

**DON'T BE
MRS. AND MR. SORRY**

BE

**MRS. AND MR.
RIGHT**

Get the hints directly from the source!



INTRODUCTION

We sometimes hear that Insurers will do anything in their power to deny a claim. There is nothing farther from the truth, at least for Tour+Med / LS-Travel. We pride ourselves in having one of the lowest claim denial ratios in the industry. Despite this, you have to be aware of some of the most important provisions about your coverage before leaving on your trip. **Simply put, following the general rules outlined in this document will minimize any problems that may arise at claim time.**

The cover letter that accompanies your application contains very important instructions, such as:



Review your medical declaration before signing it

Make sure that it is complete and accurate and that you meet the eligibility requirements. If so, then the contract is deemed valid.



Not stable = Not covered

If your medical conditions change between your purchase date and the departure date of your policy, or if you had recent symptoms, changes in your medication, or a surgery, you need to advise the Insurer since it will affect your coverage. We may be able to cover the condition in certain situations.



Call Emergency Assistance before any consultation or treatment

Our trusted network allows us to refer you to the ideal location and be billed directly on most occasions. Keeping claim costs at a reasonable level, while making sure that you are being treated appropriately, is one of the many factors that allow us to provide competitive premiums in return. The policy contains limitations: if you are in a position to call us before a consultation but don't do so, you may have to assume part of the fees.



If you have any doubts, ask questions

It's better to be informed before your departure rather than following a claim. The policy contains exclusions and limitations of coverage. Please read your policy wording carefully and ask questions! Your broker and the Insurer are there to provide you with the appropriate answers.

There is an actual financial exposure when you travel. In the following pages, you will find some cases that our clients recently experienced. Although we pay the vast majority of claims, we present you with real situations where claims were paid or denied to outline the importance of following the 4 simple rules indicated above.



RULE N°1

REVIEW YOUR MEDICAL DECLARATION BEFORE SIGNING IT

The basis of your contract with us is your medical declaration. Take the time to read it before signing and returning it. Refer to the definitions of the medical conditions on page 1 of your application, answer all questions truthfully, and be mindful of the consequences an omission or false declaration might have on a claim. **If you are unsure of your medical conditions, please consult your doctor.** Review your declaration again just before your departure date to ensure that you are still giving the same answers to the questions and that you meet the eligibility criteria. Any changes between the time you purchased your policy and the departure date must be reported to the Insurer; otherwise, **your coverage might be invalid if your declaration does not reflect your medical history.** Did your spouse answer the medical questionnaire for you? Take the time to review the questions and answers carefully, and report any mistake to your broker or to the Insurer before your departure. Reviewing and signing your medical declaration will only take a few minutes and will eliminate many complications in the event of a claim.

An Insurer pays close attention to the choice of words for each question because we want you to understand what needs to be declared. For example, if we ask how many medications are prescribed to you, your answer must reflect how many are *prescribed* as indicated in your medical record and not how many you are actually *taking*. This also means that medications prescribed “as needed” must be counted even though they are not taken on a regular basis. **Take the time to read the questions and provide accurate and true answers.**



Making a false declaration or omission on your medical declaration might reduce your premium by a few dollars, but it is never worth it when you are facing a high dollar claim.



MR. SORRY

*Mr. Sorry was enjoying a day on the golf course when he started feeling sick. He ended up in the hospital with a rare affection that left him intubated and paralyzed within 48 hours of his admission. Once stabilized, he had to be air evacuated back to his home province for his long recovery. A 3-day stay in the hospital cost \$108,000 USD and his repatriation via air ambulance was worth \$18,000 USD. **(Total claim costs: \$126,000 USD).***

At the time of purchase, his spouse had answered the questions for him. Not wanting to worry his wife, he had kept important medical information from her and she did not know about his whole medical history. Rather than providing the appropriate information to the Insurer, Mr. Sorry simply signed the medical declaration knowing it was inaccurate and sent it back, thinking it would be fine.

The Insurer denied this claim because not only was Mr. Sorry's declaration inaccurate, but he also was not eligible as per the Insurer's eligibility criteria. The premium was reimbursed and the policy was rendered null and void.

Who knows if Mr. Sorry would have left on his trip knowing that.



MR. RIGHT

*While in Arizona, Mr. Right had to be admitted to hospital due to a **cerebro-vascular accident (CVA)**. The situation was, of course, very serious. He was intubated and non-responsive for a while. His wife spent days at his bedside despite the dark prognosis of any recovery. Three weeks later, still hospitalized, he was stable enough for an air ambulance transfer back to his home province, where he miraculously recovered with minimal sequelae. **The hospital bill alone was over \$600,000 USD.***

Thankfully, Mr. Right had disclosed his complete medical history to his broker. His declaration being complete and accurate, the claim was paid in full. He was very happy and relieved to be able to concentrate on his recovery and not have to worry about paying well over \$800,000 USD worth of medical expenses!

Unbelievably, he was able to travel this year and we were happy to provide coverage to him once again.



Pre-existing conditions, whether declared or undeclared, are subject to stability requirements. Many things can alter a condition's stability. You must also be aware that an Insurer's definition of stability differs from your physician's definition. You must read and understand **our** definition of *Stable and Controlled*:

"Stable and Controlled" Means any *Medical Condition* (other than a *Minor Ailment*) for which all the following statements are true:

1. There has not been a new diagnosis, any new *Treatment* prescribed or recommended, or *Change(s)* to existing *Treatment* (including a stoppage in *Treatment*); and
2. There has not been any *Change* to any existing prescribed *Medication* (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new prescription *Medication* (**Exceptions:** the routine adjustment of Coumadin, Warfarin or insulin and the *Change* from a brand name *Medication* to a generic brand *Medication* of the same dosage); and
3. There has not been any new, more frequent or more severe *Symptoms*; and
4. There has not been any *Hospitalization* or referral to a specialist; and
5. There has not been any medical exam, investigative testing or test results showing deterioration; and
6. There has not been any *Treatment* recommended, planned or not yet completed, nor any outstanding test results.

All of the above conditions must be met for a *Medical Condition* to be considered *Stable and Controlled*.

Ask questions and know the impact a change in stability could have on your coverage. If a condition does not meet our stability requirement, inquire about our Reduced Stability Period option. We may be able to cover your condition.

It is very important to review your medical declaration and insurance policy wording each time you have a change in your medical condition prior to your departure.



Whether the instability was due to a simple change in the dosage of a pill that you have been taking for years or to a completely new diagnosis, the time and money spent to modify your policy will surely be worth less than a claim for a simple visit to an Emergency Room in the United States.



MR. SORRY

Mr. Sorry suffers from **COPD and High Blood Pressure**. He applied for insurance not telling us that he underwent many tests in the 6 months prior to his departure, because of new cardiac symptoms. His physician performed many test and then referred him to a cardiologist, who recommended a myocardial perfusion imaging. However, this needed to be done later because Mr. Sorry was now too close to his 45-day visit to friends in California. The procedure would wait until he came back.

While on his trip, Mr. Sorry had a massive heart attack and passed away. Unfortunately, that claim was denied because the client's cardiac condition had not been stable and controlled for a period of 6 months prior to his departure. The family had to pay for the medical expenses incurred and the repatriation of the body. Claim costs exceeded \$12,800 USD.

One can assume that this could have been prevented if Mr. Sorry had had the suggested test before his departure, and that he had waited until the 6-month stability requirement had been met before leaving on his trip.



MRS. RIGHT

Mrs. Right, 68 years old, suffers from asthma and was leaving for Mexico for 90 days. She purchased her insurance policy early to take advantage of the Early Bird discount.

Two months prior to her departure, **her physician changed her medication** for her respiratory condition. She could not change her departure date because she wished to attend her niece's wedding, but she didn't want to travel knowing that her unstable pre-existing medical condition would not be covered. She phoned her broker and explained the situation. The Reduced Stability Period option was offered to her at a reasonable price. The modification was made on her insurance policy and Mrs. Right left for Mexico on the scheduled date.

While on her trip, she needed to consult in an Emergency Room. The \$240 surcharge to get the Reduced Stability Period option was well worth it when compared to her \$6,200 USD claim for that short visit to the ER!



RULE N°3

CALL EMERGENCY ASSISTANCE BEFORE ANY CONSULTATION OR TREATMENT

Calling Emergency Assistance before any consultation or treatment is **one of the most important rules to follow**. We have signed contracts with many clinics and hospitals. Heading towards the proper approved facility might prevent you from having to pay fees upfront and ask us for a refund later. It also allows us to accompany you through this difficult time and to make sure that all procedures and tests being recommended are necessary for your condition and will be covered.

Having Emergency Assistance by your side right from the beginning will facilitate the claim treatment. They are there to help and provide support in various ways:

- Help you locate a physician, clinic or hospital;
- Coordinate your medical treatment and keep your family informed;
- Confirm your insurance coverage to the hospital and/or physician;
- Guarantee or arrange payment to the hospital or physician, whenever possible;
- Arrange for your repatriation to your province of residence if needed.

Calling Emergency Assistance before any consultation or treatment is mandatory. If you do not do so, your policy contains payment limitations and you could be liable for a minimum of 30% of the claim. **If your condition prevents you from calling** (if you are unconscious, for example), having your policy wallet cards with you at all times will help traveling companions and/or medical staff reach us, so that we can get involved as soon as possible.



Be Mrs. and Mr. Right and call first!



MRS. SORRY

Mrs. Sorry was all excited to be going to Florida to visit her grandchildren for the Holidays. When lifting her heavy suitcase from the belt at the airport, she injured her wrist but thought nothing more about it. "It will be fine tomorrow morning" she thought. But the next morning, her wrist was very swollen and painful. She inquired at the hotel front desk and they informed her that they dealt with a doctor that offered house calls. He was there in less than an hour, but cost \$4,500 USD for that short consultation!

Mrs. Sorry should have phoned Emergency Assistance instead of inquiring at the front desk. Our agents are ready to help you and direct you to clinics or Emergency Rooms that are equipped to deliver the services your condition requires. We have relationships with numerous physicians and specialists. Our Emergency Assistance agents will evaluate your needs and refer you to the most appropriate clinic or physician's office. If we feel you will need an X-Ray, for example, we will send you to a clinic that offers that service.

Because Mrs. Sorry was in a position to call Emergency Assistance but didn't do so, we reimbursed her only \$600 USD, corresponding to the value of such consultation, would the service have been rendered in a clinic from our network. If Mrs. Sorry had phoned Emergency Assistance, she would have been referred to a clinic within walking distance from her hotel and the bill would have been sent to us directly.



MRS. RIGHT

Mrs. Right had been feeling sick for a few days. One day, she was coughing nonstop and running a fever. A retired nurse on the campground told her to go to the ER to be examined and prescribed antibiotics. She even offered to drive her, as the hospital was 15 minutes away.

Mrs. Right decided to phone Emergency Assistance before leaving for the hospital. We asked her a few questions and directed her to a network clinic across the street, where x-ray services were available. It took less than an hour and she was back home with the much needed antibiotics to treat her acute bronchitis. The \$550 USD invoice for those services was sent directly to the claims office for full payment.

Would Mrs. Right not have phoned Emergency Assistance and gone to the hospital, she would have incurred close to \$4,000 USD worth of medical expenses and would have only received \$550 USD in refund of her claim. We can say that the decision to call Emergency Assistance was worth a few dollars!

*Emergency Assistance is there to assess the situation and direct you accordingly taking everything into consideration, even saving you money! **Phoning Emergency Assistance is ALWAYS a good decision!***



RULE N°4

IF YOU HAVE ANY DOUBTS, ASK QUESTIONS

You should **never** leave your province of residence without understanding your insurance contract. We provide you with an insurance booklet and encourage you to read it before your departure. Our confirmation letter highlights the most important points that need to be understood prior to your departure. **We understand you are not an insurance expert**, so if you have a question or need clarification about your coverage, your broker or our customer service agents are ready to provide answers.

Are you pregnant? Will you be participating in a particular activity during your trip? What happens if...?



There is no dumb question! Better be safe than be sorry!



I will be
35 weeks pregnant
when I travel. What happens if I deliver unexpectedly while on my trip?

I HAVE A DEDUCTIBLE.
Do I have to pay up-front?

What happens with my car
if I get sick during a trip and cannot drive it back?

The Flu shot
was not available
before leaving home.
Would it be covered
in the United States?

I need a blood check
every 3 weeks.
Is that covered?

My car has mechanical issues, I am
100 kilometers
— from the border and my policy —
expires tonight.
What do I need to do?

There is
death
in my immediate
family back home.
Will you refund my
economy round trip ticket?

I will be
scuba diving
while in Hawaii.
Am I covered if there
is an accident?

I will be skiing
in a resort.
Am I covered?
What if I go
backcountry skiing?

Can I get a refund if
I don't leave or come back earlier than
anticipated? Are there administration fees?