

Chronic conditions explained

If you're thinking of buying a private medical insurance policy, or already have one, you may have heard the term 'chronic condition'.

Private medical insurance (PMI) products are primarily designed to cover the cost of private medical treatment of 'acute conditions' that start after you join the policy.

The Association of British Insurers (ABI) defines an acute condition as:

A disease, illness or injury that is likely to respond quickly to treatment which aims to return the claimant to the state of health they were in immediately before suffering the disease, illness or injury, or which leads to a full recovery.

There are products that cover some treatment for, or elements of, chronic conditions, but that isn't usually the main purpose of a PMI policy.

This leaflet explains how Aviva manages those members whose medical condition becomes a chronic condition.

There are benefit limits and exclusions on all our PMI products and you should check your policy wording and contact us before incurring any costs.

What is a chronic condition?

A chronic condition is defined as 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.

At Aviva we cover the cost of treatment for acute conditions, subject to the terms of your policy wording. 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. Chronic conditions are generally excluded. Some examples of chronic conditions are given on the next page.

If you have symptoms which need investigating, we'll pay for eligible diagnostic tests, subject to your policy terms and conditions. If, as a result of the tests, you're diagnosed as suffering with a chronic condition your policy won't cover you for treatment of that condition.

What does this mean in practice?

If we think that your condition may have become chronic we'll review your claim, including any medical information provided by your GP or the specialist in charge of your care.

We'll always consider your individual situation and particular circumstances, and will consult our in-house medical advisers if we need to.

If we feel your condition has become chronic, we'll contact you to explain why. We'll give you time to make other arrangements for your continued treatment, such as asking your doctor to transfer you to NHS care.

If we establish that your condition isn't currently a chronic condition, we may still need to review it again in the future. If so we'll tell you and indicate when we'll need an update.

Our cancer pledge provides extensive cover and support at every stage of cancer treatment and we don't apply the chronic condition exclusion to treatment for cancer. But we do apply the chronic condition exclusion to consequences of, or conditions related to cancer treatment. The examples on the next pages explain what cover may be available.

What if my condition gets worse?

If you experience an unexpected acute flare-up of your condition with new symptoms, we'll pay for investigations to find the underlying cause. We'll also pay for treatment that's likely to permanently resolve or cure the underlying condition. This doesn't apply to mental health conditions, please refer to your terms and conditions for more details.

Although it's likely that we'll withdraw cover if your condition has become chronic, this doesn't necessarily mean that cover is permanently withdrawn.

Examples of chronic conditions

These examples help to show the cover you could have from Aviva if you develop a medical condition that becomes a chronic condition. Please bear in mind that these are only examples and are specific to the circumstances described. You should always contact us before you have any treatment to ensure that you don't incur any costs which you can't recover from us.

These examples are based on a policy which includes full cover for in-patient, day-patient and out-patient treatment. If the policy you select does not have full out-patient cover, you may not be covered for consultations, diagnostic tests, or follow-up consultations.

Example A

Alan has been with Aviva 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 will pay for the diagnostic tests needed to find out the cause of Alan's chest pain. We will also pay for one follow-up consultation with his specialist. We would not pay for any medication.

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

We will pay for the heart by-pass operation.

We will also pay for:

- a pre-operative consultation and diagnostic tests, and
- a post-operative follow-up consultation that Alan's specialist needs to do to ensure that the operation has been successful.

Example B

Eve has been with Aviva 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 has check-ups every four months.

We will pay for the diagnostic tests and consultations until the diagnosis is made. We will pay for the first follow-up consultation to allow Eve to make alternative arrangements (for example using the NHS) if she needs to, but we will not pay for further consultations because these are regular check-ups, and so are not covered by the policy.

Eighteen months later, Eve has a bad asthma attack.

If this is an unexpected acute flare-up we will pay for the cost of the hospital treatment. We will also pay for one follow-up consultation with the specialist.

Example C

Deirdre has been with Aviva 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. 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 her condition.

We will pay for the diagnostic tests and consultations until Deirdre's condition is more stable and she is comfortable managing it. We will pay for the first follow-up consultation to allow Deirdre to make alternative arrangements (for example using the NHS) if she needs to, but we will not pay for further consultations because these are regular check-ups of a chronic condition, and so are not covered by the policy.

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

As this is an unexpected acute flare-up we will pay for the cost of the hospital treatment. We will also pay for one follow-up consultation with the specialist.

Example D

Bob has been with Aviva 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.

We would pay for the initial acute phase of treatment while Bob is seeing the osteopath every other day for two weeks, within the limits of his policy. After this there will be no cover for further management or monitoring to prevent a recurrence of his original symptoms. However, if his symptoms worsen, and he needs a hip replacement, we would pay for this as the intention would be to cure him.

Example E

Beverley has been with Aviva 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.**

We would pay for the surgery to remove the tumour and surgery to reconstruct the breast. We would also pay for radiotherapy and licensed chemotherapy. We will only pay for hormone therapy if it's needed to shrink a tumour before surgery or radiotherapy.

As Beverley's hormone treatment is not being used for this purpose we would not provide cover. Beverley's GP will be able to prescribe the tablets.

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.**

We would pay for the blood transfusion which is intended to treat the anaemia and also 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.

We would pay for the admission to hospital and the course of antibiotics which is intended to treat the infection.

Five years after Beverley's treatment finishes the cancer returns. Unfortunately it has spread to other parts of her body. Her specialist recommends 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 which is to be given for as long as it continues to work (hopefully years), and**
- **weekly infusions of a drug to suppress the growth of the cancer which is to be given for as long as it continues to work (hopefully years).**

We would pay for licensed chemotherapy drugs recommended by Beverley's specialist. We will pay for monthly infusions of a drug to help protect the bones against pain and fracture (bone strengthening drugs, such as bisphosphonates). We would also pay for the weekly infusions of the drug used to suppress the growth of the cancer, for as long as her specialist recommends them.

Example F

David has been with Aviva for two years when he is diagnosed with cancer. Following a 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.

We would pay for the licensed chemotherapy drugs. We would also pay for the stem cell transplant. This includes the collection, storage and implantation of the stem cells. We wouldn't pay for search costs, including compatibility testing, to find a donor for a transplant, and we wouldn't pay for courier charges. We will pay for drugs David needs to take home at the time he is discharged from hospital following the stem cell transplant but he may need to take certain drugs (for example immunosuppressants, antibiotics, steroids) for a long period of time in order to prevent complications. We will not pay for these drugs.

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

We don't place a time limit on cancer monitoring, so we'll pay for these check-ups for as long as his specialist recommends them.

Example G

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

If Eric is suffering from cancer and is admitted to a hospice for end of life care, we will make a donation to the hospice of £100 per night, up to a maximum limit of £10,000.

If Eric is admitted to a hospice with a condition other than cancer and we have previously covered treatment for that condition, we will pay a donation to the hospice of £70 per day for up to 10 days.


This has been produced to help members understand how Aviva may handle a claim involving a chronic condition. The examples given are for illustrative purposes only. Please refer to your policy documents for details of your cover and contact the customer service helpline before receiving treatment.



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