



Health

healthcare

Chronic conditions

The limits of your
cover for chronic
medical conditions
October 2021

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1 About chronic conditions

This leaflet explains what we mean by a chronic condition and gives some examples of how we cover them.

Explanation

Most kinds of insurance are designed to cover unexpected costs – if you have home insurance, you don't expect that you will have a break-in, and you have no way of knowing that one will happen. Healthcare insurance is just the same. It is not designed to cover you for illness or health problems that are predictable – such as chronic conditions.

When we refer to a 'chronic' condition, we mean a condition that:

- comes back (recurs), or
- is likely to continue for a while, or
- is long-term.

There is a full explanation of this later in this leaflet.

Because chronic conditions become predictable, rather than unexpected, your plan is not designed to cover them.

Exclusions that would normally apply to long-term or chronic conditions may not apply to cancer. Please refer to the section on cancer.

[Please always check with us before starting private treatment. Simply call us and we can check your cover there and then.](#)

2 What is a chronic condition?

Conditions are often grouped into two categories: chronic and acute.

Chronic conditions

A chronic condition 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 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.

Treatment for chronic conditions

Your healthcare insurance does not cover the costs of recurrent, continuing or long-term treatment of chronic conditions.

If you have been receiving ongoing treatment, or treatment that is intended to manage your condition or keep your symptoms in check, we will review your treatment to check whether you are still covered.

Acute conditions

An acute condition is a disease, illness or injury that is 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.

Treatment for acute conditions

Your plan is designed to cover acute conditions. This includes short-term treatment to treat flare ups of a chronic condition – that is, unexpected complications or worsening of a chronic condition.

What does this mean in practice?

Whenever you need treatment, please call us first to check that it is covered. If we think that your condition is now a chronic condition according to our rules, we will tell you.

We may then contact your specialist or GP (we will ask you first). We will ask them to confirm your diagnosis and tell us what treatment you are receiving. We will also ask them how they think your condition will progress.

Healthcare insurance works alongside the NHS, but it does not replace it. If your doctor's information confirms that you have a chronic condition, we will write to tell you that we will no longer cover your treatment under your plan. In this case, you will need to return to the NHS or fund private treatment yourself. You will have time to talk to your GP or specialist about your options.

What if your condition gets worse?

If your chronic condition suddenly gets much worse or flares up, your plan will pay for treatment to bring the chronic condition quickly back to its controlled state.

In some conditions, such as Crohn's disease, patients experience recurrent episodes where the symptoms worsen. As conditions like this continue for a long period, we will write to tell you when your treatment for a medical condition is no longer covered.

The examples on the following pages explain more about what your plan does and does not cover.

3 Examples of chronic conditions

These examples will help to give you an idea of how cover for chronic conditions works. These examples are not real cases. In all of these cases, it is possible that we would need to write to the person involved or their doctor for further information.

There may be some treatments mentioned in the examples that are only available if you have chosen particular options on your plan.

Please read your plan documents and handbook carefully for details of the cover you have.

Alan's angina and heart disease

Situation

Alan has been with AXA Health 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.

Will Alan be covered?

We would pay for the first consultation and tests to diagnose the condition and further consultations with the specialist to allow the medication to bring the condition under control.

We would not cover further regular review consultations to monitor the condition. However, we would cover one further consultation so that Alan had the chance to discuss alternative arrangements.

We would also offer Alan access to our specialist nurses for heart patients. They would be able to give information on treatment options, and support him and his family through the treatment.

Situation

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

Will Alan be covered?

We would cover the heart by-pass operation as the operation would stabilise Alan's condition and relieve many of his acute symptoms.

Although Alan's plan would not normally cover regular check-ups, in this particular circumstance we would cover any post-operative check-ups, scans and examinations that his specialist recommends to make sure that his condition remained stable.

This benefit would only be available if Alan's plan included out-patient cover and while he still had a plan with us.

Eve's asthma

Situation

Eve has been with AXA Health 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 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 says that her breathing has been much better, so the specialist suggests she has check-ups every four months.

Will Eve be covered?

We would cover Eve's first tests and consultation to diagnose her condition, and the following consultation to see if there had been an improvement.

We would not cover Eve's regular check-ups.

Situation

Eighteen months later, Eve has a bad asthma attack.

Will Eve be covered?

If Eve needed to be admitted to hospital for treatment to stabilise her condition, we would cover the cost of this. We would also pay for one further consultation after she left hospital.

[If you're unsure about anything to do with your cover, please call us and we'll be happy to explain.](#)

Deidre's diabetes

Situation

Deidre has been with AXA Health for two years when she develops symptoms that indicate she may have diabetes.

Her GP refers her to a 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 her 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.

Will Deidre be covered?

We would not continue to cover the review consultations, but we would cover one more consultation so that Deidre could discuss alternative arrangements for follow-up treatment.

Situation

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

Will Deidre be covered?

We would cover the cost of this hospital stay and, for a short period, any treatment Deidre needed after leaving hospital.

Bob's hip pain

Situation

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

Will Bob be covered?

We would not cover the additional monthly visits. If Bob had further problems, or if his condition worsened to the point where he needed a hip replacement, we would cover this if his GP referred him to a suitable specialist.

If you're unsure about anything to do with your cover, please call us and we'll be happy to explain.

4 Cancer

We treat cancer differently to other long-term medical conditions. The examples on the following pages show how we would deal with different kinds of claim for cancer treatment.

Please be aware that some of our plans have an option of reduced or no cancer cover where these examples will not apply.

Cancer example 1 – Beverley

Situation

Beverley has been with AXA Health for five years when she is diagnosed with breast cancer.

Following discussion with her specialist she decides:

- To have the tumour removed by surgery. As well as removing the tumour, Beverley's treatment will include a reconstruction operation.
- To undergo a course of radiotherapy and chemotherapy.
- To take hormone therapy tablets for several years after the chemotherapy has finished.

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

We would pay for the breast removal and first reconstruction to restore appearance. We would also cover the course of radiotherapy and licensed chemotherapy aimed at bringing about a remission of the cancer or curing it.

The hormone therapy tablets (such as Tamoxifen) are out-patient drugs, which we do not cover.

Situation

During the course of chemotherapy, Beverley suffers from anaemia. Her resistance to infection is also greatly reduced. Her specialist:

- admits her to hospital for a blood transfusion to treat her anaemia
- prescribes injections to boost her immune system.

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

We would pay for Beverley to go into hospital, including the cost of the blood transfusion and the injections to boost her immune system.

Situation

Despite the injections, Beverley develops an infection and is admitted to hospital for a course of antibiotics.

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

We would pay for Beverley to go into hospital and receive the antibiotics. Depending on which cover options Beverley had chosen, we might also pay for her to have antibiotics through a drip at home (so long as we agreed the treatment before it started).

Situation

Five years after Beverley's treatment finishes, the cancer returns. Unfortunately, it has spread to other parts of her body. Her specialist has recommended a treatment plan:

- A course of six cycles of chemotherapy aimed at destroying the 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 plan cover this treatment plan, and are there any limits to the cover?

Beverley's cover would be different according to whether she had chosen to include extended cancer cover as part of her plan.

If she did not have extended cancer cover

We would pay for:

- the course of licensed chemotherapy
- up to three months of the drug to help protect her bones (while she was also receiving chemotherapy)
- the licensed drug to slow the growth of the cancer.

We would not normally cover chemotherapy treatment given for a long period of time, but we make an exception for cancer. We would pay for chemotherapy drugs (such as Herceptin) for as long as they were licensed or for as long as her plan documents said – whichever was shorter.

If she did have extended cancer cover

We would pay for:

- the course of licensed chemotherapy
- the drug to help protect her bones (while she was also receiving chemotherapy)
- the licensed drug to slow the growth of the cancer.

We would not normally cover chemotherapy treatment given for a long period of time, but we make an exception for cancer. We will pay for chemotherapy drugs (such as Herceptin) for as long as they are licensed.

Cancer example 2 – David

Situation

David has been with AXA Health for five years when he is diagnosed with cancer.

Following discussion with his specialist, he decides to undergo a course of high dose chemotherapy, followed by a stem cell (sometimes called a bone marrow) transplant.

Will his plan cover this treatment plan, and are there any limits to the cover?

We would pay for David's high dose chemotherapy and the bone marrow transplant.

Situation

When his treatment is finished, David's specialist tells him that his cancer is in remission. He would like him to have regular check-ups for the next five years to see whether the cancer has returned.

[Will his plan cover this treatment plan, and are there any limits to the cover?](#)

David's cover would be different according to the options he had chosen to include on his plan.

[If he had not chosen an out-patient option and did not have extended cancer cover](#)

We would not cover the routine check-ups with the specialist.

[If he had chosen an out-patient option, but did not have extended cancer cover](#)

We would cover David's routine check-ups for up to ten years from his last surgery, chemotherapy or radiotherapy, so long he continued on a plan with us that included out-patient cover.

[If he had extended cancer cover \(whether or not he had an out-patient option\)](#)

We would cover David's routine check-ups as long as his specialist thinks they are needed, so long as he remained a member with us on a plan that included the enhanced cancer cover.

[If you're unsure about anything to do with your cover, please call us and we'll be happy to explain.](#)

Cancer example 3 – Jenny

Situation

Jenny has been diagnosed with cancer. Her plan has a limit and she decides to commence private treatment.

[What help will be available if the plan limit is reached and she needs to transfer into the NHS?](#)

When Jenny started her treatment, we would put her in contact with one of our specialist nurses for cancer.

The nurse would talk to Jenny and her specialist to make sure they were aware of the limit on her plan before treatment started. Halfway through Jenny's treatment, the nurse would check Jenny's case and talk to the specialist about her progress. (The nurse would check that Jenny is happy with this beforehand.) If it looked like Jenny's treatment would continue past her plan allowance, the nurse would work with Jenny and her specialist to make sure she could continue her treatment with the NHS, making sure the transfer goes as smoothly as possible.

Cancer example 4 – Eric

Situation

Eric would like to go into a hospice for care aimed solely at relieving his symptoms.

[Will his plan cover this, and are there any limits to the cover?](#)

As free hospice care is provided by the NHS and many charities, we would not cover this. However, if Eric wanted to go into a hospice for end of life care, we would pay the hospice a donation for each night that he received care.

[If you're unsure about anything to do with your cover, please call us and we'll be happy to explain.](#)



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