



# Airfare and Holiday Cancellation Plans

TERMS AND PROVISIONS

## AGREEMENT

It is important and your responsibility to  
understand your coverage.

If you have any questions, call  
1-800-USE-BLUE (1-800-873-2583)

July 1, 2025



# Important Notice

Please read carefully

- Always read the travel insurance ***agreement*** before making a purchase decision to ensure that ***you*** understand the coverage being offered and what may not be covered as listed in the exclusions and limitations.
- Cancellation insurance is designed to cover losses arising from sudden, unexpected and unforeseeable circumstances.
- ***Your agreement*** may be subject to certain exclusions or limitations. Examples may include ***medical conditions*** that are not ***stable, pre-existing conditions*** or travel advisories.
- ***Your agreement*** contains a ***pre-existing condition*** clause and pre-existing stability period. Check to see how this applies in ***your agreement*** and how it relates to ***your departure date***, date of purchase or ***effective date***.
- In the event of a claim, prior medical history will be reviewed.
- To be eligible to apply for coverage under a Manitoba Blue Cross Travel Plan the applicant, ***spouse*** and ***dependents*** must be covered by Manitoba Health, Seniors and Active Living for the entire duration of the period of coverage.
- Coverage must be purchased prior to any cancellation penalties becoming chargeable or within 72 hours of initial deposit, cancellation or penalty period.

**Italicized words** have a specific meaning with a corresponding definition. Please refer to Section VI – “Definitions” of this ***agreement*** to find the meaning of each italicized word.

## Introduction

### AGREEMENT

This is ***your*** insurance ***agreement***, a contract detailing the terms and conditions of the insurance coverage(s) available. Refer to the Policy Receipt to view the coverages purchased.

### POLICY RECEIPT

***Your*** Policy Receipt is part of ***your*** contract and indicates the coverages and insurance amounts including any subsequent modifications (known as endorsements) to the contract. ***You*** have the coverage(s) only if it was purchased.

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In witness whereof,  
Manitoba Blue Cross has caused this  
*agreement* to be signed by:



**Benjamin Graham**  
President & Chief Executive Officer  
Manitoba Blue Cross

# Coverage Provisions

## SECTION I – THE AGREEMENT

The validated *agreement* issued by Manitoba Blue Cross or a Manitoba Blue Cross agent shall constitute the entire *agreement* between the parties and no representative or Blue Cross agent is authorized to vary or alter this *agreement*.

The acceptance of the application by a Blue Cross agent shall not be binding upon Manitoba Blue Cross in the event the terms and conditions as set out by Manitoba Blue Cross have not been satisfied.

Manitoba Blue Cross reserves the right to reject any application in the event the terms and conditions have not been met.

## SECTION II – BENEFITS

### A. Airfare and Holiday Cancellation Benefits

**This coverage excludes loss caused or contributed to by cause of cancellation, that existed at the time of application.** If the cause of cancellation is a *pre-existing condition*, benefits are only payable if the condition was *stable* based on the definition of *stable* in this *agreement*.

This coverage excludes default insurance. Any loss of items that *you* were not out of pocket for are ineligible (i.e. tickets obtained through loyalty programs or won as a prize).

### Risks Covered

The following risks are covered if *you* cancel *your* scheduled departure, or *you* return prior to or later than *your* original scheduled return date and incur eligible expenses due to:

#### 1. Business Meeting

Cancellation of a *business meeting*, as defined, because of sickness, injury or death of the person with whom the meeting had been arranged in advance.

#### 2. Damage to Principal Residence

*You* or *your travel companion's* principal residence is rendered uninhabitable, due to fire, disaster or *natural disaster* or an unintentional act or unforeseeable event.

### 3. Delay of Scheduled Carrier (Applicable to Holiday Cancellation only)

- a) *You* or *your travel companion* is delayed by weather conditions or *natural disaster* for at least 30% of their scheduled *trip* duration and *you* or *your travel companion* choose not to continue the *trip*.
- b) A missed connection due to the delay of connecting *carrier* (airline, bus or train) resulting from weather conditions or mechanical failure; or delay of automobile (limousine, taxi, private automobile) resulting from a traffic accident, or from an emergency police-directed road closure (substantiated by a police report). This is subject to the connecting *carrier* or automobile being scheduled to arrive at the departure point not less than three hours prior to the time scheduled for flight departure or six hours prior to the time scheduled for sailing.

### 4. Employment and Occupation

- a) A transfer by *you* or *your travel companion's* employer requiring moving *you* or *your travel companion's* permanent residence 160 km (100 miles) or more within 30 days of the scheduled departure or return date, or
- b) Involuntary loss of permanent employment provided that employment had been with the same employer for more than one year from the date of purchase. (A claim must be substantiated by a letter from the employer.)

### 5. Jury Duty / Subpoenaed as a Witness

- a) Being summoned for jury duty, or
- b) Being summoned as a witness in a case being heard during the *term* of this *agreement* (excluding law enforcement officers).

### 6. Quarantine or Hijacking

Quarantine or hijacking of *you* or *your travel companion*.

### 7. Schedule Change

A missed connection due to a *schedule change* by a tour operator.

### 8. Sickness, Bodily Injury or Death

- a) the death, sickness or bodily injury of:
  - i) *you*, or
  - ii) a member of *your immediate family*, or

- iii) *your travel companion*, or
- iv) a member of *your travel companion's immediate family*
- b) the death or hospitalization of *your* host at destination.

## 9. Travel Advisories

A travel advisory and/or travel warning by the Canadian Government to “Avoid all non-essential travel” or “Avoid all travel” advising Canadians not to travel to the country, region or city of *your trip* issued after the purchase date of the *agreement*.

## 10. Viral Outbreaks Related to Pregnancy

Outbreaks of viral diseases that could put a pregnant person or unborn child at risk if the *participant* was unaware of the pregnancy at the time of booking.

## Benefits

If *you* cancel *your* scheduled departure, or *you* return prior to, or later than *your* original scheduled return date and incur certain expenses due to a delayed return because of the occurrence of one of the events listed in 1-10 of the Risks Covered, then *you* are entitled to the **following benefits** in accordance with the coverage selected on the application.

### 1. Airfare Cancellation Plan

- a) Before departure:
  - The non-refundable portion of *your* prepaid airfare up to the amount of coverage selected on the application.
  - A maximum of up to \$25 per transaction for **service fees** incurred to change a reservation. The invoice issued for the original booking must indicate this fee would be payable in the event of a change.
  - **Service fees** for travel advice or service directly related to the *trip* booking, when indicated on the invoice at time of deposit.
- b) After departure:
  - The extra cost of economy air transportation to destination in the event of a missed connection due to a **schedule change** by tour operator.
  - Air Extra – the extra cost of one-way economy airfare by the most direct route home by a regularly scheduled flight up to the amount of coverage selected on the application as Air Extra. If return of a *participant* is delayed more than ten days beyond the scheduled return

date, this benefit shall only be payable upon submission of proof that the sick or injured person was admitted and confined to hospital as an *in-patient* for more than 48 hours.

- In the event of loss of life, up to \$7,500 towards the cost of transporting the deceased person to Manitoba (including costs of preparation and standard transportation container), or up to \$5,000 for cremation or burial at place of death.

## 2. Holiday Cancellation Plan

### a) Before departure:

- The non-refundable portion of prepaid air, land and surface arrangements up to the amount of coverage selected on the application.
- A maximum of up to \$25 per transaction for *service fees* incurred to change a reservation. The invoice issued for the original booking must indicate this fee would be payable in the event of a change.
- *Service fees* for travel advice or service directly related to the *trip* booking, when indicated on the invoice at time of deposit.

### b) After departure

- The extra cost of economy air transportation to destination in the event of a missed connection due to a *schedule change* by tour operator; or delay of connecting carrier (airline, bus or train) resulting from weather conditions or mechanical failure; or delay of automobile (limousine, taxi, private automobile) resulting from a traffic accident, or from an emergency police-directed road closure (substantiated by a police report). This is subject to the connecting carrier or automobile being scheduled to arrive at the departure point not less than three hours prior to the time scheduled for flight departure or six hours prior to the time scheduled for sailing.
- The extra cost of economy class, scheduled *carrier* transportation by the most direct route to join or rejoin a pre-arranged tour by a *travel supplier* in the event that *you* must miss a portion of the holiday.
- If the holiday package includes a prepaid transportation cost, coverage for the extra cost of a one-way economy airfare by the most direct route home by a regularly scheduled flight. If return is delayed more than ten days beyond the scheduled return date, this benefit is only payable upon submission of proof that



the sick or injured person was admitted and confined to a *hospital* as an *in-patient* for more than 48 hours.

- If *you* are booked in a double accommodation, and *your travel companion* must cancel, *you* are eligible for the reimbursement of the single supplement up to an amount not exceeding the cancellation penalty applicable at the time the *travel companion* must cancel.
- In the event of loss of life, up to \$7,500 towards the cost of transporting the deceased person to Manitoba (including costs of preparation and standard transportation container), or up to \$5,000 for cremation or burial at place of death.

## SECTION III – EXCLUSIONS AND LIMITATIONS

If any of the following were present at the date of purchase, Manitoba Blue Cross is not liable to accept any liability for claims relating to:

### 1. Pre-existing Stability Period

A *pre-existing condition* that was not *stable* during the 180-day period prior to the date of purchase of coverage for the *trip* in question. If the cause of cancellation is a pre-existing *medical condition*, benefits are only payable if the attending physician verifies that the condition was *stable* for at least the 180-day period prior to the purchase date of coverage.

The *medical condition* must be *stable* based on the definition of *stable* in this *agreement*, regardless of the opinion (written or verbal) of the *physician* or any other person who may provide an opinion on the *medical condition*.

### 2. Travel Advisories

Any losses when travelling to a country, region or city where a travel advisory has been issued by the Canadian Government advising Canadians not to travel to that country, region or city issued before the purchase date of the *agreement*.

### 3. Travel Against Medical Advice

Any claim incurred if *your physician* advised *you* not to travel.

### 4. Travelling to Seek Medical Advice / Medical Tourism

Any *medical condition* if the purpose of *your trip* is to obtain or receive a diagnosis, medical *treatment*, surgery, *investigation*, palliative care, alternative therapy, as well as any directly or indirectly-related complication. This includes medical tourism.

### 5. War, Civil Unrest, Kidnapping, Biological or Nuclear Contamination, Terrorism

An act of war, whether declared or undeclared; willing participation in a riot or civil disorder; willing participation in terrorism; rebellion\revolution; hijacking; kidnapping; nuclear reaction or radiation; radioactive, biological or chemical contamination; or any service in the armed forces.

## SECTION IV – TERMS & CONDITIONS

### 1. Claims

- a) *You* or *your* agent shall provide proof of claim to CanAssistance, our travel assistance provider, within 90 days from the date of the service for which the claim is made.
- b) CanAssistance shall provide forms for proof of claim within 15 days after receiving notice of claim. Where the claimant has not received the forms within that time, proof of claim may be submitted in the form of a written statement of the details of the **accident** or sickness and of the extent of loss. A claim form and other claim requirements must still be submitted.
- c) Failure to give notice of claim or provide proof of claim within the time prescribed will not invalidate the claim if the notice or proof of claim is provided as soon as reasonably possible and in no event later than one year from the date of the **accident** or **illness** and if it is shown that it was not reasonably possible to give notice or provide proof within the time so prescribed.
- d) All monies payable under this **agreement** shall be paid by Manitoba Blue Cross within 60 days after it has been determined the claim is payable.
- e) Eligible claims shall be payable in Canadian currency and where applicable at the conversion rates in force when the claim was incurred.
- f) No sum payable under this **agreement** shall carry interest.
- g) If benefits have been paid under this **agreement** and it is established that the benefit expenses or part of the expenses were not paid by, or on behalf of, *you* or that *you* were otherwise reimbursed, *you* must reimburse Manitoba Blue Cross for the amount of benefits paid by Manitoba Blue Cross on demand.
- h) When a cause of cancellation occurs prior to the **departure date**, CanAssistance must be notified of the details within 48 hours of the said cause of cancellation, and *you* must cancel the **trip** with the travel agency or the **carrier** concerned within the same 48 hours. Claims settlement will be limited to the non-refundable amounts stipulated in Section II at the time of the cause of cancellation or within 48 hours.
- i) To substantiate a claim for non-refundable or additional costs, *you* must provide, where applicable, unused transportation tickets, receipts for land arrangement costs and passenger receipts for

return transportation other than contracted return transportation. Also, a medical certificate from a **physician** will be required indicating where the sickness or **accident** occurred and must state the complete diagnosis and the exact reasons why travel was impossible.

- j) **Service fees** must be included in the total non-refundable portion of the amount of coverage selected on the application to be eligible for reimbursement.
- k) An action or proceeding against Manitoba Blue Cross for the recovery of a claim under this **agreement** shall not be commenced after one year from the date on which the cause of action arose.
- l) Manitoba Blue Cross has the right and the claimant shall allow Manitoba Blue Cross the opportunity to have **you** submit to a medical examination so often as may be reasonably required when a claim under this **agreement** is pending.
- m) If necessary, contact Manitoba Blue Cross to initiate an appeal.

## 2. Coordination of Benefits

After the benefits payable by government plans have been determined, the excess benefits of this plan will be coordinated with those of other contracts or plans if **you** are covered for similar benefits simultaneously under any other non-government plan. Manitoba Blue Cross follows the Canadian Life and Health Insurance Association Inc. (CLHIA) guidelines for travel plans coordination of benefits.

- a) If any other plan does not contain a provision for coordination with or reduction of benefits payable under this **agreement**, the benefits payable under such other plan will be determined first.
- b) If any other plan does contain a provision for coordination with or reduction of benefits payable under this **agreement**, the benefits of such plan shall be coordinated with the benefits in accordance with the Canadian Life and Health Insurance Association Inc. (CLHIA) guidelines for Out-of-Country/Out-of Province/Territory Medical Expenses.

## 3. Eligibility

To be eligible for coverage **you** must be covered by Manitoba Health, Seniors and Active Living for the entire duration of the **period of coverage**.

Coverage must be purchased prior to any cancellation penalties becoming chargeable or within 72 hours of initial deposit, cancellation or penalty period.

#### 4. Excess Coverage

- a) The coverage outlined in this **agreement** is last payer only. If, at the time of loss, **you** have insurance from another source, or if any other party is also responsible to pay for benefits also provided under this **agreement**, Manitoba Blue Cross will only pay eligible expenses in excess of those covered by that other insurance company or insurance companies or other responsible party or parties. This includes insurance plans provided through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing **hospital**, medical or therapeutic coverage or any third party liability insurance in force concurrently with this **agreement**.
- b) All coordination with employee-related plans follows Canadian Life and Health Insurance Association Inc. (CLHIA) guidelines. In no case will the insurer seek to recover against employment-related plans if the maximum for all in-country and out-of-country benefits is \$50,000 or less.

#### 5. Extensions

- a) Extensions or top ups will not be permitted on any travel plan, other than a Manitoba Blue Cross plan. Any extension or top up coverage purchased from another **carrier** will invalidate all coverage for that **trip**.
- b) The extension of the **term** of the initial Manitoba Blue Cross **agreement** will be allowed providing:
  - i) the application for such extension is received and approved by Manitoba Blue Cross prior to the **expiry date** of the original coverage **term** and any previous extensions.
  - ii) The **period of coverage does not exceed 183 days**.

## 6. General

- a) The **agreement** will not be valid unless the application is accepted by Manitoba Blue Cross or postmarked on or prior to the **departure date**.
- b) Coverage is effective only if this application and requisite **subscription** are received within 72 hours of initial deposit, cancellation or penalty period.
- c) Coverage must be purchased prior to departure from Manitoba and/or Canada and be for the entire duration of the **trip**, which originates and terminates in Manitoba and/or Canada.
- d) Maximum **period of coverage** is 183 days.
- e) The maximum allowable amount per **participant** is \$20,000.00.

## 7. Headings

The headings in no way shall be considered to be a part of this **agreement**, but are inserted only for purposes of convenience.

## 8. Insufficient Subscription

Coverage will be deemed invalid due to non-payment (NSF cheque or invalid credit card) or if **subscription** remitted is insufficient.

## 9. Misrepresentation

- a) **You** must be accurate and complete in **your** dealings with Manitoba Blue Cross at all times.
- b) This **agreement** is issued on the basis of information in the application. When completing the application, answers must be complete and accurate. In the event of a claim, we may review medical history. If any answers are found to be incomplete or inaccurate:
  - The coverage will be null and void
  - The claim will not be paid
  - Manitoba Blue Cross will refund the premium
- c) Manitoba Blue Cross will not pay a claim if **you**, any person insured under this **agreement** or anyone acting on **your** behalf attempt to deceive us or makes a fraudulent, false or exaggerated claim.

## 10. Privacy

Manitoba Blue Cross has always been, and will continue to be, committed to protecting *your* privacy and ensuring *your* personal information remains confidential. We are compliant with the **Personal Information Protection and Electronic Documents Act (PIPEDA)**.

Applying for coverage, enrolling in a plan or claiming benefits indicates *your* consent with our privacy policies.

For detailed information regarding the practices of Manitoba Blue Cross regarding the collection, use, retention and disclosure of *your* personal information and *your* right to access information, please contact our office at 204.775.0151 or visit our website at **mb.bluecross.ca**

## 11. Refunds

- a) No refund of any *subscription* for the Airfare or Holiday Cancellation Plan will be made following the date of purchase except in the event of duplicate applications being received by Manitoba Blue Cross.
- b) No refund is available if a claim was incurred.

## 12. Third Party Liability

- a) Manitoba Blue Cross may, at its option, defer the payment of benefits under this *agreement* for a maximum period of 12 months when *you* receive services as a result of injuries suffered in whole or in part due to the fault or neglect of another party.
- b) *You* must take all reasonable measures of recovery against any third party who may be liable or against any fund or agency from which recovery may be made.
- c) When Manitoba Blue Cross pays for any of the benefits referred to in SECTION II, it has the right to recover these payments should the liability be attributed to a third party.
- d) *You* or *your* legal representative is responsible for signing any papers necessary for Manitoba Blue Cross to secure its right to recovery.
- e) *You* will do nothing that might jeopardize right of recovery by Manitoba Blue Cross.

- f) *You* or *your legal* representative shall not make any settlement of any such claim referred to in SECTION II without the consent of Manitoba Blue Cross unless such settlement includes payment by, or on behalf of, the other party to Manitoba Blue Cross for the cost of the claims.
- g) Any act or action by *you* or *your* legal representative to prevent, or any act or action not taken pursuant to the provisions of this section, to enable Manitoba Blue Cross making a claim and sustaining the same against a third party, will result in forfeiture of the benefits to which *you* would otherwise be entitled under this *agreement*.
- h) In connection with the right of recovery vested in Manitoba Blue Cross to the extent of benefits paid or payable to *you*, Manitoba Blue Cross may require that *you* execute a Reimbursement Agreement. If *you* do not execute a Reimbursement Agreement within 30 days after a request that *you* do so, the benefits which *you* would otherwise be entitled to receive under the *agreement* will not be paid until *you* do so.



## SECTION V – HOW TO CLAIM

In the event of cancellation of a trip, early return, or delayed return resulting in loss or extra expenditure, please follow these procedures.

- When a cause of cancellation occurs prior to the departure date, CanAssistance, our international travel assistance provider, must be notified of the details within 48 hours of the said cause of cancellation, and the trip must be cancelled with the travel agency or the carrier concerned within the same 48 hours. CanAssistance can be reached at 1.866.601.2583 (toll free). Claims settlement shall be limited to the non-refundable amounts stipulated above at the time of the cause of cancellation or within 48 hours.
- To substantiate a claim for non-refundable or additional costs, where applicable, unused transportation tickets, receipts for land arrangement costs and passenger receipts for return transportation other than contracted return transportation must be provided. Also, a medical certificate must be furnished by a physician where the sickness or accident occurred stating the complete diagnosis and exact reasons why travel was impossible.
- Submit a Trip Cancellation Insurance claim form, (which includes an Attending Physician's Declaration that needs to be signed by the attending physician), proof of travel dates, unused tickets, invoices and refund notice using the secure upload feature on the CanAssistance website ([canassistance.com/en/policyholder/depot](https://canassistance.com/en/policyholder/depot)) or by mail to:

**CanAssistance Travel Claims**

**Box 3888, Station B**

**Montreal, Quebec H3B 3L7**

## SECTION VI – DEFINITIONS

It is important to understand these definitions as they relate to the ***agreement***. Italicized words have a specific meaning with a corresponding definition.

***Accident***: means a happening due to external, violent, sudden and fortuitous causes being beyond the ***participant's*** control.

***Agreement***: means this document, the validated application and any subsequent extensions or amendments issued.

***Business Meeting***: means a pre-arranged private meeting pertaining to ***your*** full-time occupation or profession that was the sole purpose of the ***trip*** (documentary evidence of meeting arrangements required). In no event shall ***business meeting*** include a convention, conference, assembly, trade show, exhibition, seminar or board meeting.

***Carrier***: means an air, land or sea conveyance operated under a license for the transportation of passengers for hire.

***Change in Prescribed Medication***: means any increase or decrease in dose, strength or frequency of a prescribed medication, as well as the addition or discontinuation of any medication. The following is not considered a ***change in prescribed medication***:

- i) The daily sliding scale or glucometer adjustments for insulin injections.
- ii) A change from a brand name medication to the generic form of the same medication, provided the dosage is the same.
- iii) The routine adjustment of Coumadin, Warfarin, or other anticoagulant medication except where newly prescribed or stopped.

***Departure Date***: means the date the ***participant*** leaves Manitoba.

***Dependent***: means an unmarried child of a ***participant***, under 21 years of age and dependent for support on the ***participant***, and an unmarried child under the age of 24 who is a full-time student at a specialized school, college or university.

The following will be considered children of the ***participant***:

- i) natural children
- ii) legally adopted children

- iii) stepchildren
- iv) the children of the person with whom the *participant* is living in a conjugal relationship provided such children are living with the *participant*.

The age restriction does not apply to unmarried, unemployed children over the age of 21 (24 for a full-time student) if they are dependent upon the covered *participant* by reason of a mental or physical disability and have been continuously so disabled prior to the attainment of age 21 (24 for a full-time student). In the event of a claim, proof of disability prior to age 21 (24 for a full-time student) will be required.

**Effective Date:** means the date the *participant* is entitled to coverage.

**Emergency:** means medical *treatment* of an immediate nature required as a result of a sudden, unexpected or unforeseen *accident* or *illness* occurring after the date of departure.

**Illness:** means any condition, sickness or disease first manifesting itself after the *departure date* or during the *term* of a *trip* while this *agreement* is in force.

**Immediate Family / Family Member:** means the *spouse*, parent, step-parent, grandparent, grandchild, in-law, natural or adopted child, stepchild, brother, sister, step-sister, step-brother, aunt, uncle, niece, nephew.

**Medical Condition:** means any irregularity in health that required or requires medical advice, consultation, investigation, medical *treatment*, care, service or diagnosis by a *physician*.

**Participant:** means the applicant or, if enrolled under a family *agreement*, shall mean the applicant, *spouse* and eligible *dependents* travelling with the applicant.

**Physician:** means a person licensed under the laws of the province, state or country where the services are rendered to practice medicine without restriction.

**Pre-existing Condition:** means a *sickness*, *injury* or medical condition, whether or not diagnosed by a *physician*:

- a) for which *signs* or *symptoms* were exhibited; or
- b) for which *medical consultation*, *treatment* or *hospitalization* was required or received; or
- c) for which new medication or a change in medication was prescribed; and
- d) which existed prior to the *departure date* of coverage.

**Note:** Cancellation benefits are not payable if the cause of cancellation existed at the time of the application. If the cause is a ***pre-existing medical condition***, benefits are only payable if the attending ***physician*** verifies that the condition was medically stable based on the Pre-existing Stability Period (Section III).

***Return Date:*** means when the ***participant*** returns back to Manitoba.

***Schedule Change:*** means the later departure of an airline carrier causing ***you*** to miss the next connecting flight via another airline carrier (or connecting cruise ship, ferry, bus or train), or the earlier departure of an airline carrier rendering unusable the ticket ***you*** have purchased for ***your*** prior connector flight via another airline carrier (or connecting cruise ship, ferry, bus or train). ***Schedule change*** does not mean a change resulting from a supplier default, strike or labour disruption.

***Spouse:*** means a person who is legally married to the ***participant***, or has continuously resided with the ***participant*** for not less than one full year having been represented as members of a conjugal relationship. Manitoba Blue Cross will at no time provide coverage for more than one ***spouse*** under the same ***agreement***.

***Stable:*** means the ***medical condition*** is not worsening and there has been no ***change in prescribed medication*** for the condition, nor any other ***treatment*** prescribed or recommended or received.

***Subscription:*** means the amount charged by Manitoba Blue Cross as consideration for the coverage of benefits made available under this ***agreement***.

***Term:*** means the period from and including the ***departure date*** equal to the number of days indicated on the application form.

***Trip:*** means the total number of days the ***participant*** is outside the boundaries of Manitoba.

***Totally Disabled:*** means ***your*** complete inability, on medical evidence, to continue ***your*** duties or activities and to continue the ***trip***.

***Travel Companion:*** means the person(s) who is travelling with ***you*** to a maximum of four people, including ***you***.

***Travel Supplier:*** means any travel agency, travel wholesaler, tour operator, airline or accommodation facility.

***Treatment:*** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a ***physician*** or ***health care practitioner***, including but not limited to prescribed medication, investigative testing

or surgery. *Treatment* includes a *change in prescribed medication* but does not include the unaltered use of prescribed medication for a *medical condition* that has been *stable* or a medical examination in which a *physician* observes no change in a previously identified condition during the pre-existing stability period (Section III-14).

*Usual, Customary, and Reasonable:*

- *Usual*: means the standard charge for a given service or supply by an individual providing services or supplies in their personal practice.
- *Customary*: means that range of *usual* charges by individuals, of similar training and experience, providing services or supplies for the same service within a specific limited geographic or socioeconomic area.
- *Reasonable*: means a charge that meets the criteria of both *usual* and *customary*, or in the opinion of the service provider's professional association, is justifiable in the special circumstances of the particular case in question.

*You* or *your*: means the same as *participant*.

# Contact Information

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## General Inquiries

For general inquiries call Manitoba Blue Cross at  
**204.775.0151**

or toll free (within Manitoba only)

**1.800.USE.BLUE (1.800.873.2583),**

(outside Manitoba, but within Canada) **1.888.596.1032.**



# We're here for you.

## Online

[mb.bluecross.ca](http://mb.bluecross.ca)

## In Person

Customer Service Centre  
599 Empress Street  
9:00 a.m. – 4:00 p.m.  
Monday through Friday

Claims Drop Box  
24 hours a day

## By Phone

204.775.0151 (within Winnipeg)  
1.800.873.2583 (toll free)  
8:00 a.m. – 5:30 p.m.  
Monday through Friday

## By Mail

Manitoba Blue Cross  
PO Box 1046 Stn Main  
Winnipeg MB R3C 2X7



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