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## “Fit to travel”?

### Insurance costs and diabetes

**“There are worse things in life than death. Have you ever spent an evening with an insurance salesman?”**

**Woody Allen**

For people living with diabetes, buying travel insurance can be very time-consuming and challenging. The reasons for the complexity relate to the underlying risks for any traveller with diabetes – diabetes is not a single entity causing predictable risks at predictable moments in time, and it is this uncertainty that can drive up insurance costs. Although travellers are often of the view that the cost of travel insurance is based around the costs of a cancelled flight or lost bag, for the insurer the most important consideration relates to settling a claim for an unforeseen medical “incident” whilst abroad.

There is in fact very little good-quality scientific research on the actual risk of travelling with diabetes. What studies are available suggest that many people report problems maintaining good control of blood glucose levels, especially when crossing time zones, but serious complications requiring a prolonged stay overseas or admission to hospital are much less frequent. Other considerations include:

- The risk is very dependent on their pre-travel status, especially if there are pre-existing diabetes complications such as kidney failure or a diabetic foot problem.
- The type of therapy influences risk for a traveller – requiring insulin carries a much greater risk than controlling diabetes using lifestyle modification alone.
- Other personal factors can influence risk, e.g. BMI, overall control of diabetes (HbA<sub>1c</sub>) and prevailing blood pressure.
- The nature of the trip itself will influence risk – crossing time zones, the time of day the flight leaves and the number of stop-overs. From the point of view of an insurer, a product that covers multiple trips over a year will be more expensive because at the time of insurance purchase the destination(s) and duration of each trip will not be known.

From the insurer’s perspective, they need to evaluate the risk (i.e. the cost to them) if an untoward incident occurs. For example, the medical costs of hospital admission in France will be dramatically different (less) than the cost of the same length of hospitalisation in the US. Even within Europe there are local differences in the potential costs of settling an insurance claim. If a traveller becomes unwell in popular holiday destinations located in Spain, Cyprus, Malta or Turkey, as a result of local arrangements, they are very likely to be looked after within a private medical system; this will have much greater costs to the insurer than if the individual was looked after in a state healthcare system.

Most insurers and underwriters use a specific medical risk assessment tool for travellers with pre-existing medical problems such as diabetes (e.g. [www.healix.com](http://www.healix.com)). An applicant’s online responses to simple questions result in the generation of a score that can be used by non-medical staff to assist in underwriting risk. The calculation of underwriting risk is then sold to insurance retailers and, nowadays, accumulated on aggregation websites for price comparison. Therefore, although there may be multiple retailers selling insurance, for 80% of these the calculation of risk is based on a single scoring system.

Travel insurance for people with a chronic medical condition is a complicated process but in essence the cost is based on the risk of becoming unwell abroad. There are a large number of factors that can influence the risk for a traveller with diabetes but, as a rule, the advice is that “fit to fly” does not mean “fit to travel” – travellers need to make sure the insurance product covers the cost of hospital care in the destination country especially if travelling to the US. As an example, using an aggregation website ([www.moneysupermarket.com](http://www.moneysupermarket.com)), the insurance costs of travelling to Europe for 2 weeks for a 55-year-old male with insulin-treated type 2 diabetes, high blood pressure, high cholesterol and stable coronary artery disease ranged from £16.22 to £73.24. For an identical trip to the US the costs would be somewhere between £68.64 and £553.84!!

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Bon voyage! ■