

*Your  
Benefits*



The Alma Mater Society of  
University of British Columbia  
Summary of Travel Benefits for Enrolled Students





<b>Group Name and Policy Number</b>
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**The Alma Mater Society of University of British  
Columbia**

**Summary of Travel Benefits for Enrolled Students**

**Policy Number 43979**

**Reissue Date: January 1, 2021**

## Introduction

This booklet contains information about your Travel Benefits. Please keep it in a safe place. It is intended to summarize the principal features of your plan. All rights to benefits are governed by the Group Contract.

Defined terms are capitalized (e.g. Dependent). Pacific Blue Cross (PBC) is referred to as “we”, “us”, or “our” in this booklet. We will refer to you, the employee/member, as “you” or “your” in this booklet.

Pacific Blue Cross, the registered trade-name of PBC Health Benefits Society, is an independent licensee of the Canadian Association of Blue Cross Plans.

Coverage is provided through:

**Pacific Blue Cross**  
Travel Benefits

Please refer to the Table of Contents to help you locate the appropriate section in this booklet. If you require additional information, please contact your Plan Administrator.

## Privacy Policy

We have a Privacy Policy which governs our collection, use, and disclosure of personal information (including personal health information) about individuals who are members or Dependents. The Privacy Policy requires us to keep such personal information confidential, but does permit use and disclosure of personal information in limited circumstances consistent with the proper administration of group benefit and insurance coverage plans.

A copy of our current Privacy Policy can be obtained from us on request and is also available on our website: [www.pac.bluecross.ca](http://www.pac.bluecross.ca). By participating in the group benefit and insurance plans, and submitting claims under those plans, you are consenting to the collection, use, and disclosure of your personal information pursuant to the terms of our Privacy Policy.

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## **Schedule of Benefits**

The Schedule of Benefits contains a brief summary of your benefits. Please refer to the appropriate page in this booklet for a more detailed benefit description.

<b>Travel Benefits</b>	
<i>Deductible</i>	No Deductible
<i>Reimbursement</i>	<b>Out-of-Province/Territory</b> 100% Emergency Eligible Expenses:
<i>Plan Maximum</i>	There is a \$5,000,000 maximum per person per incident for out-of-province/territory emergency Eligible expenses.
<i>Termination</i>	Age 65 or earlier retirement.
<i>Dependent Children</i>	See definition of Dependent.



## **Definitions**

### **Benefit amount**

means the reimbursement payable upon satisfaction of all conditions of the Contract.

### **Benefit review**

means our process by which we evaluate or revise the coverage criteria for health products, services and supplies and/or health treatment options, drugs, and dental supplies, dental treatment options, and/or dental products.

### **Customary**

means usual or traditional and well-established as determined by us.

This refers to:

- 1) the charges for products, services or supplies; and/or
- 2) the use of products, services or supplies during the course of a treatment for a medical condition

which do not exceed the general level of charges in the absence of insurance made by similar Providers in the area where the charge is incurred for a medical condition comparable in nature and severity to that being treated. The term “area” means a region large enough to obtain a representative cross section of similar Providers.

### **Deductible**

means the initial portion of the Eligible expenses, which you must pay before we will reimburse charges for any Eligible expense.

**Dentist**

means a doctor of dentistry who is duly qualified and licensed to practice dentistry in the area where the service is provided

**Dependent**

means any of the following persons for whom coverage is provided under this Plan:

- 1) one Spouse of the Member
- 2) any unmarried child, stepchild, legally adopted child, or legal ward (but not a foster child) who is under age 22 and financially dependent on you or your Spouse, and
- 3) under age 26 if the unmarried child is also in full-time attendance at a recognized educational institute, and
- 4) any unmarried disabled child under age 26 who is living with and is financially dependent on you and/or your Spouse and is incapable of self-sustaining employment. Disabled status is subject to approval by us. The Dependent must become disabled while covered as a Dependent under Clause 2 or 3 above.

You must be prepared to prove that an individual claimed as a Dependent falls within these requirements.

**Duplicate coverage**

means that you (and your Dependents) are eligible to claim certain benefits under more than 1 plan.

**Eligible drug**

means a drug Health Canada has approved for specific indications and assigned a Drug Identification Number (DIN), and that we have approved following our Benefit review.

**Eligible expense**

means a charge for any service, supply and/or Eligible drug included in this booklet as a benefit that:

- 1) subject to our Benefit review, and in our assessment is a Customary charge that is medically necessary for health care and maintenance, or to maintain or restore teeth, and
- 2) was ordered or referred by a Physician, Dentist, or Nurse practitioner, unless otherwise specified in the benefit description, and
- 3) is not a cost normally paid, in whole or in part, or provided by a Government plan or any other Provider of health coverage, and

- 4) was incurred while coverage is valid for the expense being claimed. An expense is "incurred" on the date the service is provided or the supply is received, and
  - 5) is provided by a Practitioner or Provider approved by us.
- It does not include any payment to a pharmacy or a Practitioner, demanded or received by balanced billing, extra billing, or extra charging, which represents an amount in excess of the schedule of costs prescribed by the Government plan or in any PBC Provider agreement. Provincial/territorial plans low cost alternative and reference drug programs will not be applied unless specified in this booklet.

**Government plan**

means the health, drug, and dental benefit coverage that Canadian federal, provincial and/or territorial governments provide for their residents.

**Hospital**

means an institution that is licensed as an accredited Hospital that is staffed and operated for the care and treatment of in-patients and out-patients. Treatment must be supervised by Physicians and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A hospital is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

For the purpose of the Contract, the chronic beds of a Hospital are not considered part of that Hospital.

**Life event**

means a marriage, divorce, or legal separation, birth or adoption of a child, or a change in the eligibility of a Dependent.

**Immediate Family Member**

means the Spouse, father, mother and children (including natural or adopted), sibling, step-parent, step-child, grandparent or grandchild of you or your Spouse.

**Medical Treatment**

means the medically necessary advice, care, surgery (non-elective) or services provided for disease, illness, bodily injury, or acute psychosis that occurs during your trip. The treatment must be provided by a Physician, Dentist, Paramedical Practitioner and/or a Hospital and cannot be reasonably delayed until your return to your province/territory of residence without endangering your health. It does not include “check-ups”, regular treatment of a chronic condition, or cases where there are no specific symptoms.

**Member**

means an enrolled student in the Alma Mater Society of University of British Columbia.

**Physician**

means a person legally licensed, certified, or registered to practice medicine and/or surgery, by the appropriate licensing, certification, or registration authority in the jurisdiction where the care or services are provided and acting within the scope of that license. This excludes a Physician residing with or related to you or your Dependent. We reserve the right to refuse the service, medical supply, or equipment from the Physician based on ineligibility, or based on the Physician’s qualifications or conduct.

**Paramedical Practitioner**

means a person legally licensed, certified, or registered to practice a profession by the appropriate licensing, certification, or registration authority in the jurisdiction where the care or services are provided and acting within the scope of that license. This excludes a Practitioner residing with or related to you or your Dependent. We reserve the right to refuse the service, medical supply, or equipment from the Practitioner based on ineligibility, or based on the Practitioner’s qualifications or conduct.

**Provider**

means a person, group, or other entity currently licensed, certified, or registered to provide an eligible service, medical supply, or equipment by the appropriate licensing, certification, or registration authority in the jurisdiction where the services or equipment are provided, and is acting within the scope of that license. This excludes a Provider related

to or residing with you or your Dependent. We reserve the right to refuse the service, medical supply or equipment from the Provider based on ineligibility, or based on the Provider's qualifications or conduct.

### **Spouse**

means your legal Spouse or a person who has been living with you in a common-law relationship for at least one full year and who is publicly represented as your Spouse.

## **Member Information/Access to Records**

- 1) Each Member who becomes insured under the Group Contract/Policy must receive an ID card if covered for Extended Health Care and/or Dental Care, and for all benefits a booklet outlining the benefits, the circumstances under which the insurance terminates, and the rights of the Member upon termination of the insurance. We will not be liable or responsible for errors or omissions, which occur when; our booklet is altered in any way. A booklet issued to or held by a Member who, for any reason, is not entitled to insurance under the Group Contract/Policy, is not valid.
- 2) Only the Member and Dependent(s) are entitled to the benefits of this Contract/Policy. A Member's coverage may be suspended immediately, without notice, if that Member or a Member's Dependent assists an ineligible person to obtain, or attempt to obtain, benefits to which they are not entitled. The persons involved must repay any amounts obtained in this manner to us. Any other fraudulent action by a Member or Dependent to obtain or attempt to obtain benefits will have similar consequences.
- 3) Use of an ID card by a person who is not entitled to coverage may result in prosecution of that person.
- 4) The terms of the Group Contract/Policy govern if they conflict with the information in a booklet.
- 5) Upon request, and at no charge to the Member, we will provide the Member with 1 copy of:
  - a) the Member's application for coverage
  - b) the current Contract/Policy
  - c) any written statement or other record provided to us as evidence of insurability of the Member.

- 6) A Member's access to the documents identified in clause 5 extends only to relevant information about a claim under the Group Contract/Policy or denial of such a claim.
- 7) A Member's access to the documents identified in clause 5 is subject to the *Personal Information Protection Act* and to the *Insurance Act* and their Regulations.

## Integration with Government Plans

Travel benefits are intended to supplement and not overlap benefits under Government plans such as the Medical Services Plan. You are required, as a condition of coverage, to take all reasonable steps to qualify and obtain the fullest extent of coverage, benefits, contribution, or reimbursement available under all applicable Government plans. We will also make payment only where permitted by provincial/territorial legislation or other applicable law.

## Identification (ID) Cards

We will issue identification (ID) cards for distribution by your Plan Administrator.

Only you and your enrolled Dependents are entitled to use this card. Should you (or your Dependent) allow an ineligible person to use this card, your coverage may be suspended without notice.

You may be asked to substantiate that an individual you claim as a Dependent meets the definition of Dependent for your group.

## Claims

- 1) All claims must be submitted to us in English.
- 2) We pay eligible claims when we receive all the required information within the required **time limits**. We encourage you to become familiar with the time periods allowed for claiming

benefits. Under the Claims sections, we fully describe the claiming deadlines for each benefit. No payment will be made if we receive your claim after the time limits described in this booklet.

- 3) We may reject your claim if sufficient information is not provided to enable a full assessment of the claim, or if an attempt is made, except through unintentional error, to make an excessive claim, or if a claim is made for a person who is not entitled, or if any Group Contract/Policy exclusion applies.
- 4) The necessary claim forms are available from your Plan Administrator or on our website at [www.pac.bluecross.ca/member](http://www.pac.bluecross.ca/member)
- 5) The exchange rate on foreign currency is payable at the rate quoted by selected Canadian financial institutions for the date on which the expense was paid. Fluctuations in exchange rates are not our responsibility.

## General Exclusions

- 1) We will not be liable for any portion of an expense for which you or your Dependent is entitled to reimbursement:
  - a) under any other group or individual benefit plan or insurance policy, or
  - b) due to the legal liability of any other party.
- 2) In no event will benefits be payable for expenses resulting directly or indirectly from, or in any manner or degree associated with, any of the following:
  - a) war, whether declared or undeclared, or any act of war, or participation in a riot, insurrection, or civil commotion
  - b) suicide or any self-inflicted injury, whether intentional or unintentional, sustained while travelling outside the normal province/territory of residence
  - c) active duty in the military forces of any nation or international organization, or in any civilian noncombatant unit which serves with such forces in combat
  - d) a direct or indirect attempt at, or commission of, an indictable offense under the Criminal Code of Canada or similar law of any other country
  - e) false pretences or fraudulent misrepresentation

- f) any injury, illness, or condition for which care is provided or may be provided or available without cost by public authorities or by a tax-supported agency, including preventive treatment and services available under any Workers' Compensation Act or similar plan.

## **Legal Action**

Every action or proceeding against us for the recovery of benefits payable under the Group Contract/Policy is absolutely barred unless commenced within the time set out in the *Insurance Act*.

## **Termination of Coverage**

Generally, your coverage (and any Dependent coverage) terminates if you cease to be eligible due to change of group, leave of absence, age limitation or retirement, if you terminate your coverage, or if the group plan terminates, etc. For further details on termination of coverage, please have your Plan Administrator refer to the Group Contract/Policy.

## **Right of Recovery**

You are financially responsible for any claims paid by us on your or your Dependent's behalf after coverage is terminated from your benefit plan. You agree to reimburse us for these payments upon receipt of our invoice.



## **Member Profile**

Your Pacific Blue Cross Member Profile is an online service that offers convenient and secure access to your benefit information 24 hours a day. Once logged in you will be able to make and track online claims, get information on benefit coverage and downloadable claim forms. To login, visit: [www.pac.bluecross.ca/member/](http://www.pac.bluecross.ca/member/)

## Travel Benefits Summary

The Travel plan is designed to help you pay for specified services and supplies incurred by you and your Dependents, when not provided under a Government health plan or by a tax- supported agency.

1) **Trip Cancellation**

Charges for trip cancellation due to a medical emergency for yourself or Immediate Family Member to a maximum of \$1,500 per trip for pre-paid non-refundable trip expenses.

2) **Trip Interruption**

Charges for trip interruption due to a medical emergency for yourself or Immediate Family Member to a maximum of \$5,000 per trip.

## Out-of-Province/Territory Emergency Eligible Expenses

While travelling outside your province/territory of residence, benefits are payable for the following Eligible expenses incurred IN AN EMERGENCY ONLY and when ordered by the attending Physician. Non-emergency continuing care, testing, treatment, and surgery, and amounts covered by any Government plan and/or any other Provider of health coverage are not eligible.

- 1) **Local Ambulance Services** when immediate transportation is required to the nearest hospital equipped to provide the treatment essential to the patient.

- 2) **Air Ambulance** charges for licensed ambulance service (or licensed airline) to the nearest appropriate medical facility or to the nearest Canadian hospital equipped to provide the type of care essential to the patient. Air transport will be covered when time is critical and the patient's physical condition prevents the use of another means of transport.
- 3) **Semi-Private Hospital Room** accommodation and charges for services and supplies when confined as a patient or treated in a hospital.
- 4) **Medical Treatment by a Physician and laboratory and x-ray services** when ordered by the attending Physician as part of Emergency medical treatment.
- 5) **Prescription Drugs** in sufficient quantity to alleviate an acute medical condition.
- 6) **Paramedical Practitioner** – services of a physiotherapist, chiropractor, chiropodist, podiatrist, or osteopath to a maximum of \$250 per profession.
- 7) **Private Duty Nurse** – services of a registered nurse.
- 8) **Medical Appliances** – minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when medically necessary.  
**Dental Accidents** – dental treatment in an Emergency to a maximum of \$2,000 when performed by a Dentist for the repair or replacement of natural teeth or prosthetics.  
**Accidental** means caused by a direct external blow to the mouth or face resulting in immediate damage to the natural teeth or prosthetics and not by an object intentionally or unintentionally being placed in the mouth.
- 9) **Relief of Acute Dental Pain** – to a maximum of \$200 for Emergency treatment by a Dentist.
- 10) **Transportation to Bedside** – charges limited to a single round-trip economy airfare from Canada, plus up to \$150 per day for the cost of meals and commercial accommodation for one Immediate Family Member or a close personal friend to be with the patient if the patient is travelling alone and hospitalized as the result of an Emergency. It is required that you or your Dependent be hospitalized as an inpatient for more than 3 consecutive days outside your province or territory of residence. The attending Physician must provide written certification that the medical condition was serious enough to warrant the visit; or where legally

necessary, identify you or your Dependent's remains prior to their release.

- 11) **Return of Travelling Companion** – if you or your Dependent are returned under the *Air Ambulance* benefit or the *Return of Remains* benefit, we will reimburse the cost of a single on-way economy airfare for a travelling companion to return to Canada.
- 12) **Meals and Accommodation** – up to \$200 per day to an overall maximum of \$2,500 per trip for the cost of commercial accommodation and meals (including the expenses of your Dependents when accompanying you) if a trip is extended beyond the scheduled return date, due to your or your Dependent's hospitalization.
- 13) **Vehicle Return** – to a maximum of \$2,000 to return the vehicle (owned or rented) to your residence or the nearest rental agency, if you, your Dependent or travelling companion are unable to return the vehicle due to illness or injury.
- 14) **Return of Remains** – in the event of your or your Dependent's death due to illness or injury, charges for the repatriation of the deceased to their place of residence (within Canada) or for the burial or cremation of those remains at the place where the death occurred, to a maximum of \$40,000. The cost of a funeral, burial casket or urn are not covered.
- 15) There is a \$5,000,000 maximum per person per incident for out-of-province/territory emergency Eligible expenses.

We will only cover Eligible expenses obtained within 120 days of the date you or your Dependent left the country of residence. If hospitalization occurs within the 120 day period, in-patient services are covered until the date of discharge up to a maximum of 90 days. You and your Dependents are required to provide proof of the date of departure and return date to your country of residence, when requested by us.

## **Emergency Travel Assistance**

In emergencies which occur while you (and your Dependents) are travelling, during the first 120 days after you initially leave your country of residence, medi-assist will coordinate the following services:

- 1) locate the nearest appropriate medical care
- 2) obtain consultative and advisory services and supervision of medical care by qualified licensed Physicians
- 3) investigate, arrange and coordinate medical evacuations and related transportation needs
- 4) arrange and coordinate the repatriation of remains
- 5) replace lost or stolen passports, locate qualified legal assistance and local interpreters, and other incidental aid you and/or your Dependent may require when in distress.

Your Pacific Blue Cross worldwide emergency medi-assist card provides instant information on how to contact medi-assist. Call the nearest medi-assist emergency access number listed on your card. If necessary, call collect or contact the local telephone operator for help in placing your call to medi-assist. Have your Pacific Blue Cross Policy, ID, and provincial health care numbers ready for personal identification.

## **Exclusions**

The following are not included as Eligible expenses under your EHC plan:

- 1) except as specifically included in this booklet: dentures or dental treatments, hearing aids, eyeglasses, contact lenses, surgical lens implants, or examinations for the prescription or fitting of any of these, x-rays, Hospital coinsurance, support stockings, orthotics, arch supports, continuous glucose monitors and supplies, transportation charges incurred for elective treatment and/or diagnostic procedures or for health examinations of any kind, and professional services of Physicians, Dentists, or Nurse practitioners, or any person who renders a professional health service in the patient's province/territory of residence

- 2) that portion of a claim normally covered by the government plan which has been refused on the basis that the claim was not submitted within the government plan's time limits
- 3) expenses incurred, outside your province/territory of residence, due to elective treatment and/or diagnostic procedures, or complications related to such treatment
- 4) any trip booked, commenced or continued against the advice of a Physician or after being diagnosed with a terminal illness
- 5) cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic tests or charges unless we approve these procedures prior to being performed except when such surgery is performed immediately on an Emergency basis
- 6) magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies, unless we authorize such procedures in advance
- 7) expenses incurred, outside your province/territory of residence, due to therapeutic abortion, childbirth, or complications of pregnancy occurring within 9 weeks before or after the expected delivery date or any time for a pregnancy deemed to be high risk by a Physician
- 8) misuse of medication or non-compliance with a prescribed treatment or medical therapy
- 9) loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, prosthetic teeth, limbs or devices and the resulting replacement prescription
- 10) any drugs or medication not required as a result of an emergency
- 11) charges related to donated organs, transplanted organs or artificial organs
- 12) charges incurred outside your province/territory of residence for continuous or routine medical care normally covered by the government plan in your province/territory of residence
- 13) out-of-province/territory expenses incurred due to scuba diving unless you hold a basic scuba designation from a certified school or other licensing body, or you are accompanied by a dive master or are in water not deeper than 10 metres
- 14) out-of-province/territory expenses incurred due to hang gliding or parachuting unless you do so in tandem with a licensed or certified instructor
- 15) expenses of a Dependent hospitalized at the time of enrolment

- 16) services performed by a Physician who is related to or resident with you or your Spouse
- 17) fees for ambulance services when an ambulance is called but not used
- 18) any other item not specifically included as a benefit.
- 19) legal cannabis, in any form, as defined by Health Canada unless a DIN is assigned to it.

## Claims

- 1) Because we do not return receipts after the claim is processed, we suggest that you keep a photocopy of the receipts that you submit to us. We will send you a remittance statement for your records each time you submit a claim.
- 2) Accumulate receipts and when reasonable reimbursement is due, submit a claim as follows:
  - a) Obtain a claim form from your Plan Administrator or on our website at [www.pac.bluecross.ca/member/](http://www.pac.bluecross.ca/member/)
  - b) Follow the instructions on the claim form. To avoid delay in claims payment, please include original receipts and all other requested information with your claim. (Photocopies of receipts are acceptable only when accompanied by a claims payment statement from another carrier).
  - c) We suggest you submit claims within **90 days** from the date the expense was incurred. However, we must receive your claim by **November 30<sup>th</sup>** of the calendar year following the year in which the expense being claimed was incurred. If not, your claim will not be paid under any circumstances.  
**Example:** We must receive your receipts for 2020 before November 30, 2021.
  - d) We must receive the original claim form and original receipts. We will not accept a faxed or scanned claim form and/or receipts.

**Notes**

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## *Fast, Easy, Claims.*



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**[pac.bluecross.ca/fasteasyclaims](http://pac.bluecross.ca/fasteasyclaims)**

