

Critical Illness Insured Conditions Definitions

Conditions Covered:

- Cancer
- Coronary Artery Bypass Surgery
- Heart Attack
- Stroke
- Alzheimers Disease
- Blindness
- Coma
- Deafness
- Renal (Kidney) Failure
- Loss of Speech
- Major Organ Transplant
- Multiple Sclerosis
- Paralysis
- Parkinsons Disease
- Severe Burns



Cancer

Definition:

The Diagnosis by a Doctor that the Insured has a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not excluded under the following provisions:

Cancer exclusions:

The following forms of cancer or conditions are excluded from coverage under this Insured Condition definition:

- (a) Stage A prostate cancer;
- (b) Non-invasive cancer in situ;
- (c) Pre-malignant lesions, benign tumours or polyps;
- (d) Any tumour in the presence of any human immunodeficiency virus (HIV);
- (e) Any skin cancer other than invasive malignant melanoma into the dermis or deeper.

Cancer Exclusion and Policy Termination:

There shall be no coverage under the Insured Condition of Cancer if any Diagnosis of Cancer, or any investigation leading to the Diagnosis of Cancer was initiated by any symptom or medical problem of the Insured that commenced prior to the 91st day following the commencement of the Insured's coverage under this Benefit provision. In the event of any Diagnosis based on such a symptom or medical problem, the policy is terminated and our sole liability shall be limited to a refund of the premium due and paid with respect to the Insured since the commencement of his/her coverage.

Interpretation:

There are many minor or early stage cancers that are easily curable and are not covered (these are listed in the exclusions). Note: All leukemia is covered.

Coronary Artery Bypass Surgery

Definition:

Shall mean that the Insured undergoes Surgery on the written advice of a Doctor, who is a certified Cardiologist, to correct the narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, and other intra-arterial procedures.

Interpretation:

Only coronary artery bypass surgery is covered under this definition. The use of other techniques to clear the obstruction from inside the coronary artery, such as balloon angioplasty, is not covered. Emergency bypass operations performed outside Canada without the recommendation of a Canadian registered cardiologist may be considered upon review of the hospital records. Single and multiple bypass grafts are covered.

Heart Attack

Definition:

The Diagnosis by a Doctor of the death of a portion of heart muscle, resulting from a blockage of one or more coronary arteries. The Diagnosis must be based on both of: (a) new electrocardiographic (ECG) changes consistent with heart attack, and (b) elevation of cardiac enzymes.

Interpretation:

Chest pain usually occurs with a heart attack but is not necessarily present. Damage to the heart muscle will cause changes in the ECG and elevation of cardiac (heart) enzymes. There must be a definite event with medical evidence to support the Diagnosis. The chance finding of ECG changes suggestive of a previous heart attack is not covered.

Stroke

Definition:

The Diagnosis by a Doctor of a cerebrovascular incident, excluding any transient ischemic attack (TIA), which was caused by haemorrhage, or by infarction of the brain tissue due to thrombosis or embolization. To qualify for this Insured Condition, the Diagnosis must also be supported by medical evidence that your Stroke produced measurable neurological deficit, which has persisted for at least 30 consecutive days and is deemed to be permanent.

Interpretation:

The stroke may be caused by any vascular accident-haemorrhage (bleeding into the brain), thrombosis (blood clotting in a brain artery) or embolus (usually a clot from elsewhere in the body, carried in the bloodstream and blocking a brain artery). Strokes usually cause permanent brain damage which may improve considerably over time. TIAs are not covered.

Alzheimers Disease

Definition:

The Diagnosis by a Doctor, who is either a certified Neurologist or a certified Psychiatrist, that the Insured has Alzheimers Disease, which is a progressive degenerative disease of the brain. The Diagnosis must also be supported by medical evidence that the Insured exhibits the loss of intellectual capacity resulting in impairment of his/her memory and judgement, which results in a significant reduction in his/her mental and social functioning, such that requires permanent daily personal supervision for the activities of daily living. All other dementing organic brain disorders and psychiatric illnesses are excluded from this Insured Condition definition.

Interpretation:

Alzheimers Disease is the most common progressive and irreversible, degenerative disease of the brain that causes dementia in the affected person. Dementia is a progressive deterioration in mental, abilities that may become so severe that it significantly interferes with the persons ability to perform normal daily social and occupational activities. In Alzheimers Disease, certain nerve cells in the brain progressively deteriorate and die, so that the brain cannot function normally. Currently, there is no cure. The Insured will be eligible to claim for this condition if he or she is specifically diagnosed with Alzheimers disease and meet the other requirements in the definition, but will not be eligible to claim for dementing disorders caused by other brain diseases, psychiatric illnesses, or substance abuse.

Blindness

Definition:

The Diagnosis by a Doctor, who is a certified Ophthalmologist, of the permanent and uncorrectable loss of sight in each of the Insured's eyes. The Insured's corrected visual acuity must either be worse than 20/200 in both eyes, or the field of vision must be less than 20 degrees in both eyes.

Interpretation:

Blindness is covered regardless of the cause. The loss of vision to a corrected visual acuity of 20/200 or less in both eyes prevents most persons from performing their normal work. The blindness must be permanent and be confirmed by an Ophthalmologist practicing in Canada.

Coma

Definition:

The Diagnosis by a Doctor, who is a certified Neurologist, that the Insured is in a state of unconsciousness from which he or she cannot be aroused and in which external stimulation will produce no more than primitive avoidance reflexes. To qualify for this Insured Condition, the Diagnosis must also be supported by medical evidence that such a state of unconsciousness has persisted continuously for a period of at least 96 hours.

Interpretation:

A coma is a state of unconsciousness from which the Insured cannot be aroused. External stimulation only produces primitive avoidance reflexes. To qualify, this state must have persisted continuously for at least 96 hours. The benefit will be paid 30 days after the diagnosis has been made. To qualify for this Insured Condition, the Insured must be in a very deep Coma which persists continuously for at least 96 hours. Less severe alterations in consciousness will not be covered.

Deafness

Definition:

The Diagnosis by a Doctor, who is a certified Otolaryngologist, of the permanent loss of hearing in both of the Insured's ears, with an auditory threshold or more than 90 decibels in each ear.

Interpretation:

Deafness is covered regardless of the cause.

Renal (Kidney) Failure

Definition:

The Diagnosis by a Doctor of chronic irreversible failure of both of the Insured's kidneys (end stage renal disease), which requires the Insured to be undergoing regular dialysis.

Interpretation:

Chronic, irreversible kidney failure that requires regular dialysis is covered. The regular dialysis requirement is reasonable as chronic kidney failure patients require dialysis for the rest of their lives.

Loss of Speech

Definition:

The Diagnosis by a Doctor, who is certified in a medically appropriate specialty for this Insured Condition, of the total, permanent and irreversible loss of the ability to speak, as a result of physical injury or physical disease. To qualify for this Insured Condition, the Diagnosis must also be supported by medical evidence that such loss of speech has persisted for a period of 365 consecutive days. The Waiting Period for this Insured Condition is 365 days.

Interpretation:

To qualify the Insured must have permanent, irreversible loss of speech as a result of injury or disease. This condition must have persisted for 365 days.

Major Organ Transplant

Definition:

Under this Insured Condition, the insured must be suffering the irreversible failure of one or more of the liver, bone marrow, both lungs, both kidneys or entire heart, and "Transplantation" must be medically necessary. "Transplantation" shall mean the placement into the Insured's body, by Surgery, of at least one entire such organ, or bone marrow, from a donor suitable under generally accepted medical guidelines. To qualify under the Major Organ Transplant Insured Condition, you must either:

- (a) undergo Surgery, as the recipient, for Transplantation of one or more of the organs or bone marrow as specified in this provision, or
- (b) become enrolled in a recognized organ or bone marrow transplant program, in Canada, for one or more of the organs or bone marrow as specified in this provision. The Insured's enrollment in such a program must be based on a Diagnosis of such failure and recommendation by a Doctor who is certified in a specialty which is medically appropriate for the related transplant. For the purposes of the Qualifying Period, in this section the effective date of "Diagnosis" shall be the date that his/her enrollment in such a transplant program takes effect. The Qualifying Period shall be 30 consecutive days immediately following such date of enrollment.

Interpretation:

All of these major transplants are for the life threatening failure of that organ. Bone marrow transplants where the patient's own bone marrow is extracted and later re-infused into the patient is also covered.

Multiple Sclerosis

Definition:

An unequivocal Diagnosis by a Doctor, who is a certified Neurologist, that the Insured has Multiple Sclerosis. The Diagnosis must be based on at least two episodes of well defined neurological abnormalities, with objective evidence of lesions at more than one site within the central nervous system, and must also be supported by modern investigative techniques.

Interpretation:

Multiple Sclerosis is a slowly progressive brain and spinal cord disease resulting in multiple and varied neurological symptoms and signs. It usually runs in an intermittent course of relapses and remissions. It may be difficult to diagnose or distinguish from other diseases in its early stages. The Qualifying Period for this insured condition is 180 days.

Paralysis

Definition:

The Diagnosis by a Doctor of the complete and permanent loss of functional use of two or more of the Insured's limbs, as a result of physical paralysis. To qualify for this Insured Condition, the Diagnosis must also be supported by medical evidence that such paralysis has persisted for 180 consecutive days. The Qualifying Period for this Insured Condition is 180 days.

Interpretation:

Any permanent type of paralysis of two limbs or more (including paraplegia or quadriplegia) whether it is caused by accident, illness or disease is covered. Accident is the most frequent cause. It may take some time after the accident or illness to determine the full extent of recovery and this may be hampered by other injuries sustained in an accident. A qualifying period of 180 days is reasonable in order to determine that the paralysis is not temporary or incomplete. There may be instances when it is clear at a much earlier stage and the 180-day waiting period may be waived at the discretion of the insurance company.

Parkinsons Disease

Definition:

The Diagnosis by a Doctor, who is a certified Neurologist, that the Insured has primary idiopathic Parkinsons Disease which is characterized by two or more of the following clinical manifestations:

- (a) tremor;
- (b) muscle rigidity;
- (c) akinesia.

All other types of Parkinsonism are excluded from this Insured Condition definition.

Interpretation:

Parkinsons disease is a progressive, degenerative disorder of the brain that affects the ability to move freely. The main symptoms are tremor, slowed movement and muscle rigidity. Some or all of these may develop. Currently there is no cure. The Insured will only be eligible to claim for this condition if he or she is diagnosed with primary Parkinsons disease, and not if the symptoms, known as Parkinsonism, are caused by drugs, toxic chemicals, injuries or other degenerative disorders. The Insured will have to have at least two of the three symptom groups - tremor, slowed movement and muscle rigidity.

Severe Burns

Definition:

The Diagnosis by a Doctor, who is a certified Plastic Surgeon, that the Insured has sustained third degree burns covering at least 20 percent of the surface area of his or her body.

Interpretation:

The Insured has third degree burns covering at least 20 percent of the body. A third degree burn involves the full thickness of the skin and not just the superficial layers.



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Any illness or disorder not specifically defined under Insured Conditions shall not be insured under these Critical Illness provisions and no Critical Illness benefit shall be payable. Payment is limited to only the first insured condition to occur as defined in these provisions.

Canada Life reserves the right to require examination of the Insured and confirmation of the Diagnosis of an Insured Condition by a medical practitioner appointed by the company.