

## FAQ

### Interuniversity Services Inc.

<b>Policy Number</b>	<b>1FF40, 1FF55</b>
<b>Travel Assistance</b>	Yes, provided through AXA
<b>Emergency</b>	\$2,000,000 per incident
<b>Emergency trip limit</b>	180 days
<b>Referral</b>	\$500,000 per lifetime
<b>Trip Cancellation</b>	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.

The numbers are captured on your **Travel Card:**

- If you're calling from the U.S.A and/or Canada – 1-866-783-9473
- From outside U.S.A. and Canada, call collect via operator – 514-285-8195

For general inquiries – inquiries with respect to policy provisions or confirmation of coverage should be directed to Employee Benefits at [benefits@dal.ca](mailto:benefits@dal.ca) or (902) 494-1122.

#### Is trip cancellation covered under the SSQ policy?

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

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

- If you are an **active employee** (policy 1FF40), there is **no pre-existing** conditions clause under our program.
- If you are a **retiree** (policy 1FF55), **yes**, there is a **pre-existing** conditions clause:

Any condition for which the Insured Person received medical advice, consultation or treatment within 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; "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.

## What happens if I contract COVID-19 while travelling?

COVID-19 is not an exclusion under your current policy language. Provided that you contract COVID-19 while out of province/country and you needed 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 our policy.

## Are my dependents eligible for group travel coverage?

Please contact your Employee Benefits for confirmation of who is covered under your Emergency Medical Travel program.

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

Employee Benefits can provide you with a letter confirming your eligibility and coverage.

## Am I required to submit claims to my Provincial Plan prior to SSQ?

No, please send claims directly to SSQ 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 unexpected illness, injury, sickness while travelling abroad. However, for non-emergencies, we recommend that you get the care needed and keep all your receipts and submit for reimbursement upon your return to your province of residence.

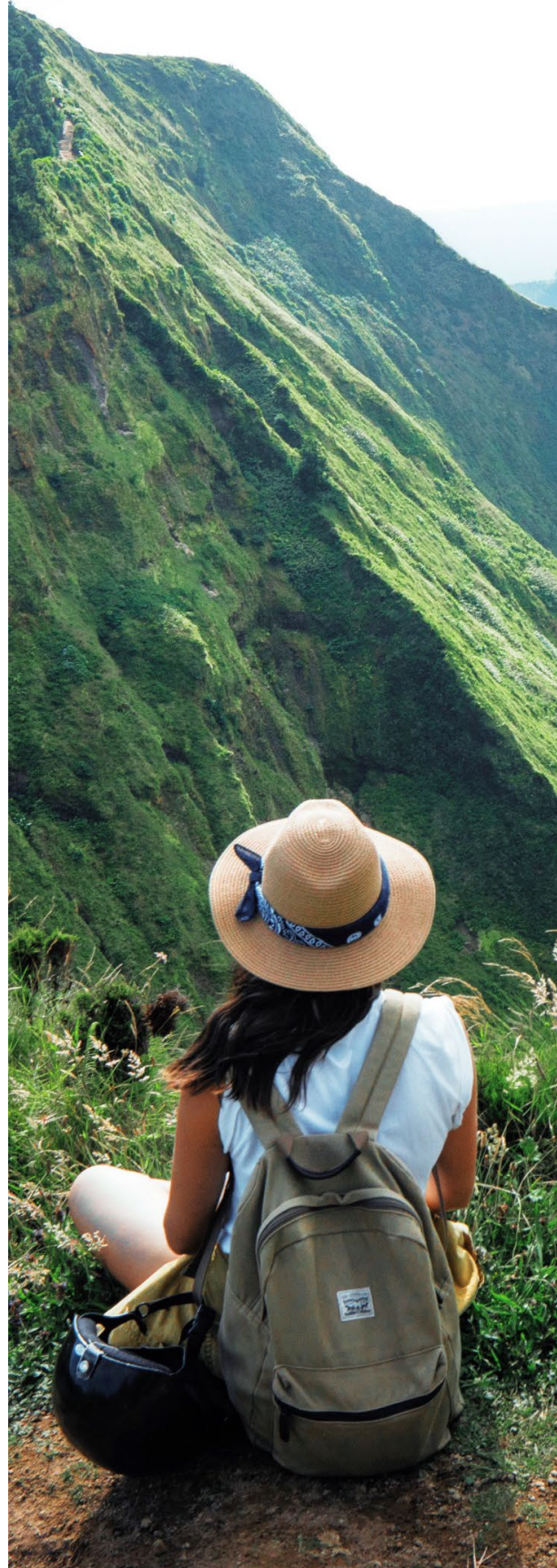
## Does SSQ provide a listing of preferred hospitals based on the specific destination?

SSQ does not provide such a listing. We provide assistance to members based on their medical emergency and we ensure that the member is sent to the hospital that is best equipped and able to provide the necessary care. Medical referrals while traveling are available when calling AXA Assistance.

## Before you travel...

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- Make sure you have your Travel Card.
- Obtain a copy of your Travel booklet.
- Obtain a claim form if you need to be reimbursed for a claim.
- Consult your Human Resources website for more information:
  - [Active Employee Travel Coverage](#)
  - [Retirees Travel Coverage](#)



## **Additional information on the pre-existing conditions clause**

**(Applicable to Retirees only – Policy 1FF55)**

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### **What is a pre-existing medical exclusion?**

The Emergency Medical Travel insurance program has a pre-existing medical condition exclusion clause for all retirees covered under the policy. The travel policy does not cover loss (fatal or non-fatal) or expenses for all retirees caused by or resulting from:

Any condition for which the Insured Person received medical advice, consultation or treatment within 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; “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.

### **What if my attending physician writes a note indicating that I have a clean bill of health, does the pre-existing medical exclusion still apply?**

Yes. The pre-existing medical exclusion still applies, and you are expected to pay out-of-pocket and submit your receipts for reimbursement. SSQ’s claims department must complete the analysis of your medical records to determine if the claim is payable as per the terms and conditions of the policy.

### **Is there a pre-approval process whereby I could be approved prior to travelling, therefore would not have to pay for any incurred claims out-of-pocket?**

SSQ does not offer such a service as your policy is underwritten on a group basis. Medical underwriting to remove pre-existing condition limitation is only available on very select individual travel insurance, which cannot be compared to this group policy. Removing the pre-existing condition limitation has a cost and there’s no guarantee the medical underwriting will result in removing the limitation.

### **In the event of a car accident, would AXA Assistance pay for all incurred claims directly to the medical provider or is the retiree responsible to cover the cost upfront and submit receipts for reimbursement?**

As a result of a sudden unexpected accident, AXA Assistance will cover the cost directly with the medical provider, when possible, given that the accident is not due to a pre-existing medical condition. AXA Assistance needs to be notified as soon as possible to enable direct settlement with the medical provider. The medical provider has no obligation to accept AXA Assistance guarantees of payment.

### **Are Retirees expected to pay out-of-pocket for all/any incurred claims while travelling out of country?**

In the event of an emergency and AXA Assistance is notified, an assessment of the situation is performed by the assistance provider to determine if the member is active or retired and to determine if the pre-existing condition limitation clause is applicable.

When the pre-existing condition limitation clause is applicable, you are expected to cover the incurred claim out-of-pocket and submit your receipts for reimbursement. This is not new to SSQ. However, we are noticing that hospitals are now insisting on payment rather than issuing an invoice.

When the pre-existing condition limitation clause is not applicable, AXA Assistance will pay the medical provider directly when possible.

The direct billing option is not always available to retirees because the medical providers have no obligations to accept direct billing arrangements. Furthermore, the additional medical investigation that is required to determine if the claim is a result of a pre-existing medical condition takes time and payment guarantees cannot be issued until the eligibility of the claim is confirmed.

The pre-existing condition limitation should not be interpreted as “no coverage” because the claim may be payable under the policy as per the terms and conditions of the policy, but the expectation to pay out-of-pocket should be anticipated. The insured will be reimbursed if the claim is not deemed to be as a result of a pre-existing medical condition.