

Benefit Facts Article

Has Your Group Travel Insurance Taken A Holiday?

Many group benefit plans cover emergency medical expenses for employees and their family members, so long as the claim is for an " accident or unexpected illness " outside the home province.

In many jurisdictions, if you have such a claim, you will first require to send your bills to your provincial health plan. Once the government has paid it's share, you then need to send the bills to your group insurer for reimbursement of any outstanding amounts. *(As a regular service and to simplify the process, travel medical bills can be sent directly to the Chambers of Commerce Group Insurance Plan, and they then submit the bills to OHIP on your behalf. Also, their Out-of-Country coverage provides unlimited medical costs for an unlimited period of travel time).*

It's important to review and understand your Out of Country/Province Coverage before you leave on your trip so that you are not faced with any costly surprises. It's possible that medical treatments received before you leave home could affect you or a family member's eligibility for travel coverage. Therefore before you travel:

* Check with your group insurer if you have had an illness that has been previously diagnosed or treated, especially if the condition has been identified within the 12 months prior to your departure.

* Check with your insurer if your treatment has changed, even if only the level of medication has changed and even if you're taking less of it.

Typically, group insurance plans cover unforeseen events that require immediate medical attention. If you know you have a medical condition now, be sure you share your insurer's understanding of what would qualify as an " unforeseen " event.

If your benefit program doesn't give you the travel safety net that you need, consider shopping for another program that will or an individual plan to fill any gaps.

Contact **Brian Bulger** for a Group Benefit quotation and or further information.