

## **GLOSSARY OF MAIN MEDICAL TERMS**

### **Accidental Injury**

An injury caused as a direct result of something accidental, outside the body, violent and visible.

Accidental injury does not include sickness disease or any naturally occurring or deteriorating condition.

### **Accommodation Charges**

Charges for your hospital room, meals and nursing directly related to your treatment.

### **Acupuncture**

An ancient Chinese treatment using needles which stimulate different energy channels in the body.

### **Acute Condition**

A disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury or which leads you to full recovery.

### **Age-Band Categories**

For the purposes of The PMI Handbook this simply refers to the different age-bands insurers use when pricing their PMI contracts. This information is designed to assist in helping the client to understand the extent and timing of future premium increases.

### **Age Limit for Children**

Refers to the age limit for children covered under a "family" policy. The term refers to the age at which the children cease to be seen as dependants within the family. This is when they should consider becoming individual policyholders themselves.

### **Alcoholism**

A mental and/or physical condition which is wholly or mostly due to alcohol abuse.

### **Alternative Medicine**

Refers to treatments such as Acupuncture and other complimentary treatments.

### **Anaesthetist**

A person who administers the anaesthetic for a patient. The anaesthetic is a drug used to induce a non-reaction to pain before an operation.

### **Ancillary Charges**

Charges for the operating theatre, admission, resident medical officiation, drugs, dressings and surgical appliances used for your treatment.

**Banding**

The process of applying A, B or C bands to hospitals which reflects the accommodation charges.

Band A is the most expensive with Band C being the least. Note that banding does not attempt to classify the standard of medical care. It simply reflects the daily/nightly rate for the cost of the bed in the hospital.

**Benefit**

The cash amount payable in respect of a claim.

**Built-In Travel Cover**

Refers to Travel Cover under a policy (offering additional medical expenses cover, personal liability, personal accident, loss of deposits, cancellation, curtailment, baggage and personal effects, personal money and delayed departure etc) This is a STAND ALONE benefit and is different from overseas emergency cover and repatriation included in some PMI plans.

**Cash Benefit**

A cash payment to the policyholder (normally payable when a policyholder or member stays in a non-fee paying NHS hospital).

**Cash Plan**

Not to be confused with PMI! Cash plans pay out set amounts of cash when medical treatment is needed. They are not designed to cover the full costs of private medical treatment. Refer to Contents page for **Cash Plan Providers**.

**Chemotherapy**

Refers to treatment of disease by chemical means.

**Chiropractors / Osteopaths**

Refers to the treatment or consultation with a chiropractor or an osteopath. Chiropractitioners use manipulation techniques on the spine to treat diseases. For Osteopaths see **Osteopaths**.

**Chronic Condition**

A disease, illness or injury which has at least one of the following characteristics: a) it continues indefinitely and has no known cure; b) it comes back or is likely to come back; c) it is permanent; d) you need to be rehabilitated or specially trained to cope with it; e) it needs long-term monitoring, consultations, check-ups, examinations or tests.

**Claim**

The amount of benefit paid (after taking off any excess) for providing treatment for a medical condition.

**Claims Experience**

An aggregate figure of the total amount claimed over a period of a year. The figure is expressed in pounds (£).

**Computerised Tomography**

The measuring of fluid in the body.

**Condition**

An injury, illness and or associated symptoms.

**Consultant**

See under **Specialist**.

**Continuation Option**

Refers to the availability of Continuation Options to an individual when leaving a Group scheme (ie: when member wishes to transfer from Group cover to an Individual scheme).

**Critical Illness Benefit**

A benefit payable to a policyholder upon diagnosis of a critical illness (eg: cancer, heart attack, coronary artery disease, stroke or multiple sclerosis etc). Please note that medical "treatment" for a critical illness is usually covered by PMI. Reference to this **Critical Illness Benefit** is made as an additional form of cover (a lump sum payment on diagnosis of illness).

**CT Scans**

Computerised Tomograph (CT) scans link X rays and computer technology to produce detailed picture of organs deep inside the body.

**Cytotoxic Drugs**

Drugs used specifically for killing off cancerous cells in the body.

**Day-Case Treatment**

Treatment which, for medical reasons, means you have to go into a hospital or day-patient unit because you need a period of clinically-supervised recovery but do not have to stay over night.

**Dental Condition**

Routine dental treatments not usually covered by PMI policies. Conditions are only covered where a policy provides treatment for Oral Surgery. See under **Oral Surgery**.

**Dentistry**

Routine dentistry (such as check-ups and fillings etc) is not normally covered by a standard PMI

policy. Separate Dental Cover policies are available for this purpose (or through a top-of-the-range PMI plan or a flexible plan with such an add-on option). See under **Oral Surgery**.

### **Dependants**

A policyholder's wife, partner or child (or any member covered under the policy who is financially dependant on the policyholder).

### **Diagnostic Tests**

Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.

### **Disclosure**

The process of providing information to an insurer for underwriting purposes (eg: age and medical history for example).

### **ECG**

Electrocardiogram - a recording of the electrical activity of the heart.

### **Elective Treatment**

Medical treatment reasonably foreseen as being required and that is pre-arranged at the time of admission to hospital.

### **Endorsement**

A policy term which appears on your policy schedule. This is usually in addition to the main policy document. A policy endorsement usually takes the form of an exclusion for a pre-existing medical condition.

### **Episode**

The period for which a medical condition requires treatment.

### **Excess**

A set amount of money which you agree to pay towards your claim. This may be applicable to each and every claim or may be payable on the first claim in a given period of insurance. An excess usually results in the lowering of your premium.

### **Exclusion**

A medical condition which your policy will not cover.

### **Financial Services Authority (FSA)**

### **Full Refund (or Full Cover)**

Means that an insurer will pay out on a claim in full (ie: in theory this means no shortfalls). However,

in general, most insurers will make sure that any bills settled are not more than what is regarded as “customary and reasonable” for the procedure/treatment. Some insurers maintain their own fee guidelines and will pay bills “in full” but only up to their guideline maxima.

**Full Medical Underwriting**

The process of assessing and agreeing an insurance risk. Disclosure of medical history is required.

See under **Disclosure**.

**General Practitioner**

A medical or dental practitioner registered in the UK for general practice.

**Health Screening Discount**

Refers to discounts available for health screening. If applicable, these are usually available at selected centres in the UK.

**Home Nursing**

Refers to nursing received at home by a qualified nurse for medical reasons. The benefit is usually payable after an in-patient stay and on the recommendation of the Specialist. (See also under

**Nursing at Home**).

**Hormone Replacement Therapy (HRT)**

Hormone Replacement Therapy (HRT) is the use of hormones to treat a hormone deficiency.

Most commonly, this is used in the treatment of symptoms accompanying the menopause.

**Hospital**

a) A private hospital in the UK which is registered in accordance with UK legislation and which

has specialist facilities for carrying out major surgical operations.

b) Pay-Beds in an NHS hospital.

**In-Patient Treatment**

Treatment which, for medical reasons, means you have to stay in hospital overnight or for longer.

**In-Patient Drugs & Dressings**

Drugs and dressings used during the course of an in-patient stay in hospital.

**Inception Date**

The date on which your PMI policy starts.

**Insurance Premium Tax**

Tax levied on general insurance premiums.

**Insurer's Review Guide**

For the purposes of this publication the "Review Guide" refers to the time (or times) of year when the insurer usually reviews the plan benefits and/or premium rates.

**Invasive Surgery**

A medical procedure which involves inserting an instrument into the human body.

**Low Claims Discount Facility**

Refers to GROUP SCHEMES and is the equivalent to the **No Claims Discount** facility available with some individual PMI plans. The main difference is that a group will generally experience at least one claim or a number of claims each year. Depending on the premium paid it may still be possible to have a discount applied to the premium if the overall claims are considered by the provider to be low.

**Loyalty Discount**

Refers to discount or reward offered by insurer for policyholder remaining loyal to the provider (ie: to encourage the policyholder to remain with the insurer instead of stopping the cover or switching to another provider). Some insurers offer a special "age-capping" facility where you are locked in to the age level at which you join (ie: you are looked upon as being that age for ever) .

**Maternity Cash Benefit**

Refers to the benefit payable on the birth of a child. Insurers will usually stipulate that a mother should have been covered for at least 10 continuous months under the policy.

**Medical Declaration**

The process of filling out details of medical history for underwriting purposes. See also under **Underwriting** and **Disclosure**.

**Medical History**

Your medical history (usually going back 5 years prior to taking out the policy). This takes the form of any medical treatment or advice you have previously had from your GP or Specialist. This is required by some insurers for the purposes of underwriting. See also **Underwriting**.

**Medical Inflation**

The rate of increase in the cost of healthcare treatment per year. It is expressed as a percentage for the year. It is usually higher than the RPI (Retail Prices Index).

**Moratorium**

This is an alternative method of dealing with pre-existing conditions which removes the need to disclose evidence of medical history. In effect, it is a blanket pre-existing condition clause. The mechanics are essentially as follows:  
The clause excludes cover during an initial period (usually 2 years) of membership for any conditions or related condition for which medical treatment was received, advised on or was known about during a time period (usually 5 years) prior to cover commencing. However, after completing the initial period, all pre-existing conditions then become eligible for benefit (provided that at the time of receiving treatment the member has been free from treatment and advice for that condition during the period).

### **MRI Scan**

Head and bodily screening using a magnetic resonance imaging (MRI) scanner.

### **NHS**

National Health Service.

### **NHS Cash Benefit**

Refers to the benefit paid should a member have to receive treatment in an NHS hospital as an inpatient (in a non-fee paying part of an NHS hospital).

### **NHS Hospital**

A hospital in the UK run under the National Health Service with specialist facilities for treatment

### **No Claims Discount Facility**

Refers to the "no claims discount" offered by a provider when the policyholder has made no claims during a cover year.

### **No Worse Terms Switch Facility**

Refers to the medical underwriting of an existing group scheme. The term applies to situations where a change of insurer (or change in policy) is under consideration. Members are covered with an alternative insurer using the previous medical underwriting status applicable to their old policy (ie: no worse medical underwriting terms are applied to the new one). It does not mean that the scheme benefits are replicated. The term can also be referred to as Continued Personal Medical Exclusions (CPME) or simply CME. However, it is rare to find an insurer offering "no worse terms" to individual policyholders - unless the policyholder is changing cover from a group to individual

basis with the same insurer. However, certain providers are now offering this facility to individuals.

### **Nursing at Home**

When a qualified nurse takes care of you at home (usually only on the recommendation of your specialist and as a consequence of in-patient or day-case treatment). See also under **Home Nursing**.

### **Oncology**

Refers to research into tumours.

### **Optical Cover**

Routine eye treatment is not normally covered by all PMI policies (eg: check-ups and spectacles etc). However, medical treatment required in a hospital is normally covered.

### **Oral Surgery (Oro-Surgical Procedure / Operation)**

A dental procedure classified under a schedule of oro-surgical operations published by an insurer (ie: those covered by the policy). These procedures refer to specific procedures relating to teeth, jaws and other parts of the mouth or face. Should not be confused with routine dentistry which is not normally covered by PMI.

### **Osteopathy**

The practice of treating medical conditions through the science of the bone. Treatment is designed to cure a disease usually caused by deformation of the spine through manipulation. The treatment is not always related to the spine and can take different forms of manipulation of different parts of the body.

### **Out-Of-Band Benefit**

Refers to the benefit payable per night/day in respect of the cost of hospital accommodation. The benefit ceiling paid is dependant on the scale of cover chosen (eg: if a member is covered for a "C" scale hospital but needs to attend a "B" scale hospital for treatment then the maximum benefit an insurer would pay is that of the "C" scale limit).

### **Out-Patient**

When you receive treatment at a hospital or at the specialist's consulting rooms or other facility and you do not remain there over night (i.e. you do not need to sign an admission form).

### **Out-Patient Services / Treatment**

Refers to the services received or eligible as an out-patient (eg: for physiotherapy, radiology or

pathology) . These can take the form of both treatment and consultations. Out-patient treatment is that given at a hospital, consulting room or out-patient clinic where you do not go in for day-patient or in-patient treatment.

**Overall Annual Limits Payable**

Refers to the overall annual limit of benefits payable by an insurer in a contract year.

**Parental Accommodation**

Refers to a parent being allowed to stay with their child during a stay in hospital. The benefit is usually paid if there is a medical reason and is restricted to the child's age.

**Pathology**

Refers to tests for the cause of bodily diseases.

**Pay-Bed**

An NHS hospital bed for use by paying private patients.

**Period of Cover**

The period of your insurance commencing with the **Inception Date** and finishing at the **Renewal Date**.

**Physiotherapy**

Refers to treatment of disease or injury by massage, heat and exercises using ultrasound machines and lasers amongst other media.

**Pre-existing Condition**

Any disease, illness or injury for which: a) you have received medication, advice or treatment; or b) you have experienced symptoms; whether the condition has been diagnosed or not (usually in the 2 years before the start date of the cover - this period can vary between insurers).

**Private Ambulance**

Refers to the benefit payable for the use of a private ambulance.

**Primary Care**

Treatment given by your GP (not normally covered under a standard PMI policy).

**Prosthesis**

An artificial body part which is designed to form a permanent part of the body. Some policies do not pay for this and some only pay for certain prosthesis on a published list.

**Psychiatric Cover**

Insurance against the cost of treating a mental disease. Psychiatric cover can be applied to inpatient and out-patient treatment. Some insurers specifically exclude psychiatric cover on PMI

policies.

**Qualified Nurse**

A nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

**Radiology**

Refers to X-Rays relevant to a situation.

**Radiotherapy**

Refers to treatment of cells by radioactive means.

**Renewal Date**

The annual anniversary of your policy when you are required to renew your cover.

**Repatriation**

The process of returning the policyholder or member to their home land in an emergency.

**Six Week NHS Policies**

Six Week NHS policies are commonly referred to as budget schemes. These policies operate on the basis of the NHS waiting list in your area for a required operation or treatment. If the operation or treatment is available on the NHS in your area within a 6 week period, from the date of seeing your Specialist, you are obliged to have that operation/treatment on the NHS. If it is established that the waiting list is over 6 weeks then you get immediate access to private treatment. Most 6 week plans apply the rule to in-patient and out-patient treatment but sometimes you might find an insurer who only applies the rule to in-patient treatment (ie: all out-patient treatment is available immediately irrespective of the NHS waiting list).

**Specialist**

A medical or dental practitioner registered under the Medical Acts who is or has been a Consultant in an NHS hospital or who holds a Certificate of Higher Specialist Training.

**Start-Up Criteria**

For the purposes of The PMI Handbook this simply refers to the basis on which a policy is set up (eg: underwriting required using a medical declaration? Medical required? Moratorium applied? Maximum age on joining etc..?).

**Surgeon's/Anaesthetist's Fees**

Fees charged in respect of the surgeon and anaesthetist for an operation. Insurers who do not provide full refunds in respect of these fees usually provide cover up to the limits suggested by the BMA guidelines. Most insurers (both those providing “full refund” cover or cover up to “fee guidelines”) will generally ensure that fees paid are not above what is considered customary and reasonable for the procedure

### **Table of Benefits**

A document which sets out the benefits payable under a PMI policy.

### **Third Party Administrators**

Organisations which provide claims administration services independently from PMI providers.

These may typically be used when a group scheme is written under trust or as a straightforward alternative to the administration services offered by a PMI provider. Please refer to Contents page for a list of **Third Party Administrators**.

### **Treatment**

Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury.

### **Trust Hospital**

An NHS hospital operating an independent, private unit.

### **Underwriting**

The assessment and agreement of an insurance risk. The process involves the disclosure of medical history which enables the insurer to assess your risk. Once the assessment is complete you will be notified of any special terms (eg: exclusions) and given the opportunity to agree these terms.

### **Underwritten By**

For the purposes of The PMI Handbook this refers to the organisation actually underwriting the policies. This is provided as some prospective clients (and indeed yourselves) prefer to have a deeper knowledge of the scheme and the “backing” behind the organisation.

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