



# Voyage Assistance

Travel coverage that never takes a holiday



Chambers Plan  
Employee Benefits

When you travel for business or pleasure, your Chambers of Commerce Group Insurance Plan<sup>®</sup> continues to work for you. The Plan's Extended Health benefit includes coverage for eligible expenses resulting from a medical emergency outside your province of residence.

## Coverage Eligibility

- In the event of a medical emergency, you **must contact *Voyage Assistance* immediately to confirm your coverage and to access the covered services.** The toll free emergency numbers are on the back of your Chambers Plan group insurance wallet card. We suggest you carry this card with you at all times.
- You must be covered under the Government Health Insurance Plan in your province or territory of residence and your provincial health plan must be prepared to pay a portion of any claim.
- Please refer to your booklet for details on the maximum trip duration under your plan.

## Out-Of-Province/Country Travel Medical Emergency Coverage

This Chambers Plan benefit is designed to cover charges for **emergency medical treatment** outside your province of residence. **Medical Emergency means an unforeseen illness or accidental injury requiring immediate medical treatment.** The emergency expenses must be reasonable and customary for the area in which they are charged. This plan will pay for eligible expenses that exceed the provincial health insurance plan schedule in the insured's home province. Covered services include:

- licensed ground or air ambulance to the **nearest** hospital equipped to provide the required treatment;
- semi-private hospital room;
- hospital medical services and supplies;
- physicians' services;
- prescription drugs.



## Contacting the *Voyage Assistance* Centre will not only confirm your eligibility for coverage, but it will also make the following services available to you or any Dependent insured under the Extended Health Care benefit of this policy:

### **Medical Assistance and Consultation**

If required, *Voyage Assistance* will help locate a physician or medical facility, monitor an individual's condition, and guarantee payment of medical expenses subject to the provisions of this policy.

### **Telephone Interpretation Services**

*Voyage Assistance* will provide translation services in all major languages for an individual who needs help communicating with local health care professionals.

### **Emergency Medical Payments**

*Voyage Assistance* will advance funds if required in order for an individual to obtain necessary medical service.

### **Medical Evacuation**

At its discretion, *Voyage Assistance* will arrange and pay for transportation, under proper medical supervision, if an individual must be evacuated to a different hospital or treatment facility or be repatriated to Canada for treatment.

### **After Hospital Convalescence**

*Voyage Assistance* will pay up to \$150 per day for a maximum of 7 days for the cost of daily room and board. This becomes an eligible expense when, in consultation with a local attending Physician, it is determined that the individual is unable to travel and should convalesce after discharge from the hospital, extending the stay beyond the originally scheduled return date.

### **Return of Dependent Children**

*Voyage Assistance* will arrange for the transportation of children under age 16 to their normal place of residence in Canada by the most economically suitable route. To be eligible, the children must be travelling with the individual who is hospitalized, then left unattended as a result of the Medical Emergency. A qualified escort will accompany the children when considered necessary.

### **Bedside Visit**

If an insured's travelling alone, *Voyage Assistance* will provide one round trip economy class airfare, for one immediate family member to join the insured if he or she must be hospitalized for more than 7 consecutive days as a result of a Medical Emergency.

### **Meals and Accommodation**

*Voyage Assistance* will pay up to \$150 per family per day for a maximum of 7 days, for the cost of daily room and board for any

- family member brought by *Voyage Assistance* to the bedside of the hospitalized individual who is travelling alone, or
- individual whose trip home is delayed beyond the original scheduled return date due to the emergency hospitalization of another individual travelling with him.

### **Trip Interruption**

*Voyage Assistance* will arrange and pay for a one way economy class airfare direct to an insured's normal residence in Canada (less any refund value of the original ticket), in the event they miss their scheduled flight home due to their own or their dependent's hospitalization as a result of a Medical Emergency.

### **Return of Deceased**

*Voyage Assistance* will arrange for the necessary authorizations and pay up to \$5,000 for the preparation (including cremation) and transportation of a deceased insured to the normal place of residence in Canada. The cost of a burial coffin is not included.

### **Return of Vehicle**

If disabled as a result of a Medical Emergency and unable to drive the vehicle used at the time (provided there is no alternative driver available), *Voyage Assistance* will arrange for and pay up to \$2,500 for the return of that vehicle by a commercial agency. The vehicle will be delivered to the insured's normal place of residence in Canada or, if the vehicle is rented, to the nearest appropriate rental agency.

### **Urgent Messages**

In the event of a personal difficulty, *Voyage Assistance* will assist in the exchange of messages with immediate family members or an employer.

### **Lost Luggage and Documents**

*Voyage Assistance* will contact the appropriate authorities regarding lost luggage, and the replacement of lost documents.

### **Legal Assistance**

In the event of a car accident, or if the insured is charged with a traffic violation or other civil offence, *Voyage Assistance* will help locate local legal aid. The cost of the legal services are the insured's responsibility.



## Limits

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- All totally disabled employees who qualify for Waiver of Premium under the Life Insurance benefit are not eligible for any Out-Of-Province/Country expenses.
- Only charges for emergency medical treatment outside the insured's province of residence are covered. An insured must be covered under their government health and hospital insurance plans to be eligible for coverage and the insured's provincial health plan must be prepared to pay a portion of any claim.
- Chambers Plan coverage does not pay for elective, non-emergency treatment or surgery, when this service could have been provided in the province of residence of the employee without endangering life or health, even if such service is provided as a result of a sudden illness or accident requiring emergency treatment, or if the purpose of the trip is to obtain medical services advised as necessary, but not readily available in the province of residence.

## Submitting a Travel Health Claim

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All foreign bills must be translated before you send them to us. Eligible claims are payable on a reimbursement basis in Canadian currency at the conversion rate in force on the date of service.

Start the process as quickly as possible by completing the Travel Health Claim form and submitting your claim, including your original receipts, to the Chambers Plan.

- Make copies of all your receipt for your records.
- Please ensure:
  - you provide your Firm and Certificate numbers,
  - you provide your health registration number,
  - you provide your full name and address,
  - you provide the reason for the hospital or doctor visit outside your province of residence,
  - you provide the dates you departed and returned to your province of residence,
  - you provide the reason you were away from your province of residence,
  - you sign and date the claim form, and
  - you complete the questions in full. Feel free to attach extra paper to the claim, if necessary.
- If you have any questions, please contact our office at 1 800 665.3365 - choose option 2.

**Travel Health Claim**  
CLAIMS PROCESSED BY DESJARDINS INSURANCE

Please print your Firm & Certificate #

Firm #	Certificate #
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Employee's Last Name \_\_\_\_\_ Employee's Given Name(s) \_\_\_\_\_  
 Employee's Full Mailing Address \_\_\_\_\_ Date of Birth (YYYY/MM/DD) \_\_\_\_\_  
 Patient's Name \_\_\_\_\_ Relationship to Employee \_\_\_\_\_ Date of Birth (YYYY/MM/DD) \_\_\_\_\_  
 If the patient is a dependent child, the child:  has a physical or mental disability  
 is a student (school's name and location) \_\_\_\_\_  
 \_\_\_\_\_ Dates of Studies (YYYY/MM/DD) \_\_\_\_\_

Departed from Home Province (YYYY/MM/DD) \_\_\_\_\_ Originally Scheduled Return (YYYY/MM/DD) \_\_\_\_\_ First Treatment (YYYY/MM/DD) \_\_\_\_\_

Are you or your dependents eligible for benefits under any other insurance plan?  Yes  No  
 If "Yes", family member insured \_\_\_\_\_  
 Name and address of insuring company \_\_\_\_\_ Policy No. \_\_\_\_\_

This claim is the result of  a sudden illness (go to next section)  an accident (complete the rest of this section)

Type of Accident _____	Location of Accident _____
Date of Accident _____	Name and Address of Lawyer Representing You With Respect to the Accident _____
Details of Accident _____	_____
_____	_____

Why did you need medical attention? What was the nature of the illness or injury? \_\_\_\_\_  
 \_\_\_\_\_

Attending Physician Name _____ Address _____	Were you hospitalized? <input type="checkbox"/> No <input type="checkbox"/> Yes If "No," who provided treatment? Name _____ Address _____
Family Physician at Home Name _____ Address _____	If "Yes," where were you hospitalized? Hospital Name _____ Address _____

**STATEMENT OF EXPENSES (ATTACH RECEIPTS)**

	Organization Name on Billing	Date of Service	Amount/Currency
Hospital	_____	_____	_____
Ambulance	_____	_____	_____
Prescription Drugs	_____	_____	_____
Other	_____	_____	_____

**TOTAL** Please pay:  the provider or  the individual \_\_\_\_\_

**ALL DOCUMENTS MUST BE TRANSLATED TO ENGLISH/FRENCH PRIOR TO SUBMISSION.**

All the information I have provided on the form is accurate and complete, to the best of my knowledge, and I certify that the enclosed receipts represent a claim for services rendered to me and/or eligible members of my family. If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them for the purposes of assessing and paying a benefit, if any. I understand that the fees listed in this claim may not be covered or may exceed my group insurance benefits. I understand that I am financially responsible for the entire cost of services received and that this claim is for reimbursement of eligible charges.

I authorize Chambers of Commerce Group Insurance Plan to collect, use, maintain and disclose personal information relevant to this claim for the purposes of benefit plan administration, assessment, investigation, claim management, underwriting and for determining Plan eligibility. The non-exhaustive list of sources from which information can be collected includes medical and health professionals, facilities or providers, insurance companies, or other organizations/persons. This authorization is also valid for the collection, use and communication of personal information concerning my dependents, insofar as applicable to the administration of benefits under this plan. A photocopy of this authorization is as valid as the original.

Employee's or Legal Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## Exclusions and Limitations

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Extended Health benefits are not payable under any of the following circumstances:

- experimental services, treatments or supplies, or charges for services which are not medically necessary;
- drugs, injections or products for the treatment of obesity;
- travel vaccines, patent medicines, general health exams and physicians' fees;
- services or treatment provided by anyone related by blood or marriage or living in the insured's residence (this might come up, for example, if an insured lives with a dentist or pharmacist); or services, treatment or supplies provided to the employee by the employer;
- expenses as a result of intentionally self-inflicted injuries, while sane or insane;
- cosmetic treatment expenses, except as a result of an accidental injury;
- treatment for injuries sustained while committing or attempting to commit a criminal offence;
- expenses for which payment is provided under any Workers' Compensation Act or similar legislation, government plan or any other plan;
- injuries caused directly or indirectly by insurrection and war, or participation in a riot or civil disorder;
- personal comfort items and erectile dysfunction drugs/items;
- forgotten or lost medication refills;
- services, treatment or supplies which the individual received without charge, or amounts in excess of reasonable and customary charges for the least expensive treatment that is medically appropriate;
- travel time, broken appointments, transportation costs, telephone or other indirect consultations;
- expenses related to temporomandibular joint dysfunction;
- expenses related to implants;
- elective treatments and services not listed in eligible expenses;
  - *out of province referrals.*

For immediate assistance in a medical emergency outside your province of residence, contact the Voyage Assistance Coordination Centre at Sigma Assiste!l's office in Montreal, Quebec. They are open 24 hours a day, seven days a week to assist with your emergency.

**Inside Canada or the US, call 1 800 465.6390 | Outside Canada or the US, call collect 1 514 875.9170**

## Identifying Yourself

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The Coordination Centre needs the following information to identify you as a plan participant.

Group: **Chambers of Commerce Group Insurance Plan**

Insured's Name \_\_\_\_\_

Firm and Certificate # \_\_\_\_\_

Effective Date of Coverage \_\_\_\_\_

The above information is found on the wallet card provided at the bottom of your Certificate of Insurance. We recommend you carry the card with you when you travel.

**Please contact our office for all general and claim inquiries.**

**Chambers of Commerce Group Insurance Plan**  
1051 King Edward Street, Winnipeg, MB R3H 0R4  
1 800 665.3365 (In Winnipeg 204.774.6677)  
[www.chamberplan.ca](http://www.chamberplan.ca)

