DISTRIBUTION OF TRAVEL INSURANCE USER AMONG TRAVELERS VISITING BALI, INDONESIA

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ABSTRACT

Travel insurance is important to protect travelers to various travel risk and health problem. But because of financial condition and lack of knowledge to protect their safety while traveling, the use of travel insurance is very low. This research aim to assess distribution of travel insurance user among travelers especially who visiting Bali as their destination trip. This is cross-sectional study using medical record of foreign travelers visiting international hospital. Result show most travelers have no travel insurance (70%) compared with people take travel insurance for their safety vacation. Based on age, there are no significance difference between age group 0-18 years, 19-64 years dan more that 65 years, approximately the youngest people the lack of awareness to buy travel insurance. Based on health problem the distribution of travelers with no travel insurance tend to be same on average 60-80%. As conclusion the use of travel insurance remains low, furthermore all travelers must be encouraged to use travel insurance for their safety.

Keyword: travel, insurance, bali

INTRODUCTION

Travel insurance is a type of insurance that provides protection for a person while traveling from unexpected events.1 Travel insurance itself is included in the various insurance business lines. In 2018, there was an increase in the number of tourist trips, the number of domestic tourists traveling was at 303.4 million and there were 9.75 million national tourists traveling abroad.2,3 With the increasing number of Indonesian tourists traveling, it is also important to increase the use of travel insurance because there are various travel risks.4 Various risks that can occur during the trip can cause financial or time losses in large amounts.5 Travel insurance is important to have so that tourists feel calm, protected and their financial condition is maintained. Unfortunately, travel insurance has not become a top priority for Indonesian tourists because it is not always mandatory to have.6 According to Dody (2020), Executive Director of the Indonesian Insurance Association, the proportion of miscellaneous insurance is only about 10% of the total national insurance premium.7 This study aimed to analyse the prevalence of using travel insurance among foreign travelers in international hospital in Bali.
Health Insurance

More than most other travelers, older travelers should pay particular attention to ensuring that health insurance is adequate for their intended travel. Government-funded health insurance plans do not usually cover out-of-country medical expenses; private insurance plans may. If required, supplemental travel insurance can be purchased through several providers, including most insurance and credit card companies and through travel agencies, as well as from travel insurance firms. For any insurance plan, available options, restrictions, and limitations of benefits should be carefully reviewed and clarified with the insurance provider; most carriers will not cover preexisting health problems if they are responsible for the overseas illness or evacuation, and will not insure those over 85 years of age. Insurance must be purchased in the country of residence, prior to departure. Some companies will sell travel insurance on a fixed-term basis (e.g., for a 12-month period), suitable for frequent travelers. It may be wise to pay for a few extra days of coverage in case return is delayed. In foreign countries, payment for medical services may be requested or required “upfront”; an itemized invoice or receipt for medical care or prescription medications should be retained for subsequent reimbursement. Ensure that the policy will cover repatriation costs, and clarify under what conditions these can be claimed. A sensitive discussion of the procedures for family members to follow in the event of the death of an elderly relative abroad may be appropriate and the reader is referred to recent guidance in the literature on this distressing subject.

Medical Insurance Coverage for Business Travel

Medical insurance coverage for business/occupation varies widely in different countries. The services covered vary significantly as well as the method of payment/reimbursement. In the United States there are different types of coverage for pretravel, travel, and posttravel medical services. The coverage is almost exclusively from private health insurance for IBTs. Pretravel medical examinations are generally covered by employer-sponsored and individual plans, and Medicare/Medicaid (Centers for Medicare and Medicaid Services [CMS]) plans if considered a preventive/routine examination (e.g., yearly wellness visit, or visit to review specific medical problems before traveling that are medically necessary). However, the coding/purpose of the visit will be important for coverage. Vaccination coverage is complicated. ACIP-recommended vaccines are required to be covered under the Patient Protection and Affordable Care Act (ACA) as defined by the Public Health Service Act (Section 2713) for employer-sponsored plans and individual plans without cost sharing. However, for Medicare and Medicaid (CMS) not all ACIP-recommended vaccines are required to be covered. CMS only covers “routine” vaccinations; however, if a vaccine (e.g., hepatitis A, influenza) is on the adult routine vaccination list it may be covered.
Many corporations provide vaccination in their occupational health clinics. Businesses may reimburse vaccinations as travel expenses; however, the process usually requires payment at the time of the visit and reimbursement may be complicated and may have tax ramifications.22,23

Prophylactic medications required for travel are equally complex. For example, Malarone and other prophylactic medications for malaria are often not covered under pharmaceutical benefit plans.24 Antivirals may not be covered or have dose limitations. It is advisable to consult the health plan’s drug list before the pretravel visit. Most travel medical insurance plans do not provide coverage for pretravel visits, vaccination, and medications and many exclude coverage for preexisting illnesses.25,26

During the trip the coverage of medical care by national and private plans varies considerably.27 National plans may cover only specific countries. While many US private insurers will reimburse medical treatment, most illnesses and injuries will have to be paid out of pocket when the service is provided unless there has been a specific agreement with the hospital. Travel medical insurance can be purchased, which will significantly improve reimbursement; however, unless specified, travel plans are often secondary to private or government plans.28,29 If evacuation is required the costs can be covered by a specific plan with the provider (e.g., International SOS [ISOS]) or by medical evacuation insurance.30 Many large corporations will have “access” plans and then cover the costs of the specific approved evacuation. Posttravel medical care is usually reimbursed like other medical treatments with deductible, copays, and other plan requirements.31

METHOD

Research design

This research is a cross-sectional study using secondary data from medical records of foreign tourist patients who seek treatment at hospitals and tourist clinics in Bali. The research is conducted in October – November 2018. The research population is foreign tourists in Bali. The affordable population is foreign tourists who seek treatment at hospitals and clinics in Bali. Places for data collection are BIMC Kuta Hospital, Kasih Ibu Hospital Denpasar, Ubud Clinic and Legian Clinic. This clinic was chosen because of mostly visited by international travelers. Samples were taken by total sampling of medical record data in 2017 - 2018.

Inclusion criteria

a. Complete medical record which includes name, age and country of origin of tourists, diagnosis, action, length of stay and type of payment (insurance/non-insurance).
b. Hospitals/clinics are willing to participate in research by signing informed consent

Exclusion criteria

a. Certain tourist medical records are confidential and are not permitted to be published
b. Medical records which at the time of data input found 1 variable was incomplete
RESULT

Table 1. Characteristic of subject

<table>
<thead>
<tr>
<th>Subject Characteristics</th>
<th>Travel Insurance</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No (N%)</td>
<td>Yes (N%)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>516(68.18)</td>
<td>221(31.82)</td>
</tr>
<tr>
<td>Female</td>
<td>491(66.4)</td>
<td>249(33.6)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-18</td>
<td>105(71.9)</td>
<td>41(28.1)</td>
</tr>
<tr>
<td>19-64</td>
<td>751(68.5)</td>
<td>346(31.5)</td>
</tr>
<tr>
<td>&gt;65</td>
<td>151(64.5)</td>
<td>83(35.5)</td>
</tr>
<tr>
<td>Health Problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head And Neck</td>
<td>84(77.1)</td>
<td>25(22.9)</td>
</tr>
<tr>
<td>Eye</td>
<td>16(76.2)</td>
<td>5(23.8)</td>
</tr>
<tr>
<td>Ent</td>
<td>113(79,0)</td>
<td>30(21,0)</td>
</tr>
<tr>
<td>Respiratory</td>
<td>36(69,2)</td>
<td>16(30,8)</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>31(73,8)</td>
<td>11(26,2)</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>168(60,2)</td>
<td>111(39,8)</td>
</tr>
<tr>
<td>Urogenital</td>
<td>40(81,6)</td>
<td>9(18,4)</td>
</tr>
<tr>
<td>Trauma Extremity</td>
<td>268(66,3)</td>
<td>136(33,7)</td>
</tr>
<tr>
<td>Fever</td>
<td>121(57,1)</td>
<td>91(42,9)</td>
</tr>
<tr>
<td>Skin</td>
<td>77(80,2)</td>
<td>19(19,8)</td>
</tr>
<tr>
<td>Bite</td>
<td>35(71,4)</td>
<td>14(28,6)</td>
</tr>
</tbody>
</table>

As shown in table 1, most travelers have no travel insurance (68.18%) compared with people take travel insurance for their safety vacation. Based on age, there are no significance difference between age group 0-18 years, 19-64 years dan more that 65 years, approximately the youngest people the lack of awareness to buy travel insurance. Based on health problem the distribution of travelers with no travel insurance tend to be same on average 60-80%.

Discussion

This result show mostly travelers that use travel insurance are in 19-64 years, same result with research conducted by Peter Leggat that show the majority of claimants were in the 55 years and over age groups. There are people who may be ready to bear the unexpected losses they experience, but there are still people who travel with financial conditions that are not always ready to bear sudden large financial needs. Most of the subject have no travel insurance. This shows that most travelers still do not have the awareness to prioritize and spend money on buying travel insurance. Therefore, the author designed a visual campaign for awareness of the use of travel insurance for tourism as a form of persuasion to the international travelers. The main what the campaign wants to achieve is a change in the behavior and mindset of the audience. This design is carried out with the hope that the public can always use it as a form of protection during tourist trips both domestically and abroad.

CONCLUSION
As conclusion the use of travel insurance remains low, furthermore all travelers must be encouraged to use travel insurance for their safety.

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