

Chronic Conditions Leaflet

PRIMARY HEALTHCARE PLAN MEDICAL INSURANCE IN THE UNITED KINGDOM

Whether you are thinking of taking out, or joining a Private Medical Insurance Scheme it is important that you have an understanding of the cover that will be provided by the policy. The purpose of the policy, as with all insurance, is to provide cover for the unexpected.

It does not extend to cover conditions that require ongoing or regular treatment to maintain the stability of the condition.

This leaflet is designed to explain what is meant by the term 'chronic condition' and more importantly the cover provided by the Primary Healthcare Plan for conditions that fall within this definition. With the use of examples we will demonstrate how conditions which are or can become chronic are handled under your policy.

What is a chronic condition?

A chronic condition is 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, checkups, examinations or tests.

What does this mean in practice?

In practical terms this means that you will be covered for the treatment of acute medical conditions, where the condition responds quickly to treatment, with the aim of the treatment being to return you to the state of health you were in immediately prior to suffering from the condition.

Should you suffer from a condition which requires regular treatment, tests or consultations to maintain the stability or monitor the condition then this may be classed as a chronic condition. The cover provided by the policy does not extend to include such costs.

How does this affect my cover?

You will be covered under the policy for the initial investigations and diagnostic tests required in order for a diagnosis to be made. If diagnosed as a chronic condition we will usually pay for the initial treatment in order for the symptoms to be stabilised.

If further treatment is proposed we will, with your permission, request medical information from the treating doctor or specialists in order to consider the eligibility of this. Individual circumstances will be considered along with medical advice and if we consider that the condition is chronic then we will write to you and explain why this is the case. In such circumstances we will always give notice before withdrawing cover in order for alternative arrangements to be made.

What if my condition gets worse?

Being diagnosed with a chronic condition does not mean that no cover will be provided at all for that condition. In the event that there is an acute exacerbation, or flare-up of a chronic condition

We will consider covering the short-term treatment required in order for the condition to be stabilised. Such treatment should be with the intention of returning you to the state of health you were in immediately prior to the onset of the flare-up of the symptoms.

Once the condition has stabilised the process set out above will apply.

Examples of chronic conditions

Below are some examples of chronic conditions with explanations of the cover available, along with details as to how they would be handled under the Primary Healthcare Plan Policy.

Important note

These examples are used to illustrate what the Primary Healthcare Plan would usually cover. If you require treatment under your policy please contact the AGB Member Service Centre to obtain pre-authorization. Failure to do this could result in costs being incurred which are not covered by your policy.

**AGB Member Service Centre
0870 442 7248.**

Some chronic conditions, due to their nature, will require regular treatment in order for them to be stabilised. Such conditions are not covered by your policy. Please contact the AGB Member Service Centre if you are unsure whether your treatment will be covered.

EXAMPLE 1

Alan has been with Aetna Global Benefits (AGB) for many years. He develops chest pain and is referred by his general practitioner 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.

Alan contacted the AGB Member Service Centre and was advised that his policy covered the consultations and tests required to enable his condition to be diagnosed. Once angina had been diagnosed Alan was prescribed medication to control his symptoms. This cost of the out-patient medication was not covered by his policy. AGB explained that as his condition had stabilised, follow-up consultations would not be covered but we would pay for one further consultation to give him time to make alternative arrangements.

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

Having contacted the AGB Member Service Centre again it was confirmed to Alan that the proposed surgery would be covered. Also that the aftercare and follow-up consultations would be covered until the condition had stabilised but that he would also need monitoring and consultations over the longer term and as this was not covered by his policy he would need to make alternative arrangements.

EXAMPLE 2

Carole 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.

Carole contacts the AGB Member Service Centre and is advised that the initial consultations and necessary tests are covered. When the condition has been diagnosed Carole contacts the AGB Member Service Centre again and it is confirmed to her that the recommended surgical treatment to the affected breast is covered. Also that the radiotherapy and chemotherapy that she will need is covered. Carole asked whether this treatment could be administered at home instead of in hospital and it was confirmed that it could, providing her specialist agreed. Carole was advised that if reconstructive surgery to the affected breast was required as a result of the treatment then this would also be covered.

Once Carole'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.

Carole is advised by the AGB Member Service Centre that check-ups following treatment of this type of cancer will be covered for up to five years from the date of the completed course of treatment, providing of course the policy remains in force. If there is evidence of recurrence of the disease, her policy covers the tests required to establish what further treatment may be necessary.

However, the cost of any continuing treatment to maintain rather than cure the condition would not be covered by the policy.

EXAMPLE 3

Bob has been with AGB for three years when he develops hip pain. His general practitioner 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.

Bob calls the AGB Member Service Centre and is advised that cover will be provided for the initial two-week course of treatment. Bob is advised that his policy does not cover the subsequent treatment to prevent a recurrence of the symptoms. One year later Bob's symptoms recur and he calls the AGB Member Service Centre again to enquire as to what cover is available under the policy. Cover for his general practitioner's recommended consultation with a specialist is confirmed and as a result a hip replacement operation is proposed. Bob relays this information to the AGB Member Service Centre and cover is confirmed for the surgical treatment.

EXAMPLE 4

Deidre has been with AGB for two years when she develops symptoms that indicate she may have diabetes. Her general practitioner 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 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 the condition.

Having contacted the AGB Member Service Centre Deidre is advised cover is provided for the initial consultations and tests required for the condition to be diagnosed. Although out-patient medication is not covered, the consultations with the specialist in order for the symptoms to be stabilised would be covered. It is explained to Deidre that the four monthly check-ups are not covered by the policy but we would pay for one of these consultations in order to allow time for alternative arrangements to be made.

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

Deidre contacts the AGB Member Service Centre again and is advised that her policy would provide cover for her admission to hospital and the treatment required for her condition to be stabilised. Deidre is also advised that we would pay for one out-patient follow-up consultation to ensure the condition is stable.

EXAMPLE 5

Eve has been with AGB for five years when she develops breathing difficulties. Her general practitioner 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 her breathing has been much better. So the specialist suggests she has check-ups every four months.

Eve contacts the AGB Member Service Centre and cover is confirmed for the initial consultations, investigations and tests required in order for her symptoms to be diagnosed. The follow-up consultation after three months is also covered. However, it is explained to Eve that the policy does not cover the routine monitoring required to maintain the stability of the condition and it is therefore necessary for her to make alternative arrangements.

Eighteen months later, Eve has a bad asthma attack.

Eve contacts the AGB Member Service Centre and cover is confirmed for her to be referred to a specialist in order for her condition to be treated and stabilised. However, Eve's symptoms progress to a level that she requires an admission to hospital. The hospital contact the AGB Member Service Centre and cover is confirmed for the admission as the proposed treatment is intended to return the symptoms to the level they were at immediately prior to the attack. Once discharged from hospital Eve calls the AGB Member Service Centre again and is advised that a follow-up consultation would also be covered to ensure that the condition has stabilised. Once stabilised no further cover is available for the routine monitoring of the condition and it is therefore necessary for Eve to make alternative arrangements.

Aetna Global Benefits® is a U.S. and European Union registered trademark of Aetna Inc. Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Policies are issued and underwritten or reinsured in Europe by Aetna Health Insurance Company of Europe, Limited and issued and administered by Aetna Global Benefits (Europe) Limited, regulated by the Financial Services Authority. Registered address: 76 Shoe Lane, London EC4A 3JB. Registered in England & Wales. Registered No. 04548434.

No warranty or representation is given, whether expressed or implied, as to the completeness and/or accuracy of the information contained in this document and accordingly the information given is for guidance purposes only. You are requested to verify the above information before you act upon it. You should not rely on such information and should seek your own independent legal advice. We will not be liable for any loss and damage, whether direct or indirect, from your use of the information and the materials contained therein.

Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programmes provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of cover. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna Global Benefits plans, refer to www.aetnaglobalbenefits.com.