

# OUR GUIDE TO MENTAL HEALTH AND BACK CLAIMS

**THE PURPOSE OF THIS GUIDE IS TO CLARIFY OUR APPROACH TO ASSESSING BACK AND MENTAL HEALTH CLAIMS FOR THE LIFESTYLE PROTECTOR PLAN.**

These are increasingly common ailments and can be complex areas for our Claims Team to assess.

Whilst we want to protect all policyholders who incur a serious medical condition that prevents them from working, it's important that our plan is not open to misuse and will enable us to sustain the cover at a competitive cost.

It's an approach to insurance that we feel is right and will give the desired outcomes to those who have bought the plan in good faith and have a genuine need for cover.

## OUR PRINCIPLES – CLEAR AND SIMPLE

- › To pay policyholders who incur a serious medical condition that keeps them off work
- › Create long-term insurance solutions that protect customers now and in the future
- › Protect existing policyholders against unnecessary premium increases
- › Have a decision making process that is driven by the independent view of the policyholder's medical specialist – not our claims assessors.

**“DESIGNED TO  
PROTECT THOSE  
WITH GENUINE  
MEDICAL ISSUES.”**

**THERE FOR  
YOU WHEN  
YOU NEED  
US MOST**



# OUR APPROACH TO BACK CLAIMS

## WHAT DOES THE POLICY WORDING SAY ABOUT 'BACK CONDITIONS'?

*We will not pay benefits if your accident or sickness results directly or indirectly from any disease or disorder of, or any injury to, the spine, its intervertebral discs, joints, nerve roots, spinal cord or supporting musculature and ligaments and any neurological complications, except where an appropriate medical specialist confirms an acute spinal fracture, spinal cord compression, spinal stenosis, spinal infection or spinal tumour and where imaging evidence is available if relevant.*

## WHAT DO WE MEAN BY THIS?

In simple terms does your back condition have both of the following characteristics?

- ▶ You have been referred to a specialist who confirms that you have a serious back condition.
- ▶ There is imaging evidence such as an X-ray, CT, PET, MRI or ultrasound scan, that supports your specialist's conclusion.

If you can answer 'yes' to both of the above, we are confident that around 90% of these cases will fall into the definitions in the policy wording and you will be covered. In the remaining cases we'll assess it on a case by case basis and offer cover where appropriate.

## CASES THAT WE EXPECT TO DECLINE

We believe that the majority of these will be 'bad backs' where there is muscular damage but no imaging evidence is available. These are notoriously difficult to assess, particularly regarding severity and impact on your ability to attend work.

Whilst we recognise that such conditions can be problematic for policyholders, 'bad backs' is a very common and intermittent issue for many people who learn to manage a short-term flare-up when they occur. For example, through medication or a visit to a chiropractor.

If we were to include these types of symptoms, the premiums would need to be increased to reflect this. So in keeping with other insurers we have designed this plan to cover back conditions that are of a more serious and debilitating nature.



A CLEAR AND FAIR  
APPROACH TO A COMPLEX  
CLAIMS AREA

# OUR APPROACH TO MENTAL HEALTH CLAIMS

## WHAT DOES THE POLICY WORDING SAY ABOUT 'MENTAL HEALTH'?

*We will not pay benefits if your accident or sickness results directly or indirectly from stress, anxiety, depression or any emotional disorder, unless a doctor has diagnosed psychosis or an organic brain disorder and has referred you to an appropriate specialist who confirms that diagnosis.*

## WHAT DO WE MEAN BY THIS?

Our approach to mental health is very similar to back conditions where it is driven by the opinion of the policyholder's medical specialist.

So a prerequisite requirement is that the policyholder has been referred to a mental health specialist by their GP for further investigation, diagnosis and treatment.

The vast majority of conditions that have been referred on this basis will fit either a type of 'psychosis' or 'organic brain disorder' diagnosis. Where this is not the case, we will assess it on a case by case basis, with a view to making sure that we are paying claims to those that need it most.

## CASES THAT WE EXPECT TO DECLINE

Where the policyholder has not been referred by the GP and placed under a specialist for treatment, such cases are not covered by the plan.

"IN ALL CASES WE  
WILL CONSULT  
WITH THE TREATING  
SPECIALIST TO  
OBTAIN A TRUE  
AND INDEPENDENT  
ASSESSMENT."



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