



Health Insurance Underwriting Methods and Chronic Conditions

Everything you need to know about new,
pre-existing and chronic conditions

SAGA

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Please note

Saga Health Insurance policies are underwritten by AXA PPP healthcare Limited. Any reference to 'we', 'us', or 'our' in this document means AXA PPP healthcare Limited.

This document should be read alongside your other policy documentation.

In each section of this leaflet we have underlined certain important terms and provided more detailed definitions in boxes below.

Introduction

When you are considering health insurance, it's important to understand all the options available to you. This leaflet provides details of your cover options for new, pre-existing and chronic conditions.

You can find more information in the Policy Book, which is available on request, if you do not already have a copy. Alternatively, you can find copies of all our Policy Books online at saga.co.uk/health-insurance/policy-documents.

Underwriting our policies

We offer a choice of three types of underwriting method:

- 1) Moratorium
- 2) Full Medical Underwriting
- 3) Continued Personal Medical Exclusions

As is the case with health insurance policies from other providers, your choice of underwriting method will determine the level of cover you have for medical conditions. Depending on which option you choose, we may be able to cover you for pre-existing medical conditions as well as new ones.

Pre-existing medical conditions – any disease, illness or injury for which:

- you have received medication, advice or treatment; or
 - you have experienced symptoms;
- before taking out the policy.

It is unlikely that we will be able to cover pre-existing chronic conditions, as these generally require regular or periodic treatment, medication or medical advice (see page 8 for more information on chronic conditions).

A choice of underwriting methods

Moratorium

With this option, we will provide cover for new medical conditions that arise after the policy begins. However, we will exclude any pre-existing conditions you had during the three years immediately before your policy started and, in some cases, other specified conditions.

We will exclude any specified conditions from your cover for at least two years after you join if:

- you had diabetes when you joined, or
- you were already aware that you had raised blood pressure (hypertension) when you joined (see 'Cover for pre-existing hypertension' opposite), or
- you were already being investigated, monitored or treated as a result of a PSA (Prostate Specific Antigen) test to do with the prostate when you joined.

The specified conditions we will not cover are listed in the table below. We will not cover treatment for these specified conditions whatever the cause, even if they are not related to the pre-existing condition or they develop after you join.

Pre-existing conditions	Specified conditions
If you:	We will not pay for treatment of:
Have diabetes	<ul style="list-style-type: none">• Diabetes• Ischaemic heart disease• Cataract• Diabetic retinopathy• Diabetic renal disease• Arterial disease• Stroke
Have had treatment for raised blood pressure (hypertension) in the three years before you joined	<ul style="list-style-type: none">• Raised blood pressure (hypertension)• Ischaemic heart disease• Stroke• Hypertensive renal failure
Have been under investigation, had treatment or undergone monitoring as a result of a Prostate Specific Antigen (PSA) test in the three years before you joined	<ul style="list-style-type: none">• Any disorder of the prostate

It is possible that we will be able to cover these conditions under your policy once you have held your policy for two years. At this point, you can contact us to claim for treatment of pre-existing conditions as long as you have had a trouble-free period of two consecutive years for the condition after joining.

Trouble-free – We define trouble-free as when, in relation to the medical condition, you have not: had any medical opinion from a medical practitioner including GPs or specialists; taken any medication (including over the counter drugs) or followed a special diet; had any medical treatment; or visited a practitioner, therapist, physiotherapist, homeopath, acupuncturist, optician or dentist.

If you choose the Moratorium underwriting method, you'll only need to provide basic information about yourself and anyone else on your policy.

Important note: Please do not delay seeking medical advice and treatment for a pre-existing medical condition during the first two policy years simply to obtain cover.

Full Medical Underwriting

This option is similar to Moratorium in that we provide cover for new medical conditions that arise after the policy begins. However, when it comes to exclusions for pre-existing and specified conditions, we will base these on the answers you provide in response to our full medical history assessment.

The benefit of this option is that we will state, in writing, which medical conditions we will exclude.

As with the Moratorium option, we may later cover a pre-existing medical condition if you ask us to review the exclusion and we agree to remove it.

Important note: If necessary, we may ask your doctor for any further information required to help us determine which medical conditions we should exclude from your policy.

Continued Personal Medical Exclusions

This option is only available if you already have cover with another insurer, subject to your medical history over the previous 12 months. If you wish to retain any medical underwriting applied by your previous insurer, pages 6 and 7 of this leaflet do not apply. Please call one of our specialist advisers on 0800 904 7409 for more details.

Cover for pre-existing hypertension

All our underwriting methods can provide cover for eligible treatment of pre-existing hypertension, subject to the terms of your policy. If you do choose such cover, you will also be able to claim for eligible treatment of any conditions related to hypertension that arise after your policy starts.

Please note: Treatment of all other medical conditions will be subject to the rules applicable to the underwriting method you choose.

Frequently asked questions

Q. Will my choice of underwriting method affect my premium?

A. Choosing between Moratorium and Full Medical Underwriting will not affect your premium. However, if you choose Continued Personal Medical Exclusions, your premium may increase.

Moratorium is the most popular underwriting option. However, selecting the Full Medical Underwriting method enables you to declare your medical history up-front making any exclusions clear at the start of your cover.

Q. What if I suspect I am suffering from a condition (for example, I have abdominal pain) but have not seen a doctor about it, nor received any firm diagnosis before my cover starts. Will I be covered if I need to have any investigations or treatment for the condition once my policy has started?

A. You would not be covered with either Moratorium or Full Medical Underwriting for any treatment you would have to have because of the abdominal pain. This is because symptoms were evident when you took out the policy – making it a pre-existing condition.

Q. I had an operation on my right knee recently. Will I be covered for any further treatment to it after my policy starts?

A. During your first two years of continuous cover with us you would not be covered for any further treatment relating to your knee operation, or the condition for which it was performed. After that time, provided you have been trouble-free (see definition on page 4) for a consecutive two-year period in relation to your knee problem, you would be covered for any further eligible treatment.

Please note: If you have chosen the Full Medical Underwriting method and asked us to review your exclusion, you would need to contact us to request that review of terms before we could offer any cover for the knee condition.

Q. Some time after my cover starts, I go to my doctor for a routine visit. A heart condition is diagnosed that must have started to develop before my policy started. What is the position?

A. You would be covered provided there were no symptoms evident at the time your policy commenced, and it is not a specified condition (shown in the table on page 4) or a pre-existing condition.

Q. How do regular check-ups affect my cover?

A. It depends what the check-ups are for. For example:

- 1) If you have a medical condition before your policy starts and your doctor, or specialist, recommends that you continue to have check-ups for that medical condition, then we will not cover the cost of private treatment received for that medical condition for a period of two years from the time your policy started. If the medical condition is one of those shown in the table on page 4, you would not be covered for it either. Cover will only be available once you have been discharged from care and have no further treatment, medication or advice for a continuous period of two years after joining.
- 2) In the same situation, if you choose to continue having check-ups for your own peace of mind even though you have been discharged from care, we will cover you for the condition (but not the routine check-ups) if, after joining, you are trouble-free for a continuous period of two years from your last appointment prior to discharge.
- 3) If you have general check-ups simply to maintain good health, and not for any particular medical condition, we ignore them when applying the restrictions for treatment of pre-existing conditions.

Please note: We do not pay for check-ups in any of the circumstances described above.

How we deal with chronic conditions

There are certain things your policy will be unable to cover. For example, chronic (long-term) conditions. However, we will cover the treatment of acute exacerbations or complications (flare-ups) necessary to bring the condition back to its controlled state or lead to a full recovery.

Chronic conditions – 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.

If your illness or medical condition requires recurring consultations over a long period, checks on your medication, long-term therapy or treatment to ease symptoms, your condition may be defined as a chronic condition.

If you have been receiving ongoing or continuing treatment, or treatment that is intended to manage your condition or keep your symptoms in check, we will review your treatment to assess whether it remains eligible.

What does this mean in practice?

In line with other health insurance policies, our plans are designed to cover claims for expenses incurred due to unexpected events, and we do not continue to pay for treatment of medical conditions that will continue indefinitely or keep recurring.

With your permission, we may contact your specialist or GP – who knows your particular circumstances – to confirm the diagnosis of your condition and details of the treatment you are currently receiving, and to give us a future prognosis for the condition.

If our information indicates that you have a chronic condition, we will write to inform you that we will stop paying benefit for the continuing or recurrent treatment of the condition.

What if your condition gets worse?

There are certain chronic conditions, such as Crohn's disease, that require management of recurrent episodes during which the symptoms of the condition worsen. Because of the ongoing or continuing nature of the condition, we will write to tell you when there is no further benefit available for the treatment of that medical condition.

Examples of chronic conditions

The following are examples of chronic conditions and how they are usually dealt with. In all the following examples we may need to write to you or your doctor to obtain further information, as explained opposite.

Important note: Certain plans have specific restrictions to benefits such as out-patient treatment, treatment that could have been received on the NHS within four/six weeks and other specific exclusions covered in your policy terms. The cover for cancer also varies by plan, with some plans offering lower levels of cover than those described in this document. The examples below are designed to show our general policy on chronic conditions and how we would deal with them for a customer on a mid-range plan, e.g. Saga HealthPlan Saver Plus. Please read your Policy Book carefully to establish what cover you have, as all the other terms (including any limits) of your policy will continue to apply to your cover.

Example 1 – Angina and heart disease

Alan has been covered with Saga for many years. He develops chest pain and his GP gives him an open referral to a specialist. After calling us to pre-authorise this referral he has a number of investigations and is diagnosed as suffering from angina. Alan is placed on medication to control his symptoms.

We would pay for the initial consultation and tests to diagnose the condition and further consultations with the specialist to allow the medication to bring the condition under control. At this point we would advise Alan that further regular review consultations to monitor the condition would not be covered, but we would allow one further consultation for Alan to discuss alternative arrangements should he wish to do so.

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

We would confirm to Alan that we will cover that operation as it will stabilise his condition and substantially relieve his acute symptoms. We would then explain to Alan that, although his policy would not normally cover regular check-ups, in this particular circumstance we would allow for a further ten years of annual postoperative check-ups with the specialist to ensure that his condition remains stabilised. This benefit would only be available on policies with out-patient cover and while the policy remains in force.

Example 2 – Asthma

Eve has been covered with Saga for five years when she develops breathing difficulties. Her GP gives her an open referral to a specialist. After calling us to pre-authorise her consultation and initial treatment she has 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 this consultation Eve states that her breathing has been much better, so the specialist suggests she has check-ups every four months.

We would agree to cover Eve's initial tests and consultation to establish the diagnosis and also the subsequent consultation to see if there was an improvement. However, we would then advise Eve that she is not covered for regular check-ups.

Eighteen months later, Eve has a bad asthma attack.

We would agree to cover the cost of hospital treatment until her condition has been stabilised. We would also pay for one further consultation following discharge from hospital.

Example 3 – Cancer

Beverley has been a Saga policyholder for five years when she is diagnosed with breast cancer. Following discussion with her specialist she decides to have the breast removed, followed by breast reconstruction. Her specialist also recommends a course of radiotherapy and chemotherapy. In addition she is to have hormone therapy tablets for several years. Will her insurance cover this treatment plan and are there any limits to the cover?

We would pay for the breast to be removed and for the first reconstruction to restore appearance. In addition we would also pay for the course of radiotherapy and licensed chemotherapy aimed at curing or bringing the condition into remission.

Hormone therapy tablets (such as Tamoxifen) are out-patient drugs and, in line with other out-patient drugs, are not covered by our policies.

Cara has previously had breast cancer which was treated by lumpectomy, radiotherapy and chemotherapy under her existing policy. She now has a recurrence in her other breast and has decided to have a mastectomy, radiotherapy and chemotherapy. Will her insurance cover this and are there any limits to the cover?

We would pay for treating the recurrence as described above.

Monica, who was previously treated for breast cancer under her existing Saga policy, has a recurrence which has unfortunately spread to other parts of the body. Her specialist has recommended the following treatment plan:

- A six month course of six cycles of chemotherapy, aimed at destroying cancer cells.
- 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 insurance cover this treatment plan and are there any limits to the cover?

We would pay for the course of licensed chemotherapy aimed at curing or bringing the condition into remission. We would pay for the licensed drugs (e.g. Herceptin) to suppress the growth of the cancer. Treatments that are given for prolonged periods would not normally be covered but, in the case of cancer, we make an exception. Thus the use of such drugs will be covered for a period of time as described in your policy document, or for the period of the drug's licence if this is shorter.

Sharon would like to be admitted to a hospice for care aimed solely at relieving symptoms. Will her insurance cover this and are there any limits to the cover?

Hospice care is provided by the NHS and charitable institutions at no cost to the patient, therefore we would not cover this. However, if you select our Extended Cancer Cover option, a donation to the hospice of £100 per night, up to £2,000, is available.

Example 4 – Diabetes

Deirdre has been covered with Saga for two years when she develops symptoms that indicate she may have diabetes. Her GP gives her an open referral to a specialist. After calling us to pre-authorise this referral Deirdre has her consultations and tests which confirm her diagnosis. She then starts on oral medication to control the diabetes. After several months of regular consultations and some adjustments made to her medication regime, the specialist confirms the condition is now well controlled and explains that he would like to see her every four months to review the condition.

We would explain that we cannot continue to provide benefit for the review consultations, but would agree to provide benefit for one more consultation to allow Deirdre the opportunity to discuss alternative arrangements for follow up.

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

We would provide benefit for this admission and for a short period after her discharge.

Example 5 – Hip pain

Bob has been covered with Saga for three years when he develops hip pain. His GP refers him to an osteopath who treats him every other day for two weeks, before recommending that he return once a month for additional treatment to prevent a recurrence of his original symptoms.

We would explain that the monthly visits are not covered by Bob's policy but that, if he should have further problems or if his condition should worsen to the point where a hip replacement is needed, this would be covered if his GP gave him a referral to a specialist and he called us to pre-authorise treatment.

Please note: Only certain policies cover complementary therapies such as osteopathy and you should check your Policy Book to see if this is the case.

Your rights as a patient

Before we can assess your application, we may need to get a medical report from a doctor who has cared for you. The Access to Medical Reports Act (1988) gives you certain legal rights. These are:

- We need your agreement before we can apply for a medical report from your doctor. You can refuse, but if you do, we will not be able to assess your application.
- You can ask to see the report before your doctor sends it to us, or for up to six months after it has been sent.
- If you have ticked the box on the medical history declaration form to indicate that you want to see the report, your doctor can charge a reasonable fee to cover costs of supplying a copy.
- If you think any part of the report is incorrect or misleading when you see it, you can ask to have it changed. If your doctor will not agree to do this, you may attach a statement of your own.

Your doctor is not obliged to let you see any part of a report if:

- Your doctor believes it could seriously harm your physical or mental health, or that of others.
- It indicates the doctor's intentions in respect of you.
- It reveals information about another person, or the identity of someone who has given the doctor information about you (unless that person consents or is a health professional involved in caring for you).

We will write and tell you when we have requested the report. If you asked to see the report before your doctor sends it to us, you will have 21 days to contact your doctor from the date of receipt of our letter. Once you have seen the report, your doctor needs your agreement to send it to us. If you don't arrange to see this report within 21 days, your doctor will be free to send it to us.

How we use your personal details

AXA PPP healthcare Data Protection

When you buy a policy, AXA PPP healthcare, as the underwriter of the policy, will receive information about you from Saga. This will include any necessary medical information, such as medical exclusions, needed to set up a policy record. AXA PPP healthcare will handle your information on a confidential basis and use it to identify you when you contact them to claim, to process claims, for underwriting and pricing purposes, to maintain management information for business analysis, for research and to find out more about you. They will disclose your information, including your health information, to Saga only to the extent necessary for the purposes of audit, managing your policy and claims.

Your Policy Book has further information about other details AXA PPP healthcare will collect about you, for example when you claim, and what we use this for. You can find our full privacy information on the AXA PPP healthcare website at www.axapphealthcare.co.uk/privacynotice.

Saga Data Protection

Saga will keep your personal information securely and use it to provide the highest standard of service in the administration of this policy and other products that you hold with Saga.

Saga will also use it for audit, underwriting and pricing purposes and, in certain circumstances, claims mediation and market research, and to maintain management information for business analysis. Saga may also use the health information shared with them for other purposes but they will only do so in line with data protection legislation.

Saga may share your personal information and your medical data with other Saga Group (Saga plc and its subsidiaries) companies. Saga uses the data they collect from you, including sensitive personal data, to contact you and personalise their communication. They also use it for administrative purposes to provide the service you requested and for preparing quotations. If Saga has obtained your permission to do so, they will also contact you by post, telephone, email or other means to tell you about offers, products and services that may be of interest to you. At any time you can opt out of receiving such information, revise the products you would like to hear about or change the method they use to communicate with you. You can update these preferences by calling 0800 056 9271. For further information about how the Saga Group uses your personal information, please visit www.saga.co.uk/privacy-policy.aspx or contact the Saga Group Data Protection Officer by email: data.protection@saga.co.uk or post: The Saga Building, Enbrook Park, Sandgate, Folkestone, Kent CT20 3SE.

Future underwriter changes

Your Saga Health Insurance policy is currently provided and underwritten by AXA PPP healthcare Limited as part of an agreement between Saga Services Limited and them. If you have selected any additional cover options, these may be provided by different insurers. At some time in the future Saga Services Limited may enter into an agreement with a new provider for all or part of your policy, in which case this new provider will offer you health insurance to replace your current policy. If this is the case, Saga Services Limited will write to you to confirm the details of the new provider and give you details of any changes to the Terms and Conditions of your policy. At this stage you will be given the option to refuse transferral to the new provider. For further information, please see Saga's Privacy Policy at saga.co.uk/privacy-policy.

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Saga Health Insurance

This leaflet is also available in large print, audio and Braille. If you require any of these formats please contact us on **0800 056 9273**.

If you have a hearing or speech impairment, you can also contact us by emailing **dda@saga.co.uk**

For more details on our cover, please call

0800 904 7409

8.30am–7pm weekdays, 9am–1pm Saturdays.

The logo for SAGA, with the letters in a bold, blue, sans-serif font. The letter 'A' is stylized with a blue triangle pointing to the right, and the letter 'G' has a blue triangle pointing to the right at its bottom right corner.

Saga Services Limited has arranged for its health insurance to be underwritten by AXA PPP healthcare Limited, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL. AXA PPP healthcare Limited. Registered Office: 5 Old Broad Street, London EC2N 1AD, United Kingdom. Registered in England No. 3148119. AXA PPP healthcare Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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