



Produced by the Research & Information Support Center

Overview

Of the top three [concerns](#) to American travelers going overseas, two are safety and health concerns. An insurance provision addressing travel safety and health/medical emergencies could create peace of mind for travel managers responsible for personnel abroad, especially in extreme examples of bodily injury, sickness, or death, as well as for travelers themselves. This report intends to help corporate travelers and travel managers prepare for and understand the process of a medical emergency requiring evacuation.

The Basics

A risk assessment based on health security intelligence, along with frank interpersonal discussions, may be warranted to consider the likelihood of a costly injury or sickness impacting overseas travel. This evaluation can be an individual undertaking, an OSAC constituent's responsibility, or a mutually agreeable decision. Employers cannot require employees to purchase private insurance. Individuals may purchase their own coverage in conjunction with or instead of an employer-sponsored policy. While insurance negotiations typically fall under Human Resources, Legal Counsel, or Risk/Compliance concerns, handling a crisis would likely include Security departments. As such, it behooves Security staff to be well versed in what policies exist and what coverage is – or is not – provided.

While employers cannot foresee every danger that might befall a traveler, there are certain precautions that might be appropriate depending on the specific traveler, destination, and type of travel involved. That uncertainty is what makes accidents so unforeseen or unexpected. Although planning for every possible contingency is impossible, travelers can reduce the cost of a medical emergency by considering the purchase of a specialized insurance policy for their trip, regardless of whether they have a domestic health insurance plan. Several private organizations provide information and insurance for overseas travelers. Considering various specialized insurance policies or riders (which are basically add-ons to a larger policy) prior to travel might help offset the high cost of an emergency occurring overseas. Not every trip or traveler may warrant such considerations, given varying organizational and individual risk tolerance, but certain destinations or types of travel may require varying supplemental insurance policies.

Approximately 90 percent of U.S. citizens have some form of health insurance, which covers medical bills generally only in the United States unless there is a specific rider included. Standard health insurance plans offer limited or no coverage when outside the United States. Before traveling overseas, travelers and employers should learn what medical services the traveler's health insurance will cover overseas. If a policy provides coverage outside the U.S., the traveler should carry both an insurance policy identity card, which may be used as proof of insurance, and a claim form. Travelers should check with their credit card and homeowners insurance companies, and meet with a company representative responsible for travel safety, to see if they provide supplemental coverage. All travelers should be familiar with their travel and medical coverage before going overseas. Doing so will help with a decision on whether to proceed with supplemental travel/emergency insurance provisions.

Where do we go?

Over 38 million U.S. citizens traveled overseas in 2017. The most [popular](#) destination for U.S. citizens traveling internationally is Mexico, followed by Canada and the United Kingdom (primarily London). Western Europe is the most popular geographic region for U.S. tourism, followed by the Caribbean area and East Asia. Below is U.S. Department of Commerce's [National Travel and Tourism Office](#)'s most recent record (released March 27, 2018) of U.S. travelers abroad:

The contents of this (U) report in no way represent the policies, views, or attitudes of the United States Department of State, or the United States Government, except as otherwise noted (e.g., travel advisories, public statements).

This report was compiled from various open sources and (U) embassy reporting.

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Regions	CY2017
Europe	15,792,769
Caribbean	8,320,516
Asia	5,770,890
Central America	3,032,002
Middle East	2,306,334
South America	1,925,300
Oceania	776,496
Africa	403,151

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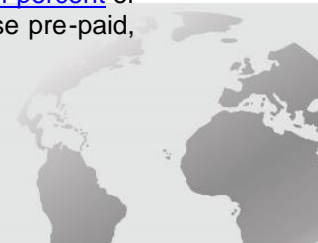
What is are the insurance options?

There are three primary types of travel-related insurance. These insurance policies can be purchased before a trip to provide coverage in the event of an illness or injury and may be of particular importance to travelers with chronic medical conditions. Each has its value for specific needs. Short-term supplemental policies help cover health care costs on a trip. The term of a policy can vary – annual or single-trip – depending on the frequency of travel. There are many public-sector [service providers](#) from which to choose the best fitting policy The Department of State assumes no responsibility or liability for the professional ability or reputation of, or the quality of services provided by, the entities or individuals whose names appear on or are linked to the above page. And, policies can be purchased individually or as a package, depending on the traveler, needs, and destination. Over 124 million travelers in the U.S. are [covered](#) by some form of travel insurance every year. The top three [reasons travelers give](#) for buying an insurance policy are peace of mind, protection against the unexpected, and protecting their trip investment.

Too many travel insurance policies provide little if any coverage for those outbreaks that require an evacuation.
-Voyager Insurance rep

Vacation Plan (aka travel insurance)

Travel Insurance insures your financial investment in your trip. This covers issues such as travel company/airline bankruptcy (or situations otherwise beyond your control, including strikes and weather), trip cancellations/interruption (this could be for a medical or other reason), delayed/lost baggage (often provided by airline, along with “excess valuation” insurance, and/or homeowners insurance), theft protection, some evacuations (political violence), and international driver’s insurance (collision coverage). Although some health insurance companies pay “customary and reasonable” hospital costs abroad, very few pay for your medical evacuation back to the U.S. Trip interruption or cancellation, flight delays, lost or stolen luggage, and other unexpected travel costs can add up, so many travelers opt to purchase vacation plan insurance. In fact, over [94 percent](#) of travel insurance falls under this type of coverage. This type of coverage will reimburse pre-paid,



non-refundable expenses if a trip is cancelled for specifically enumerated reasons – but [most often](#) due to sickness or death -- prior to departure.

Travel Health Insurance

Travel medical insurance covers the cost of various levels of overseas medical treatment. This may include basic medical expenses such as hospital stay, emergency room charges, doctors/dental, and medication. It generally covers short trips (1-6 days). Some medical insurance covers this overseas, but Social Security Medicare does not, except in very limited circumstances. Some MediGap plans are available for emergency care. Secondary/supplemental insurance would likely cover what a health plan would not.

Medical Repatriation/Evacuation or Emergency Medical Evacuation

Medical evacuation is one kind of insurance used to help offset the cost of an unplanned medical or health-related crisis that requires more or different care than a provider can handle. A policy is the same for a domestic trip or an international trip, and includes medical emergencies, from accidental injury to contracting a disease. Medical evacuation plans can focus on emergency medical evacuations, other international medical or health needs, or repatriation of human remains. Having such a plan in place will allow a trained company to handle a health crisis and take care of most associated payments.

A medical evacuation could be needed for a number of 'worst-case' scenarios where a seriously ill individual needs medical attention not available (or of poor quality) where the incident occurred and needs to be moved to another location. Medical evacuation companies provide air ambulance, medical evacuation, or medical escort service coverage for overseas travelers. An air ambulance is a flying intensive care unit, equipped with specialized medical equipment including stretcher, necessary drugs/medication, an ICU-trained staff and specialists. This kind of expense without insurance can be devastatingly high.

A medical evacuation policy is akin to a membership service to transport a patient to life-saving care, often with trained personnel. Most include concierge assistance for case management and location of English-speaking doctors. Medical evacuation can also include translation/interpretation services, legal assistance, adventure sport coverage, reunion services, trip interruption, lost/stolen items, physician-backed support center, and concierge services (associated business services). A policy may even include emergency reunion coverage, which brings a family member to the victim's side.

A medical evacuation is typically a two-fold process:

1. a rapid assessment of injury (at site of the incident or at admitting clinic); and
2. the actual transportation of a critical patient for life-saving care to a treatment facility where the patient can be more formally diagnosed and stabilized.

Medical Evacuation policies generally cover "[bed-to-bed](#)" service: a medical representative/team goes to the discharging hospital to meet and assess patient; a team travels with patient on ground transport to aircraft; a team (or individual) travels with patient on a flight (private or commercial aviation); and a team accompanies patient via ground transport from flight to nearest adequate clinic/hospital and transitions to receiving nurses. The benefit to a policy like this is that it provides continuity of care for the duration of an emergency. However, interpretation may vary on what "adequate medical facility" (among other subjective terms) may mean and, unless specified, may not be to the U.S.

The travel health insurer can also assist in organizing and coordinating care and keeping relatives informed. This is especially important when the traveler is severely ill or injured and requires medical evacuation.

Payments, however, are covered through policy limits and only for specific issues addressed in the policy. Medical evacuation policies do not necessarily cover every component of a medical emergency. For example, policies are unlikely to cover the cost of the hospital stay (including ER



charges), doctor visits, or prescribed medication. These costs would be covered through a travel medical insurance rider or supplement.

Each type of insurance offering has a legitimate use and should be carefully considered depending on a traveler's needs and destination(s). Many commercial companies offer travel health insurance, which may be purchased separately or in conjunction with medical evacuation insurance. These offerings are not mutually exclusive but rather depend on the needs of the traveler and his/her sponsor. The terminology used to identify and/or describe each form of insurance can vary. The remainder of this report, however, will focus only on medical repatriation/evacuation insurance policies and coverage considerations.

Who should have Medical Evacuation insurance?

While the vast majority of trips overseas do not result in a medical emergency requiring an evacuation, there are certain circumstances for which medical evacuation may be a particularly prudent investment. While many U.S. travelers are wary of being affected by terrorist acts or violent crime while abroad, it is much more common for a traveler to fall victim to a car accident, a fall, or an illness that could require immediate care, extended treatment in less than ideal facilities, and staggering hospital expenses. The following [list](#) includes those who might particularly benefit from a supplemental medical evacuation policy:

- **Individuals who may be on a boat, offshore facility, or on maritime assignment for a long period**

This would include patrons on cruise ships, as foreign-flagged carriers may not be covered by U.S. insurance. For example, in July 2018, the U.S. Coast Guard medically evacuated a [cruise ship](#) passenger (along with the ship nurse) from coastal New York to shore-based facilities due to uncontrollable seizures. Similarly, in August 2018, a woman was medically evacuated from a [cruise ship](#) off the coast of Oregon due to kidney failure. This would also include employees of the extraction, shipping, and renewable energy industries who may be stationed offshore or those doing marine research in littoral areas. There are inherent dangers for workers in the [oil and gas industry](#), let alone the remote, inhospitable regions in which the sector tends to operate.

Emergency medical evacuation insurance is essential when sending employees to work in remote, underdeveloped or high-risk regions of the world. From oil and gas workers located thousands of miles from the nearest medical facility, to administrators working in less developed countries...

- Bellwood Prestbury rep

- **Missionaries and aid workers going to remote locations**

In these cases, travelers are generally in remote, isolated locations with minimal access to health care services, especially advanced medical procedures. For example, in October 2016, a female [missionary](#) was severely injured in an earthquake in Haiti. After three days, host country medical teams could not reach her, and she was medically evacuated via U.S. Navy helicopter to Port-au-Prince and then onward to Iowa.

- **Expatriates**

Expatriates in unstable or in underdeveloped nations can ensure treatment elsewhere through medical evacuation insurance. Health care facilities and personnel may not be experienced or equipped to handle serious or complex medical conditions. Host-country bureaucracy and/or language may be complicating barriers to treatment. Long-term travelers may not be privy to universal health care in a host country. Simply by virtue of spending a long period in a given location, travelers are likely to need medical attention; this may/not be emergency care, but it may require advanced medical training and prolonged recuperation/rehabilitation time. Those who are frequently relocated without returning to the U.S. or who are frequently on travel from their overseas assignment may find peace of mind knowing they would be taken care of in a medical crisis, regardless of location.

With this increase in people moving around the world, there is a higher incidence of exposure to risk and untimely or unexpected deaths occurring.

- Rowland Brothers Int'l rep



Expatriates may also wish to purchase longer-term international health insurance policies as their primary insurance for an extended period overseas.

- **Solo travelers**

In these cases, travelers have no accompanying, trusted traveler to call for emergency assistance, to advocate for, or to make decisions on their behalf should they be unable to communicate. For example, in April 2010, a male, U.S. traveler to Cancun [fainted](#) and fractured his skull, resulting in a brain bleed, while on vacation. His wife, who was stateside, wanted him to undergo brain surgery and rehabilitation in the U.S. and contacted a medical evacuation provider to bring him home. The provider guaranteed his hospital bill, and he was brought home in an air ambulance, with an out-of-pocket bill for \$72,000.

Parts of a Policy

An individual traveler who is considering purchasing supplemental policies will need the following data for an estimate:

- Travel dates
- Trip cost
- Date of first booking
- Destination
- Home residence
- Ages of traveler

Once a proposal is generated, some engines include preset filters for specific types of travel (like cruise ships), or a traveler can filter for desired additional coverage or specific amounts to include:

- Cancel for any reason
- Medical evacuation (and how much)
- Loss or delay
- Accidental death
- Trip interruption
- Weather cancellation/interruption
- Hazardous sports and activities
- Terrorism
- Pre-existing conditions

The available plans can be filtered based on cost. From there, a comparison of multiple policies should illuminate the best fit based on the best rate while maintaining needed/desired coverage (and save time). In most cases, the traveler can select and purchase the desired policy online. Generally, there is often a grace period, generally 10-14 days, to cancel with minimum administrative fees. Otherwise, the effective date, or the date a medical evacuation policy goes into effect, is the [date of departure](#) for the trip since these do not include trip cancellation riders. That document suffices as proof of insurance and should be carried on the person and shared with a responsible, non-traveler in case of emergency.

It is a best practice to have a complete copy of the policy with the traveler's belongings, a copy of the salient contact points (including 24/7 phone support) with the traveler, and a complete copy available either in a cloud-based provider or with a non-traveler.

Terms and Conditions to Consider

Make sure the insurance covers any special medical needs or risks anticipated on travel. This is particularly important, as exclusions are likely to apply to a policy. Not every trip cancellation may be covered. A traveler may be required to be a specified number of miles away from home (normally 100 or 150) to be covered. Terrorism or natural disaster at home or at the destination may be covered if they occur within 30 days of travel; conversely, a policy may not be applied if the operator offers a substitute itinerary. A policy may not apply if the insurance policy was purchased too close to departure date, and that could be 7-21 days before

departure. Consider an “any reason” [rider](#) that would at least partially reimburse (up to 75 percent) for cancellation regardless of why a trip does not happen (including a change in desire).

Most policies will have a finite term or duration of care. Considerations should be made for care should the medical evacuation exceed that specified term. For example, if a policy covers 45 days and the patient has not convalesced, procedures should be in place to determine a course of action and financial responsibilities.

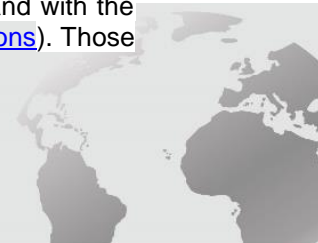
Special considerations should be made on who can accompany a patient requiring medical evacuation, especially if that patient cannot communicate on his/her own volition. Accompaniment by ‘family member’ may be specifically defined, and may not include a traveling work colleague or unmarried significant other. This provision could also be limited to an escort only for a patient who is mentally unfit, a child (under 18), or is incapacitated. An accompanying organ donor may also be included. In [most cases](#), 1-2 passengers can travel with a patient at no additional cost, but it depends on the emergency, the size of the aircraft, and the number of medics onboard. Personal effects may also not fit on an air ambulance or may not be included; however, often 1-2 carry-on sized baggage of essential items will fit.

Specific sports/activities deemed dangerous by the policy provider that could lead to Medical Evacuation needs may nullify the policy. This would include, but is not limited to sky diving, scuba diving, competitive driving, bungee jumping, mountain climbing/trekking, or other high-risk activities. A supplemental adventure-sport rider may be necessary. Self-inflicted injury, suicide, loss due to intoxication, and criminal acts would likely fall into this category.

A policy may have an [exclusion](#) relating to reimbursing costs if the national health service, the U.S. Centers for Disease Control and Prevention (CDC) for example, provides vaccination guidance against specific diseases prior to travel. For example, CDC Traveler’s Health issued an [Alert Level 2](#) in October 2018, advising “enhanced precautions” for a rubella outbreak in Japan; the alert noted that “travelers to Japan should make sure they are vaccinated against rubella with the MMR (measles, mumps, and rubella) vaccine before travel.” The failure to receive vaccines and/or take prophylactic medications in preparation for travel abroad may violate an interpretation of the duty to care principle or attempts to minimize travel-related risks. While a company cannot compel an employee to receive vaccinations, the policy may exclude those who do not comply. This gets complicated when travelers have expected and unexpected stopovers before arriving at the final destination and for diseases that manifest weeks, months, or years after travel concludes. For further guidance on what organizations can do, peruse case law, U.S. Department of Labor’s Office of *Workers’ Compensation* Programs, and OSHA citations and engage organizations with interests in those same locations for their best practices (possibly via OSAC GoogleGroups).

Pre-existing conditions may negate policies, as would lying about – or omitting – a pre-existing condition. Coverage is meant for sudden/unexpected events, not events already known. If a travel has known conditions, s/he will need to add a waiver of those pre-existing condition exclusions. Pregnancy, for example, is considered a pre-existing condition, and maternity care in private hospitals in many countries can be very [expensive](#). Most plans have a 12-month [waiting period](#) before maternity-related expenses would be covered. Mental health concerns (psychiatric emergencies) are generally not covered. An evacuation may not be considered for non-life threatening chronic conditions or elective procedures. Coverage may not be valid for travelers over a certain age (approx. 70yrs). Note that Medicare does not cover international locations. Some Medigap (Medicare supplement insurance) plans may provide limited coverage for emergency care abroad. In a study of international travelers with travel health insurance claims, only [two-thirds](#) of claims were fully met. Preexisting illness and poor documentation were the main reasons for refusal.

Travelers should carry a letter from their health care provider [listing their medical conditions](#) and current medications (including their generic names), written in the local language if possible. Travelers with pre-existing medical conditions may prefer a medical assistance company that offers a secure, cloud-based platform to [store their medical history](#) before departure, so it can be accessed anywhere with internet capabilities. They should also pack all medications in their original bottles, checking beforehand with the destination’s embassy to ensure that none are considered illegal (See [Traveling with Medications](#)). Those



with cardiac disease should carry a copy (paper or electronic) of their most recent ECG. Cardiovascular events are the [second most](#) frequent reason for medical evacuation.

Exclusions may apply in areas with Department of State Travel Advisories at certain level (likely to include “Level 4: Do Not Travel” and possibly “Level 3: Reconsider Travel” ratings) or otherwise deemed “high risk,” unless specific supplemental coverage addresses this. A Level 4 is the highest [advisory level](#) due to greater likelihood of life-threatening risks. During an emergency, the U.S. government may have very limited ability to provide assistance. The Department of State advises that U.S. citizens not travel to a Level 4 country or to leave as soon as it is safe to do so. Conditions in any country may change at any time.

Terminology and definitions matter. For example, one policy for a Terrorism rider included: “The Terrorist Incident must be documented in a Travel Warning issued by the United States’ Department of State advising Americans to avoid that certain country.” Notably, there are no longer Travel Warnings issued by the Department of State (see [Understanding the Consular Travel Advisory System](#)). Care should be taken that by default terrorist incidents cannot be listed in a document that does not exist. Even when Travel Warnings were published, and now with Travel Advisories – specific terrorist incidents are rarely – if ever - listed. So, it is unclear if coverage would be negated in this example.

Services may be void if national airspace or borders are closed. Closed airspace would preclude all private air ambulance and public aviation entry. An air or border closure could be prompted by acts of terrorism or war, political violence including coups, natural disasters including volcanic eruptions and earthquakes, or disease outbreaks. Specifically, the [WHO International Health Regulations \(2005\)](#) aim at preventing the international spread of diseases while limiting unnecessary restrictions on the free movement of travelers. During public health emergencies of international concern (PHEIC) or in connection with specific public health risks, measures affecting travel (i.e. border/air closures) may be recommended (by neutral expert guidance) to avoid the international spread of disease. But, even in the 2014-16 Ebola outbreak, there were no IHRs issued to close airspace.

Most medical evacuation policies may not automatically include repatriation to the U.S., but instead to the “nearest, best medical facility” as decided by the provider. For example, the [UNHCR](#) established that staff in Armenia, Azerbaijan, Georgia, or Kyrgyzstan would be transported to Turkey as a recognized medical center. Once cleared for release from the treating facility, the policy does not provide for transportation back to the location of the evacuation or to the U.S. A clear understanding of terminology is necessary. For example, repatriation may mean a return to the U.S., or it may mean the return of a deceased person.

Repatriating human (i.e. deceased) remains could also be challenging, and final wishes, albeit morbid, should be made clear so that they may be honored. The [disposition of remains](#) is subject to U.S. and local (foreign) law, U.S. and foreign customs requirements, and the foreign country capabilities and facilities, which are often vastly different from those in the United States. Options available to a family depend upon local law and practice in the foreign country, meaning that medical evacuation providers have specific protocols to follow, but clarifications in a policy might include religious requirements and timelines, whether a family member is covered to retrieve and accompany the remains, where the remains are transported, and who pays various incurred costs.

Peruse the General Policy Exclusions section of the Summary of Benefits in detail to understand definitively what is and is not covered in a policy. Travelers are encouraged to read the fine print. Policies for medical evacuation and repatriation are also varied in what the coverage includes and provides. In some cases, [pre-authorization](#) may be needed for treatment, admissions, or other services. A second opinion may be required prior to emergency treatment. Definitions matter and are worth getting specificity on, especially if terms are subjective.



The following is a list of characteristics to consider:

- Exclusions for treating exacerbations of preexisting medical conditions
- The company's policy for "out-of-network" services
- Coverage for complications of pregnancy (or for a neonate, especially if the newborn requires intensive care)
- Exclusions for high-risk activities such as skydiving, scuba diving, and mountain climbing
- Exclusions regarding psychiatric emergencies
- Exclusions for injuries related to terrorist attacks, acts of war, or natural disasters
- Whether preauthorization is needed for treatment, hospital admission, or other services
- Whether a second opinion is required before obtaining emergency treatment
- Whether there is a 24-hour physician-backed support center

Cost

The cost of a medical evacuation policy varies depending on a number of issues. These include age (generally significantly more for travelers over 50), health of individual(s), number of individuals included, term/length of policy, length of trip(s), riders, among other factors. Cost often depends on whether a private air ambulance or a last-minute commercial flight is needed. As such, the majority of medical evacuations are carried out through commercial aviation. Cost also depends on aircraft positioning for air ambulances and the urgency of need. If the need is not life-threatening and can be arranged within a few days, the cost will likely go down. That said, an annual plan for a traveler is likely to [cost](#) about \$200, while a single-trip plan may be as low as \$45.

However, regardless of the cost of a policy, the actual cost of a medical evacuation without insurance will be significantly more, so much so that it could catastrophically drain financial resources of the traveler and family. International medical evacuation can cost over US\$50,000 (possibly as high as US\$250,000) depending on the patient's condition, the site of the incident, and the transport distance. In 2017, an uninsured U.S. doctor was medically evacuated from Dominican Republic (DR) to Vermont for an undisclosed injury that could not be treated in DR, resulting in a [bill](#) for \$536,000. This included a down payment and \$122 per air mile. Evacuations on weekends and holidays are also generally [more expensive](#), as only emergency room (ER) services may be available at hospitals.

What an Embassy Can/Cannot do

The State Department maintains [considerations](#) for insurance options but is not in a position to recommend specific medical evacuation service providers.

If a U.S. citizen becomes seriously ill or injured abroad, the American Citizens Services (ACS) section of a U.S. Embassy or Consulate can:

- Assist in locating appropriate medical services.
- Inform family or friends, with permission.
- Help [transfer funds](#) to the U.S. citizen overseas.

ASC does warn people not to visit certain high-risk countries and areas both because of local conditions and because of limited ability to provide consular services in those places. In a crisis in a high-risk area, ASC may have to rely on local resources to resolve matters. Please refer to [What the Department of State Can and Can't Do in a Crisis](#).

The Department of State cannot pay medical bills. Payment of hospital and other expenses is the patient's responsibility.

The Department of State, including all diplomatic posts, is unlikely to be able to assist in expediting an emergency entry visa application should one be required for U.S. citizen entry to a country. This would



need to be coordinated between the concierge services of the insurance provider, the family, the patient, and anyone who might be accompanying the patient. Notably, should a U.S. private sector entity employ a third-country national who has a medical emergency, the individual's host country diplomatic mission would need to be involved.

The State Department does have a pocket-sized [Traveler's Checklist](#) in pdf format that includes items to do before travel, specifically including "get insured," and includes contact information in case of emergencies.

How does an actual medical evacuation work in practice?

Each response or provision of medical evacuation assistance is a bespoke approach when it comes to responding to a medical crisis. In a medical emergency, the goal is to limit further injury and to save the life of the patient. In some destinations, medical knowledge and/or materiel may be insufficient for either task. Once a patient can be stabilized for transport in these circumstances, a medical evacuation becomes crucial. In many cases, this can be arranged quickly, within a few hours.

First, the insurance company is notified, often through a password provided to key decision-makers, that an evacuation is needed. Consequently, it is important to have emergency contact numbers readily available to begin communication with the provider. Data that is considered includes the nature of the problem, where the patient is located, and what the attending physician can share about the case.

Then, the insurance company consults with its own medical evacuation division for an evaluation of the patient with the physician (or medical personnel) caring for him/her and the geographic location, including the facility and proximity to a viable airport. Travelers should be aware that unexpected delays in care may still arise, especially in remote destinations. An evacuation and transportation is generally subject to prior approval by the insurer or their authorized agent, and any action taken without their *prior* approval may not be reimbursed.

Then, the patient is transported to a capable destination for care. Depending on the severity of the emergency, the patient may be put onto the next available commercial aviation flight or onto an air ambulance in severe cases.

Paying for Services and Documentation Abroad

In some destinations, hospitals will not accept (or release) a patient without receiving a guarantee of payment, meaning that a traveler may need to pay in advance of treatment, even in life threatening situations. Medical care abroad usually requires cash or credit card payment at the point of service. Many foreign medical facilities and providers require cash payment up front and do not accept U.S. insurance plans. Some travel insurance policies include a guarantee of payment. If a policy does not, the patient may need to involve ACS to coordinate transferring funds collected from friends/family in the U.S.

Some parts of the policy may require up-front payment and reimbursement, while other parts might be paid directly to service providers. A policy should include specific requirements of needed paperwork for reimbursement. For example, if a trip is to be canceled, that recommendation must be in writing from a doctor. Further, this may require a patient to request multiple, clear copies of charges, bills, and medical records – possibly translated and certified into English – in order to submit them for reimbursement. Requirements for reimbursement may be "reasonable [expenses] for which you have proof of purchase" or "must be certified by [some authority]," which is vague and subject to interpretation. As such, it is crucial to understand precisely what documentation would be needed to file a claim and where/how that documentation can be located. Not all insurance providers are [licensed](#) in every state, and a claim in a state where the company is not licensed would not be valid. This could be an important detail if a policy is signed at a headquarters but staff are based in other states. In this situation, it would be imperative for the policy to apply to all employees regardless of their stateside location. A claim (or reimbursement request) may be delayed or denied if the required paperwork is not submitted.



Required documentation might include exact number of days recommend for recovery; days hospitalized; airline/hotel receipts; proof of payment; and return to duty certificate/documentation.

Considerations for Employers

For expats, it is essential that their employer will offer them a comprehensive coverage prior to their mission abroad. This should not only include coverage of costs, but also preventive advice and access to high level clinical and aeromedical services.

- Air Alliance rep

Over [15 percent of travelers](#) have some sort of problem while on travel that could be covered by travel medical and emergency medical evacuation insurance. By providing medical evacuation coverage company-wide, corporate travelers can have peace of mind that they are protected against the unexpected, and employers can rest assured that they are protecting their employees and satisfying a duty of care should the unexpected happen.

A duty of care falls on an employer who send travelers to specific locations for work-related responsibilities. [Duty of care](#) is a principle that officers of a corporation in making all decisions in their capacities as corporate fiduciaries, must act in the same manner as a reasonably prudent person in their position would. Further, the duty of care is a legal obligation met if the fiduciary (or decision maker) has executed a reasonably informed, good faith, rational judgment without the presence of a conflict of interest. Based on the duty of care principle, then, an employee could [expect his employer](#) to provide him with information (including current open source data on health risks and disease outbreaks in a destination) and corporate provisions (including insurance plan coverage and assistance services) to ensure a reasonable and foreseeable safe travel experience. A policy is particularly [important](#) for travelers to destinations that are remote or lack high-quality medical facilities. There is case history of travelers, often students on study abroad programs, who have fallen ill – in some cases chronically – suing their institution over a failure to undertake reasonable precautions and winning considerable payments (AB 2016 White Paper: [What's Bugging Your Staff: Air-borne Diseases: Duty of Care](#)). Potential health-related issues may be tempered through pre-departure briefings and insurance coverage.

I believe that it is part of every company's duty of care to ensure the wellbeing and safety of their employees by supplying a tailor-made insurance package for their global workers.

- Tyrol Air Ambulance rep

Prior to departure, ensure that appropriate government paperwork ([DS-5505](#), otherwise known as the Privacy Act Waiver (PAW)) is completed and shared so that an employer can be notified/involved/informed in a crisis. Without this form, a U.S. Consular Office cannot release any information regarding a U.S. citizen to anyone without written consent except as set forth in the [1974 Privacy Act](#).

If deductibles or other pre-payments apply, and that would depend on the policy parameters, clarity between an employer and a traveler should specify who ultimately is responsible for payment.

An employer might also consider a number of HR entitlements or provisions to a policy, including:

- Any special/different considerations for third-party nationals.
- Whether a daily subsistence allowance (DSA) that includes accommodation/food reimbursement is appropriate. A DSA may also have a term limit and is generally only reimbursable from receipts.
- How an absence from work due to a medical emergency will be charged for a patient and for an escort/family member.
- Whether an employee will continue to receive salary payments during a medical emergency.
- Whether benefits – annual leave, seniority, investment fund matching/contributions – continue to accrue.
- Addressing a medical emergency during a period of leave without pay or personal leave in conjunction with official travel.



The existence of nationalized health care services in a given destination does not ensure that nonresidents will be covered. Universal health care *may*, but even in life threatening situations is not obligated to, take care of U.S. expatriates.

Case Studies

A global biopharmaceutical [company](#) frequently sent employees on business travel around the world. In March 2017, one employee on business travel to northern Brazil developed [thrombosis](#). Doctors estimated that she had 24 hours before massive organ failure; however, the admitting hospital did not have equipment or medical expertise to treat her, and the closest capable hospital was over 3,000km away. The company's medical evacuation provider deployed a bilingual team of security, medical, and operational staff to coordinate her transport and communication, escorted her and her medical team on an air ambulance and onward to the receiving hospital, and liaised with her family and employer, all within 12 hours of notification. The employee received the treatment she needed and recovered.

An extreme [example](#) of a medical evacuation occurred in September 2011. A U.S. citizen fractured his femur in Afghanistan. He was brought to Bagram Air Base where imaging suggested an osteosarcoma (the most common type of bone cancer), which could not be treated in Afghanistan. He was transported to Trabzon, Turkey, in an ICU air ambulance and with a medical team. He was then transported in another air ambulance with a new medical team to Luxembourg, refueled in Iceland and Canada, and onward to Montreal. There, he was moved to a third air ambulance and medical team that transported him to Columbia, Missouri, and to the receiving hospital for treatment. Each of these transfers required coordination between three air ambulance providers and logistics of airport and airspace, trained medical teams, the service providers' operations centers, the medical insurance provider, customs officials from various countries, the receiving hospital, and the patient's family and employer.

Considerations for Travelers

If travel is being undertaken on behalf of an employer or is otherwise sponsored, a conversation with management – corporate security, legal, travel, or whoever may be responsible for international operations – is warranted to understand what policies are in place, what coverage is provided, and what processes are in place should a medical emergency occur. A traveler should also consider providing an employer with signed (possibly notarized) documentation that would allow specific employer staff and/or personal contacts to act as the traveler's proxy or to be permitted to receive information in case of medical emergency or incapacitation. With an understanding of sponsored travel provisioning, an individual traveler needs to consider whether that is sufficient or whether supplemental riders are needed for their own peace of mind.

If there is no provisioning or if a traveler has differing priorities, a traveler can call service providers directly well before travel to arrange for personal coverage. This may also be appropriate if the traveler is adding on personal travel or being accompanied by a non-employee. There is generally no underwriting period or need for a medical check-up.

While a credit card company may offer [some](#) coverage when items (flights, tours) are purchased using that card, it is likely akin to Travel Health Insurance that may offer some cancellation coverage with an annual limit or limited interruption coverage. It might, but is unlikely to, offer even "nearest appropriate medical coverage" at their discretion and would likely require the traveler to arrange all details himself (regardless of medical state/condition and without an advocate or specialist consultation and without coordination) while outsourcing specific components to third parties.

The traveler should scrutinize all policies before purchase, looking for those that provide the following:

- Arrangements with hospitals to guarantee payments directly
- Assistance via a 24-hour physician-backed support center (critical for medical evacuation insurance)
- Emergency medical transport to facilities that are equivalent to those in the home country or to the home country itself (repatriation)



- Any specific medical services that may apply to their circumstances, such as coverage of high-risk activities

CDC's Checklist to guide an insurance discussion before travel.

Before travel:

- Scrutinize the traveler's domestic health insurance policy to see what medical services may or may not be covered abroad.
- Consider travel, travel health, and medical evacuation insurance.
- Locate medical services in areas that the traveler plans to visit and carry this information with them on their trip.

During travel:

- Carry copies of insurance policy identity cards, including any supplemental insurance purchased for a trip, and insurance claim forms.
- Retain copies of all bills and receipts for medical care received abroad.

