

## Cancer Cover explained

The following table is a summary of the cover provided for cancer under your policy. Please note that each of our plans may have different benefit levels applied to them. This means that some plans will provide benefit for out patient consultations in full, and others may be subject to an overall limit, e.g. £1,000 out patient cover. Any benefits referred to below will be subject to the limits (if any) of your own plan, please see your own benefit schedule for further details.

This document is effective from 1st November 2009 and reflects our stance for cancer cover as at this date. Due to rapidly developing medical advancements in cancer care it is necessary for us to review our stance from time to time. To ensure you have the latest version please contact PHC on 01923 770000.

Cancer Treatment	Plans 1 & 2	Plans 3 & 4
Diagnostic consultations, tests & scans	✓	✓
Surgery	✓	✓
Chemotherapy	<ul style="list-style-type: none"> <li>treatment can be provided in a hospital or at home, if appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>treatment can be provided in a hospital or at home, if appropriate.</li> <li>chemotherapy is covered provided it is not being given on a palliative basis.</li> </ul>
Radiotherapy	✓	<ul style="list-style-type: none"> <li>radiotherapy is covered provided it is not been given on a palliative basis.</li> </ul>
Monitoring	<ul style="list-style-type: none"> <li>consultations and tests for monitoring the condition are covered for up to 5 years once remission has been achieved providing they are medically necessary.</li> </ul>	<ul style="list-style-type: none"> <li>consultations and tests for monitoring the condition are covered for up to 5 years once remission has been achieved providing they are medically necessary.</li> </ul>
Stem cell transplant	✓	✗
Palliative/terminal treatment This is treatment given with the intent of relieving or managing symptoms rather than with the intent of curing the condition.	✓	✗

Cancer Treatment		Plans 1 & 2	Plans 3 & 4
Monoclonal antibodies & inhibitors	where treatment given is intended to cure the cancer	<p style="text-align: center;">✓</p> <p style="text-align: center;">see note ( a )</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">see note ( a )</p>
	where the treatment given is intended to affect the growth of the cancer by shrinking the cancer, stabilising it or slowing the spread of disease as opposed to curing the cancer	<p style="text-align: center;">✓</p> <p style="text-align: center;">see note ( a )</p>	<ul style="list-style-type: none"> <li>under the terms &amp; conditions of your plan benefit would not be payable in these circumstances as the treatment is not being given with the intention of curing the condition. However, we review these claims on a case by case basis and we may be able to provide funding for such treatment where your condition continues to respond to the treatment given.</li> </ul>
	where the treatment is given after the cancer is in remission in order to decrease the risk of the cancer recurring	<p style="text-align: center;">✓</p> <p style="text-align: center;">see note ( a )</p>	<ul style="list-style-type: none"> <li>under the terms &amp; conditions of your plan benefit would not be payable in these circumstances as the treatment is being given on a preventative basis and not with the intention of curing the condition. However, we review these claims on a case by case basis and we may be able to provide limited funding for such treatment.</li> </ul>
Hormonal therapies		<p style="text-align: center;">✘</p> <ul style="list-style-type: none"> <li>these drugs are normally prescribed on an out patient basis and drugs prescribed in this way are not covered under your plan.</li> </ul>	<p style="text-align: center;">✘</p> <ul style="list-style-type: none"> <li>under the terms &amp; conditions of your plan benefit would not be payable in these circumstances as the treatment is being given on a preventative basis and not with the intention of curing the condition. These drugs are normally prescribed on an out patient basis and drugs prescribed in this way are not covered under your plan.</li> </ul>
Bisphosphonates		<p style="text-align: center;">✓</p> <p style="text-align: center;">see note ( a )</p>	<ul style="list-style-type: none"> <li>under the terms &amp; conditions of your plan benefit would not be payable in these circumstances as the treatment is not being given with the intention of curing the condition. However, we will fund treatment using bisphosphonates whilst being given at the same time as eligible chemotherapy and/or radiotherapy.</li> </ul>

<b>Cancer Treatment</b>	<b>Plans 1 &amp; 2</b>	<b>Plans 3 &amp; 4</b>
Hospice £75 per day donation to the hospice <i>plus</i> £75 per day cash benefit to claimant  up to max. 15 days per policy	✓  • benefit for a hospice is only available at the terminal stage of cancer.  • per policy means that benefit is only payable once during the term of the whole policy and not on a per policy year basis.	✗
Experimental treatment/clinical trials	✗	✗
Preventative tests & treatment e.g. screening, surgery & vaccines	✗	✗
Genetic testing	✗	✗
External prostheses (e.g. wigs), surgical appliances, aids or equipment	✗	✗
Harvesting and storing of sperm or eggs	✗	✗
<p style="text-align: center;"><b>NOTES:</b></p> <p>(a) = treatment is covered when used within the terms of its UK Marketing Authorisation (licence).</p> <p>✓ = we will reimburse fees in full where we feel the charges are reasonable and customary within the UK private medical market. Charges may not be met in full if we consider them to be in excess of those normally charged in the UK. For further information please contact the claims line on 0800 0687111.</p> <p>✗ = not covered.</p>		

### ***Examples of Cancer Cover***

The following are typical examples of cancer claims and how PHC would usually deal with them: These examples are based on a policy which offers a full range of in patient and out patient benefits and that the condition is not excluded under the underwriting terms.

- *Beverley has been with PHC for five years when she is diagnosed with breast cancer. Following discussion with her specialist she decides to have the breast removed followed by breast reconstruction. Her specialist also recommends a course of radiotherapy and chemotherapy. In addition she is to have hormone therapy tablets for several years.*

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

#### **Plans 1 and 2**

Benefit would be provided for the removal of Beverley's breast along with reconstructive surgery. We would also provide benefit for radiotherapy and chemotherapy where the treatment is not experimental.

We would not provide benefit for Beverley's hormone therapy tablets as these are given on an out patient basis.

### **Plans 3 and 4**

Benefit would be provided for the removal of Beverley's breast along with reconstructive surgery. We would also provide benefit for radiotherapy and chemotherapy where the treatment is given with curative intent and is not experimental.

We would not provide benefit for Beverley's hormone therapy tablets as these are preventative drugs and are given on an out patient basis.

- *Cara has previously had a breast cancer which was treated by lumpectomy, radiotherapy and chemotherapy under her existing policy. She now has a recurrence in her other breast and has decided to have a mastectomy, radiotherapy and chemotherapy. Will her insurance cover this and are there any limits to the cover?*

### **Plans 1 and 2**

Benefit would be provided for the removal of Cara's breast along with reconstructive surgery. We would also provide benefit for radiotherapy and chemotherapy where the treatment is not experimental.

### **Plans 3 and 4**

Benefit would be provided for the removal of Cara's breast along with reconstructive surgery. We would also provide benefit for radiotherapy and chemotherapy where the treatment is given with curative intent and is not experimental.

- *Monica, who was previously treated for breast cancer under her existing policy, has a recurrence which has unfortunately spread to other parts of the body. Her specialist has recommended the following 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 insurance cover this treatment plan and are there any limits to the cover?*

### **Plans 1 and 2**

- Benefit would be provided for Monica's chemotherapy where the treatment is not experimental.
- Benefit would be provided for Monica's monthly infusions to help the bones against pain and fracture whilst being given on an in patient or day patient basis and whilst used within the terms of the drug's UK marketing authorisation. Benefit would not be provided if the drug was given, or could be given, on an out patient basis.
- Benefit would be provided for Monica's weekly infusions of a drug to suppress the growth of the cancer whilst being given on an in patient or day patient basis and whilst used within the terms of the drug's UK marketing authorisation. Benefit would not be provided if the drug was given, or could be given, on an out patient basis.

### **Plans 3 and 4**

- Benefit would be provided for Monica's chemotherapy where the treatment is given with curative intent and is not experimental.
- We do not provide benefit for preventative treatments such as the monthly infusions as described. However, we undertook a review of this case and determined that we would provide funding whilst chemotherapy continues to be given.
- In this scenario, benefit would not be provided under the terms and conditions of the plan as the drug is not being given with curative intent. Therefore we would need to carefully review Monica's request for authorisation of this treatment. If the recommended drug was Herceptin we would provide funding for a total period of 12 months.

- *Sharon would like to be admitted to a hospice for care aimed solely at relieving symptoms. Will her insurance cover this and are there any limits to the cover?*

### **Plans 1 and 2**

Hospice benefit is only available if Sharon's cancer has reached the terminal stage. In this event, we would donate £75 per day to the hospice for a maximum of 15 days. In addition, we would pay Sharon a cash benefit of £75 per day for a maximum of 15 days.

### **Plans 3 and 4**

We do not provide benefit for hospice care.

## ***Glossary of terms used within Cancer Cover Explained***

Bisphosphonates:	drugs that in certain situations can help to protect your bones against some of the effects of cancer, such as pain and weakness. They may also be used to reduce a raised calcium level in the blood.
Cancer:	a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
Chemotherapy:	the use of anti-cancer (cytotoxic) drugs to destroy cancer cells.
Experimental treatment:	treatments not considered to be established medical practice in the UK and/or that have not been granted a UK marketing authorisation or recommended for use by NICE.
Hormonal therapies:	treating a disease with hormones, or by blocking the action of hormones.
Hospice:	a hospital or part of a hospital recognised as a hospice by us which is devoted to the care of patients with progressive disease (where curative treatment is no longer possible) on an in patient treatment or domestic basis.
Inhibitors:	angiogenesis inhibitors: for tumours to survive they need to produce a network of blood vessels, angiogenesis inhibitors interfere with the development of blood vessels.  cancer growth inhibitors: in order to grow and divide cancer cells 'communicate' with each other using chemical signals. Cancer growth inhibitors interfere with this process and so affect the cancer's ability to develop.
Monoclonal antibodies:	this treatment involves the use of a specially made antibody (which is a protein that identifies and destroys foreign substances in the body) to stimulate an immune response aimed at destroying cancer cells.
Monitoring:	being reviewed and tested during a period of remission to ensure there has been no recurrence of disease.
Palliative:	this is treatment that is given with the intent of relieving or managing symptoms rather than with the intent to cure the condition.
Radiotherapy:	the use of high energy x-rays and similar rays (such as electrons) to treat disease.
Remission:	an undetermined period of time where the patient appears free of disease and shows no symptoms.
Terminal:	describes an advanced disease resulting in limited life expectancy.
UK Marketing Authorisation: (licence)	the licence issued by the European Medicines Evaluation Agency or the Medicines and Healthcare Products Regulatory Agency which dictates the specific way in which a treatment can be used and for how long.