

Chronic Conditions

– an explanation

If you are thinking of buying a Private Medical Insurance policy, or already have a policy, you may have heard the term ‘chronic medical condition’.

Private Medical Insurance is intended to cover short term treatment of acute conditions, which start after you have taken out your Policy. It does not provide cover for chronic conditions.

This leaflet explains how Coversure Healthcare manages those policyholders whose medical condition becomes a ‘chronic condition’.

There are benefit limitations and exclusions on all policies and you should check your Policy Wording and contact us before incurring any costs.

What is a chronic condition?

This term is used to describe conditions which, with current medical knowledge, can be alleviated but not cured. Examples of this would be allergies, asthma, eczema, arthritis, irritable bowel syndrome, etc.

A chronic condition is defined as:

A disease, illness or injury which has at least one of the following characteristics:

- It continues indefinitely and has no known cure
- It comes back or is likely to come back
- It is permanent
- You need to be rehabilitated or specially trained to cope with it
- It needs long term monitoring, consultations, check-ups, examinations or tests.

At Coversure Healthcare we cover the cost of treatment for acute conditions, subject to the terms of your Policy Wording. An acute condition is a disease, illness or injury that is likely to respond quickly to treatment, the aim of which is to return you to the state of health you were in immediately before suffering the condition, or which leads to your full recovery.

If you are suffering symptoms for which diagnostic tests are undertaken we would generally pay for such investigations. If, as a result of the tests, you are diagnosed as suffering with a chronic condition, benefit would not usually be payable for subsequent treatment. Some conditions may satisfy both the definition of a chronic condition and an acute condition, in these circumstances we would view it as an acute condition and pay accordingly.

What does this mean in practice?

If we think that your condition may have become a chronic condition, we will carefully consider the information available, including any medical information provided by your General Practitioner or the Specialist in charge of your care.

We will always consider your individual situation, based on your particular circumstances, and we may consult our medical advisers for further assistance as appropriate.

Where we feel your condition has become a chronic condition, we will write to you to explain why.

If we establish that your condition is not currently a chronic condition, we may need to review it again in the future. If this happens we will advise you and indicate when we will need an update on your medical condition.

What if my condition gets worse?

Although we may withdraw cover because your condition has become a chronic condition it does not necessarily mean that cover is permanently withdrawn.

Some chronic conditions are likely to have acute flare-ups or to worsen substantially for a short period of time. Treatment for such episodes will generally be covered if they are likely to respond quickly to treatment which aims to return you to your previous state of health. Once your condition is stabilised, we would follow the same procedures as set out in the previous section.

Examples of chronic conditions

The following examples help to illustrate the cover you might expect to have from Coversure Healthcare if you develop a medical condition that may become a chronic condition. Please bear in mind that these are illustrations only and are specific to the circumstances described, and you should always contact us prior to receiving any treatment to ensure that you do not incur any costs which you cannot recover.

Please note that these examples are based on a policy which includes full cover for in-patient, day-patient and out-patient treatment. If the policy you select does not have full out-patient cover you may not be covered for diagnostic consultations and tests, nor for follow-up consultations.

Example A

Andrew has been with Coversure Healthcare for many years. He develops chest pain and is referred by his GP to a Specialist. He has a number of investigations and is diagnosed as suffering with angina. Andrew is placed on medication to control his symptoms.

Coversure Healthcare covers the investigations and tests needed to diagnose Andrew's chest pain. We also cover the Specialist reviews until his condition has been stabilised, and we would also pay for any medication.

Two years later Andrew's chest pain recurs more severely and his Specialist recommends that he has a heart by-pass operation.

Coversure Healthcare provides full cover for the surgery and eligible aftercare needed by Andrew because its aim is to relieve his symptoms and stabilise his condition.

Example B

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

Coversure Healthcare explains that, although benefit is payable for the initial two week course of treatment (subject to a maximum of 10 sessions), the monthly visits are not covered by Brian's policy. 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 C

Claire develops a lump in her left breast which is diagnosed as breast cancer. Her Specialist recommends that she has a mastectomy (breast removal) followed by a course of chemotherapy and radiotherapy.

Coversure Healthcare provides cover for the diagnosis of this condition, the surgery required to remove the affected breast and for the chemotherapy and radiotherapy to treat the cancer, for as long as this is required.

Once Claire's course of treatment has been completed, her Specialist recommends that she has regular check-ups to ensure that she remains free from a recurrence of the disease.

Provided that Claire's policy includes out-patient benefit, we will normally pay for follow-up checks after cancer treatment of this type.

Example D

Diane has been with Coversure Healthcare 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. After several months of regular consultations and some adjustments to the medication regime, the Specialist confirms the condition is now well controlled and explains he would like to see her every four months to review her condition.

Coversure Healthcare covers the cost of the investigations and consultations until Diane's condition is controlled. We then explain that we cannot continue to provide benefit for the four-monthly review consultations, nor can we cover the medication or treatment for this condition.

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

Coversure Healthcare provides benefit for this admission, until her condition is back under control.

We would ask you to note that this explanation has been produced to help you understand how Coversure Healthcare may handle a claim involving a chronic condition. The examples given are for illustration purposes. You should always refer to your Policy Wording for details of your cover and contact us before receiving treatment. This will enable us to explain to you how we can help in your particular circumstances.

Example E

Emma has been with Coversure Healthcare 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 Emma 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 Emma states that her breathing has been much better, so the Specialist suggest she has check-ups every four months.

Coversure Healthcare covers Emma's consultations and tests until the diagnosis is made. We also agree on this occasion to pay for her first routine check-up. However, we advise her that we will not be able to cover the regular check-ups or medication after this because the condition is now well-controlled, and has become a chronic condition.

Eighteen months later, Emma has an asthma attack.

As this is an acute flare-up which is likely to respond quickly to treatment aiming to return her to her previous state of health, we agree to cover the cost of the hospital treatment to stabilise her condition. We also agree to cover the cost of one follow-up consultation with the Specialist to make sure that her symptoms are again well controlled.



This "Lifestyle" information sheet is one of a set of documents produced by Coversure Healthcare to explain more fully items of interest to clients. Coversure is a trading name of European Insurance Solutions Limited (EISL) which is an appointed representative of Status Insurance Management Limited which is authorised and regulated by the UK Financial Services Authority.

Coversure Healthcare, P.O.Box 2256, Billericay, Essex CM12 0DH
Tel : + 44 1277 637580 FAX : + 44 1277 634046

What to do if you have a complaint

If you are not happy with our service please write to Status Insurance Management Limited PO Box 2256, Billericay, Essex, CM12 0DH, UK quoting Your Policy and/or Claim number. Should the matter not be resolved to your satisfaction, you can write to The Complaints Manager, Professional Travel Insurance Company Limited's representative, 11 Century House, Priestley Road, Basingstoke RG24 9RA, United Kingdom, who will immediately investigate your complaint and provide a full, written response within a maximum of 5 working days. Should the matter not be resolved to your satisfaction, please write to The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR, United Kingdom

The Financial Services Compensation Scheme (FSCS)

Status Insurance Management Limited and Professional Travel Insurance Company Limited are covered by the FSCS. You may be entitled to compensation from the FSCS in the event that either organisation is unable to meet their obligations. The FSCS can pay 100% of the first Sterling 2,000 of your claim and 90% of the remainder. Further information about compensation scheme arrangements is available from the FSCS.

Keyfacts and Summary of Benefits



The Financial Services Authority (FSA)

The FSA is the independent watchdog that regulates financial services in the United Kingdom. We have prepared this document to help you decide if our services are right for you with regard to the Coversure Prime Plan which is a Medical Insurance Policy underwritten by the insurer named below.

Coversure is the trading name of European Insurance Solutions Limited (EISL) which is an Appointed Representative of Status Insurance Management Limited of PO Box 2256, Billericay, Essex CM12 0DH which is authorised and regulated by the Financial Services Authority, Register No 305697. Our permitted business is arranging general insurance contracts. You can check this by visiting the FSA's website www.fsa.gov.uk or by contacting the FSA on 0845 606 1234.

Which Services will we provide you with and what will you have to pay for our services?

You will not receive advice or a recommendation from us for this product. We may ask some questions to enable us to narrow down the products that we will provide details on. You will then need to make your own choice about how to proceed. There will be no fee payable to us for this service. However, if you cancel a policy mid-term, an administration fee of £50 will be payable.

About The Insurer

The Underwriter for this Policy is Professional Travel Insurance Company Limited and it is arranged through Status Insurance Management Limited, 10a High Street, Billericay, Essex CM12 9BQ, United Kingdom.

Your Right to Cancel

You may cancel your Policy within 14 days of receipt and provided no claims have been made a full refund of premium will be given.

Making a Claim

Full details of how to make a claim can be found in the Policy Wording. Alternatively contact Coversure for further advice.

Type of Cover

There are two levels of cover available.

- Prime Plan Standard is designed to provide cover for in-patient and day-patient treatment in a person's Country of Residence.
- Prime Plan Premier extends to include out-patient treatment.

You can apply to join up to age 74 and cover remains in force for a period of 12 months and is renewable annually. There is no upper age limit when renewing on the same terms **but it will be necessary for new clients joining after 1 April 2007 when they become age 75 and above to undertake a telephone based medical screening at their own expense in order to maintain cover. A list of eligible countries where this product may be purchased can be obtained from Coversure.**



Principal Policy Exclusions

Listed below are significant exclusions that apply to Coversure Prime Plus Plan (please refer to the General Certificate Exclusions Section of the Policy Wording for a full list and explanation of Policy exclusions) –

- Chronic Conditions (exclusion 1)
- Pre-existing conditions unless accepted by Underwriters (exclusion 8)
- 20% of claims costs if treatment is not carried out in a participating hospital (exclusion 2)
- Complications of Pregnancy or Routine Pregnancy and Childbirth Costs (exclusion 6)
- Birth Defects and Congenital Illnesses (exclusion 7)
- HIV/AIDS (exclusion 17)
- Drug and Alcohol Abuse (exclusion 14)
- Routine Medical Examinations (exclusion 10)

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Keyfacts and Summary of Benefits



The Financial Services Authority (FSA)

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Which Services will we provide you with and what will you have to pay for our services?

You will not receive advice or a recommendation from us for this product. We may ask some questions to enable us to narrow down the products that we will provide details on. You will then need to make your own choice about how to proceed. There will be no fee payable to us for this service. However, if you cancel a policy mid-term, an administration fee of £50 will be payable.

About The Insurer

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Your Right to Cancel

You may cancel your Policy within 14 days of receipt and provided no claims have been made a full refund of premium will be given.

Making a Claim

Full details of how to make a claim can be found in the Policy Wording. Alternatively contact Coversure for further advice.

Type of Cover

There are two levels of cover available.

- Prime Plus Plan Standard is designed to provide cover for in-patient and day-patient treatment in Europe (maximum sum insured £ 25,000 per claim outside Country of Residence) with a 90 day extension Worldwide for Accident and Emergency treatment (excluding USA/Canada).
- Prime Plus Plan Premier extends to include out-patient treatment.

You can apply to join up to age 74 and cover remains in force for a period of 12 months and is renewable annually. There is no upper age limit when renewing on the same terms **but it will be necessary for new clients joining after 1 April 2007 when they become age 75 and above to undertake a telephone based medical screening at their own expense in order to maintain cover. A list of eligible countries where this product may be purchased can be obtained from Coversure.**

Summary of Benefits and Features

Some important facts about the benefits and features of Coversure Prime Plus Plan are summarised below. This summary does not contain the full terms and conditions of the cover, which can be found in the Policy Wording. It is important that you read the Policy Wording thoroughly to make sure you understand the cover it provides.

Sum Insured £250,000 per year per insured person

Territorial Limits: Europe plus 90 days Worldwide
(excluding USA/Canada)

| BENEFITS | STANDARD | PREMIER |
|--|---|---|
| 1. Hospital Charges including: i) Medical Practitioner or Specialist fees as an In-Patient or Day Patient ii) Diagnostic and surgical procedures as an In-Patient or Day Patient including scans, pathology, X rays, oncology. iii) Surgeons and Anaesthetist fees iv) Theatre fees and nursing by a Qualified Nurse v) Daily food charge and bottled water vi) Prescribed Drugs and Dressings vii) Standard Private Room (Portugal limited to maximum £ 70 per day) viii) Physiotherapy where referred by a Specialist (maximum 10 sessions per Medical Condition) | Full Refund | Full Refund |
| 2. Parent Accomodation Standard private Hospital accomodation in respect of a parent or legal guardian staying with an Insured Person who is under 12 years of age and is admitted as an In-Patient in a Hospital | Full Refund | Full Refund |
| 3. Transportation The cost of emergency transport necessarily incurred to and from Hospitals for Medical Conditions covered by this Policy | Full Refund | Full Refund |
| 4. Home Nursing Nursing care given outside a Hospital which is immediately received subsequent to Treatment as an In-Patient or Day Patient on the referral of a Specialist. This must be provided by a Qualified Nurse and be approved by Us | Full Refund up to 30 days per Medical Condition and maximum £80 per day | Full Refund up to 30 days per Medical Condition and maximum £80 per day |
| 5. Reconstructive Surgery Reconstructive surgery following an Accident or following surgery for an event covered by this Policy | Full Refund | Full Refund |

| BENEFITS (continued) | STANDARD | PREMIER |
|--|---|--|
| 6. Out-Patient charges including:- i) Medical Practitioner or Specialist fees as an Out-Patient including home visits ii) Diagnostic and surgical procedures as an Out-Patient including scans, pathology, X rays, oncology. iii) Prescribed Drugs and Dressings iv) Physiotherapy where referred by a Specialist (maximum 10 sessions per Medical Condition) | i) and ii) - Prior to admission to hospital and for maximum 90 days after discharge up to £1,000. Not covered. Not covered. | Full Refund Full Refund Full Refund Full Refund |
| 7. Alternative Medicines Limited to Acupuncture, Homeopathy, Chiropractic and Osteopathy on referral of a specialist | Not covered | Up to £250 per Period of Cover |
| 8. Accidental Damage to Teeth - Treatment received in an Emergency Room in a Hospital within 7 days of incurring Accidental damage caused to sound, natural teeth when given by a Medical or Dental Practitioner. | Not covered | Full Refund |
| 9. Cash Benefit Where Hospital accommodation and all Treatment costs are provided in a State or charitable institution and no claim is submitted under this Policy, providing that the condition suffered would be eligible for Benefit. | £80 per day for the first 30 complete days | £80 per day for the first 30 complete days |
| 10. Routine Pregnancy and Childbirth after 12 months from Date of Entry | Not covered | Up to £1000 per period of cover after 12 months' cover |
| 11. Complications of Pregnancy and Childbirth | Full Refund after 12 months from Date of Entry | Full Refund after 12 months from Date of Entry |
| 12. Dental Benefits Routine Dental Treatment (crown treatment limited to £150) | Not covered | Up to £400 |
| 13. Emergency Evacuation | Not covered | Full Refund |
| 14. Transport of Mortal Remains/Costs of local burial or cremation where death occurs outside country of residence | Not covered | Up to £2500 |

| ADDITIONAL BENEFITS | STANDARD | PREMIER |
|--|-------------|---------------|
| Personal Accident – see Policy Wording | Not covered | Up to £50,000 |