

The complaint

Ms B has complained that CIGNA Life Insurance Company of Europe SA-NV has added an exclusion to a private medical insurance policy.

What happened

The policy started on 10 January 2020. It doesn't provide cover for pre-existing medical conditions. When applying for the policy, Ms B didn't disclose any such conditions.

On 17 September 2024 Ms B submitted a claim for physiotherapy sessions for a back issue. Medical reports provided in support of the claim showed that she had been diagnosed with a back problem in May 2017 and received treatment for that problem in 2017 and 2019. Cigna therefore applied an exclusion for neck and back pain.

Our investigator thought that Cigna had acted reasonably, in line with the policy terms and conditions. Ms B disagrees and so the complaint has been passed to me for a decision.

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.

I've carefully considered the obligations placed on Cigna by the Financial Conduct Authority (FCA). Its 'Insurance: Conduct of Business Sourcebook' (ICOBS) includes the requirement for Cigna to handle claims promptly and fairly, and to not unreasonably decline a claim.

Under the policy terms, the definition of a pre-existing condition is:

'any disease, illness or injury, or symptoms present before the initial start date linked to such disease, illness or injury, for which:

- *Medical advice or treatment has been sought or received; or*
- *The beneficiary knew about and did not seek medical advice or treatment.'*

The three medical reports originally provided showed that Ms B had been diagnosed with postural kyphosis in May 2017, and that diagnosis was reiterated at a follow up consultation in February 2019. The third report from March 2019 included a recommendation of ongoing physiotherapy to treat back pain. In both 2017 and 2019, Ms B undertook 10 sessions of physiotherapy that was covered by her previous insurer.

Questions asked during the application process included:

Q1 - Has any applicant been diagnosed with or had treatment for Cancer or Tumour; Heart Condition; Stroke, Brain or Neurological Disorders; Diabetes; Hepatitis or any Musculo-skeletal condition?

Q5 - Does anyone have any illness, condition or symptom not already mentioned? Please include details of any known or suspected issues whether or not medical advice has been sought or a diagnosis reached.

Ms B answered 'No' to both of these questions.

She's explained that she didn't consider herself to have a pre-existing condition at the point of applying in January 2020 because she was no longer suffering from the condition. However, the question doesn't specify that the condition must be active or chronic.

I consider the questions to be clear. They don't invite an applicant to apply their own discretion to interpret them in a particular way. She'd had a diagnosis of, and treatment for, postural kyphosis less than a year before buying the policy. So, she should have answered 'Yes' to question 1.

Ms B has pointed out that she hasn't required any treatment between 2020 and 2024. She doesn't have a bad back now and her claim for physiotherapy sessions in September 2024 was due to her wish to maintain muscle strength as a preventative measure. After Cigna had applied the exclusion for neck and back conditions, in December 2024 Ms B sent in two further, up to date, medical reports from the original treating doctor. From her point of view, she feels she has demonstrated that there are no ongoing issues relating to the earlier diagnosis.

Cigna's position is that the report dated 4 December 2024 doesn't provide any information about the treatment received in 2019 or what the outcome of the treatment was (bearing in mind that the report from March 2019 included a recommendation of ongoing physiotherapy for back pain). Then, the report dated 18 December 2024 states that she was not currently experiencing any symptoms, which Cigna considers to be irrelevant in terms of whether or not the exclusion should be removed.

As has been explained to Ms B, we are not medical professionals at this service. The question for me is whether Cigna has reasonably applied the policy exclusion based on its assessment of the available evidence.

Ms B was diagnosed with postural kyphosis in 2017. It was still present in 2019 when she received further treatment. The information from 2019 suggests that the matter hasn't fully resolved because there's a recommendation that she have ongoing physiotherapy for back pain. Without information to confirm that the condition had fully resolved at the end of treatment in 2019, I consider it reasonable for Cigna to conclude that the condition was likely pre-existing in January 2020 when the policy was purchased. Had she disclosed it at that time, the exclusion would likely have been applied then.

Although Ms B says she hasn't experienced any symptoms since 2019, that on its own is not enough to conclude that the claim in 2024, or any future claims, are unrelated to her previous diagnosis. Ms B's own comments that the requested physiotherapy in 2024 was a preventative measure might suggest that there was a relationship between that and the postural kyphosis.

Cigna has said that, for it to think about removing the exclusion, Ms B would need to provide medical evidence that her symptoms (or reason she was requesting treatment) in 2024 were not related to her previous diagnoses, or that the condition was completely resolved in 2019 with no need for further treatment. On balance, I again consider this to be reasonable.

I've thought very carefully about what Ms B has said and appreciate the strength of her feeling about this matter. However, on balance, I'm satisfied that Cigna has acted

reasonably in applying an exclusion for neck and back conditions due to Ms B having a pre-existing condition. It follows that I do not uphold the complaint.

My final decision

For the reasons set out above, I do not uphold the complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms B to accept or reject my decision before 28 July 2025.

Carole Clark
Ombudsman