



Cancer cover explained

Groupama Healthcare policies

Introduction

Over the last 50 years or so, significant progress has been made in detecting, diagnosing and treating cancer. Traditionally, the NHS has provided excellent treatment for people who are diagnosed with cancer and will continue to do so, but more people are turning to private medical insurance cover for that support.

This leaflet is to help you understand what our Groupama Healthcare policies will and will not cover if you are diagnosed with cancer and need to make a claim. We hope you find this information helpful, but if you have any further questions, please contact the Claims Helpline.

There are over 200 types of cancer and each has its own treatment plan – no one cancer is exactly the same as another. The development of cancer treatment is continually progressing and in many instances, the cover we provide has to be agreed on an individual, case by case basis. Therefore it is very important that you keep in regular contact with us as your treatment progresses so that we can confirm your policy cover at every stage.

Please note that this leaflet is only intended to give guidance and cannot always give a definitive answer.

Key words

To help explain the cover your policy provides, we need to use some key words that have a particular meaning. These are listed below:

- **Active cancer treatment**

That which is intended to affect the growth of the cancer by shrinking it, stabilising it or slowing the spread of the disease and not given solely to relieve symptoms.

- **Established clinical practice**

Treatment that falls into all of the following categories:

- it has been approved by the Interventional Procedures Committee of the National Institute of Clinical Excellence (NICE) for use within the NHS;
- it is established clinical practice in several centres in the UK;
- if it involves drugs, that these are recognised and licensed in the UK for use in treatment of the condition involved;
- our medical advisors have accepted it as required in the circumstances.

- **Palliative care**

Care, such as that provided by a hospice or specialised palliative nurses, the purpose of which is to control physical symptoms such as pain. Such care aims to improve the overall quality of life and may address both the physical and spiritual needs of the patient and wider family.

Introduction continued

The purpose of medical insurance

Medical insurance covers the cost of treating what are called “acute conditions”. These are diseases, illnesses or injuries that arise quickly and unexpectedly but respond to treatment promptly leading to a full recovery without the need for extended or prolonged treatment.

In practical terms, in respect of claims for the treatment of cancer conditions, this means that we will pay for:

- Consultation with and tests such as x-rays and blood tests requested by a Specialist to investigate your symptoms and to establish a diagnosis
- Active cancer treatment, including surgery, carried out in a hospital by a Specialist which is given in accordance with established clinical practice
- Chemotherapy drugs that are licensed and approved for the treatment of that particular cancer
- Surgical treatment required to restore appearance following surgery for cancer provided it takes place within 12 months of completion of the active cancer treatment
- Follow-up consultations for a maximum of 5 years once the course of active cancer treatment is complete

If a point is reached where you are no longer receiving active cancer treatment and your condition could be described as “terminal” where only palliative care can be given, we can no longer provide cover for any care you receive.

What happens if your policy is cancelled?

Your policy must be in force at the time of treatment – if your policy is cancelled, we will not pay for any treatment that takes place after the cancellation date.

Other normal policy terms and conditions will also apply.

Outpatient benefit limit on Club, Gold and Silver policies

Club, Gold and Silver policies have total limits of £1,500, £1,000 and £600 respectively for outpatient Specialist fees and diagnostic tests. However, this limit will not be applied to claims involving treatment of cancer once a diagnosis of cancer has been confirmed.

Contacting Groupama Healthcare

The Groupama Healthcare Claims Helpline is available Monday to Friday from 8am to 6pm (excluding Bank Holidays) and can be contacted by:

- Telephone: 0870 444 8291
- Fax: 0870 444 8296
- Email: healthclaims@groupama.co.uk

Introduction continued

Our Case Management Team

Groupama Healthcare's Case Management service is provided by our Medical Team, which is staffed by qualified Nurses. The aim of this service is to provide support for patients undergoing complex treatment programmes, including treatment for cancer.

If you are diagnosed with cancer, your claim will be looked after by a Nurse Case Manager who will be responsible for your claim throughout the course of your treatment.

The Nurse will act as:

- A support for you and/or your family as treatment progresses;
- A point of contact for pre-authorisation of treatment;
- A point of reference for any queries on treatment or your claim in general.

You will be given a Nurse Case Manager's direct telephone number to use as a contact and you will not need to use the general Groupama Claims Helpline number for that particular claim.

In order that all treatment can be pre-authorised in a timely fashion, please call us at each stage of your treatment so we can confirm that your policy will fully support all treatment being recommended by your Specialist.

Frequently Asked Questions

Investigation and diagnosis

Q. I am experiencing symptoms that my GP suspects might be cancer. Will my policy cover me for tests to establish a diagnosis?

- A. All our policies cover diagnostic tests including pathology (blood tests) and radiology (x-rays). Some policies may have a maximum benefit payable towards diagnostic tests on GP or Specialist referral and this will be shown in your benefits table.

If your Specialist recommends a “hi-tech scan” such as an MRI, CT or PET scan, these will also be covered by your policy.

If you need to make a claim for these tests, you must first contact the Claims Helpline on 0870 444 8291 so we can advise on cover and any limits or excess that apply. We may also ask you to complete a claim form.

Q. My Specialist has confirmed that I have cancer. What should I do next?

- A. Contact the Claims Helpline in the first instance. We will then assign your file to a Nurse on the Case Management Team who will ask you for some further information. We will also ask your Specialist for a medical report and treatment plan so we have the most up-to-date information available.

The Nurse will discuss with you what happens next and confirm the cover your policy will provide. Please take the opportunity to ask the Nurse any questions you may have about your treatment or your claim in general and they will be pleased to help in any way they can.

Q. I am not experiencing any symptoms, but a family member was recently diagnosed with cancer and my GP says I may be at risk of developing cancer myself. Will my policy cover me for any tests to check whether I have cancer?

- A. No. Our policies do not provide cover towards screening for cancer, including genetic testing, where there are no signs or symptoms irrespective of family history or lifestyle risk factors.

Similarly, our policies do not provide cover for vaccines or elective surgery where healthy or non-diseased tissue is removed to prevent cancer developing in that area in later life. For example, we would not cover a mastectomy operation (removal of the breast) when it is undertaken because there is a family history of breast cancer or where a genetic test has shown you have a significant risk of developing breast cancer in the future.

Frequently Asked Questions continued

Primary cancer treatment

Q. If I am diagnosed with cancer, will my policy cover me for the surgery, treatment and drugs that I might need?

- A. Your policy will cover you for active cancer treatment carried out by a Specialist. This includes surgery, chemotherapy and radiotherapy provided that:
- The hospital you use is within your level of cover;
 - The treatment given is in accordance with established clinical practice;
 - Any surgery you have is included on our schedule of procedures;
 - Any drugs used are licensed and approved for the treatment of your particular cancer.

Chemotherapy – the use of anti-cancer drugs to destroy cancer cells

Radiotherapy – the use of x-rays and similar rays (such as electrons) to treat disease.

Q. My Specialist has suggested a new treatment which has not yet been approved for use and is not available on the NHS. Will you cover it under my policy?

- A. Our policies do not cover treatments that are not established clinical practice. Such treatments are not available on the NHS and are often considered to be experimental with their clinical effectiveness and patient safety unproven. This applies to both surgical procedures and new drugs.

Use of licensed and unlicensed drugs

A licensed drug is one that has been approved for use in the treatment of a specific cancer(s). It will have been rigorously tested and its safety and effectiveness proven before the license was granted.

On occasions, a Specialist may want to use a licensed drug to treat a cancer for which that drug has not been licensed. We call this, “using a drug outside the terms of its license” and our policies do not cover the cost of drugs being used in this way.

However, if your Specialist provides us with robust, published evidence that demonstrates the proven safety and effectiveness of using a licensed drug outside the terms of its license, we will consider your claim to see whether we could pay those costs. We will usually seek the opinion of our Chief Medical Officer and we may ask your Specialist for further information, although we do not guarantee that we will accept the claim.

Frequently Asked Questions continued

Q. If my cancer treatment includes a new therapy or combination of therapies that was available on the NHS in a clinical trial, would my policy cover those costs?

A. No. Our policies do not cover these costs as this would be considered experimental treatment, not given in accordance with established clinical practice.

Q. Will my policy cover me for drugs that I have to take home?

A. Our policies do not cover drugs that you purchase to take home.

Q. Will my policy cover me for a wig following loss of hair due to chemotherapy or a prosthetic bra following a mastectomy?

A. Our policies do not provide cover towards such costs as standard. However, in these circumstances, we will offer a one-off contribution of £50 towards the purchase of a wig or prosthetic bra.

Q. Will my policy cover me to receive chemotherapy treatment at home rather than in hospital?

A. Our policies are designed to provide cover for treatment received in a hospital or a Specialist's outpatient clinic and do not provide cover for treatment received at home beyond the limited cover offered by the Home Nursing benefit.

Q. I will be receiving all my treatment via the NHS – can I claim the NHS Cash Benefit?

A. Yes, you can claim the NHS Cash Benefit if it is available on your policy and your treatment would have been covered by your policy had you received it privately.

Q. My cancer treatment has left me with damage to my physical appearance that can only be corrected by surgery. Will my policy cover these costs?

A. Whilst our policies do not normally cover treatment carried out for cosmetic or aesthetic purposes, we will provide cover for surgical treatment needed to correct appearance where it has been materially damaged by the cancer treatment.

For example, we will pay for a breast reconstruction operation following the mastectomy.

Such treatment should take place within 12 months of completion of the active cancer treatment and your policy must remain in force with no break in cover.

Frequently Asked Questions continued

Q. Will my policy cover complementary therapies such as homeopathy or herbal medicine when given as an alternative to more conventional treatment such as radiotherapy and chemotherapy?

- A. No. Our policies are intended to cover active cancer treatments that are established clinical practice and proven to be effective in the treatment of cancer. Currently, there is insufficient universal evidence to support the use of complementary therapies as an alternative to conventional treatments.

Q. My treatment may last for many months. Are there any time limits on my policy that I should be aware of?

- A. We would not normally pay for ongoing treatment that will continue for a prolonged or even an indefinite period of time. However, we understand that cancer treatment can continue for many months and provided you are continuing to receive “active cancer treatment”, we will not impose any specific time constraints.

However, your policy must remain in force throughout your treatment with no break in cover.

Frequently Asked Questions continued

Secondary and advanced cancer treatment

Q. If the cancer comes back at any time, will my policy still cover me for surgery, treatment and drugs?

A. Yes – we would treat your claim in the same way as we did for the primary cancer treatment and pay for active cancer treatment carried out by a Specialist. This includes surgery, chemotherapy and radiotherapy provided that:

- The hospital you use is within your level of cover;
- The treatment given is in accordance with established clinical practice;
- Any surgery you have is on our schedule of procedures;
- Any drugs used are licensed and approved for the treatment of your particular cancer;
- Your policy has remained in force throughout with no break in cover.

Q. If I have advanced cancer that has spread to other parts of my body, will my policy still cover me for surgery, treatment and drugs?

A. Yes – again we would pay for active cancer treatment carried out by a Specialist including surgery, chemotherapy and radiotherapy. The same conditions already outlined would apply.

Q. I have been diagnosed with terminal cancer – are there any specific benefits under my policy that I can use?

A. There are no specific benefits available under our policies in the event you are diagnosed with terminal cancer.

Q. If I have terminal cancer, will you cover me for treatment and care that I receive to relieve my symptoms?

A. No. Palliative care, which is given to relieve symptoms rather than treat the cancer, is not covered under our policies.

Q. Is there any cover under my policy for hospice care?

A. No. Our policies do not provide cover for hospice care and there is no allowance for donations to be made to a hospice.

Frequently Asked Questions continued

Follow-up treatment and after-care

Q. Now that my treatment is complete, I need to be monitored by my Specialist. Will my policy cover me for this?

- A. Our policies will pay the costs of follow-up Specialist consultations and any relevant diagnostic tests for a period of 5 years once the active cancer treatment is complete.

If your policy includes cover for the routine monitoring of chronic conditions, as shown in your policy documents, you can use this benefit for future Specialist consultations beyond the 5-year period.

Again, your policy must remain in force throughout with no break in cover.

Q. I have to take drugs for several months / years / the rest of my life to help keep the cancer in remission and prevent it from returning. Will my policy cover me for these costs?

- A. No. Our medical policies do not provide cover for the cost of preventative treatments or for outpatient drugs. These should be obtained from your local pharmacy via a prescription from your GP.

Other sources of help and advice

Here are some sources of information and support:

BBC Health – Living with Cancer
www.bbc.co.uk/health/cancer

Cancerbackup – 0808 800 1234
www.cancerbackup.org.uk

Cancer Research UK – 020 7242 0200
www.cancerresearchuk.org

Macmillan Cancer Relief – 0808 808 2020
www.macmillan.org.uk

Marie Curie Cancer Care – 020 7599 7777
www.mariecurie.org.uk

Tenovus – 0292 048 2000
www.tenovus.com

Important Note

This leaflet is intended to be a guide to the cover provided by all our policies towards claims made for the treatment of cancer and reflects our approach to such claims at the time of printing. It is not a contractual document and does not form part of your policy documents.

The policy booklet 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.

We will not change the rules in the policy booklet without prior notification to our customers and such changes will not apply until the policy renewal date.

We have a duty to ensure that whenever any claim is made for treatment, that we handle that claim fairly. This means if we are asked to pay for treatment that is clearly covered by the policy, we do so quickly and without dispute.

On occasions, we may be asked to pay for treatment that is not covered by the policy and we must ensure that we handle those claims fairly as well. 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 customers to ensure that 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.

We work with hospitals, specialists and other suppliers to negotiate the best prices possible, but 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, our policy booklet states that we only pay for cancer drugs that have been licensed and approved for the treatment of that particular cancer. Our current approach is to also consider covering the cost of unlicensed drugs where sufficient evidence of their safety and efficacy exists, but we cannot guarantee that we will continue to adopt the same approach in the future.

You must, therefore, always contact the Claims Helpline or your Nurse Case Manager before proceeding with any treatment so that the extent of cover available through your policy can be fully discussed.

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