessories, household furnishings or accessories, electronic devices, including, but not limited to, laptop computers, personal audio/video devices, false teeth, hearing aid, artificial limbs, glasses, contact lenses, cash notes, securities, tickets and documents, professional equipment or property, antiques and collectors' items, perishable articles, animals or any item or set of items that is not normally and reasonably carried by tourists.
2. Breakage of fragile or brittle articles unless caused by fire or theft.
3. Loss or damage due to confiscation or damage by order of any government or public authority, or to illegal transportation or trade, war, demonstration or insurrection or hostilities between nations (whether war is declared or not).
4. Loss or damage caused by wear and tear, gradual deterioration, moths or vermin or while the article is actually being worked upon or processed.

5. Theft from an unattended automobile, trailer or other Vehicle unless such Vehicle was securely locked or was equipped with a closed compartment, which had been securely locked, and the theft occurred from forcible entry (of which there must be visible marks).
6. In the event of loss of an article which is part of a set, the measure of loss shall be at reasonable and fair proportion of the total value of the set, giving consideration to the importance of such article and with the understanding that such loss shall not be construed to mean total loss of the set.
7. Loss or damage caused by any imprudent action or omission of the Subscriber. When an article of personal property in question cannot be located and the circumstances of its disappearance cannot be explained or do not lend themselves to a reasonable inference that a theft occurred.
8. Loss or damage to sporting equipment, where such loss or damage is due to the use thereof.
9. Loss or damage to articles specifically covered under any other coverage at the time the Policy is effective.

## SECTION IV - EXCLUSIONS AND LIMITATIONS

1. Manitoba Blue Cross is not liable to pay benefits to or on behalf of any Subscriber covered by this Policy for:
  - (a) Those services due to an illness or injury that is compensable under any Workers' Compensation law, MPI or any legislative plan.
  - (b) Those services in the nature of mileage or travelling time or detention time of any provider of services hereunder.
  - (c) Those services or loss due to riot, civil commotion, war, invasion, act of foreign enemy, hostility by any armed force (whether war be declared or not), civil war, rebellion, revolution, insurrection or strikes.
  - (d) Any person travelling for the purpose of seeking medical or hospital services of any kind.
  - (e) Any person aware of requiring medical or hospital services.
  - (f) Any person travelling against medical advice.
  - (g) Any loss which occurs while participating in or engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.
  - (h) Any loss which occurs while operating a vehicle with a blood alcohol level in excess of the legal limit in the jurisdiction where the Accident occurred. Vehicle means any form of transportation which is drawn, propelled or driven by any means and includes, but is not restricted to an automobile, truck, motorcycle, moped, bicycle, snowmobile, boat or all-terrain vehicle.
  - (i) Any loss which occurs due to abuse, or overdose of medication, drugs, toxic substances or alcohol.
  - (j) Those services which the Subscriber is entitled to obtain under the terms of any government or legislative hospital, medical or health plan, or services which the Subscriber obtained or is entitled to obtain without charge by law, or for which there is no actual cost.
  - (k) Any charges which, in the absence of this or similar coverage, would not be charged to the Subscriber.
  - (l) Those services provided to a Subscriber on an Elective basis, whether or not on the recommendation of a Physician.
  - (m) Those services or loss due to nuclear reaction, nuclear radiation, or radioactive contamination, or to any act or condition incident to the foregoing.
  - (n) Expenses or benefits arising from, or related to, loss or damage caused directly or indirectly by the failure of any electronic system, electronic data processing system or other equipment, including microchips of any supplier of services to correctly read, recognize, interpret or process any encoded, abbreviated or encrypted date, time or combined date/time data field. This exclusion is applicable to Airfare Cancellation, Holiday Cancellation and Tour Package Plan Cancellation benefits.
  - (o) Any services or losses when travelling to a country after such time that a travel advisory has been issued by the Canadian Government recommending that Canadians do not travel to such country, or to specific regions within such country.
  - (p) Expenses incurred as a result of noncompliance with any prescribed medical therapy or medical treatment (as determined by the insurer) or failure to carry out a Physician's or Health Care Practitioner's instruction.
  - (q) A medical condition for which it was reasonable to expect treatment or hospitalization during your trip.
2. No refund of any Subscription for the Annual Travel Plan shall be made following the date the application is accepted by Manitoba Blue Cross except in the event of duplicate applications being received by Manitoba Blue Cross.
3. To be eligible, the medical or hospital benefits covered under this Policy must have been provided at the nearest facility capable of providing adequate service at the time of the injury or illness.
4. Only charges for services incurred while the Subscriber is outside the boundaries of Manitoba shall be considered eligible expenses under the Policy. This exclusion is not applicable to the Airfare and Holiday Cancellation benefits.
5. Only charges for services incurred during the Term of the Policy shall be considered eligible expenses under the Policy.
6. Manitoba Blue Cross is not liable to pay for any Travel Health Benefits services or charges resulting directly or indirectly from a Pre-existing Condition as defined in SECTION II, to, or on behalf of any Subscriber age 55 and over covered under this Policy for the:
  - i) Deluxe Travel Health Plan - Silver Plan
  - ii) Annual Travel Plan (age 55 to 74)
  - iii) Tour Package Plan (age 55 and over)
7. Manitoba Blue Cross reserves the right to return the patient to Manitoba in an appropriate mode of transportation subject to agreement by the International Travel Assistance Provider and the attending Physician that such transportation would not be harmful to the patient's health. The refusal by the patient or patient's family to be returned will absolve Manitoba Blue Cross of any claim liability.
8. Any charges for any medical condition or emergency that occurs or recurs after Blue Cross or the International Travel Assistance Provider recommend that you return home following your emergency treatment, and you choose not to.
9. All Travel Health benefits described herein shall only be considered eligible on the submission of certification by the attending Physician that the services were for unexpected, sudden or unforeseen emergency treatment. Services that are not required for the immediate relief of acute pain and suffering, or that the Subscriber elects to have provided outside their province of residence when medical evidence indicates that they could return to their province of residence to receive such medical treatment, are not eligible. The wait time to receive medical treatment has no bearing on the application of this exclusion.
10. For persons age 55 and over all hospital, medical and related expenses described herein shall only be considered eligible upon verification that the patient or patient's family contacted the International Travel Assistance Provider prior to commencement of treatment.
11. In the event that any portion of travel outside of Manitoba falls after the 31st week of gestation, charges associated with the required confinement of the mother and newborn infant due to childbirth and delivery will be denied by Manitoba Blue Cross. However, in the event of unexpected, pre-mature delivery prior to 31 weeks gestation, the coverage terms of the Policy will extend medical, hospital and necessary transportation costs for the mother and pre-mature infant.
12. Students attending school, college or university outside of Manitoba are not eligible for the Annual Travel Plan.
13. For the Annual Travel Plan all Trips must originate and terminate in Manitoba.
14. Maximum coverage period is 183 days for the Airfare Cancellation Plan and the Holiday Cancellation Plan.

15. Tour Package Plan:
- i) to be eligible you must have purchased a tour package which includes all components of your travel arrangements including transportation and accommodation,
  - ii) maximum period of coverage is 32 days,
  - iii) the original Term cannot be extended,
  - iv) the maximum tour price allowable per person is \$7,500.
16. Coverage for trips in excess of 32 days for the Deluxe Travel Health Plans cannot be purchased more than 30 days in advance.
17. The extension of the Term of the initial Policy under the Deluxe Travel Health Plan, Travel Accident Plan and the Annual Travel Plan will be allowed providing:
- (a) the application for such extension is received and approved by Manitoba Blue Cross prior to the Expiry Date of the original coverage Term and any previous extensions.
  - (b) no benefits have been used or claimed during the initial Term and the Subscriber is not aware of any condition or conditions occurring during the initial Term which may give rise to such a claim had treatment been sought for such condition or conditions.
  - (c) medical attention was not received during the initial Term.
- Extensions invalidate any claims subsequently submitted under the initial Policy and no refunds will be granted on such extensions.
- Providing the above conditions have been met:
- The Annual Travel Policy may be extended with Manitoba Blue Cross only (maximum 30 days) on a per Trip basis beyond the 32-day limitation for persons under age 55 on Effective Date of Term of coverage. The total period of coverage, per Trip, may not exceed 62 days (see SECTION IV, 18).
- The Deluxe Travel Health Plans may be extended by Manitoba Blue Cross only as follows:
- The original policy plus extension cannot exceed -
- Blue Plan (Under Age 55) - 183 days.
  - Gold Plan (Age 55 to 74) - 183 days.
  - Silver Plan (Age 55 & Over) - 62 days.
- Note:** The Travel Accident Plan must be extended for the same number of days as the Deluxe Travel Health Plan.
18. For those Subscribers under age 55 (on Effective Date of Term of coverage), the Annual Travel Policy cannot be extended by Manitoba Blue Cross or another carrier beyond 62 days. Any extension purchased to extend coverage beyond the 62-day limitation will invalidate all coverage for that Trip under the Annual Travel Plan.
19. For those Subscribers age 55 to 74 all Trips under the Annual Travel Plan must be 32 days or less and cannot be extended by Manitoba Blue Cross or another carrier. Any extension purchased to extend coverage beyond the 32-day limitation will invalidate all coverage for that Trip under the Annual Travel Plan.

## SECTION V - GENERAL

1. The Subscriber or his agent, or a beneficiary entitled to make a claim or his agent shall:
  - (a) give written notice to Manitoba Blue Cross by delivery thereof, or by sending it by registered mail to Manitoba Blue Cross,
  - (b) within 90 days from the date of the service for which the claim is made, furnish to Manitoba Blue Cross such proof of claim as is reasonably possible in the circumstances of the happening of the Accident or sickness and the loss occasioned thereby, and
  - (c) if so required by Manitoba Blue Cross, furnish a certificate as to the cause and nature of the Accident or sickness for which the claim is made.
2. Failure to give notice of claim or furnish proof of claim within the time prescribed will not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible and in no event later than two years from the date of the Accident or illness and if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.
3. Manitoba Blue Cross shall furnish forms for proof of claim within 15 days after receiving notice of claim but where the claimant has not received the forms within that time he may submit his proof of claim in the form of a written statement of the happening and character of the Accident or sickness giving rise to the claim and of the extent of loss.
4. All monies payable under this Policy shall be paid by Manitoba Blue Cross within 60 days after it has received proof of claim.
5. No sum payable under this Policy shall carry interest.
6. An action or proceeding against Manitoba Blue Cross for the recovery of a claim under this Policy shall not be commenced after two years from the date on which the cause of action arose.
7. Benefits under this Policy are personal to the Subscriber and are in no way assignable.
8. The coverage of a Subscriber shall be terminated automatically, if he/she obtains, or attempts to obtain, or aids any person in obtaining or attempting to obtain, by fraud or false pretenses, any benefits hereunder, and upon such termination the right of such Subscriber to any benefits hereunder shall be forfeited.
9. If benefits have been paid under this Policy and thereafter it is established that the benefit expenses or part thereof were not paid by or on behalf of the Subscriber or that the Subscriber was otherwise reimbursed therefor, the Subscriber shall reimburse Manitoba Blue Cross for the amount of benefits so paid by Manitoba Blue Cross forthwith on demand.
10. The catchline headings in no way shall be considered to be a part of this Policy, but are inserted only for purposes of convenience.
11. Eligible claims shall be payable in Canadian currency and where applicable at the conversion rates in force when the claim was incurred.
12. The Policy will not be deemed valid unless it is delivered to Manitoba Blue Cross or post marked on or prior to the Departure Date and contains an agent's validation.
13. The coverage of a Subscriber shall be terminated automatically if the statements made on the application for coverage are not complete and accurate. Upon such termination the right of such Subscriber to any benefits hereunder or to repayment of any Subscription hereunder shall be forfeited.
14. Coverage will be reduced proportionately if Subscription remitted is insufficient.

15. For the Annual Travel Plan, the coverage, once in effect, expires at 12:01 a.m. on the 366th day. In the event the Subscriber ceases to meet the eligibility requirements, coverage shall be terminated on that date. Coverage purchased prior to Subscriber's 75th birthday will be effective for the entire duration of the coverage term (365 days).
16. In the event of a claim, proof of Departure Date and return dates will be required. It is the responsibility of the Subscriber to provide such proof to Manitoba Blue Cross. (Airline tickets, passport stamps, boarding passes, travel itineraries and dated receipts are examples of acceptable proof.)
17. The coverage outlined in this policy is last payor only. If, at the time of loss, you have insurance from another source, or if any other party is also responsible to pay for benefits also provided under this Policy, Manitoba Blue Cross will only pay eligible expenses in excess of those covered by that other insurance company or insurance companies or other responsible party or parties. This includes insurance plans provided through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing Hospital, medical or therapeutic coverage or any third party liability insurance in force concurrently with this Policy.

All coordination with employee related plans follows CLHIA guidelines. In no case will the insurer seek to recover against employment related plans if the maximum for all in-country and out-of-country benefits is \$50,000 or less.

## SECTION VI - COORDINATION OF BENEFITS CLAUSE

After the benefit payable by government plans have been determined, the excess benefits of this plan will be coordinated with those of other contracts or plans if the Subscriber is covered for similar benefits simultaneously under any other non-government plan. Manitoba Blue Cross follows the Canadian Life and Health Insurance Association guidelines for Travel Plans coordination of benefits.

- (a) If any other plan does not contain a provision for coordination with or reduction of benefits payable under this Policy, the benefits payable under such other plan will be determined first.
- (b) If any other plan does contain a provision for coordination with or reduction of benefits payable under this Policy, the benefits of such plan shall be coordinated with the benefits in accordance with the Canadian Life and Health Insurance Association guidelines for Out-of-Country/Province Health Care Expenses.

## SECTION VII - THIRD PARTY LIABILITY

1. Manitoba Blue Cross may, at its option, defer the payment of benefits under this Policy for a maximum period of 12 months when a Subscriber receives services as a result of injuries suffered in whole or in part due to the fault or neglect of another party.
2. The Subscriber must take all reasonable measures of recovery against any third party who may be so liable or against any fund or agency from which recovery may be made. The cost of care and services provided under this Policy is an eligible expense to the extent that is not recovered.
3. When Manitoba Blue Cross pays for any of the benefits referred to in SECTION III, it has the right to recover these payments should the liability be attributed to a third party.
4. The Subscriber or his legal representative is responsible for signing any papers necessary for Manitoba Blue Cross to secure its right to recovery.
5. The Subscriber will do nothing that might jeopardize right of recovery by Manitoba Blue Cross.

6. The Subscriber or legal representative shall not make any settlement of any such claim referred to in SECTION III without the consent of Manitoba Blue Cross unless such settlement includes payment by, or on behalf of, the other party to Manitoba Blue Cross for the cost of the claims.
7. The Subscriber shall be obliged to cooperate with Manitoba Blue Cross in providing such information of the accidental injury as may be necessary to establish third party liability.
8. Any act or thing done by a Subscriber or his legal representative to prevent, or any act or thing omitted to be done pursuant to the provisions of this section, to enable Manitoba Blue Cross making a claim and sustaining the same against a third party, shall result in forfeiture of the benefits to which the Subscriber would otherwise be entitled under this Policy.
9. In connection with the right of recovery vested in Manitoba Blue Cross to the extent of benefits paid or payable to the Subscriber, Manitoba Blue Cross may require that the Subscriber execute a Reimbursement Agreement. If the Subscriber does not execute a Reimbursement Agreement within 30 days after a request that he do so, the benefits which he would otherwise be entitled to receive under the Policy will not be paid until he does so.

## SECTION VIII - CHANGE OF STATUS

(Applies to the Annual Travel Plan.)

1. The Subscriber must notify Manitoba Blue Cross within 30 days of change in his own or his Dependent's status under this Policy, resulting from marriage, divorce/separation, termination of a conjugal relationship, change of residence, birth, death, legal adoption or attainment of the age of 21 years by children, or the attainment of age 24 if a full-time student.
2. The dependent children of the applicant who have been enrolled hereunder as Dependents, upon attainment of 21 years of age, (or the attainment of age 24 if a full-time student) or the time of marriage, whichever may first occur, or, in the event of divorce/separation of a Subscriber and Spouse, the Dependents or the divorced/separated Spouse of the Subscriber may apply for continuation of coverage with Manitoba Blue Cross. Such request must be made to Manitoba Blue Cross within 30 days from the date on which the change of status occurs. Subscription will be established in accordance with the coverage selected to which the Dependent becomes eligible for transfer in accordance with the prevailing regulations of Manitoba Blue Cross.

## IMPORTANT INFORMATION

### DELUXE TRAVEL HEALTH PLAN

#### Extensions

In the event the original term of your policy is not sufficient due to an extended vacation, you may extend your policy providing:

- Your request for an extension is received by Manitoba Blue Cross or an authorized agent prior to the expiry date of the original coverage term and any previous extensions.
- A claim has not been incurred during the initial term.
- Medical attention was not received during the initial term.
- Original policy plus extensions cannot exceed:
  - **Blue Plan** (Under Age 55) - 183 day maximum
  - **Gold Plan** (Age 55 to 74) - 183 day maximum
  - **Silver Plan** (Age 55 & Over) - 62 day maximum
- Extension must be for all benefits purchased on the original policy.

**Note:** If the original policy was purchased through an agent, the extension must be handled by the **same** agent or Manitoba Blue Cross. There will be no refunds on policies which have been extended.

Manitoba Blue Cross will accept collect telephone calls from those wishing information on extending their coverage. Ask the operator to call 204.775.0151 collect and give your name and policy number. You may also email us at [info@mb.bluecross.ca](mailto:info@mb.bluecross.ca).

To calculate the subscription rate which must accompany your request for an extension, please refer to the following examples:

- |  |                |
|--|----------------|
| 1) Original term of policy               | 14 days        |
| <b>Plus additional days required</b>     | <u>17 days</u> |
| <b>Total days required</b>               | 31 days        |
| Rate for 31 days                         |                |
| <b>Less rate for original policy</b>     |                |
| Rate for extension                       |                |
|  |                |
| 2) Original term of policy               | 53 days        |
| <b>Plus additional days required</b>     | <u>19 days</u> |
| <b>Total days required</b>               | 72 days        |
| Rate for 72 days (63 to 77 day category) |                |
| <b>Less rate for original policy</b>     |                |
| Rate for extension                       |                |

#### Automatic Extension

At no extra cost, Travel Health and Travel Accident benefits will be extended for up to 72 hours after the scheduled return date in the following circumstances:

- If due to a medical emergency you are hospitalized on your last day of coverage, (as determined by the terms of your Travel Plans application) your benefits will remain in force throughout the period of hospitalization, plus 72 hours following your discharge from hospital.
- For trips of 32 days or less, the automatic extension applies only if your return is delayed due to the fault of the carrier in which you are a fare-paying passenger. Note: A claim under this benefit must be supported by a letter from the transportation authority confirming the period of delay.
- For trips of more than 32 days, the automatic extension applies regardless of the reason for the delay.

## ANNUAL TRAVEL PLAN

If purchased prior to your 75th birthday coverage will be effective for the entire duration of the coverage term (365 days).

#### Need Additional Days?

**Under age 55** (on effective date of term of coverage)

If you're planning a trip in excess of 32 days, you may purchase additional days of coverage. Please contact Manitoba Blue Cross at the numbers indicated on page 15 of the provisions or an authorized agent to make the necessary arrangements.

**Note:** Please be advised that additional days are not available for purchase online.

#### Prior to Departure

Additional days of coverage may be purchased prior to your departure providing:

- Request is received prior to your departure date.
- Total duration of your trip does not exceed 62 days. (32 days plus maximum of 30 additional days.)

#### After Departure

Additional days of coverage may be purchased after departure providing:

- Request is received prior to the 32nd day of the trip.
- No medical attention has been received during initial term.
- Total duration of your trip does not exceed 62 days. (32 days plus maximum of 30 additional days.)

#### Cost of Additional Days

- \$4.00 per day (\$12.00 minimum)

**Age 55 to 74** (on effective date of term of coverage) Additional days are not available to persons age 55-74 or for purchase online.

#### IMPORTANT NOTE:

Regardless of your age this coverage cannot be extended beyond the stated limitations. Any extension purchased to extend coverage beyond the limitations of the Plan or purchased from another carrier for any portion of your trip will invalidate all coverage for that trip under the Annual Travel Plan.

**For trips in excess of Plan limitations additional coverage must be purchased for the entire duration of that trip.**

## TOUR PACKAGE

The following benefits are included under the Tour Package Plan:

- Travel Health Benefits
- Accidental Death & Dismemberment Benefit
- International Travel Assistance Service
- Airfare and Holiday Cancellation Coverage
- Air Flight and Common Carrier Accident Insurance
- Baggage Protection

## GENERAL REFUND INFORMATION

- No refund is available if a claim was incurred during the term of coverage.
- Refunds are based on categories of time as per rate chart.
- No refund is available on a policy that has been extended.
- A complete refund is available only if the entire trip is cancelled and Manitoba Blue Cross or an authorized agent receives notification prior to date of departure.
- A partial refund will be calculated from the date notification is received by Manitoba Blue Cross or an authorized agent.
- Trip cancellation plans (Airfare, Holiday and Tour Package) are non-refundable.

## CLAIMS PROCEDURES

### TRAVEL HEALTH (IN CANADA)

In the event of accident or illness in Canada, incurring loss or extra expenditure, follow these procedures:

- Contact the International Travel Assistance service prior to commencement of treatment. Failure to do so may invalidate the claim (for persons age 55 and over only).
- Contact Manitoba Blue Cross to request a Travel Health Claim Form.
- Present your original receipts or statements to Manitoba Health. This must be done first, as Manitoba Blue Cross cannot process claims for these services until Manitoba Health has paid their portion.
- Submit a copy of receipts and Manitoba Health statements to Manitoba Blue Cross with a completed Travel Health Claim Form upon receipt of payment from Manitoba Health.
- Present original receipts for other related expenses directly to Manitoba Blue Cross with a completed Travel Health Claim Form.
- In the event of a claim, proof of travel dates will be required. (Airline tickets, passport stamps, boarding passes, travel itineraries and dated receipts are examples of acceptable proof.)

### TRAVEL HEALTH (OUTSIDE OF CANADA)

In the event of accident or illness outside of Canada incurring loss or extra expenditure, follow these procedures:

- Contact the International Travel Assistance service prior to commencement of treatment. Failure to do so may invalidate the claim (for persons age 55 and over only).
- Contact Manitoba Blue Cross to request a Travel Health Claim Form.
- Complete and sign the Travel Health Claim Form and Out-Of-Country Medical and Hospital Services Form.
- In the event of a claim, proof of travel dates will be required. (Airline tickets, passport stamps, boarding passes, travel itineraries and dated receipts are examples of acceptable proof.)
- Return the claim form, attach the Out-Of-Country Medical and Hospital Services Form, and all original itemized bills/receipts to:  
Manitoba Blue Cross  
PO Box 1046 Stn Main  
Winnipeg MB R3C 2X7

**Note:** Where applicable, Manitoba Blue Cross will coordinate payment with Manitoba Health. Manitoba Blue Cross follows the Canadian Life and Health Insurance Association Inc. guidelines for Travel Plans coordination of benefits.

## TRAVEL ACCIDENT

Please call Manitoba Blue Cross at **204.775.0151** or toll-free within Manitoba at **1.800.USE.BLUE (1.800.873.2583)**, one of our Information Service Representatives will assist you.

### TRIP CANCELLATION (AIRFARE AND HOLIDAY CANCELLATION)

In the event of cancellation of trip, early return, or delayed return, resulting in loss or extra expenditure, please follow these procedures:

Request a Trip Cancellation Claim Form and an Attending Physician's Form (if applicable) from Manitoba Blue Cross.

**Note:** Cancellation plans do not include Default Insurance. Any loss of items that you were not out of pocket for, are not eligible (i.e. tickets obtained through air miles or won as a prize.)

### AIR FLIGHT AND COMMON CARRIER & ACCIDENTAL DEATH AND DISMEMBERMENT

Please call Manitoba Blue Cross **204.775.0151** or toll-free within Manitoba at **1.800.USE.BLUE (1.800.873.2583)**, one of our Information Service Representatives will assist you.

## INTERNATIONAL TRAVEL ASSISTANCE

How do you find good medical care in a foreign country when you are faced with an emergency? You may not speak the language, you may be incapacitated, and you will most likely not know where to find professional care.

Our International Travel Assistance service is available 24-hours daily to support you during the planning stages of your trip and should an emergency situation arise while travelling.

### Pre-Travel Assistance

Get answers to a number of pre-travel questions including:

- Visa and vaccine information and warnings.
- Embassy locations.
- Medical care quality and hospital locations.
- Designation information for individuals with chronic conditions and/or who are physically challenged.

### Emergency Travel Assistance

Receive 24-hour worldwide assistance for the following:

- Emergency or sudden illness case management.
- Verification of insurance coverage.
- Hospital or medical referral.
- Translation service.
- Assistance in replacing lost or stolen documents. (Replacement cost not covered).
- Return of vehicle assistance.
- Emergency evacuation if deemed medically necessary.
- Return of dependent children/family.
- Emergency message service.
- Mortality case management.
- Repatriation service.

When calling for assistance, be prepared to provide the name of the insured person, the policy number, and a description of the situation.

### General Inquiries

For general inquiries call Manitoba Blue Cross at **204.775.0151** or toll-free (within Manitoba only) **1.800.USE.BLUE (1.800.873.2583)**, (outside Manitoba, but within Canada) **1.888.596.1032**.

## INTERNATIONAL TRAVEL ASSISTANCE TELEPHONE NUMBERS

In Canada and United States, call toll-free **1.866.601.2583**.

In all other countries, or if you are having difficulties with the toll-free number, call collect **204.775.2583**

If unable to call collect, place the call and submit your detailed receipt for the long distance charges with your claim.

Contact the International Travel Assistance service immediately for benefits verification and procedures. Neither Manitoba Blue Cross nor the International Travel Assistance service provider shall be responsible for the availability, quality or results of any medical treatment or the failure of the insured to obtain medical treatment.

