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 and auto 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 Michigan Department of Insurance and Financial Services (DIFS).

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 how your policy covers air ambulance services?
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 the circumstances, the remainder of the bill—which could run in the thousands of dollars—could be your responsibility. Most air ambulance companies are nonparticipating or out-of-network providers, which means they do not have an agreement to accept the health insurance company’s payment as payment in full and may bill the patient, or their family, for the difference.

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. Speak to your agent to find out what coverage your auto or health insurance policy provides. Typically, your auto or health insurance policy will 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. Your policy may or may not cover the cost for an extra person.

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 policy or contacting your agent.

Questions to ask your agent:
- Does my policy provide coverage for necessary use of an air ambulance?
- Must the provider be a "participating provider" under the policy?
- What does my policy cover if the provider is not a "participating provider"?
- Does my policy only cover transportation to the nearest appropriate medical facility?

About DIFS
The Michigan Department of Insurance and Financial Service (DIFS) provides a business climate that promotes economic growth while ensuring that the insurance and financial services industries are safe, sound and entitled to public confidence. In addition, the Department provides consumer protection, outreach, and education services to Michigan citizens.

For more information please contact the Department of Insurance and Financial Services at 877-999-6442 or visit www.michigan.gov/difs.