

Chronic Conditions explained

When you take out a PHC private medical insurance policy we believe it is important to understand what is covered.

Your policy has been designed to cover treatment for acute medical conditions. These are diseases, illnesses or injuries that respond quickly to treatment which is aimed at restoring you to your former state of health.

PHC, *in common with other PMI providers*, does not provide treatment for chronic conditions.

This leaflet is designed to help you understand more about what we mean by chronic conditions and our policy towards these with practical examples to demonstrate *our approach to your cover*.

What is a chronic condition?

A “chronic condition” is a disease, illness or injury which has at least one or more of the following characteristics:

- it needs on-going or long term monitoring through consultations, examinations, check ups and/or tests.
- it needs on-going 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.

What does this mean in practice?

PHC covers the cost of treatment for acute conditions. These are diseases, illnesses or injuries that are likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

PHC, *in common with other PMI providers*, does not provide treatment for chronic conditions where the purpose of that treatment is primarily to keep the symptoms under control. We would strongly recommend that you contact our claims helpline if you are not sure and they can advise you on your condition.

In order to determine whether the condition you are claiming for is, or has become, a chronic condition, we will request medical reports and/or medical records from your Consultant or GP. This information will then be considered by our claims department, Chief Medical Officer and other medical advisors as appropriate. We will determine whether we feel your claim is eligible taking into account the chronic condition exclusion and definition. Should we be unable to provide benefit because of this exclusion, we will advise you accordingly. Should you, your Consultant or your GP feel we have misinterpreted the medical evidence provided then we will consider any additional evidence or reports that you may wish them to submit on your behalf.

Should your condition become chronic we would write to you advising you of this giving you sufficient time to make alternative arrangements.

What if your condition gets worse?

We would pay for the treatment of acute episodes or complications in order to stabilise your condition.

Once your condition had stabilised we would cover the cost of one consultation to confirm that your symptoms are well controlled again.

Examples of how we deal with chronic conditions

The following are typical examples of chronic conditions and how PHC would usually deal with them: These examples are based on a policy which offers a full range of inpatient and outpatient benefits and that the condition is not excluded under the underwriting terms.

- *Alan has been with PHC 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 from angina. Alan is placed on medication to control his symptoms.*

We would provide benefit for investigations and initial treatment to stabilise Alan's condition. Once the condition has been stabilised, we would advise that further regular review consultations purely to monitor and manage his condition would not be covered.

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

We would confirm to Alan that benefit would be available for this operation. We would also cover any appropriate post-operative consultations until the condition has stabilised and only requires ongoing medical management and monitoring.

- *Eve has been with PHC for 5 years when she develops breathing difficulties. Her GP refers her to a specialist who arranged 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 she states that her breathing has been much better so the specialist suggests she has check-ups every 4 months.*

We would agree to provide benefit for Eve's initial consultation and tests to establish her diagnosis. Once the condition has been stabilised, we would cease benefit as further treatment would be aimed at long-term medical management and monitoring of the condition.

Eighteen months later, she has a bad asthma attack.

We would provide benefit for eligible treatment and tests to stabilise her condition. Once her condition has stabilised, we would provide benefit for one further check-up to confirm her status.

- *Deidre has been with PHC for 2 years when she develops symptoms that indicate she may have diabetes. Her GP refers her to an endocrinology specialist who organises a series of tests to confirm the diagnosis and she then starts on oral medication to control the diabetes. After several months of regular consultations and some adjustments to the medication regime, the specialist confirms that the condition is now well controlled and explains that he would like to see her every 4 months to review the condition.*

We would provide benefit for all investigations and tests up to the point of diagnosis. We would explain to Deidre that we could not continue to provide benefit for consultations as her condition has now stabilised. We would of course provide benefit for one additional consultation following this to allow Deidre to make alternative arrangements.

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

We would provide benefit for eligible treatment and tests to stabilise her condition. Once her condition had been stabilised we would provide benefit for one further check up to confirm her status.

- *Bob has been with PHC 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.*

We would provide benefit for Bob's two weeks of treatment so long as this was eligible within his policy limits. We would advise that the proposed monthly treatment would not be eligible as the condition has stabilised and further osteopathy is designed to prevent symptom recurrence. We would of course be prepared to provide benefit for Specialist consultation and tests if Bob's condition deteriorated.