

health-on-line

Chronic Conditions

The limits of your cover for treatment of chronic medical conditions
April 2014



Chronic Conditions Explained

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 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.

Private medical insurance from Health-on-Line is underwritten by AXA PPP healthcare Limited, therefore any reference to 'we, us, our' in this document means AXA PPP healthcare Limited.

What is a chronic condition?

A chronic condition is a disease, illness or injury which 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.

Example 1 - Angina and Heart Disease

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.

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.

Example 2 - Asthma

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.

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.

Example 3 - Diabetes

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 a 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 up.

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.

Example 4 - Hip Pain

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.

Example 5 - Cancer

We treat cancer treatment in a different way to other long-term medical conditions. The examples below show how we would deal with claims for cancer treatment.

Cancer example 1

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

We would pay for the breast to be removed and initial reconstruction to restore appearance. In addition we would also pay for the course of radiotherapy and licensed chemotherapy aimed at bringing the condition into remission or cure.

Hormone therapy tablets (such as Tamoxifen) are out-patient drugs and, in line with other out-patient drugs, are not covered by our policies.

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 a course of injections to boost her immune system.

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

We will pay for her admission to hospital, including the cost of the blood transfusion and the course of injections to boost her immune system.

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

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

We would pay for Beverley to be admitted to hospital to receive her course of antibiotics. Depending on the cover Beverley has selected, we would pay for the intravenous antibiotics to be administered at her home, as long as we have agreed the cost of the treatment before it commences.

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 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)

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

The cover available to Beverley will vary depending on whether or not she selected to include the 'Extended cancer cover' option on her policy.

If Beverley did not select the extended cancer cover option:

- We would pay for the course of licensed chemotherapy aimed at bringing the condition into remission or cure.
- We will pay for up to three months for the infusions of licensed drugs to help protect the bones against pain and fracture.
- We will pay for the licensed drugs to suppress the growth of the cancer (eg Herceptin). These chemotherapy treatments that are given for prolonged periods would normally fall outside benefit but in the case of cancer we make an exception. Thus the use of such drugs will be covered for a period of time as described in your policy document or for the period of the drug's licence if this is shorter.

If Beverley did select the extended cancer cover option:

- We would pay for the course of licensed chemotherapy.
- We will pay for the infusions of licensed drugs to help protect the bones against pain and fracture whilst they are being administered alongside eligible chemotherapy for cancer.
- These chemotherapy treatments that are given for prolonged periods would normally fall outside benefit but in the case of cancer we make an exception. Therefore we will pay for the licensed drugs to suppress the growth of the cancer (eg Herceptin) for the period of the drug's licence.

Cancer example 2

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

We will pay for David's course of high dose chemotherapy. We will also pay for the bone marrow transplant.

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

The level of cover available to David will depend on which options he has selected on his policy.

If David has not selected any out-patient treatment options, or extended cancer cover: There would be no cover for his routine check-ups with the specialist.

If David has selected an out-patient treatment option, but has not selected the extended cancer cover:

We will cover David's routine check-ups with his specialist for up to 10 years from his last surgery, chemotherapy or radiotherapy. Cover will be provided as long as David remains a member of Health-on-Line on a policy with an appropriate out-patient benefit.

If David has selected the extended cancer cover option:

We will cover David's routine check-ups with his specialist for as long as they are recommended while he remains a member of Health-on-Line on a policy with an appropriate cancer benefit.

Cancer example 3

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

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

When Jenny commences her treatment, she will be put in contact with one of our specialist nurses for cancer. The specialist nurse will liaise with Jenny and her specialist to ensure they are aware of the limit on her policy at the outset of her treatment. The specialist nurse will review Jenny's case halfway through her treatment, and with Jenny's permission, discuss her progress with the specialist. If Jenny's treatment looks like it will go beyond her policy limit, the specialist nurse will work with Jenny and her specialist to start arranging for her care to be transferred to the NHS, so that when the time comes, the transfer is as smooth as possible.

Cancer example 4

Eric would like to be admitted to a hospice for care aimed solely at relieving symptoms.

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

Hospice care is usually provided by the NHS and charitable institutions at no cost to the patient and we would not therefore cover this. However, if Eric has selected the extended cancer cover option and was admitted to a hospice for end of life care, we would pay a hospice donation for each night he received care.

If you would like to discuss any of this with us, please call our Customer Service Team on 01202 544444.

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