

Travelling for Medical Services?

The Chambers Plan Medical Travel provision in your health coverage can help offset travel costs incurred to access a medical specialist, or health care services, not locally available.

What is covered under the Medical Travel provision?

Travel Costs to transport an insured person from their normal place of residence to a medical facility for medically necessary treatments like visits to a specialist, or treatments or medical tests, not available in their immediate area of residency. The maximum benefit for all covered expenses is \$750 per insured person each 24 months and the:

- total round trip must equal 300 kilometres or more, and
- treatment must be ordered by a Physician and take place within 60 days from the date of the Physician's referral (a copy of referral or a written explanation of the referral by the insured must accompany the claim).

What expenses can be claimed?

- Costs to transport the patient, and up to one *travelling companion** if recommended by a Physician, to and from the nearest medical facility equipped to provide the medical services required. Eligible modes of transport are economy class of a scheduled airline flight, rail, bus or ferry. Private vehicle travel will also be eligible and will be limited to the cost of reasonable gas expenses.
- The cost to accommodate the patient, and one *travelling companion* if recommended by a Physician, in a commercial facility for up to a combined total of \$75 per day and for a maximum of 5 days either before or after medical treatment.

* a *travelling companion* means a person 18 year of age or older who is sharing travel accommodations with the insured person.

