

# Eligibility Requirements

Effective October 5, 2023

## Emergency Medical Coverage

### You are NOT eligible for coverage if you:

1. are awaiting tests or medical treatment for a heart condition;
2. have a surgically untreated vascular aneurysm;
3. have been diagnosed with Congestive Heart Failure (CHF);
4. have an Implantable Cardioverter Defibrillator (ICD);
5. were diagnosed; received new medical treatment (e.g. consultation, tests or prescription drugs); or had a change in your medical treatment (e.g. a stop, start or dosage change to a prescription drug, other than a dosage change of Coumadin or Warfarin) for, any of the following heart or vascular conditions in the last twelve (12) months:
  - a. heart transplant;
  - b. atrial flutter;
  - c. atrial/ventricular fibrillation;
  - d. peripheral vascular disease;
  - e. stroke/TIA; or
  - f. blood clots;
6. have diabetes that is treated with insulin AND take prescription medication for a heart condition (excluding medication to treat high cholesterol or high blood pressure);
7. use home oxygen or take an oral steroid to treat a lung condition;
8. are currently being treated for cancer, excluding breast or prostate cancer treated exclusively with hormone therapy;
9. were diagnosed; received new medical treatment (e.g. consultation, tests or prescription drugs); or had a change in your medical treatment (e.g. a stop, start or dosage change to a prescription drug) for, any of the following conditions in the last twelve (12) months:
  - a. liver failure;
  - b. GI bleed;
  - c. AIDS; or
  - d. terminal illness;
10. have had any of the following procedures in the last twelve (12) months:
  - a. valve surgery or replacement;
  - b. kidney dialysis; or
  - c. organ, stem cell or bone marrow transplant;
11. require assistance from another person(s) with activities of daily living (ADL) if you are seventy (70) years of age or older;
12. are eighty (80) years of age or older at the time of application when purchasing a Multi-Trip Annual Plan;
13. do not purchase the plan prior to departing on your trip unless purchased as a top-up to an existing GMS policy; and
14. are not a Canadian resident.

## Top-Up Emergency Medical Coverage

### Coverage must:

1. begin the day following the *expiry date* of the policy it is topping-up, and
2. must be purchased for the full number of days not covered by the insurance policy being topped-up.

### Topping-Up a Non-GMS Insurance Policy

#### You are eligible for coverage if you:

1. apply for the top-up prior to your contracted departure date, and
2. you must meet the eligibility requirements of the TravelStar policy.

### Topping-Up a GMS Insurance Policy

#### You are eligible for coverage if you:

3. apply for coverage 2 business days prior to the expiry of your current GMS policy,
4. meet the eligibility requirements of the TravelStar policy,
5. not have incurred a claim, or
6. not have had required medical treatment during your trip.

## Trip Cancellation Coverage

### You are NOT eligible for coverage if you:

1. you are not a Canadian resident;
2. you did not purchase the plan prior to your departure;
3. your trip is to a country, region, city, or other destination (including cruise ships) with an “Avoid non-essential travel” or “Avoid all travel” advisory from the Canadian government in effect at the time you purchased this plan;
4. your trip is valued at more than \$20,000 per person; and
5. you purchased a Single-Trip Trip Cancellation Plan for a trip valued at \$12,000 or more per person, if you:
  - a. are awaiting tests or medical treatment for a heart condition;
  - b. have a surgically untreated vascular aneurysm;
  - c. have been diagnosed with Congestive Heart Failure (CHF);
  - d. have an Implantable Cardioverter Defibrillator (ICD);
  - e. were diagnosed; received new medical treatment (e.g. consultation, tests or prescription drugs); or had a change in your medical treatment (e.g. a stop, start or dosage change to a prescription drug, other than a dosage change of Coumadin or Warfarin) for, any of the following heart or vascular conditions in the last 12 months:
    - i. heart transplant;
    - ii. atrial flutter;
    - iii. atrial/ventricular fibrillation;
    - iv. peripheral vascular disease;
    - v. stroke/IA; or
    - vi. blood clots;
  - f. have diabetes that is treated with insulin AND take prescription medication for a heart condition (excluding medication to treat high cholesterol or high blood pressure);
  - g. use home oxygen or take an oral steroid to treat a lung condition;
  - h. are currently being treated for cancer, excluding breast or prostate cancer treated exclusively with hormone therapy;
  - i. were diagnosed; received a new medical treatment (e.g. consultation, tests or prescription drugs); or had a change in your medical treatment (e.g. a stop, start or dosage change to a prescription drug) for, any of the following conditions in the last 12 months:
    - i. liver failure;
    - ii. GI bleed;
    - iii. AIDS; or
    - iv. terminal illness;
  - j. have had any of the following procedures in the last 12 months:
    - i. valve surgery or replacement;
    - ii. kidney dialysis;
    - iii. organ, stem cell or bone marrow transplant; and
  - k. require assistance from another person(s) with activities of daily living (ADL) if you are 70 years of age or older.

## Defined Words

**activities of daily living (ADL):** activities such as personal hygiene and grooming; dressing and undressing; self-feeding; functional transfers (getting into and out of bed or a wheelchair, getting onto or off the toilet, etc); and bowel and/or bladder management that you require daily assistance with.

**contracted:** describes an agreement entered into where there is reference to a destination, a date and/or the time and place of arrival and/or departures for the trip.

**departure date:** the day you leave your province/territory of residence.

**expiry date:** means the date coverage ends as indicated in the section of this policy titled Coverage Starts and Ends for the specific plan purchased. For additional coverage or for coverage where it is not specified, the expiry date is the date shown on your application.

**GMS:** Group Medical Services and/or its authorized agents, representatives, affiliates or assistance service provider.

**medical condition(s):** a disease, illness or injury including symptoms of undiagnosed conditions.

**medical treatment:** a procedure prescribed, performed or recommended by a physician for a medical condition. This includes but is not limited to prescribed medication, investigative testing and surgery.

**prescription drugs:** a licensed medicine that is regulated by legislation to require a prescription before it can be obtained. The term is used to distinguish it from over-the-counter drugs which can be obtained without a prescription. When referring to a prescription drug for a specified condition it includes but is not limited to those prescribed for the direct medical treatment of the diagnosed condition, the medical treatment of the symptoms associated with the diagnosed condition and the prevention of symptoms associated with the diagnosed condition.

**province/territory of residence:** is the province or territory you have declared as your permanent residence and you reside in for the required number of days outlined by your provincial/territorial health care legislation and/or government health plan in order to maintain your health coverage.

**trip(s):** the entire period of travel contracted by you, and for which a premium was paid.

**you or your:** any person who is eligible for coverage for any benefit under this policy.