



Tour Package 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.
- Travel 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**, pregnancy, excessive use of alcohol and high risk activities.
- **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**.
- **You** are required to notify the travel assistance service provider prior to **treatment** if hospitalized. Failure to do so may invalidate **your** claim.
- 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.
- A **participant** will not be eligible for coverage under a Manitoba Blue Cross travel plan if they:
 1. are travelling outside Manitoba with the intent to seek medical advice, surgery, **treatment** or a second opinion, even if the **trip** is on the recommendation of a **physician** or other medical professional.
 2. have been advised by their **physician** or other medical professional not to travel.
 3. have had two or more major strokes. (Strokes that have resulted in symptoms that lasted for more than 24 hours.)
 4. require home oxygen.
 5. are receiving kidney dialysis.
 6. have received a **terminal prognosis**.
 7. have been diagnosed with Acquired Immune Deficiency Syndrome (AIDS).

- *You* cannot extend or top up *your* Manitoba Blue Cross coverage with another *carrier*. Any extension or top up with another carrier will invalidate all coverage for that *trip*.
- *You* must purchase coverage prior to departure and for the entire duration of the *trip*.

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

Travel Health benefits cover the *usual, customary, and reasonable hospital*, medical and related expenses incurred following an unexpected, sudden or unforeseen *emergency illness* or *accident* outside of Manitoba in excess of the scheduled amount payable by Manitoba Health, Seniors and Active Living to a maximum of \$5,000,000 per claim, per *participant* to a lifetime maximum of \$5,000,000 per *participant*.

A. Travel Health Benefits

1. Hospital / Medical Services

Child Care During Hospitalization

- Coverage for the services of a *caregiver* (other than an *immediate family* member) for covered *dependent(s)* under the age of 18 in the event a parent or legal guardian on the *trip* must be repatriated or hospitalized. The age limit is waived for *dependents* who are mentally or physically incapacitated.

Drugs or Medicines

- Coverage for drugs or medicines that are prescribed by a *physician* or *health care practitioner* and dispensed by a licensed pharmacist, excluding vitamins and vitamin preparations, over the counter drugs, or patent and proprietary medicines available without a written prescription from a *physician* or *health care practitioner*.

Hospital In-patient Allowance

- Coverage for spending allowance of \$40 per day for each day *you* are hospitalized as an *in-patient*. Maximum coverage \$1,000.

Hospital Services

- Coverage for *hospital in-patient* and out-patient services and supplies provided by a licensed *hospital* excluding any charges not paid by or on behalf of *you* or that *you* are otherwise entitled to be reimbursed for.
- Coverage for medical and surgical services by a *physician*.

Medical Appliances

- Coverage for medically necessary minor medical appliances such as casts, canes, crutches, splints, slings etc. and/or temporary rental of a wheelchair when prescribed by the attending *physician* or nurse practitioner.

Paramedical

- Coverage for physiotherapy when provided in a *hospital*.
- Coverage for the services of a chiropractor and/or a podiatrist lawfully entitled to practice in the jurisdiction where the service was performed. A letter from the attending *physician* must be presented indicating *treatment* was for acute rather than chronic care.

Private Duty Nursing

- Coverage for private duty nursing care during or immediately following hospitalization as an *in-patient*. The services must be provided by a graduate professional nurse registered in the place where the service was provided and have been recommended by the attending *physician*.

Replacement of Eyeglasses or Contact Lenses

- Coverage for the repair or replacement of prescription eyeglasses or contact lens or lenses up to a maximum of \$100 in the event of accidental injury resulting in the loss or breakage of eyeglasses or loss or breakage of a contact lens or lenses. The injury must be treated by a *physician* or dentist for the charges to be eligible.

2. Board and Lodging

- Coverage for additional expenses incurred for board and lodging by an *immediate family member* or friend remaining with *you* (patient) during *your* hospitalization as an *in-patient*. To be eligible for coverage, the *immediate family member* or friend must be travelling with *you* and also be covered by a Manitoba Blue Cross Travel Health Plan. *Your* return must be unavoidably delayed beyond the termination date of *your trip*. Only expenses incurred after the termination date of *your* scheduled *trip* will be considered eligible.

3. Transportation Benefits

Ambulance Services

- Coverage for *ambulance* service from the place of *illness* or *accident* to the nearest *hospital* capable of providing appropriate *treatment*.

Dependent Escort

- Coverage for the additional cost of return economy airfare for an escort to accompany the covered *dependents* (up to 18 years of age) to Manitoba in the event *you* have been evacuated by *air ambulance* to Canada for medical reasons. The age limit is waived for *dependents* who are mentally or physically incapacitated.

Emergency Remote Evacuation

- Coverage for emergency evacuation when a regular ambulance service cannot be used, from a mountain, body of water or other remote location by a commercial operator licensed to convey passengers to the nearest qualified medical facility capable of providing appropriate *treatment* to a maximum benefit payment of \$5,000 per *participant*.

Medical Evacuation / Air Ambulance Service

- Coverage for medical evacuation by *air ambulance* to a *hospital* in Canada if the evacuation is not harmful to the patient's health. Prior approval must be obtained and is subject to the discretion of Manitoba Blue Cross.
- Coverage for the additional cost, if any, of the most direct return (economy) air travel from the place where *you* were hospitalized as an *in-patient* if *you* must return to Manitoba to receive further medical *treatment*. This would include the cost of return economy air travel for a graduate professional nurse

where nursing care is required during the flight home. This benefit must be supported by a letter from the attending *physician* as medically necessary. This coverage also applies to the family (applicant, *spouse*, and *dependents*) or one *travel companion* who is covered by a Manitoba Blue Cross Travel Health Plan and is travelling with the patient at the time of *illness* or *accident*.

- Coverage for economy air transportation by stretcher to Manitoba if deemed medically necessary and the patient has received *treatment* at a *hospital* as an *in-patient*.

Repatriation of the Deceased Person

- Coverage for up to \$7,500 in the event of loss of life 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.

Return of Personal Items

- Coverage for up to \$500 for the cost of returning *your* luggage or personal items if *you* are returned to Manitoba by *air ambulance* as a result of a medical *emergency*. This benefit also applies to the cost of returning a deceased *participant's* personal items to Manitoba.

Return of Pet / Vet Charges

Coverage up to a combined maximum of up to \$500 per pet for:

- Commercial kennel or cost of returning an accompanying pet to *your* home city in Manitoba in the event *you* are hospitalized for a minimum of 3 days as an *in-patient*.
- *Emergency* veterinary care due to an unexpected injury of accompanying pet.

Return of Vehicle

- Coverage up to \$4,000 towards the cost of the return of a private or rental *vehicle* used for the *trip*, to *your* place of residence, or nearest rental agency, in the event *you* become totally disabled and are unable to drive the *vehicle*.

Transportation to Bedside / Identify Deceased

- Coverage for transportation to *your* bedside incurred by *your spouse* or any one member of *your immediate family* to be with *you* while confined in *hospital*, when *you* will be an *in-patient* for at least three days outside of Manitoba. (If patient is a

minor, the 3-day requirement is waived.) This benefit must be supported by the written verification of the attending *physician* that *your medical condition* was serious enough to require the visit. Transportation will also be allowed for an *immediate family* member travelling to identify a deceased *participant* prior to release of the body, if required by law. Coverage includes round-*trip* economy airfare on a commercial flight via the most direct cost-effective route from Canada to the place where the *illness* or *accident* occurred.

- Coverage for commercial accommodations and meals for a person travelling to the bedside or travelling to identify a deceased *immediate family* member to a combined maximum of \$200 per day to a maximum benefit payment of \$2,500.

4. Emergency Dental Care

Accidental Dental Care

- Coverage for dental care service to natural teeth when necessitated by a direct accidental blow to the mouth only, and not by an object wittingly or unwittingly placed in the mouth. *Treatment* must be rendered within 180 days following the date of the *accident* in order to be considered an eligible expense. The maximum amount payable is \$3,000 per *accident*.

Relief of Dental Pain

- Coverage for *treatment* for the *emergency* relief of dental pain to a maximum of \$300. Services must be rendered outside of Manitoba. A letter from the attending dentist must be presented indicating *treatment* was necessary to relieve acute dental pain not present before *departure date*.

5. Automatic Extension

At no extra cost Travel Health benefits will be extended for up to 72 hours after the scheduled return date in the following circumstances:

- If due to a medical *emergency you* are hospitalized as an *in-patient* on *your* last day of coverage, (as determined by the dates indicated on *your* Travel Plans application) *your* benefits will remain in force throughout the period of hospitalization. The 72 hours begins following *your* discharge from *hospital*.
- If *your* return is delayed due to the fault of the *carrier* in which *you* are a fare-paying passenger, the

automatic extension applies.

Note: A claim under this benefit must be supported by a letter from the transportation authority confirming the period of delay.

6. International Travel Assistance

- The provision of 24-hour worldwide assistance for medical situations arising out of **emergency illness** or **accident** requiring hospitalization or medical **treatment**. Neither Manitoba Blue Cross nor the international travel assistance service provider shall be responsible for the availability, quality or results of any medical **treatment** or **your** failure to obtain medical **treatment**.

B. 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

- 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 expenses 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.

C. Baggage Protection Benefits

Loss or damage to baggage or personal effects to a maximum of \$500 per *subscriber*.

Benefits cover loss or damage to baggage or personal effects belonging to *you*, or *your* family while travelling with *you*, caused by theft, burglary, fire or transportation hazards outside of *your* province of residence. The maximum amount payable for any one item or set of items is the lesser of its actual cash value or \$250 and is in excess of the loss or damage to properties specifically or otherwise insured.

In the event *your* checked baggage is delayed by the *carrier* for 12 hours or more while enroute and before returning to *your* original departure point, *you* will be entitled to reimbursement of up to \$200 for the purchase of necessary toiletries and clothing. (Proof of delay of checked baggage from the *carrier* along with receipts of purchases must accompany *your* claim.)

The maximum amount payable under this *policy* is \$500 per *subscriber* subject to the exclusions and limitations.

Exclusions

No benefit shall be payable for the following:

1. Loss of or damage to automobiles or automobile equipment, motorcycles, bicycles, boats, motors or other conveyances or their accessories, household furnishings or accessories, electronic devices, including, but not limited to, laptop computers, personal audio/video devices, false teeth, hearing

aids, artificial limbs, glasses, contact lenses, cash notes, securities, tickets and documents, professional equipment or property, antiques and collectors' items, perishable articles, animals or any item or set of items that is not normally and reasonably carried by tourists.

2. Breakage of fragile or brittle articles unless caused by fire or theft.
3. Loss or damage due to confiscation or damage by order of any government or public authority, or to illegal transportation or trade, war, demonstration or insurrection or hostilities between nations (whether war is declared or not).
4. Loss or damage caused by wear and tear, gradual deterioration, moths or vermin or while the article is actually being worked upon or processed.
5. Theft from an unattended automobile, trailer or other **vehicle** unless such **vehicle** was securely locked or was equipped with a closed compartment, which had been securely locked, and the theft occurred from forcible entry (of which there must be visible marks).
6. In the event of loss of an article which is part of a set, the measure of loss shall be at reasonable and fair proportion of the total value of the set, giving consideration to the importance of such article and with the understanding that such loss shall not be construed to mean total loss of the set.
7. Loss or damage caused by any imprudent action or omission of the **subscriber**. When an article of personal property in question cannot be located and the circumstances of its disappearance cannot be explained or do not lend themselves to a reasonable inference that a theft occurred.
8. Loss or damage to sporting equipment, where such loss or damage is due to the use thereof.
9. Loss or damage to articles specifically covered under any other coverage at the time the **policy** is effective.

SECTION III – EXCLUSIONS AND LIMITATIONS

Manitoba Blue Cross is not liable to pay benefits or accept any liability for claims relating to:

1. Abuse of Alcohol, drugs or intoxicants

- a) Any *medical condition*, including symptoms of withdrawal arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
- b) Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
- c) Use of non-prescribed drugs.

2. Charges for Travelling Time

Services in the nature of mileage or travelling time or detention time of any provider of services.

3. Continuing Care

A medical investigation, obtaining *treatment* or surgery that is not preapproved after the initial consultation for *your* medical *emergency*. The travel assistance provider must assess and approve any additional medical *treatment*. This includes invasive testing or surgery (e.g. cardiac catheterization, other cardiac procedures, transplant and MRI).

4. Coronavirus Pandemic

Any costs or services related to a *coronavirus pandemic* unless 2 weeks have passed since completion of a full coronavirus vaccination for the current *coronavirus pandemic*.

5. Driving While Impaired

Any loss, fatal or nonfatal, which occurs while operating a motorized *vehicle* with a blood alcohol level in excess of the legal limit in the jurisdiction where the *accident* occurred.

6. Elective Services

Services provided on an *elective* basis, whether or not on the recommendation of a *physician*.

7. Emergency Medical Treatment Once Fit To Transfer

Any costs of further services if we determine *you* should transfer to another facility or return to Manitoba and *you* choose not to. In the event of *your* refusal, further expenses will not be paid.

8. Expected Medical Treatment

- a) Services with respect to non-emergency *treatment*.
- b) Services related to experimental, elective *treatment* or cosmetic surgery.
- c) Services, including any expenses for directly or indirectly related complications, for general examinations, check-ups, chronic care, ongoing care or rehabilitation.
- d) Any *medical condition* where, prior to travel, there was a recommended or scheduled medical investigation, testing or surgery, whether services or *treatment* had occurred or not.
- e) Medical or hospital services any *participant* is aware of requiring prior to the *trip*.

9. Failure to Contact Travel Assistance Provider

Hospitalization, if, in a medical *emergency*, the travel assistance provider was not contacted.

You must notify the travel assistance provider before obtaining *emergency* medical *treatment*.

If it is medically impossible for *you* to call prior to obtaining medical attention, we ask *you* to call as soon as possible thereafter or have someone call on *your* behalf.

10. Flight Accident

A flight accident unless *you* are riding as a fare-paying passenger on a commercial airline or charter aircraft with a seating capacity of six people or more.

11. High Risk and Sports Activities

An accident that occurs while *you* are participating in:

- Any *extreme sport*.
- Any activity involving a high level of risk, such as those indicated below, but not limited to hang-gliding and paragliding; parachuting and sky diving; bungee jumping; *mountain climbing* or mountaineering; spelunking or caving; kite surfing; amateur scuba diving, unless *you*

hold at least a basic scuba diving license from a certified school; any combat sport; any competition, speed event or other high-risk activity involving the use of a motor vehicle on land, water or air, including training activities whether on approved tracks or elsewhere; any activity other than participation in a team sport requiring *you* to sign a waiver.

12. Illegal Act

Any injury incurred by *your* committing or attempting to commit a criminal offence or illegal act.

13. Non-compliance of Prescribed Treatment

Any *medical condition* that is the result of *you* not following medical *treatment* as prescribed to *you*, including prescription medication.

14. Non-emergency Treatment

Services that are not required for the immediate relief of acute pain and suffering, or that *you* elect to have provided outside Manitoba when medical evidence indicates that *you* could return to Manitoba to receive such medical *treatment*. (The wait time to receive medical *treatment* has no bearing on the application of this exclusion.)

15. Pre-existing Stability Period

Services or charges resulting directly or indirectly from a *pre-existing condition* that was not *stable*:

- for the **Travel Health Benefits (under age 55)** during the 7-day period prior to the departure date of coverage for the *trip* in question.
- for the **Travel Health Benefits (ages 55 and over)** during the 365-day period prior to the departure date of coverage for the *trip* in question.
- for the **Airfare and Holiday Cancellation Benefits** 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*.

16. Pregnancy and Complications

- a) Charges associated with the confinement of the mother and newborn infant due to childbirth and delivery arising after the 31st week of gestation has ended.
- b) An unexpected, premature delivery arising up to and including the 31st week of gestation, the **agreement** will extend medical, **hospital** and necessary transportation costs to include the premature infant.
- c) Routine pre-natal and post-natal care
- d) Voluntary termination of pregnancy or resulting complications.
- e) Any **treatment** due to a pregnancy, if at any time, their medical history indicated that the pregnancy is at high risk for medical complications or there is a risk of premature birth.

17. Professional Sport

Participation in a sport or activity as a **professional**.

18. Services by Immediate Family / Family Member

Expenses for services and/or supplies rendered or prescribed by a person who is **immediate family** of the patient.

19. Space Travel or Tourism

Any expenses resulting from any type of space travel or tourism for recreational or business purposes.

20. Suicide / Self-Inflicted Injury

Suicide, attempted suicide or self-inflicted injury.

21. Travel Advisories

- **Your** medical **emergency** or related **medical condition** associated in any way with a published formal 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 before **your** effective date and **you** have an emergency or **medical condition** related to the travel warning. To view the advisories, visit the Government of Canada travel site.
- Claims for an emergency or **medical condition** unrelated to the travel warning will be eligible.

- For cancellation claims, 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*.

22. Travel Against Medical Advice

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

23. 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.

24. 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. Baggage

- a) In the event of theft, burglary, robbery, malicious mischief, disappearance, loss or damage, *you* must:
 - i) Immediately notify and obtain corroborating documentary evidence from the police or, if the police are not available, the hotel manager, tour guide or transportation authorities;
 - ii) Promptly take all reasonable precautions to protect, save and/or recover the property; and
 - iii) Notify Manitoba Blue Cross within 7 days of return. Failure to comply with this condition will invalidate any claim under this insurance.
- b) If the covered property is under check of a common *carrier* and delivery is delayed, this coverage will continue until such property is delivered by the common *carrier*.
- c) Manitoba Blue Cross is not liable beyond the cash value (original cost less deduction for depreciation) of the property at the time of loss.
- d) Manitoba Blue Cross has the option to repair or replace any damaged or lost property with other of similar kind, quality and value and to require submission of the property for appraisal of damage.

2. 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.

3. 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.

4. 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.

A *participant* will not be eligible for coverage under a Manitoba Blue Cross policy if they:

1. are travelling outside Manitoba with the intent to seek medical advice, surgery, *treatment* or a second opinion, even if the *trip* is on the recommendation of a *physician* or other medical professional.
2. have been advised by their *physician* or other medical professional not to travel.
3. have had two or more major strokes. (Strokes that have resulted in symptoms that lasted for more than 24 hours).
4. require home oxygen.
5. are receiving kidney dialysis.

6. have received a ***terminal prognosis***.
7. have been diagnosed with Acquired Immune Deficiency Syndrome (AIDS).

5. 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.

6. 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 32 days***.
 - iii) medical attention was not received during the initial ***term***.

7. 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 be for the entire duration of the **trip**, which originates and terminates in Manitoba.
- d) To be eligible **you** must must have purchased a **tour package** which includes all components of **your** travel arrangements including transportation and accommodation.
- e) Maximum **period of coverage** is 32 days.
- f) The maximum tour price allowable per **participant** is \$7,500.
- g) Only charges for services incurred during the **term** of the **agreement** shall be considered eligible expenses under the **agreement**.
- h) Only charges for services incurred while **you** are outside the boundaries of Manitoba are eligible expenses.
- i) Manitoba Blue Cross will not pay for any charges which, in the absence of this or similar coverage, would not be charged.
- j) Medical or hospital benefits that have not been provided at the nearest facility capable of providing adequate service at the time of the illness or injury will not be eligible.
- k) Services available under the terms of any government or legislative hospital, medical or health plan, or services that may be obtained without charge by law, or for which there is no actual cost will not be eligible.
- l) Services that are compensable under any Workers' Compensation law, Manitoba Public Insurance or any legislative plan will not be eligible.
- m) Manitoba Blue Cross will not pay for the continued treatment, recurrence, or complication of a **medical condition** or related condition, following **emergency** medical

treatment during your *trip*, if we determine that your medical *emergency* has ended. This also applies to the continued *treatment*, recurrence or complication of a *medical condition* or related condition where *emergency* medical treatment was received without notification to our travel assistance provider and *your* medical *emergency* has ended.

- n) Family coverage means the applicant, *spouse* and any eligible *dependents* travelling with the applicant.

8. Headings

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

9. Insufficient Subscription

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

10. Medical Evacuation

- a) Manitoba Blue Cross reserves the right to return the patient to Manitoba in an appropriate mode of transportation subject to *agreement* by the International Travel Assistance Service Provider and the attending *physician* that such transportation would not be harmful to the patient's health. The refusal by the patient or patient's family to be returned will absolve Manitoba Blue Cross of any claim liability.
- b) Manitoba Blue Cross will not pay for any charges for any *medical condition* or *emergency* that occurs or recurs after Manitoba Blue Cross or the International Travel Assistance Provider recommend that *you* return home following *your emergency treatment*, and *you* choose not to.

11. 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 *your* application (including answers to the medical questionnaire, if required). When completing the application and answering the medical questions, *your* answers must be complete and accurate. In the event of a claim, we will review *your* medical history. If

any of *your* answers are found to be incomplete or inaccurate:

- *Your* coverage will be null and void
 - *Your* claim will not be paid
 - Manitoba Blue Cross will refund *your* 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.

12. 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**

13. Refunds

- a) No refund of any *subscription* for the Tour Package 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 during the term of the coverage.

14. 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. The cost of care and services provided under this **agreement** is an eligible expense to the extent that is not recovered.

- 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) **You** shall be obliged to cooperate with Manitoba Blue Cross in providing such information of the accidental injury as may be necessary to establish third party liability.
- h) 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**.
- i) 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 *illness* or *accident* resulting in loss or extra expenditure, please follow these procedures.

Medical Claims

(For expenses incurred in Canada)

- Contact CanAssistance, our international travel assistance provider, prior to commencement of treatment. Failure to do so may invalidate the claim.
- Immediately upon your return, present your original receipts/invoices to Manitoba Health or your provincial health plan if not a Manitoba resident.
- Upon receipt of payment from Manitoba Health or your provincial health plan, submit a copy of your receipts and your statement of payment directly to CanAssistance with a completed Travel Insurance claim form including proof of travel dates.

Submission options

- Submit your form and supporting documents to CanAssistance through the secure upload feature on their website (canassistance.com/en/policyholder/depot).
- Or Submit by mail to:

CanAssistance Travel Claims
Box 3888, Station B
Montreal, Quebec H3B 3L7

(For expenses incurred outside Canada)

- Contact CanAssistance, our international travel assistance provider, prior to commencement of treatment. Failure to do so may invalidate the claim.
- Immediately upon your return to Canada, submit a completed Travel Insurance claim form, proof of travel dates, and receipts/invoices for any paid expenses to CanAssistance.
- For Manitoba residents, CanAssistance will coordinate payment with Manitoba Health. For non-Manitoba residents, please contact CanAssistance at 1.866.601.2583 (toll free) for additional claim procedures.

Submission options:

- Submit your form and supporting documents to CanAssistance through the secure upload feature on their website (canassistance.com/en/policyholder/depot).
- Or submit manually via:
CanAssistance Travel Claims
Box 3888, Station B
Montreal, Quebec H3B 3L7

International Travel Assistance

International Travel Assistance is available 24 hours a day should an unexpected medical **emergency** arise while travelling.

When calling for assistance, **you** should be prepared to provide the name of the insured person, the policy number and a description of the situation.

- In Canada and United States call toll-free at **1.866.601.2583**.
- In all other countries, or in case of difficulty with the toll-free number, call collect **204.775.2583** (country code may be required).
- If **you** are unable to call collect, **you** can place the call and submit the receipt for the long distance charges with the claim. Roaming charges are not eligible for reimbursement.

Neither Manitoba Blue Cross nor International Travel Assistance are responsible for the availability, quality or result of any medical **treatment** or the failure to obtain medical **treatment**.

Cancellation Claims

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) or by mail to: TSubmit the completed and signed claim form, attending *physician's* form completed and signed by the attending *physician*, proof of travel dates, unused tickets, invoices and refund notice 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.

Ambulance: means a ground vehicle equipped with first aid equipment, oxygen and resuscitators, regularly used for transporting sick or injured persons.

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.

Caregiver: means the permanent, full-time person entrusted with the well-being of *your dependent* and whose absence cannot reasonably be replaced.

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.

Coronavirus Pandemic: means the worldwide spread of a new coronavirus or a coronavirus which is declared as a pandemic by WHO (World Health Organization)

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 under the tour package plan *agreement*.

Elective: means any *treatment* or surgery that is not required for the immediate relief of acute pain or suffering or which reasonably could be delayed (on medical evidence) until the patient returned to Manitoba.

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.

Extreme Sport: means any sporting or recreational activity that lies outside the normal rules or limits of traditional sports or an activity that is made extreme or dangerous by modifying the equipment and locales or where there can be a high probability of physical danger, risk or injury or death as a result of participation.

Health Care Practitioner: means a person who has met the professional and legal requirements of the jurisdiction where the care or services are provided, giving them authority to provide health care services. Where no such professional authority or legal requirements exist, the person must have a certificate of competency from a professional body that is responsible for established

standards of competence for the conduct for the particular health care profession and the person must be acting within the scope of that license. In all instances, a person must not be a relative of the *participant* to be considered a *health care practitioner* for the purposes of this plan.

Hospital: means an institution that is licensed as an accredited *hospital* that is staffed and operated for the cure and treatment of *in-patients* and out-patients.

Any *treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises controlled by the establishment.

A *hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

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.

In-patient: means a patient confined to a *hospital* for more than 24 hours on the recommendation of the attending *physician*.

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

Mountain Climbing: means the ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabiners, oxygen and lead or top-rope anchoring equipment.

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 *you* exhibited *signs* or *symptoms*; or

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

Professional: means an individual who participates in a sport or activity with an expectation of remuneration or sponsorship or endorsement or to receive financial return that could form a substantial part of their livelihood.

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.

Terminal Prognosis: means an advanced stage of a *medical condition* for which a *physician* gave a

prognosis of eventual and inevitable death in 6 months or less or palliative care was received.

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

Tour Package: means a travel package, that includes all components of *your* travel arrangements (transportation, accommodation, etc.).

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).

Trip: means the total number of days the *participant* is outside the boundaries of Manitoba and/or Canada

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.

Vehicle: means any form of transportation that is drawn, propelled or driven by any means and includes, but is not restricted to, a passenger automobile, motorcycle, moped, bicycle, snowmobile, boat, all-terrain vehicle, motor home, or truck with a gross vehicle weight of less than 9,000 pounds providing no such *vehicle* is licensed to carry passengers for hire.

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

Contact Information

International Travel Assistance

How do *you* find good medical care in a foreign country when *you* are faced with an emergency? *You* may not speak the language, *you* may be incapacitated, and *you* will most likely not know where to find professional care.

Our International Travel Assistance service is available 24 hours a day to support *you* during the planning stages of *your trip* and should an emergency situation arise while travelling.

When calling for assistance, be prepared to provide the name of the insured person, the policy number, and a description of the situation.

International Travel Assistance Telephone Numbers

Medical Emergency While Travelling

**In Canada and United States, call toll free
1.866.601.2583**

In all other countries, or if *you* are having difficulties with the toll free number, call collect 204.775.2583.

If unable to call collect, place the call and submit *your* detailed receipt for the long distance charges with *your* claim.

Contact the international travel assistance service immediately for benefits verification and procedures.

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

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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2025-0324