

# Why Your Clients Need Medical Evacuation Benefits

will arrange the evacuation and coordinate appropriate treatment along the way.

Many domestic health insurance plans offer inadequate services and protection when taken abroad, this can be devastating when medical evacuation is necessary, which is almost never covered. Help your clients understand that the most comprehensive and reliable coverage comes in the form of an A-rated travel health insurance policy approved by state insurance regulators, so-called "admitted" plans. In contrast to benefits provided by medical evacuation membership programs, these policies include the

As your clients travel the world, are they properly protected against financial exposure due to catastrophic medical events? If they don't secure comprehensive international medical benefits and assistance services before they go, they may find themselves exposed to huge losses – both physical and financial.

Though illness or injury can strike at any time, when severe incidents occur overseas, lack of proper coverage can leave travelers with steep medical bills for less than sufficient care. Proper coverage is international health insurance. These policies pay for doctor and hospital care for short or long trips and will supplement your client's domestic plan. International health insurance can also be purchased as primary insurance for someone relocating to another country for an extended period and can include added features, such as preventative services, acupuncture, chiropractic, and maternity benefits. In addition, global travelers need to be prepared for the possibility that they may find themselves in a location where the medical care is poor or inaccessible and it is necessary to be evacuated to an area where they can receive the necessary level of care. Medical evacuations can be complicated and costly. However, most travel insurance plans include a medical assistance benefit, which is critical. It gives members 24/7/365 access to a company that



benefits and services that give travelers the level of protection and assistance they need to travel with peace of mind.

Admitted plans have been approved by the state insurance department and are bound by state financial solvency requirements. Consumers who purchase admitted plans are less likely to encounter unexpected waiting periods, harsh exclusions, penalties, or unusual claims payment procedures. Admitted travel health insurance policies must meet minimum benefit requirements, which gives consumers the coverage they need. It also ensures that legitimate claims will be paid. Medical evacuation membership plans are not admitted insurance products and are not held to the same high standard for financial stability or consumer protection. Buying a more comprehensive travel health plan also promotes more appropriate medical care.

**Don't sell your clients short. Make sure you offer them a full service, admitted travel health plan that provides a higher level of protection and peace of mind than evacuation membership plans do.**

The key considerations of any medical evacuation process involve more than a promise to evacuate members to the hospital of their choice. Evacuating a patient for medical reasons is a complex process that includes the following:

- Evaluating the appropriateness of local healthcare providers.
- Identifying the closest facility where a high level of care is available.
- Determining the risk and rewards of moving the patient.
- Choosing the best method of transport (for example, ambulance, helicopter, fixed wing air ambulance).
- Securing the cooperation of the local treating physician, including a determination that the patient is stable enough to be moved.

- Enlisting the most appropriate team to handle the transport (for example, doctor, nurse, therapist)..
- Arranging for speedy and appropriate intake at the receiving facility.

Unless the medical assistance staff and the travel health insurance benefits address all of these points, the medical evacuation event could go off track or languish while arrangements are made to stabilize the patient and pay for medical treatment upfront.

Membership plans that promise evacuation to "your hospital of choice" often require inpatients to be discharged, transported, and readmitted. This means that a patient would be admitted for treatment in an initial location, then discharged for the medical transport, and then taken to a facility and admitted for necessary further treatment. This scenario accounts for less than 1% of the medical assistance cases that arise overseas. For instance, if the patient has an appendectomy, once the appendix is removed, readmission to another facility would not likely be required and so an evacuation would likely not be covered.

Comprehensive benefits also allow for easier admittance and discharge when dealing with international hospitals. Getting healthcare can be tricky in some parts of the world. Some hospitals won't provide any treatment or won't allow a patient to be discharged until the hospital has received a guarantee of payment for the services they provide. Such guarantees are commonly provided by travel insurers along with assistance providers, but rarely by other insurers or managed care plans. Without the coverage provided by a company that can secure the guarantee, a traveler who needs immediate care will have to pay the facility, in advance, perhaps as much as tens of thousands of dollars. And for those who have to pay with a credit card, there is a chance that the hospital won't accept foreign credit cards or that the credit card won't have a sufficient credit limit. Admitted travel health insurance plans provide evacuation and other comprehensive benefits and assistance that address the following issues:

- In a true medical emergency, your clients won't be fit to fly. They will need to get excellent local hospital care first and an assistance staff



that can work with the hospital to arrange the necessary guarantee of payment for treatment.

- Coverage for necessary physician services, prescription drugs and ancillary medical care.
- Referrals and access to the most skilled and appropriate doctors.
- Protection that the consumer will have the proper level of benefits and that claims resulting from this coverage will be paid in a timely manner.

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