POLICY CONCEPT GUIDE

Understanding Pre-Existing Medical Condition Exclusion Waivers

Agent reference | Product provisions and eligibility routing

ARTICLE ID	POL-PEC-003	OWNER	Product Knowledge Management
AUDIENCE	Customer Care; Sales Support; Claims Intake	SMEs	Product Compliance; Claims Operations; Legal
DOMAIN	Policy Provisions > Medical Conditions	REVIEW	Quarterly and before product / filing release
LAST REVIEWED	September 2026	SEARCH	pre-existing condition; medical waiver; look-back period; initial trip deposit

In plain language

Some travel protection plans exclude certain losses connected to medical conditions that existed or were treated during a defined period before coverage was purchased. An eligible waiver may prevent that exclusion from applying to a claim when all plan requirements are met. Every other applicable policy requirement, limit, covered reason, and exclusion remains in force.

MOST IMPORTANT DISTINCTION A waiver changes how one exclusion is applied. It is not a separate medical benefit, a promise that a condition is covered, or approval of a future claim.

Agent role

Explain documented requirements at a high level, verify product information from the approved source, and route medical or claim-specific determinations to Claims. Do not interpret diagnoses, medical stability, or contract definitions for the customer.

Key terms

Term	Plain-language meaning	Knowledge risk
Pre-existing condition	A condition evaluated under the policy specific definition and time period.	Everyday meaning may differ from the contract definition.
Look-back period	The defined time before plan purchase that Claims reviews for relevant medical facts.	Length and criteria vary by plan and jurisdiction.
Waiver	A provision that may prevent the exclusion from applying when every eligibility condition is met.	Waiver eligibility is not claim approval.
Initial trip deposit	The first payment that creates a financial commitment for the trip.	The date can be disputed when holds, points, deposits, or group bookings are involved.
Full trip cost	The prepaid, nonrefundable cost that the plan requires the customer to insure.	Cost changes may need to be added within a defined time.
Medically able to travel	A plan-specific eligibility concept evaluated at the required point in time.	Agents should not make this medical or contractual determination.

Fictional Northline product configuration

The values below are fictional and are included only to demonstrate how stable concept guidance can be separated from product-specific rules. A live knowledge base would source these values from approved policy and filing records.

Requirement	Voyager Essential	Voyager Plus	Voyager Premier
Waiver available	No	Yes	Yes
Purchase timing	Not applicable	Within 14 days of initial trip deposit	Within 21 days of initial trip deposit

Requirement	Voyager Essential	Voyager Plus	Voyager Premier
Trip cost requirement	Not applicable	Insure 100% of required prepaid, nonrefundable trip cost	Insure 100% of required prepaid, nonrefundable trip cost
Later trip payments	Not applicable	Add qualifying cost within 14 days	Add qualifying cost within 21 days
Medical eligibility	Not applicable	Traveler must be medically able to travel when coverage is purchased	Traveler must be medically able to travel when coverage is purchased
Final decision owner	Claims	Claims	Claims

GOVERNANCE RULE Never copy a timing window or eligibility rule from another product article. Use the approved plan record, jurisdictional variant, and policy edition that apply to the customer coverage.

Eligibility review path

Step	Check	Routing action
1	Does the customer plan and policy edition offer the waiver?	If no, explain that the plan does not include the waiver and route claim questions to Claims. If yes, continue.
2	Was coverage purchased within the plan required window after the initial trip deposit?	Capture the deposit and purchase dates. Escalate ambiguous deposits, points, holds, or group bookings.
3	Was the required trip cost insured, including later qualifying payments?	Record the insured amount and known cost changes. Do not calculate waiver eligibility from incomplete records.
4	Was the traveler medically able to travel at the required time?	Do not decide. Explain that Claims evaluates this requirement using plan terms and evidence.
5	Does the claimed event otherwise fit an applicable covered reason and benefit?	Use the correct claim or benefit-routing article. The waiver does not create a covered reason.
6	Are all requirements satisfied?	Claims confirms waiver application and adjudicates the claim.

Where to document

CRM RECORD Document the interaction in the customer relationship management (CRM) system using the designated interaction or case-notes area. Record the applicable plan and policy edition, initial trip deposit date, coverage purchase date, insured trip cost and known later qualifying payments, the approved source consulted, the customer question, and any Claims or Compliance referral. Where the CRM supports knowledge association, link or reference this article in the interaction record so knowledge use can be tracked. Do not enter unnecessary diagnosis or treatment detail in general CRM notes; protected medical records belong in the approved secure Claims channel.

How to explain the waiver

SUGGESTED LANGUAGE "Your plan may include a waiver of the pre-existing medical condition exclusion when specific purchase, trip-cost, and eligibility requirements are met. The waiver does not guarantee that a medical event or claim is covered. Claims will review the circumstances under the full policy."

What agents may explain vs. what to route

Agent may explain	Route to Claims or approved specialist
Whether the plan includes a waiver provision	Whether a customer diagnosis is a pre-existing condition under the contract
The plan documented purchase-time requirement	Whether the customer was medically able to travel on the relevant date
The documented requirement to insure trip cost	Whether a missed deadline or underinsured amount can be excepted
Where to find the policy and start a claim	Whether the waiver applies to a specific loss or claim
That other policy terms continue to apply	Whether a medical event satisfies a covered reason or will be paid

Examples

Fictional scenario	Likely routing	Agent response
Maya buys Voyager Plus 8 days after her first trip deposit and insures all required cost.	Waiver may be available for Claims review.	Explain that Claims must confirm every requirement and evaluate any future loss under the full policy.
Andre buys Voyager Plus 30 days after his first deposit.	The fictional 14-day purchase requirement appears unmet.	Do not announce denial. Explain the documented rule and route any claim-specific determination to Claims.
Leah buys Voyager Premier on time, then adds a nonrefundable cruise upgrade and does not update trip cost.	Cost-insurance requirement needs review.	Record original and added costs, payment dates, and insured amount; escalate eligibility.
Sam meets the waiver requirements, then cancels only because work became busy.	Waiver is not the central issue.	The waiver does not create a covered reason. Route the cancellation reason under the applicable benefit article.
Nora asks whether controlled hypertension counts as pre-existing.	Claims or approved coverage resource.	Do not interpret diagnosis, stability, treatment, or the look-back definition for the customer.

Common mistakes

- Saying the waiver covers pre-existing conditions instead of saying it may waive an exclusion
- Assuming a diagnosis automatically meets the contract definition
- Using the policy purchase date when the article requires the initial trip deposit date
- Ignoring later trip payments or changes in insured trip cost
- Treating waiver eligibility as approval of a claim
- Applying one product timing window to another product or jurisdiction

Escalate when

- The initial trip deposit date is disputed or involves points, gift cards, holds, group bookings, or multiple travelers
- The customer changed trip cost or added travel after buying the plan
- The customer asks whether symptoms, treatment, medication, diagnosis, or medical stability meet the definition
- The policy edition, jurisdiction, or waiver availability is unclear
- A deadline appears missed or the customer asks for an exception
- The customer relies on prior sales or agent representations
- Legal, regulatory, discrimination, or complaint concerns are raised

Knowledge use and feedback

- Search and reuse approved product and policy knowledge before creating local explanations; associate this article with the CRM interaction where supported
- If a scenario exposes a missing variant, unclear definition, or outdated rule, submit it through the approved knowledge-feedback process
- Flag conflicts with an authoritative policy, filing, Claims interpretation, or Compliance source immediately
- Do not fill a knowledge gap with an unsupported interpretation in CRM notes or a personal reference document

Content maintenance controls

Control	Owner	Trigger
Policy and filing comparison	Product Compliance	New product, policy edition, or jurisdictional change
Claims interpretation review	Claims Operations	Adjudication guidance or recurring escalation changes
Sales-language review	Legal and Compliance	Script, disclosure, or marketing change
Search, reuse, and feedback review	Knowledge Management	Usage, unresolved searches, repeated escalations, or feedback threshold
Urgent correction	Article owner plus SME	Material inaccuracy, customer harm risk, or regulatory concern

Related knowledge
Trip Cancellation vs. Trip Interruption: Which Benefit Applies? | How to Help a Customer File a Trip Cancellation Claim
Medical Claim Documentation Standards | Covered Reasons: Medical Events | Adding Trip Cost After Plan Purchase