

Critical Illness

Your Guide to Critical Illness Definitions

This section is intended to give you an explanation of all the critical illnesses covered by your Critical Health Protector Plan. As these relate to medical conditions, they have to be defined in medical terms in your certificate. Some definitions therefore may not be too easy to understand.

We hope that the explanations, which follow, will help you to appreciate the relevance of the terms used, and that as a result, you have a better understanding of your cover. However, the explanations are not the technical description of the conditions and it is the certificate that will be used to determine if a claim is valid.

Alzheimer's Disease before the age of 65

Means the unequivocal diagnosis of Alzheimer's disease before the age of 65 by a consultant neurologist confirming dementia due to failure of brain function with permanent, significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment is defined as deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing, and which results in a requirement for continued supervision to protect your life or others.

The actual cause of Alzheimer's disease is unknown but is a progressive disease causing degeneration of the brain. The first symptoms are failing memory followed by a general decline in other areas of mental ability. Aspects that are permanently affected include memory, personality and cognition. Cognition is a description for the mental process by which a person acquires knowledge.

A claim will be paid once a neurologist has made a definite diagnosis and there is evidence that confirms the deterioration in mental ability.

Aorta Graft Surgery

Undergoing surgery for disease of the aorta needing excision and surgical replacement of the portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

The aorta is the main vessel which takes blood from the heart to supply other parts of the body. This vessel can become weakened and where the wall of the artery is thin it balloons outward in a condition known as an aneurysm. The aorta can also become blocked due to a build-up of fatty material. If either of these conditions is diagnosed and requires treatment by surgery involving the removal and replacement of the affected part with a graft, a claim will be paid under your plan.

Benign Brain Tumour

A non-malignant tumour in the brain resulting in permanent deficit to the neurological system. Tumours or lesions in the pituitary gland are not covered.

This is an abnormal growth of tissue in the brain which is not malignant and does not spread to other parts of the body. It is therefore said to be benign. However it can still be a serious condition which causes neurological problems by putting pressure on the adjoining area of the brain as it grows. It may lead to some permanent damage. The pituitary gland, although situated close to the brain, is a separate organ and therefore tumours originating in it are not covered.

Blindness

Total permanent and irreversible loss of all sight in both eyes.

It should be noted that the definition requires the loss of sight in both eyes on a permanent basis. As with paralysis, blindness may occur on a temporary basis in certain conditions and it is not covered. It may also take some time to establish the permanency of the blindness.

Cancer

A malignant tumour characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term cancer includes leukaemia and Hodgkin's disease, but the following are excluded.

- A All tumours which are histologically described as pre-malignant, as non-invasive or as cancer in situ.*
- B All forms of lymphoma in the presence of any Human Immunodeficiency Virus.*
- C Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.*
- D Any skin cancer other than malignant melanoma.*

Cancer is the term used to describe all types of malignant tumour. A tumour is a growth whose size increases in an uncontrolled way. The tumour invades surrounding health tissue, destroying it and often affecting the function of the organ in which it develops. For example, a tumour in the lung may block the airways and cause severe difficulty in breathing.

In time, cells break away from the original site and spread to other distant parts of the body where a new tumour can begin to grow. Also included in the definition of cancer is leukaemia, a malignant disease that destroys white blood cells.

A few types of cancer can be treated quite easily and there is full recovery. Such a cancer is described as pre-malignant, as non-invasive or as cancer in situ which means that the tumour has not spread to surrounding healthy tissue and is in its early stages. A similar situation applies to skin cancers, which are usually easily treated and are not life threatening. These cancers are therefore not covered by the plan. The exception to skin cancers is a malignant melanoma. If, at the time of diagnosis, the melanoma has penetrated through the outer layer of skin and is therefore said to be invasive, a claim will be paid. Cancers such as lymphoma and Kaposi's sarcoma, which are directly related to infection with HIV, are excluded from this cover.

Coma

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems for a period of at least 96 hours and resulting in permanent neurological deficit. Coma secondary to alcohol or drug misuse is not covered.

When the brain has been damaged in some way, possibly as a result of head injury or a tumour, coma may occur. In this condition a person is in a state of deep unconsciousness and is unlikely to have any control over the functioning of their body. They cannot be roused and do not respond to physical stimuli. Where the condition persists for a lengthy period, i.e. at least 96 hours, full recovery is unusual and if there is any recovery at all, it is usually accompanied by some permanent damage to the nervous system. Where the coma is induced by the abuse of drugs or alcohol, the benefit will not be paid.

Coronary artery by pass surgery

The undergoing of open heart surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts but excluding balloon angioplasty, laser relief or any other procedures.

It is possible that one or more of the major blood vessels taking blood to the heart (the coronary arteries) may become blocked or narrowed, usually due to a build-up of fatty material. This reduced blood supply puts a strain on the heart which can be relieved by an operation which by-passes the area of the artery that is affected. This is a major operation and is therefore covered by the plan.

Deafness

Total permanent and irreversible loss of all hearing in both ears.

Benefit will be paid when total and permanent deafness occurs in both ears. Partial or temporary deafness is not covered.

Heart attack

The death of a portion of the heart muscle as a result of inadequate blood supply as evidenced by an episode of typical chest pain, new electrocardiograph changes and by the elevation of cardiac enzyme levels. The evidence must be consistent with the diagnosis of heart attack.

A heart attack occurs when the blood supply to part of the heart muscle is blocked or restricted. As a result of this interruption to the supply, the part of the muscle affected dies. The medical term for a heart attack is a "myocardial infarction".

When a heart attack is suspected, the doctor will perform certain tests to confirm the diagnosis. These include checking the heart with an ECG (Electrocardiographic) machine which records electrical impulses within the heart. Following a heart attack, these impulses show characteristic changes typical of the condition. Also a blood test will reveal an increase in the level of specific enzymes (proteins within the blood) which occurs following a heart attack. The condition is accompanied by an attack of severe chest pain which is another symptom. However, there can also be a temporary reduction in the blood supply which causes a similar episode of chest pain but which does not result in the death of a portion of the heart muscle. This condition is known as angina. Because there is no death of the heart muscle, it is not a condition covered under this plan.

Heart Valve Replacement or Repair

Undergoing open-heart surgery from medical necessity to replace or repair one or more heart valves.

The heart contains a number of valves which control the flow of blood between its four chambers. Sometimes these become damaged and fail to operate properly. As a result, blood may leak back through the valve (incompetence) or it may fail to open properly (stenosis) and restrict the blood flow. In a number of situations the treatment requires open-heart surgery to repair or replace the valve. If such surgery is required a claim will be paid. Treatments which do not involve open-heart surgery are not covered.

Kidney failure

End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is initiated.

The kidneys remove waste products from the blood and if both cease to function, treatment is urgently required. When both kidneys fail irreversibly the term "end stage renal failure" is used. At this time treatment is required to prevent the build-up of waste products in the blood which is life-threatening. The treatment will involve either the use of a dialysis machine which acts as an artificial kidney, or a kidney (renal) transplant is undertaken. In either case the condition is covered under this plan.

Loss of Independent Existence

Being permanently and totally disabled as a result of injury or illness and being totally and permanently incapable of performing three or more of the activities defined below without physical assistance of another person or with or without the use of mechanical equipment, special devices or other aids and adaptations in use for the disabled person.

The activities of daily living are:

A Washing and bathing – the ability, by any means to wash so that a reasonable level of personal hygiene and cleanliness can be maintained;

B Dressing – the ability to put on or take off all necessary items of clothing or medically required equipment such as a brace or artificial limb;

C Using the toilet – the ability to get on or off the toilet or commode and to maintain an adequate level of personal hygiene;

D Mobility and transfer – the ability to move from one room to another adjoining room or from one side of the room to another or to get in and out of a bed or chair;

E Feeding – ability to feed yourself once food has been prepared and made available

F Continence – the ability to either control voluntarily bowel and bladder functions, or to maintain an adequate level of personal hygiene.

The benefit becomes payable if you are permanently incapable of performing three of the specified activities of daily living without the assistance of another person or special devices etc. It should be noted that your inability to engage in these activities should be considered permanent.

Loss of Limbs

The permanent physical severance of two or more limbs from above the elbow or knee.

Benefit will be paid where the loss of the limbs results either from an accident or from any other condition where an amputation proves necessary.

Loss of Speech

Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.

The loss of speech may result from physical damage to the vocal cords or as a result of them becoming diseased. It may take some time to establish that the speech loss is permanent.

Major Organ transplant

The actual undergoing as a recipient of, or inclusion on an official UK waiting list for, a transplant of a heart, liver, lung, pancreas or bone marrow.

For any number of reasons, usually as a result of disease, the organs listed in the definition may cease to function adequately to maintain life. If it is determined that the only form of treatment is the transplant of a new organ the benefit will be paid as soon as you are added to an official UK waiting list for such a transplant. You will not have to wait until the transplant is completed.

Motor Neurone Disease before age 65

Confirmation by a consultant neurologist of a definite diagnosis of Motor Neurone disease before age 65.

Our ability to move is controlled by nerve cells in the brain and spine known as Motor Neurones. This disease leads to the progressive degeneration of these cells and thus our ability to control movement. The diagnosis must be made by a consultant neurologist who will be familiar with this condition.

Multiple Sclerosis

A definite diagnosis by a consultant neurologist of multiple sclerosis which satisfies all of the following criteria.

A There must be current impairment of motor or sensory function which must have persisted for a continuous period of at least six months

B The diagnosis must be confirmed by diagnostic techniques current at time of the claim.

The nerve fibres which are contained within the brain and spinal cord and carry messages to the rest of the body are covered in a protective coating. Multiple Sclerosis is a progressive disease which attacks and destroys this protective covering and thus prevents the nerve fibres operating properly. In due course this can lead to blurred vision and increasing weakness and paralysis.

Multiple Sclerosis is a difficult condition to diagnose in its early stages as symptoms can vary depending on the nerve fibres which are involved. It may take some time to reach the diagnosis and this is often done only after all other conditions have been eliminated. The diagnosis therefore needs to be made by a specialist physician such as a consultant neurologist who is familiar with the typical neurological symptoms.

In order for benefit to be paid you will have been suffering from a degree of impairment such as difficulty in walking or blurred vision for a period of at least six months. The diagnosis must also be confirmed by investigations using techniques current at the time. These may include techniques such as image scanning (this involves the use of computers and xrays to produce images of the body). Following the conclusive diagnosis of the condition by a consultant neurologist, the benefit will be paid.

Paralysis/Paraplegia

Total irreversible loss of muscle function or sensation to the whole of any two limbs as a result of injury or disease. The disability must be permanent and supported by appropriate neurological evidence.

If, as a result of injury or disease, two limbs cease to function, i.e. become paralysed, you may claim for benefit. However occasionally paralysis may be of a temporary nature and does not lead to any permanent or long-term disability. The purpose of the benefit is intended to alleviate the problems of long-term disability and therefore temporary paralysis is not covered under this plan. A claim will be paid once the permanent nature of the paralysis has been established.

Parkinson's Disease before age 65

Confirmation by a consultant neurologist of a definite diagnosis of Parkinson's disease before age 65. Parkinson's disease secondary to alcohol or drug misuse is not covered.

A progressive degenerative disorder of the brain, which affects the central nervous system. This is characterised by uncontrollable shuffling, tremors in the limbs, slow movement, rigid facial expression and unstable gait. The progression of the disease is slow and there is no known cure.

When a definite diagnosis has been made the benefit will be paid.

If the condition results from the misuse of alcohol or drugs benefit will not be paid.

Stroke

A cerebrovascular incident resulting in permanent neurological damage. Transient ischaemic attacks are specifically excluded.

A stroke occurs when the blood supply to the brain is interrupted by a blood clot, which causes the blockage of a blood vessel, or if a blood vessel in the brain bleeds (a haemorrhage). If the incident results in permanent damage to the nervous system with symptoms such as blurred vision, speech difficulties or a degree of paralysis, the benefit will be paid.

However, some strokes, known as Transient Ischaemic Attacks, are less severe and are of a temporary nature. They often last less than 24 hours and do not leave any permanent damage. Such attacks are therefore not covered by your plan.

Terminal Illness

Advanced or rapidly progressive incurable illness where, in the opinion of an attending consultant and our Chief Medical Officer, the life expectancy is no greater than 12 months.

If there is a consensus between the insurer's Chief Medical Officer and the consultant responsible for treatment, that you are suffering from a terminal illness which is very likely to lead to death within 12 months, the benefit will be paid immediately. This section is intended to pay a benefit which is not specifically provided for under one of the other conditions such as cancer.

It should be noted that the term "Terminal Illness" is intended to cover any critical illness which will lead to death within twelve months and which is not already covered specifically under the plan, e.g. cancer. Also, the exclusion periods which apply to this benefit do not apply to any of the other critical illnesses.

Third Degree Burns

Third degree burns covering at least 20% of the surface area of your body.

Burns are defined in terms of "degrees" depending on their severity. First-degree burns affect only the surface layer of the skin while second-degree burns damage several layers. Third-degree burns are the most severe and occur when the burns penetrate the entire depth of the skin and can injure fat and muscle. Where third-degree burns are suffered and they cover at least 20% of the body's surface area a claim will be paid.