

your cover for cancer treatment explained

The following pages explain the cover provided under your policy for the treatment of cancer, so that you can fully understand this important aspect of your cover.

where can I have treatment?

In hospital - we will cover you for inpatient, day-patient and outpatient treatment undertaken in any hospital in the UK.

In a day-patient centre - we will cover you for day-patient and outpatient treatment undertaken in a day-patient centre in the UK.

In your home - if your specialist deems it appropriate we will also cover you for certain treatments undertaken at your home, provided that the treatment is undertaken by suitably qualified medical personnel, approved by us.

what diagnostic tests and procedures are covered?

Your policy provides cover for consultations, scans (including MRI, CT and PET scans) and biopsies necessary to diagnose your condition.

For members whose policies do not ordinarily provide benefit for outpatient treatment charges, such diagnostic tests and procedures are only eligible for cover if undertaken as part of their treatment plan following histological diagnosis of cancer.

Note: cover is not provided for the cost of genetic testing to establish whether you are susceptible to any certain types of cancer.

am I covered for surgery?

Yes, you are covered for the cost of surgery, either to assist in the diagnosis of your condition or to remove a cancer, including secondary cancers.

Surgery performed for preventative reasons is only covered in specific circumstances - please see comments relating to preventative treatment below.

We do not cover any surgery undertaken as part of palliative treatment - see below.

Reconstructive surgery - if you need reconstructive surgery as a result of your cancer, your policy will provide the necessary cover. We will also cover the cost of an operation to improve the symmetry of your breasts, should this be necessary following breast cancer.

is cover provided for preventative treatment?

No. The primary purpose of our policies is to cover the diagnosis and treatment of medical conditions for which you have shown symptoms after the commencement of your cover. As such, we do not provide cover for preventative procedures such as:

- normal screening, e.g. breast scans,
- genetic testing to establish whether you are susceptible to any certain types of cancer,
- surgery and other treatment, if the only reason for performing the procedure is to prevent the onset of a cancer because genetic testing or your own family history suggest a greater risk of developing such a cancer,
- vaccines used to prevent the development of certain types of cancer (e.g. cervical cancer).

However, there are certain circumstances in which we will cover preventative treatment, being:

- a) you already suffer from the condition being treated; and
- b) the condition would worsen or spread to other parts of the body if such treatment was not undertaken; and
- c) such treatment is intended to prevent the condition spreading to any other parts of the body or worsening; and
- d) if the treatment is aimed at a particular part of the body, there is a reasonable certainty that, if untreated, the condition will affect that part of the body.

what drug therapy is covered by my policy?

You will be covered for the following types of drug therapy:

Chemotherapy - your policy covers treatment by chemotherapy (the use of drugs to destroy cancer cells) including oral chemotherapy and, whilst you are undergoing chemotherapy and/or radiotherapy that is covered by your policy, any anti-sickness drugs, pain killers, steroids and antibiotics prescribed by your specialist to cope with any side effects that you may suffer.

Bisphosphonates - we provide cover for the use of bisphosphonates (bone-strengthening drugs) whilst they are being used in conjunction with and following chemotherapy that is covered by your policy (providing that the use of such drugs does not form part of palliative treatment). Cover is provided for a maximum of 12 months starting from the cessation of your treatment by chemotherapy.

Biological therapies - cover is provided for the use of biological therapies (providing that the use of such therapies does not form part of palliative treatment), but only to a maximum of 12 months from the start of such treatment.

All drugs used in the course of treatment must be licensed by the European Medicines Agency and must not be used for treatment outside the terms of the drugs license, for treatment that forms part of a clinical trial or whilst the treatment is still subject to clinical trials.

We do not provide cover for drug treatment that is palliative (see over).

Treatment by chemotherapy, the purpose of which is to maintain remission or to keep your cancer stable and prevent progression of the cancer (often referred to as maintenance therapy) is covered for a maximum of 12 months from the start of such treatment. No cover is provided for such treatment if the treatment forms part of palliative treatment.

does my policy provide cover for radiotherapy?

Yes, your policy covers the cost of radiotherapy, provided that the treatment is not palliative in nature or the purpose of the radiotherapy is not to maintain remission or not to keep your cancer stable and prevent progression of the cancer.

is any cover provided for palliative treatment?

No, your policy is designed to provide cover for the diagnosis and treatment of medical conditions that can be either cured or stabilised. Once the condition has been cured or stabilised no further benefit is payable other than for an agreed period of monitoring (see below). If the cancer cannot be cured or stabilised and the treatment is deemed to be palliative we will contact you so that you can discuss this and make arrangements with your specialist, such as a transfer to NHS care or for you to continue funding private treatment yourself.

Palliative treatment for cancer is defined in your policy as:

- a) any treatment (including drug therapy) that is performed or given with the intent of relieving or managing symptoms and/or improving the quality of life, rather than to alter or cure the condition; and/or
- b) any treatment (including drug therapy) undertaken where the condition has been diagnosed as having a prognosis for survival for five years or less than 50%.

does my policy give any end-of-life cover?

The policy does not provide cover for any end-of-life (terminal) care.

what cover is provided for the monitoring of my condition?

Cover is provided under your policy for check-ups, consultations and diagnostic tests for a maximum of five years following the successful treatment of the cancer (where remission has been obtained).

are there any limits applied to my cover (whether financial, time limits or other)?

There is no overall financial limit to the treatment for cancer.

If you require long term treatment using drugs such as monoclonal antibodies (biological therapies) or bisphosphonates or if your treatment is maintenance therapy we will limit the cover for such treatment to a maximum of one year (see above). If the time limit for this type of treatment is reached, we will contact you so that you can discuss this and make arrangements with your specialist, such as a transfer to NHS care or for you to continue funding private treatment yourself.

Cover is not provided for

- experimental procedures or drugs, being treatment
 - a) which is considered, on the basis of established medical practice in the UK, to be experimental or unproven, or
 - b) by drugs or other substances that have not been granted a marketing authorisation by the European Medicines Agency or the Medicines and Healthcare Regulatory Agency, or
 - c) by drugs or other substances that falls outside the terms and limitations of that's drug's or substance's marketing authorisation as granted by the European Medicines Agency or the Medicines and Healthcare Regulatory Agency.
- drugs used for treatment that forms part of a clinical trial or whilst the treatment is still subject to clinical trials.
- bone marrow or stem cell transplants.

does my policy include any other benefits relating to the treatment of cancer?

Provided that your specialist recommends it, we will also pay for:

- a consultation with a stoma nurse to explain how to care for stoma.
 - a consultation with a specialist nurse to explain how to manage lymphoedema.
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examples

The following examples are designed to illustrate how the cover provided by this policy works in practice. The scenarios used have been created for this specific purpose and are not based on actual customer histories. All of the examples quoted assume that the hospitals and specialists used are approved by us and the hospitals are within the client's chosen Hospital Scale. All treatment undertaken must be established medical practice within the UK and must be pre-authorised by us.

example 1 - Beverley

Beverley has been with Universal Provident for five years when she is diagnosed with breast cancer. Following discussions 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.

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

Beverley's policy will cover the surgery to remove the tumour and the course of radiotherapy and chemotherapy. We will also cover the cost of the operation to reconstruct her breast and, should it prove to be necessary, we will pay for an operation to improve the symmetry of her breasts should this be necessary.

Treatment using hormone therapy tablets is deemed to be maintenance therapy and consequently will be payable for a maximum of 12 months from the start of such treatment. It should be noted that Beverley would be able to obtain these tablets via her GP on an NHS prescription.

In addition, we will pay for Beverley to undergo monitoring of her condition, including check-ups, consultations and diagnostic tests, for a period of five years from the successful treatment of her condition.

During the course of her 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
- prescribes a course of injections to boost her immune system

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

Whilst Beverley is undergoing her chemotherapy and radiotherapy we will pay for the treatment of any side effects caused by the treatment. This will include the cost of her blood transfusion and injections to treat the anaemia.

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 plan and are there any limits to cover?

Yes, the policy will provide cover for the course of antibiotics as this is necessary as a result of the side effects of her treatment. It should also be noted that if Beverley's specialist deems it appropriate, the course of antibiotics could be administered at Beverley's home, provided the antibiotics were administered by suitably qualified medical personnel, approved by us.

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 the 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 cancer. These infusions are to be given for as long as they are working (hopefully years).

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

The proposed chemotherapy will be covered provided that the aim of the plan is to cure the condition or to achieve remission. The monthly infusion to protect the bones will also be covered, both during and following the cycles of chemotherapy, but is limited to a maximum of 12 months from the cessation of the treatment by chemotherapy. If Beverley decides not to fund the cost of further infusions herself, we will contact her so that she can discuss this and make arrangements with her specialist to transfer to NHS care.

The weekly infusions (biological therapy) will be covered for a maximum period of 12 months from the start of the treatment. If Beverley decides not to fund the cost of further infusions herself once the 12 month period has expired, we will contact her so that she can discuss this and make arrangements with her specialist to transfer to NHS care.

example 2 - David

David has been with Universal Provident for three years when he is diagnosed with cancer. Following discussion with his specialist he decides to undergo a course of high dosage 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 cover?

The policy does not provide cover for stem cell transplant, nor for any treatment in anticipation of, prior to or following such treatment, which would include the proposed course of high dosage chemotherapy. If David decides not to fund the cost of the treatment himself, we will contact him so that he can discuss this and make arrangements with his specialist to transfer to NHS care.

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 cover?

Yes, once cancer is in remission we will pay for monitoring of the condition (check-ups, consultations and diagnostic tests) for a period of five years. If the remission has been achieved as a result of stem cell transplant, the five year period will start from the date his last treatment.

examples

example 3 - Jenny

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 to the NHS?

There is no overall financial limit to the treatment for cancer. If Jenny requires long term treatment using drugs such as monoclonal antibodies (biological therapies) or bisphosphonates or if her treatment is maintenance therapy we will limit the cover for such treatment to a maximum of one year (see above). Once Jenny's treatment has reached the policy limit and she has decided not to fund the cost of further treatment herself, then we will contact her so that she can discuss this and make arrangements with her specialist to ensure a smooth transfer to NHS care.

example 4 - Eric

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

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

No, Eric's policy does not provide cover for palliative treatment or any end-of-life (terminal) care.

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