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Spending

So, Did You Pack the Ticket for the Air Ambulance?

By CHRISTINE LARSON

WHEN Christopher Peabody, 60, of Laguna Beach, Calif., suffered life-threatening intestinal problems in Morelia, Mexico, last month, her son, Wyatt, flew to her side from Los Angeles. Although he speaks Spanish fluently and calls Mexico “a second home,” he was horrified when he saw the hospital.

“The doctors were excellent,” he said, “but the sanitary conditions were not good.” Visitors slept on the hospital floors, the intensive care unit had only one sink and the bathrooms had no toilet paper, he said. Eager to return his mother to the United States, Mr. Peabody spent \$21,800 for a private air ambulance to fly her to a hospital in Southern California.

While Mr. Peabody expects his mother’s health insurance plan to cover the \$8,000 he paid in cash for her medical care, he does not yet know whether the insurer will pay for the air ambulance. “I just wanted to get her home. She was worsening by the hour.”

While many private health insurance plans reimburse emergency medical expenses overseas and some cover “medical evacuation” — moving sick or injured travelers to the nearest adequate hospital — almost no health insurance policies pay to bring those travelers back home to the United States. And, as Mr. Peabody found, getting home can be the most expensive part of a health crisis abroad.

An air ambulance from London to New York can cost \$40,000; from Hong Kong, it can cost up to \$100,000. As Americans travel abroad in record numbers, some companies are offering “medical repatriation” services to bring sick travelers home safely and more affordably.

The companies’ services work something like auto clubs, charging a yearly membership fee and promising to pick you up in an emergency. Family memberships in one such business, Air Ambulance Card, cost \$295; individual memberships, \$195. If you are hospitalized while traveling anywhere in the world, the company agrees to fly you home to the hospital of your choice, as long as a physician agrees to admit you.

“We will never, ever travel without an air ambulance plan again,” said Anna Frazelle, 47, of Wrightsville Beach, N.C. Mrs. Frazelle and her husband, Barry, joined Air Ambulance Card before their vacation to Costa Rica last summer.

On July 4, 2006, the Frazelles and their two teenage daughters traveled by zip lines — aerial wires through the tree canopy — deep into the Costa Rican rain forest. There, they took turns jumping from waterfalls; on her last leap, Mrs. Frazelle broke her back. Mrs. Frazelle endured an excruciating return trip via zip line, bus and a two-seater charter plane to San José, the capital of Costa Rica, where she underwent emergency spinal surgery. Five days later, Air Ambulance Card flew Mrs. Frazelle to a hospital in North Carolina.

“I was alone in the hospital in Costa Rica, because my husband had to leave to take care of the girls,” she said. “When the air ambulance guys walked in, with their U.S. flags on their shirts, I broke down and cried.”

While the Frazelles spent \$40,000 for medical expenses in Costa Rica, they weren’t charged a dime for the flight home. Having an emergency transportation plan, Mr. Frazelle added, “made a bad situation a little better.”

Emergency-transportation membership clubs have existed for at least a decade, but their popularity has skyrocketed recently. Since 2004, Air Ambulance Card’s membership has grown 20 percent to 25 percent annually, the company said, although it did not give total membership figures. MedjetAssist, a similar service, says that its membership has grown to 48,000 from 5,700 in 1998, and that it expects a new surge in June, when AARP will begin offering the service to its members.

Because such plans are membership clubs and not technically insurance, they do not require claim forms, co-payments, or an insurance plan’s opinion that a return to the United States is medically necessary.

They also do not base fees on pre-existing medical conditions. Joseph Russell, 63, a retired doctor from Wilson, N.C., who had a heart transplant, and his wife, Sarah, who has multiple myeloma, paid the same fee for an Air Ambulance Card family membership that a younger, healthier couple would. When Mrs. Russell tripped on a cobblestone in Quebec last fall while on an excursion from a cruise ship, an air ambulance flew her home for knee surgery the next day.

The plans have some drawbacks. They are not regulated by the insurance industry. And they do have some restrictions: for instance, Air Ambulance Card accepts only members who are under age 75, and MedjetAssist charges more for members over 75 and limits them to one transport a year.

Most important, the plans do not cover any medical expenses, outside of care provided on the air ambulance. The Russells paid about \$1,500 out of pocket to the Canadian hospital that cared for Mrs. Russell. Their Blue Cross Blue Shield policy reimbursed about \$500 of that, and travel insurance, bought through the cruise line, covered the rest.

Many travelers do need additional medical coverage while traveling abroad, either because their private health coverage offers only limited benefits overseas or because

they are covered only by Medicare, which will not pay anything for medical care outside the United States.

Today, about 30 percent of American travelers buy travel insurance, up from 10 percent to 12 percent before Sept. 11, 2001. Some travel insurance policies already include medical repatriation, which could make an emergency transportation plan unnecessary.

When shopping for a travel insurance policy that covers repatriation, it is important to understand the terminology. Jonathan M. Ansell, president and chief executive of World Access, a travel insurance company, and president of the U.S. Travel Insurance Association, said that typically, “ ‘evacuation’ is getting to the nearest medically appropriate hospital; ‘medical repatriation’ is getting you from there back home.”

Sometimes terms in the policies vary. For instance, Access America travel health policies, from World Access, include “emergency medical transportation” benefits, which may fly you home in some cases.

Similarly, despite its name, the same company’s Annual Med Evac plan provides more than just evacuation and is not necessarily annual: it also includes medical repatriation and can be bought for three months (\$190 a person), six months (\$290) or 12 months (\$490).

Although more expensive than Air Ambulance Card and MedjetAssist, this plan covers additional expenses that might be incurred in a medical emergency overseas, like the cost of a relative flying to your bedside or the return home of your children or traveling companion.

American Express Platinum members already have medical repatriation benefits: in March, the company upgraded its evacuation benefit to return members to a hospital near their home.)

FOR travelers who haven’t planned ahead for medical emergencies, there may still be a way home. The United States government may lend you the money. In 2006, the Overseas Citizens Services of the State Department issued 843 repatriation loans totaling a little over \$1 million. The catch: once you get home, your passport is no longer valid until you pay the loan. The office can also provide logistical support, translation services and medical referrals: To reach the office from overseas, call 202-501-4444 or contact the nearest embassy or consulate.

While such loans are relatively rare, they are much appreciated, said Catherine Barry, deputy assistant secretary of state for overseas citizens’ services.

“Most people, when they’re sick or injured,” she said, “want to be in their hometown where Mom and Dad can stand next to the bed and give them chicken soup.”

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