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Your *benefits*  
WHEREVER YOUR  
**TRAVELS TAKE YOU**

NSTU  
GROUP  
INSURANCE  
TRUST



NSED Travel Insurance  
Out of Country/Province  
Emergency Medical  
Coverage



# **NSED Travel Insurance Out of Province/Canada Emergency Medical Plan**

Group Number: 11580

Updated Effective Date: July 1, 2025

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## **AN OVERVIEW OF YOUR GROUP COVERAGE - ELIGIBILITY**

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### ***Group Insurance Eligibility***

To be eligible for coverage, you must be a resident of Canada and covered under your provincial government plan.

To participate, you must fully complete the enrolment forms that are provided to you.

If you purchase a family plan, your dependents are covered on the date you become covered, or on the date they become your dependents.

### ***Effective Date***

For the Base Plan: The date the Plan Administrator receives your completed signed enrollment form.

For the Supplemental Plan, the later of: (i) the date shown on your completed signed enrollment form, or (ii) the date you depart your province of residence.

### ***Pre-existing Conditions***

The policy does not cover, provide services, or pay claims, for expenses resulting if you have any pre-existing conditions unless the condition is stable prior to travel, and when medical attention is not anticipated during the travel period. To be considered medically stable you must not have, in the six months before the departure date:

- a) - been treated or evaluated for new symptoms or new diagnosis;
  - had symptoms that increased in frequency or severity, or examination findings indicating the condition has worsened;
  - been prescribed a new treatment or change in treatment for the condition;
  - been admitted to or treated in a Hospital or referred to a specialist for the condition;
  - been awaiting new treatment, tests, consultations or referrals regarding the medical condition (does not include routine testing provided the results are within normal limits and no change in treatment is recommended).
- b) This also does not include coverage for expenses incurred as a result of a condition caused by a change in medication within 90 days prior to departure (generally does not include routine changes in medication as part of an established treatment plan, for example daily/weekly adjustments of blood thinners or insulin based on blood test results or a change to a generic product, unless the dosage is modified).

## **AN OVERVIEW OF YOUR GROUP COVERAGE - ELIGIBILITY**

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### ***Definition of Dependents***

Your dependents are:

Spouse means either:

- (a) your legally married spouse; or
- (b) a person living with you on a continuous basis in a conjugal relationship that is not a legal marriage, provided such relationship has existed for at least twelve (12) consecutive months at the time of application and immediately preceding the time when the status of such person is required to be determined for the purpose of coverage and the person is publicly represented by you as your spouse.

If you have had more than one spouse, your spouse shall be only the person who was your most recent spouse, using the criteria in (a) and (b) above.

Dependent children mean your natural children (legitimate or illegitimate), adopted children, or stepchildren of who are:

- (a) under 21 years of age, unmarried and dependent upon you for maintenance and support; or
- (b) under 27 years of age and unmarried and in attendance at an institution of higher learning and dependent upon you for maintenance and support; or
- (c) any functionally impaired child may remain insured past the maximum age. The child, upon reaching the maximum age, must still be incapable of self-sustaining employment and be completely dependent on you for support and maintenance.

All dependent children between the ages of 21 and 27 attending an institution of higher learning must provide belairdirect with proof of full-time attendance each September, or on the dependent's 21<sup>st</sup> birthday in the case of the dependent's 21<sup>st</sup> birthday falling on a date after September.

## SUMMARY OF BENEFITS

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### WORLDWIDE TRAVEL BENEFIT BASE PLAN & SUPPLEMENTAL PLAN

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	<u>% Co-insurance</u>	<u>Maximum</u>
<b>Hospital and Medical Benefits</b>	100%	\$2,000,000 per Participant per incident; maximum \$5,000,000 for one occurrence

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The Base Plan includes an unlimited number of trips from the effective date to the renewal date, with a 35 day coverage limitation per trip. The Supplemental Plan trip limits begin at 40 days and increase incrementally by 15 days to a maximum of a 210 days trip limit. The Supplemental Plan includes the Base Plan's coverage. Under the Base Plan, the Participant is not required to provide proof of travel unless a claim occurs.

*Participant* shall mean you or one of your dependents who is covered under this policy should you elect family coverage.

*Supplemental Plan* means coverage elected by you for the travel period between the effective date and the termination date (actual number of days) you are required to report the entire period of travel from the first day.

Please note: Your choice of plan is stated in the confirmation letter you received from belairdirect. Your trip starts from the day you depart your province of residence.

## **WORLDWIDE TRAVEL BENEFIT**

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This benefit covers emergency expenses occurring when you and your dependents are travelling outside of your province of residence.

### ***WORLDWIDE TRAVEL COVERAGE***

#### ***Travel Assistance Lines (Out of Province Emergencies)***

In the event of a medical emergency while travelling outside your province of residence, you or your representative must call Medavie Blue Cross' appointed travel assistance provider as soon as possible at one of the following numbers:

**From Canada or the United States: 1-800-563-4444**

**From anywhere else: 1-506-854-2222 (collect)**

If calling collect is not possible, Medavie Blue Cross will reimburse the cost of the call.

On your first call, you will be asked for the following:

- ID card numbers
- Your name and the group you are insured under
- Your birthdate
- Your home address and travel address
- Your dates of travel
- A contact number
- Your provincial health care number
- Details of your current medical situation
- Info on whether you are covered under other policies

If someone is calling for you, they will be asked to provide the above on your behalf. Depending on the situation, other questions may be asked. A file number will be given, and it needs to be noted and quoted each time you call.

#### ***Eligible Expenses for Worldwide Travel Coverage***

The plan reimburses all usual and reasonable expenses incurred following an emergency situation resulting from an accident or an illness, up to a maximum amount payable of \$2,000,000 per incident, per covered Participant and a maximum amount payable of \$5,000,000 for one occurrence.

*Occurrence* refers to each related claim arising as a result of one accident or cause, regardless of the number of policies or covered persons involved.

All customary and reasonable expenses and services described in the Worldwide Travel Benefit are eligible if they are incurred following an emergency resulting from an accident or sudden illness which occurs outside the Participant's province of residence, provided the Participant is covered under the Hospital and health government programs of his province of residence when the emergency occurs.

Eligible treatments and benefits are supplemental to those provided for by government plans or from any other medical reimbursement plan under which you may have coverage.

## **WORLDWIDE TRAVEL BENEFIT**

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### ***Eligible Expenses for Worldwide Travel Coverage (Cont'd)***

#### Emergency Medical Expenses

This benefit covers the cost of Emergency Hospital, surgical and medical treatment for the following:

1. Hospital room and board including an intensive care or coronary care unit, charges for standard ward accommodation, semi-private room, or private room charges when a private room is certified as medically necessary by the attending physician;
2. Other Hospital services and supplies;
3. Medical, surgical or anesthetic treatment by a licensed physician or surgeon;
4. X-rays and other diagnostic tests;
5. Use of an operating room, anesthesia and surgical dressings;
6. The cost of licensed ambulance service;
7. Outpatient emergency room charges;
8. Drugs and medications legally requiring a licensed physician's written prescription; and
9. The rental cost of a wheelchair, or the rental or purchase of minor medical appliances such as crutches, braces and other therapeutic medical appliances when ordered by the attending physician.

#### Air Emergency Transportation or Evacuation

When medically required covers the following expenses:

1. Air ambulance to the nearest appropriate medical facility or to a Canadian Hospital;
2. Fare for transportation by stretcher to the home departure point including, when medically necessary, the return fare and approved professional charge of an accompanying registered nurse or other qualified medical attendant who is not a relative of the Participant;
3. Charges in excess of booked fare or prearranged charter fare that are incurred as a result of a change in the planned schedule, including additional fare of an eligible insured person covered under this contract who was travelling with the stricken Participant; and
4. Return fare for transporting a member of the immediate family (spouse, parent, child) to attend at the side of a Participant who was travelling alone, following a critical injury or illness necessitating hospitalization. Attendance and return must occur within 10 days of discharge from Hospital.

All air transportation expenses must be approved and arranged in advance by Medavie Blue Cross.

#### Private Nursing Expenses

Charges for services of a registered graduate nurse (R.N.) for private duty nursing care provided in a Hospital or a temporary residence, when medically necessary and ordered by the attending physician. Coverage is not included for nursing service provided by a relative of the Participant.

#### Physiotherapy

Charges for services of a registered physiotherapist when recommended by the attending physician.

## **WORLDWIDE TRAVEL BENEFIT**

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### ***Eligible Expenses for Worldwide Travel Coverage (Cont'd)***

#### Emergency Dental Expenses

This benefit covers the cost of repair of natural, vital teeth or fracture or dislocation of the jaw, when required as a result of injury from an external blow occurring during the term of the contract. It also covers the cost of emergency extractions, temporary fillings and replacement of fillings. Coverage is limited to \$1,000 per incident and must be provided during the term of coverage.

#### Board and Lodging (Meals and Accommodations)

Charges for board and lodging or similar expense up to \$150 per day to a maximum of \$1,500 for costs incurred by a Participant or by a travelling companion, when related to a period of hospitalization of a Participant.

#### Repatriation (Return of the Deceased)

If a Participant dies while on an insured trip, the cost of transportation of the deceased Participant's remains to their province of residence, up to a maximum of \$3,000 per Participant. The cost of a burial coffin is not a covered expense.

#### Vehicle Return

If a Participant and/or an immediate family member is unable to operate their owned or rental vehicle due to sickness, injury or death while travelling outside the Participant's province of residence, this plan will arrange for the return of the vehicle and cover the expenses up to a maximum of \$1,000 provided no other person travelling with the Participant is able to operate the vehicle. Benefits will only be payable for return of the vehicle when pre-approved and/or arranged by Medavie Blue Cross.

1. To the Participant's normal place of residence; or
2. To the nearest appropriate rental agency.

#### Medical Assistance

If the Participant requires hospitalization or a consultation with a physician as a result of an emergency, the travel assistance provider appointed by Medavie Blue Cross will provide the following support services:

- direct the Participant to an appropriate clinic or Hospital;
- confirm with the service provider that the Participant is covered;
- ensure a follow-up of the medical file and communicate with the Participant's family physician;
- co-ordinate the return home of a child if the Participant is hospitalized;
- repatriation of the Participant to the province of residence if the Participant meets the eligibility requirements of this expense;
- arrange for the transportation of an immediate family member to the Participant's bedside if the Participant meets the eligibility requirements of this expense; and
- co-ordinate the return of the Participant's vehicle if the Participant meets the eligibility requirements of this expense.

## **WORLDWIDE TRAVEL BENEFIT**

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### ***Eligible Expenses for Worldwide Travel Coverage (Cont'd)***

#### **General Assistance**

In emergency situations, the travel assistance provider appointed by Medavie Blue Cross will also provide the Participant with the following services:

- transmittal of urgent messages;
- co-ordination of claims;
- services of an interpreter for emergency calls;
- referral to legal counsel in the event of a serious accident;
- settlement of formalities in the event of death;
- assistance with the loss or theft of identity papers; and
- information regarding embassies and consulates.

In addition, pre-travel advice regarding visas and vaccines is available (although vaccines may not be covered under your medical plan).

Medavie Blue Cross and its travel assistance provider are not responsible for the quality of medical and Hospital care provided to the participant or for the availability of such care.

#### **Managed Care**

When a medical emergency occurs, you must seek treatment from a physician and/or Hospital within the managed care network as referred by Medavie Blue Cross' appointed travel assistance provider. The travel assistance provider will refer you to the physician and/or Hospital within the network that is best suited to your needs.

If you do not call the travel assistance provider, your eligible expenses will be reimbursed at 80%, except in extreme circumstances where you are unable to call. In a critical emergency, have someone call the travel assistance provider on your behalf as soon as possible and they will coordinate your benefits as usual.

If you choose not to receive treatment from the managed care network that is recommended by the travel assistance provider, your eligible expenses will be reimbursed at 80%.

#### ***Exclusions and Limitations for Worldwide Travel Coverage***

The policy does not cover, provide services, or pay claims, for expenses resulting from:

1. a sickness or injury occurring while the policy is not in force as per your trip;
2. eye glasses, contact lenses, hearing aids or prescriptions for same;
3. air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire;
4. preventative, experimental or patented medicines or vaccines;
5. for elective (non-emergency) treatment or surgery which is defined as treatment or surgery (a) not required for the immediate relief of acute pain and suffering, or (b) which reasonably could be delayed until the Participant has returned to Canada or (c) which the Participant elects to have rendered or performed outside of Canada following emergency treatment for, or diagnosis of, a medical condition which (on medical evidence) would not prevent the Participant from returning to Canada prior to such treatment or surgery; also check-ups or treatment for cosmetic purposes;
6. pregnancy, childbirth or miscarriage or any complications arising from pregnancy;
7. mental or emotional disorders that do not require hospitalization; abuse of medication, drugs or alcohol; intentional self-injury, suicide or attempted suicide (whether sane or insane);

## **WORLDWIDE TRAVEL BENEFIT**

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### ***Exclusions and Limitations for Worldwide Travel Coverage (Cont'd)***

8. excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
  - a) expenses incurred while travelling in a country (or a specific region of a country) for which there is a Government of Canada travel warning, when such travel warning was issued before the departure date and the loss or expense is related to the reason for which the travel warning was issued; and
  - b) insurrection, war (declared or not), the hostile action of the armed forces of any country or participation in any riot or civil commotion.
9. willful exposure to peril except in an attempt to save human life;
10. expenses covered by any Provincial or Federal Act or Acts;
11. the continued treatment, recurrence or complication of a medical condition following emergency treatment of that medical condition during your trip if the medical advisors of Medavie Blue Cross and its travel assistance provider determine that you are able to return to Canada and you chose not to return;
12. any emergency transplants including but not limited to organ transplants and bone marrow transplants;
13. cardiac procedures, including cardiac catheterization, or surgery unless approved by Medavie Blue Cross prior to being performed, except in extreme circumstances where surgery is performed on an emergency basis immediately following admission to Hospital; or
14. expenses incurred for residents travelling outside their province of residence primarily or incidentally to seek medical advice or treatment, even if such a trip is on the recommendation of a physician;
15. Any pre-existing conditions unless the condition is stable prior to travel, and when medical attention is not anticipated during the travel period.
16. Medavie Blue Cross will not cover expenses in excess of \$2 million Canadian per covered participant, per incidence outside the province of residence. A maximum amount of \$5 million will be paid by Medavie Blue Cross for all claims incurred due to any one occurrence.

### ***Termination of Travel Benefit***

The Travel Benefit coverage ends at the earlier of:

1. the date you cease to meet eligibility requirements; or
2. the end of the grace period for which premiums have not been paid in full; or
3. the date the policy is terminated.

If you purchased a family plan, coverage for your dependents ends either on the date you cease to be covered or on the date they no longer meet the definition of dependent, whichever occurs first. Coverage for any Participant ceases when he is no longer covered under the government health program in his province of residence.

## **AN OVERVIEW OF YOUR GROUP COVERAGE – FILING A CLAIM**

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### ***Filing a Claim (Upon Return to Canada)***

Please contact Medavie Blue Cross (See contact information below) and every effort will be made to assist you in making payment to the providers of service and coordinate with your provincial government plan.

Claims for services outside of Canada are paid by Medavie Blue Cross in Canadian currency based on the rate of exchange in effect at the conclusion of the services. Interest will not be paid should you delay sending the forms to Medavie Blue Cross.

Claim forms can be obtained from Medavie Blue Cross by calling or emailing (See contact information below). The duly completed claim form must be filed with Medavie Blue Cross no later than six months after the date expenses are incurred. When you receive these forms, please review them very carefully and ensure all sections are completed so there is no delay in reimbursement of your claim.

### ***Medavie Blue Cross Contact Information (Within Canada)***

Toll-free Customer Information Line: **1-800-667-4511 (ask for Travel Claims)**

Email: **[travel.claims@medavie.bluecross.ca](mailto:travel.claims@medavie.bluecross.ca)**

## **AN OVERVIEW OF YOUR GROUP COVERAGE – STATUTORY CONDITIONS**

Notwithstanding any other provisions herein contained, this policy, where applicable, is subject to the statutory conditions or policy conditions in the Insurance Act respecting contracts of accident and sickness insurance in your province of residence.

### ***The Contract***

The application, this policy, any endorsement or rider attached to this policy when issued, and any amendment to the contract after the policy is issued constitutes the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

### ***Applicable Law***

The benefits, terms and conditions of this policy shall be governed by the insurance laws of the province or territory in Canada where the Participant normally resides.

### ***Conformity with Existing Laws***

Any provision of this policy which is in conflict with any federal, provincial or territorial law of the Participant's place of residence is hereby amended to conform with the minimum requirements of that law.

### ***Rights of Company and Claimant***

As a condition precedent to the payment of benefits, Medavie Blue Cross shall have the authority to obtain all pertinent records or information from any physician, dentist, practitioner, Hospital, clinic, insurer, individual or institution to assess the validity of a claim submitted by or on behalf of any Participant.

The Participant should contact Medavie Blue Cross' appointed travel assistance provider prior to selecting a physician, practitioner or dentist, other than him or herself or an immediate family member, or Hospital as defined herein to provide emergency medical treatment and services.

In the event of death of the Participant, Medavie Blue Cross may request an examination of the body, for identification purposes, subject to any law of the applicable jurisdiction relating to such examinations.

### ***Coordination of Benefits***

Benefits payable under this policy shall be coordinated with any other coverage(s) and are payable in excess of all other benefits in effect on the Participant's behalf, so that payment under this policy and any other plan, including but not limited to the Participant's provincial government plan, individual or group policy, credit card coverage or other insurance, shall not exceed 100% of the eligible charges incurred.

### ***Right of Recovery***

In the event of a payment under this policy, Medavie Blue Cross has the right to proceed in the name of any Participant against third parties who may be responsible for giving rise to a claim under this policy. Medavie Blue Cross has full rights of subrogation. The Participant(s) will execute and deliver such documents, and fully cooperate with Medavie Blue Cross, so as to allow Medavie Blue Cross to fully assert its rights to subrogation. The Participant(s) will not do anything after the loss to prejudice such rights.

## **AN OVERVIEW OF YOUR GROUP COVERAGE – STATUTORY CONDITIONS**

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### ***Premium Changes***

Premiums are subject to change (i) upon renewal or (ii) if there is any change to the coverage under the Provincial Health Insurance Plan. Medavie Blue Cross reserves the right to alter premiums and future coverage with 60 days advance notification to, and approval from, the client.

### ***Benefit Maximums***

All individual benefit maximums stated within this policy are expressed in Canadian currency.

### ***Assignment of Benefits***

Where Medavie Blue Cross pays medical and/or Hospital expenses directly, this policy allows Medavie Blue Cross to recover eligible benefits from your Provincial Health Insurance Plan, and any other coverage you may have, monies that Medavie Blue Cross has advanced to others on your behalf. This policy also allows Medavie Blue Cross to receive in your name, and endorse and negotiate on your behalf these eligible payments. When the Provincial Health Insurance Plan and other insurer payments have been made, this releases the Provincial Government Health Insurance Plan and other insurers from any further liability in respect of that eligible claim.

### ***Automatic Extension***

Coverage will be automatically extended beyond your day of return if you, a travelling companion, or your immediate family member travelling with you, is confined to a Hospital on your day of return due to a medical emergency. Your coverage will remain in force for as long as you, your travelling companion or your immediate family member is hospitalized plus an additional period of 5 days following discharge from Hospital.

The period of insurance coverage is automatically extended for 72 hours when:

1. the delay of a plane, bus, ship or train in which you are a passenger causes you to miss your scheduled return to your province of residence;
2. the personal means of transportation in which you are travelling is involved in an accident or mechanical breakdown that prevents you from returning to your province of residence on or before your day of return; or
3. you must delay your scheduled return to your province of residence by the personal means of transportation in which you are travelling, due to extreme weather conditions.

### ***Extension of Coverage***

The agreement may be extended for one further period, providing benefits were not used during the preceding period. If benefits were used, extension is at the option of Medavie Blue Cross. Application for extension must be received before expiry of the first period of coverage. The total period of coverage may not exceed one year.

### ***Limitation Periods for Legal Action***

Every action or proceeding against an insurer (i.e. Medavie Blue Cross) for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

Where legislated, you have the right to request a copy of any written statements or other records provided to Medavie Blue Cross. All the requests for copies of documents should be directed to Medavie Blue Cross.

## CONSULTANT CONTACT INFORMATION - REFUNDS

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There are **no refunds** available under the base plan.

Refund requests for the Supplemental Plan must be made in writing, identifying your NSTU professional number, and mailed to belairdirect at:



Submit claims to:  
Belairdirect  
Group Benefits Claims  
PO Box 4420 STN A  
Toronto, ON M5W

Toll Free: 1-800-453-9543  
Email: GroupBenefitsNS@belairdirect.com

If the Supplemental Plan is terminated prior to your day of departure, the difference in premium between the Base Plan and the Supplemental Plan will be refunded. If your Supplemental Plan is reduced to a Supplemental Plan with a shorter trip option prior to your day of departure (provided no claims have been made or pending), the difference in premium will be refunded or your monthly premium will be reduced accordingly for the remainder of the policy year.

If you return from your Supplemental Trip early and you provide proof of early return (provided no claims have been made or are pending), the difference in premium between plan options will be refunded or your monthly premiums will be reduced if applicable. Proof of early return can include: a stamped passport, airline ticket, credit card receipt, restaurant receipt or border crossing slip.

### ***Policy Renewal***

The policy automatically renews each year on September 1<sup>st</sup>; you will receive written notification of the renewal in advance. Your coverage will continue at renewal for the next policy year, unless you provide belairdirect. with written notice of termination within 30 days of the renewal date. Your premium is paid monthly. In the first year of coverage, your Base Plan premium is pro-rated from the effective date to the renewal date. If premium payments are not made, the amount owing will be added to the balance of premium owing. Future deductions will be adjusted accordingly. No portion of the Supplemental Plan premiums will be pro-rated.

### ***Please Note:***

When you receive your renewal documentation from belairdirect, and were previously covered under the Supplemental Plan, notify belairdirect as soon as possible if you have a change in travel dates.

Also, if you are not travelling under a Supplemental Plan in the new policy year, please notify belairdirect and your coverage will be adjusted back to a Base Plan.

## **PRIVACY PROTECTION PRACTICES**

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In the course of providing customers with quality health, life and travel coverage, Medavie Blue Cross collects, uses and stores certain personal information about its members and their dependents. Protecting personal information is not new to us. Ensuring the privacy of client information has always been fundamental to the way we do business.

The purpose of our [privacy statement](#) is to keep you informed about privacy protection practices at Medavie Blue Cross. In addition to this privacy statement, we have an [online privacy statement](#) that describes our practices for protecting your personal information when you use our websites and mobile applications and a [Medavie Blue Cross mobile app privacy policy](#) that applies to your use of our mobile app.

For more information on our privacy protection practices, please visit our website. [medaviebc.ca](http://medaviebc.ca)