



Specialists in
Health Insurance

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PRE-EXISTING MEDICAL CONDITIONS and Travel Health Insurance:

All travelers, and especially seniors, should take special care to understand insurance terms regarding pre-existing medical conditions. One can feel great and be medically fit to travel according to one's doctor, and yet be faced with insurance implications due to health history. Within the same travel plan the terms and conditions can differ according to age, trip length, and classification of medical condition. Some policies exclude pre-existing conditions no matter how long they have been stable. However, most plans for Canadian travelers cover an **unexpected emergency** relating to a pre-existing medical condition, **IF** that condition was 'Stable' (as defined in the policy) for a specified number of days **prior to EACH date of departure from one's home Province**. The number of days prior to departure that one's condition must meet the policy definition of Stable ranges from plan to plan, and depend on age, length of trip, and answers to a health questionnaire. Common stability requirements range from 365 days, to 180 days, to 90 days, and a few plans feature a stability requirement as low as 7 days. In any case, a medical change occurring between **purchase date** and a future **travel date** can affect coverage, even if you buy a 'multi-trip annual plan.' What constitutes a medical change? It can be a bout of new or worsening symptoms, the need for medical consultation (other than a routine check-up), a change in treatment/medication, or having a medical test (or test results) pending on the return from your trip. Get the full story about coverage of pre-existing conditions, select the plan with the best possible terms, and inquire with your insurance provider if concerned about how a 'medical change' affects coverage on your next trip.

Questions and Answers

1. **In a claim audit how do insurance companies investigate the 'Stability' of a Pre-Existing Medical Condition?**

They review and cross-reference the medical information (history taking, diagnosis, test results, etc.) from the medical provider(s) at the travel destination with one's home country medical records.

2. **What do insurance companies mean by "Stable" and why does it matter?**

Being 'medically stable to travel' in a doctor's opinion is not the same thing as meeting an insurance company's definition of "Stable" as it relates to coverage of (or exclusion of) a pre-existing medical condition. One's medical condition may indeed be very stable from a medical point of view, and yet be uncovered in the event of an emergency due to the timing of the most recent change in symptoms, medication/treatment, requisition or recommendation for a test or procedure, etc. While not the only criterion, the primary deciding point relates to the 'stability period requirement' on your policy. If a pre-existing medical condition was directly or indirectly related to the need for emergency medical care during your trip, the insurance company can audit medical records to confirm whether said condition met the insurance policy definition of "Stable" in the applicable period.

SAMPLE: Excerpts from one travel insurance policy wording:

Stable describes any medical condition or related condition, including any *heart condition* or *lung/respiratory condition*, for which:

- a) there has been no new *treatment*, and
- b) there has been no change in *treatment* or change in *treatment* frequency or type; and
- c) there have been no *signs or symptoms* or new diagnosis; and
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization; and
- f) there has been no referral to a specialist (made or recommended) and *you* are not awaiting the results of further investigations performed by any medical professional.

The following are considered stable:

- a) Routine (not prescribed by a *physician*) adjustment of insulin to control diabetes provided the insulin was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on *your* confirmation of coverage.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on *your* confirmation of coverage and there is no increase or decrease in dosage.
- c) A *minor ailment*.

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, prescribed medication, investigative testing or surgery.

Minor ailment means a *sickness* or *injury* which ended more than 30 days prior to the *effective date* and which did not require:

- a) *treatment* for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a *physician*; or
- c) hospitalization, surgery, or referral to a specialist.

3. What date do insurance companies “look back” from when auditing stability of a pre-existing condition?

On a single trip insurance policy: Stability is vetted for the date of departure, and in the prescribed number of days immediately prior to the date of departure.

On a multi-trip annual plan: Stability is vetted for **each date of departure** from the home Province during the annual plan, and in the prescribed number of days immediately prior to each departure date. Therefore a change in health or treatment mid-policy can affect one’s coverage on ‘the next out-of-Province trip.’

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