

When buying private medical insurance, also known as PMI, it is important to understand this insurance is designed to cover unexpected and unforeseen illness and injury (acute conditions). An acute condition normally responds quickly to treatment leading to a full recovery without the need for prolonged or long-term future treatment.

Medical insurance is not intended to cover conditions which require ongoing or regular treatment to maintain the stability of the condition. We call these 'chronic conditions'. A chronic condition is persistent and long-lasting and, in most cases, cannot be cured, only kept under control. It is often life-long and potentially limiting in terms of quality of life.

Examples of chronic conditions could include diabetes, asthma, arthritis, epilepsy, stroke, chronic obstructive pulmonary disease, coronary heart disease, multiple sclerosis, Parkinson's disease and Crohn's disease.

This information is designed to explain what is meant by the term 'chronic condition' and the cover provided by Freedom Health Insurance policies for these conditions.¹ Through the use of practical examples, we will demonstrate how conditions which are, or can become, chronic are handled by us.

Please note

All statements concerning the availability of policy cover should be considered as general, non-specific guidance only.

Any decision concerning cover will always be based on the level of cover and the benefits, terms and conditions which apply to the policy. This could mean a decision made about an individual claim may not be reflected in the general guidance provided in this leaflet.

Exclusions which would normally apply to long-term/chronic conditions may not apply to cancer. Refer to our leaflet Cancer Cover Explained for more information.

What is a chronic condition?

Like most other insurers, we use the industry standard definition for chronic condition which is:

"A disease, illness or injury that 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 the insured person's rehabilitation or for them to be specially trained to cope with it;*
- *it continues indefinitely;*
- *it has no known cure; or*
- *it comes back or is likely to come back."*

What does this mean in practice?

If you are experiencing unexpected symptoms, we will pay the cost of a consultation with a specialist and any diagnostic tests which are necessary to find the cause of your symptoms. If the specialist decides you have an underlying medical condition causing your symptoms which can be treated and cured so it goes away with no realistic prospect of coming back, this would be viewed as treatment of an acute condition and will be covered by us.

If the specialist decides you have an underlying medical condition which can be treated but not cured so the symptoms can at least be brought under control to minimise their effect even if only for a short time, we will pay for treatment which stabilises and relieves these initial symptoms. However, if you have a condition which cannot be permanently cured and has the potential to return, this is likely to be considered a chronic condition in line with the standard industry definition.

This means there may come a time when the treatment you are receiving is to relieve expected or anticipated symptoms or to perhaps keep your symptoms under control, rather than actively seeking a permanent cure so they don't return. This could be viewed as treatment of a chronic condition and we would have to consider withdrawing future cover for this condition.

Before withdrawing cover, we may, with your permission, request medical information from the treating doctor or specialist and your individual circumstances will be taken into consideration. However, if, after taking all available medical information into account, we consider your condition is now a chronic condition, we will write to you to explain why this is the case and we are unable to provide further cover.

If we decide your condition is not currently a chronic condition, we may, however, need to review it again in the future. If this happens we will tell you and indicate when we might review your condition again.

If we do withdraw cover, we will try to give as much notice as we can so you can make alternative arrangements for your continued treatment, such as asking to be transferred to NHS care.

¹ This leaflet only applies to Freedom Elite, Freedom Your Choice and Freedom Essentials policies. It does not apply to Freedom Worldwide policies.

What if my condition gets worse?

Although we do not provide cover for monitoring and controlling a chronic condition, this does not mean we will never provide cover for this condition again.

Even if your chronic condition is in remission and well-controlled, you might experience a sudden and unexpected flare-up of symptoms – often called ‘an acute flare-up of a chronic condition’ – and we will pay the cost of the short-term treatment required to re-stabilise your condition and return you to the state of health you were in before the acute flare-up. Once your condition has re-stabilised, and is again being monitored and controlled, we will no longer provide cover for this condition.

Examples of an acute flare-up of a chronic condition which we would cover include an unexpected heart attack resulting from coronary heart disease or a sudden asthma attack.

Some chronic conditions will require constant treatment because they need to be re-stabilised on a regular basis. There will be regular flare-ups and this is known to be part of the normal development of the chronic condition. As private medical insurance is intended to pay for unexpected and unforeseen conditions, chronic conditions which are known to behave in this way are not covered.

Examples of chronic conditions

The following case studies are typical examples of chronic conditions and are used in order to show our general approach to such claims. However, remember these are only fictitious examples and each claim is assessed individually, on its own merits, in line with the actual policy benefits, terms and conditions.

Example 1 – angina and heart disease

Alan has been with Freedom Health Insurance 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 a heart condition called angina. Alan is placed on medication to control his symptoms.

We provide cover for Alan’s first consultation with the specialist and the diagnostic tests carried out to confirm the diagnosis of angina. We also provide cover for the ongoing consultations with his specialist until his symptoms are brought under control. At this time, we would expect any ongoing monitoring to be carried out through his GP on the NHS. We would not cover the cost of the medication.

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

We provide cover for Alan’s operation as it will help stabilise his condition and bring his symptoms under control. We also provide cover for his post-operative check-ups and tests for a further one year after the operation to ensure his condition remains stable. After this time, any further check-ups would not be covered and again we would expect his care to be transferred back to the NHS.

Example 2 – asthma

Eve has been with Freedom Health Insurance for five years when she develops breathing difficulties. Her GP refers her to a specialist who arranges for a number of tests. These reveal 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 this consultation Eve states her breathing has been much better, so the specialist suggests she has check-ups every four months.

We provide cover for Eve’s first consultation with the specialist and the diagnostic tests carried out to confirm the diagnosis of asthma. We also provide cover for the follow-up consultation after three months to allow the specialist to review the treatment and confirm her condition has stabilised.

We do not provide cover for the ongoing four-monthly consultations with the specialist as her symptoms are under control. We would expect any ongoing monitoring to be carried out through her GP on the NHS. We would not cover the cost of the medication.

Eighteen months later, Eve has a bad asthma attack.

Private medical insurance is designed to cover pre-planned, elective treatment in a private hospital rather than emergency admissions. In these circumstances, we would expect Eve to attend the Accident and Emergency (A&E) department of her local NHS hospital where she would immediately receive the correct treatment.

Once Eve’s condition has been re-stabilised, and she has been discharged from hospital, we provide cover for one consultation with the specialist to investigate the cause of her asthma attack so the specialist can recommend any necessary changes to her medication to ensure her symptoms remain under control in the future. At that time, we would expect any ongoing monitoring to be carried out through her GP on the NHS. We would not cover the cost of the medication.

Example 3 – diabetes

Deirdre has been with Freedom Health Insurance for two years when she develops symptoms which indicate she may have diabetes. Her GP 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.

We provide cover for Deirdre's first consultation with the specialist and the diagnostic tests carried out to confirm the diagnosis of diabetes. We also provide cover for the follow-up consultations whilst the specialist reviews and adjusts her medication before confirming her condition has stabilised.

We do not provide cover for the ongoing four-monthly consultations with the specialist as her symptoms are now under control. At that time, we would expect any ongoing monitoring to be carried out through her GP on the NHS. We would not cover the cost of the medication.

One year later, Deirdre's diabetes becomes unstable and potentially life-threatening and her GP arranges for her to go into hospital for treatment.

Private medical insurance is designed to cover pre-planned, elective treatment in a private hospital rather than emergency admissions. In these circumstances, we would expect Deirdre to attend the Accident and Emergency (A&E) department of her local NHS hospital where she would immediately receive the correct treatment.

Once Deirdre's condition has been re-stabilised, and she has been discharged from hospital, we provide cover for one consultation with the specialist to investigate the cause of her unstable diabetes so the specialist can recommend any necessary changes to her medication to ensure her symptoms remain under control in the future. At that time, we would expect any ongoing monitoring to be carried out through her GP on the NHS. We would not cover the cost of the medication.

Example 4 – hip pain

Bob has been with Freedom Health Insurance 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 he returns once a month for additional treatment to prevent a recurrence of his original symptoms.

We provide cover for Bob's intensive two-week course of osteopathy treatment in order to bring the symptoms under control. We would not cover the subsequent monthly treatments as these are intended to prevent a recurrence of symptoms rather than treat an acute condition.

If Bob's condition deteriorated significantly to the extent his consultant recommended a hip replacement operation, we would cover the cost of this procedure as it would replace the damaged hip and so provide a permanent cure to Bob's hip problem.

Example 5 – glaucoma

Neil goes to his local optician for a routine check-up and one of the tests reveals some abnormal changes in his eye pressure which the optician believes could be an early onset of glaucoma. The optician refers Neil to an ophthalmologist who carries out some further tests and confirms the diagnosis of glaucoma. He prescribes eye drops and recommends Neil has his eye pressure checked every six months.

We provide cover for Neil's first consultation with the specialist and the diagnostic tests carried out to confirm the diagnosis of glaucoma. We also provide cover for one follow-up consultation so the specialist can check the eye drops have worked and stabilised Neil's symptoms.

We do not provide cover for the ongoing six-monthly eye checks as his symptoms are now under control. We would expect these ongoing checks to be carried out through the NHS. We would not cover the cost of the medication.

Two years later, during one of Neil's check-ups, it was discovered his glaucoma had worsened and so his ophthalmologist recommended he has surgery.

We provide cover for Neil's operation as it will help resolve his symptoms. We also provide cover for a post-operative check-up and tests after the operation to ensure the operation was successful and Neil's eye pressure is under control. At that time, we would expect any ongoing monitoring to be carried out through his GP on the NHS. We would not cover the cost of the medication.