
Emergency medical transportation coverage

Important

If your emergency is immediate and life threatening, seek local emergency care at once.

Your emergency medical transportation limit is the total amount available for all covered services described below. Please refer to your *letter of confirmation* to confirm that you have this benefit in your plan and your total dollar limit.

You or your representative must contact us and we must make all transportation arrangements in advance. We will not pay for any of the services listed in this section if we didn't authorize and arrange it.

Moving you to a Hospital or medical clinic (emergency medical evacuation)

If **you're** seriously ill or injured during **your trip** and our medical team determines that the local medical facilities are unable to provide appropriate medical treatment:

- **our** medical team will consult with the local **doctor**;
- **we'll** identify the closest appropriate facility, make arrangements and pay to transport **you** to that facility; and
- **we'll** arrange and pay for a **medical escort** if **we** determine one is necessary.

Getting you home after your care (medical repatriation)

If **you're** seriously ill or injured during **your trip**, under the care of a local **doctor** and unable to continue **your trip**, medical repatriation takes place once **our** medical team determines that **you** are medically stable to return home via commercial transportation carrier, such as a scheduled passenger airline. **We'll**:

- arrange and pay (less any **refunds** for unused tickets) for **you** to be transported via a commercial transportation carrier in the same class of service that **you** were booked for **your trip**. The transportation will be to one of the following:
 - **your primary residence**;
 - a location of **your** choice in the United States; or
 - a medical facility near **your primary residence** or city of **your** choice in the United States. **We'll** take **your** request into consideration as long as the medical facility will accept **you** as a patient and is approved as medically appropriate for **your** continued care by **our** medical director.
- arrange and pay for a **medical escort** if **our** medical team determines a **medical escort** is necessary.

Bringing a friend or family member to you (transport to bedside)

If **you're** told **you** will be hospitalized for more than seven days during **your trip**, **we'll** transport a friend or **family member** to stay with **you**. **We'll** arrange and pay for round-trip transportation in economy class on a **common carrier**.