

Ambulances, Medical Services, and Health Insurance (Updated May 2016)

This is an overview of medical care, both emergency and non-emergency, and medical insurance in Costa Rica and particularly as it relates to our immediate area--the greater Grecia, Sarchi and Naranjo communities. We hope to provide one place to where you can begin to gather info on medical facilities, emergency medical transport options, medicine, prescriptions, and health insurance. We will update this section as new information becomes available. Please feel free to inform us when you are in receipt of additional new, different or updated information for this section.

Ambulances

The ambulance services in our area, include national public as well as private services. They are not easy to find and I appreciate all of the help I've received on this topic from my insurance agent, QP subscribers and friends. Also note, that public and private ambulance services will take to different places.

Cruz Roja

The Cruz Roja ambulance services in our area, wherever they may be, are limited to taking you to the nearest CAJA hospital for medical treatment. Cruz Roja drivers and assistants (if there are any assistants on your ride) are not required to be EMTs, they are only required to pass a first-aid course every five years. You will find the Cruz Roja phone numbers for Grecia and Sarchi (along with other emergency and public access numbers) in a ".pdf" table located in our QP "Things to Do" page, "Some Basic Info" section, "Local Emergency Numbers for Grecia and Sarchi."

Private Ambulance Services

If you want to be taken to a private hospital or facility, Cruz Roja is not an option. There are private ambulance services that will transport you where you want to be taken. In Naranjo, try T. Asiste Medicos, 2451 4848. They claim to have EMTs, which can certainly be a benefit in an emergency. Their Facebook page: <https://www.facebook.com/Medicosyparamedicos/info?tab=overview> offers more information. There is an emergency medical transport service of which I was familiar when we lived near Atenas, Emergencias Medicas (phone: 2290 4444). It's been around for 19 years and thanks to QP subscriber, Joan Dewar, I now know its service District 16 includes the Grecia and Sarchi communities, reference their site (in Spanish): <http://www.emergenciasmedicas.net/mapa-de-cobertura.php>. This ambulance service claims to have a "medico" on board (assume here it is a trained EMT). I have also been told there was once was a monthly membership emergency medical/ambulance service in Grecia, Linea Vital, but two hours of calling the phone number I have for them, 2494 9696, produced only busy

signals. T. Asiste Medicos in Naranjo does also serve Sarchi residents and I am pretty sure T. Asiste Medicos would also provide transport for Grecia residents. (The caveat here is, other than the T. Asiste ambulances in Naranjo, I am not certain where the Emergencias Medicas vehicles are based and arrival times with any of these services may vary greatly.)

Private Hospitals in the Central Valley

Here is a list of private hospitals (and the province in which they are located in the Central Valley) that participate, fully or partially, in INS' private network of healthcare providers: Hospital Cima, Escazu; Hospital Hotel Clinica Biblica, San Jose; Hospital Hotel Clinica Catolica, San Jose; Hospital Metropolitano, San Jose (plus three other hospitals throughout Costa Rica); Hospital Universitario Unibe, San Jose; Hospital Clinica Santa Rita (specialty hospital), San Jose; Hospital Jerusalem, San Jose; Hospital Cooperativo San Carlos Borromeo (general surgery), Alajuela; Hospital la California, San Jose ; plus Hospital Clinico San Rafael Archangel, Guanacaste. In addition, there are any number of private clinics, physicians, specialists, pharmacies, therapy centers and urgent care facilities that also participate. However, the vast majority are located where the population is centered-in or near San Jose. Our healthcare professionals in Grecia, Sarchi and Naranjo will be honored by the program, but at a higher copay.

Prescriptions

Prescriptions written by a CAJA physician during a clinic appointment or hospital stay are filled at no cost on-site. It is good to note that sometimes the medications prescribed and filled there can be, how can we say this, "at less-than-optimal strength" or may be substituted for a "less-than-effective" or generic alternative. It is more-than possible that the perfect pharmaceutical solution is unavailable or not covered by CAJA.

Private pharmacies that are on practically every corner have access to a modern selection of drugs, but you are apt to find no bargains on price. My personal experience is their pricing is quite similar or even higher than what you will find in the U.S. If you are covered by private insurance or are member of a medical discount program, pharmacies at an affiliated hospital may offer some discounted pricing. Also, I have been informed that the Senior Citizens' Gold Card (Ciudadano de Oro) and available from your local Seguro Social office to all legal residents over the age of 65, also offers discounts at participating pharmacies.

CAJA

Let's discuss the national medical program that all expat residents are required to "join" and pay into monthly, CAJA Costarricense de Seguro Social, or just CAJA as it is commonly known. If you are a retired U.S. citizen, the amount you and your spouse pay monthly is based on the monthly U.S. Social Security retirement payment received by the family "breadwinner". If you are not retired--on disability or too young for Social Security and are applying for "rentero" status, for instance, it is a bit more complicated, but the Federal Benefits Unit (FBU) at the U.S. Embassy here can assist (actually you will be required to get their help to get the proper paperwork if you are just in the process of getting your Costa Rican residency). I am not well-informed enough to provide accurate information if you are Canadian or of some other nationality, but I assume your resources and requirements are similar.

There was a time not long ago if you had a private doctor that was also a part of the CAJA system, during your private visit they could prescribe lab tests, diagnostic procedures, therapy, or prescriptions through the CAJA system and also help get you priority processing. There are still many doctors who both have private practices and also are part of CAJA. (We have even heard from one QP subscriber couple that their physician told them all doctors must participate in the CAJA program.) The government said it was cracking down on the practice of preferential scheduling and that it would no longer be possible. So in order to be assured of getting a same-day appointment to be seen by a doctor at the major CAJA clinics in Grecia, Sarchi or Naranjo, you must be in the appointment line there before 6AM that morning. (The practice of an early-AM queue for getting appointments is less objectionable for Costa Ricans as they usually enlist a relative or friend to stand in line for them if they are ill, but it's typically not a viable option for most gringos.) If you have recurring medical care, this process must be repeated each time you need to see a doctor and, I understand, that you have no guarantee of being seen by the same physician as the last time you were in for care for the same ailment. Every barrio and community is also supposed to have its own CAJA mini-clinic that is open only one or two times a week. If you live in that community, you are required to go there first for your initial treatment if they are open. If they are closed, then head for the large clinic early to get your appointment.

I am not personally acquainted with CAJA, but I am told that the care, diagnostic testing, procedures and surgery can be quite excellent depending on where you receive your care. However, the waiting list queue for certain testing and surgeries, even for serious conditions, can be extremely lengthy--

sometimes years. If you have been diagnosed with a serious disease and told you have only months to live if not treated immediately and you are put on a two-year wait list for treatment--CAJA becomes a big obstacle to the ongoing celebration of birthdays. Some people find the CAJA system of medical care quite acceptable, others not so much. For that reason, a discussion of private medical insurance and private medical/hospital facilities can be found below.

Private Medical Healthcare within Costa Rica

Up until just a short time ago, INS (the government-owned insurance company) was the only major private health insurance provider in Costa Rica. There were/are also a couple of other pricey European carriers operating here. The market has been opened a bit wider and several U.S.-based carriers, Blue Cross and Cigna, in particular, are now offering private health plans (other carriers may soon follow). I have few specifics on the new players, but I'm certain you can Google them for more information.

All private health carriers require pre-approval physicals and lab tests and their policies are subject to pre-existing condition exclusions. The Association of Residents of Costa Rica, ARCR, offers an annual group medical insurance policy with INS. Pricing is based on your age (new participants are capped at age 75). If you are an ARCR member, have applied through ARCR, and have qualified for the policy, the discount off of the listed annual premium (depending on your age) is quite substantial. (ARCR had this program closed for awhile, but according to their in-house INS office, it is available to new participants once again.) Editor's personal note: my May 2016 annual renewal included raising the annual premium by almost 50% and increasing the annual deductible from \$300 to \$500. Coupled with the paltry compensation I received for covered services in the year I was a client, I decided not to renew for 2016. If you decide to participate in INS private coverage, I hope your experience will be more pleasant and fruitful than mine. (Also, see below.)

Our Costa Rican Private Health Insurance Application.....

Do not expect everything to necessarily be smooth and easy during the private medical insurance application process. In fact, I think the bureaucrats at insurance companies in the U.S. and Costa Rica are trained from the same manual on how to be difficult, negative and inflexible. Ours was a sobering experience with our application for private medical insurance through INS. It may not be like the one you had or may have if you apply, but it was extremely frustrating, time consuming and expensive for us to comply with the INS application process. In the end although we fit within their requirements, we

were convinced that they did not have much interest in insuring us because of our age and they did everything possible to discourage us and keep us from qualifying.

As members of ARCR, we initially applied for private medical insurance through ARCR's discounted group policy in October 2014. It took a bit of time to get things scheduled, but we completed our required physical and lab tests in San Jose on November 6 of last year, the costs of which were paid for by INS. I'd like to say that from here on it went smoothly, but that would be grossly inaccurate. It was pretty much of a nightmare from that point forward.

In December, we learned that the results of our exams and tests produced some out-of-the-norm results that would require some specialist consultations and retesting in order for us to be accepted on the ARCR group policy. From this point forward, all time and cost invested were on our nickel. We knew the exclusions they listed were absolutely unfounded and decided to prove it. For months, it was jumping through one hoop then another until finally in April we were approved--with medical policy exclusions: exclusions we felt largely invalidated the worth of being covered. Our coverage also came with a large frontend payment and a higher annual premium than the other group policyholders paid.

We again decided to fight the exclusions INS had placed on our policy and after numerous additional tests, appointments with specialists, handfuls of doctor's letters (stamped, of course), and about \$700 out of pocket, we were able to get the large up-front payment removed, the higher premium removed and get me approved without exclusion. However, even with exams and letters from two specialists, my wife's exclusion remained. After a long discussion we decided to have me covered and decline coverage for her, which took a letter of explanation from me as to why she was declining coverage in order to have her removed from my policy. (It was an easy letter to for me to write.)

Going forward, my wife will use CAJA and we have started a savings account dedicated for any of her upcoming private medical expenses. Last week, ten months after our application, I finally received my INS insurance card. If you persevere and have the time and money, you too may be able to get private group medical insurance. We initially applied before the U.S.-based private coverage was available. In hindsight, maybe we should have given up and self-insured, but we're retired and had the time and inclination to slay the giant.

Another Private Healthcare Option--Medismart

In addition to international medical insurance sources there is another private medical insurance option, MediSmart, offered by the Hospital Metropolitano chain--the main hospital is located in San Jose not far from Paseo Colon. For \$15 per couple per month, \$10 per individual, (there are no pre-existing condition disqualifications in this program), subscribers are offered discounts on virtually every type medical procedure and product except ambulance service. Discounts range from 20 to 80% for virtually all types of visits, tests, prescriptions, and procedures including dentistry, audiology and optical. The ladies at the front desk that signed us up spoke English and set us up on a monthly autopay, but knowing some Spanish, as always, would be a plus. Take the bus and a taxi or drive--there's free parking. For more info: www.medismart.net; or to subscribe, call 2528-5400 or email info@medismart.net.

Another Perspective on Cruz Roja by Harv Brinson

"As a ten year resident of this strange and lovely country, with the last seven years here in the coffee groves above San Ramon, I would like to comment on the idea that the *Cruz Roja* ambulance service may be less than adequate.

I have had my 70-plus year-old raggedy ass transported from my home to the hospital in San Ramon twice and my wife, who is *Tica*, once and our granddaughter one time. The folks (at least two, and once three) were attentive, they had a portable heart monitor and blood pressure cuff that they knew how to use, they arrived within fifteen minutes, and the trip to the hospital was made safely and expeditiously. Five years ago, a horse I was riding reared and went over backwards, pinning me briefly to the ground, causing considerable ligament trauma. Fortunately, my head, the hardest and most resilient body part I have, was unscathed. The ambulance arrived from San Ramon to Piedades Sur within a half hour. I was checked by the EMT's to determine if it was safe to move me, and my wife and I were taken to the hospital.

Six years ago, I was rescued by the Costa Rica Coast guard several miles off Manuel Antonio when the motor quit and my guide and I were headed for Japan (Tip: Never go to sea with a Nicaraguan in a borrowed *Panga* with an outboard motor that says "Tohatsu"). When the *Costa* guys and I arrived at the dock, the *Cruz Roja* ambulance was waiting, and the EMT's were so crestfallen when I declined medical attention, that I almost faked a fainting spell just so they could come to the rescue. Real nice folks.

So - my advice is: Drop into your local *Cruz Roja* station. Give 'em twenty bucks as a donation and ask the person in charge if you could see inside one of the ambulances. Ask about the nature of the

equipment and training and any other pertinent subjects, in a friendly and open manner. You will be treated respectfully, and maybe you'll be pleasantly surprised by what you encounter."

Thanks, Harv. I might suggest that both the perspective previously presented and the one Harv elaborates above may be accurate--it's Costa Rica after all. It is possible where you reside or are located when a Cruz Roja ambulance is required might be the determining factor in the kind of response and service you receive. However, Harv's suggestion is a great one: stop into your local Cruz Roja station and check it out.

Below is a response to the previous "[Our Costa Rican private health insurance application.....](#)". It is excellent food for thought for all of us on our medical coverage options here in Costa Rica.

General Medical and Insurance Observations by Christopher Clarke

Your piece on your experiences with INS insurance was interesting. This is shared to give an additional perspective:

Being of retirement age when we came here, we expected to be subject to medical tests in applying for private insurance in CR and, indeed, had a significant restriction on one policy, after the tests.

Making a profit is a key mission of private insurers. Any commercial private insurer in the world would: require such tests and make related exclusions; charge higher premiums and in some cases raise co-pays and exclude an excess, say the first \$400. This is because as we get older we present greater actuarial risks of age related conditions.

Indeed, we were surprised that INS was less rigorous than many international, privately owned insurers. INS is a state owned organization and suffers from the resulting lack of "commercialness" one expects from such enterprises, sometimes to the benefit of the consumer. Sadly, we know many gringos that have deliberately concealed prior conditions, to avoid exclusions, etc. That is insurance fraud.

We have been here around four years. So far, we have had almost as much paid out by INS as we have paid in, so we can hardly complain. We have also spent a fair bit on private health care besides that.

Ivy and I have recently returned from three months in the UK. I became ill whilst there and 'benefited' from both their social and private medicine. From that and our experiences of living in the US and Asia and as advisers to international health care businesses and socially funded operations of various sorts

over the years: (insurers, medical test labs, medical equipment suppliers, private and public hospitals etc.), we observe the following with regards to Costa Rica.

1. Costa Rica is a very low-cost provider of health care to expats, both through INS and CAJA. Our annual joint premium for INS is less than we paid monthly for private insurance in the US. The US insurer was increasing its premium at a rate of 15% or more each year.

2. CAJA is an incredibly good deal for older expats and those with pre-existing conditions. There are no medical examinations or checking prior history. Frankly, CR is nuts to offer expats coverage like that. It opens the floodgates to those who come for cheap medical coverage. We are amazed that any older expats, who use CAJA grumble about the cost. To us, it seems they are exploiting a near bankrupt, poor country's naivety and lack of commercial sense.

3. Those who do not use CAJA have more grounds for complaint. We view it as a tax, (as just another source of government income). It helps the locals get rudimentary health care. In emergency, it is there for us too.

4. As to standards of care, expats seem to forget that CR is a developing country. Average incomes are six times lower than they are in the US. As a result, many things, including social health care, are of commensurate standards and much lower than those in developed countries. Reasonably, one should expect nothing else.

We have friends who laud their CAJA health care experiences, especially for emergency treatment and serious operations. Others are unhappy. If you go to other countries of comparable development you will find similar standards of care to CR. On the other hand, those who can afford to would be wise to go private. Then standards are more international. They are much less expensive than in developed countries. Of course in such a small and less developed country, we do not have top research hospitals for specialist care.

5. Most countries with social medicine suffer the same problems as CAJA. These are typical of most state operated organizations. They include: long waiting lists, favoring those with connections and greater education; slow service; excessive bureaucracy and layers of management; heavy unionization blocking reform; spending ever more and always exceeding budgets. This last is partly caused by retired and demanding expats, with little or no experience of systems elsewhere in the developing world. In all countries, the rich get better social medicine than the poor and the answer to that might be to exclude them from getting the service. Prior to arrival, they have contributed nothing in taxes. Many Ticos consider this a scandal would like the government to do something about it.

It is worth remembering that legal immigrants to the US and most other developed countries also have many hoops to jump through. Many of these apply to healthcare services. These countries are not stupid enough to allow anyone in to simply leach off their cash strapped social medicine.

Lastly, it is amusing that it is often those from the US (which is taking its first stumbling steps toward public healthcare) that are the loudest critics of the CR system."