Arranging Travel Insurance by Stephen Grange, ONL Board Member

Introduction

I write this article from personal experience as a five year urostomate dedicated to achieving my "Bucket List". I have no idea of your circumstance, so I am not giving personal advice, but hope my experience will be general assistance to fellow ostomates.

I do not travel outside of Australia without travel health insurance. A few countries have reciprocal health care agreements with Australians — for details go to www.medicareaustralia.gov.au and search for "travelling overseas".

Should you become an outpatient whilst travelling, you have to accommodate yourself until fit to return home. You'll probably lose airfares, reservations etc.

Whilst overseas, do not cancel or suspend your Australian private health insurance, you may have to come home earlier than expected and within a suspension period.



The meaning of "Pre-existing medical conditions excluded"

As ostomates, we all have a pre-existing condition that is excluded from all policies, whether you suffer an illness or accident (for example, a seat belt damages our stoma).

The exclusion applies unless you apply for specific cover and are expressly granted cover in writing. If cover is granted, it will probably be at twice or threetimes the normal premium. To be clear, if a donkey on Santorini kicks an ostomate in the stomach and head, the head will be covered, but the stoma will not. If the stomach treatment can be separated from the stoma repair, then the other stomach treatment is covered.



This pre-existing exclusion applies to losses by your travelling companion (for example, if they lose their airfare) if you cannot travel and do not have pre-existing cover.

If you and your partner have to return home at a different time incurring additional fares, neither of you will be covered under a policy that does not cover your pre-existing condition.

Pre-existing meaning

Pre-existing means any medical condition you've been treated for that is on-going regardless of whether you've had any medical treatment recently (within 90 days).

How your insurer knows

Your insurer learns of your condition when the foreign hospital contacts your insurer, or you contact your insurer. Your insurer will ask the foreign hospital or doctor for information and also asks your Australian doctors.

It will be obvious from those reports that you have an ongoing medical condition. So your disclosures when taking out the policy must align to your medical history; otherwise you are not covered.



Shopping for cover

The practice is that once an insurer places a restriction on a quote for cover, other insurers usually copy that restriction.

Your approach to buying cover has to be honest yet planned. You will not get cover for pre-existing conditions unless you have had at least twelve months without a health problem.

Arranging Travel Insurance (continued)

What to do

Obtain the Pre-existing Questionnaire from two or three well known Australian insurers.

Talk to your treating doctor about your travel plans and how your pre-existing medical conditions may affect that travel.

I don't travel to countries with poor hygiene or medical facilities, countries where a stoma is a rarity, or where food poisoning (diarrhoea) occurs.

Obtain a letter from your doctor letter explaining your pre-existing conditions, on-going care and how successfully you self-manage without adverse medical outcomes.



Bergen- Norway

The letter can be more expressive and positive than a bland form.

Ask your doctor to help you complete and co-sign the insurers' questionnaires. (Note: Insurers will not accept each other's questionnaires).

A very positive letter will be a key component to gaining insurance cover. Don't let travel agents (who can earn 50% commission) fill-in your forms and submit applications for you.

Once one insurer says no (rejects your application) others may well follow and you must tell subsequent insurers of restrictions other insurers have imposed.

Using this process, you have a medical expert's assessment of your self-care capability and an opinion on whether you should travel, plus a clear description of your pre-existing conditions.



Consider your doctor's advice and whether you should travel. To travel without insurance is incredibly risky as it could cost you \$250,000 for treatment; and you may be denied life-saving treatment if you cannot pay.

With your doctors' letter, pre-existing questionnaires, then at the same time lodge your applications for cover. Once assessed, you will receive a letter explaining what medical conditions are still preexisting and therefore excluded; plus explaining which are deemed not pre-existing being those for which you are covered.

Be absolutely sure to understand the insurer's letter. If unsure, call the insurer yourself to clarify, do not rely on an insurer's letter. If unsure, call the insurer yourself to clarify, do not rely on a travel agent, they are not insurance experts.

Since 2006, I have travelled to Italy, Iceland, Ireland, Alaska and France with my stoma, bags, wipes, belts, UTI antibiotics, vitamin C. I also carried a letter from my doctor explaining my medical condition and history and listing medicines I carry. This may help pass through customs. I'm off to USA May 2011.

I have no cover for urinary tract or kidney infections, but I do have cover for the urinary diversions, stoma, bladder cancer, etc.

In subsequent articles I will explain how I pack for my trips and care for myself whilst travelling. If ONL members have information that will help other members, then please contact ONL info@ostomynsw.org.au

ONL will not mention individual insurance companies nor give any advice.

Foreign Travel – a further information article

The winter ONL newsletter explained processes to obtain medical travel insurance. In this article I will cover *itinerary planning *packing , *luggage. As I do not know your personal circumstances, this is my personal opinion, this is general information.

In the ONL winter newsletter, I commented that I do not travel to countries with poor medical facilities, those who would be unfamiliar with stoma.

Flight Itinerary

A consideration is the airline you choose & stop overs or transits. I prefer to avoid airports in cities with poor hygiene, 'hole in the floor' toilets.



If you travel with an air line alliance, ie, One World or Star, then when you check in for continuous flights, you will receive a boarding pass for the connecting flight & your luggage is checked to your destination. If you must connect with different airlines, different alliance, then allow enough time to change terminals, ie 2 - 3 hours. We don't run as we used to & whilst you may make the next plane, your luggage may not. If you can travel through on the one flight number, one plane, that helps you with familiarity & minimises the risk of lost luggage. Luggage has most of our medical equipment. . Changing planes or airlines is a risk. Sometimes you may have to change airports - be careful. Missed flights - missed luggage - delaysstuck in a foreign airport for half a day. If you are booked with an alliance or one airline, then it is harder for airlines to avoid responsibility to care for you, due to missed connection. Avoid airlines with a poor reliability record. Budget airlines often use remote airports - cheap flight, hard to change airport/ airlines & expensive get to and from.

To have space to move around, I travel premium economy. I reserve the row alongside the windows (2 seats together not 4 together). In premium economy, there are less people to use the toilets. With a stomach bag, I feel I need unrestricted movement to & from the seat. Being wedged 6 abreast economy, in the middle seat, with little space to stand up, with a bagful, is not the way to travel. If I leak, I'll probably affect adjacent passengers – how embarrassing! I did leak in April 2012, the hose detached from a heavy leg bag. Result a very wet seat & pants. In future I will use a bag on the floor in a carry bag. I was thankful I was in premium economy so I could move with ease.

At every decent toilet, empty your bag. When flying, typically the first 20 minutes, & last 40 minutes is 'seat belts on.. stay seated'. Meal time can restrict you in your seat for 40- 60 minutes. Similar with disembarkation, it may be 60 - 90 minutes before you access a toilet.

When dealing with the travel agent, find one that can do seat allocations immediately you book. Use the Doctors' letter (you used to arrange travel insurance) to convince the travel agents & airline you need disabled seat allocation.

We are spoilt for airline & route choice to/from Australia, choose to travel on one flight number or at least, within an alliance.

Packing

When I pack my stoma items, I share half with my wife, then carry 2-3 days quantity in carry on luggage with a change of pants. Airlines temporarily lose



luggage, so spread the risk of loss. At home, have some one know where your stock is, so if all is lost, they can freight replacements to you. Carry the Doctor's letter &

medicines with you. Make sure carry on creams or lotions are under the 100ml size & in a clear bag. Spread packing of items if on a bus tour. Luggage gets left behind. Make sure you have 2 - 3 days items with you in the cabin or bus.

As an urostomate I carry 50% extra quantity of extra items I attach a 500ml bag on any flight longer than 3 hours. On the plane floor have a small bag that has * wipes, * bags, * connectors, * funnel (small) to collect water from tap to wash the external bag, * small plastic container to hold water, in the sink, to wash stoma (never know what has been poured into a sink on a plane, or other wash basin?!), & * small mirror (so I can see when cleaning stoma / changing bag. When travelling in a car / bus with a seat belt, I wear a hard plastic stoma cover to defray the seat belt tension/impact across the stoma.

Accommodation Choices

Typically I choose en-suite rooms. If no ensuite, explain your disability, then request a room nearest the toilets. I do travel independent, not escorted tours, yet with either method, I do not rush my days, pausing each 3 - 4 days for a 2 night stopover.



Travel Insurance

Covers events due to accident or illness. It is not just about being sick. Coaches and cars have seat belts – they fit across a stoma. So when the seat belt activates, your stoma may be injured. If you do not disclose a pre-existing medical condition, we all have one – a stoma- irrespective if you had medical attention within 5 years or 12 months, you may not be covered. The insurer can't bend its rules to pay your costs. Everyone feels sorry for some one ill in a foreign hospital but re mortgaging your house may not be an option (especially if you can't earn an income). So disclose the disabilities.

My Insurers' response to my June 2012 request for pre-existing medical condition is reproduced below.

Smart Travel says 'don't travel without travel insurance - do understand the web site.

http://www.smartraveller.gov.au/

This article is only for general information

Typical Letter explaining what is covered or not covered

Wednesday, 20 June 2012

Dear Mr G

Re: Secure Travel Pre-existing Medical Assessment No. 06

Thank you for your completed assessment form received in our office on the 20/06/2012

Having now reviewed all the information you supplied, the conditions referenced on this letter would be deemed Pre-Existing Medical conditions under our policy wording. We are pleased to advise you that upon receipt of an additional premium, we will be able to offer you cover for the following pre-existing medical condition(s):

	Nephrectomy Bladder Cancer Urostomy / Urinary Conduit Diabetes	these	are	Covered	
-	Hyporcholosterolaemia	1			

Regrettably though, we will not be in a position to offer you any cover, under any section of the policy, for claims arising from the following medical condition(s):

ANY Urinary Tract Infection Renal Impairment / Failure	No	Cover.

Should you decide to accept our assessment and upon receipt of the additional premium, this letter will endorse your policy and form part of your insurance contract. It is important that you then keep this letter in a safe place with your other insurance documentation. In the event of a claim or at our request, you may be required to present a copy of this letter to us.

This endorsement only applies to the journey as stated in your completed assessment form. It does not extend to cover any routine treatment or management of your approved pre-existing medical condition(s), such as blood tests and prescription renewals for example.

Some stoma suppliers have free travel cards or certificates in multiple languages. Request from your stoma Association



In Summary

You do need travel insurance cover. Put your best evidence forward as to why you are so fit to travel and so will not claim

Be determined in the way you plan and travel. Stick to these guidelines.



And whilst travelling enjoy and dance