



Sanlam Employee Benefits

Severe Illness Insurance

Layman's terms for claim events
for the Impact range

Insurance

Financial Planning

Retirement

Investments

Wealth

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Layman's terms for the Impact range of Severe Illness insurance

The layman's terms are intended only to give a better understanding of the claim events for Sanlam Group Risk's Impact range of Severe Illness insurance. They are not to be used in the legal interpretation of the claim events. The definitions of the claim events as described in the policy are the only contractual definitions applicable. Note that a claim will only be considered if the insured employee meets the contractual claim event definition for the particular claim event in the policy and as such, medical evidence will be required by Sanlam Group Risk where applicable.

Sanlam's Impact range of Severe Illness insurance to which these layman's terms apply are the following:

- ④ Benefit that covers only the "Cancers, leukaemias, lymphomas and tumours" claim category:
 - **Cancer** (*lump sum benefit*)
- ④ Benefit that covers only the "Cardiovascular conditions: heart, blood vessels and stroke" claim category:
 - **Cardiovascular** (*lump sum benefit*)
- ④ Benefit that covers all claim categories:
 - **Comprehensive Severe Illness** (*lump sum benefit*)

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Cancers, leukaemias, lymphomas and tumours

Pancreatic cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the pancreas.

The pancreas is a gland located behind the stomach and in front of the spine. It secretes hormones, including insulin and digestive enzymes.

Oesophageal cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the oesophagus.

Stomach cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the stomach.

Lung cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts primarily in the lungs.

Liver or bile duct cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the liver or bile duct.

The bile duct system is made up of a series of tubes that begins in the liver and ends in the small intestine.

Mesothelioma stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that originates from mesothelial cells.

Mesothelial cells are a thin layer of cells that forms a protective lining or cover around many of the internal organs, e.g. around the lungs, abdomen or heart.

Tongue or hypopharyngeal cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the tongue or hypopharynx.

The hypopharynx is the bottom part of the pharynx (throat).

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Retroperitoneal, omental or mesenteric cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the retroperitoneal space, omentum or mesentery.

The retroperitoneal space is found deep inside the abdominal cavity and contains the kidneys, pancreas, bladder and big blood vessels.

The omentum is a double layer of fatty membranes in the lower abdomen that covers and keeps the organs and intestines in place.

The mesentery is a double layer of membranes that covers the organs of the abdominal cavity.

Acute lymphoblastic leukaemia

Confirmed diagnosis of adult acute lymphocytic leukaemia (ALL) (a cancer of immature lymphoid cells).

Acute myeloblastic leukaemia

Confirmed diagnosis of acute myeloid leukaemia (AML) (a type of cancer in which the bone marrow makes abnormal myeloblasts (a type of white blood cell), red blood cells, or platelets).

Basal cell skin carcinoma or squamous cell skin carcinoma (stage I or II) having undergone a skin graft or skin flap

Confirmed diagnosis of stage I or II cancer of the basal cells (found in the deeper layers of the skin) or squamous cells (found at the surface of the skin) having undergone an operation where healthy skin is transplanted to the area (skin graft or skin flap).

Bone marrow transplant

The undergoing of a bone marrow transplant after complete bone marrow ablation (destruction with radio- or chemotherapy) as confirmed by a specialist. The required medical evidence must be provided.

Brain tumour (Grade II on WHO classification)

Confirmed diagnosis of brain cancer at World Health Organisation (WHO) Grade II, with or without permanent brain damage.

Brain tumour (Grade III or IV on WHO classification)

Confirmed diagnosis of brain cancer at World Health Organisation (WHO) Grade III or IV.

Carcinoid syndrome

Confirmed diagnosis of carcinoid syndrome.

Carcinoid syndrome occurs when a carcinoid tumour secretes certain chemicals into the bloodstream. This causes a variety of signs and symptoms. A carcinoid tumour is a type of neuroendocrine tumour that begins in the gastrointestinal tract (stomach, intestines) or lungs.

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Carcinoid syndrome with evidence of liver metastasis of atypical carcinoid tumour

Confirmed diagnosis of carcinoid syndrome with evidence of spread of carcinoid tumour to liver. Carcinoid syndrome occurs when a carcinoid tumour secretes certain chemicals into the bloodstream. This causes a variety of signs and symptoms. A carcinoid tumour is a type of neuroendocrine tumour that begins in the gastrointestinal tract (stomach, intestines) or lungs.

Chronic lymphocytic leukaemia (stage 0 or I on the Rai classification system)

Confirmed diagnosis of chronic lymphocytic leukaemia (a cancer of a certain type of white blood cells called lymphocytes) that is in the early stages and diagnosed at Rai stage 0 or I.

Chronic lymphocytic leukaemia (stage II on the Rai classification system)

Confirmed diagnosis of chronic lymphocytic leukaemia (a cancer of a certain type of white blood cells called lymphocytes), where the cancer is more advanced and diagnosed at Rai stage II.

Chronic lymphocytic leukaemia (stage III on the Rai classification system)

Confirmed diagnosis of chronic lymphocytic leukaemia (a cancer of a certain type of white blood cells called lymphocytes) where the cancer is moderately advanced and diagnosed at Rai stage III.

Chronic lymphocytic leukaemia (stage IV on the Rai classification system)

Confirmed diagnosis of chronic lymphocytic leukaemia (a cancer of a certain type of white blood cells called lymphocytes) where the cancer is severely advanced and diagnosed at Rai stage IV.

Chronic myeloid leukaemia (no bone marrow transplant)

Confirmed diagnosis of chronic myeloid leukaemia (CML) (a cancer involving an overproduction of mature white blood cells) which does not require a bone marrow transplant.

Chronic myeloid leukaemia (with bone marrow transplant)

Confirmed diagnosis by a specialist of chronic myeloid leukaemia (CML) (a cancer involving an overproduction of mature white blood cells) which requires a bone marrow transplant.

Hairy cell leukaemia

Confirmed diagnosis of hairy cell leukaemia (a slow-growing cancer of the blood in which the bone marrow makes too many B cells (lymphocytes), a type of white blood cell that fights infection).

Hodgkin's or non-Hodgkin's lymphoma (stage I on Ann Arbor classification system)

Confirmed diagnosis of Hodgkin's or non-Hodgkin's lymphoma (cancer of the lymphatic system, which is a network of organs, ducts and nodes that helps the body to get rid of toxins and waste products) where the cancer has not spread and is diagnosed at Ann Arbor stage I.

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Hodgkin's or non-Hodgkin's lymphoma (stage II on Ann Arbor classification system)

Confirmed diagnosis of Hodgkin's or non-Hodgkin's lymphoma (cancer of the lymphatic system, which is a network of organs, ducts and nodes that helps the body to get rid of toxins and waste products) where the cancer has started to spread and is diagnosed at Ann Arbor stage II.

Hodgkin's or non-Hodgkin's lymphoma (stage III or IV on Ann Arbor classification system)

Confirmed diagnosis of Hodgkin's or non-Hodgkin's lymphoma (cancer of the lymphatic system, which is a network of organs, ducts and nodes that helps the body to get rid of toxins and waste products) where the cancer has spread extensively and is diagnosed at Ann Arbor stage III or IV.

Malignant melanoma with invasion beyond the epidermis or T1N0M0

Confirmed diagnosis of a malignant melanoma where the cancer has invaded the skin and the size of the tumour is less than a certain size and has not spread and is classified as T1N0M0.

Malignant melanoma is a type of skin cancer that develops from the pigmented cell types in the skin.

Malignant melanoma stage II

Confirmed diagnosis by an oncologist of a malignant melanoma where the cancer has invaded the skin and is classified as per the size of tumour (T2b-T4N0M0) with or without ulceration, but has not spread beyond the skin.

Malignant melanoma is a type of skin cancer that develops from the pigmented cell types in the skin.

Malignant melanoma stage III or IV

Confirmed diagnosis by an oncologist of a malignant melanoma where the cancer has invaded the skin and has spread to lymph glands in the area and distant of the tumour.

Malignant melanoma is a type of skin cancer that develops from the pigmented cell types in the skin.

Multiple myeloma (stage I or II on the Durie-Salmon scale)

Confirmed diagnosis of multiple myeloma at stage I or II on the Durie-Salmon (DS) scale.

Multiple myeloma is a cancer of abnormal plasma cells. These plasma cells are found in bone marrow and are a part of the body's immune system, making antibodies which fight and kill germs. When they grow out of control, they form a lump or growth in the bone marrow.

Multiple myeloma (stage III on the Durie-Salmon scale)

Confirmed diagnosis of multiple myeloma at stage III on the Durie-Salmon (DS) scale.

Multiple myeloma is a cancer of abnormal plasma cells. These plasma cells are found in bone marrow and are a part of the body's immune system, making antibodies which fight and kill germs. When they grow out of control, they form a lump or growth in the bone marrow.

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Myelodysplastic syndrome

Confirmed diagnosis of myelodysplastic syndrome (a collection of conditions in which immature blood cells in the bone marrow do not mature or become healthy blood cells).

Prostate cancer – T1a-c NOMO, Gleason score 2-6

Confirmed diagnosis of prostate cancer where the cancer is very early and diagnosed at stage I or II, T1a-c NOMO, Gleason score 2-6.

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

Prostate cancer – T1a-c NOMO, Gleason score ≥ 7

Confirmed diagnosis of prostate cancer where the cancer is early and diagnosed at stage II, T1a-c NOMO, Gleason score ≥ 7 .

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

Prostate cancer – T2NOMO, Gleason score 2-6

Confirmed diagnosis of prostate cancer at stage II, T2NOMO, Gleason score 2-6.

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

Prostate cancer – T2NOMO, Gleason score ≥ 7

Confirmed diagnosis of prostate cancer where the cancer is advanced and diagnosed at stage II, T2NOMO, Gleason score ≥ 7 .

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

Prostate cancer – T3NOMO, Gleason score 2-6

Confirmed diagnosis of prostate cancer at stage III, T3NOMO, Gleason score 2-6.

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

Prostate cancer – T3NOMO, Gleason score ≥ 7

Confirmed diagnosis of prostate cancer where the cancer is advanced and diagnosed at stage III, T3NOMO, Gleason score ≥ 7 .

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

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Prostate cancer stage IV

Confirmed diagnosis of stage IV prostate cancer, with or without regional extension into lymph nodes or spread to other organs.

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

Any non-melanoma skin cancer stage III

Confirmed diagnosis of non-melanoma skin cancer diagnosed at stage III. Non-melanoma refers to all other types of skin cancer other than cancers that develop from the pigmented cells.

Stage III cancer (regional spread) is when the cancer has spread within the general region in which it first began and into the lymph nodes, but not to other parts of the body.

Any non-melanoma skin cancer stage IV

Confirmed diagnosis of non-melanoma skin cancer that has advanced to stage IV. Non-melanoma refers to all other types of skin cancer other than cancers that develop from the pigmented cells.

Stage IV cancer (distant spread) is when cancer cells have spread to other (distant) parts of the body and formed new colonies there.

Benign brain tumour treated surgically

Confirmed diagnosis of a benign or non-cancerous brain tumour that is treated by a brain surgeon using stereotactic brain ablation (SRS) (a non-surgical radiation therapy used to treat small brain tumours), stimulation, implantation or radiosurgery.

Recurrent or inoperable benign brain tumour showing symptoms

A benign (non-cancerous) brain tumour which comes back after optimal medical or surgical treatment or which is inoperable and shows signs of progression. There must be signs and symptoms and evidence that the tumour has returned or is inoperable, confirmed by a specialist brain surgeon.

Recurrent or inoperable benign brain tumour showing symptoms

A benign (non-cancerous) brain tumour which comes back after optimal medical or surgical treatment or which is inoperable and shows signs of progression. There must be signs and symptoms and evidence that the tumour has returned or is inoperable, confirmed by a specialist brain surgeon

Brain abscess having undergone surgical drainage *(continued on next page)*

Confirmed diagnosis by a specialist brain surgeon of a brain abscess (a localised collection of pus in the brain caused by an infection) caused by bacteria or fungi and where treatment includes surgical drainage (draining of pus) or intravenous (medication) antimicrobial therapy.

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Brain abscess having undergone surgical drainage *(continued from previous)*

Brain abscesses are fairly uncommon. They can result from an infection that spreads from somewhere else in the head (such as a tooth, the nose, or an ear) or that spreads from another part of the body through the bloodstream to the brain.

Pituitary tumour with surgical resection

The confirmed diagnoses of any growth or lump in the pituitary gland that has been removed during an operation by a brain surgeon as a result of one of the following:

- 1) Failure to suppress excessive hormone production by medication;
- 2) Signs of raised intracranial pressure; 3) Continued growth of the tumour over time.

The pituitary gland is small and sits on the underside of the brain. It produces and controls the release of hormones into the body. Most times a growth or lump in the pituitary gland (a pituitary tumor) is not a cancer, and is sometimes called an adenoma.

Benign endocrine tumours having undergone surgical excision

Surgical removal by an appropriate specialist surgeon of a benign (non-cancerous) endocrine tumour (a tumour that secretes a hormone). Medical evidence must be provided.

The following benign endocrine tumours are covered: adrenal adenoma (tumour of the adrenal gland, an organ secreting hormones located above the kidney), pheochromocytoma (tumour of the adrenal gland, a small organ above the kidney), pancreatic tumour (pancreas is an organ in abdomen secreting hormones and digestive enzymes), insulinoma (a tumour secreting a hormone called insulin), parathyroid tumour (parathyroid is a small gland secreting hormones in the neck) and thyroid adenoma (tumour of thyroid, an organ secreting hormones in the neck).

Amyloidosis

The confirmed diagnosis of amyloidosis in any tissue or organ.

Amyloidosis is a rare disease that occurs when a substance called amyloid builds up in the organs. Amyloid is an abnormal protein that is usually produced in the bone marrow and can be deposited in any tissue or organ.

Catch-all stage I cancer *(continued on next page)*

Any stage I cancer, unless covered by any of the previous claim events, as per the American Joint Committee for Cancer, positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

Cancer prevents cells from dying when they should, and causes new cells to form when the body does not need them. These cells are able to invade other tissues and spread to other parts of the body through the blood and lymph systems.

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Catch-all stage I cancer *(continued from previous page)*

Stage 1 cancer (localised cancer) is when the cancer remains a single lump in the tissue where it began and spreads only partly to a neighbouring tissue.

This claim event excludes the following conditions:

- 1) All cancers in situ and all premalignant conditions or conditions with low malignant potential, or classified as borderline malignancy;
- 2) All tumours of the prostate;
- 3) All skin cancers.

Refer to the "Cancers, leukaemias, lymphomas and tumours" claim category where some of these conditions are covered under other claim events.

Catch-all stage II cancer

Any stage II cancer, unless covered by any of the previous claim events, as per the American Joint Committee for Cancer, positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

Cancer prevents cells from dying when they should and causes new cells to form when the body does not need them. These cells are able to invade other tissues and spread to other parts of the body through the blood and lymph systems.

Stage II cancer (local spread) is when the cancer has spread to neighbouring structures or organs.

This claim event excludes the following conditions:

- 1) All cancers in situ and all premalignant conditions or conditions with low malignant potential, or classified as borderline malignancy;
- 2) All tumours of the prostate;
- 3) All skin cancers.

Refer to the "Cancers, leukaemias, lymphomas and event tumours" claim category where some of these conditions are covered under other claim events.

Catch-all stage III or IV cancer

Cancer, positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

Cancer prevents cells from dying when they should and causes new cells to form when the body does not need them. These cells are able to invade other tissues and spread to other parts of the body through the blood and lymph systems.

Stage III cancer (regional spread) is when the cancer has spread within the general region in which it first began and into the lymph nodes, but not to other parts of the body.

Stage IV cancer (distant spread) is when cancer cells have spread to other (distant) parts of the body and formed new colonies there.

This claim event excludes the following conditions:

- 1) All cancers in situ and all premalignant conditions or conditions with low malignant potential, or classified as borderline malignancy;
- 2) All tumours of the prostate;
- 3) All skin cancers.

Refer to the "Cancers, leukaemias, lymphomas and tumours" claim category where some of these conditions are covered under other claim events.

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Cardiovascular conditions: heart, blood vessels and stroke

Heart transplant

The actual undergoing of a transplant of one complete human heart as a recipient. This must be supported with a detailed report by a cardiothoracic surgeon, including copies of the operation reports. This claim event excludes the undergoing of a heart transplant as a result of direct or indirect alcohol or drug abuse.

Heart valve replacement irrespective of technique

Heart valve replacement, which is performed by a cardiothoracic surgeon or cardiologist. This must be supported with a detailed report by a cardiothoracic surgeon, including copies of the operation reports.

Any heart valve surgery such as valvuloplasty or valvotomy irrespective of technique

Any surgery to the heart valve repairing the valve, which is performed by a cardiothoracic surgeon or cardiologist. This must be supported with a detailed report by a cardiothoracic surgeon, including copies of the operation reports.

Cardiomyopathy at class III NYHA and EF less than 40%

The confirmed diagnosis of cardiomyopathy as confirmed by a specialist cardiologist, resulting in permanent and irreversible class III New York Heart Association (NYHA) classification of heart failure, with a permanent left ventricular ejection fraction (EF) of less than 40%, despite optimal treatment.

Cardiomyopathy refers to diseases of the heart muscle, where the heart muscle becomes enlarged, thick, or rigid. This results in a weaker heart, with the heart being less able to pump blood through the body and maintain a normal electrical rhythm, and can lead to heart failure. Class III New York Heart Association classification of heart failure is where the symptoms progress to a stage where with light activity there is tiredness, shortness of breath or heart palpitations.

Cardiomyopathy at class IV NYHA and EF less than 30%

The confirmed diagnosis of cardiomyopathy as confirmed by a specialist cardiologist, resulting in permanent and irreversible class IV New York Heart Association (NYHA) classification of heart failure, with a permanent left ventricular ejection fraction (EF) of less than 30%, despite optimal treatment.

Cardiomyopathy refers to diseases of the heart muscle, where the heart muscle becomes enlarged, thick, or rigid. This results in a weaker heart, with the heart being less able to pump blood through the body and maintain a normal electrical rhythm, and can lead to heart failure. Class IV New York Heart Association classification of heart failure is where the symptoms progress to a stage where at rest there is tiredness, shortness of breath or heart palpitations.

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Takotsubo cardiomyopathy

The confirmed diagnosis of Takotsubo cardiomyopathy (TCM) by a cardiologist. This must be supported by contractually stipulated medical evidence.

Takotsubo cardiomyopathy is a type of cardiomyopathy in which there is a sudden temporary weakening of the muscular portion of the heart.

Cardiomyopathy refers to diseases of the heart muscle, where the heart muscle becomes enlarged, thick, or rigid. This results in a weaker heart, with the heart being less able to pump blood through the body and maintain a normal electrical rhythm, and can lead to heart failure.

Transcoronary ablation of septal hypertrophy

Transcoronary ablation of septal hypertrophy, performed by a cardiothoracic surgeon or cardiologist. This must be supported with a detailed report by a specialist, including copies of the procedure reports.

Transcoronary ablation of septal hypertrophy (TASH) is a procedure where a transcatheter septal branch injection using alcohol is performed to reduce outflow obstruction in the hearts of selected people with enlarged hearts.

Pericardiectomy irrespective of technique

A surgical procedure, where all or part of the pericardium is removed to treat fibrosis and scarring of the pericardium which occurred as a result of chronic pericarditis. This must be confirmed by a specialist cardiologist.

The pericardium is a sac that holds the heart in place and helps it to work properly. The sac is made up of two thin layers of tissue that enclose the heart. In chronic pericarditis this sac becomes inflamed regularly and eventually becomes scarred and thickened. Pericardiectomy is the surgical procedure where the scarring is surgically removed.

Arrhythmia having undergone pathway ablation

Any life-threatening variation of the normal rhythm of the heart, confirmed by a cardiologist and documented on Holter ECG, with pathway ablation.

Arrhythmia is an abnormality of the heartbeat. The heart could beat too fast (tachycardia), too slowly (bradycardia) or irregularly. Most arrhythmias are harmless, but some can be serious or even life threatening.

Pathway ablation may be used to treat some arrhythmias. In this procedure a cardiologist guides a catheter with an electrode at its tip to the area of heart muscle where the damaged site is located. Then a mild, painless radiofrequency energy (similar to microwave heat) is transmitted to the site of the pathway. Heart muscle cells in a very small area (about 1/5 of an inch) die and stop conducting the extra impulses that caused the rapid heartbeats.

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Arrhythmia having undergone a permanent pacemaker insertion

Any life-threatening variation of the normal rhythm of the heart, confirmed by a cardiologist and documented on Holter ECG, with a permanent pacemaker insertion.

Arrhythmia is an abnormality of the heartbeat. The heart could beat too fast (tachycardia), too slowly (bradycardia) or irregularly. Most arrhythmias are harmless, but some can be serious or even life threatening.

A pacemaker is a small device used to treat arrhythmia. It is placed in the chest or abdomen to help control abnormal heart rhythms. This device uses electrical pulses to prompt the heart to beat at a normal rate.

Arrhythmia having undergone a permanent defibrillator insertion

Any life-threatening variation of the normal rhythm of the heart, confirmed by a cardiologist and documented on Holter ECG, with a permanent defibrillator insertion.

Arrhythmia is an abnormality of the heartbeat. The heart could beat too fast (tachycardia), too slowly (bradycardia) or irregularly. Most arrhythmias are harmless, but some can be serious or even life threatening.

A permanent implantable cardioverter-defibrillator (ICD) can be placed in the chest or abdomen. It continually monitors the rate and rhythm of the heart, automatically detects fast arrhythmias, and delivers a shock to convert the arrhythmia back to a normal rhythm. Most commonly, these devices are used in people who might otherwise die of the arrhythmia.

Peripheral arterial disease requiring angioplasty, stent or bypass graft of one peripheral artery

The confirmed diagnosis of peripheral arterial disease resulting in an angioplasty, stent or bypass graft by a vascular surgeon of one peripheral artery.

Peripheral arterial disease (PAD) is a disease that results in reduced blood flow in the peripheral arteries (arteries of the trunk, arms and legs) due to atherosclerosis (plaques in blood vessels).

Angioplasty is a surgical procedure used to widen narrowed or obstructed arteries. A stent is a small metal mesh tube that is inserted in a narrowed or obstructed artery to keep the artery open. Bypass graft is a surgical procedure where a graft is made from another artery which is then inserted to bypass a problem in another artery

Peripheral arterial disease requiring angioplasty, stent or bypass graft of more than one peripheral artery

The confirmed diagnosis of peripheral arterial disease resulting in an angioplasty, stent or bypass graft by a vascular surgeon of more than one peripheral artery.

Peripheral arterial disease (PAD) is a disease that results in reduced blood flow in the peripheral arteries (arteries of the trunk, arms and legs) due to atherosclerosis (plaques in blood vessels).

Angioplasty is a surgical procedure used to widen narrowed or obstructed arteries. A stent is a small metal mesh tube that is inserted in a narrowed or obstructed artery to keep the artery open. Bypass graft is a surgical procedure where a graft is made from another artery which is then inserted to bypass a problem in another artery

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Loss of use of or loss of one foot due to peripheral arterial disease

The confirmed diagnosis of peripheral arterial disease which results in the loss of use of or loss of one foot at the ankle or below.

Peripheral arterial disease (PAD) results in reduced blood flow in the peripheral arteries (arteries of the trunk, arms and legs) due to atherosclerosis (plaques in blood vessels). In advanced cases, there may be chronic ulcers on the foot or gangrene resulting in the loss of use of or loss of a foot.

Loss of use of or loss of one hand due to peripheral arterial disease

The confirmed diagnosis of peripheral arterial disease which results in the loss of use of or loss of one hand at the wrist or below.

Peripheral arterial disease (PAD) results in reduced blood flow in the peripheral arteries (arteries of the trunk, arms and legs) due to atherosclerosis (plaques in blood vessels). In advanced cases, there may be chronic ulcers on the hand or gangrene resulting in the loss of use of or loss of a hand.

Angioplasty with or without stenting for coronary arteries

Angioplasty performed by a specialist cardiologist to treat blockage or narrowing of one or more coronary arteries, as evidenced by a coronary angiogram.

A coronary angioplasty is a surgical procedure that is used to widen blocked or narrowed coronary arteries. A stent is a short, hollow metal tube. A small balloon is inflated to open the stent, which pushes against the artery walls. This widens the artery, squashing fatty plaques against the artery wall so that blood can flow through it more freely.

Angioplasty with or without stenting of one carotid artery

The undergoing of angioplasty with or without stenting to repair the narrowing or blockage of one carotid artery. The required medical evidence must be provided.

Angioplasty is a surgical procedure used to widen narrowed or obstructed arteries. A stent is a small metal mesh tube that is inserted in a narrowed or obstructed artery to keep the artery open.

Carotid arteries are located on each side of the neck, that divide into internal and external carotid arteries. The internal carotid arteries supply blood to the brain. If there is blockage in any one of the internal carotid arteries due to fatty material called plaque, there will be reduced blood flow to the brain. This increases the risk of a stroke.

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Angioplasty with or without stenting of bilateral carotid arteries

The undergoing of angioplasty with or without stenting to repair the narrowing or blockage of both carotid arteries. The required medical evidence must be provided.

Angioplasty is a surgical procedure used to widen narrowed or obstructed arteries. A stent is a small metal mesh tube that is inserted in a narrowed or obstructed artery to keep the artery open.

Carotid arteries are located on each side of the neck, that divide into internal and external carotid arteries. The internal carotid arteries supply blood to the brain. If there is blockage in any one of the internal carotid arteries due to fatty material called plaque, there will be reduced blood flow to the brain. This increases the risk of a stroke.

Carotid arterial disease: narrowing of at least one carotid artery requiring either bypass graft or endarterectomy

The confirmed diagnosis of carotid arterial disease with narrowing of at least one carotid artery requiring either bypass graft or endarterectomy. The required medical evidence must be provided.

Carotid arteries are located on each side of the neck. Carotid arteries divide into internal and external carotid arteries, where the internal carotid arteries supply blood to the brain. If there is narrowing or blockage in any of the internal carotid arteries due to fatty material called plaque, there will be reduced blood flow to the brain. This increases the risk of a stroke.

Bypass graft is a surgical procedure where a graft is made from another blood vessel, which is inserted to bypass a problem in one or both neck arteries. Endarterectomy is a surgical procedure where blockage or fatty build up in an artery is removed.

Endovascular surgery or stent to repair any thoracic or abdominal aortic aneurysm

Endovascular surgery or stenting to repair an aneurysm of the thoracic or abdominal aorta, by a specialist vascular surgeon. This must be supported with a detailed report by a surgeon, including copies of the operation reports.

A thoracic or abdominal aortic aneurysm is an abnormal ballooning or widening of the wall of the thoracic or abdominal aortic artery (thoracic aortic artery located in the chest and abdominal aortic artery located in the abdomen) that is caused by a weakness in the artery wall. If the aneurysm grows too big, there is a danger that it will rupture (split) which can cause potentially fatal internal bleeding and organ damage. Large thoracic or abdominal aortic aneurysms can often be repaired with endovascular surgery or stenting. With stenting the weak or damaged portion of the aorta is reinforced with a stent (a small metal mesh tube that is inserted in the aorta). Endovascular surgery is a minimally invasive procedure where blood vessel procedures is done through a small incision in groin area and access the affected vessel from here.

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Surgical repair of an iliofemoral aneurysm or stenosis

Surgical repair, including bypass graft or keyhole surgery, of an iliofemoral aneurysm or iliofemoral stenosis by a specialist vascular surgeon. This must be supported with a detailed report by a surgeon, including copies of the operation reports.

An iliofemoral aneurysm is an abnormal ballooning or widening of the wall of the iliofemoral artery, which is located in the hip area. Ilio-femoral stenosis is caused by a reduction in blood flow in the iliofemoral artery due to fatty plaque build up. Bypass graft is a surgical procedure where a synthetic graft is inserted to bypass an aneurysm or stenosis in the iliofemoral artery. Keyhole surgery is a modern surgical technique in which operations are performed far from their location through small incisions (usually 0.5 - 1.5 cm) elsewhere in the body.

Surgical repair of any aneurysm or stenosis of major arterial branches of the aorta

Surgical repair, including bypass graft or keyhole surgery, of any aneurysm or stenosis of the following branches of the aorta: subclavian, brachiocephalic, splenic, renal and iliac arteries. This must be supported with a detailed report by a surgeon, including copies of the operation reports.

An aneurysm is an abnormal ballooning or widening of the wall of an artery. A stenosis is a blockage of a blood vessel. Bypass graft is a surgical procedure where a graft is made from another artery which is then inserted to bypass a problem in another artery. Keyhole surgery is surgery which is performed through small incisions (usually 0.5 - 1.5 cm) to locations elsewhere in the body.

Major surgery to dissect and surgically graft an aortic aneurysm

The undergoing of open chest or abdominal surgery to repair an aneurysm in the thoracic aorta (located in the chest) or abdominal aorta (located in the abdomen) with a synthetic graft. This must be supported with a detailed report by a surgeon, including copies of the operation reports.

An aneurysm is an abnormal ballooning or widening of the wall of an artery. Surgery to repair involves opening the chest (thoracic aorta) or the abdomen (abdominal aorta) for the repair and replacement with a synthetic graft.

Primary pulmonary hypertension

Primary pulmonary hypertension with mean pulmonary artery pressure exceeding 30 mmHg, and at least class III New York Heart Association (NYHA) classification of cardiac impairment. The diagnosis must be confirmed by a specialist physician.

Primary pulmonary hypertension is a condition in which blood pressure in the arteries of the lungs is abnormally high. The cause is not known. The high pressure makes it hard for the heart to push blood through the arteries and into the lungs. Thus the pressure in the arteries rises. The excess pressure can weaken the heart and damage the lungs.

Surgical repair of coarctation of the aorta

Any surgical repair of coarctation of the aorta, as confirmed by an appropriate specialist.

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Left ventricular aneurysm repaired surgically

Surgical repair of the left ventricle for a left ventricular aneurysm by open heart surgery. This must be confirmed by a cardiothoracic surgeon.

A ventricular aneurysm can be a serious complication of a heart attack. It occurs when a weakened section of the wall of one of the ventricles (the lower heart chambers) expands and bulges like a balloon at the spot where the heart attack occurred. This is treated with surgery to the affected ventricle.

Surgery for atrial myxoma

Surgery for the removal of an atrial myxoma, confirmed by a cardiothoracic surgeon.

An atrial myxoma is a cardiac tumour. They can cause serious complications, therefore they are removed through surgery.

Subarachnoid haemorrhage without neurological impairment

Subarachnoid haemorrhage bleeding into the subarachnoid space surrounding the brain, with evidence on neuro- imaging investigation, without any permanent neurological deficit. This must be confirmed by a neurosurgeon.

Subarachnoid haemorrhage is bleeding in the area between the brain and the thin tissues that cover the brain.

Arteriovenous malformation treated with radiological intervention

Arteriovenous malformation (AVM) in the brain, treated with radiosurgery or stereotactic radiosurgery. This must be supported with a detailed report by a surgeon, including copies of the operation reports or radiological procedure reports.

Arteriovenous malformation in the brain is a tangle of abnormal blood vessels connecting arteries and veins in the brain. The arteries are responsible for taking oxygen-rich blood from the heart to the brain. Veins carry the oxygen-depleted blood back to the lungs and heart. A brain AVM disrupts this vital process. Radiosurgery or stereotactic radiosurgery (SRS) is a non-surgical radiation therapy used to treat the AVM.

Arteriovenous malformation treated with open surgery craniotomy

Open brain surgery via a craniotomy for repair of arteriovenous malformation (AVM), confirmed by a neurosurgeon.

Arteriovenous malformation (AVM) in the brain, is a tangle of abnormal blood vessels connecting arteries and veins in the brain. The arteries are responsible for taking oxygen-rich blood from the heart to the brain. Veins carry the oxygen- depleted blood back to the lungs and heart. A brain AVM disrupts this vital process. Open brain surgery via a craniotomy is the surgical removal of part of the bone from the skull to expose the brain in order to remove or repair the AVM.

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Coronary artery disease with coronary artery bypass graft for up to two arteries

The undergoing of surgery to correct the narrowing of, or blockage to, up to two coronary arteries by means of a bypass graft. This must be supported with a detailed report by a cardiothoracic surgeon, including copies of the operation reports.

A coronary artery bypass graft (CABG) is a surgical procedure widely used to treat coronary heart disease. CABG involves taking a blood vessel from another part of the body, usually the chest or leg, and attaching it to the coronary artery above and below the narrowed area or blockage. This new blood vessel is known as a graft.

Coronary artery disease with coronary artery bypass graft for three or more arteries

The undergoing of surgery to correct the narrowing of, or blockage to, three or more coronary arteries by means of a bypass graft. This must be supported with a detailed report by a cardiothoracic surgeon, including copies of the operation reports.

A coronary artery bypass graft (CABG) is a surgical procedure widely used to treat coronary heart disease. CABG involves taking a blood vessel from another part of the body, usually the chest or leg, and attaching it to the coronary artery above and below the narrowed area or blockage. This new blood vessel is known as a graft.

Mild heart attack of specified severity

A mild heart attack of specified severity. The required medical evidence must be provided.

A mild heart attack occurs when blood flow to a section of heart muscle becomes blocked. If the flow of blood isn't restored quickly, a small section of heart muscle becomes damaged from lack of oxygen, begins to die and be replaced by scar tissue.

Moderate heart attack of specified severity

A moderate heart attack of specified severity. The required medical evidence must be provided.

A moderate heart attack occurs when blood flow to a section of heart muscle becomes blocked. If the flow of blood isn't restored quickly a larger section of heart muscle becomes damaged from lack of oxygen, begins to die and be replaced by scar tissue.

Heart attack with permanent mild impairment in function

A moderate heart attack with moderate, but permanent damage to the heart, which is measured using various medical investigations.

A moderate heart attack occurs when blood flow to a section of heart muscle becomes blocked. If the flow of blood isn't restored quickly a larger section of heart muscle becomes damaged from lack of oxygen, begins to die and be replaced by scar tissue.

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Heart attack with permanent severe impairment in function

A heart attack with severe and permanent damage to the heart, which is measured using various medical investigations.

Takayasu's disease

Takayasu's disease, meeting all diagnostic criteria as defined by The American College of Rheumatology (ACR, 1990):

- 1) Angiographic criteria must show narrowing or occlusion of the entire aorta, its primary branches, or large arteries in the proximal upper or lower extremities;
- 2) These changes are not due to arteriosclerosis, fibromuscular dysplasia, or similar causes;
- 3) Changes are usually focal or segmental. This must be confirmed by a specialist physician.

Takayasu's disease (also known as Takayasu's arteritis) is a rare systemic disease where there is inflammation of the large blood vessels in the body. The cause is unknown.

Superior sagittal sinus thrombosis

Diagnosis of a superior sagittal sinus thrombosis, confirmed by radiological evidence and a neurosurgeon.

Superior sagittal sinus thrombosis is an uncommon stroke that is frequently associated with diseases that may contribute to the development of blood clots through hypercoagulability (increased clotting) or stasis (stagnation) of the local blood stream and abnormalities of the vessel wall.

Cavernous sinus thrombosis

Diagnosis of a cavernous sinus thrombosis, confirmed by radiological evidence and a neurosurgeon.

Cavernous sinus thrombosis (CST) is the formation of a blood clot within the cavernous sinus (a cavity at the base of the brain which drains deoxygenated blood). The usual cause is an infection.

Persistent giant cell arteritis despite optimal therapy

Giant cell arteritis, confirmed on biopsy and by a specialist physician, with persistent symptoms and raised inflammatory markers despite optimal therapy.

Giant cell arteritis disease is characterised by inflammation in the walls of medium- and large-sized arteries. The cause is unknown.

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Stroke

The death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit lasting longer than 24 hours, confirmed by neuro-imaging investigation and appropriate clinical findings by a specialist neurologist. A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or if the blood vessel bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die. If the blood flow cannot reach the region that controls a particular body function, that part of the body will not work as it should.

For the stroke claim events the following are not covered:

- 1) Transient ischaemic attack;
- 2) Vascular disease affecting the eye or optic nerve;
- 3) Migraine and vestibular disorders;
- 4) Traumatic injury to brain tissue or blood vessels.

Severity of the stroke will be assessed by a full neurological examination by a specialist neurologist any time after 3 months, and will be measured by:

- 1) The ability to do basic and advanced activities of daily living (ADLs), as indicated in the tables "Basic activities of daily living" and "Advanced activities of daily living" at the end of this chapter; OR
- 2) Whole person impairment (WPI) figures, which will be calculated according to the latest addition of the American Medical Association's Guides to the Evaluation of Permanent Impairment

Stroke with full recovery

The death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit lasting longer than 24 hours, confirmed by neuro-imaging investigation and appropriate clinical findings by a specialist neurologist. A full neurological examination by a neurologist after the event must confirm the diagnosis of a stroke and not a transient ischaemic attack (TIA), and that the insured employee has recovered fully.

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die. If the blood flow cannot reach the region that controls a particular body function, that part of the body will not work as it should.

Stroke with almost full recovery

Stroke with almost full recovery, with little residual symptoms or signs, as measured by the ability to do all basic and advanced ADLs, OR a WPI of 10% or less. This definition must be read together with the information under "Stroke" above.

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die. If the blood flow cannot reach the region that controls a particular body function, that part of the body will not work as it should.

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Stroke with mild impairment

The insured employee can function independently after the stroke, but has impairment as measured by the inability to do three or more advanced ADLs, OR a WPI of 11% to 20%. This definition must be read together with the information under "Stroke" above.

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die. If the blood flow cannot reach the region that controls a particular body function, that part of the body will not work as it should.

Stroke with moderate impairment

The insured employee cannot function independently after the stroke, as measured by the inability to do six or more advanced ADLs, OR a WPI of 21% to 35%. This definition must be read together with the information under "Stroke" above.

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die. If the blood flow cannot reach the region that controls a particular body function, that part of the body will not work as it should.

Stroke with severe impairment

The insured employee needs constant assistance after the stroke, as measured by the inability to do three or more basic ADLs, OR a WPI of greater than 35%. This definition must be read together with the information under "Stroke" above.

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die. If the blood flow cannot reach the region that controls a particular body function, that part of the body will not work as it should.

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Connective tissue

Progressive systemic sclerosis (scleroderma)

The confirmed diagnosis by an appropriate specialist of systemic sclerosis (a disease that involves the hardening and tightening of body tissue) with fibrosis (scarring) of the skin, joints, and at least two internal organs. The disease must be unresponsive to treatment with disease modifying drugs for a continuous period of at least 3 months. The required medical evidence must be provided.

Seropositive rheumatoid arthritis

The confirmed diagnosis by a rheumatologist of sero-positive rheumatoid arthritis (inflammation of the joints as a result of an autoimmune disorder). The required medical evidence must be provided.

Advanced or progressive rheumatoid arthritis despite optimal treatment

The confirmed diagnosis by a rheumatologist of sero-positive rheumatoid arthritis (inflammation of the joints as a result of an autoimmune disorder) with joint destruction and deformity in at least three large joints (excluding joints in hands or feet) and no or poor response to corticosteroids and disease-modifying medication for a continuous period of at least 3 months. The required medical evidence must be provided.

Systemic lupus erythematosus (SLE)

The confirmed diagnosis by a rheumatologist of systemic lupus erythematosus (a chronic inflammatory condition caused by an autoimmune disease* involving the skin, heart, lungs, kidneys, joints and nervous system). The required medical evidence must be provided.

*An autoimmune disease occurs when the body's tissues are attacked by its own immune system.

Systemic lupus erythematosus with multiple organ impairment

The confirmed diagnosis by a rheumatologist of systemic lupus erythematosus (SLE) (a chronic inflammatory condition caused by an autoimmune disease* involving the skin, heart, lungs, kidneys, joints and nervous system) with impairment of at least two other organs besides the kidney. The required medical evidence must be provided.

*An autoimmune disease occurs when the body's tissues are attacked by its own immune system.

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Sarcoidosis

The confirmed diagnosis by a specialist of sarcoidosis (a condition of abnormal inflammatory masses forming in some organs). The required medical evidence must be provided.

Sarcoidosis with multiple organ involvement

The confirmed diagnosis by a specialist of sarcoidosis (a condition of abnormal inflammatory masses forming in some organs) with involvement of at least three of the following:

- 1) Lung system;
- 2) Eye system;
- 3) Skin system;
- 4) Nervous system;
- 5) Liver involvement;
- 6) Kidney involvement.

The required medical evidence must be provided.

Polyarteritis nodosa

The confirmed diagnosis by a specialist of polyarteritis nodosa, which is a systemic vasculitis (inflammation of vessels) of small- or medium-sized muscular arteries, typically involving blood vessels of the kidneys and internal organs. The required medical evidence must be provided.

Wegener's granulomatosis

The confirmed diagnosis by a specialist of Wegener's granulomatosis with respiratory system, kidneys and skin involvement. The required medical evidence must be provided.

Wegener's granulomatosis is a rare disease that affects many different organs and systems (in particular the lung and kidney systems), characterised by inflammation of the blood vessels (vasculitis).

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Ear, nose and throat

Acoustic neuroma resulting in neurological deficit

The confirmed diagnosis by an Ear, Nose and Throat (ENT) specialist of acoustic neuroma, with hearing loss. The required medical evidence must be provided.

Acoustic neuroma is a benign (non-cancerous) tumour arising from the nerve supply to the ear that results in hearing loss.

Mastoiditis requiring mastoidectomy

The diagnosis of chronic mastoiditis (a persistent bacterial infection of the mastoid bone, which is situated behind the ear) requiring surgery to remove the infected bone. Confirmation by a specialist is required with supporting documents.

Total, permanent and irreversible loss of hearing in one ear

The total, permanent and irreversible loss of hearing in one ear, confirmed by an Ear, Nose and Throat (ENT) specialist, with supporting audiometric testing. Total deafness means that the average hearing level in the affected ear, tested with hearing aids when applicable, at audible frequencies is more than 90 decibels. For the purpose of this definition audible frequencies mean 500, 1000, 2000 and 3000 Hertz.

Permanent binaural hearing loss of more than 60%

The permanent loss of hearing of more than 60% in both ears, confirmed by an Ear, Nose and Throat (ENT) specialist, with supporting audiometric testing. Permanent implies all reasonable treatment should have been undergone.

Permanent binaural hearing loss of more than 75%

The permanent loss of hearing of more than 75% in both ears, confirmed by an Ear, Nose and Throat (ENT) specialist, with supporting audiometric testing. Permanent implies all reasonable treatment should have been undergone.

Total, permanent and irreversible loss of hearing in both ears

The total, permanent and irreversible loss of hearing in both ears, confirmed by an Ear, Nose and Throat (ENT) specialist, with supporting audiometric testing. Total deafness means that the average hearing level in the better ear, tested with hearing aids when applicable, at audible frequencies is more than 90 decibels. For the purpose of this definition audible frequencies mean 500, 1000, 2000 and 3000 Hertz.

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Recipient of cochlear or middle ear implant

A cochlear or middle ear implant (a surgically implanted electronic device that provides sound by the transmission of signals to a range of electrodes placed in the cochlea, which stimulates the cochlear nerve). This must be confirmed by an Ear, Nose and Throat (ENT) specialist with supporting documents.

The cochlea is the snail-like part of the inner ear that is vital in hearing as it produces nerve impulses in response to sound.

Gastrointestinal system

Tracheoesophageal fistula having undergone surgery

An operation to repair an abnormal connection between the trachea (the windpipe) and the oesophagus (tracheal oesophageal fistula). This must be performed by a specialist surgeon, with surgical reports.

The oesophagus is a muscular tube that moves food and liquids from the throat to the stomach.

Crohn's disease or ulcerative colitis with prolonged advanced therapy

The unequivocal diagnosis by a gastroenterologist of Crohn's disease or ulcerative colitis (both inflammatory diseases of the digestive tract resulting in abnormal bowel function, discomfort and erosion of the lining of the digestive tract) having undergone treatment for 4 continuous months with specialised medication called immunomodulators to control symptoms. The required medical evidence must be provided.

Crohn's disease or ulcerative colitis with recurrent surgery

The unequivocal diagnosis by a gastroenterologist of Crohn's disease or ulcerative colitis (both inflammatory diseases of the digestive tract resulting in abnormal bowel function, discomfort and erosion of the lining of the digestive tract) having undergone at least two surgeries to the colon or small intestine.

Crohn's disease or ulcerative colitis with a permanent colostomy or ileostomy

The unequivocal diagnosis by a gastroenterologist of Crohn's disease or ulcerative colitis (both inflammatory diseases of the digestive tract resulting in abnormal bowel function, discomfort and erosion of the lining of the digestive tract) resulting in a total colectomy (removal of the ascending, descending and transverse colon) with a permanent external bag (colostomy) or artificial external intestinal opening (ileostomy). This must be confirmed by surgical reports.

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Hemicolectomy

A hemicolectomy (surgical removal of half of the colon) that is as a result of any disease or disorder. The required medical evidence must be provided.

Total colectomy (removal of the ascending, descending and transverse colon)

Any organic disease that results in the surgical removal of the ascending, descending and transverse colon. This must be confirmed with surgical reports by a gastroenterologist.

Any disease or disorder requiring partial hepatectomy

Any disease or disorder of the liver requiring surgical removal of part of the liver. This must be performed by a specialist, with surgical reports.

Chronic persistent hepatitis classified as Child-Pugh class A or worse

The confirmed diagnosis by a specialist of chronic hepatitis (inflammation of the liver) present for at least 6 months, with liver failure classified at Child-Pugh class A or higher. The required medical evidence must be provided.

Sclerosing cholangitis classified as Child-Pugh class A or worse

The confirmed diagnosis by a specialist of sclerosing cholangitis (a disorder of the liver in which the bile ducts within and outside of the liver become inflamed and scarred (sclerotic)) present for at least 6 months, with liver failure classified at Child-Pugh class A or higher. The required medical evidence must be provided.

End-stage liver failure

The confirmed diagnosis by a specialist of any disease or disorder that results in end-stage liver failure classified at Child-Pugh class A or higher. The required medical evidence must be provided.

Liver or pancreas transplant

The undergoing, as a recipient, of a complete human liver or pancreas transplant. This must be confirmed with surgical reports by a specialist. This claim event does not cover stem cell therapy.

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Amyloidosis of the liver and spleen

Amyloidosis of the liver and spleen. The required medical evidence must be provided.

Amyloidosis is a rare disease that occurs when a substance called amyloid builds up in the organs. Amyloid is an abnormal protein that is usually produced in the bone marrow and can be deposited in any tissue or organ.

Complete pancreatectomy

The complete surgical removal of the pancreas. This must be confirmed with surgical reports by a specialist.

Primary biliary cirrhosis

The confirmed diagnosis by a gastroenterologist of primary biliary cirrhosis (a disease in which the bile ducts in the liver are slowly destroyed).

Loss of more than one third of the tongue

Any disease or disorder that results in the surgical loss of more than one third of the tongue. This must be confirmed with surgical reports by a surgeon.

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Lymph and blood

Chronic blood disorders requiring constant blood replacements

Any chronic disorder of the blood, where at least four units of blood or blood products has been transfused per month for at least 3 consecutive months. This must be confirmed by a specialist with the required medical evidence.

Severe aplastic anaemia

The unequivocal diagnosis of bone marrow failure. This must be confirmed by a specialist, with all of the following:

- 1) Bone marrow biopsy;
- 2) Blood tests showing anaemia, neutropenia and thrombocytopenia;
- 3) Classified as severe aplastic anaemia according to the latest International Aplastic Anaemia Study Group;
- 4) Treated with at least one of the following: marrow stimulating agents, immunosuppressive agents, or bone marrow transplant. This claim event specifically excludes non-severe aplastic anaemia.

Bone marrow transplant or stem cell transplant

The undergoing of a bone marrow transplant after complete bone marrow ablation (destruction with radio- or chemotherapy) as confirmed by a specialist. The required medical evidence must be provided.

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Musculoskeletal system

Hip joint replacement

Surgical hip joint replacement with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports.

Knee joint replacement

Surgical knee joint replacement with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports.

Paraplegia, hemiplegia, diplegia or quadriplegia

Paraplegia is the total and permanent loss of muscle function resulting in the loss of use of both legs due to disease of or injury to the spinal cord or brain.

Hemiplegia is the total and permanent loss of muscle function of one side of the body due to disease of or injury to the spinal cord or brain. This claim event does not cover hemiplegia facialis (facial palsy).

Diplegia is the total and permanent loss of muscle function or sensation of both sides of the body due to disease of or injury to the spinal cord or brain.

Quadriplegia is the total and permanent loss of the functioning of both arms and both legs due to disease of or injury to the spinal cord or brain.

For all of the conditions above, the following is required:

- 1) Radiological evidence such as a CT scan or MRI;
- 2) Must be confirmed by a neurologist or neurosurgeon;
- 3) The conditions must be medically documented for at least 3 months..

Loss of more than 50% of hand function as defined in AMA's guides or its equivalent

The permanent loss of more than 50% of hand function as calculated according to the American Medical Association's (AMA) latest Guides to the Evaluation of Permanent Impairment or its equivalent.

Loss of use of or loss of one hand

The irreversible loss of use of or loss of one hand from the wrist. This must be confirmed with supporting evidence by a specialist.

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Loss of use of or loss of both hands

The irreversible loss of use of or loss of both hands from the wrist. This must be confirmed with supporting evidence by a specialist.

Loss of use of or loss of one foot

Irreversible loss of use of or loss of one foot from the ankle. This must be confirmed with supporting evidence by a specialist.

Loss of use of or loss of both feet

The irreversible loss of use of or loss of both feet, from the ankles. This must be confirmed with supporting evidence by a specialist.

Loss of use of or loss of one hand and one foot

The irreversible loss of use of or loss of one hand from the wrist and one foot from the ankle. This must be confirmed with supporting evidence by a specialist.

Loss of use of or loss of one limb

The irreversible loss of use of or loss of one arm from the elbow or one leg from the knee. This must be confirmed with supporting evidence by a specialist.

Loss of use of or loss of more than one limb

The irreversible loss of use of or loss of two arms from the elbows, or two legs from the knees, or one arm from the elbow and one leg from the knee. This must be confirmed with supporting evidence by a specialist.

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Nervous system and psychiatric disorders

Conditions having undergone open brain surgery via a craniotomy

Open brain surgery via a craniotomy (a surgical operation in which a bone flap is temporarily removed from the skull to access the brain). This must be supported with surgical reports by a neurosurgeon.

Guillain-Barre with prolonged respiratory support

The confirmed diagnosis of Guillain-Barre, which results in mechanical ventilation for more than 60 consecutive days. This must be confirmed with reports by a specialist.

Guillain-Barre syndrome (GBS) is a rapid-onset muscle weakness caused by the immune system damaging the peripheral nervous system. The disorder can be life-threatening as weakness of the breathing muscles requires mechanical ventilation.

Guillain-Barre with permanent neurological deficit

The confirmed diagnosis of Guillain-Barre, which results in permanent neurological deficit, with the complete reliance on an assistive device for ambulation. This will be assessed after 6 months. This must be confirmed by a neurologist report.

Guillain-Barre syndrome (GBS) is a rapid-onset muscle weakness caused by the immune system damaging the peripheral nervous system. The disorder can be life-threatening as weakness of the breathing muscles requires mechanical ventilation.

Permanent and complete inability to communicate or comprehend language symbols

Aphasia, with a complete inability to speak or comprehend speech or to read or write. This must be as a result of injury or disease of the brain, and confirmed by a neurologist. This does not cover

- 1) Inability to speak due to psychiatric causes;
- 2) Inability to speak due to non-neurological disease.

Permanent hemiparesis or paralysis secondary to trauma or surgery

Brain surgery or an accident that results in permanent hemiparesis or hemiparalysis, as confirmed by neuro-imaging and neurological reports. Permanence will be established after 3 months. For this definition, accident means any external, violent and traumatic event. This claim event excludes Bell's palsy.

Hemiparesis is unilateral paresis, that is, weakness of the entire left or right side of the body ("hemi" means "half").

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Permanent moderate to severe impairment of intellectual capacity as a result of brain injury or systemic hypoxia

Brain injury or systemic hypoxia (inadequate oxygen supply) that results in permanent moderate to severe impairment of intellectual capacity. This must be evidenced by all three of the following:

- 1) The permanent inability to do six or more advanced activities of daily living (ADLs) as indicated in the table "Advanced activities of daily living" at the end of this chapter;
- 2) Neuro-imaging (any form of brain scanning that can diagnose abnormalities related to hypoxia);
- 3) Confirmation by a neurologist. Permanence will be established after 3 months.

Motor neuron disease

The diagnosis of motor neurone disease, confirmed by a neurologist, with all of the following:

- 1) Evidence on electromyography and electroneurography (studies of nerve supply to the muscles and nerve conduction);
- 2) Permanent inability to perform independently at least three basic activities of daily living as indicated in the table "Advanced activities of daily living" at the end of this chapter. Permanence will be established after 3 months..

Motor neuron disease (MND) is any of several neurological disorders that selectively affect motor neurons, the cells that control voluntary muscles of the body.

Diagnosis of muscular dystrophy

The diagnosis of muscular dystrophy, confirmed by a neurologist with all of the following:

- 1) Characteristic electromyogram;
- 2) Confirmation on muscle biopsy.

Muscular dystrophy (MD) is a disease that causes muscles to waste away, leaving patients weak and eventually unable to help themselves.

Progressive muscular dystrophy

The diagnosis of muscular dystrophy, confirmed by a neurologist with all of the following:

- 1) Characteristic clinical presentation;
- 2) Characteristic electromyogram;
- 3) Clinical suspicion confirmed by muscle biopsy;
- 4) The disease must result in a permanent inability to perform independently at least three basic activities of daily living (ADLs) as indicated in the table "Basic activities of daily living" at the end of this document. Permanence will be established after 3 months.

Muscular dystrophy (MD) is a disease that causes muscles to waste away, leaving patients weak and eventually unable to help themselves

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Coma with full recovery

Coma, where there is a state of unconsciousness not induced by sedation. There must be evidence of all of the following:

- 1) Glasgow Coma Scale reading of 8 or less;
- 2) No reaction to external stimuli or internal needs;
- 3) This state must persist continuously for more than 96 hours.

Coma resulting in permanent neurological deficit

Coma, where there is a state of unconsciousness not induced by sedation. There must be evidence of all of the following:

- 1) Glasgow Coma Scale reading of 8 or less;
- 2) No reaction to external stimuli or internal needs;
- 3) This state must persist continuously for more than 96 hours, with permanent neurological deficit. Permanence will be established at 3 months.

Multiple sclerosis

The definitive diagnosis of multiple sclerosis. Evidence of two episodes of nerve supply problems as well as confirmation of the diagnosis by two neurologists are needed.

Multiple sclerosis is a disorder that results in abnormalities with the sheath cover around nerves. This causes different types of nerve supply disorders depending on which group of nerves are affected.

Advanced multiple sclerosis

The diagnosis of advanced multiple sclerosis, with all of the following:

- 1) Two separate neurological events resulting in permanent nerve supply fallout;
- 2) This permanent nerve supply fallout must involve at least two of the following three systems: sensory, motor and autonomic;
- 3) Neurological deficit must be present for a continuous period of at least 6 months;
- 4) All of this must be supported by appropriate neuro-imaging (brain and nerve supply scanning) and neurological report

Multiple sclerosis is a disorder that results in abnormalities with the sheath cover around nerves. This causes different types of nerve supply disorders depending on which group of nerves are affected.

Optic neuritis with demyelinating on MRI

Inflammation of the nerve supplying the eye (optic neuritis) where 2 or more plaques are confirmed as demyelinating (absence of the protective nerve sheath (myelin)) on an MRI.

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Parkinson's disease

The diagnosis of Parkinson's disease, confirmed by a neurologist, with all of the following:

- 1) Appropriate clinical signs and symptoms;
- 2) Appropriate testing to exclude other causes.

Parkinson's disease is a degenerative brain condition that leads to various symptoms, like tremor of the hands and head, a slow gait with shuffling feet, inability to show emotions, and a forward-falling posture.

Advanced Parkinson's disease

The diagnosis of Parkinson's disease, confirmed by a neurologist, with all of the following:

- 1) Appropriate clinical signs and symptoms;
- 2) Permanent inability to perform independently at least three basic activities of daily living (ADLs) as indicated in the table "Basic activities of daily living" at the end of this chapter. Permanence will be assessed after 3 months

Parkinson's disease is a degenerative brain condition that leads to various symptoms, like tremor of the hands and head, a slow gait with shuffling feet, inability to show emotions, and a forward-falling posture.

Diagnosis of myasthenia gravis

The diagnosis of myasthenia gravis by a neurologist with objective evidence supported with all of the following:

- 1) Appropriate blood tests;
- 2) Nerve conduction tests;
- 3) Radio imaging.

Myasthenia gravis (MG) is a long term neuromuscular disease that leads to varying degrees of muscle weakness. The most commonly affected muscles are those of the eyes, face, and swallowing. It can result in double vision, drooping eyelids, trouble talking, and trouble walking.

Myasthenia gravis with severe permanent impairment

The diagnosis of myasthenia gravis by a neurologist with all of the following objective evidence:

- 1) Appropriate blood tests;
- 2) Nerve conduction tests;
- 3) Radio imaging and permanent inability to independently perform at least three basic activities of daily living (ADLs) as indicated in the table "Basic activities of daily living" at the end of this chapter, or the need for 24 hour supervision by a caregiver. Permanence will be established after 3 months.

Myasthenia gravis (MG) is a long term neuromuscular disease that leads to varying degrees of muscle weakness. The most commonly affected muscles are those of the eyes, face, and swallowing. It can result in double vision, drooping eyelids, trouble talking, and trouble walking.

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Hydrocephalus with the insertion of a VP shunt

The diagnosis of a hydrocephalus (accumulation of fluid in the brain), with all of the following:

- 1) Confirmed by a neurosurgeon;
- 2) Insertion of a ventriculo peritoneal (VP) shunt;
- 3) Neurosurgical reports. Only one payment will be made for this claim event

Stereotactic brain surgery

Any brain disease or disorder, for which a neurosurgeon or radiologist performs all of the following:

- 1) Stereotactic brain ablation, stimulation, implantation;
- 2) Radiotherapy. This must be supported by neurosurgical or radiologist reports.

Stereotactic brain ablation is a surgical procedure where lesions or diseases are removed or treated with assistance of image guidance, to be as minimally invasive as possible, without affecting surrounding normal brain tissue.

Irreversible unilateral trigeminal nerve palsy

Damage to the cranial nerve V (trigeminal nerve), with all of the following permanent signs:

- 1) Loss of facial sensation;
- 2) Impairment of mastication (chewing);
- 3) Loss of corneal eye reflex. This must be confirmed by a neurologist, as well as neuro-imaging tests.

Irreversible unilateral facial nerve palsy

Damage to the cranial nerve VII (facial nerve), with all of the following permanent signs:

- 1) No or slight movement of one half of the face with asymmetry at rest;
- 2) Incomplete or no eyelid closure;
- 3) Slight or no movement of the mouth. This must be confirmed by a neurologist, as well as on neuro-imaging tests.

Irreversible unilateral hypoglossal nerve palsy

Damage to cranial nerve XII (hypoglossal nerve), with all of the following permanent signs:

- 1) Moderate to severe dysarthria or dysphagia (difficulties with speech or swallowing);
- 2) Nasal regurgitation (backward movement of food through nasal area);
- 3) An inability to swallow, or process oral secretions without choking, or aspiration (inhalation) of liquids or semi-solid foods. This must be confirmed by a neurologist, as well as on neuro-imaging tests

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Irreversible cerebellum dysfunction

Irreversible cerebellum dysfunction (irreversible inadequate function of the posterior part of the brain called the cerebellum), resulting in the permanent inability to walk without total dependence on assistive devices. This must be confirmed by a neurologist, as well as on neuro-imaging tests.

Alzheimer's disease

The diagnosis of Alzheimer's disease (pre-senile dementia), confirmed by a neurologist or psychiatrist. There must be evidence of all of the following:

- 1) No or slight movement of one half of the face with asymmetry at rest;
- 2) Incomplete or no eyelid closure;
- 3) Slight or no movement of the mouth. This must be confirmed by a neurologist, as well as on neuro-imaging tests.

Medically certified institutionalisation for a mental and behavioural disorder for at least 6 months continuously

The diagnosis of a psychiatric disorder, according to the latest Diagnostic and Statistical Manual for Mental Disorders (DSM) classification, with all of the following:

- 1) Institutionalisation in a registered psychiatric facility for more than 6 consecutive months with appropriate medical certification;
- 2) Undergoing of constant supervision, with a permanent caregiver;
- 3) Global Assessment Function (GAF) score of 30 or less. This must be confirmed by at least two independent psychiatric reports.

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Renal disorders

Nephrotic syndrome with renal artery or renal vein thrombosis

Confirmed diagnosis of nephrotic syndrome, with documented renal artery or renal vein thrombosis, confirmed by a nephrologist, with supporting laboratory tests and ultrasound of kidneys.

Nephrotic syndrome is caused by different disorders that damage the kidneys. This damage leads to the release of too much protein in the urine, decrease in blood protein levels, high cholesterol and triglyceride levels, and generalised body swelling.

Primary amyloidosis of the kidney

The confirmed diagnosis of primary amyloidosis of the kidney, by biopsy.

Amyloidosis is a rare disease that occurs when a substance called amyloid builds up in the organs. Amyloid is an abnormal protein that is usually produced in the bone marrow and can be deposited in any tissue or organ.

Partial or total nephrectomy

Nephrectomy, with the surgical report confirming the removal of part of one kidney (partial nephrectomy) or one whole kidney (total nephrectomy).

Renal cortical necrosis

Renal cortical necrosis, confirmed by a nephrologist with radiological evidence or renal biopsy.

Renal cortical necrosis is a rare cause of acute renal failure as a result of lack of blood supply to the kidney.

Moderate progressive chronic kidney disease with decline in function

Progressive chronic kidney disease (progressive deterioration of kidneys) as evidenced by all of the following despite optimal therapy:

- 1) Renal function tests that show a decline in the glomerular filtration rate (GFR) of more than 5 ml/min over the past 12 months;
- 2) Last GFR 50ml/min or less;
- 3) Persistent proteinuria (1+ or more on dipstick). This must be confirmed by a nephrologist.

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Severe progressive chronic kidney disease with decline in function

Progressive chronic kidney disease (progressive deterioration of kidneys) as evidenced by all of the following despite optimal therapy:

- 1) Renal function tests that show a decline in the glomerular filtration rate (GFR) of more than 5 ml/min over the past 12 months;
- 2) Last GFR 30 ml/min or less;
- 3) Persistent proteinuria (1+ or more on dipstick). This must be confirmed by a nephrologist

Chronic, irreversible kidney failure requiring and already having undergone regular dialysis treatment

Chronic, end-stage kidney failure that is irreversible, with regular dialysis instituted. This must be supported with a report from the treating nephrologist.

Kidney transplant

Undergone a complete human kidney transplant. This must be supported with a surgical report. A kidney transplant is an operation to place a kidney from a live or deceased donor into a person whose kidneys no longer function. The kidneys remove excess fluid and waste from the body.

Documented renal vein thrombosis

Formation of a clot in the blood vessel that drains blood from the kidney, confirmed by a nephrologist or urologist, with confirmatory investigations and imaging.

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Respiratory disorders

Pulmonary embolism

The diagnosis and treatment of a pulmonary embolism (PE) following a deep vein thrombosis (DVT). This must be confirmed by a specialist and must include all of the following:

- 1) A ventilation-perfusion (VQ) scan or reports of the latest radiological imaging technique;
- 2) Treatment record of use of anticoagulant drugs..

Pulmonary embolism is a sudden blockage in a lung artery. The blockage is usually caused by a blood clot that travels to the lung from a vein in the leg.

Recurrent pulmonary embolism, with associated pulmonary hypertension

Recurrent pulmonary embolism despite optimal treatment, resulting in pulmonary hypertension, where the mean pulmonary artery pressure is more than 40 mmHg. This must be confirmed by a specialist.

Recurrent pulmonary embolism that does not respond to treatment are blood clots that repeatedly occur in the arteries of the lung. This can cause significant and chronic damage to the lung. If this occurs then this is called pulmonary hypertension.

Chronic irreversible lung disease with severe impairment

Chronic irreversible lung disease, confirmed by a pulmonologist, resulting in irreversible respiratory impairment of FEV1 \leq 40% or FVC \leq 40%, or DCO \leq 40% on at least three occasions at least 1 month apart.

Chronic irreversible lung disease is when there is a reduced volume of air from the lungs that can be blown out in the first second (FEV1) or a reduced volume of air that can be blown out after inhaling fully (FVC) or a reduced ability to transfer oxygen or diffusion capacity (DCO), all of which indicate poor functioning of the lungs

Removal of two or more lobes of a lung

The surgical removal of two or more lobes of a lung by an appropriate specialist, with surgical reports.

Removal of a lung

The surgical removal of one lung, confirmed with surgical reports by an appropriate specialist.

Lung or heart-lung transplant

Complete lung or heart-lung transplant. This must be confirmed with surgical reports by a cardiothoracic surgeon.

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Any chronic lung disease with pleurectomy or decortication

Any chronic lung disease, with pleurectomy or decortication. This must be confirmed with surgical reports by a specialist.

Pleurectomy is a type of surgery in which part of the pleura is removed. The pleura is a membrane that surrounds the lungs. This procedure helps to prevent fluid from collecting in the affected area. Decortication is a surgical procedure that removes a restrictive layer of fibrous tissue overlying the lung, chest wall and diaphragm. This improves the elasticity of the lung.

Chronic sarcoidosis not responding to optimal treatment

Definitive diagnosis of chronic pulmonary sarcoidosis, which is not responding to optimal medical therapy. This must be evidenced by three lung function tests, each performed at least 1 month apart, and confirmed by a specialist.

Sarcoidosis is the growth of tiny collections of inflammatory cells called granulomas. This can occur in different parts of the body, but most commonly in the lungs. This can cause progressive loss of lung function.

Pulmonary alveolar proteinosis

Definitive diagnosis of pulmonary alveolar proteinosis, with at least three lung function tests, each performed at least one month apart, showing a DCO of less than 50%. This must be confirmed by a specialist.

Pulmonary alveolar proteinosis is a rare lung condition where protein build up occurs in air sacs of the lungs, reducing lung function.

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Urogenital disorders

Total amputation of the penis

Any physical disease or injury of the penis that results in total amputation of the penis. This must be performed by a surgeon, and confirmed with surgical reports. Amputation due to gender dysphoria or for gender reassignment purposes is not covered.

Partial cystectomy (removal of at least 50% of the urinary bladder)

The surgical removal of at least 50% of the urinary bladder by a specialist, confirmed by surgical reports.

Radical cystectomy resulting in a need for an external bag or catheterisation

The surgical removal of the whole urinary bladder by a specialist, confirmed by surgical reports.

Bilateral orchidectomy

Surgery to remove both testicles for a medical reason. This must be performed by a specialist and confirmed with surgical reports. This claim event does not cover any part of sex change surgery.

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Vision

Enucleation of one eye

The complete removal of one eye from its socket as a result of trauma or surgery, confirmed with supporting documents by an ophthalmologist.

Retinitis pigmentosa

Retinitis pigmentosa, confirmed with supporting reports by an ophthalmologist.

Retinitis pigmentosa is an inherited disease of the retina (the thin layer at the back of the eye) that progresses over time, resulting in blindness.

Total, permanent and irreversible loss of sight in one eye

The total, permanent and irreversible loss of sight in one eye, with all of the following:

- 1) Sharpness of vision of 6/60 or worse when measured with the use of visual aids;
- 2) Reports by an ophthalmologist.

Total, permanent and irreversible loss of sight in both eyes with best corrected bilateral visual acuity of 6/30 or worse

The total, permanent and irreversible loss of sight in both eyes, with all of the following:

- 1) Visual acuity of 6/30 or worse for both eyes when measured with the use of visual aids;
- 2) Reports by an ophthalmologist.

Irreversible hemianopia in one eye

Irreversible loss of either the left or right half of the visual field in one eye, as confirmed by an ophthalmologist. This must be supported with all of the following:

- 1) Radiological evidence;
- 2) Visual tests.

Irreversible hemianopia in both eyes

Irreversible loss of either the left or right half the visual field in both eyes, as confirmed by an ophthalmologist. This must be supported with all of the following:

- 1) Radiological evidence;
- 2) Visual tests.

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Infections

Accidental HIV infection *(continued on next page)*

Infection by the Human Immunodeficiency Virus (HIV) or the diagnosis of immunodeficiency syndrome.

The infection must be proved to our satisfaction as being due to one of the following:

- the transfusion of infected blood or blood products from a transfusion service that we recognise, on or after the cover start date;
- an accidental needlestick injury or cut in the execution of the insured employee's duties as a full time medical student, or normal professional duties as a medical or dental practitioner or nurse, registered with the Health Professions Council of South Africa (HPCSA), or the South African Nursing Council. The incident must have been recorded in writing in the workplace, for example with the Superintendent if in a hospital. An HIV test must have been performed within 24 hours to confirm the HIV negative status of the insured employee at the time of the incident, as well as the HIV status of the patient with whom the incident took place. There must be proof that the insured employee has been started on a course of anti-retroviral drugs. A subsequent HIV test must have been performed within 6 months after the incident to confirm the change in the insured employee's HIV status from negative to positive;
- receiving a transplanted organ where the organ has previously been infected with the HI virus;
- any other medical or dental procedure, recognised by the HPCSA, performed on the insured employee by a medical or dental practitioner, registered with the HPCSA. An HIV test must have been performed, but not longer than 12 months before the medical or dental procedure, to confirm the HIV negative status of the insured employee at the time of the incident. A subsequent HIV test must have been performed within at least 12 months after the incident to confirm the change in the insured employee's HIV status from negative to positive;
- rape or indecent assault. The offence must have been reported to the South African Police Services (SAPS) and a case number and/or a criminal case must have been opened. An HIV test must have been performed within 24 hours to confirm the HIV negative status of the insured employee at the time of the assault. A medical examination must have been performed within 24 hours after the incident, confirming the rape or indecent assault. There must be proof that the insured employee has been started on a course of anti-retroviral drugs. A subsequent HIV test must have been performed within 6 months after the incident to confirm the change in the insured employee's HIV status from negative to positive;
- a violent crime. The offence must have been reported to the SAPS and a case number and/or criminal case must have been opened. A medical examination must have been performed within 24 hours after the incident, confirming the crime. Medically documented proof of acute trauma and suspicion of HIV infection must have been submitted, as well as an HIV test that proves that the insured employee was HIV negative at the time of the crime. There must be proof that the insured employee has been started on a course of anti-retroviral drugs. A subsequent HIV test must have been performed within 6 months after the incident to confirm the change in the insured employee's HIV status from negative to positive;

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Accidental HIV infection *(continued from previous page)*

- a road traffic accident. The accident must have been reported to the SAPS and a case number and/or criminal case must have been opened. A medical examination must have been performed within 24 hours after the incident, confirming the accident. Medically documented proof of acute trauma and suspicion of HIV infection must have been submitted, as well as an HIV test that proves that the insured employee was HIV negative at the time of the accident. There must be proof that the insured employee has been started on a course of anti-retroviral drugs. A subsequent HIV test must have been performed within 6 months after the incident to confirm the change in the insured employee's HIV status from negative to positive. If the accidental HIV infection is a result of emergency assistance at the scene of the accident, an affidavit by the SAPS or an eyewitness to prove the assistance of the insured employee must have been submitted.

Cerebral malaria

Confirmed diagnosis of cerebral malaria with all of the following:

- 1) Blood tests showing parasitaemia count of more than 5%;
- 2) Permanent neurological deficit, as measured by a whole person impairment (WPI) of 1 to 10% according to the latest American Medical Association's Guides to the Evaluation of Permanent Impairment. This will be measured after 3 months.

Cerebral malaria resulting in permanent neurological impairment

Confirmed diagnosis of cerebral malaria with all of the following:

- 1) Blood tests showing parasitemia count of more than 5%;
- 2) Permanent neurological deficit, as measured by a whole person impairment (WPI) of 11% or more according to the latest American Medical Association's Guides to the Evaluation of Permanent Impairment. This will be measured after 3 months.

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Injuries, accidents and poison

Full thickness burns involving more than 30% of one hand or more than 30% of the head

Full thickness burns (burns through all the layers of the skin) involving more than 30% of the surface area of one hand or more than 30% of the surface area of the head, as measured by the Lund and Browder Chart or equivalent. This must be confirmed by a specialist.

The Lund and Browder chart is a special chart which is used to measure burns by percentages allocated to body parts.

Grade II partial thickness burns involving more than 20% of the body surface area

Partial thickness or second degree burns (burns which affect the outer layer of skin, the epidermis) involving more than 20% of the body surface area, as measured by the Lund and Browder Chart or equivalent. This must be confirmed by a specialist.

The Lund and Browder chart is a special chart which is used to measure burns by percentages allocated to body parts.

Full thickness burns involving more than 10% but less than or equal to 20% of the body surface area

Full thickness burns (burns through all the layers of the skin) involving more than 10% but less than or equal to 20% of the body surface area, as measured by the Lund and Browder Chart or equivalent. This must be confirmed by a specialist.

The Lund and Browder chart is a special chart which is used to measure burns by percentages allocated to body parts.

Full thickness burns involving more than 20% but less than or equal to 30% of the body surface area

Full thickness burns (burns through all the layers of the skin) involving more than 20% but less than or equal to 30% of the body surface area, as measured by the Lund and Browder Chart or equivalent. This must be confirmed by a specialist.

The Lund and Browder chart is a special chart which is used to measure burns by percentages allocated to body parts.

Full thickness burns involving more than 30% of the body surface area

Full thickness burns (burns through all the layers of the skin) involving more than 30% of the body surface area, as measured by the Lund and Browder Chart or equivalent. This must be confirmed by a specialist.

The Lund and Browder chart is a special chart which is used to measure burns by percentages allocated to body parts.

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Traumatic injuries resulting in a comatose state requiring mechanical ventilation persistent for longer than 96 hours

Traumatic injuries resulting in a comatose state requiring assisted breathing on a ventilator persistent for longer than 96 hours, not induced by sedation. There must be evidence of all of the following:

- 1) Glasgow Coma scale reading of 8 or less;
- 2) No reaction to external stimuli or internal needs;
- 3) This state must persist continuously for more than 96 hours.

Spinal injury resulting in paraplegia, diplegia, hemiplegia, quadriplegia or cauda equina syndrome

Traumatic event to the spinal cord, resulting in permanent paraplegia, diplegia, hemiplegia, quadriplegia or cauda equina syndrome (permanent loss of bowel or bladder function or paraplegia). This must be confirmed by a specialist with copies of all scans.

Paraplegia is the total and permanent loss of muscle function resulting in the loss of use of both legs due to disease of or injury to the spinal cord or brain.

Diplegia is the total and permanent loss of muscle function or sensation of both sides of the body due to disease of or injury to the spinal cord or brain.

Hemiplegia is the total and permanent loss of muscle function of one side of the body due to disease of or injury to the spinal cord or brain. This claim event does not cover hemiplegia facialis (facial palsy).

Quadriplegia is the total and permanent loss of the functioning of both arms and both legs due to disease of or injury to the spinal cord or brain.

Cauda equina syndrome is where there is damage to the cauda equina nerves. These nerves are found at the bottom end of the spinal cord. This can cause a permanent loss of bowel or bladder function or loss of use of the legs.

Loss of bowel or bladder function, with permanent stoma or indwelling catheter

A traumatic spinal injury resulting in permanent bladder incontinence (loss of control of the bladder) requiring a permanent indwelling catheter or bowel incontinence (loss of control of the bowel) requiring a permanent colostomy. This must be confirmed by a specialist with copies of all scans.

A colostomy is where the end of the large intestine is surgically brought out through an opening in the abdominal wall.

Skull fracture requiring reconstruction

Skull fracture requiring reconstruction

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Dog bite to the face requiring primary suturing, followed by multiple sessions of repair by a plastic or reconstructive surgeon

A dog bite to the face, where the initial repair to the face is followed by at least one surgery by a plastic or reconstructive surgeon to improve the appearance of the scar, supported with an operation report. Only one payment for this claim event.

Brachial plexus injury with permanent neurological impairment

Brachial plexus injury, with permanent irreversible paralysis of the entire arm. This must be supported by neurophysiological tests, and confirmed by a specialist.

The brachial plexus is a collection of nerves from the neck that branches off and forms nerves that control movement and sensation of the upper limbs. If these nerves are severely damaged, it can cause total and permanent paralysis of the arm.

Radial, ulnar or median nerve injury, with loss of function of the hand

Radial, ulnar or median nerve injury, with permanent loss of function of the hand in the area innervated by the affected nerve. This must be supported by neurophysiological tests, and confirmed by a specialist.

Damage to the radial nerve can cause weakness in the wrist and fingers, which reduces the ability to open the hand to grasp objects. In severe cases, the hand droops from the wrist and the fingers are curved.

When the median nerve is damaged, the thumb and first two fingers may lose sensation or have a burning sensation or tingling. Median nerve damage can also affect the ability to use the thumb to pinch or grip items.

Ulnar nerve damage results in a pins-and-needles (tingling) sensation and hand weakness. Severe ulnar nerve damage can result in muscles becoming smaller in the hand and a deformity called "claw hand".

Lead or mercury poisoning

Acute lead or mercury poisoning with all of the following: 1) Evidence on laboratory markers; 2) Appropriate signs and symptoms; 3) Confirmation by a specialist.

Acute lead poisoning symptoms may include stomach pain and cramping. Acute mercury poisoning signs and symptoms may include numbness, tingling, hearing loss, sight difficulties, loss of balance, as well as emotional and mental difficulties.

Venomous snake bite necessitating anti-venom administration and ICU admission requiring mechanical ventilation

A snake bite, which results in the administration of anti-venom and admission to an intensive care unit (ICU) for assistance with breathing by a machine. This must be supported with a specialist's report.

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Traumatic event resulting in ICU admission of more than 5 weeks with assisted mechanical ventilation for at least 3 of those weeks

Any accident or injury that results in the admission to an intensive care unit (ICU) for more than 5 weeks, with assisted mechanical ventilation for at least 3 weeks. This must be supported with a specialist's report.

Reconstructive surgery for multiple facial fractures

Multiple facial fractures (broken bones in the face) that result in two or more craniofacial surgeries, where medically necessary realignment of the bone segments and fixation are performed. This must be performed by a reconstructive or maxillofacial surgeon. This must be supported with a specialist's report with all operation reports. This claim event does not cover cosmetic surgery.

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Activities of daily living

Basic activities of daily living	
Bathing	The ability to wash or bathe oneself independently
Transferring	The ability to move oneself from a bed to a chair or from a bed to a toilet independently
Dressing	The ability to take off and put on one's clothes independently
Eating	The ability to feed oneself independently. This does not include the making of food
Toileting	The ability to use a toilet and cleanse oneself thereafter, independently
Locomotion on a level surface	The ability to walk on a flat surface, independently
Locomotion on an incline	The ability to walk up a gentle slope, or a flight of steps independently

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Advanced activities of daily living	
Driving a car	The ability to open a car door, change gears or use a steering wheel
Medical care	The ability to prepare and take the correct medication
Money management	The ability to do one's own banking and to make rational financial decisions
Communicative activities	The ability to communicate either verbally or written
Shopping	The ability to choose and lift groceries from shelves as well as carry them in bags
Food preparation	The ability to prepare food for cooking as well as using kitchen utensils
Housework	The ability to clean a house or iron clothing
Community ambulation with or without assistive device, but not requiring a mobility device	The ability to walk around in public places using only a walking stick if necessary
Moderate activities	Activities like moving a table, pushing a vacuum cleaner, bowling, golf
Vigorous activities	Able to partake in running, heavy lifting, sports



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