

Ample coverage and expedient medical assistance during an evacuation are foundational elements of travel insurance plans and products. But are you still unsure about how to answer the most pressing questions about this benefit? Below we help debunk some common medical evacuation misconceptions.



**MYTH:** Medical evacuation and repatriation are the same.

**Reality:** Medical evacuation typically means moving a patient from one location where the local care is not adequate to meet the patient's needs to another nearby location that does. Repatriation means transport, usually medically-supervised, back to the patient's country of residence. There are situations where a medical evacuation is also a repatriation. Other times, a patient is only medically evacuated to a nearby Center of Excellence to receive care and recover, and then the patient continues with their journey. More commonly the patient has both – evacuated first to a nearby Center of Excellence and then repatriated back home for longer term care/convalescence.



**MYTH:** In order for a repatriation to be covered, the patient must first have a covered evacuation.

**Reality:** While it's most common for an evacuation to first occur, not all travel insurance policies necessarily require such for the repatriation to be covered. Our clinical team may determine that a medically-supported transport is required to return the patient to their residence, irrespective of whether a covered evacuation preceded it. An example is when a member is in a Center of Excellence city and is hospitalized and treated, but still requires medically-supervised transport to safely get home for further treatment or recovery.



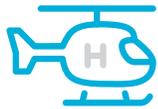
**MYTH:** Medical evacuation back to the U.S. is always the best course of action.

**Reality:** Based on the situation and treatment needed, the Emergency Medical & Evacuation team works with the treating facility to determine patient stability and the risk and benefits of moving a patient to another facility. These factors dictate whether a member requires evacuation back to the U.S. In most emergency cases, the patient will first be stabilized then a plan will be set for medical evacuation to the closest Center of Excellence or repatriation. Should transport be recommended, the emergency medical team coordinates and arranges direct payment for the best method of transportation – for example, ambulance, helicopter, fixed wing air ambulance – which may require a few days to complete.



**MYTH:** Evacuations happen quickly; after all, it is an emergency.

**Reality:** While evacuations normally involve very serious medical conditions, the patient is usually hospitalized in a setting that can at least meet their immediate, short-term needs. In fact, the patient must be stable enough before an evacuation takes place (a determination that is usually jointly made by the treating doctor, clinical team, and the transport vendor's medical authority). While international insurance companies maintain a global network of medical transport resources, there are also a number of factors that affect the time-frame for transport, including: arrangements with a receiving care facility, transit time for the transport resources to get to the patient, crew rest, landing permits, seat availability, weather, etc. Evacuation services work to keep the patient and family informed of the time-frames throughout the course of the transport.



**MYTH:** Medical evacuation by air ambulance is the best method of transport.

**Reality:** Emergency transportation vehicles have one goal: provide life-sustaining care to patients needing to get from point A to point B. Similar to ground ambulances, air ambulances are packed with life-saving equipment and provide minimal space for travelers. Aside from the necessary travelers – the emergency responder, the patient and possibly one other travel companion – there is usually no extra room for luggage, no extra seats, nor in-flight catering or other amenities. The cabin environment can be loud. Additionally, because of size and range, air ambulances can often only go short distances in comparison to a commercial jet. In some situations, transport by air ambulance is the right course. In others, evacuation by commercial airline is also appropriate. The latter provides significantly more comfort and typically shorter transit times but may not provide sufficient support for the patient's condition. The evacuation medical team has experienced medical staff who can make these determinations based on the patient's condition, needs during transport and distance to the nearest Center of Excellence.



**Emergency Medical & Evacuation Services help members navigate the complexities of international healthcare, providing them with confidence and peace of mind.**

In a medical emergency, emergency medical teams are available 24/7/365 to support members around the world. They work directly with healthcare facilities to identify the best treatment options and care settings, coordinate appropriate medical transportation and arrange direct pay to healthcare providers for services with a goal to simplify and streamline a challenging, stressful event.

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