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The Basics of Out of Province/Country Medical Insurance – What You Need to Know

This bulletin is intended to provide RWC Members with basic information regarding Out of Province/Country Medical Insurance plans in Canada. This article is intended to promote awareness. It is not intended as advice and should not be relied upon in making individual insurance decisions. Such decisions should be based on information from the insurance providers and other professionals.

It is very important that travellers understand their risks and what their insurance coverage is. All policies have limitations, notification requirements etc.

The PWU/RWC and the Government strongly recommend that Ontarians travelling outside of their Province or Canada should purchase the appropriate travel health insurance and not rely solely on OHIP coverage.

WHAT DOES OHIP CURRENTLY COVER

OHIP will only cover a very **limited amount of the costs** if you receive emergency health services while you're travelling outside Canada. OHIP recommends that you **buy private health insurance** before leaving Ontario to cover any services you may need.

For example, it should be noted that the OHIP daily rate cap for outpatient services is set at \$50.00 (except for dialysis, set at \$210), and the cap for in-patient services is set at \$400.00 per day. In the United States, it has been reported that; an average Emergency Room visit costs \$2,200. Costs soar when treatment includes an overnight stay which averages about \$13,600.

Many Canadians travel to the USA for short trips, for example, sports tournaments, shopping, visiting, etc. The USA is considered to be abroad and therefore, travellers are encouraged to consider purchasing insurance for these types of trips.

If you decide to rely on OHIP while travelling it is suggested you check on what coverage OHIP will provide in any specific country.

OUT OF COUNTRY MEDICAL INSURANCE

Some RWC members have Out of Province/Country Medical Coverage under their Extended Health Benefits Plan (EHB), for example, some, Hydro One RWC members. Many others are covered on group plans where they must apply annually and pay the premium. Other members must seek coverage independently.

Regardless of the type of plan you have there are many issues you must consider. All insurance plans have similar exclusions for coverage. It is very important that members **understand what they are covered for and what is not covered**.

There are many incidents that occur where members are denied coverage. The main area for denial is related to a stability period for PRE-EXISTING MEDICAL CONDITIONS.

The following are examples of definitions of these issues. Always check **your** insurance carrier's definition. The comments and definitions below are examples that may not pertain to your specific coverage.

A pre-existing condition usually refers to any illness, injury, or health issue for which an individual has received medical advice, diagnosis, and/or treatment, been prescribed or consumed medication, or undergone further consultation or treatment before their trip's departure date.

A pre-existing condition can influence travel insurance claims. **If your condition is considered "unstable,"** you likely won't be able to submit travel insurance claims associated with it. However, you may be covered for unrelated health problems and unforeseen emergencies.

When assessing pre-existing conditions for travel coverage, **the term "stable" usually means** that, during the required stability period, you haven't endured any of the following in connection with an ongoing health issue, injury, or sickness:

- Hospitalization
- Medical procedures or interventions
- Changes in prescribed medication
- Adjustments to medical treatments
- New or more frequent symptoms

Stability periods (as opposed to length of coverage periods) may be 90, 120 or 180 days depending on your policy.

The following or similar wording will be found in your insurance policy. When assessing claims, any expenses incurred for treatment related directly or indirectly to a pre-existing or pre-diagnosed medical condition that, at the time of your departure from your province of residence, was not completely stable in the professional opinion of a medical team and where medical evidence suggested a reasonable expectation that treatment or hospitalization could be required while travelling. The insurance carrier reserves the right to **review your medical information** at the time of the claim.

It is very important that you understand the above requirements. This is especially important for those who are covered for insurance under their EHB plan. Most members in this category assume they are covered for travel and may not realize that they have coverage restrictions. Members who have to apply for individual insurance coverage normally have to fill out a questionnaire regarding their health so he or she should be more informed about exclusions.

It is also important to note that there are differences between the group travel insurance policies (For example with Manulife, these might be 60 day, 90 day etc.) and additional "top up" policies sold by the same travel insurance providers. Top-up policies are individually based which is why

there is medical information required and further restrictions to them. You cannot assume that a "top up" policy you buy to lengthen your stay has the same terms and conditions as your base group policy. It almost certainly does not.

In the event of a medical issue while travelling out of province, it is important that you notify your insurance carrier as soon as possible as some have strict requirements regarding notification. Most carriers provide very good assistance and help you navigate through your crisis.

Again there are many other exclusions such as participating in risky activities such as rock climbing, bungee jumping etc. that you should be aware of so you are encouraged to review the exclusions contained in your policy.

COVERAGE UNDER CREDIT CARDS

Some credit cards provide some medical expense coverage. Their process and exclusions are similar to the above information.

CONCLUSIONS

In most cases, you will not be denied medical assistance. Get your insurance provider involved immediately. You will not be denied departure from the country/province that you are visiting. It normally takes several weeks for hospitals to issue an invoice.

In summary:

- **Understand what your coverage is and know the limitations.**
- Be sure to have your insurance coverage card with you.
- Have the Insurer contact information with you.
- In the event that your insurer will not cover your expenses seek legal advice prior to paying.

In Solidarity,

Peter Kelly

President

Retired Workers' Chapter