

UNDERSTANDING AIR AMBULANCE COVERAGE

Minutes matter after an accident, heart attack, stroke or other major medical emergency. Air ambulances, also known as medevac services, quickly transport a patient to a medical facility. While some health insurance policies provide coverage for this service, coverage gaps can leave patients struggling to pay large bills. Here are the basics of what you should know about air ambulances from the National Association of Insurance Commissioners (NAIC).

What is an air ambulance?

When a ground ambulance can't reach a patient, or get there fast enough, an air ambulance is called. Air ambulances are often equipped with state-of-the-art medical equipment and staffed by paramedics, emergency medical technicians and sometimes doctors and nurses.

Air ambulances most commonly transport patients with traumatic injuries, pregnancy complications, heart attacks, strokes and respiratory diseases. The Association of Air Medical Services estimates that more than 550,000 patients in the U.S. use air ambulances each year. However, using air ambulances is expensive and might not be covered by the patient's health insurance policy.

How much does an air ambulance flight cost?

The average air ambulance trip is 52 miles and costs between \$12,000 to \$25,000 per flight. The high price accounts for the initial aircraft cost which can reach \$6 million as well as medical equipment and maintenance. Also factoring into the price is the cost of round-the-clock availability for specially-qualified medical personnel and pilots to take flight at a moment's notice.

Depending on the severity of the medical condition, the number and type of medical staff on board can vary, further impacting the flight price. If you undergo a medical emergency abroad, the cost of medical evacuation back to the U.S. can reach six figures.

Why is it important to understand air ambulance coverage?

Time is critical in a major medical emergency. Patients are usually not able to negotiate prices or refuse transport while requiring urgent medical care. Refusing service is not an easy choice when trained medical staff has determined an air ambulance is a medical necessity.

Many insurers will pay what they deem reasonable use of an air ambulance; however, sometimes the air ambulance company and the insurer disagree on the cost. Depending on circumstances, the remainder of the bill—which could run in the thousands of dollars—could be your responsibility.

Medicare may pay for air ambulance services if the medical emergency requires immediate and rapid transportation that ground transportation couldn't provide. In addition, Medicare may only cover ambulance services to the nearest medical facility and won't provide coverage for medical care outside the U.S.

What is included in air ambulance coverage?

Speak to your agent to find out what coverage your policy provides. Typically, policies would cover the medical care you require during transportation such as oxygen or life support. Sometimes, the flight price will include transportation to and from the aircraft which is known as "bedside to bedside" service. The service also often includes the cost for any family members or other passengers to accompany the patient.

Be aware that you may only be covered if you are within a certain number of miles from an airstrip or airport. Some policies will only provide coverage for a certain type of aircraft based on the type of medical emergency you experience.

What can you do to protect yourself?

The time to think about air ambulance coverage is before you or a family member experience a medical emergency. Protect yourself by finding out what air ambulance coverage you have by reading your health insurance policy or contacting your agent.

More information

For more information, contact the Kentucky Department of Insurance.



About the NAIC   

[The National Association of Insurance Commissioners \(NAIC\)](http://insureUonline.org) is the U.S. standard-setting and regulatory support organization created and governed by the chief insurance regulators from the 50 states, the District of Columbia and five U.S. territories. Through the NAIC, state insurance regulators establish standards and best practices, conduct peer review, and coordinate their regulatory oversight. NAIC staff supports these efforts and represents the collective views of state regulators domestically and internationally. NAIC members, together with the central resources of the NAIC, form the national system of state-based insurance regulation in the U.S. For consumer information, visit insureUonline.org.