

The complaint

Mrs S is unhappy that Aviva Insurance Limited have declined a claim she made on a group private medical insurance policy.

What happened

Mrs S is the beneficiary of a group private medical insurance policy. She claimed on the policy for treatment of endometriosis.

Aviva declined the claim on the basis that endometriosis was a chronic condition and was excluded by the policy. Mrs S didn't think this was fair, or reflective of the medical evidence. Mrs S complained to Aviva but they maintained their decision was fair and reasonable. So, she made a complaint to the Financial Ombudsman Service.

Our investigator looked into what happened and didn't uphold the complaint. He thought Aviva had acted reasonably based on the policy terms and the available medical evidence. Mrs S asked an ombudsman to review the complaint. She highlighted that she'd not been treated for endometriosis and that the treatment she had was to resolve the symptoms.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

The relevant rules and industry guidelines say that Aviva has a responsibility to handle claims promptly and fairly. And they shouldn't reject a claim unreasonably.

The starting point is the policy terms and conditions which say there is no benefit available for treatment of any condition that is a chronic condition. A chronic condition is defined as:

A disease, illness or injury which 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.

I'm very sorry to read of the experience Mrs S has had in relation to her condition and the symptoms associated with it. I have a lot of empathy with the circumstances she's described.

However, I'm not upholding this complaint because I think Aviva have reasonably declined the claim. I say that because:

- The NHS says that there are currently no treatments which can cure endometriosis, but treatment can help manage symptoms. So, I don't think it was unreasonable for Aviva to conclude that at least one of the characteristics set out in the relevant exclusion applied. That means that they were entitled to decline to cover treatment.
- Whilst the policy terms don't specifically say that endometriosis isn't covered, I think Aviva reasonably concluded the exclusion applied. Lots of private medical insurance policies contain a similar exclusion for chronic conditions. And Aviva aren't required to specify every condition that's not covered.
- I've considered what Mrs S has said about the medical evidence in support of her treatment. I appreciate that it says it was likely to, and has, significantly improved her symptoms. I can also see from the medical evidence that the surgeons considered that the treatment it would restore functionality to her organs and resolve the endometriosis. But I also need to bear in mind that the medical evidence says that there is a risk of recurrent endometriosis of 7-10% but that in the consultant's practice it is 2%. So, this doesn't persuade me it was unreasonable for Aviva to conclude that the treatment fell within the exclusion.

I appreciate that Mrs S is aware of other beneficiaries of the scheme who may have had the benefit of cover. However, my role is to decide what's fair and reasonable in the circumstances of this case, bearing in mind the current policy terms and conditions. Having done so I find that Aviva have applied them fairly. And I'm not persuaded it would be fair and reasonable in the circumstances of this case to direct Aviva to cover the claim outside of the policy terms and conditions.

My final decision

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs S to accept or reject my decision before 27 June 2025.

Anna Wilshaw
Ombudsman