



Chronic conditions explained

The limits of your cover for treatment
of chronic medical conditions

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Understanding **chronic conditions**

Why it's important for you to understand about chronic conditions

In common with other annual insurance policies, medical insurance is designed to cover claims for expenses incurred as a result of unexpected events. Therefore, it is important to understand when buying medical insurance that policies are designed to cover treatment of medical conditions that respond quickly to treatment, referred to by us as 'acute conditions'. Medical insurance is not intended to cover you against the cost of recurrent, continuing or long-term treatment of chronic medical conditions since these treatments become a series of more predictable, rather than unexpected, events.

This leaflet is designed to help you understand more about what we mean by a chronic condition and provide practical examples of when we will or will not cover treatment of those conditions. Exclusions that would normally apply to long-term/chronic conditions may not apply to cancer. Please refer to the section on cancer further on in this leaflet.

What is a chronic condition?

A chronic condition is a disease, illness, or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

At Health-on-Line we cover the cost of treatment for acute conditions. That is, treatment which aims to return you to the state of health you were in before suffering the condition, or which leads to your full recovery. This includes short-term medical intervention to treat unexpected complications or exacerbations of a chronic condition.

If your illness or medical condition requires recurring consultations over a long period, checks on your medication, long term therapy or treatment to ease symptoms, your condition may fall within the definition of a chronic condition. If you have been receiving ongoing or continuing treatment or treatment that is intended to manage your condition or keep your symptoms in check, we will review your treatment to assess whether it remains eligible for benefit.

What does this mean in practice?

For pre-authorised claims, we will tell you if we think your condition is now a chronic condition under our rules.

We may then (with your permission) contact your specialist or GP who knows your particular circumstances. We may ask them for confirmation of the diagnosis of your condition and details of the treatment you are currently receiving and to give us a future prognosis for the condition.

In line with other medical insurance policies, our plans are designed to cover claims for expenses incurred as a result of unexpected events and we do not go on paying for recurring or continuing treatment of medical conditions that will continue indefinitely or that keep recurring. Should the information we have indicate that you have a chronic condition we will write to tell you we will stop paying benefit for the continuing or recurrent treatment of the chronic condition.

This will allow you to contact your specialist to make alternative arrangements, such as transferring your care to the NHS, or continuing to receive private treatment but funding it yourself.

What if your condition gets worse?

We will pay for the treatment of acute exacerbations or complications (flare-ups) in order to bring the condition quickly back to its controlled state (for instance in-patient treatment needed to re-stabilise a chronic condition such as diabetes). There are certain other chronic conditions such as Crohn's disease which because of their nature, require management of recurrent episodes during which the symptoms of the condition worsen. Because of the ongoing or continuing nature of such conditions, we will write to tell you when there is no further benefit available for the treatment of that medical condition. PMI is designed to complement the NHS, not to replace it, and you may need to return to the NHS if cover on your plan comes to an end.

Examples of chronic conditions

The following are examples of chronic conditions and how we usually deal with them. In all of the following examples we may need to write to you or your doctor to obtain further information, as explained above.

Important note – certain plans have specific restrictions to benefits such as out-patient treatment, for treatment that could have been received on the NHS within six weeks and other specific exclusions covered in the customer's policy terms.

The cover for cancer also varies by product with some products having higher levels of cover than those described in this document while others have lower or no cover for cancer.

The following examples are designed to show our general policy on chronic conditions and how we would deal with them for a customer on a mid-range policy. Therefore, the examples may not necessarily be applicable for all types of policy. Please read your handbook carefully to establish what cover you have as all the other terms of your policy (including any limits) will continue to apply to your cover.

1 Angina and heart disease

Situation

Alan has been with Health-on-Line for many years. He develops chest pains and is referred by his GP to a specialist. He has a number of investigations and is diagnosed as suffering from angina. Alan is placed on medication to control his symptoms.

Will Alan be covered?

We would pay for the initial consultation and tests to diagnose the condition and further consultations with the specialist to allow the medication to bring the condition under control. At this point we would advise Alan that further regular review consultations to monitor the condition would not be covered, but we would allow one further consultation to allow Alan to discuss alternative arrangements should he wish to do so.

Alan would be offered access to our specialist nurses for heart patients, who will be able to give him information on the treatment options available to him, and to support him and his family through his treatment.

Situation

Two years later, Alan's chest pain recurs more severely and his specialist recommends that he have a heart by-pass operation.

Will Alan be covered?

We would confirm to Alan that we will cover that operation as it will stabilise his condition and substantially relieve his acute symptoms. We would then explain to Alan that although his policy would not normally cover regular check-ups, in this particular circumstance we would allow for postoperative checkups, scans and examinations under the control of his specialist to ensure that his condition remains stabilised. This benefit would only be available if Alan has selected to include out-patient cover on his policy and while the policy remains in force.

2 Asthma

Situation

Eve has been with Health-on-Line for five years when she develops breathing difficulties.

Her GP refers her to a specialist who arranges for a number of tests. These reveal that Eve has asthma. Her specialist puts her on medication and recommends a follow-up consultation in three months, to see if her condition has improved. At that consultation Eve states that her breathing has been much better, so the specialist suggests she have check-ups every four months.

Will Eve be covered?

We would agree to cover Eve's initial tests and consultation to establish the diagnosis and also the subsequent consultation to see if there was an improvement. However, we would then advise Eve that regular check-ups are outside the scope of her cover.

Situation

Eighteen months later, Eve has a bad asthma attack.

Will Eve be covered?

If Eve needed to be admitted to hospital, we would agree to cover the cost of hospital treatment until her condition has been stabilised. We would also pay for one further consultation following discharge from hospital.

3 Diabetes

Situation

Deidre has been with Health-on-Line for two years when she develops symptoms that indicate she may have diabetes. Her GP refers her to an endocrinology specialist who organises a series of investigations to confirm the diagnosis, and she then starts on oral medication to control the diabetes. After several months of regular consultations and some adjustments made to her medication regime, the specialist confirms the condition is now well controlled and the specialist explains he would like to see her every four months to review the condition.

Will Deidre be covered?

We would explain that we cannot continue to provide benefit for the review consultations but would agree to provide benefit for one more to allow Deidre the opportunity to discuss alternative arrangements for follow ups.

Situation

One year later, Deidre's diabetes becomes unstable and her GP arranges for her to go into hospital for treatment.

Will Deidre be covered?

We would provide benefit for this admission and for a short period after her discharge.

4 Hip Pain

Situation

Bob has been with Health-on-Line for three years when he develops hip pain. His GP refers him to an osteopath who treats him every other day for two weeks and then recommends that he return once a month for additional treatment to prevent a recurrence of his original symptoms.

Will Bob be covered?

We would explain that the monthly visits are not covered by Bob's policy but that, if he should have further problems or if his condition should worsen to the point where a hip replacement is needed, this would be covered if his GP refers him to a suitable specialist.

Cancer

We treat cancer differently to other long-term medical conditions. The examples below show how we would deal with different kinds of claim for cancer treatment.

Please be aware that some of our plans have an option of reduced or no cancer cover where these examples will not apply.

Cancer example 1 – Beverley

Situation

Beverley has been with Health-on-Line for five years when she is diagnosed with breast cancer.

Following discussion with her specialist she decides

- To have the tumour removed by surgery. As well as removing the tumour, Beverley's treatment will include a reconstruction operation
- To undergo a course of radiotherapy and chemotherapy
- To take hormone therapy tablets for several years after the chemotherapy has finished.

Will her plan cover this treatment plan, and are there any limits to the cover?

We would pay for the breast removal and first reconstruction to restore appearance. We would also cover the course of radiotherapy and licensed chemotherapy aimed at bringing about a remission of the cancer or curing it.

The hormone therapy tablets (such as Tamoxifen) are out-patient drugs, which we do not cover.

Situation

During the course of chemotherapy Beverley suffers from anaemia. Her resistance to infection is also greatly reduced. Her specialist:

- admits her to hospital for a blood transfusion to treat her anaemia
- prescribes injections to boost her immune system.

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Cancer example 1 continued

Will her plan cover this treatment plan, and are there any limits to the cover?

We would pay for Beverley to go into hospital, including the cost of the blood transfusion and the injections to boost her immune system.

Situation

Despite the injections, Beverley develops an infection and is admitted to hospital for a course of antibiotics.

Will her plan cover this treatment, and are there any limits to the cover?

We would pay for Beverley to go into hospital and receive the antibiotics. Alternatively, we would pay for her to have antibiotics through a drip at home (so long as we agreed the treatment before it started.)

Situation

Five years after Beverley's treatment finishes, the cancer returns. Unfortunately it has spread to other parts of her body. Her specialist has recommended a treatment plan:

- A course of six cycles of chemotherapy aimed at destroying the cancer cells to be given over the next six months
- Monthly infusions of a drug to help protect the bones against pain and fracture. This infusion is to be given for as long as it is working (hopefully years)
- Weekly infusions of a drug to suppress the growth of the cancer. These infusions are to be given for as long as they are working (hopefully years)

Cancer example 1 continued

Will her plan cover this treatment, and are there any limits to the cover?

We would pay for:

- the course of licensed chemotherapy
- the drug to help prevent her bones (while she was also receiving chemotherapy)
- the licensed drug to slow the growth of the cancer.

We would not normally cover chemotherapy treatment given for a long period of time, but we make an exception for cancer. We will pay for chemotherapy drugs (such as Herceptin) for as long as they are licensed.

Cancer example 2 – David

Situation

David has been with Health-on-Line for five years when he is diagnosed with cancer.

Following discussion with his specialist, he decides to undergo a course of high dose chemotherapy, followed by a stem cell (sometimes called a bone marrow) transplant.

Will his plan cover this treatment plan, and are there any limits to the cover?

We would pay for David's high dose chemotherapy and the bone marrow transplant.

Situation

When his treatment is finished, David's specialist tells him that his cancer is in remission. He would like him to have regular check-ups for the next five years to see whether the cancer has returned.

Will his plan cover this treatment plan, and are there any limits to the cover?

We would cover David's routine check-ups for as long as his specialist thinks they are needed, so long as he remained a member with us on a plan with an appropriate cancer benefit.

Cancer example 3 – Jenny

Situation

Jenny has been diagnosed with cancer. Her plan has a limit and she decides to commence private treatment.

What help will be available if the plan limit is reached and she needs to transfer into the NHS?

When Jenny started her treatment, we would put her in contact with one of our specialist nurses for cancer.

The nurse would talk to Jenny and her specialist to make sure they were aware of the limit on her plan before treatment started. Halfway through Jenny's treatment, the nurse would check Jenny's case and talk to the specialist about her progress. (The nurse would check that Jenny is happy with this beforehand.) If it looked like Jenny's treatment would continue past her plan allowance, the nurse would work with Jenny and her specialist to make sure she could continue her treatment with the NHS, making sure the transfer goes as smoothly as possible.

Cancer example 4 – Eric

Situation

Eric would like to go into a hospice for care aimed solely at relieving his symptoms.

Will his plan cover this, and are there any limits to the cover?

As free hospice care is provided by the NHS and many charities, we would not cover this. However, if Eric wanted to go into a hospice for end of life care, we would pay the hospice a donation for each night that he received care.

