



# OVER the WIRE

JANUARY 2020

# OUT OF PROVINCE/COUNTRY EMERGENCY EXPENSES

## EMERGENCY OUT OF PROVINCE/COUNTRY COVERAGE

Under the Health and Welfare Plan, an eligible Plan Member and his/her Dependents may qualify for emergency out of province benefits while traveling or working out of the province/country. Although the Plan does not provide full emergency coverage, it does consider payment of the following services:

- semi-private hospitalization provided in a general or auxiliary hospital
- the services of a Physician
- hospital services and supplies furnished during hospitalization
- x-ray examinations and laboratory tests related to medical treatment rendered without hospitalization

The Health and Welfare Plan will consider payment for non-elective services or treatment provided the expenses are eligible for reimbursement by the Plan Member or Dependent's Provincial Government's Health Plan.

## RETIRED PLAN MEMBERS

Out of country emergency services for Retired Plan Members and their Dependents (residing in any province), are limited to a period of 12 consecutive weeks from the date the Plan Member and his/her Dependents leave their province of residence.

## PROVINCIAL HEALTH CARE COVERAGE IS REQUIRED

A requirement for this benefit is that Plan Members and their Dependents must be eligible for coverage under their Provincial Health Plan. It is also the Plan Member's responsibility to ensure that he/she and their Dependents have Provincial Health Coverage before leaving the province/country.

If the Plan Member or Dependent's provincial health care coverage terminates for any reason, the emergency out of province/country coverage under this Plan will cease.

In addition, Plan Members and Dependents should travel with their provincial health care cards.



## CLAIMING EMERGENCY OUT OF PROVINCE/COUNTRY BENEFITS IN ALBERTA

All claims must first be sent to your provincial plan for payment. All claims must be in English. In Alberta, the Alberta Health Care Insurance Plan (AHCIP) will require documentation and information relating to the emergency out of country expenses. The AHCIP's claim forms are located on their website at:

<https://www.Alberta.ca/ahcip-submit-claim.aspx>

Prior to submitting the expenses through AHCIP, the Plan Member should keep a complete copy of all documents forwarded to AHCIP for their records. In order for your Health and Welfare Plan to consider the balance of the claims, the Fund Office will require a complete copy of the documents, along with the Statement from AHCIP showing what has been paid. AHCIP claims can take up to 6-8 weeks to process.


In order to meet the claim submission deadlines of the Health and Welfare Plan, a complete copy of the out of country expenses should be immediately sent directly to the Fund Office so that it is received within the 12-month time limit allowed under the Plan.

## WORKING OUTSIDE YOUR PROVINCE OF RESIDENCE

Plan Members will only be eligible for emergency out of province/country coverage if they are dispatched through Local Union 424 for the work assignment.

When a Plan Member or Dependent is outside of their province for employment purposes, they must contact their provincial plan to determine what requirements must be met.

As mentioned above, the Plan Member must ensure that he/she and their Dependents qualify for coverage through their Provincial Plan prior to leaving the province/country for work.



<b>PLAN:</b> Electrical Industry Insurance Benefit Trust Fund of Alberta	
<b>POLICY NUMBER:</b> 6012	
<b>ADMINISTRATOR:</b> Employee Benefit Funds Administration Ltd.	
<b>CONTACT INFO</b>	<b>OFFICE HOURS</b>
Phone: 780-465-2882	Mon - Thurs: 8:15 - 4:30
Toll Free: 1-800-268-3649	Friday: 8:30 - 3:30
<b>AFTER HOURS</b>	
North America: 1-877-207-8833	TTY: 1-877-371-9978
French: 1-877-370-1080	International: 289-309-6314

## OTHER EXPENSES INCURRED WHILE OUT OF THE PROVINCE/COUNTRY

Although AHCIP does not cover items such as paramedical services, vision care, dental care, prescription drugs, hearing aids and medical supplies such as braces, these types of benefits may still be covered through your Health and Welfare Plan for eligible Plan Members and his/her Dependents. Plan Members should submit these types of out of country claim forms directly to the Fund Office in the normal manner.

## OBTAINING FURTHER TRAVEL INSURANCE

Although eligible Plan Members and Dependents have coverage under the Health and Welfare Plan and AHCIP, each person's requirements are unique. Emergency expenses can arise that both the Health and Welfare Plan and AHCIP do not cover. Plan Members will personally need to determine if additional travel insurance is required.

### EMERGENCY OUT OF PROVINCE/COUNTRY COVERAGE INCLUDES:

- Semi-private hospitalization provided by a general or auxiliary hospital
- The services of a physician
- Hospital services and supplies furnished during hospitalization
- X-ray examinations and laboratory tests related to medical treatment rendered without hospitalization