Freedom
Health Insurance

Cancer Cover
Explained



Introduction

Over recent years, significant progress has been made in detecting, diagnosing and treating cancer. The NHS provides excellent treatment for people who are diagnosed with cancer but many people are turning to private medical insurance cover for that support too.

There are over 200 types of cancer and each has its own treatment plan – no one cancer is exactly the same as another – and it is estimated that one in two people will get cancer in their lifetime[1].

The nature of cancer, and the way it is treated, means like many other insurers we approach these claims a little differently from other claims. For example, we do not apply the 'chronic conditions' exclusion to cancer treatment claims. Therefore, this leaflet is intended to help you understand what Freedom Health Insurance policies[2] will and will not cover if you are diagnosed with cancer and need to make a claim.

Please note this leaflet is only intended to give guidance and cannot always give a definitive answer. The development of cancer treatment is continually progressing and in many instances the cover we provide has to be agreed on a case by case basis. Therefore, it is important you keep in regular contact with us as your treatment progresses to enable us to confirm your policy cover at every stage.

We hope you find this information helpful, but if you have any further questions please contact the claims helpline.

Important note

This leaflet is intended to be a guide to the cover provided by our policies for the treatment of cancer and reflects our approach to such claims at the time of printing. This is a contractual document and forms part of the policy wording.

The guide gives the rules that apply to all cancer claims and this leaflet explains how we interpret those rules in practical situations. From time to time, we may change how we interpret the rules as we adapt to developments in cancer treatment and we reserve the right to make such changes without prior notice although we will not change the rules in the guide without prior notification and such changes will not apply until the policy renewal date.

We have a duty to ensure all claims are handled fairly. This means if we are asked to pay for treatment that is covered by the policy, we do so quickly and without dispute.

Occasionally, we may be asked to pay for treatment that is not covered by the policy and we must ensure we also handle these claims fairly. Where it is appropriate for us to extend the policy cover to include those costs, we will do so. However, we also have a wider duty to all our policyholders to ensure their premium represents value for money and that increases are kept as low as possible without compromising the extent of cover provided. Premiums for medical insurance policies have increased significantly over recent years and an influencing factor has been the availability of a variety of new drugs and treatments that have meant previously untreatable conditions, including a number of cancers, can now be treated successfully.

As new cancer treatments are developed we need to constantly re-examine our approach to these claims to maintain the right balance between the cover we provide and the premiums we charge.

For example, we only pay for cancer drugs which have been licensed and approved for the treatment of that particular cancer. We may consider covering the cost of unlicensed drugs if sufficient evidence of their safety and effectiveness exists, but we cannot guarantee that we will always do so in the future.

You must, therefore, always contact the claims helpline before proceeding with any treatment so the extent of cover available can be fully discussed.

How to contact the claims helpline

Phone: **01202 283 580**

Email: **claims@freedomhealthinsurance.co.uk**

Calls may be recorded and monitored for training and quality purposes.

All written correspondence should be sent to:

Freedom Health Insurance
County Gates House
300 Poole Road
Poole
Dorset
BH12 1AZ

[1] http://www.cancerresearchuk.org/about-cancer/what-is-cancer

[2] This leaflet only applies to Freedom Elite and Freedom Your Choice policies. It does not apply to Freedom Essentials or Freedom Worldwide policies.

Some general assumptions

In order to explain our cancer cover as simply as possible, several general assumptions have been made.

1. The policy is in force at the time of treatment

The policy must be in force at the time treatment takes place. If the policy is cancelled, for whatever reason, we will not pay for any treatment which takes place after the date the policy is cancelled from even if it has been pre-authorised by us.

2. Premiums are fully paid

All premiums must be fully paid otherwise cover may be suspended and we will not pay any further claims, even if they have been pre-authorised by us.

3. The condition is not excluded as a pre-existing condition

Our policies are designed to cover new medical conditions that first occurred after cover with us started. This will depend on how the policy was set up with us, but for the purposes of this guidance the assumption is that the condition is not a pre-existing condition.

4. The specialist is recognised by us and charges fees that are in line with our schedule of procedures

All treatment must be provided by a cancer specialist (oncologist) that is recognised by us. Any charges that exceed the limits stated in our schedule of procedures will be the patient's responsibility.

5. The hospital is recognised by us and is included within the level of cover shown on the certificate of insurance

All treatment must be provided in a hospital shown on our hospital list and included as part of the policy, or in another facility recognised and pre-approved by us.

6. All treatment is medically appropriate and given in line with established clinical practice

This means the treatment is:

- appropriate for the signs, symptoms, diagnosis or treatment of the medical condition;
- representative of best clinical practice in the UK as defined by relevant regulatory and professional bodies;
- proven, through clinical trial, to be safe and effective in providing positive health outcomes and is supported by peer-reviewed and published evidence;
- practiced widely throughout the UK and is routinely available on the NHS;
- not part of a clinical trial or generally regarded as being unsafe, unproven or ineffective; and
- not being provided primarily for the convenience of an insured person or any other healthcare professional involved in the treatment.

7. All cancer drugs are fully licensed and are being used within the terms of that licence

This means all drugs used during the course of treatment:

- have been licensed by the European Medicines Agency (EMA) or the Medicines and Healthcare products Regulatory Agency (MHRA);
- are being used according to their licence; and
- are being used in line with established clinical practice.

Because licences can change from time to time, the drugs we can cover may also change in line with the revised licence.

What we will pay for

Our cancer cover is designed to meet the cost of active cancer treatment intended to affect the growth of the cancer by shrinking it, stabilising it or slowing the spread of the disease. This leaflet explains what that means.

Investigation into, and diagnosis of, the initial symptoms

We will cover the cost of consultations with, and diagnostic tests (such as x-rays and blood tests) requested by, a specialist to investigate and diagnose new symptoms as long as the policy has outpatient cover.

If the policy does not have outpatient cover, these costs will not be met.

If the policy has limited outpatient cover, this will be shown on the certificate of insurance and this limit will apply.

If the specialist recommends an MRI, CT or PET scan, these costs will be paid in full even if the policy has limited or no outpatient cover.

Ongoing monitoring if cancer is diagnosed

We will cover the cost of ongoing consultations with, and diagnostic tests carried out by, an oncologist (cancer specialist) to monitor the progress of the disease and to plan the best way to treat it.

If the policy has limited outpatient cover, that limit will no longer apply.

Surgical treatment

We will cover, in full, the cost of surgery to remove (resect) a cancer tumour. This includes hospital and specialist fees.

Chemotherapy treatment

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. We will cover, in full, the cost of chemotherapy treatment which takes place in hospital or by intravenous drip in the patient's own home.

We will also cover, in full, the cost of chemotherapy to shrink a tumour before surgery to remove the tumour takes place.

Genetic testing

We will cover, in full, the cost of one genetic test of the cancer tissue to help the oncologist decide whether chemotherapy treatment will be an appropriate and effective treatment for that cancer.

Targeted therapies

Targeted therapies (sometimes known as biological therapies) are used to stimulate the immune system, block the growth and spread of cancer cells or to overcome side effects of treatment.

We will cover the cost of targeted therapies when used as part of a course of active cancer treatment.

We do not pay for targeted therapies which are prescribed once the active cancer treatment has completed in order to maintain remission and prevent a recurrence of the disease as these can be obtained through the patient's GP.

Hormonal therapies

Hormone therapy is used to block the effects of hormones some cancers use to grow. It does not work for all types of cancer and can only be used for people with cancers which are hormone sensitive.

We will cover, in full, the cost of hormonal therapies when given in combination with chemotherapy as part of a course of active cancer treatment.

We will also cover, in full, the cost of hormonal therapies given to shrink a tumour before surgery or radiotherapy treatment.

We do not pay for hormonal therapies prescribed once the active cancer treatment has completed in order to maintain remission and prevent a recurrence of the disease as these can be obtained through the patient's GP.

Radiotherapy treatment

Radiotherapy uses high-energy rays to treat disease. It can be given both externally and internally. It works by destroying cancer cells in the area being treated.

We will cover, in full, the cost of radiotherapy treatment including radiotherapy treatment given for pain relief.

Side effects of chemotherapy and radiotherapy

Chemotherapy and radiotherapy treatment can be very toxic but people react to treatment in different ways so it is difficult to predict exactly what, if any, side effects will be experienced during treatment.

We will cover, in full, the cost of treatment suggested by the specialist to help combat any side effects of treatment such as antibiotics, anti-sickness drugs, steroids, pain killers, drugs to boost the immune system and blood transfusions to fight anaemia.

Bone strengthening drugs (Bisphosphonates)

Bisphosphonates are drugs which, in certain situations, can help protect bones against some effects of cancer, such as pain and weakness.

We will cover, in full, the cost of bisphosphonates when given in combination with chemotherapy as part of a course of active cancer treatment to treat metastatic bone cancer.

Reconstructive surgery

Once the active cancer treatment has been completed, reconstructive surgery may be required to restore function or appearance (for example, a breast reconstruction following a mastectomy operation).

We will cover the cost of one reconstructive surgery as long as it takes place within five years of the original surgery. The specialist must send us a treatment plan detailing the procedures to be carried out.

We will not pay for any surgery to restore symmetry in any part of the body unaffected by cancer.

Stem cell therapy

Stem cell and bone marrow transplants are used with high-dose chemotherapy to treat and control some blood cancers such as leukaemia, lymphoma and myeloma.

We will cover the cost of one complete procedure (of bone marrow or stem cell transplant) per lifetime for a person covered by a policy provided by us. The costs we will cover are the collection, storage and implantation of stem cells or bone marrow taken directly from the patient. This is called an autologous transplant.

If the stem cells or bone marrow comes from another person (a donor) we will pay for their collection. This is called an allogeneic transplant. We do not pay for search costs to find a donor or any other administration costs which do not relate solely and directly to the stem cell therapy itself.

We also do not pay for the long-term medication a patient may need to take after they have been discharged from hospital following a stem cell or bone marrow transplant such as immunosuppressants, antibiotics and steroids used to prevent complications.

Post-surgery services

Following cancer treatment, a number of different specialist services may be needed depending on the type of cancer the patient has and the treatment they received.

Therefore, we will pay for one consultation with each of the following practitioners if they are required and recommended by the oncologist:

- a dietician to stabilise diet following surgery or chemotherapy;
- a nurse to show how to care for a stoma; and
- a nurse to show how to manage lymphoedema.

We will also pay up to £250 towards the cost of a wig if needed due to hair loss caused by cancer treatment. This payment will only be made once per lifetime for a person covered by a policy provided by us.

Follow-up monitoring

Once the active cancer treatment has completed, we will pay for follow-up consultations with, and tests requested by, the oncologist to monitor and check for any disease recurrence for as long as you are covered by a policy provided by us and there is no break in cover.

Advanced cancer

Cancer which has come back or spread to another part of the body is sometimes called advanced cancer, but may also be referred to as ‘secondary cancer’ or ‘metastatic cancer’.

We will provide cover for active cancer treatment for both primary cancer (where the cancer first started) and advanced cancer.

Palliative care (sometimes called end of life care)

If active cancer treatment is no longer effective, the specialist in charge of the treatment may recommend palliative care instead. Palliative care is intended to control the symptoms of cancer and relieve pain or other symptoms, but it does not usually cure the cancer or induce remission.

We will cover, in full, the cost of palliative care given solely to relieve pain and other symptoms of end-stage or terminal cancer.

What we will not pay for

There are some treatments we do not cover, including:

Experimental or unproven treatments

We will only pay for treatment which is based on established clinical practice. This means the treatment is:

- appropriate for the signs, symptoms, diagnosis or treatment of the medical condition;
- representative of best clinical practice in the UK as defined by relevant regulatory and professional bodies;
- proven, through clinical trial, to be safe and effective in providing positive health outcomes and is supported by peer-reviewed and published evidence;
- practiced widely throughout the UK and is routinely available through the NHS;
- not part of a clinical trial or generally regarded as being unsafe, unproven or ineffective; and
- not being provided primarily for the convenience of an insured person or any other healthcare professional involved in the treatment.

Therefore, we do not pay for experimental or unproven treatments which are not based on established clinical practice.

Unlicensed drugs or drugs being used outside the terms of their licence

We will only pay for treatment using drugs which are fully licensed and are being used within the terms of that licence. This means all drugs used during the course of active cancer treatment:

- have been licensed by the European Medicines Agency (EMA) or the Medicines and Healthcare products Regulatory Agency (MHRA);
- are being used according to their licence; and
- are being used in line with established clinical practice.

Therefore, we do not pay for any drug which is unlicensed or is being used outside the terms of its licence.

Preventative treatments

Our policies are designed to help diagnose and treat acute conditions where symptoms have first arisen after cover with us started. We do not cover treatment carried out to prevent a disease or illness where the patient is not suffering from any symptoms. This means we do not cover:

- routine medical screenings and health checks, such as annual mammograms for women, PSA checks for men or genetic testing where there are no signs or symptoms irrespective of family history or lifestyle risk factors;
- surgical removal of one or more healthy, non-diseased organs (such as the breasts and ovaries) if the removal is to prevent future development of cancer in that organ even if genetic testing or family history have shown a significantly greater risk of developing the disease; or
- vaccines such as the vaccine given to prevent cervical cancer.

Take home drugs and medications

Our policies are designed to cover drugs which are needed for inpatient, daypatient and outpatient active cancer treatment.

We do not cover drugs which are taken home from hospital after treatment or any drugs which would normally be prescribed by a GP.

We also do not cover the cost of personal care services, home adaptation or the supply of special bedding or other equipment given in connection with end of life care.

Examples of typical cancer claims

The fictional case studies below illustrate our cancer cover through the use of practical examples. However, please note that they are not based on any individual customer scenario and the same general assumptions apply, as shown on page 3.

Example 1

Beverley has been with Freedom Health Insurance 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;
- undergo a course of radiotherapy and chemotherapy; and
- take hormone therapy tablets for several years after the chemotherapy has finished.

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

We will cover cost of the surgery to remove the tumour and one breast reconstruction procedure provided it takes place within five years. We will also cover the cost of the radiotherapy and chemotherapy. We will not cover the cost of the hormone therapy which can be prescribed by her General Practitioner.

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 and are there any limits to the cover?

We will cover the hospital admission for the blood transfusion and the course of injections to boost the 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?

We will cover the cost of the hospital admission for the course of antibiotics 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 has recommended a treatment plan consisting of:

- 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);
- 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 policy cover this treatment and are there any limits to the cover?

We will cover the chemotherapy recommended by the specialist. We will also cover the monthly infusions of bone protection drugs when given in combination with chemotherapy for the treatment of metastatic bone cancer. We will cover the weekly infusions to suppress cancer growth when given as part of a course of active cancer treatment.

Example 2

David has been with Freedom Health Insurance for four 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 and are there any limits to the cover?

We would pay for the chemotherapy and the stem cell transplant procedure. This includes the collection, storage and implantation of the stem cells. We would also pay for the drugs which David needs to take home with him when he is discharged from hospital following the stem cell transplant treatment, but he may need to take certain drugs such as antibiotics, immunosuppressants and steroids for a long period of time to prevent future complications. We will not pay for these drugs.

When his treatment is finished, David's specialist tells him 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 and are there any limits to the cover?

We will pay for the regular check-ups needed to see whether the cancer has returned for as long as David has a policy provided by us and there is no break in cover.

Example 3

Eric would like to be admitted to a hospice.

As hospice care is usually provided free of charge by the NHS and many charitable organisations, we do not provide any cover for admissions to a hospice. However, we would be happy to make a charitable donation to the hospice and would discuss this with Eric, or his representatives, at the time to agree the best way of doing this.

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Registered address: County Gates House, 300 Poole Road, Poole, Dorset, BH12 1AZ. Company registration number: 04815524.