



GroupLine

News and updates for our Great-West
Group Benefits Plan Sponsors

Understanding out-of-country coverage

08-05

Great-West Life's out-of-country coverage is designed to provide benefits during a medical emergency while plan members or their dependants are temporarily outside Canada for business, education or vacation.

What is considered a medical emergency for the purposes of out-of-country coverage will depend on the terms of each group plan. These are some examples of what might be considered a medical emergency:

- A sudden, unexpected injury
- An acute episode of a medical condition that was not identified or being treated prior to departure from Canada
- An unexpected and unforeseen acute episode of a previously identified medical condition that was stable and controlled at the time of departure from Canada

Most group plans with out-of-country coverage provide coverage for medical expenses that are incurred during the initial treatment of a medical emergency, such as physician fees, lab fees and hospital fees. These are some examples of out-of-country expenses that may not be covered by Great-West group plans:

- Non-emergency care or followup care after the initial emergency treatment
- Expenses related to pregnancy or delivery after the 34th week of pregnancy or at any time prior to the 34th week if the patient's Canadian physician considers the pregnancy to be high-risk
- Continued medical care following an emergency outside Canada if the patient's medical condition permits a return to Canada for treatment

Plan members with a medical condition may want to check with their doctor before travelling. If they are advised it is safe to travel, they may wish to call Great-West's customer contact service for clarification of their group benefits coverage.

Ensuring adequate coverage for extended periods outside Canada

Students, vacationers and others planning to leave the country should ensure they have ongoing coverage with their provincial healthcare plan, since this coverage must be in place in order for Great-West coverage to apply. Those leaving the country for more than six months should inquire about getting a coverage extension with their provincial healthcare plan representatives prior to leaving Canada.

In addition, plan members should be aware of any trip limits associated with their group plan. When travelling outside Canada for periods beyond their trip limit, plan members may want to consider purchasing additional coverage.

How out-of-country coverage differs from travel assistance

Out-of-country coverage is sometimes confused with travel assistance. These are two separate types of coverage. Out-of-country coverage provides benefits for the medical costs associated with a medical emergency, such as doctor, hospital and lab fees. Meanwhile, Great-West's travel assistance coverage includes such services as 24-hour-a-day, seven-day-a-week access to travel assistance co-ordinators who can help direct plan members to an appropriate healthcare facility or assist with travel arrangements following a medical emergency. To access these and other services, plan members who experience a medical emergency while outside Canada should call the phone number on their travel assistance card (if the plan provides this service).

Most Great-West plans do not include coverage for trip cancellation, trip interruption or loss or damage of baggage. Plan members may want to consider obtaining these types of coverage from other sources, such as travel agencies.

Claim submission

Plan members are ultimately responsible for managing their out-of-country claims; this includes correctly filling out forms. Great-West has made arrangements with most provincial governments in order to allow more efficient reimbursement of claims. In all provinces except Manitoba, plan members should submit their claims directly to Great-West. Great-West will pay the province's share of the claim cost and reimburse the plan member for the balance of expenses covered under the group plan. Plan members in Manitoba and the territories must submit their claims directly to the provincial/territorial health plan. Great-West continues to negotiate with the province of Manitoba for an arrangement that will allow claim submission directly to Great-West.

Helping to control claim costs

Plan sponsors benefit from Great-West's participation in a U.S. preferred provider network. This network helps Great-West control costs, achieving savings of up to 45 per cent on out-of-country claims that are part of the network, while also helping to provide plan members with access to accredited healthcare providers.

Keeping contact information current

Plan members must maintain coverage with their provincial health plan in order to be eligible for benefits under a Great-West group plan. Therefore, it is critical that plan members keep their personal information current with their provincial healthcare plan.

For more information

Out-of-country claim forms are available on Great-West's website at www.greatwestlife.com/001/Client_Services/Group_Plan_Administrators/index.htm.

For further information about Great-West's out-of-country coverage, please contact your benefits advisor or Great-West group representative.

This GroupLine is for general use and informational purposes only. It is not intended to be legal or tax advice. You should consult your professional advisors about your particular circumstances.

Did you know?

According to Great-West data, in 2006:

- The average out-of-country in-hospital bill was roughly \$26,000 while the average outpatient bill was about \$1,200.
- Almost 50 per cent of U.S. out-of-country claims were received from Florida, with California following at 12 per cent.
- The travel assistance centre received calls from plan members travelling in 116 nations, not including Canada and the U.S.
- This was the fifth consecutive year in which there was increased international travel, with plan members visiting locations from Azerbaijan to Zambia.