



Talk to a healthcare advisor

020 8138 2325

Protex Health Insurance

Chronic Cover Explained

Protex
Health

Your policy is designed to cover the costs of diagnostic investigations; and medically necessary treatment of eligible medical conditions arising after you buy the policy which are likely to respond quickly to treatment, leading to your full recovery and returning you to your previous state of health as quickly as possible. It does not provide cover for chronic conditions.

This leaflet explains how we manage claims relating to medical conditions when they become a “chronic condition”.

There are benefit limitations and exclusions on all policies and you should check your policy guide and contact us before you incur any costs. Exclusions that would normally apply to long- term/chronic conditions may not apply to cancer. Please refer to the section on cancer.

WHAT IS A CHRONIC CONDITION?

A chronic condition is defined as:

A disease, illness or injury which 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;
- » You need to be rehabilitated or specially trained to cope with it;
- » It continues indefinitely;
- » It has no known cure;
- » It comes back or is likely to come back.

We will not pay for the ongoing diagnostic investigation or treatment of chronic conditions. However, we will pay for the initial diagnostic investigations to establish a diagnosis; and the diagnostic investigation or treatment of **acute conditions*** related to the chronic condition.

***Many chronic conditions are of a relapsing and remitting nature, requiring management of recurrent episodes where symptoms deteriorate. For example, multiple sclerosis, crohn’s disease, psoriasis etc. The relapses are part of the normal illness course and therefore cannot be classed as acute complications of the disease and are not eligible for benefit.**

We only pay for treatment if the treatment is likely to lead quickly to a complete recovery or to you being fully restored to your previous state of health, without you having to receive prolonged treatment. If you are suffering from symptoms which require tests or investigations to establish a diagnosis, we would generally provide cover for these.

If, as a result of these tests or investigations, you are diagnosed as suffering from a chronic condition, benefit would not usually be payable for subsequent treatment or treatment intended to manage your condition.

If you have already been receiving ongoing treatment or treatment intended to manage your condition or keep symptoms in check, we will review your treatment plan and assess if it remains eligible for cover under the terms of your policy.

In some cases it might not be clear, at the time of treatment that the disease, illness or injury being treated is a chronic condition. We may not pay the ongoing costs of continuing, or similar treatment even where we have previously paid for this type of or similar treatment. If this is the case, we will write to you to explain why. We will also give you time to make other arrangements for your continued treatment, such as asking your doctor to transfer you to the NHS.

WHAT DOES THIS MEAN IN PRACTICE?

If, after a full review of all the medical information available to us or provided by your GP or specialist



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in charge of your care, we consider your condition to have become a chronic condition, you will be given written notification that the policy will no longer pay benefits for the continuing or recurrent treatment of the chronic condition. You will also be given time to make other arrangements for continued treatment, and the policy will assist you and your GP to transfer management of your chronic condition to the NHS. Should we establish that your condition is not currently a chronic condition, we may need to review it again in the future. If this happens, we will advise you and indicate when we will need an update on your condition.

WHAT IF MY CONDITION GETS WORSE?

Although we may stop paying benefits because your condition has become a chronic condition, it does not necessarily mean that cover is permanently withdrawn. Some conditions are likely to have acute flare-ups or worsen substantially for a short period of time. Treatments for such acute episodes are generally covered if they are likely to respond quickly to treatment which aims to return you to your previous state of health. Once your condition is stabilised, we would follow the same procedure as explained in the previous section.

EXAMPLES OF CHRONIC CONDITIONS

The following examples help to illustrate the cover you might expect to have from us should you develop a medical condition that may become a chronic condition. Please note that these are illustrations only designed to show our general approach to chronic conditions in the specific circumstances described, based on a policy which includes full cover for outpatient, day case and inpatient treatment and all other terms of the policy still apply.

You should always contact the claims helpline prior to receiving any treatment to ensure you do not incur any costs which you cannot recover.

EXAMPLE A: ANGINA AND HEART DISEASE

Alan has been with Protex Health Insurance for many years. He develops chest pains 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 will cover the investigations required to find out the cause of Alan's chest pain and any consultations with the specialist until the condition is stabilised. However, we would not pay for any medication prescribed on an outpatient basis.

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

WILL ALAN BE COVERED?

We will pay for Alan's heart by-pass operation, a pre-operative consultation and diagnostic tests as well as a post-operative follow-up consultation and diagnostic tests as requested by the specialist to confirm the success of the operation.



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EXAMPLE B – ASTHMA

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

WILL EVE BE COVERED?

We will pay for the diagnostic tests and consultations until the diagnosis is confirmed. We will also pay for Eve's three month follow-up consultation. Any further follow-up consultations will not be covered as they are considered to be routine monitoring and we will assist Eve in making alternative arrangements for her routine follow-ups.

Eighteen months later, Eve has a bad asthma attack.

WILL EVE BE COVERED?

As this is an acute flare-up which is likely to respond quickly to treatment, we will pay for the cost of hospital treatment to stabilise Eve's condition and one follow-up consultation with the specialist to confirm her condition is stabilised.

EXAMPLE C – DIABETES

Deidre has been with Protex Health Insurance 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 made 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 will pay for the diagnostic tests and consultations until the diagnosis is confirmed and the condition is better controlled and Deidre can manage it. We will also pay for Deidre's first four month follow-up consultation. Any further follow-up consultations will not be covered as they are considered to be routine monitoring and we will assist Deidre in making alternative arrangements for her routine follow-ups.

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

WILL DEIDRE BE COVERED?

As this is an acute flare-up which is likely to respond quickly to treatment, we will pay for the cost of hospital treatment to stabilise Deidre's condition and one follow-up consultation with the specialist to confirm her condition is stabilised.



EXAMPLE D – HIP PAIN

Bob has been with Protex 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 that he return once a month for additional treatment to prevent a recurrence of his original symptoms.

WILL BOB BE COVERED?

If the policy Bob has chosen provides cover for osteopathy, we will pay for the initial two weeks treatment. The monthly visits would not be covered under Bob's policy as they are preventative. Should Bob's condition worsen to the point where a hip replacement is required and his GP referred him to a specialist, we would pay for this.

Protex Health Insurance is underwritten by Healix Insurance Services Limited on behalf of Hamilton Insurance DAC, the Insurer. Hamilton Insurance DAC is a designated activity company authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority in connection with its UK branch.

Protex Health Insurance is arranged and administered by Protex Health, a trading style of Healix Insurance Services Ltd. Healix Insurance Services Ltd is authorised and regulated by the Financial Conduct Authority under registration number 437248. The above details can be checked on the Financial Services Register: <https://register.fca.org.uk>



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