



Guide to Travel Health Insurance

2016 Edition



IAMAT



IAMAT

International
Association for
Medical Assistance
to Travellers

► About us

IAMAT's mission is to make the world a healthier place to travel. We protect and improve the well-being of travellers with up-to-date health information and our international network of English-speaking doctors and mental health practitioners committed to helping our members. Our travel medicine scholarships improve lives by enhancing healthcare standards in clinics and hospitals abroad.

Our vision is to work towards a world where travellers have access to quality medical care no matter who or where they are.

Our focus is on prevention. We believe in being well informed about potential health risks during travel. We also believe that trusted and affordable medical assistance should be accessible to all travellers.

We are a registered charity in the USA and Canada and our work is made possible through the generous donations from our members. This allows us to provide impartial information and recruit qualified healthcare practitioners around the world without compromising medical ethics.

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Why we wrote this guide

This guide seeks to answer one of the most common questions we get from travellers: “Where can I find travel health insurance and what should I look for?”

We provide this guide as a public service. IAMAT is an independent, non-profit organization which neither promotes nor endorses a particular provider or product. We name no insurance company in this guide. Instead we offer assistance on where to find travel health insurance and what to look for to ensure you make an informed decision on coverage for your trip.

This guide is written primarily with Canadian and American travellers in mind. However, readers from other countries may find similarities in insurance coverage and will benefit from many of the tips found inside.

Since 1960 one of our main functions is to provide our members with a listing of doctors and mental health practitioners around the world who are committed to helping travellers. Many of our members choose to get reimbursed by their insurer for services provided by our IAMAT accredited doctors.

In a crowded marketplace with a multitude of plans being sold online and through travel agents, independent brokers, financial institutions, cruise lines and tour companies, analysing and finding the best coverage for your needs can be overwhelming.

For years our members have told us that policy terms and conditions have many exceptions and are hard to understand; that they cannot find adequate coverage due to type of travel, health or age; or are experiencing financial hardship as a result of medical expenses they thought were covered.

There are many articles with travel insurance tips out there but we haven't come across a definitive primer written by an impartial observer. We hope that this guide will give you a better understanding of how travel health insurance works, and what you need to consider before you purchase coverage for your trip.

A note on terminology

The terms 'travel health insurance' and 'travel medical insurance' commonly refer to emergency medical care abroad provided by an insurance company. We prefer using 'travel health insurance' rather than 'travel medical insurance' which is often confused with 'medical travel insurance', the latter being specialty coverage designed for non-emergency and elective medical procedures done abroad.

▶ **Quickly...**

- Evaluate your travel health risks before buying travel health insurance.
- Before you leave, find out if your destination country requires proof of travel health insurance coverage.

To buy, or not to buy

Deciding to purchase travel health insurance or not is a personal decision. You may already be covered by an existing policy, medical facilities in your host country don't accept insurance, the cost of medical care in your destination country is cheaper than your premium, you may not trust travel insurance to cover your medical needs adequately, or you simply don't think you'll need it.

Your perception and tolerance for risk may also influence your decision. Although we can determine the incidence of injury and infectious diseases among travellers through data collection and on-the-ground reporting, there is no objective way to measure travel health risks.

One person may not think twice about driving a motorcycle across the Saharan desert, but will cancel a trip due to the MERS coronavirus outbreak in the Middle East even though there is minimal risk to travellers.

Travel Health 101

Diligent preparation, adapting or changing your habits to actively avert risks, and fully understanding what you're getting into will help you address and manage travel health risks.

- Know which vaccine-preventable illnesses are present at your destination. Getting vaccinated can prevent or reduce your risk to infectious diseases like Influenza, Hepatitis A, Measles, Typhoid Fever, and Yellow Fever.
- Be mindful of drinking purified water and eating well cooked foods to reduce your chances of getting a gastrointestinal infection.
- Wash your hands thoroughly and frequently or use an alcohol-based sanitizer to reduce your chances of getting an upper respiratory illness like the flu or another infectious disease.
- Find out which health risks at your destination are not vaccine-preventable and how to protect yourself and others. For example, there is no preventive vaccine or medication against Dengue, but you can take measures to prevent mosquito bites during the daytime by wearing long sleeved shirts, long pants, light colours, and using effective anti-mosquito sprays or lotions.
- Plan trip activities that are in line with your current health status. If you're planning to do an architectural walking tour of Paris and do very little walking back home or signed up for the Kilimanjaro Marathon and it's your first one, your risk of injury increases.
- Find a reputable doctor at your destination prior to your trip. Nothing beats having peace of mind knowing that in case of an emergency, you know how to get to the clinic or hospital and that you will get professional care.

▶ Note

For more information on travel health basics and to download easy-to-use guides from our e-Library, visit IAMAT at www.iamat.org.

Evaluate your travel health risks

No one has a crystal ball to predict if you'll get sick abroad, but consider these five key risk factors before deciding whether or not to buy travel health insurance.

1. **Health:** Are you currently in good health or do you have a pre-existing condition that may require a visit to a doctor or hospitalization?
2. **Type of travel:** What type of travel will you be doing? Will you be sightseeing, primarily visiting art galleries and museums in London, hiking along Alta Via 1 in Italy, trekking in the Peruvian Amazon, or teaching English in China?
3. **Length of travel:** Will you be going for one week, two months, or a year?
4. **Destination:** Will you be staying in remote areas or just in main cities? Does your destination country have a reputable healthcare system or is quality medical care hard to find?
5. **Medical care and costs:** Will you be travelling to a country that has quality and affordable health care, to a country that has only privatized healthcare with high medical costs, or a mix of both? Will medical expenses put a major dent in your wallet?

▶ Important

When evaluating your travel health risks, don't forget to consider the possibility of unexpected illness or injury as a result of travel activities which could require hospitalization or evacuation.

► Tipbox

When Travel Health
Coverage is Required

Destination countries

Did you know that some countries need proof of health insurance as an entry requirement? Check with the **US Department of State International Travel Information** or check with **Canada's Travel Advice and Advisories** before you leave. Depending on the country, you may need proof of:

- Minimum coverage amount for medical expenses.
- Evacuation or repatriation insurance, enough to get you back home.
- Insurance approved by your destination country and bought at the port of entry, regardless if you have other coverage.
- Coverage for long term stays.

Employees and volunteers

Working, studying, or volunteering abroad? Your sponsor or employer may provide coverage for emergencies abroad or you may be required to get your own travel health insurance. Either way, read the fine print of the insurance certificate to see if it fully covers your health needs, such as pre-existing medical conditions. Check, too, if there are age limitations and if it covers you in a politically unstable country.
► See: *Buying travel health insurance*.

▶ **Quickly...**

- Check if you already have existing travel health coverage and make sure that it fully covers your health needs and for the full duration of your trip.
- If existing coverage is not adequate, look into getting supplemental or top-up travel health insurance.

You may already be covered

Picture this. You've clicked on 'Buy Ticket' and a page appears asking you to purchase travel insurance for a minimal fee. Likewise, your travel agent will ask if you want to get insured for the trip.

Before you proceed ask yourself:
Is it the right coverage for you?

It's not prudent to buy travel health insurance if you haven't had the time to read the full terms and conditions. There is no shortage of stories of travellers who are out-of-pocket for medical expenses because they thought they were covered.

In fact, you may already have existing coverage. Before you buy, check the following:

Credit cards

Before going on your quest to purchase travel health insurance, start with your credit card company. Some cards, usually elite cards like World MasterCard, American Express cards, and VISA Infinite Avion may be a good fit. Before your trip, make sure you know what you'll be covered for and how much, and if there are age limitations or exclusions for pre-existing medical conditions. Find out if family members or travel companions are covered and if there is a limit to the days you're covered abroad.

▶ See: [15 items that affect your coverage.](#)

▶ Note

Some credit cards only offer emergency assistance services, also known as travel assistance, which help you find or refer you to medical facilities in your destination country. These services do not cover your medical expenses.

Work benefits

If you have an employee, union, or pension benefits package, or belong to a professional association, chances are that you may already be covered for medical emergencies abroad. Now is the time to get familiar with your travel health benefits if you're not already. If there are no provisions for health coverage abroad or they don't fully cover you, ask your benefits manager if you can buy supplemental travel health insurance through the group insurance partner. If not, you'll have to get it yourself.

▶ Tipbox: [Supplemental or top-up coverage.](#)

Private or government health plan

If you have a private health plan, it may also cover you for some medical services abroad. Check if it covers you for the full time you're away, if the maximum payout amounts for medical emergencies are adequate, if the type of coverage fits your health needs, and if it covers you for pre-existing medical conditions.

We'd be remiss if we didn't mention government health insurance plans. In both the US and Canada, government health insurance plans provide very limited coverage for an unexpected illness that requires immediate treatment.

- ➔ [US Medicare and Medigap](#)
- ➔ [Canadian Provincial Health Coverage](#)

This may suit your needs, for example, if you need emergency care for an acute ailment like an allergy.

Membership organizations

Do you belong to a membership organization or a professional club? Your alumni association or organizations like the American Automobile Association (AAA), the Canadian Automobile Association (CAA), the American Association of Retired Persons (AARP), or the Canadian Association of Retired Persons (CARP) offer insurance products often at a discounted rate to members.

Banks and other financial institutions

Check also with your financial institution. Many banks and trust companies offer travel health insurance packages to clients. In addition, your broker may also bundle travel insurance with your existing home or car insurance policies.

European Health Insurance Card

If you're a European Union national or reside legally in the EU, you can access emergency medical care with a European Health Insurance Card.

- ➔ [European Health Insurance Card](#)

You can expect the same standard of care and pay the same rate as a resident in that country. This card is for short-term trips and some restrictions may apply depending on the country you're visiting.

► Tipbox

Supplemental or Top-up Coverage

If your existing insurance benefits don't fully or adequately cover you for the purpose of your trip, you may want to consider getting supplemental or top-up coverage (also known as excess insurance). For example, if you're only covered for a limited time abroad, the maximum medical benefits amount is not enough, or you're not covered for pre-existing conditions, you can supplement it with coverage from another insurer.

If you need supplemental travel health insurance, your best bet is to get a plan that covers all your medical needs and takes over when your existing coverage has reached its payout limit. This is also known as secondary coverage. Primary coverage refers to your existing insurance benefits which

will pay all your eligible claims first. You can then approach your secondary insurer to pay the balance of your medical expenses. Note that secondary coverage can pay for your primary insurance deductibles or co-payments, but it may take longer to get reimbursed for your claim. Don't forget to tell your existing travel insurance provider that you've purchased supplemental insurance.

➔ Some US travel insurance companies sell primary coverage, regardless if you have existing coverage. They will pay for your expenses first and some will coordinate with your existing insurance provider if needed. They also advertise that it will take you less paperwork and less time to get reimbursed than going through your existing provider.





▶ **Quickly...**

- Do your homework. Give yourself enough time to shop around for the right coverage. Leaving it to the last-minute could put your health and finances at risk.
- If you're unsure about the coverage details, don't hesitate to ask questions and get proof that you will be covered for your specific health needs.

Buying travel health insurance

It's a noisy and complicated travel insurance marketplace out there.

There are so many competing vacation packages and travel health plans offered through a multitude of channels and partnerships – your airline, online travel booking companies, insurance comparison sites, travel agents, tour operators, cruise lines, brokers, insurers themselves, and financial institutions.

Where do you begin?

Having a clear understanding of the type of travel you'll be doing and being aware of the health risks you may encounter abroad can take out some of the anxiety of choosing the right product.

Travel health plan or vacation package?

When it comes to choosing travel health insurance, you have two choices; to get a travel health plan or a vacation package:

1. **Travel health plan:** Also known as a travel medical plan. These stand-alone policies only cover you for medical emergencies abroad usually costing a few dollars per day.
2. **Vacation package:** Also known as a trip insurance package. This coverage is made up of bundled products that cover you for medical emergencies, trip cancellation, trip interruption, baggage damage or loss, and flight cancellations. These packages are typically 5-7% of your total trip cost.

► Note

The cost of your premium will depend on your age and health status, your destination, the length of the trip, and additional options or waivers you add that are excluded from basic coverage. Depending on the insurer, premiums typically escalate for every decade after age 50. The same goes for pre-existing conditions – you'll have to pay more to get a waiver.

Shopping around

When it comes to buying travel health insurance, it doesn't pay to be an impulsive shopper. Do your homework and narrow down your choice to two or three policies. Resist the temptation that it's just easier to buy something on the spot; you may regret it later. Buying without fully understanding what's covered in a medical emergency may put your life at risk or leave you in an untenable financial situation.

Ask friends or family who have purchased travel insurance in the past. We also suggest contacting insurance companies directly, use a travel insurance comparison site, or talk to a knowledgeable independent broker.

► See: [Resources](#).

▶ Important

Don't base your decision on price alone. Your plan may be cheap, but it may not cover you adequately – the maximum limits for medical expenses may not be enough – you may need to get a pre-existing conditions waiver or buy an additional option to cover you for long term travel.

▶ See: [Resources](#).

Ready, set, research!

Before you purchase a policy, you'll want to:

- [Ask to see or download a copy of the sample policy certificate](#) and read it from cover to cover. If you're unclear about anything, call the insurer directly or ask your broker or travel agent to show you the exact clause proving how the coverage meets your health needs. If you're not satisfied with the answer, ask to speak to a manager who may be more familiar with the policy's content. Look elsewhere if you're not 100% satisfied with their answer.
- [Find out if the insurer is legally allowed to operate in your state or province](#). Ask for their license number and cross check it with your state or provincial regulator. Make sure to buy your coverage from an insurance company that is licensed where you live. If something goes wrong or your claim is denied, you have legal recourse in your jurisdiction. ▶ See: [Resources](#).
- [Check if the insurer is a member in good standing with the **US Travel Insurance Association** or the **Travel Health Insurance Association of Canada**](#).
- [Check with consumer protection organizations and online travel forums](#) to see if your insurer has a good track record. This may not provide you with a full picture of the insurer's business practices, but it can give you a sense of their reputation. ▶ See: [Resources](#).

► Tipbox

Insider Advice:
Know Your Needs and
Make That Phone Call

When asked what travellers should keep in mind when choosing travel health insurance, Damian Tysdal, Founder of **Travel Insurance Review** says:

"Some plans are designed to be barebones and others are very comprehensive; there's a large variety and knowing what your needs are is really the key. Be aware of what your current coverage is, what your needs are, and find the right plan that will fill that gap."

If you already have existing coverage, Damian says to make really sure that you have the coverage that you think you do.

"Make a phone call to your company and be fully open about what you intend to be doing and what kind of trip you're going to be taking. People make assumptions about their coverage and to what extent it covers them. So really dig into that and make that phone call. If you feel that there is some sort of gap, make a list of the gaps you're concerned about. That way you know what you're looking to supplement for additional coverage."

- [Find out who underwrites, or financially backs, the policy.](#) Does the insurer have a good credit rating with the travel insurance rating company **A.M. Best**?

► Note

While good credit ratings prove the financial stability of the underwriter – the company that backs the insurer financially – they don't shed light on the insurance provider's day-to-day operations, the quality of their emergency medical assistance, customer service, governance practices, or fairness of the claims process.

► **Tipbox**

Before You Buy

Did you know that some countries and medical facilities don't accept travel health insurance?

Before buying, find out if insurance is accepted in your host country. If not, you'll have to pay the medical provider directly, usually in cash or by credit card and file a claim for reimbursement when you're back home. Ask your provider for details.
► See: [15 items that affect your coverage.](#)

We also recommend consulting the [US Department of State International Travel Information, Canada's Travel Advice and Advisories](#), or contacting your local embassy or consulate representing your destination country.

➔ We've come across references mentioning that travellers can access subsidized public health care abroad if their country has a reciprocal agreement with the destination country. Check with the embassy or consulate representing your host country if this is the case.

► Tipbox

Third-party Travel Insurance Sellers

Third-party travel insurance sellers are businesses or individuals that sell travel insurance on behalf of an insurance company for a commission. They can be tour operators, travel agents, airlines, cruise lines, online travel booking companies, financial institutions, or insurance brokers.

Keep in mind that third-party agents may not be completely familiar with the details of the policy they're selling. They tend to sell insurance packages from preferred insurers who give higher commissions so you may not get the full picture of products available out there. They may not be licensed to sell insurance, they may not be bonded, or their policies may not be supported by a reputable underwriter. Don't be pressured into buying a

travel health plan or a vacation package once you've heard their pitch – it's their job to tell you about insurance.

If you're getting travel insurance directly underwritten by your cruise line or tour operator, also known as 'in-house' insurance, make sure that they're bonded and a member of a reputable travel industry organization such as the National Tour Association or the Canadian Association of Tour Operators. If they go bankrupt, your coverage may cease and you may not be able to claim expenses. Before you buy, ask if they have supplier failure protection and what would happen to your medical coverage and expense claims if they go out of business.

▶ **Quickly...**

- Travel health insurance coverage varies across and within companies. Read all the fine print and make sure that you understand your policy's terms and conditions.
- Your policy certificate is a legal contract. If you're uncomfortable with any of your responsibilities or obligations in return for coverage, continue shopping for a policy that is right for you.

15 items that affect your coverage

Before filling out your application, make sure you've understood all the terms, conditions, limitations and exclusions of your policy. We can't stress this enough.

Travel health insurance certificates tend to be heavy on legalese and medical jargon which can be confusing, written in small print, badly laid out, and very long.

Keep in mind that your policy is a legal contract. Make sure you understand what your obligations and responsibilities are in return for coverage. Also, don't assume that just because you have travel insurance, that you're covered.

Here's what to look for in a policy before you sign on the dotted line or click on 'Buy':

1. Frequency of travel

One of the questions you'll be asked is if you want to be covered for a single trip or multiple trips during the year. Typically companies will cover you for a period of 15 to 30 days per trip, but some will cover you for longer. If you're planning to be away a long time, check with the insurer if you can get long term coverage. If not, look for companies that will, including specialty companies focusing on expat travel. If you're taking multiple trips during the year, you'll want to consider getting an annual insurance plan. Many of these plans are renewable.

2. Type of travel

Did you know that activities such as zip lining, bungee jumping, scuba diving, camel riding, or hot air ballooning are typically not covered under regular travel health insurance policies? You may have to think twice about taking up a last-minute invitation to do these or other sporting activities such as skiing, skydiving, rock climbing, back-country backpacking, white water rafting, parasailing, or paragliding. If you're planning to do these activities or take part in amateur sports, ask the insurer if they have special coverage for this; your premium or deductible may be higher. If you're unsatisfied, look for a company that specializes in adventure travel or talk to an independent insurance broker that can find the right plan for you.

3. Destination

If you're going to a politically unstable or war-torn country, many travel insurance companies will not cover you since you're at greater risk of getting injured. Generally companies follow their government's travel advisories for various destinations to confer coverage. Be careful of companies that do not provide a list of countries which are not covered. If the countries are not listed online or on the certificate, give them a call. If you're a journalist or

aid worker, there are specialty insurance companies that will cover you for countries experiencing instability, but your premium will be higher.

Be aware that some insurers will only cover you if you are a set number of kilometres or miles away from home. Also, some insurers may not provide full medical coverage in specific countries or locations because they may not have preferred healthcare providers or have little experience in that country. Make sure to check your policy for these restrictions and look elsewhere if they don't fit your needs. ▶ Tipbox: [*A primer on the travel insurance industry.*](#)

▶ Note

Some insurers base their plan and package prices on destination. If you're going to a country with high health-care costs or where evacuation is difficult, your premium or deductible may be higher.

4. Your age

Most insurance companies require you to be 18 years of age or older to apply. If you're over 60 or 65, depending on the company, your coverage may be limited and the policy premium or deductible may be higher. In most cases, you'll have to fill out a medical questionnaire since insurers consider you at greater risk of requiring medical coverage. Note that many insurers will not cover you over a certain age. ▶ See: [*The medical questionnaire.*](#)

5. Your health

You may consider yourself healthy, but an insurer may beg to differ. Reading the fine print of your policy, you may find clauses that limit your coverage based on your current status and your health history. ▶ See: [*Making sense of your health coverage.*](#)

6. Place of residence

Note that the level and amount of coverage offered by a company may differ based on the province or state where you live. This is because policies must conform to laws and regulations governing each jurisdiction. Read the fine print to check for any residency exclusions.

7. Time limitations

Insurers have stipulations about purchasing insurance within a set amount of time after you buy your ticket, especially when it comes to getting a pre-existing medical conditions waiver. ▶ See: [Pre-existing medical conditions](#).

Check for these deadlines, including effective and termination dates, and for making changes or upgrades to your policy. Make sure you understand how coverage time periods are determined since each company is different. If you're unsure, call the insurer.

If you decide to stay longer while you're on your trip, can you extend your coverage? Can you do it for free or is there an additional cost to do this? Also, if you have a medical emergency and need to continue your journey, is coverage extended for the remainder of your trip? Usually providers only cover you for a limited time after you've needed emergency medical care or have been discharged from hospital.

Be aware of clauses that allow the insurer to change your policy or even reduce coverage at any time. Find out how this could affect your emergency care abroad or getting reimbursed for a claim.

▶ Note

8. Deductible and co-payment

Check if your policy has a deductible. A deductible is the amount of money you have to pay before the insurance company will start paying for your medical expenses. The deductible varies among companies and typically ranges from \$25 to \$5,000 or higher.

Some policies have co-payment clauses. This means that you can expect to pay a percentage of your medical expenses, typically between 10% and 20%.

9. Maximum benefit amounts

Find out what the maximum amount of medical costs are covered by the insurer. If you're considering getting the cheapest plan or package available, for example, you may only be covered for \$10,000 worth of medical expenses. Some insurers determine payout limits based on age and health status. ▶ See: [*Making sense of your health coverage.*](#)

▶ Note

If you live in Canada and are not covered by a government health insurance plan as a result of being new to the country, for example, you may be covered only up to a certain amount. Check the fine print of your policy.

10. Reimbursement

Does your insurer pay the medical provider directly or do you have to file a claim to get reimbursed at a later date? If you need to pay the medical expenses upfront, can you afford it? And what happens if your claim is denied or not fully reimbursed? Find out if your insurer provides cash advances so that you're not out-of-pocket for medical expenses. ▶ Tipbox: [*Supplemental or top-up coverage.*](#)

▶ Important

Many medical facilities around the world do not accept travel health insurance. You'll have to pay the provider directly (usually in cash) at the time of service and get reimbursed by your insurer. Before you buy, ask the insurer if their insurance is valid in your destination country. Alternatively, contact your local embassy or consulate representing your host country. ▶ Tipbox: [*Before you buy.*](#)

11. Pre-approved care

Some insurers have rules about where you can seek medical care. This is because they have a network of preferred healthcare providers. In this case, you'll have to get prior approval from the company's call centre responder so that they can direct you to the nearest facility of their choice. Failure to call – even in an emergency – or seeking medical care elsewhere may result in you paying part of the medical expenses. If you can't call the insurer's call centre at the time of the emergency, have someone else call on your behalf or you'll have to call them as soon as you possibly can.

▶ Important

Before you buy, find out how the company would handle a reimbursement claim if you got help from a medical provider outside their network. If you're not satisfied, look for providers that don't have this stipulation.

12. Accessibility

Insurers will give you a 24-hour emergency number or a list of toll-free numbers to call. If you get a list of toll-free numbers make sure that your destination country is on it. Where there are no toll-free numbers available, some companies tell you to make a collect call. Note however, that you may have problems making collect calls from your destination country. Also, find out if the dispatcher answering your call has the authority to respond to a medical emergency or will you be passed along to other staff to get the information you need? Does the dispatcher speak your language fluently or do they need to communicate through a translator? Will they call the doctor or hospital directly and arrange transportation? Will they contact your family and coordinate your care for the duration of your hospital stay?

▶ Important

Don't forget to take your insurance certificate (from your primary and secondary providers, if you have both) and the company's emergency phone numbers with you. Also, make sure to bring back all the original receipts and any medical reports from your attending physician abroad to file your claim. ▶ See: [*Navigating the claims process.*](#)



► Tipbox

A Primer on
the Travel Insurance
Industry

At first glance, each travel insurance company offers a multitude of plans and packages. When it comes to their backstage operations though, it's a different story.

Many companies use the same outsourced emergency call centres to minimize operational costs. Some insurance providers also share the same hospital and physician network or preferred provider organizations (PPOs) in a certain region or country since they don't have their own in-house medical expertise. Companies also hire third party administrators and travel assistance companies that have the logistical and technical experience to deal with travellers' emergencies, inquiries, case management, and claims processing. In turn, insurance providers can advertise these services under their own brand.

Outsourcing and the global patchwork of subcontracted services brings up questions about standards of care and privacy concerns.

If the insurer doesn't have a direct relationship with the hospital or doctor, what standards do they have in place to ensure that medical employees are certified and qualified in their field? Does the provider only look for medical personnel and facilities that guarantee the lowest fees which could compromise your care? Does the contracted partner comply with your country's privacy laws? What expertise and certification does the third party have to deal with medical emergencies or handling claims?

13. Reliability of care

Your insurer may advertise that they can cover you anywhere in the world. Don't hesitate to ask specific questions about medical access in the city, town, or remote location you'll be in. Which hospital or clinic will you be sent to? Will you go by ambulance or taxi? Does the doctor speak your language or will the treatment be done via a medical translator in another part of the world?

You may also find out that some insurers don't provide medical services in some areas and you may have to be flown out to another region or nearby country. If you're not satisfied as to how the company will deal with your particular medical situation, look elsewhere.

It's hard to know before you leave if the healthcare provider recommended by your insurer is trustworthy or prescribes treatment you don't need, doing more harm than good. Travellers have told us of doctors unnecessarily prolonging their hospital stay to make fraudulent expense claims and taking advantage of insurance companies.

It's also very difficult to find medical care that meets international health standards and medical practitioners that speak your language in all parts of the world. A reputable doctor will be your advocate and help you navigate the healthcare system, report back to your own doctor, communicate with your family, and not withhold medical care whether you are insured or not.

▶ Important

We've seen policies where insurance companies say that they are not responsible for the availability of doctors nor the quality of the medical treatment and transportation provided. Make sure that your provider guarantees that doctors are available where you'll be and that the company stands behind the quality of care that you receive.

14. Trip cancellation or trip interruption

Are you worried that a sudden illness or injury incurred by you or a family member may force you to cancel your trip? Vacation insurance packages offer trip cancellation

coverage for non-refundable payments, such as airfares or organized tours. Note though, that if you have to cancel the trip due to your pre-existing condition or need to go back home to a sick relative whose condition was medically unstable at the time of your departure, this type of coverage may not come into effect. ▶ See: [*Pre-existing medical conditions.*](#)

Companies also advertise trip cancellation insurance to cover travel supplier or carrier bankruptcy like tour operators, cruise lines, or airlines. This type of coverage may not protect you since it may not apply to all companies or carriers. Ask before you purchase and read the fine print to see how this coverage comes into play.

▶ Note

Did you know that if your travel supplier or carrier goes bankrupt, you can get reimbursed for non-refundable travel costs? If you used a credit card to purchase your trip, you're most likely covered by consumer protection regulations. When the charge appears on your statement, you can deny the transaction and ask for a charge-back.

15. Coverage for family members and travel companions

Find out if your insurance fully or partially covers your spouse, children, or travel companion. You'll note that some companies provide medical coverage to individuals or 'per insured'. Others extend coverage to individuals listed on the policy or 'per policy'. This could have an impact on who can and can't accompany you during a medical emergency. ▶ See: [*Making sense of your health coverage.*](#)

▶ Note

You may not get the right information from the insurer customer service representative, travel agent, or broker selling you a travel health plan or travel insurance package. They may not be well trained or have a deep understanding of the products they sell. Ask to speak to a manager who can answer your questions or continue shopping around.

▶ **Quickly...**

- Your age, health status, destination, and trip length may determine the level of coverage and cost of your premium.
- Know how exclusions and limitations can affect your coverage.

Making sense of your medical coverage

Medical coverage is hands down the most confusing part of any insurance policy. Even our staff with advanced degrees has had trouble figuring out all the limitations and exclusions.

We can't stress this enough: Read your policy from A to Z, and understand what you're covered for and for how much. You may discover that your existing travel health coverage or the one you're thinking of buying is not the right one for you.

Here's what you need to know:

- Each policy has different levels of medical protection, allowances, exclusions, and limitations. Carefully read all the terms and conditions so you will not be caught off guard thinking you're covered when in fact you're not.
- The language pertaining to medical coverage can be ambiguous and confusing. Sometimes it's intended to give insurers an 'out' to reduce their financial risk of paying out medical claims. Be alert to legal and medical jargon that may suggest one thing, but that could be grounds for disqualifying you from coverage.
- When purchasing a travel insurance package or travel health plan, you agree to provide your medical files to the insurer's doctors if you need emergency treatment. Similarly, the insurer may want to see your medical records if you make a medical claim.
- Depending on the insurer, if you're 50 or older, you'll likely be asked to fill out a medical questionnaire which may determine your premium and the type of coverage you'll get. ▶ See: *The medical questionnaire.*
- Despite every traveller's diverse health status, insurers will place you in predetermined risk categories. Your premium will be different based on your age, health status, length of your trip, and destination. ▶ See: *Pre-existing medical conditions.*

▶ Note

You've paid your premium and you're set to go, but did you know that you're actually not completely underwritten or financially covered by the insurer until after your medical claim has been accepted? Before you're in the clear, insurers may look at your medical file and compare it to the answers on your application to determine if you have a valid claim.

Medical coverage

Generally travel health insurance covers you for the following medical care. Make sure you know what the maximum amount payable is for each service provided:

- Outpatient services for treating ailments that do not require a hospital stay.
- Cost of emergency treatment or surgery by a licensed physician or a licensed physical therapist.
- Diagnostic services such as X-rays, laboratory tests, and scans such as ultrasounds or sonograms.
- Prescription medications.
- Medical equipment such as a wheelchair, cast, crutches, cane, brace, or walker.
- Hospital accommodation and allowance associated with your stay, like access to a telephone or television.
- Emergency transportation by taxi or ambulance, where available.
- Emergency dental care and prescription glasses replacement.

▶ Important

If you are hospitalized, the insurer's doctor or representatives will determine the amount of time you can stay in their care, whether you can be evacuated to another facility, or when you can be brought back home to continue your treatment.

Limitation of medical coverage

You may not be covered if you require emergency medical care for being pregnant or if you've injured yourself as a result of consuming alcohol. Other common exemptions and exclusions are:

- Pre-existing medical conditions.
▶ See: [*Pre-existing medical conditions.*](#)
- Injuries resulting from alcohol use and illegal or prescription drug overdose.
- Routine pre-natal care, childbirth, or pregnancy complications. ▶ Tipbox: [*Pregnancy and travel.*](#)
- Sexually transmitted infections acquired during your trip.
- Injuries resulting from risky outdoor activities, professional sports, or motorized racing.
- Illness resulting from epidemics or pandemics.
- Psychological disorders such as anxiety, panic attacks, depression, bipolar disorder, psychosis, or suicide attempts.
- Injuries resulting from exposure to pollution or radioactive contamination.
- Elective procedures, non-emergency dental treatments, or cosmetic surgery.
- Injuries resulting from partaking in a criminal activity.
- Injuries resulting from a riot, armed conflict, or war.

Medical accompaniment

Check if your policy has an allowance for a travel companion to stay with you while you're hospitalized or evacuated. Do you have to be hospitalized for a certain number of days before this allowance takes effect? Also, if you're travelling solo and are hospitalized, is there an allowance for a family member or friend to travel to your bedside while you receive treatment? Make sure that you have the choice of getting medical accompaniment and that it's not a service determined at the discretion of the insurer.

Find out if your policy has provisions to return your travel companion or provides an escort to accompany your children back home. Some insurers also include provisions to cover the return of your luggage, car rental, and pets in case your trip is interrupted due to your hospitalization.

▶ Important

Your pre-existing medical condition must be covered under the policy for medical accompaniment policies to be in effect. So if you don't declare a pre-existing condition, medical accompaniment may be denied.

▶ See: [Pre-existing medical conditions](#).

Evacuation and repatriation

It's important to know the difference between *evacuation* (transportation by air or ground to a medical facility that is better able to deal with your injury or illness) and *repatriation* (transportation to a hospital for treatment in your own country or returning your remains). The decision to evacuate or repatriate you for continued treatment is at the discretion of the attending doctor or company representatives. You will be evacuated to a hospital of their choice or transported back home if they believe it's medically essential. Be aware that in some circumstances the nearest hospital providing the care you need may be in a neighbouring country.

► Note

Some companies advertise that they will evacuate you to a hospital of your choice. However, make sure you read the fine print because this coverage usually comes at an additional cost. Otherwise, you'll have to pay for the full cost of transportation to be sent to a hospital of your choice.

For more flexibility, some travellers take out a membership with air evacuation companies. These companies will fly you out to a hospital of your choice or bring you back home when you want. If you're only looking for evacuation services, you may want to look into this type of exclusive coverage. Be aware that many of these companies do not offer insurance; they just provide the evacuation service and can coordinate with your travel health insurance provider.

► Note

Evacuations without coverage are prohibitive. Depending on the circumstance, costs typically start at around \$25,000 and can go up to \$100,000 or more. If you're concerned about the quality of medical care at your destination, make sure you ask your insurer where you will be evacuated and how decisions are made for repatriating you. Find out how you will be transported – by a special medical air carrier, helicopter, or in a commercial flight. Also, find out if family members or travel companions can accompany you or when they will be sent back home.

General health exclusions

Your policy will have a section outlining general exclusions related to your medical care. Here are some examples:

- Filling out the form incorrectly or misrepresenting your health status automatically voids the contract. Reimbursement of the premium or fee already paid for your plan is at the discretion of each provider.
- Are you fit to travel or has your doctor warned you against it? If you need emergency treatment or surgery for a pre-existing condition or a new ailment related to that condition, and your doctor advised against travel, you may not be covered.
- Overstaying your welcome after emergency treatment. The insurer's doctor or company representatives have the final say on your time in hospital, even if you need continued treatment or a complication arises as a result of your illness or injury.
- Not seeking recommended treatment or investigative tests for a health condition before the date your policy comes into effect. Coverage may be denied for emergency medical care, hospitalization, or diagnostic services for a health problem that arises while you're away.

► Tipbox

Pregnancy and Travel

Many women can travel safely throughout their pregnancy. If you're flying, most airlines will allow you to travel in your eighth month. If you're planning to fly later in your pregnancy, airlines may require your healthcare provider's written confirmation.

Note however, that insurers have limitations and exclusions when it comes to pregnancy. The industry views pregnancy as a risk to your health, similar to a pre-existing condition like diabetes or high blood pressure. Insurers will typically not cover you for:

- Medical emergencies relating to your pregnancy, typically 9 weeks before your due date or after giving birth.
- Premature labour, delivery, or planned birth.
- Routine pre-natal care.

- High-risk pregnancy or complications such as pre-eclampsia or gestational diabetes.

- Medical care for your newborn.

Policies vary across companies so do your research before booking your trip. When you're applying for insurance, you'll have to fill out a medical questionnaire and accept to disclose your medical history. Talk to your healthcare provider about your risks of travelling while pregnant. You don't want to be saddled with prohibitive costs arising from any complications or from giving birth abroad.

➔ If you're planning to live overseas or be away for a long time, look into getting expat insurance which provides more comprehensive coverage and maternity benefits for an additional cost.



► Tipbox

Specialty Coverage

Medical tourism insurance

Medical tourism coverage, also known as medical travel insurance, is for non-emergency and elective medical procedures done outside your country. This type of coverage deals with unexpected treatment, hospitalization, or doctor consultations needed as a result of procedures like dental surgery, bariatric surgery, hip or knee replacements, heart surgery, kidney replacement, cancer care, in-vitro fertilization (IVF), or cosmetic surgery. Medical tourism insurance is provided by specialty companies in the field. You won't find this type of coverage in vacation insurance packages or travel health plans.

Maritime medical services

If you're sailing and become ill or injured, you can access maritime medical services. These organizations are not insurance providers, but their doctors provide remote consultations, advice, and support when you're at sea. George Washington University's **Maritime Medical Access** and the International Centre for Emergency Medicine's **The First Call** are two examples.

► **Quickly...**

- Some providers automatically exclude pre-existing health conditions from their coverage while others exclude only conditions deemed to be 'unstable' for a defined period prior to departure. You can get a waiver that overrides this exclusion at an additional cost.
- Definitions for pre-existing conditions and medical stability, as well as look-back periods vary across providers. Know how your insurer interprets them.

Pre-existing medical conditions

You have a pre-existing medical condition, but you're healthy and fit to travel.

Insurance providers may not take the same view as you and your doctor. That's because pre-existing conditions are considered a risky proposition increasing the insurer's exposure to potentially costly medical bills.

Remember, the philosophy behind insurance is that it only covers you for sudden, unexpected events, not anticipated or existing ones.

Defining a pre-existing condition

Different insurers have different interpretations of pre-existing medical conditions, but generally a pre-existing condition is:

- A diagnosed illness, disease, disorder, injury, or other health issue for which you take prescription medication or are undergoing medical treatments *at the time* you're purchasing insurance for your trip.
- A new medical condition or symptom, any new medical investigation, diagnosis, treatment, new medication, change in medication, or change in dosage prescribed *between the day you purchase your policy and your date of departure*.
- A medical condition for which you have symptoms and require further investigation or a change in treatment as prescribed by your doctor, but a diagnosis has not yet been made.

▶ Important

From the outset, some insurance providers automatically exclude pre-existing conditions from their coverage. For an additional cost however, it is possible to get a pre-existing medical condition rider or waiver, typically available with a trip insurance package. Be aware though, that some companies will deny or limit coverage for some pre-existing conditions while others don't offer waivers at all. ▶ Tipbox: [*Insider's Advice: Find a plan that locks in your good health.*](#)

The pre-existing conditions waiver

To be eligible for the pre-existing conditions waiver, insurance providers look at how long your condition has been medically stable.

A. Medical stability

Insurers have rigid definitions of the term 'medically stable'. It generally means that there has been:

- No change in your prescription medication. You are not taking any new medication, taking a different medication, changed your medication (except from a brand name to a generic drug), stopped taking your medication, or changed the dose of your medication. Note that some providers make exceptions for insulin and blood thinners.
- No new symptoms, nor change or deterioration of existing symptoms.
- No new medical procedure or intervention.
- No new medical care or treatment for your condition.
- No new or recommended investigative tests.
- No new test results showing a change or deterioration of your condition.
- No referral to a specialist made or recommended by your doctor.
- No hospitalization.

B. Stability period

This refers to the length of time that your condition must have been medically stable counted back from the date of departure. The timelines typically vary between 60, 90, 120, 180, or 365 days. So if you purchased a plan on August 1, 2014 with a departure date of October 1st, 2014 and the insurer requires a stability period of 120 days prior, your health status cannot have changed between June 1 and October 1, 2014. Note that there are policies with a two, three, and five year look-back period.

▶ Important

Not knowing that you have a pre-existing condition since your symptoms haven't been properly or completely diagnosed can be grounds for denying your claim. If you end up needing medical attention abroad, insurers will recreate the situation and could make a connection to a possible pre-existing condition even though your doctor may think that your symptoms are insignificant or investigative testing is inconclusive. Always ask for clarification from your insurance provider on how they would handle a situation like this. Better yet, look for policies that define a pre-existing condition as one that you have been made aware of.

C. Waiver deadlines

Since your pre-existing condition is considered a higher risk for insurers, it's important to purchase your waiver as soon as possible. The longer you leave it, the more expensive or less comprehensive it could be. Depending on the company, you generally have between 24 hours to 30 days to purchase this type of waiver either after your initial trip deposit is made or before your final trip payment is made.

► Tipbox

Insider's Advice:
Find a Plan That Locks in
Your Good Health

Is this you? You've booked your trip, you're stable, fit to travel, and paid for your plan with a pre-existing waiver. You're fully covered, right? Think again, warns insurance broker Bruce Cappon, President and Co-founder of **First Rate Insurance**. You may not know it, but according to him, you may have bought a conditional policy.

Be aware of open-ended provisions or what he calls 'open barn door' clauses. For example, most policies do not lock in your good health at the time of purchase. Check your policy carefully to see if you're required to report any health changes that could affect your medical stability between the date of purchase and your date of departure. Based on this new information the insurer may cancel your coverage, provide only partial coverage, or increase the cost of your premium or deductible. If you

don't report the change, your claim may be denied because you did not report a pre-existing condition.

Instead, Bruce says to find providers offering a waiver that 'locks-in' your stability at the time of purchase. If you're fit to travel but are concerned that your health may deteriorate prior to your departure, this rider is for you. It will allow you to plan your travel with more certainty whether you're planning one trip or many trips throughout the year. This way you won't have to worry about coverage in case you don't meet stability period requirements prior to your departure(s). You'll have to meet certain terms and conditions, but make sure that it applies to your single or multi-trip plan. This type of waiver comes at an additional cost but it could protect you from being out-of-pocket for exorbitant healthcare bills in the event that your claim may otherwise be denied.

► Tipbox

Insider's Advice: **The Pre-existing Medical Condition Exclusion Waiver**

Pre-existing medical condition waivers are a relatively new addition to the travel insurance field. According to Damian Tysdal, Founder of **Travel Insurance Review** they were set in place because insurance companies were finding too many instances where travellers needed to cancel a trip due to something that happened years ago; a pre-existing condition.

He says that this *"left a bad mark on the industry so companies started to develop a waiver to the pre-existing conditions exclusion. It basically says that if you're taking a trip, you purchase a plan, and you meet certain requirements – mainly that you need to insure the full amount of your trip, you need to be healthy at the time of*

purchase, and get the waiver close to the time you initiate your trip – they'll cover you. This is another way of saying 'if you're upfront and honest and to the best of your knowledge you're able to travel now, then we will cover you'. In that way, if something comes up even if it's related to something before, but you were not aware of it and your doctor cleared you, you can go. In the end, insurance companies want to make sure that any claim is for a loss incurred during their coverage."

▶ **Quickly...**

- If you need to fill out a medical questionnaire, disclose everything, including past diagnoses, tests, and treatments that you may consider insignificant.
- Watch out for language that could be interpreted in different ways. Don't agree to ambiguous clauses that could affect your coverage or put you at financial risk.

The medical questionnaire

Depending on the insurance provider, if you're over 50 or have a pre-existing condition, you'll likely be asked to fill out a medical questionnaire that accompanies the application form.

Your level of coverage, length of coverage, and cost of your policy may depend on the answers you fill out which are typically added up through a rate point chart.

Here's what you need to know:

- Medical questionnaires can often be difficult to complete. Be wary of medical jargon, long sentences, and ambiguous language that can be interpreted in many ways.
- Filling out an application form or medical questionnaire incompletely or inaccurately are grounds to deny your medical claim – even if it was an honest mistake. When it comes to misrepresentation, the legal world often doesn't differentiate between an omission that was made intentionally or inadvertently. ► Tipbox: *Watch out for the medical misrepresentation clause.*
- If you file a medical claim, insurers may dig deep into your medical file to see if the information matches your medical questionnaire answers. If they find any discrepancies or additional information which you did not disclose on the form, they can deny your claim.
- Some insurers will require that your doctor checks the validity of your medical questionnaire putting the responsibility on your doctor to ensure that there are no mistakes on the medical questionnaire. If you or your doctor are unsure about any question, contact the insurer directly, the agent, or broker selling you the insurance. If you're unsatisfied, ask to speak to a manager or continue shopping around.

Disclose everything!

Don't be afraid to over-report your medical history when filling out the questionnaire. It's also important not to make any assumptions about your current or previous health status. Keep in mind the following when you're answering the questions:

- Know the exact medical name of your condition. If you're unsure, ask your doctor or get access to your medical file. Some travellers choose to ask their doctor to fill out the

medical questionnaire, but physicians, too, may inadvertently get confused by the ambiguous language on the form. Your doctor's views may also be challenged by the insurer if you make a claim.

- Your medical condition may not be clear cut and may necessitate a detailed description. Use the notes section of the questionnaire or attach an extra page. Be wary of questionnaires that only have checkboxes and 'yes' or 'no' answers.
- Get a list of all your prescription medications on file from your pharmacist. You may discover that you still have a standing prescription for medication that you're no longer taking. If you file a claim, the insurer may take the view that you're still being treated for a pre-existing medical condition.
- List all tests, treatments, and diagnoses you've ever had, even those you consider minor or insignificant. For example, don't forget to mention that you've been in remission for years or decades, have had a benign polyp removed, or that you've been tested for a condition but the results came back negative.
- Know the definitions. The insurer's medical definitions may not be the same ones you and your doctor use. According to some insurers, getting investigative testing for a medical condition means that you are being, or were, treated for it. Similarly, if you're taking preventive prescription medication, the insurer may consider that you've been diagnosed with the ailment and are being treated for it.

► **Tipbox**

Insider's Advice:
Don't Be Shy,
Go Ahead and
Ask Those Important
Questions

Stumped on the medical questionnaire?

Damian Tysdal, Founder of [Travel Insurance Review](#) recommends that, *"when in doubt, if you have conditions that you want to discuss, call the company and ask specific questions. Get an operator ID from the person you're getting the answers from so that you reference back to them. Be completely open and honest with your information and don't make any assumptions about your pre-existing condition.*

Damian also suggests that you describe any possible scenarios you may find yourself in and get the details on how the company would handle your emergency. *"If something comes to mind, be in communication with the insurance company so if the time comes that you need coverage you'll know it's there for you. Once you have it in writing and that policy is in place, it's going to help you. The more information you include on your medical questionnaire, the better."*

► **Tipbox**

Insider's Advice: **Watch Out for the Medical Misrepresentation Clause**

Did you know that if there's any mistake or omission on the application form and medical questionnaire you may not be covered for any medical treatment either related or *unrelated* to a pre-existing medical condition? Many insurers will void your coverage if you do not completely and accurately disclose all your medical conditions.

According to insurance broker Bruce Cappon, President and Co-founder of **First Rate Insurance**, misrepresentation clauses or what he calls 'the one strike and you're out clause' is the primary reason why claims

are denied. They're typically found in the Eligibility or Evidence of Insurability and the Declaration / Authorization sections of your application or medical questionnaire. According to him, this clause is purportedly intended to discourage dishonesty, but it may also inflict harsh collateral financial damages to its honest customers.

Says Bruce: *"The process can be very lopsided and unfair. The accuracy of an application response is contingent upon the comprehensiveness and conciseness of the advance information communicated by the provider to the applicant. If the provider's information is deficient or otherwise ambiguous, why should the consumer pay a hefty penalty?"*

"It can be extremely difficult to answer medical questions and there are perhaps hundreds of grey areas. Checkboxes often just don't cut it. Personally, I don't recommend any policy that exposes clients to that kind of a high risk for a claim denial. Insurance companies can and do declare policies null and void on the basis of the consumer's inaccurate or erroneous statement. So where possible, steer clear of this exclusion clause," he says.

Bruce recommends that you look for a policy that has a 'compassion clause'; if you make a mistake on your application or medical questionnaire and need emergency care abroad, your deductible will increase, but you'll be covered. This unique clause can insulate you from the provider voiding the entire policy, leaving you with a financially crippling claim. Ask your provider if they have this option; if not look elsewhere. It may cost you more upfront, but you won't be completely out-of-pocket if you incur a huge medical bill for inadvertently making an error on your application.





▶ **Quickly...**

- Keep all your medical documentation, receipts, and trip stubs to help your claim.
- If your claim is denied, you have recourse within the company, through insurance complaints agencies, and consumer protection organizations.

Navigating the claims process

You needed medical care abroad and it's time to file a claim. Where do you start?

First, determine if you can or need to file a claim. Depending on the type of policy you have, you can't or may not need to file a claim if:

- You have not exceeded the deductible or co-insurance amount stated in your plan. For example, your visit to the doctor to treat a bee sting or to get a prescription medication renewal cost less than the total amount you agreed to pay before the insurer starts paying.
- Your insurer pays the medical provider directly at the time of service because they pre-approved your care.

Making a claim

Any transparent insurance company will outline the claims process, including information on how to appeal a decision and how to contact the company's ombudsman. This information should be included in the insurance certificate or on the insurance provider's website.

1. Find out when you have to contact the insurer to file a claim. Read your policy carefully since some companies have pre-approval requirements before seeking medical care and filing a claim. Other insurers have a deadline for notifying them of any claims.
2. Contact the company to get a claims form or if available, download it from the insurer's website. Along with your completed claims form, you'll have to submit the following documentation usually within 90 days:
 - All the *original* invoices.
 - All the receipts as proof of your payment.
 - All the medical reports relating to the diagnosis and treatment of your medical emergency, and if applicable, a death certificate.
 - All the documents related to your trip – hotel receipts, e-ticket confirmation, ticket stubs, itinerary, etc.
 - Proof of primary health coverage, if you have existing private insurance or are covered under a government health plan.
3. Depending on the nature of your claim, it could take days, weeks, or even months to get a decision. That's because the claims administrator may not have all the proof or information they need to close the case; they may need to get your attending physician's statement from the hospital abroad, access your medical file, or further investigate and recreate the chain of events that led to your claim.

Claim denied

If your claim is denied, you can appeal the insurer's decision. Companies will review the claim according to their internal review process. If you are still unsatisfied, you can escalate it to your administrator's manager or the company's complaints officer to help you understand why your claim was denied. Many companies also have ombudspersons that can help you navigate the claims process.

If you've received a letter from your insurer stating their 'final position' and it isn't resolved to your satisfaction, you have four choices:

1. [Get help from an independent insurance broker.](#)
Insurance brokers know the language, understand the claims process, and can advocate on your behalf.
2. [Get help from consumer protection groups.](#)
They can help you navigate the system, assess your complaint by collecting all the facts and information relating to the case, and advise you on how to proceed. These services are usually free of charge. Don't forget to keep all the correspondence and take notes of your verbal communication with the company's representatives. Keep a copy of your policy application, the insurance certificate, and all supporting documentation that you originally sent to the insurer to file your claim.
▶ See: [Resources](#).
3. [Get help from your state insurance commissioner](#) or your provincial travel insurance regulator.
▶ See: [Resources](#).

4. Go the legal route. Insurance policies should have a clause describing the arbitration process. Make sure to read it carefully for the timelines and statute of limitations (the maximum amount of time you can start legal proceedings after the incident occurred) in your state or province.

▶ Note

Some jurisdictions require you to resolve your case through mediation first, using the court system as a last resort.

Reasons for being denied

Insurers deny claims for not complying with the terms and conditions of their policy. To avoid out-of-pocket expenses, which in some cases could rack up in the tens and hundreds of thousands of dollars, make sure to read your contract carefully.

Here are some reasons why insurers may deny your claim:

- Incorrectly filling out the application, including misrepresenting or omitting facts about your health status.
- Not reporting any health status changes between the time you submitted your application and your departure date.
- Failing to contact the insurer at the time of the emergency to access their preferred healthcare providers.
- Getting treated for a pre-existing health condition without purchasing a waiver.
- Lack of evidence; not submitting the appropriate documents required by the insurer when filing the claim.
- Claiming past the deadline.

Resources

Travel insurance reviews

- **Canadian Travel Insurance Review, Canada**
www.travelinsurancereview.ca
- **Travel Insurance Review, USA**
www.travelinsurancereview.net

Travel insurance comparison websites

- **InsureMyTrip.com, Canada and USA**
www.insuremytrip.com
- **Kanetix, Canada**
www.kanetix.ca/travel-insurance
- **Quote Wright, USA**
www.quotewright.com
- **Squaremouth, USA**
www.squaremouth.com

Travel insurance provincial/state regulators

- **Financial Consumer Agency of Canada**
www.fcac-acfc.gc.ca/eng/about/Pages/Federalo-Organism.aspx
- **National Association of Insurance Commissioners**
www.naic.org/state_web_map.htm

Insurance underwriters

- **A.M. Best**
www.ambest.com/consumers

Insurance complaints

- **Federal Trade Commission, USA**
www.ftc.gov/about-ftc/bureaus-offices/bureau-consumer-protection
- **General Insurance OmbudService, Canada**
www.giocanada.org/
- **OmbudService for Life and Health Insurance, Canada**
www.olhi.ca/complaint_process.html

Travel insurance associations

- **Travel Health Insurance Association of Canada (THIA)**
www.thiaonline.com
- **US Travel Insurance Association (USTIA)**
www.ustia.org

Government health insurance coverage abroad

- **Canadian Provincial Health Coverage**
www.hc-sc.gc.ca
- **US Medicare and Medigap**
www.medicare.gov
- **European Health Insurance Card**
www.europa.eu/youreurope/citizens/health/

Specialty coverage

- **Maritime Medical Access**
www.gwdocs.com/emergency-medicine/maritime
- **The First Call – International Centre for Emergency Medicine**
www.thefirstcall.com/sea

Consumer advocacy

- **Better Business Bureau, Canada and USA**
www.bbb.org
- **Christopher Elliott Travel Advocate, USA**
www.elliott.org
- **Consumers Council of Canada**
www.consumerscouncil.com
- **Consumer Federation of America**
www.consumeraffairs.com
- **Consumer Information, Canada**
www.consumerinformation.ca
- **Option Consommateurs, Canada**
www.option-consommateurs.org
- **USA.gov Consumer Complaints**
www.usa.gov/consumer-complaints

► Acknowledgements & Sources

The Guide to Travel Health Insurance was researched and written by Nadia Salles and Tullia Marcolongo.

Thanks to Robert Haru Fisher and the late Stella Bryant for editing the guide, and to Donald Chong for designing it. We would also like to thank Bruce Cappon of First Rate Insurance and Damian Tysdal of Travel Insurance Review for their invaluable contribution.

We used many sources to help us write this guide. Please contact us to get the complete list.

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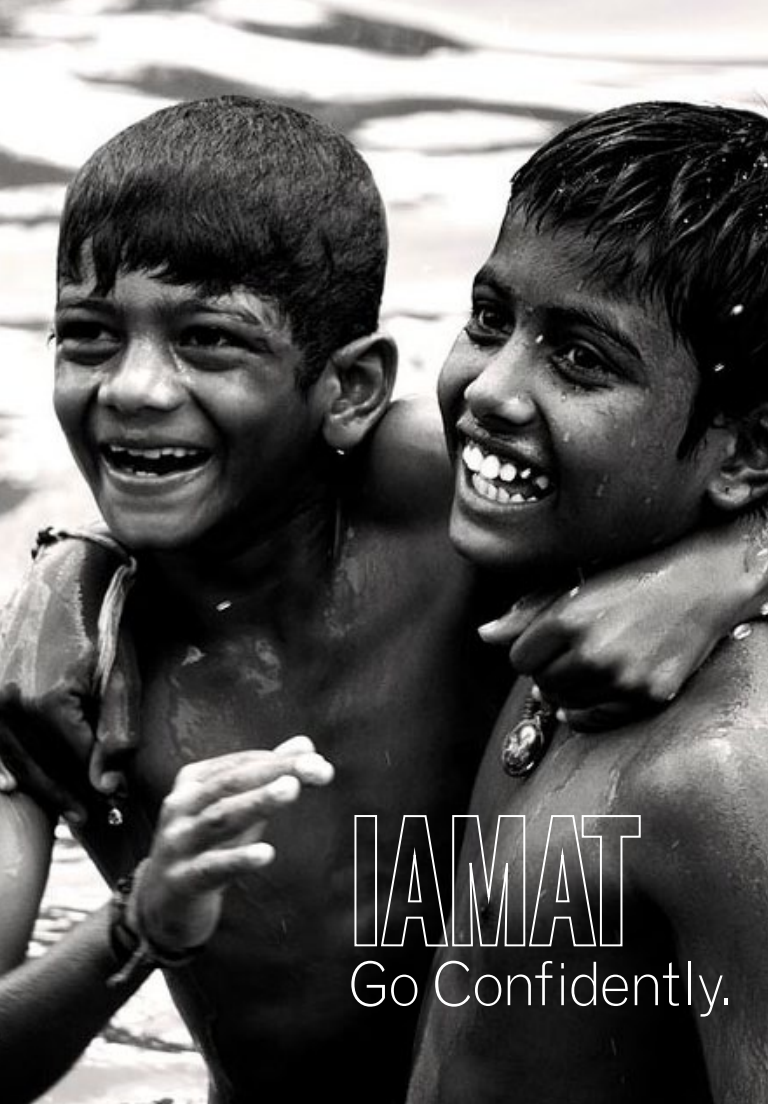
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This version last updated 31 August 2016.



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