

Typical examples of chronic conditions:

Important note:

The examples below are designed to show our general policy on chronic conditions and how we would deal with them for a member with the appropriate level of cover. For **your choice** members - If you opt not to have all 4 main **your choice** options, some elements of care will not be covered.

Example 1 – Angina & Heart Disease:

Alan has been with CS Healthcare 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 Angina. Alan is placed on medication to control his symptoms.

We will cover the initial consultation and diagnostic tests, but once the condition is controlled by medication the monitoring of the condition would not be covered.

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

We will cover the procedure and a short period of post-operative care, as an acute phase. Once the condition is stable again cover would be withdrawn under the chronic heading. Emergency admissions to hospital are not covered as the NHS would cover any emergencies. No admission directly to ITU or HDU can be covered; we would cover this as an acute phase with limited out-patient follow-up.

Example 2 – Asthma:

Eve has been with CS Healthcare 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 her breathing has been much better. So the specialist suggests she has check-ups every four months.

We would cover the initial consultations and investigations needed to stabilise the condition.

Eighteen months later, Eve has a bad asthma attack.

Emergency admissions to hospital are not covered as the NHS would cover any emergencies. Admissions to a general ward setting would be covered; however, admission directly to a critical care setting like ITU or HDU or emergency life saving surgery cannot be covered. If the admission is to a general ward setting we would cover this as an acute phase with a limited period of out-patient follow-up.

Example 3 – Hip Pain:

Bob has been with CS Healthcare 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 will only cover the initial course of osteopathy treatment needed to stabilise the condition. We would not cover the monthly visits as this is maintenance of a long-term chronic condition.

Example 4 – Diabetes:

Deirdre has been with CS Healthcare for two years when she develops symptoms that 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 will cover the initial consultations and investigations needed to stabilise the condition. However, we will not cover any ongoing consultations for a Chronic condition such as diabetes.

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

Emergency admissions to hospital are not covered as the NHS would cover any emergencies. We would cover any admissions subject to pre-authorisation to a general ward setting, however, admission directly to a critical care setting like ITU or HDU or emergency life saving surgery cannot be covered. We would cover an admission to a general ward setting as an acute phase with a limited period of out-patient follow up.

PLEASE NOTE that the above examples are based on the assumption that the individual has not been excluded for treatment relating to the medical conditions and are subject to the relevant policy terms and conditions being met.

A mutual, not for profit, health insurer specialising in the civil and public services

President: Sir Gus O'Donnell, KCB

Chairman: Michael Legge, CB CMG

Chief executive: David Royle