Frequently Asked Questions

beneva

Frequently Asked Questions

What if I need medical attention while travelling? 3
Is trip cancellation covered under the Beneva policy? 4
What is the claims process if I contact AXA during a medical emergency while travelling? 4
How can I avoid paying for my claims out-of-pocket? 4
I paid for my claims out-of-pocket, how long will it take to be reimbursed? 5
Is there a pre-existing conditions clause under our program? 5
What happens if I contract COVID-19 while travelling? 9
Does our policy have any government advisory exclusions? 9
Are my dependents eligible for group travel coverage? 9
What if the country I'm travelling to requires proof of coverage? 9
Am I required to submit claims to my Provincial Plan prior to my submission to Beneva? 9
Do I need to contact AXA Assistance for non-emergencies? 9

beneva

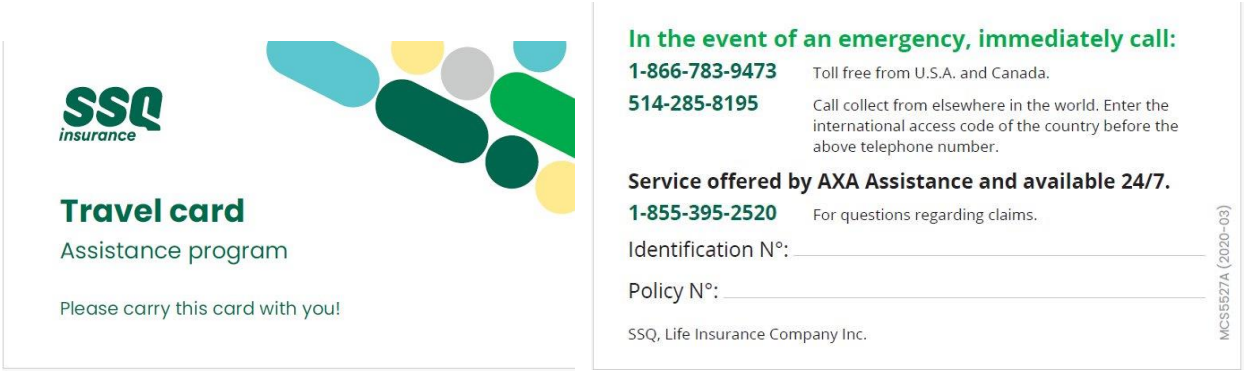
Frequently Asked Questions

Interuniversity Services Inc. - Retirees

Emergency Medical Travel	$2,000,000 per incident, per member
Coverage period (# of days per trip)	180 consecutive days
Referral Out of Country	$500,000 per lifetime
Trip Cancellation	No coverage

What if I need medical attention while travelling?

As soon as possible: call the 24-hour emergency phone number located on the back of your Travel Card (see below). If you can't make the call yourself before seeking treatment, have a friend or family member call AXA Assistance from the hospital once you are there. AXA will ask some questions about your emergency and any potentially related medical history. Providing accurate information (which includes your full name, policy number) will help make sure you receive the right help and information about your coverage.



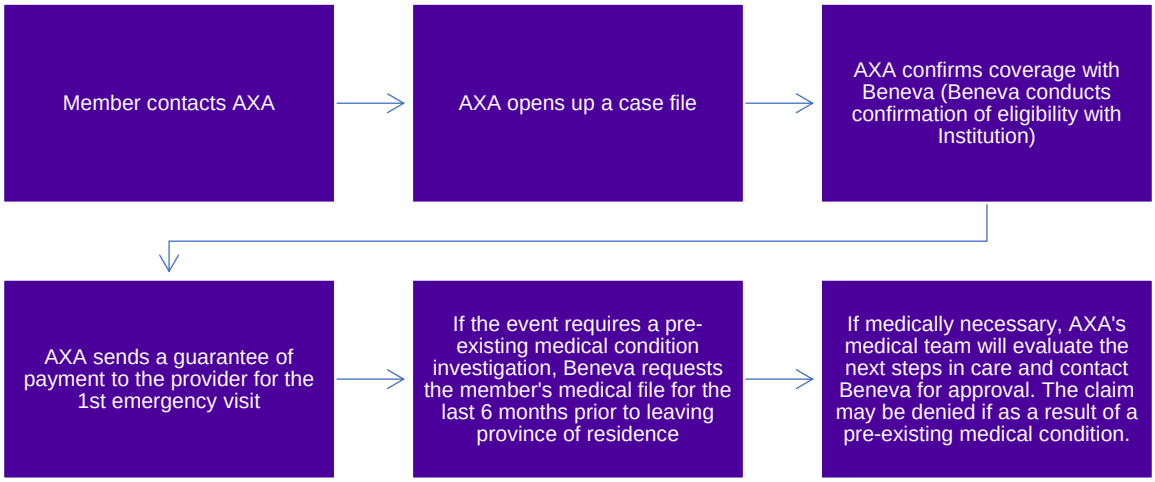
For general inquiries – inquiries with respect to policy provisions should be directed to your Human Resources Department or Benefits department.

beneva

Is trip cancellation covered under the Beneva policy?

No, the emergency medical travel policy covers emergency medical expenses incurred while travelling out of province/country only. Costs associated with the cancellation of a trip are not covered.

What is the claims process if I contact AXA during a medical emergency while travelling?



How can I avoid paying for my claims out-of-pocket?

By contacting AXA as soon as possible when you experience a medical emergency while travelling. AXA will help coordinate with you the location of a nearby medical facility. Depending on the country you visit, AXA may be able to provide you with an insurance card intended for use within its provider network (in the United States.) This card will provide the medical facility with the necessary contact information and directions to bill AXA directly, so you won't have to pay out-of-pocket while you are there. Some physicians also bill patients separately in the United States, so this helps avoid any event where you may be mailed an invoice months after your trip has ended.

I paid for my claims out-of-pocket, how long will it take to be reimbursed?

On average, it takes between 5 and 10 business days to remit payment, assuming all necessary receipts are attached to the claim. You can obtain a claim form on your institution's website or by contacting your HR or Benefits department.

Ideally, you should always contact AXA Assistance any time you need medical attention while travelling abroad. AXA will advise you if you should pay for the incurred expense out-of-pocket and submit your receipts for reimbursement or avoid paying out of pocket.

Is there a pre-existing conditions clause under our program?

Yes, there is a pre-existing conditions clause under your program.

A pre-existing condition clause means that you will not be covered under your Emergency Medical Travel program for any condition for which the Insured Person has received medical advice, consultation, or treatment within the six (6) months prior to the commencement of a Trip, with the exception of a **Chronic Condition** which is under treatment and **Stabilized** by the regular use of medication.

A **Chronic Condition** means a disease or disorder which has existed for a minimum of six (6) months. **Stabilized** means there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of six (6) months.

See the following scenarios as examples:

Example 1
Example 2
Example 3

beneva

Example 1

Jenny

Jenny has COPD, a chronic condition. She has been followed by a physician for this condition for the last 6 years. She takes a prescription medication to manage her symptoms and has had no changes to her health or medication in the last 4 years.

What should Jenny do to find out if she will be covered by her Emergency Medical Travel product?

beneva

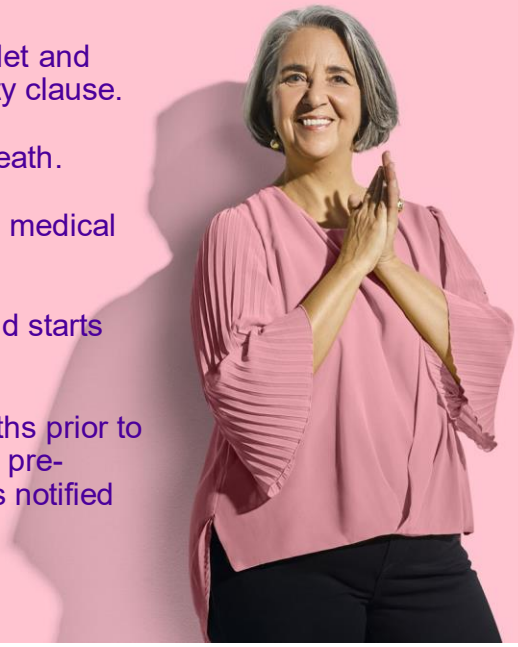
She verifies the Emergency Medical Travel booklet and understands that she meets the 6-months stability clause.

While in Florida she experiences shortness of breath.

She calls AXA Assistance and they refer her to a medical facility nearby.

Beneva conducts the confirmation of eligibility and starts the pre-existing medical exclusion investigation.

After review of her medical file for the last 6 months prior to leaving her province of residence, she meets the pre-existing medical condition and AXA Assistance is notified to proceed with the claim.



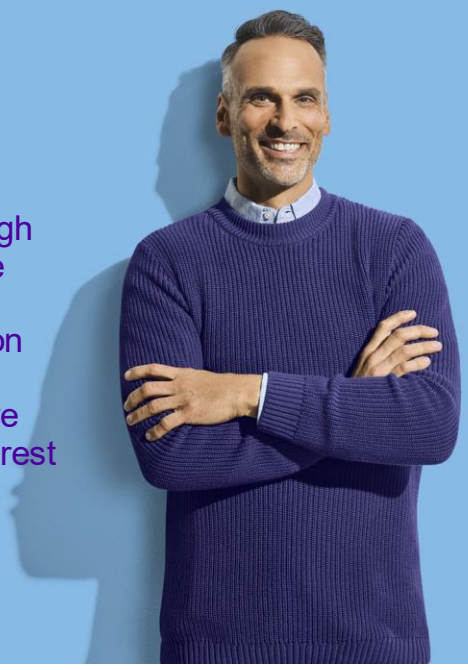
beneva

beneva

Example 2

Gerry

Gerry has coronary artery disease and requires regular visits with his attending physician. Although his condition was diagnosed over 5 years ago, he recently had a change in prescription medication (higher dosage.) Two months after his prescription changed, he went on a family vacation to the Bahamas. While abroad, he experiences pressure and tightness in his chest and is taken to the nearest hospital.

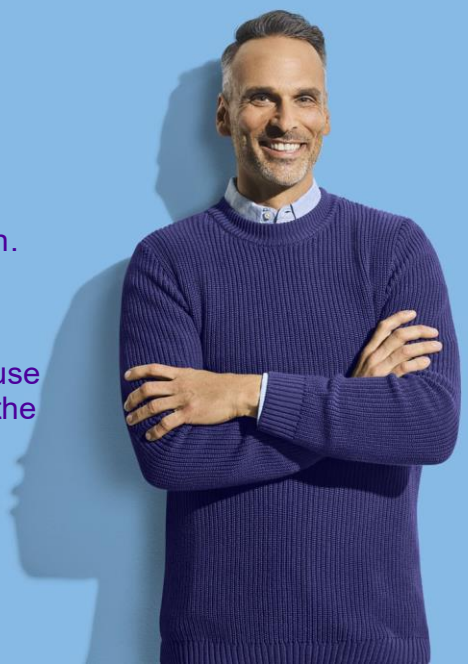


beneva

Gerry calls AXA Assistance as soon as he is able.

Beneva conducts the confirmation of eligibility and starts the pre-existing medical exclusion investigation.

After review of his medical file for the last 6 months prior to his departure, it is found that Gerry does not meet the pre-existing medical condition clause because he had a change in prescription. AXA is notified and the claim is denied.



beneva

beneva

Example 3

Adam

Adam requires surgery but has been put on a wait list in Canada. His wait may take up to 3 years.

beneva

Adam plans a trip to visit family in the United States. He manages to be seen by a doctor who can perform his surgery immediately. Adam will not be covered under his Emergency Medical Travel policy, because the surgery was *expected*, and he *planned* for it to happen while he was travelling.

beneva

beneva

What happens if I contract COVID-19 while travelling?

COVID-19 is not an exclusion under your current policy language. If you contract COVID-19 while out of province/country requiring emergency care, it would be covered subject to the terms and conditions of your contract.

Does our policy have any government advisory exclusions?

No, there are no government advisory exclusions on your policy. That being said, in the event you require emergency medical assistance, evacuation, or repatriation, countries under a government advisory may make it significantly harder for your travel assistance provider to intervene. For example, if all flights are grounded due to war or unrest, the ability to evacuate you will be severely impacted, or impossible.

Are my dependents eligible for group travel coverage?

Please contact your Human Resources Department for confirmation of who is covered under your Emergency Medical Travel program.

What if the country I'm travelling to requires proof of coverage?

Your Human Resources or Benefits department can provide you a letter confirming your eligibility and coverage.

Am I required to submit claims to my Provincial Plan prior to my submission to Beneva?

No, please send claims directly to Beneva who will arrange for any coordination required with the Provincial Program.

Do I need to contact AXA Assistance for non-emergencies?

Your Travel policy provides coverage for emergencies resulting from unexpected illness, injury, and sickness while travelling abroad. You can call AXA Assistance and they will advise if you should pay out-of-pocket for the incurred claim.