



Talk to a healthcare advisor

020 8138 2325

Protex Health Insurance

Cancer Cover Explained

Protex
Health

We know that a cancer diagnosis is a life changing event and therefore understand that this is an important part of your policy. To help you understand the level of cover available to you, this leaflet gives more information about your cover for cancer, is part of the terms and conditions of your policy and should be read alongside your policy guide which includes the full list of benefits available to you.

DELUXE COVER

Your policy provides benefit for diagnostic investigations into a suspected malignancy and active inpatient, day case or outpatient treatment at one of our approved hospitals for a diagnosed malignancy. This includes surgery, radiotherapy or chemotherapy, alone or in combination.

The policy does not pay benefit where the treatment is preventative; for maintenance purposes; or where it continues indefinitely.

To ensure that you receive the highest quality of care at all times, we may identify a centre of excellence for the treatment of cancer outside of our standard hospital list. If you are diagnosed with cancer, we may require you to transfer to one of these centres. These centres may be either in the private or NHS sector. Should you choose to receive eligible inpatient, day case or outpatient treatment at an NHS centre, you will be eligible for the NHS Cancer Cash Benefit as shown on the table of benefits in your policy guide.

One of our nurse case managers will be able to provide information on the treatment options available to you and support you through your treatment.

The table overleaf provides a summary of the cancer cover available and should be read alongside your policy guide.

Summary of Cancer Benefits

	What's Covered	What's <u>NOT</u> Covered
What diagnostic tests are covered?	<p>You will be covered in full for:</p> <ul style="list-style-type: none"> ✓ Eligible diagnostic tests arranged by your specialist and any associated consultations with your specialist. Outpatient limits may apply depending on your cover options; ✓ Genomic tests that are needed to see if a particular treatment will be suitable for you; ✓ You are also covered for CT, MRI and PET scans that take place in a hospital or specialist cancer centre. 	<p>You will not be covered for any diagnostic tests that are:</p> <ul style="list-style-type: none"> ✗ Arranged by anyone other than your GP or specialist; ✗ Not considered clinically appropriate within the UK; ✗ Designed to find out whether you are likely to get cancer or not unless specifically detailed as covered under the Cancer Treatment section of your policy guide; ✗ That are considered to be part of normal preventative treatment.

<p>Where will I be covered to have treatment?</p>	<p>You will be covered in full for eligible treatment:</p> <ul style="list-style-type: none"> ✓ At a hospital on our approved hospitals list that we recognise for your treatment and condition; ✓ At a specialist cancer unit authorised by us; ✓ At home for treatment that would otherwise have to be delivered in hospital, if your specialist agrees that this is possible and is given by suitably qualified medical staff. 	<ul style="list-style-type: none"> ✗ You will not be covered for any treatment received in a hospice. ✗ You will not be covered for treatment at a hospital that has not been authorised by us.
<p>Will I be covered for surgery?</p>	<ul style="list-style-type: none"> ✓ You will be covered in full for surgery to diagnose your cancer as well as surgery to remove a primary or secondary cancer. You will also be covered for reconstructive surgery following removal of a tumour. 	<ul style="list-style-type: none"> ✗ You will not be covered for surgery that is unproven or experimental and not based on established medical care within the UK.
<p>Will I be covered for preventative treatment?</p>	<p>No</p>	<p>This policy is designed to offer you cover for medically necessary diagnosis and treatment of eligible medical conditions arising after you buy the policy. This means you will not be covered for:</p> <ul style="list-style-type: none"> ✗ Normal screening such as breast screens; ✗ Genetic tests to see whether you are likely to get cancer unless specifically detailed as covered under the Cancer Treatment section of your policy guide; ✗ Treatment, such as removal of a breast, carried out solely to prevent the development of cancer unless specifically detailed as covered under the Cancer Treatment section of your policy guide; ✗ Vaccines to prevent the development or recurrence of cancer, for example vaccinations for the prevention of cervical cancer unless specifically detailed as covered under the Cancer Treatment section of your policy guide.

<p>What drug therapies will I be covered for?</p>	<ul style="list-style-type: none"> ✓ Chemotherapy – drugs used to destroy cancer cells; ✓ Targeted therapy and biological therapies. ✓ Hormone therapy if needed to shrink a tumour before surgery or radiotherapy; ✓ Bisphosphonates therapy – drugs used to strengthen bones; ✓ Anti-sickness drugs and antibiotics that you need to deal with side effects of chemotherapy or radiotherapy. <p>Note: For hormone therapy and bisphosphonates therapy, you will be covered during active cancer treatment. Once this treatment is required for ongoing maintenance with no clear end date, you will no longer be covered. However we will pay for up to three months to allow alternative arrangements to be made.</p>	<ul style="list-style-type: none"> ✗ Hormone treatment at any other time or where it is prescribed or administered by your GP; ✗ The use of drugs outside their terms of licence; ✗ Any drugs that would normally be prescribed by your GP and do not require specialist supervision; ✗ Drug treatments required for preventative or maintenance purposes or where it is ongoing for many years. For example, in some cancers hormone treatment is given every month for many years to help prevent recurrence. Such ongoing treatments are not eligible although if they are given by injection, we will pay for up to three months to allow the treatment to be established; ✗ Drugs which in our reasonable opinion are: <ul style="list-style-type: none"> - Experimental or not yet approved by the National Institute for Clinical Excellence as being clinically effective; - Being researched or that do not yet have sufficient peer-reviewed evidence; or - Not based on established medical practice in the UK.
<p>Will I be covered for radiotherapy?</p>	<ul style="list-style-type: none"> ✓ You will be covered in full for radiotherapy, including when given for pain relief. 	
<p>Will I be covered for palliative or end of life care?</p>	<p>No</p>	<ul style="list-style-type: none"> ✗ You will not be covered for treatment given solely to relieve pain at the end stage of cancer or treatment received in a hospice. If you require ongoing or continuing treatment that is palliative, you will receive written notification of when benefit will no longer be payable. Where possible, the nursing team will also provide guidance on making other arrangements for continued treatment.
<p>What cover will be available for routine monitoring when treatment has finished?</p>	<ul style="list-style-type: none"> ✓ You will be covered for medically necessary follow-up tests and specialist consultations needed to monitor your condition. Follow-up tests and consultations are covered for a maximum period of ten years from your last cancer treatment subject to any outpatient benefit limits. 	

<p>Are there any other limits on cover?</p>	<ul style="list-style-type: none"> ✓ If your specialist recommends treatment which is experimental, you will be covered for the equivalent cost of the established treatment that would usually be given for your condition, if we have agreed beforehand. If there is no equivalent treatment, you will not be covered for any costs of experimental treatment. 	<ul style="list-style-type: none"> ✗ You will not be covered for stem cell or bone marrow transplants or any related administration costs such as the costs of finding a donor; ✗ If your specialist recommends experimental treatment and there is no equivalent treatment, you will not be covered for any of the costs of the experimental treatment; ✗ If you have chosen to receive experimental treatment on the recommendation of your specialist, you will not be covered for any complications you may develop following this experimental treatment.
<p>What other benefits and services are available?</p>	<ul style="list-style-type: none"> ✓ Specialist services you may need following cancer surgery, such as consultations with a dietician, stoma or breast care nurse; ✓ Initial reconstructive surgery necessary following surgery to remove a tumour as long as it takes place within 5 years of the original surgery; ✓ New licensed drugs or other treatments where, even though they have not yet been reviewed or recommended by NICE, there is adequate evidence of their clinical effectiveness; ✓ Up to £100 towards the costs of a wig if you need one due to hair loss caused by cancer treatment; ✓ Up to £5,000 towards the costs of an external prosthesis following surgery for cancer. 	<ul style="list-style-type: none"> ✗ Any costs associated with harvesting of eggs or sperm, their storage and any associated costs; ✗ Any transport costs or personal expenses.

HOW THE COVER WORKS IN PRACTICE?

The following examples are designed to show how our cancer cover works in practice. These examples assume the policy provides cover for the particular condition and treatment, policy premiums are paid and the condition is not excluded from cover.

Example 1

Beverley has been a policyholder for five years when she is diagnosed with breast cancer. Following discussion with her specialist, she decides to have the breast removed followed by breast reconstruction. Her specialist also recommends a course of radiotherapy and chemotherapy. In addition she is to have hormone therapy tablets for several years.

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

On contacting the claims helpline, Beverley and her family will be able to receive support and guidance from a qualified nurse right from the start of her treatment through to completion. Beverley will be covered for the mastectomy and breast reconstruction. Her chemotherapy and radiotherapy will be covered in full as long as she is receiving treatment in line with recognised standards of care for her breast cancer. For as long as Beverley remains a policyholder, she will be covered for any follow-up consultations with her specialist and any investigations or tests which may be recommended as part of her follow-up. Once she has completed the recommended course of treatment, Beverley will also be covered for annual monitoring for up to 5 years. As Beverley's hormone therapy is generally prescribed by the GP and will be received on an out-patient basis, this treatment will not be covered by her policy as it has no benefits for drugs prescribed on an outpatient basis.

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; and prescribes a course of injections to boost her immune system.

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

Beverley will be covered in full for her hospital admission for the blood transfusion and the injections to boost her immune system.

Despite the injections to boost her immune system, Beverley develops an infection and is admitted to hospital for a course of antibiotics. Will her policy cover this treatment and are there any limits to the cover?

Beverley will be covered in full for her hospital admission to treat the infection and the course of antibiotics.

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 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);



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- » 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).

Beverley will be covered in full for the six cycles of chemotherapy. The monthly infusions for the drug to protect the bones would only be covered in full during the period of chemotherapy. Once the course of chemotherapy was completed Beverley would no longer be covered for the monthly infusions as the policy does not cover long term or maintenance therapy. The weekly infusion of the drug to suppress the growth of cancer would be covered for a maximum period of twelve months as this is the maximum benefit available on the policy for this type treatment. Beverley would be given adequate notice to make alternative funding arrangements or transfer to the NHS. A qualified nurse case manager would also liaise with Beverley and her treating doctor to ensure a smooth transition and no break in Beverley's treatment.

Example 2

David has been a policyholder for three 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 policy cover this treatment plan, and are there any limits to the cover?

David would be covered for the chemotherapy, however he would not be covered for the stem cell transplant as the policy does not provide benefits for this type of treatment. A qualified nurse case manager would still be available to provide David and his family with support and advice during his treatment.

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

David will be covered for regular check-ups for up to the five years recommended by his consultant.

Example 3

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

What help will be available if the policy limit is reached and she needs to transfer into the NHS?

Jenny will have access to a qualified nurse who can provide her with support and advice as well as monitor treatment costs to ensure she has adequate notice before reaching her policy limit. The nurse will also liaise with Jenny's treating doctor to facilitate the transfer to the NHS thus avoiding any disruption in her treatment.



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Example 4

Eric would like to be admitted to a hospice for care aimed solely at relieving symptoms.

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

Eric will not be covered for an admission to a hospice as the policy provides cover for active treatment and does not provide benefits for treatment aimed at symptom relief.

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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