



Cancer Cover

# BUPA PMI cancer cover

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## Information, communication, clarification

### *Helping you engage with the cancer debate*

Over the last year, there has been much debate about the availability of cancer drugs and treatments - both via the NHS and through private medical insurance.

We know that one of the main reasons why people buy private medical cover is to have prompt access to new, effective drugs and other treatments. In fact results from a recent study<sup>1</sup> conducted by UK charity Beating Bowel Cancer show that over two thirds of private medical insurance policy holders would take action if their policy did not adequately cover them for cancer treatments not available on the NHS. Policy holders reported that they would change policies, pay a premium to include cancer treatments, or even encourage their employer to change policies.

Cancer ranked as the most important disease to be covered by private health insurance, with 91 percent of respondents rating it as important. Similarly, access to drugs not available on the NHS was also important for

eight out of ten respondents; however, 51 percent were not aware whether their policy actually covers these drugs. Alarming, the study by Beating Bowel Cancer showed that over half of UK private health insurance holders (51 percent) have never read their policies and may be shocked to discover that they are not necessarily covered for the duration of cancer treatment.

But with varying levels of cover and treatment in the private medical insurance (PMI) market, there is some confusion among customers - and prospective customers - about what is and what isn't covered.

BUPA aims to apply clear policies on the provision of cancer treatments and, as cancer diagnoses continue to rise each year, we pride ourselves on providing extensive cancer cover for our members.

<sup>1</sup> PMI Packages Uncovered' study, Beating Bowel Cancer 2006



## BUPA's policy on cancer care

### *Extensive cover for everyone*

The incidence of cancer has increased by 25 percent over the last 30 years (Cancer Research UK), with more than a quarter of a million people newly diagnosed<sup>1</sup> each year, 90,000 of these are of working age<sup>2</sup>. More than half a million people under the age of 65 have been diagnosed with cancer at some point in their lives<sup>2</sup>. Given these figures, it's easy to see how cancer is impacting on more and more people's lives - and how the treatment costs are rising accordingly.

The Disability Discrimination Act now includes cancer as a disability meaning it is more important than ever that employers have a robust policy in place to support those affected by cancer. PMI can provide those people with quicker access to the latest treatments meaning less impact on the business.

Refs:

1 <http://info.cancerresearchuk.org/cancerstats/incidence/?a=5441>

2 Working with Cancer - Cancerbackup / working with cancer / CIPD report November 2006

BUPA continues to offer the most extensive PMI cover for cancer in the industry, providing members with access to high quality treatment at every stage of their cancer. BUPA members also have access to the BUPA HealthLine and our team of dedicated oncology nurses throughout the course of their treatment should they have any questions or concerns.

This policy has been recognised by leading cancer information charity Cancerbackup. In its 2005 report about private medical insurance cover for cancer, Cancerbackup highlighted the fact that BUPA was the only insurer to provide cover for patients at every stage of their illness.



## Future considerations

### *Acknowledging customer concerns*

In order to meet our members benefit and treatment requirements, BUPA is continually reviewing the cancer cover we provide. We also try to ensure that our policy documents are as clear as possible in order to avoid confusion. However, an increasing number of customers are telling us that they are concerned about the escalating cost of healthcare and in particular the cost associated with cancer treatment.

Whilst BUPA's view is that customers should not limit their cancer cover, we are committed to acknowledging customer feedback and using it to shape our future product propositions.

It is important to point out that we currently **do not** offer options-based cancer cover. Such a move is still under review and may happen in the future.



## Questions and answers

*In this section, we answer some of the most frequently asked questions regarding BUPA cancer cover and outline BUPA's current policy on the issues raised.*

**Q: How does BUPA define cancer?**

A: BUPA uses the ABI definition for cancer which defines cancer as - a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

**Q: What is BUPA's position on cancer cover?**

A: To provide members with access to high quality cancer treatment at every stage of their cancer - including terminal stages. We believe that funding should be provided for all treatment intended to affect the growth of the cancer by shrinking / stabilising or slowing the spread of the disease.

**Q: Does BUPA consider cancer to be a chronic condition?**

A: Under the rules of most BUPA schemes the exclusion for Chronic conditions applies however we do not generally define **any** cancer as chronic. Therefore BUPA can confirm that we would not currently expect the chronic exclusion to apply to any cancer.

**Q: Would BUPA apply the chronic exclusion in the future?**

A: BUPA continuously monitors new treatments and developments around cancer. It is possible such developments could alter the nature of cancer treatments and the need to ensure that our schemes accurately reflect the healthcare environment and the needs of our members.

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## Questions and answers

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**Q: Are there monetary limits on the amount I can claim?**

A: Our policy is to cover an entire course of treatment, but BUPA's scale of benefits maxima does apply to surgery, radiotherapy and chemotherapy.

**Q: Are any treatments not covered by my BUPA PMI?**

A: We do not generally exclude any specific treatments. However, general exclusions do apply and these include experimental treatments and some drugs may not be covered, pending discussions with clinicians and pharmaceutical companies. Funding is also not available for out-patient drugs prescribed in the primary care setting e.g. drugs which can be prescribed by a G.P. This applies to all conditions, not only cancer.



## BUPA and cancer cover

*The facts and figures in this section can be used to support your discussions about the cancer cover provided by PMI and the quality of cover provided by BUPA.*

- Cancer is the UK's biggest killer. More than 5,000 people a week are diagnosed with cancer and 1.2 million people live with the disease. It is estimated that one in three people will get cancer at some point in their lives; one in four people will die from cancer.
- There are more than 200 types of cancer, but four of them account for over half of new cases<sup>1</sup>. These are breast, lung, bowel and prostate. Breast cancer is the most common cancer in women<sup>3</sup>, accounting for 30 percent of all female cancers. Prostate cancer is the most common cancer in men<sup>4</sup>. Bowel cancer is the second most common cancer in females and lung cancer in males.<sup>3,4</sup>.
- The most common cancer claims among BUPA members are breast, bowel, skin and prostate.
- BUPA is the only insurer to have accredited networks of specialist treatment centres for breast, bowel and gynaecological cancers. This means that patients have prompt access to the specialist care of an expert team (which research has shown results in improved outcomes) and to all the support services and advice that patients might need when having tests or treatments for one of these cancers.
- There are currently 157 BUPA Approved Breast Cancer Units and 323 specialist breast surgeons across the UK.
- Just 64 percent of those hospitals that applied to be an approved cancer hospital have been able to meet the strict standards we demand.

Refs:

1 <http://info.cancerresearchuk.org/cancerstats/incidence/?a=5441>

3 <http://info.cancerresearchuk.org/cancerstats/incidence/females/>

4 <http://info.cancerresearchuk.org/cancerstats/incidence/males/>

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## BUPA and cancer cover (Continued)

- BUPA has 154 BUPA Approved Bowel Cancer Units and 32 BUPA Approved Gynaecological Cancer Units.
- BUPA has specialist oncology (cancer) nurses to manage complex claims that occur with the treatment of some cancers. For reassurance and support, members are able to talk to them at any time during their treatment.
- In 2005, 62,500 members were treated for cancer. BUPA's cancer spend in that year was £169million - 15 percent of our total spend.
- Over the last 12 months, the number of members claiming for cancer drugs rose by 5 percent. The number of members that claimed over £20k in benefit for cancer drugs increased by 66 percent. Over the same time, the cost of those drugs rose by 24 percent.
- BUPA pays claims for members' cancer care at every stage of their cancer - including palliative care during terminal stages.



## Things to consider

- BUPA will consider funding new treatments prior to approval by NICE based upon information from a number of sources. Is this something other providers will consider or do drugs have to be fully licensed before they will provide cover?
- BUPA is proud of the fact that we cover all stages of cancer treatment including terminal stages, this is an area where we would advise you check that other insurers offer the same breadth of cover.
- BUPA has developed a network of quality approved centres for the treatment of certain cancers. In order to become a BUPA Approved Unit, hospitals must complete a rigorous assessment based on national guidelines demonstrating that they and their consultants provide expert clinical care and support to patients throughout their care. Do other insurers have this type of network assuring their members have a better chance of making a full recovery?
- Cancer can spread from the primary site where it starts to another part of the body. The place a cancer spreads to and starts growing is the secondary cancer. We believe it is important that we provide cover for secondary cancers. Is this policy shared by all insurers?
- We believe that all members should have the peace of mind of knowing they have extensive cover for both in-patient and out-patient cancer treatment irrespective of the product they buy from us. Do all PMI providers offer the same cover to all members or do they have to purchase the most expensive option?



## Jargon buster - cancer awareness

<b>Alleviating symptoms</b>	Relieving symptoms to provide physical relief from pain.
<b>Carcinomas</b>	A malignant tumour derived from epithelial tissue (cells that line the internal and external surfaces of the body). Carcinomas are the most common type of cancer.
<b>Controlled trial</b>	A study in which experimental procedures are compared to a standard (accepted) treatment or procedure.
<b>Customary practice</b>	Practice based on well established rules.
<b>Evidence based treatment</b>	Treatment based on scientifically gathered evidence (in clinical trials), and published in peer reviewed journals that support its use.
<b>Experimental treatment</b>	Treatments intended or claimed to treat cancer that have yet to be widely accepted as effective and adopted as conventional therapies by the medical community.
<b>Haematology</b>	The branch of medicine that deals with diseases of the blood and blood-forming organs.
<b>Initial diagnostic</b>	This is early stage testing aimed at identifying the cause of a members symptoms.
<b>Leukaemias / lymphomas</b>	Cancer that occurs in the white blood cells which fight infection in the body - bone marrow and lymphatic system - these account for 3 percent of cancers.
<b>Maintenance</b>	Treatment that is given that helps a primary (original) treatment to continue working. Maintenance therapy is often given to help keep cancer in remission.
<b>Metastatic</b>	Cancer that has spread from the original tumour site to other parts of the body.



## Jargon buster - cancer awareness

### (Continued)

<b>Monoclonal antibody treatments</b>	This treatment involves the use of a specially made antibody (which is a protein that identifies and destroys foreign substances in the body) to stimulate an immune response aimed at destroying cancer cells.
<b>NICE</b>	The National Institute for Health and Clinical Excellence (NICE), which is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
<b>Palliative</b>	Treatment for cancer that will control symptoms or problems from the cancer, but is not expected to cure or control the disease. It aims to improve quality of life, and particularly to reduce or eliminate pain.
<b>Primary</b>	The original site where cancer occurs.
<b>Remission</b>	An undetermined period of time where the patient appears free of disease and shows no symptoms.
<b>Sarcomas</b>	Cancer in supportive or connective tissue, including bone, cartilage, fat, muscle and nerves - these account for 1 percent of cancers.
<b>Secondary / <u>Metastatic</u></b>	Cancer that has spread from its original site to another part of the body.
<b>Supportive</b>	Treatment given to prevent, control, or relieve complications and side effects and to improve the patient's comfort and quality of life.
<b>Symptomatic</b>	Showing indications of disease or illness.
<b>Terminal</b>	Describes an advanced disease resulting in a limited life expectancy.

All information correct as of February 2008.

