Child Serious Illness Cover Plan Provision Supplement

Child Serious Illness Cover Provisions

This document is sent to *you* because *you* have added Child Serious Illness Cover to *your plan*. All other sections in *your* existing *plan* provisions are still applicable to *your plan*. In the event of a conflict between this supplement and *your* existing *plan* provisions, this supplement shall prevail to the extent of any such inconsistency.

We have put some words in *italics*. *We* explain what *we* mean by these words in the Definitions section.

If there is anything that is not clear, please speak to *your* financial adviser, if *you* have one. *You* can also email *us* at lifeenquiries@vitality.co.uk or call *us* on 0345 601 0072. If *you* call *us*, please have *your plan* number to hand. To help *us* improve *our* service, *we* may record or monitor phone conversations with *you*. Alternatively, *you* can also write to *us* at VitalityLife, PO Box 619, Darlington, DL1 9FH

Please contact us on 0345 601 0072 or speak to your adviser if you would like this document in large print or braille.

1. Child Serious Illness Cover

Child Serious Illness Cover pays a lump sum if *your child* suffers from a *serious illness* that *we* cover. *Your plan schedule* shows if *you* have Child Serious Illness Cover. Appendix 2 also applies to Child Serious Illness Cover, where applicable.

Any changes that may apply due to Premium Step will not affect premiums for Child Serious Illness Cover at each *plan anniversary*.

However, changes due to Optimiser will apply to premiums for Child Serious Illness Cover at each *plan anniversary*.

It covers all eligible current and future *children* for all adult persons insured on the plan. Cover for *children* is from birth, unless *we* say otherwise for a specific condition. *We* pay any *benefits* under this cover to the *Planholder*.

You don't have to have Serious Illness Cover to have this cover.

1.1 When *we* will pay the benefit

We will pay the *benefit* if *your* claim meets all of the following criteria:

- *Your child* is diagnosed with a *serious illness* as defined in Appendix 1
- The *child you* are claiming for survives for at least 14 days after the *life-changing event* or the diagnosis of the *life-changing event*
- *We* receive *your* written claim within six months of the *life-changing event*
- *You* give *us* any evidence *we* ask for. *We* will ask *your* General Practitioner, and any specialists who are treating *you*, for medical evidence. *We* will need different types of information for different types of illness. For more about this, see Appendix 1. *Our* Chief Medical Officer will use this evidence to determine whether *your* claim is valid and, if appropriate, which severity level applies to *your* child's condition
- *Your* claim meets the criteria in Appendix 1, irrespective of any changes to generally known definitions of medical terms, or to the way particular conditions are usually treated

If *your* claim is for a *serious illness we* will usually assess using *functional activity tests,* or that is defined as total *permanent* disability *we* will assess *your child's* condition based on total *permanent* disability for *children* in Appendix 1.

See Appendix 1 for a list of conditions which require the use of *functional activity tests* to assess claims.

1.2 How much *we* will pay

How much *we* will pay depends on:

- How severe *your child's* condition is; and
- The type of cover *you* have; and
- The amount of cover for *your child*

How severe *your* child's condition is

We will pay a percentage of *your* Child Serious Illness Cover, depending on how severe the *serious illness* is, based on a scale from A to G:

Some *serious illnesses* are not covered at all severity levels. Appendix 1 shows which severity levels apply to which conditions.

Severity level	The percentage of *your* Child Serious Illness Cover *we* will pay
A (most severe)	100%
B	75%
C	50%
D	25%
E	15%
F	10%
G (least severe)	5%

The type of cover *you* have

With Child Serious Illness Cover 1X *your children* are covered for severity levels A to D. With Child Serious Illness Cover 2X *your children* are covered for severity levels A to E. With Child Serious Illness Cover 3X *your children* are covered for severity levels A to G.

Your plan schedule shows whether *you* have:

- Child Serious Illness Cover 1X;
- Child Serious Illness Cover 2X; or
- Child Serious Illness Cover 3X.

The type of Child Serious Illness Cover is determined by *your* Serious Illness Cover type and is shown in *your* plan schedule.

Child Serious Illness Cover 2X will be included on *your* plan if *you* have Serious Illness Cover 2X or Life with Serious Illness Cover 2X.

Child Serious Illness Cover 3X will be included on *your* plan if *you* have Serious Illness Cover 3X or Life with Serious Illness Cover 3X.

The type of cover cannot be changed during the term of *your* cover.

The amount of cover

Your plan schedule shows the Child Serious Illness Cover amount. This is the amount *you* would get if *we* paid 100% of *your* Child Serious Illness Cover. For more details around how *your* cover amount works following a claim, see section 1.5.

If *you* have Child Serious Illness Cover 2X or Child Serious Illness Cover 3X**,** the lump sum that *we* pay *you* in the event of a claim for certain *serious illness* conditions will be increased to 100% of *your* Child Serious Illness Cover amount. These conditions are listed in Appendix 2.

The maximum total amount of *benefit* that *we* will pay for each *child* under this cover over the term of the cover is:

- 100% of *your* cover amount if *you* have Child Serious Illness Cover 1X;
- 200% of *your* cover amount if *you* have Child Serious Illness Cover 2X;
- 300% of *your* cover amount if *you* have Child Serious Illness Cover 3X

The maximum total amount of *benefit* that *we* will pay under this cover across all *children* over the term of the cover is:

- 300% of *your* cover amount if *you* have Child Serious Illness Cover 1X;
- 600% of *your* cover amount if *you* have Child Serious Illness Cover 2X;
- 900% of *your* cover amount if *you* have Child Serious Illness Cover 3X

If the *child* is covered by more than one of *our* policies, a maximum of £100,000 applies to the total Child Serious Illness Cover amount across all policies

issued by *us*. This includes where a *joint life plan* has been split and plans with previous versions of Child Serious Illness Cover issued by *us* that the *child* can claim on.

Where the child is covered under Child Serious Illness Cover and is also covered under an adult Serious Illness Cover or Life with Serious Illness Cover across any plans issued by us, the maximum under the core covers will apply instead of the maximums under Child Serious Illness Cover. For more information around this, see provision B2.4.

Where the child is only covered under Child Serious Illness Cover and they aren't covered under any other core cover(s) under any plans issued by us, the maximum of £100,000 will apply to the total Child Serious Illness Cover amount across all policies issued by us.

1.3 When *we* will not pay

We will not pay the *benefit* if:

- The *life-changing event* that causes *you* to claim happens after *your* Child Serious Illness Cover's *date of expiry*; or
- The claim is due to a *pre-existing medical condition*.

1.4 What happens if a single life-changing event causes *you* to claim for more than one serious illness

If a single *life-changing event* results in a *child* being diagnosed with more than one *serious illness*, *we* will only pay a *benefit* for the illness with the highest severity level.

However, if one of the *serious illnesses* is a neurological condition that started after the *start date* of the Child Serious Illness Cover, *we* will assess it as a separate claim. *We* will base *our* assessment on reports from the consultant in charge of monitoring progress.

If a single life-changing event results in more than one *child* being diagnosed with a serious illness, *we* will assess both claims separately, subject to the per *child* and per *benefit* maximum. For more information about this, see section 1.2.

1.5 How *your* cover continues after a claim

When *we* make payments under this cover, the *percentage of cover remaining* for future claims for that *child* and for the cover overall will reduce by the percentage of cover amount *we* have paid *you*. Payments under the Specified Congenital conditions and Child Funeral Contribution will not reduce the *percentage of cover remaining*.

- *You* can receive up to 100%, 200% or 300% of *your* Child Serious Illness Cover amount for each *child* across multiple claims depending on the type of cover applied to *your plan*.
- Each claim *we* pay *you* in respect to any *child* will reduce *your percentage of cover remaining* depending on the severity of the claim, subject to the per child maximum and per benefit maximum. For more information, see section 1.2.
- Where the percentage of claim exceeds the *percentage of cover remaining, we* will pay the lower of the two.

1.6 What happens if *you* need to make a subsequent claim

If *you* claim once and then claim again, *we* call the second claim a subsequent claim. This can be for the same condition, or a different one. *We* will classify any subsequent claims *you* make as either a *progressive claim* or an *unrelated claim*. For more about how *we* pay subsequent claims, see the flowcharts in Appendix 5.

Progressive claims	
Definition	A *progressive claim* occurs when: **1.** A *person covered* has a *life-changing event* that causes a *serious illness;* **2.** They make a claim for that *serious illness;* **3.** They later make a claim for the same illness, or another *serious illness* that was caused by the same *life-changing event*.
When *we* won't pay	No further payment will be made if: • the severity of the *progressive claim* is the same as or lower than the severity level of the previous claim; or • if the previous claim was for a condition listed in Appendix 2. and the *progressive claim* is also for a condition that is listed in Appendix 2. or is for a severity level A condition.
When *we* will pay	If the severity level of *your progressive claim* is higher than the severity level of *your* previous claim, *we* will make another payment.
How *we* calculate the amount *we* will Pay	*We* will base the amount *we* pay on the increase in severity from the previous claim to the new claim. *We* will use the cover amount and *percentage of cover remaining* at the time of subsequent claim.

Unrelated claims	
Definition	An *unrelated claim* occurs when: 1. A *person covered* has a *life-changing event* that causes a *serious illness* 2. They make a claim for that *serious illness* 3. They later make a claim for another *serious illness* that was caused by a different *life-changing event*
How *we* calculate	*We* will base *your* cover amount, *percentage of cover remaining* for Child Serious Illness Cover and the severity level of the claim at the time of subsequent claim.

There are three types of claim that *we* treat differently compared to the table above.

1. **Subsequent claims due to Heart Attack or Stroke**

   If *you* make a valid claim that is caused by a Heart Attack or Stroke, *we* will treat any subsequent claim of the same or lower severity as an *unrelated claim* if:

   - the subsequent claim is caused by the same life changing event as the previous claim; and
   - the Heart Attack or Stroke that causes the subsequent claim occurs at least 30 days after the life changing event that caused the previous valid claim.

   Note: Heart Attack and Stroke are treated as two different *life changing events*.

2. **Subsequent claims under the major organ transplant body system category that are caused by a condition or illness that is named under another body system category**

   The underlying cause of a claim under the major organ transplant *body system category* may be a condition or illness named under another category.

- If *we* have previously paid out for that condition – no matter what category it is listed under – *we* will treat *your* claim as a progressive claim. For more about progressive claims, see the start of this section.
- If *we* have not previously paid out for that named condition, *we* will treat *your* claim in the same way that *we* treat 'subsequent claims' – see above.

1.6 Cover Structure

Your plan schedule will show whether *your* Child Serious Illness Cover is on a level or an indexed basis.

Level

The amount of Child Serious Illness Cover will stay the same over the life of the cover term. It will only change if something happens such as *you* change the cover.

Indexed

The amount of Child Serious Illness Cover *benefit* increases on each *cover anniversary,* in line with the *Retail Prices Index* (RPI rounded to the next 0.25%). Each increase is limited to a minimum of 0% and to a maximum of 10%. *We* use the RPI figure that applies five months before each *cover anniversary*.

If *your* Child Serious Illness Cover is indexed, *we* will increase *your* premiums annually. For more information around how indexed premiums work, see provision D1.3 of *your* original plan provisions.

1.7 Hospitalisation benefit

Your Child Serious Illness Cover also includes a Hospitalisation benefit.

If any of *your children* are hospitalised for medically necessary treatment for 14 consecutive nights or more following 30 days after their birth, *we* will provide a *benefit* of £100 a day from the fourteenth day onwards for the period that *your child* remains in hospital.

We will pay the Hospitalisation benefit at the end of each month following hospitalisation. *You* will need to provide *us* with satisfactory proof of *your* entitlement to the *benefit* within 30 days of *us* asking for it.

We will limit the number of days *we* pay to an overall maximum of 30 nights. The overall maximum amount that *we* will pay for any one *child* is £3,000. If *your child* is covered by more than one of *our plans* with Child Serious Illness Cover, this maximum applies to the total of all payments under these *plans* and not to each *plan* separately. This includes where a *joint life plan* has been split.

We will not pay out the Hospitalisation benefit if it is a result of *you* making a successful claim under Child Serious Illness Cover.

We will stop paying *you* the Hospitalisation benefit on the earliest of:

- *Your child* leaving hospital;
- *Your child* has reached the first cover *anniversary* after their 23rd birthday:
- The *plan* ceasing;
- *Your child's* death;
- *You* making a successful claim under Child Serious Illness Cover that results in *your child's* hospitalisation.

1.8 Specified Congenital conditions and Child Funeral Contribution

We automatically include Specified Congenital conditions and Child Funeral Contribution on *your* Child Serious Illness Cover.

It pays a lump sum of £5,000 in the circumstances described in this provision.

1.8.1 When *we* will pay the benefit

We will pay if *your* claim meets one or more of the following criteria:

a. Specified Congenital Conditions

We will pay a lump sum of £5,000 if any *child* who was born living, and during the period of cover is diagnosed with any of the following conditions after the *start date* of the cover:

- Cerebral Palsy - a definite diagnosis of Cerebral Palsy by an *appropriate medical specialist*
- Cystic Fibrosis – a definite diagnosis of Cystic Fibrosis by an *appropriate medical specialist*
- Downs Syndrome – a definite diagnosis of Downs Syndrome by an *appropriate medical specialist*
- Edwards Syndrome – a definite diagnosis of Edwards Syndrome by an *appropriate medical specialist*
- Osteogenesis Imperfecta – a definite diagnosis of Osteogenesis Imperfecta by an *appropriate medical specialist*
- Patau Syndrome – a definite diagnosis of Patau Syndrome by an *appropriate medical specialist*
- Spina Bifida – a definite diagnosis of Spina Bifida by an *appropriate medical specialist*
- Surgical treatment of Craniosynostosis - surgical treatment of Craniosynostosis by a Consultant Neurosurgeon.

b. Children's Funeral Contribution

We will pay *Children's* Funeral Contribution of £5,000 towards the cost of the funeral if any *child* dies before the *date of expiry* of *your* Serious Illness Cover.

The maximum amount of *Children's* Funeral Contribution that *we* will pay following the death of a *child* across all *plans* which *you* hold with VitalityLife is £5,000.

We will only pay *Children's* Funeral Contribution in respect of a person who:

- Has not reached the first cover *anniversary* after their 23rd birthday; and
- Is *your* natural *child*, *adopted child* or step-child,; and
- Is looked after by or is financially dependent on *you*; and
- Is a *Resident of the United Kingdom.*
- *Children's* Funeral Contribution includes all *your children* for the term of the cover.

We will only pay the *benefit* if:

- *We* receive *your* written claim form within six months of the *life-changing event*
- *You* provide *us* with any evidence *we* ask for
- *Your child* was born living.

1.8.2 When *we* will not pay under Special Congenital conditions and Child Funeral Contribution

We will not pay if:

- The claim is due to a *pre-existing medical condition*

The *life-changing event* that causes *you* to claim happens after *your* Child Serious Illness Cover's *date of expiry*.

A maximum of one payment will be made under each of the two categories for each *child* across all VitalityLife *plans*. If *you* have Serious Illness Cover or Life with Serious Illness Cover, this maximum will also apply to payments made under Complications of Pregnancy Conditions.

1.8.3 How much *we* will pay

We will pay £5,000 for each claim under Specified Congenital conditions and Child Funeral Contribution. The total amount that *we* will pay for all claims under both benefit and under Complications of Pregnancy Conditions on all plans which *you* hold with VitalityLife is £20,000.

Claims *we* pay under Specified Congenital conditions and Child Funeral Contribution will not reduce *your* Child Serious Illness Cover amount.

1.8.4. When cover under Specified Congenital conditions and Child Funeral Contribution will end

It will end on the earliest of:

- *your* Child Serious Illness Cover's date of expiry, or
- when *we* have paid a total of £20,000 under both benefits and Complications of Pregnancy Conditions if you have Serious Illness Cover or Life with Serious Illness Cover. or
- the cover ceasing.

2. Claiming a benefit

The following section sets out the relevant general exclusions and how *we* assess whether *you* are incapacitated for certain claims.

2.1 What *we* need before *we* can settle a claim

For any claim under Child Serious Illness Cover, *we* will need to see a birth certificate. *We* may also need proof of *your* relationship to the *child* if their birth certificate does not provide this.

For each type of cover, *we* describe what *we* need before *we* can settle a claim in the individual cover sections of these *plan* provisions.

For the purposes of complying with *our* Anti-Money Laundering obligations, *we* may require a claim recipient to give *us* satisfactory proof of their identity.

2.2 Confirming that *you* are incapacitated

For some types of cover, *we* may need to assess whether *your child* is incapacitated. To make this assessment, *we* will need an *appropriate medical specialist* to confirm that *your child* has an ongoing inability to perform a series of *functional activity tests*. *your child* must need the help or supervision of another person and be unable to perform the task on *their* own even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication. *We* explain these tests below. The individual cover sections in these provisions will explain which tests are relevant to a claim under that cover.

There are two types of *functional activity tests:*

- *Tasks designed to assess whether you can look after yourself* (*we* also refer to these as *activities of daily living* in these *plan* provisions)
- *Work tasks*

Types of functional activity tests

Tasks designed to assess whether *you* can look after *your*self ever again (also called activities of daily living)	How *we* define this activity
Washing	The ability to wash in the bath or sho*w*er (including getting into and out of the bath or sho*w*er) or wash satisfactorily by other means
Getting dressed and undressed	The ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances
Feeding *your*self	The ability to feed *your*self when food has been prepared and made available
Maintaining personal hygiene	The ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bo*w*el and bladder function
Getting bet*we*en rooms	The ability to get from room to room on a level floor
Getting in and out of bed	The ability to get out of bed into an upright chair or wheelchair and back again.
Walking	The ability to walk more than 200 metres on a level surface
Climbing	The ability to climb up a flight of 12 stairs and down again, using the handrail if needed

Lifting	The ability to pick up an object *we*ighing 2kg at table height and hold for 60 seconds before replacing the object on the table
Bending	The ability to bend or kneel to touch the floor and straighten up again
Getting in and out of a car	The ability to get into a standard saloon car, and out again
Writing	The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard

For the above definitions, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Knowing which tests are relevant to *your* claim

The specific tests *you* need to take will depend on the cover *you* are claiming under.

Child Serious Illness Cover

If *your* claim is for *your child* under Child Serious Illness Cover, *we* will assess *your child's* disability level based on the reports from the *appropriate medical specialist* in charge of monitoring *your child's* progress.

Making a claim when *you* are abroad

If *you* are outside the *United Kingdom*, the Channel Islands or the Isle of Man when *you* make a claim for anything other than Life Cover, *we* will need an *appropriate medical specialist* to confirm all *your* information and *your* diagnosis. *We* will consider information from *appropriate medical specialists* in *permitted countries*.

2.3 Exclusions

General exclusions

If the illness, condition or procedure *you* are claiming for is a consequence of an excluded condition, *we* will not pay any *benefit* under Child Serious Illness Cover.

This applies to the excluded conditions in the definitions of named conditions or any exclusions that *we*re included in *your* acceptance terms at the start of the *plan*.

Exclusions for Child Serious Illness Cover

Appendix 1 explains the exclusions that apply to claims for specific illnesses under Child Serious Illness Cover.

We will not pay a *benefit* for any illness or condition that is not listed in Appendix 1 or Appendix 2 if applicable to *your* cover type. This exclusion applies even if the generally accepted definition of a medical term or the treatment of a condition changes after the *start date* of *your* cover.

Exclusions for Specified Congenital conditions and Child Funeral Contribution

We will not pay the *benefit* if:

- The claim is due to a *pre-existing medical condition*, or
- The *life-changing event* that causes *you* to claim happens after *your* Child Serious Illness Cover's *date of expiry*.

We will only accept a claim if the condition *you* are claiming for occurred after the *start date* of *your* Child Serious Illness Cover. Additionally, *we* will base any *benefit* on the cover amount that was in force at the time the condition, which *you* are claiming for, occurred.

Definitions

Activities of daily living *(also referred to as tasks designed to assess whether you can look after yourself)*

A specific set of everyday physical or functional activities that help to show how able someone is to look after themselves. *We* may refer to these activities if *you* make a claim to do with incapacity. *We* list these activities in section 3.1.

Adoption

For a *single life plan*, the legal *adoption* of a *child* or *children* by the *Person Covered*.

For a *joint life plan*, the legal *adoption* of a *child* or *children* by both people covered.

Alcohol or drug abuse

Inappropriate use of alcohol or drugs, including but not limited to:

- Drinking too much alcohol;
- Taking controlled drugs as defined by the Misuse of Drugs Act 1971, unless they are legally prescribed; or/and
- Taking an overdose of drugs, whether legally prescribed or not

Appropriate medical specialist

Someone who is:

- A medical consultant or equivalent at a hospital in the *United Kingdom* or any of the *permitted countries;*
- A specialist appropriate to the cause of the claim;
- Registered in the *United Kingdom* or any of the *Permitted countries;*
- Not related by blood or *marriage* to the person or people covered; and
- Accepted by *our* Chief Medical Officer

Benefit

Money *we* pay to *you* if *you* make a successful claim under the *plan*.

Body system category

The category of *serious illnesses* that affect a particular body system, as outlined in the appendices.

Child/children

A person who:

- Has not reached the first cover *anniversary* after their 23rd birthday, and
- Is *your* natural *child*, adopted *child*, *step-child* or a *child you* are the legal guardian of; and
- Is looked after by, or financially dependent on, *you*

Civil Partner/Civil Partnership

This applies to same sex *marriages* only, registered in terms of the Civil *Marriages* Act 2004. For a *single life plan*, a partnership between the *person covered* and another person, registered under the *Civil Partnership* Act 2004, excluding a second or subsequent registration of the same two people.

For a *joint life plan*, a partnership between the two people covered, registered under the *Civil Partnership* Act 2004, excluding a second or subsequent registration of the same two people.

Date of expiry

The date a cover ends. The *date of expiry* of each of *your* covers is shown on the *plan schedule*.

First person covered

For a *single life plan*, this is the insured person. For a *joint life plan*, this is the first person named on the application form.

Functional activity tests

Specific sets of everyday physical or functional activities that help to show how able someone might be to work or look after themselves. The two kinds of tests are called *work tasks* and *activities of daily living* (sometimes *we* refer

to these as *tasks designed to assess whether you can look after yourself ever again*). *We* may refer to these activities if *you* make a claim to do with incapacity.

Full-time occupation

An *occupation* that normally takes up at least 16 hours a *week* on a regular basis.

Houseperson

A person who has a *full-time occupation* maintaining the home or caring for one or more dependants

Insurable interest

The following conditions must be satisfied for an *insurable interest* to exist:

- The person taking out the *plan* must stand to be financially worse off if the life assured dies or becomes seriously ill (to a degree capable of valuation); and
- There must be a *legally recognised relationship* between the person taking out the *plan* and the life assured.

Irreversible

Cannot be reasonably improved by medical treatment and/or surgical procedures used by the National Health Service in the *United Kingdom* at the time of the claim.

Joint life plan

A *plan* that provides cover for two people. *We* call these two people the *first person covered* and the *second person covered*.

Joint life first death

A cover where the payment is made when the first of the *persons covered* dies or is diagnosed with a *terminal illness*.

Joint life second death

A cover where the payment is made when the last of the *persons covered* dies or is diagnosed with a *terminal illness*.

Legally recognised relationship

A *legally recognised relationship* includes:

- An individual has an unlimited *insurable interest* in their own life;
- Legally married couples, or registered civil partners, have unlimited *insurable interest* in each other's lives;
- Employee/employer relationship provided there would be detrimental financial impact to an employer in the event that the employee dies or becomes seriously ill;
- A partner, of a partnership, has *insurable interest* in the life of a co-partner;
- Trustees accountable to pay the inheritance tax on the death of a beneficiary have an *insurable interest* in that beneficiary; and
- Creditor on the life of a debtor, however, only up to the amount of the debt.

Life-changing event

A single identifiable event or condition that causes *you* to make a claim.

Marriage

For a *single life plan*, the *marriage* of the *person covered*, excluding re-*marriage* to a former spouse.

For a *joint life plan*, the *marriage* of the two people covered to each other, excluding their re-*marriage*.

Non-invasive

A description of malignant or cancerous cells that have not spread into surrounding healthy cells or tissue.

Optimal therapy

Therapy that is currently recommended by:

- The National Institute for Clinical Excellence;
- NHS Prodigy Guidelines; and
- British (or European) Cardiac or Hypertension Societies

Occupation

A trade, profession or type of work undertaken for profit or pay. It is not a specific job with any particular employer and is independent of location and availability.

Own occupation

The *full-time occupation you* had immediately before the start of the illness or injury (or incapacity for the purposes of Income Protection Cover).

Percentage of cover remaining

The percentage of cover amount left after a claim is made, which will be available for future claims payments. This is applicable to Serious Illness Cover, Life with Serious Illness Cover and Child Serious Illness Cover.

Permanent/permanently

Expected to last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire.

Permanent neurological deficit with persisting clinical symptoms

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout *your* life. Symptoms that are covered include:

- Numbness;
- Hyperaesthesia (increased sensitivity);
- Paralysis;
- Localised *w*eakness;
- Dysarthria (difficulty with speech);
- Aphasia (inability to speak);
- Dysphagia (difficulty in swallowing);
- Visual impairment;
- Difficulty in walking;
- Lack of coordination;
- Tremor;
- Seizures;
- Lethargy;
- Dementia;
- Delirium; and/or
- Coma

The following are not covered:

- An abnormality seen on brain or other scans without definite related *clinical symptoms;*
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms; and
- Symptoms of psychological or psychiatric origin.

Permitted countries

Andorra, Australia, Austria, Belgium, Canada, Channel Islands, Denmark, Finland, France, Germany, Gibraltar, Greece, Isle of Man, Italy, Liechtenstein, Luxembourg, Malta, Monaco, The Netherlands, New Zealand, Norway, Portugal, Republic of Ireland, San Marino, Spain, S*w*eden, Switzerland, *United Kingdom* and United States of America.

Person Covered

The *first person covered* or the *second person covered* as appropriate.

Plan

The Personal Protection *plan*.

Plan anniversary

The anniversary of the *start date* of the *plan*.

Plan premium

This is the total premium payable in respect of the covers in *your plan*. This does not include any fee which *you* may be charged for Optimiser in accordance with the separate Vitality terms and conditions for the healthy living part of *your plan*.

Plan schedule

The document *you* received when *you* upgraded *your plan*. It contains details of:

- The cover or covers in the *plan;*
- The amount of each cover;
- The premium for each cover;
- The *date of expiry* of each cover, unless the cover is *whole of life; and*
- Any special conditions

Pre-existing medical condition

A medical condition: where symptoms first arose; that was first suspected or diagnosed; or where any life covered received counselling or medical advice in relation to the condition before any of these dates, as appropriate:

- The start date of the plan;
- The start date of the relevant cover or any increase to the relevant cover;
- The relevant child's date of birth - only for Child Serious Illness Cover;
- The legal adoption of the relevant child - only for Child Serious Illness Cover;
- The date the planholder became the legal guardian of the relevant child - only for Child Serious Illness Cover;
- The date that the plan is reinstated following non-payment of plan premiums.

Pre-malignant

A description of abnormal or cancerous cells that might develop into a malignant tumour but have not yet done so.

Progressive claim

A second claim that happens in the following way:

1. A *person covered* has a *life-changing event* that causes a *serious illness;*
2. They make a first successful claim for that *serious illness; and*
3. They later make a second claim which is for the same *serious illness* or another *serious illness* that was caused by the same *life-changing event*.

Resident of the United Kingdom

A person who legally lives in the United Kingdom for at least 183 days in any 365 day period.

Residual deficit

Persisting loss or incapacity that is expected to last throughout *your* life.

Second person covered

If two people are insured on a *plan*, this is the insured person who is not the *first person covered*. This person cannot be *child*.

Serious illness

An illness or condition that:

- Is defined in Appendix 1; and
- Meets *our* criteria for that illness or condition

The *serious illnesses* are divided into body system categories. These categories are set out in Appendix 1.

Simultaneous claims

Two or more *serious illness* claims that meet all of the following criteria:

- They are being made by more than one *person covered* or *child* under a *plan;*
- They are a result of the same *life-changing event; and*
- They are within three calendar months of that *life-changing event*.

Single life plan

A *plan* that provides cover for one person only, referred to in this *plan* as the *person covered*. This does not include any cover provided for *children*.

Start date

The date when cover under the whole *plan* begins or, where relevant, when a particular cover begins.

Tasks designed to assess whether *you* can look after *your*self ever again

A specific set of everyday physical or functional activities that help to show how able someone is to look after themselves.

We may refer to these activities if *you* make a claim to do with incapacity.

We list these activities in section 3.1. *We* also call these *activities of daily living*.

Terminal illness - where death is expected within 12 months

A definite diagnosis by the attending Consultant of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured;
- In the opinion of the attending Consultant, the illness is expected to lead to death within 12 months.

United Kingdom/UK

The *United Kingdom* of Great Britain and Northern Ireland. This excludes the Channel Islands and the Isle of Man.

Unrelated claim

A second claim that happens in the following way:

1. A *person covered* has a *life-changing event* that causes a *serious illness;*
2. They make a first claim for that *serious illness; and*
3. They later make a second claim for another *serious illness* that was caused by a different *life-changing event*.

We/us/our

Vitality Life Limited.

Whole of life

The term of a cover that lasts from the cover's *start date* to the death of the insured person for *joint life first death* or the death of both *persons covered* for *joint life second death*.

Work Tasks

A specific set of everyday physical of functional activities that help to show how able someone is to work. *We* may refer to these activities *you* make a claim to do with incapacity: *we* list these activities in section 3.1.

You/your

The person named on the *plan schedule* as the *person covered*. For a *joint life plan*, either or both people covered, as appropriate.

Appendix 1

Illnesses and Conditions – Definitions for Child Serious Illness Cover

This *plan* follows the ABI Guide to Minimum Standards for Critical Illness Cover (2018). All model illness definitions are included and the amount *we* pay *you* ranges from 25% to 100% depending upon their severity. However, some conditions at a lower level of severity may qualify for an increased payment if, or when, their severity increases.

For example cancer is included at a minimum severity of 25%, although higher staged tumours may qualify for an increased payment. The ABI model wording has been used however for the purpose of this *plan we* also provide cover for low grade prostate cancers that have a Gleason score of between 2 and 6 inclusive or a TNM classification of T1N0M0.

The full definitions of the illnesses covered and the circumstances in which *you* can claim are given in this Appendix. These definitions typically use medical terms to describe the illnesses and severities and how they are measured. In some cases the cover may be limited, for example some types of cancer are not covered and to make a claim for some illnesses, *you* need to have *permanent* symptoms.

1.A Cancer category – specified conditions of defined severity

1. Definitions

Advanced Cancer

An advanced malignant tumour that has progressed to at least Group Stage II of the TNM Classification of Malignant Tumours as described in the 7th edition of the International Union against Cancer (pub.Wiley-Liss). For the above definition the following are not covered:

- Stage II non-melanoma skin cancer

Advanced Chronic Lymphocytic Leukaemia

For the purpose of this *plan* leukaemia means a disease of a single clone-line of white blood cells. There must be widespread uncontrolled growth of malignant white blood cells. There must also be evidence of replacement of the normal bone marrow by abnormal white cells with immature blast cells in the peripheral blood. Chronic Lymphocytic Leukaemia is covered when it has progressed to Binet Stage C.

Advanced Hodgkin's Disease

This is an advanced malignant condition of the reticulo-endothelial system, which includes the lymph nodes, spleen and liver characterised by Reed-Sternberg cells in the abnormal lymph tissue. The staging must have progressed to at least Stage II of the Ann-Arbor system.

Advanced Non-Hodgkin's Lymphoma

This is an advanced malignant condition of the reticuloendothelial system, which includes the lymph nodes, spleen and liver. The staging must have progressed to at least Stage II of the Ann-Arbor system.

Borderline Ovarian Cancer

A diagnosis of an ovarian tumour of borderline malignancy or low malignant potential which has been positively diagnosed with histological confirmation, resulting in surgical removal of an ovary.

For the above definition, the loss of an ovary due to a cyst is excluded.

Cancer – excluding less advanced cases

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

The term malignant tumour includes leukaemia, sarcoma, Merkel Cell Carcinoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
  - *Pre-malignant*
  - *Non-invasive*
  - Cancer in situ
  - Having borderline malignancy
  - Having low malignant potential
- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification T2N0M0
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A
- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin)

Carcinoma in-situ

Any *pre-malignant, non-invasive* cell growth positively diagnosed and histologically confirmed as carcinoma in situ.

For the above definition, the following are not covered:

- Any dysplasia, hyperplasia, metaplasia, intraepithelial neoplasia or low grade squamous intraepithelial lesions not histologically classified as carcinoma in situ
- Polycystic dysplasia or disease
- Polyps at any site not histologically classified as carcinoma in situ
- *Non-invasive* papillary bladder carcinoma, TA bladder carcinoma
- Basal cell and squamous cell carcinoma of the skin

Carcinoma in-situ – treated with surgery to remove the tumour

Diagnosis of Carcinoma in-situ, Gastrointestinal Stromal Tumour or Neuroendocrine Tumour with histological confirmation and characterised by the uncontrolled growth of malignant cells that are confined to the epithelial linings of organs and that has been treated by surgery to remove the tumour.

For the above definition, the following are not covered:

- Any dysplasia, hyperplasia, metaplasia, intraepithelial neoplasia or low grade squamous intraepithelial lesions not histologically classified as carcinoma in-situ
- Polycystic dysplasia or disease
- Polyps at any site not histologically classified as carcinoma in-situ

- For cervical carcinoma in-situ - loop excision, laser surgery, conisation and cryosurgery are not covered
- For carcinoma in-situ of the colon or rectum – local excision and polypectomy are not covered
- *Non-invasive* papillary bladder carcinoma, TA bladder carcinoma
- Basal cell and squamous cell carcinoma of the skin
- Tumours treated with only radiotherapy, laser therapy, cryotherapy or diathermy treatment
- Procedures that are solely for diagnostic purposes.

Carcinoma in-situ of the Oesophagus requiring surgery

A definite diagnosis, which has been supported by histological evidence, of carcinoma in-situ of the oesophagus which has been treated with surgery to remove the tumour.

For the above definition the following are excluded:

- Barrett's Oesophagus

Desmoid-type fibromatosis – with specified treatment

A positive diagnosis with histological confirmation of non-malignant aggressive fibromatosis by a hospital consultant resulting in either:

- Surgical removal;
- Radiotherapy; or
- Chemotherapy.

Low Grade Prostate Cancer

Low-Grade Prostate Cancer means any malignant tumour of the prostate characterised by uncontrolled growth and spread of malignant cells and invasion of tissue which is histologically classified as having a Gleason score of bet*w*een 2 and 6 inclusive or having progressed to a TNM classification of T1N0M0.

Lumpectomy for Carcinoma in-situ of the Breast

The undergoing of a lumpectomy, cystectomy or partial mastectomy for the removal of a tumour in one breast which has been histologically classified as Carcinoma in-situ.

Moderately Severe Aplastic Anaemia

There must be bone marrow cellularity less than 30% plus 2 of the following present for a minimum of six months:

- Neutrophils less than 1 x 109/L
- Platelets less than 50 x 109/L
- Reticulocytes less than 20 x 109/L

Mastectomy for Carcinoma in-situ of the Breast

Total removal of all the tissue of one breast for the treatment of carcinoma in-situ in the removed breast. Prophylactic mastectomy without histological evidence of cancer in-situ is not covered. *We* only cover mastectomy, any other surgical procedures such as lumpectomy and partial mastectomy are also excluded.

Multiple Myeloma

A malignant proliferation of plasma cells in the bone marrow with destruction of surrounding tissue on bone marrow examination. It must also cause a high level of abnormal proteins in the blood called paraproteinaemia demonstrated on protein electrophoresis. Monoclonal gammopathy of unknown significance will be excluded.

Myelodysplasia

Myelodysplasia is a clonal disorder of at least one cell line of the bone marrow causing insufficient number of normal blood cells.

Non-Melanoma Skin Cancer – of specified severity

The presence of one or more of any of the following malignant skin lesions;

- Basal cell carcinoma as determined by histological examination that is greater than 5cm in diameter requiring either Mohs' micrographic surgery or standard excision
- Squamous cell carcinoma as determined by histological examination that is greater than 2cm in diameter
- Non-melanoma skin cancer that is larger than 2 centimetres (cm) across and has at least one of the following features:
  - tumour thickness of at least 4 millimetres (mm);
  - invasion into subcutaneous tissue (Clark level V);
  - invasion into nerves in the skin (perineural invasion);
  - poorly differentiated or undifferentiated (cells are very abnormal as demonstrated when seen under a microscope); or
  - has recurred at the site of previous treatment.

For the above definition, the following are not covered:

- Gorlin's Syndrome
- Skin Cancers secondary to Xeroderma Pigmentosa
- Skin Cancers secondary to Albinism
- Bowen's Disease

Severe Aplastic Anaemia

There must be bone marrow cellularity less than 25% plus two of the following present for a minimum of three months:

- Neutrophils less than 0.5 x 109/L
- Platelets less than 20 x 109/L
- Reticulocytes less than 20 x 109/L

2. Severity levels

How is severity measured?

The severity level determines the payment(s) *we* make. The severity of cancer is measured by staging at diagnosis, so the higher the stage at diagnosis the higher the initial *benefit*. If a cancer progresses, *we* will assess the progression of the cancer using the same staging criteria as will be used at diagnosis.

For example, if *you* are diagnosed with stage 1 breast cancer, this is stage 1 disease at diagnosis. If this metastasises (spreads, or invades different organs or parts of the body) *we* will reclassify the staging, even if *your* medical records still state 'stage 1 but with metastases to the bones'. In this example *we* will reclassify the claim as stage 4. Please tell *us* if *you* believe that the cancer has spread to other organs or parts of the body, *we* will then liaise with *your* Oncologist and/or other specialist.

For the purpose of this *plan we* will assess the staging of cancer using The International Union against Cancer TNM Classification of Malignant Tumours 7th edition (Pub.Wiley-Liss). *We* will use the group stages 1–4 as defined within this reference book to allocate the severities.

Leukaemia:

The severity of Chronic Lymphocytic is measured by the Binet classification which covers stages A to C.

Hodgkin's Disease and Non-Hodgkin's Lymphomas:

The severity is measured by staging and uses the Ann-Arbor system which covers stages I to IV.

Myelodysplasia:

The severity is assessed using the International Scoring System for Prognosis in Evaluating Myelodysplasia syndromes as published by Greenberg et al, in the Journal 'Blood' 1997: 6; p 2079-2088. The prognostic score and details must be provided by the Consultant Haematologist supervising the monitoring or treatment of the patient. If no prognostic score is available *our* Chief Medical Officer will assess the most likely severity in conjunction with the Haematologist monitoring the patient.

The amount of the claim depends on the severity of the illness *you* suffer. The following levels apply:

Severity Level A:

- Acute Lymphoblastic Leukaemia
- Acute Myeloid Leukaemia
- Advanced cancer classified as a TNM Group Stage III tumour or above
- Advanced Chronic Lymphocytic Leukaemia classified as Binet Stage C
- Advanced Hodgkin's Disease classified as Ann-Arbor Stage III or above
- Advanced Non-Hodgkin's Lymphoma classified Ann-Arbor Stage III or above
- Chronic Myeloid Leukaemia
- Multiple Myeloma
- Severe Aplastic Anaemia

Severity Level C:

- Advanced cancer classified as a TNM Group Stage II tumour
- Advanced Hodgkin's Disease classified as Ann-Arbor Stage II
- Advanced Non-Hodgkin's Lymphoma classified as Ann-Arbor Stage II
- Myelodysplasia classified as Intermediate 1 under the International Prognostic Scoring System

Severity Level D:

- Cancer - excluding less advanced cases
- Carcinoma in-situ of the Oesophagus requiring surgery
- Low-Grade Prostate Cancer
- Lumpectomy for Carcinoma in-situ of the Breast
- Moderately Severe Aplastic Anaemia
- Mastectomy for Carcinoma in-situ of the Breast

Severity Level E:

- Borderline Ovarian Cancer
- Carcinoma in-situ – treated with surgery to remove the tumour
- Desmoid-type fibromatosis – with specified treatment
- Myelodysplasia classified as Low risk on the International Prognostic Scoring System

Severity Level G:

- Carcinoma in Situ
- Non-Melanoma Skin Cancer – of specified severity

3. Evidence required in the event of a claim

This should be read in addition to and in connection with section 1.1 and section 2.

Any or all of the following may apply to any claim under this category:

- Confirmation of the diagnosis by an *appropriate medical specialist* and copies of the specialist and hospital reports
- Relevant CT/MRI scans, histological evidence and Full Blood Count results where appropriate

4. Specific exclusions

- All tumours which are histologically described as *pre-malignant*, as *non-invasive* or cancer in situ (other than those stated as covered in this document and *your plan schedule*)
- Cervical, vaginal, vulval or prostatic intraepithelial neoplasia (dysplasia) with histology showing CIN-1, CIN-2, VAIN-1, VAIN-2, VIN-1, VIN-2, PIN-1 or PIN-2
- Lesions where there has been no invasion of tissue including, but not limited to, papillary micro-carcinoma of the thyroid or papillary cancer of the bladder histologically described as TisN0M0,TaN0M0 or of lesser classification (other than those stated as covered in this document and *your plan schedule)*
- Any diagnosis, disease, disorder, condition, procedure or disability not listed in the definitions section of this illness category, or not meeting the stated minimum required severity
- Any cause of claim stated in section 2
- Any exclusion contained within the definition of any named condition
- Any exclusion applied specifically to *your plan*

1.B Heart and Artery category – specified conditions of defined severity

1. Definitions

Angioplasty (Coronary) or PTCA (Percutaneous Transluminal Coronary Angioplasty)

PTCA or other percutaneous coronary artery procedures performed by a Consultant Cardiologist to dilate and treat a coronary artery stenosis. The procedure may or may not involve the use of a stent.

Angioplasty to correct Carotid Artery Stenosis

Therapeutic angioplasty with or without stent to correct symptomatic stenosis of the carotid artery.

Any Cardiac Condition resulting in a Reduced Ejection Fraction

Any cardiac condition causing *permanent* reduction in the efficiency of the heart to act as a pump. There must be *permanent* reduction in the ejection fraction to at least 45% or less. There must be two measurements with an interval of at least six months for a claim to be considered.

Aorta Graft Surgery

The undergoing of, or inclusion on the NHS waiting list for, surgery for disease or traumatic injury to the aorta with excision and surgical replacement of a portion of the diseased or injured aorta with a graft.

The term aorta includes the thoracic and abdominal aorta but not its branches. For the above definition, the following are not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair

Balloon Valvuloplasty

The dilation of a stenotic valve of the heart by percutaneous balloon procedure performed by a Consultant Cardiologist.

By-pass Graft Surgery to 3 or more Coronary Arteries

The undergoing of, or inclusion on the NHS waiting list for, surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct narrowing or blockage to three or more coronary arteries with by-pass grafts.

Cardiomyopathy resulting in a Reduced Ejection Fraction

A disease of the heart muscle causing *permanent* reduction in the efficiency of the heart to act as a pump. There must be *permanent* reduction in the ejection fraction to at least 45% or less. There must be two measurements with an interval of at least six months for a claim to be considered. Alcoholic cardiomyopathy is specifically excluded.

Cardioversion for Cardiac Arrhythmia

The intentional therapeutic medically supervised application of an electrical shock, using at least 40 joules, to correct a documented and recorded arrhythmia of the heart.

Congestive Heart Failure

The inability of the heart muscle on either the right or left side of the heart, or both, to pump blood effectively resulting in a backflow into vessels supplying the heart. For the purposes of this *plan* this must be diagnosed by a Consultant Cardiologist and *optimal therapy* must have been established for at least 6 months. There must be at least 4 signs of congestive heart failure present for a claim to be considered.

The signs of congestive heart failure include:

- Presence of third heart sound
- Jugular venous pressure above 6 cms
- Rales present in both bases on auscultation
- Cardiomegaly on chest x-ray
- Grade 3, or gross ascites, associated with marked abdominal distension
- Severe oedema to a level above the knee

Coronary Angioplasty – with specified treatment

Percutaneous coronary intervention (PCI) to correct narrowing or blockages of the left main stem artery, or two or more main coronary arteries. Multiple vessels must be treated at the same time or as part of a planned stage procedure within 60 days of the first PCI.

The main coronary arteries for this purpose are defined as right coronary artery, left anterior descending artery, circumflex artery, or their branches.

PCI is defined as any therapeutic intra-arterial catheter procedure including balloon angioplasty and/or stenting.

The following are not covered:

- Diagnostic angioplasty
- Two angioplasty procedures to a single main artery or branches of the same artery.

Coronary Artery By-pass Grafts

The undergoing of, or inclusion on the NHS waiting list for, surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

Emergency Intravenous Anti-arrhythmic therapy for Ventricular Tachycardia or Fibrillation

Documented Ventricular Tachycardia or Ventricular Fibrillation requiring admission to hospital for the treatment of intra-venous antiarrhythmic therapy.

Endovascular Repair of Aortic Aneurysm

The repair through endovascular methods of an aortic aneurysm with the replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

Femoral Artery Aneurysm Repair

The undergoing of, or inclusion on the NHS waiting list for, surgical repair of an aneurysm of the femoral artery by surgery or by endovascular techniques.

Heart Attack

Death of heart muscle, due to inadequate blood supply that has resulted in the following:

- Definite Diagnosis of an acute Myocardial Infarction by a Consultant Cardiologist, which is supported by current medical reports, tests and investigations, as defined by the recognised international standard* prevailing at the time of claim.

For the above definition, the following are not covered:

- Other acute coronary syndromes

- Angina without myocardial infarction
- Myocardial Infarctions that meet the international standard that occurred before cover commenced

*(International standard defined by the European Society of Cardiology or the universal standard definition of Myocardial Infarction.)

Heart Valve Replacement or Repair

The undergoing of, or inclusion on the NHS waiting list for, surgery on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

Heart Attack resulting in a Reduced Ejection Fraction

A heart attack causing *permanent* reduction in the efficiency of the heart to act as a pump. There must be *permanent* reduction in the ejection fraction to at least 45% or less. The measurement must be performed at least one month after an acute heart attack. The heart attack must have been diagnosed according to the criteria stated under the Heart Attack definition in provision 1 b) 1 above for a claim to be considered.

Hypertrophic Cardiomyopathy - of specified severity

A disease of the heart muscle which results in thickening and enlargement of the interventricular septum or any myocardial segment. There must be a maximal LV wall thickness of at least 15mm in any myocardial segment confirmed via cardiac imaging and the diagnosis of hypertrophic cardiomyopathy must be confirmed by a consultant cardiologist.

For the above definition the following are not covered:

- Cardiomyopathy secondary to *alcohol or drug abuse*

Iliac Artery Aneurysm Repair

The undergoing of, or inclusion on the NHS waiting list for, surgical repair of an aneurysm of the iliac artery by surgery or by endovascular techniques.

Infective Endocarditis

Endocarditis is the infection on the valves of the heart with vegetations (clumps of small clot and bacteria) visible on the echocardiogram.

There must be echocardiographic evidence of vegetation on the valves of the heart, and blood cultures must show bacterial growth in at least two samples taken at the same time. Endocarditis as a result of drug misuse is not covered.

Keyhole Coronary Artery Bypass Surgery

The undergoing of, or inclusion on the NHS waiting list for, surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts via a thorascope or mini thoracotomy.

Pericardectomy

The undergoing of, or inclusion on the NHS waiting list for, the surgical excision of part of the pericardium surrounding the heart via thoracotomy or sternotomy to relieve a constriction of the heart. Biopsy and aspiration of pericardial effusion is excluded.

Permanent Defibrillator Insertion

The undergoing of, or inclusion on the NHS waiting list for, the *permanent* insertion of an automatic implantable defibrillator after the occurrence of ventricular tachycardia or ventricular fibrillation.

Permanent Defibrillator Insertion due to Cardiac Arrest

The *permanent* insertion of an automatic implantable defibrillator as a result of a cardiac arrest.

Permanent Pacemaker Insertion

The undergoing of, or inclusion on the NHS waiting list for, the *permanent* insertion of an artificial pacemaker to correct an abnormal rhythm of the heart. The abnormal rhythm of the heart must have been documented on electrocardiograph (ECG) and be available to *us*.

Severe Peripheral Vascular Disease

A definite diagnosis of peripheral vascular disease by a consultant cardiologist or vascular surgeon with objective evidence from imaging of obstruction in the arteries requiring, or being included on the NHS waiting list for, bypass graft surgery to an artery of the legs.

The following is not covered:

- Angioplasty

Severe Vascular Disease affecting Multiple Systems

Severe vascular disease affecting the heart, kidney and/or brain. There must be at least 2 of the following:

- Stroke*
- Left ventricular hypertrophy measured by a ratio of the thickness of the septal wall to the posterior left ventricular wall of 1:1.3
- Renal dysfunction measured by blood urea greater than 15mmol/l and serum creatinine greater than 200mmol/l Grade 4 retinopathy combined with an elevated blood pressure with a diastolic reading i.e. pressure in the left ventricle during the resting phase greater than 110mmHg on *optimal therapy*.

*For the purposes of this *plan* a stroke is an acute event, requiring admission to hospital, as diagnosed by a Consultant Neurologist or stroke physician. There must be *residual deficit* with a Modified Rankin Scale of 2 or above.

Surgery for Cardiac Arrhythmia

The surgical or endovascular division or ablation of abnormal conduction pathways to correct an abnormal rhythm of the heart. The abnormal rhythm of the heart must have been documented on electrocardiograph (ECG) and be available to *us*.

Surgery to correct Carotid Artery Stenosis

Therapeutic correction by open surgical techniques with endarterectomy or bypass of symptomatic stenosis of the carotid artery.

For the above definition the following are excluded:

- Surgery using intravascular techniques

Surgical repair of an Atrial or Ventricular Septal Defect

The undergoing of, or inclusion on the NHS waiting list for, the surgical closure of a defect in the interatrial or interventricular septum. This can be performed through a thoracotomy or by using endovascular techniques.

Surgical repair of a Structural Abnormality of the Heart

The undergoing of, or inclusion on the NHS waiting list for, surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to repair a structural abnormality of the heart.

2. Severity levels

How is severity measured?

Reduction in ejection fraction:

The ejection fraction is a measure of the efficiency of the pumping action of the heart; in a healthy heart this is typically greater than 50%. Damage to the muscle of the heart (myocardium) such as that sustained during myocardial infarction or cardiomyopathy, impairs the heart's ability to eject blood and therefore reduces ejection fraction. Where a severity is measured by the *permanent* reduction

in ejection fraction it is measured by the percentage of the contents of the left ventricle that is expelled in each contraction of the ventricle. This can be measured by echocardiography or through radioisotope measurements. It must be measured in a cardiac laboratory, which has regular quality control audits available to *us*, and be supervised by a Consultant Cardiologist.

The disease or disorder causing the reduction in ejection fraction must be established as being *permanent* and *irreversible* and the measurement must be taken whilst the patient is on optimal treatment.

The amount of the claim depends on the severity of the illness *you* suffer. The following levels apply:

Severity Level A:

- Cardiomyopathy resulting in a *permanent* ejection fraction of 39% or less whilst on *optimal therapy**
- Hypertrophic Cardiomyopathy - resulting in maximal left ventricular wall thickness of greater than 25 mm
- Heart attack resulting in a *permanent* ejection fraction of 39% or less whilst on *optimal therapy**
- Any other cardiac condition resulting in a *permanent* ejection fraction of 39% or less whilst on *optimal therapy**
- At least 4 signs of congestive heart failure on *optimal therapy* for at least 6 months
- Severe vascular disease affecting multiple systems with a diastolic blood pressure greater than 110mmHg on *optimal therapy*
- Severe peripheral vascular disease

Severity Level B:

- Cardiomyopathy resulting in a *permanent* ejection fraction of bet*w*een 40% and 45% whilst on *optimal therapy**
- Hypertrophic Cardiomyopathy - resulting in maximal left ventricular wall thickness of bet*w*een 15mm and 25mm
- Heart attack resulting in a *permanent* ejection fraction of bet*w*een 40% and 45% whilst on *optimal therapy**
- Any other cardiac condition resulting in a *permanent* ejection fraction of bet*w*een 40% and 45% whilst on *optimal therapy**

- Aorta Graft Surgery
- By-pass Graft Surgery to three or more Coronary Arteries

*See 'How is severity measured?' (above) for details as to how a reduction in ejection fraction is measured.

Severity Level C:

- Coronary Artery By-pass Grafts
- Heart Attack

Severity Level D:

- Surgical Repair of a Structural Abnormality of the Heart
- Heart Valve Replacement or Repair
- Endovascular Repair of an Aortic Aneurysm
- *Permanent* Defibrillator Insertion due to Cardiac Arrest

Severity Level E:

- Coronary Angioplasty – with specified treatment
- Iliac Artery Aneurysm Repair
- Femoral Artery Aneurysm Repair
- Keyhole Coronary Artery Bypass Surgery
- Balloon Valvuloplasty
- Pericardectomy
- Surgery to correct Carotid Artery Stenosis

Severity Level F:

- Angioplasty (Coronary) or PTCA (Percutaneous Transluminal Coronary Angioplasty) with or without stent
- Angioplasty to correct Carotid Artery Stenosis
- *Permanent* Pacemaker Insertion
- *Permanent* Defibrillator Insertion
- Surgery for Cardiac Arrhythmia
- Infective Endocarditis
- Surgical Repair of an Atrial or Ventricular Septal Defect
- Cardioversion for Cardiac Arrhythmia
- Emergency Intravenous Anti-arrhythmic therapy for Ventricular Tachycardia or Fibrillation

3. Evidence required in the event of a claim

This should be read in addition to and in connection with section 1.1 and section 2.

Any or all of the following may apply to any claim under this category:

- History of signs and symptoms compatible with the condition claimed
- Full cardiologist's, cardiothoracic, neurosurgeon or vascular surgeon's assessment and operation notes
- Relevant electrocardiographs, angiograms, aortograms, thallium scans,

echocardiograms, X-rays, CT scans or any other relevant test results and reports

- Cardiac enzyme results for heart attacks. Raised serum CKMB fraction or positive Troponin-T or I, if performed. Raised creatine kinase and LDH alone are not considered.

4. Specific exclusions

- Any acute coronary syndromes which do not completely satisfy any of the definitions listed in the Definitions section of this illness category including, but not limited to, angina
- Alcoholic Cardiomyopathy
- Only one procedure is covered for transplants of the heart and/or lungs by the *plan* regardless of whether the procedure is the transplant of a heart, a lung, both lungs, a heart and a lung or a heart and both lungs
- Any second claim at any time under any of the Severity Level F procedures listed in provision 1 b) 2 above
- Any diagnosis, disease, disorder, condition, procedure or disability not listed in the Definitions section of this illness category, or not meeting the stated minimum required severity
- Any cause of claim stated in provision section 2.
- Any exclusion contained within the definition of any named condition
- Any exclusion applied specifically to *your plan*

1.C Stroke and Nervous System category– specified conditions of defined severity

1. Definitions

Alzheimer's disease

A definite diagnosis of Alzheimer's disease by a Consultant Neurologist, Psychiatrist or Geriatrician with evidence of previous or current symptoms (these symptoms do not need to be *permanent*).

For the above definition, the following are not covered:

- Other types of dementia.

Alzheimer's Disease - resulting in permanent symptoms

A definite diagnosis of Alzheimer's disease by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be *permanent* clinical loss of the ability to do all of the following:

- Remember
- Reason
- Perceive, understand, express and give effect to ideas

For the above definition, the following are not covered:

- Other types of dementia

Bacterial Meningitis

Confirmation by a Consultant Physician of a definite diagnosis of Bacterial Meningitis supported by cerebrospinal fluid changes consistent with bacterial meningitis. All other forms of meningitis, including viral, are not covered.

Bacterial Meningitis – resulting in permanent symptoms

Confirmation by a Consultant Physician of a definite diagnosis of Bacterial Meningitis supported by cerebrospinal fluid changes consistent with bacterial meningitis resulting in *permanent neurological deficit with persisting clinical symptoms*. All other forms of meningitis, including viral, are not covered.

Bilateral Hemianopia

Permanent and *irreversible* loss of vision in one half of the visual field of both eyes.

Brain and Spinal tumours

A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull or spinal cord.

For the above definition, the following are not covered:

- Tumours in the pituitary gland
- Tumours originating from bone tissue
- Angioma and cholesteatoma

Brain and Spinal tumours – of specified severity

A non-malignant tumour or cyst originating from the brain, cranial nerves, meninges within the skull or spinal cord resulting in *permanent neurological deficit with persisting clinical symptoms*, or the undergoing of, or inclusion on the NHS waiting list for, surgical removal.

For the above definition, the following are not covered:

- Tumours in the pituitary gland
- Tumours originating from bone tissue
- Angioma and cholesteatoma

Brain Injury due to anoxia or hypoxia

Death of brain tissue due to reduced oxygen supply (anoxia or hypoxia) resulting in *permanent neurological deficit with persisting clinical symptoms.*

Coma

A state of unconsciousness with no reaction to external stimuli or internal needs which requires the use of life support systems.

The following is not covered:

- Coma secondary to *alcohol or drug abuse*

Craniotomy

Any surgical treatment of brain tissue via craniotomy by a Consultant Neurosurgeon for any of the following:

- Intracranial infections
- Subdural, Intracerebral and Epidural Haematomas or Subarachnoid bleeds
- Traumatic Brain Injury

For the above definition, the following are not covered:

- Burr Holes procedures
- Insertion of deep brain stimulators

Craniotomy to treat a Cerebral Arteriovenous Malformation

The undergoing of, or inclusion on the NHS waiting list for, surgical treatment via craniotomy by a Consultant Neurosurgeon of a cerebral AV fistula or aneurysm.

Creutzfeldt-Jakob Disease

A definite diagnosis of Creutzfeldt-Jakob Disease by a Consultant Neurologist, Psychiatrist or Geriatrician with evidence of current or previous symptoms (these symptoms do not need to be *permanent*).

This must have been reported the National CJD Monitoring Unit as a confirmed case.

Creutzfeldt-Jakob Disease - resulting in permanent symptoms

A definite diagnosis of Creutzfeldt-Jakob disease by a Consultant Neurologist, Psychiatrist or Geriatrician. This must have been reported to the National CJD Monitoring Unit as a confirmed case. There must be *permanent* clinical loss of the ability to do all of the following:

- Remember
- Reason
- Perceive, understand, express and give effect to ideas

Dementia

A definite diagnosis of dementia by a Consultant Neurologist, Psychiatrist or Geriatrician with evidence of current or previous symptoms (these symptoms do not need to be *permanent*).

Dementia - resulting in permanent symptoms

A definite diagnosis of dementia by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be *permanent* clinical loss of the ability to do all of the following:

- Remember
- Reason
- Perceive, understand, express and give effect to ideas

Devic's Disease (Neuromyolitis Optica)

A definite diagnosis of Devic's disease by a Consultant Neurologist resulting in current symptoms.

Drainage of Brain Abscess by Craniotomy

The surgical drainage of an intracerebral abscess within the brain tissue through a craniotomy by a Consultant Neurosurgeon. There must be evidence of an intracerebral abscess on CT or MRI imaging.

Encephalitis

A definite diagnosis of Encephalitis by a Consultant Neurologist with evidence of current or previous symptoms (these symptoms do not need to be *permanent*).

Encephalitis – resulting in permanent symptoms

A definite diagnosis of Encephalitis by a Consultant Neurologist, resulting in *permanent neurological deficit with persisting clinical symptoms.*

Endovascular Treatment of a Cerebral Arteriovenous Malformation

The undergoing of, or inclusion on the NHS waiting list for, endovascular treatment by a Consultant Neurosurgeon or Radiologist using coils to cause thrombosis of a cerebral AV fistula or aneurysm.

Functional Surgery for Movement Disorders

Undergoing of surgery, in the form of deep brain stimulation, to treat tremor, parkinsonism, dyskinesia, or dystonia.

Guillain-Barré Syndrome - of specified severity

A definite diagnosis of Guillain-Barré Syndrome by a Neurologist, confirmed by electromyography and lumbar puncture. There must be evidence of continual and *permanent we*akness or numbness being present for a minimum period at least 2 years, which is supported by appropriate neurological evidence. The *residual deficit* must measure at least 3 on the Modified Rankin Scale.

Guillain-Barré Syndrome

A definite diagnosis of Guillain-Barré Syndrome by a Neurologist, confirmed by electromyography and lumbar puncture. There must be evidence of continual and *permanent we*akness or numbness being present for a minimum period of at least 6 months, which is supported by appropriate neurological evidence.

Loss of Manual Dexterity to age 75

Total and *irreversible* loss of the ability to use the hands and fingers with precision to perform daily activities of work such as picking up or manipulating small objects, operating a range of equipment manually or communicating through writing or typing. The disability must be *permanent* and supported by appropriate neurological evidence.

Loss of Muscle Power resulting in the inability to grip to age 75

Total and *irreversible* loss of all muscle po*wer* in both hands resulting in the inability to grip any tool, utensil or assistive device. The disability must be *permanent* and supported by appropriate neurological evidence.

Loss of Speech

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

Motor Neurone Disease

A definite diagnosis of one of the following motor neurone diseases by a

Consultant Neurologist:

- Amyotrophic lateral sclerosis (ALS)
- Primary lateral sclerosis (PLS)
- Progressive bulbar palsy (PBP)
- Progressive muscular atrophy (PMA)
- Kennedy's disease, also known as spinal and bulbar muscular atrophy (SBMA)
- Spinal muscular atrophy (SMA)

There must also be evidence of current or previous symptoms (these symptoms do not need to be *permanent*).

Multiple Sclerosis

A definite diagnosis of multiple sclerosis by a Consultant Neurologist with evidence of previous or current symptoms (even if these are not *permanent*).

Muscular Dystrophy

The definite diagnosis of Muscular Dystrophy by a Consultant Neurologist which must be supported by typical changes on muscle biopsy.

Myasthenia Gravis

A definite diagnosis of myasthenia gravis by a consultant neurologist. There must have been clinical impairment of motor function in parts of the body other than the eye muscles caused by myasthenia gravis.

For the above definition, the following is not covered:

- myasthenia gravis limited to eye muscles only.

Neurological Diseases

For the purpose of this *plan* this includes any *permanent irreversible* disease affecting the basal ganglia, cerebellum, neurones, horn cells or myelin sheaths that produce identifiable *permanent* neurological deficit. If the disease, disability or symptom is not defined as a named condition in this provision 1 c) 1, *benefits* will be paid only when there is an inability to perform the *functional activity tests* see section 2. *Alcohol or drug abuse* is excluded.

Paralysis of a limb

Total and *irreversible* loss of muscle function to the whole of any limb.

Paralysis of limbs

Total and *irreversible* loss of muscle function to the whole of any two limbs.

Parkinson's Disease

A definite diagnosis of Parkinson's disease by a Consultant Neurologist with evidence of current or previous symptoms (these symptoms do not need to be *permanent*).

For the above definition, the following is not covered:

- Parkinsonian syndromes/Parkinsonism.

Parkinson's Disease – resulting in permanent symptoms

A definite diagnosis of Parkinson's disease by a Consultant Neurologist.

There must be *permanent* clinical impairment of motor function with associated tremor and muscle rigidity.

For the above definition, the following is not covered:

- Parkinsonian syndromes/Parkinsonism.

Parkinson's plus syndromes

A definite diagnosis of one of the following Parkinson-plus syndromes by a consultant neurologist:

- Multiple system atrophy
- Parkinsonism-Dementia-ALS complex
- Lewy body disease
- Corticobasal degeneration

There must also be *permanent* clinical impairment of at least one of the following:

- Motor function; or
- Eye movement disorder; or
- Postural instability; or
- Dementia.

For the above definition, the following are not covered:

- Other Parkinsonian syndromes
- Parkinsonism.

Persistent Vegetative State to age 75

A severe neurological condition of decreased consciousness where there must be all of the following:

- The loss of an awareness of surroundings
- The lack of speech
- The lack of response to commands
- The lack of any purposeful movements

This condition must be *permanent* and supported by appropriate neurological evidence.

Progressive Supra-nuclear Palsy

Confirmation by a Consultant Neurologist of a definite diagnosis of Progressive Supra-nuclear Palsy with evidence of current or previous symptoms (these symptoms do not need to be *permanent*).

Progressive Supra-nuclear Palsy – resulting in permanent symptoms

Confirmation by a Consultant Neurologist of a definite diagnosis of Progressive Supranuclear Palsy. There must be *permanent* clinical impairment of motor function.

Shunt Insertion for Hydrocephalus

Surgical insertion of a *permanent* drainage shunt for the treatment of hydrocephalus. There must be enlargement of the ventricles which has been confirmed by a radiologist.

Spinal aneurysm or arteriovenous malformation

The undergoing of surgical resection, wrapping, clipping or embolisation of a spinal aneurysm or arteriovenous malformation.

Spinal Stroke

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in *permanent neurological deficit with persisting clinical symptoms*.

Stereotactic Brain Surgery

The undergoing of, or inclusion on the NHS waiting list for, the stereotactic surgery to the brain performed by a Consultant Neurosurgeon for neurological disease. Biopsy of brain tissue is specifically excluded.

Stroke

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull that results in persisting clinical symptoms lasting for at least 24 hours.

For the above definition, the following are not covered:

- Transient ischaemic attack
- Death of tissue of the optic nerve or retina / eye stroke

Surgery for Drug Resistant Epilepsy

Undergoing of surgery to brain tissue in order to control epilepsy that cannot be controlled by oral medication.

Surgical Repair of Depressed Skull Fracture

Undergoing surgery to correct a depression in the skull as a result of an accidental traumatic fracture or break in the cranial bone.

Syringomyelia or syringobulbia

The undergoing of, or inclusion on the NHS waiting list for, surgery to treat a syrinx in the spinal cord or brain stem.

Traumatic Brain Injury - with clinical symptoms

Death of brain tissue due to traumatic injury resulting in clinical symptoms that have persisted for a continuous period of at least 2 *w*eeks (these symptoms do not need to be *permanent*).

For the above definition the following is not covered:

- Traumatic Brain injury secondary to *alcohol or drug abuse*

Traumatic Brain Injury – resulting in permanent symptoms

Death of brain tissue due to traumatic injury resulting in *permanent neurological deficit with persisting clinical symptoms.*

2. Severity levels

How is severity measured?

Modified Rankin Scale:

Severity of a stroke is measured by the Modified Rankin Scale (van Swieten et al., 1988). This is an internationally accepted measure of disability for neurological conditions, especially stroke. It is scored from 0 to 5, with 5 being the most severe. The assessment must be supervised by a Consultant Neurologist.

Functional Activity Tests (FATs):

For neurological diseases (including those not specifically stated under this *benefit*) *we* will pay a *benefit* if *you* become *permanent* unable to perform certain *functional activity tests* due to the disease.

Further details of these *functional activity tests*, including which tests may apply to *you*, are provided in section 2.

The amount of the claim depends on the severity of the illness *you* suffer. The following levels apply:

Severity Level A:

- A Stroke with a *residual deficit* measuring 4 or above on the Modified Rankin Scale
- Any Neurological Disease causing the *permanent* and *irreversible* inability to perform four out of six *functional activity tests*. See section 2.
- Loss of Speech
- Paralysis of limbs

- Loss of Manual Dexterity
- Loss of muscle p*ower* resulting in the inability to grip
- Persistent Vegetative State

Severity Level B:

- A Stroke with a *residual deficit* measuring at least 3 on the Modified Rankin Scale
- Any Neurological Disease causing the *permanent* and *irreversible* inability to perform three out of six *functional activity tests*. See section 2.
- Bilateral Hemianopia
- Guillain-Barré Syndrome - of specified severity
- Paralysis of a limb

Severity Level C:

- A Stroke with a *residual deficit* measuring at least 2 on the Modified Rankin Scale
- Any Neurological Disease causing the *permanent* and *irreversible* inability to perform two out of six *functional activity tests*. See section 2.
- Surgery for Drug Resistant Epilepsy

Severity Level D:

- Alzheimer's disease – resulting in *permanent* symptoms*
- Bacterial Meningitis – resulting in *permanent* symptoms
- Brain and Spinal tumours - of specified severity
- Brain Injury due to anoxia or hypoxia
- Coma*
- Craniotomy
- Craniotomy to treat a Cerebral Arteriovenous Malformation
- Creutzfeldt-Jakob Disease – resulting in *permanent* symptoms*
- Devic's Disease (Neuromyolitis Optica)
- Dementia – resulting in *permanent* symptoms*
- Drainage of Brain Abscess by Craniotomy
- Encephalitis - resulting in *permanent* symptoms*
- Functional Surgery for Movement Disorders
- Motor Neurone Disease*
- Multiple Sclerosis*
- Muscular Dystrophy*
- Parkinson's Disease – resulting in *permanent* symptoms*
- Parkinson's plus syndromes*
- Progressive Supra-nuclear Palsy – resulting in *permanent* symptoms*
- Shunt Insertion for Hydrocephalus (restricted to one payment only)
- Spinal Stroke
- Stroke*

- Syringomyelia or syringobulbia
- Traumatic Brain injury* - resulting in *permanent* symptoms

*these conditions can be continually re-assessed as they progress in severity by use of the Modified Rankin Scale or *functional activity tests* (FATs) as described in 'How is severity measured' above. Please also refer to section 2.

Severity Level E:

- Endovascular treatment of a Cerebral Arteriovenous Malformation
- Guillain-Barré Syndrome
- Myasthenia Gravis
- Spinal aneurysm or arteriovenous malformation
- Surgical Repair of Depressed Skull Fracture

Severity Level F:

- Alzheimer's Disease
- Bacterial Meningitis
- Brain and Spinal tumours
- Creutzfeldt-Jakob Disease
- Dementia
- Encephalitis
- Parkinson's Disease
- Progressive Supra-nuclear Palsy
- Stereotactic Brain Surgery
- Traumatic Brain Injury - with clinical symptoms

3. Evidence required in the event of a claim

This should be read in addition to and in connection with section 1.1 and section 2.

Any or all of the following may apply to any claim under this category:

- Appropriate signs and symptoms must be present
- Relevant investigations must be done and the results available, including CT scan or MRI imaging, or any other relevant investigation results
- Diagnosis made by an *appropriate medical specialist*
- Loss of neurological function compatible with area of damage of the brain involved

4. Specific exclusions

- Any condition stated in 1c) above where the required permanence has not been established before the cover terminates or at age 75 where stated, if sooner
- Chronic Fatigue Syndrome, or any synonym including, but not limited to, Epidemic Neuromyasthenia, Myalgic Encephalomyelitis, Post Viral Fatigue Syndrome or Royal Free Disease.
- Pituitary tumours – specified treatments are covered within the Endocrine *benefit*
- Transient Ischaemic Attacks

- Benign intracranial hypertension
- Any diagnosis, disease, disorder, condition, procedure or disability not listed in the Definitions section of this illness category, or not meeting the stated minimum required severity
- Any cause of claim stated in section 2.3 (Exclusions)
- Any exclusion contained within the definition of any named condition
- Any exclusion applied specifically to *your plan*

1.D Gastrointestinal category – specified conditions of defined severity

1. Definitions

Bowel Ischaemia requiring surgery

Death of intestinal tissue as a result of impaired blood supply caused by one of the following conditions;

- Acute mesenteric ischaemia
- Chronic mesenteric ischaemia
- Ischaemic colitis

Chronic Inflammatory Hepatitis

An inflammation of the liver which has been present for at least one year
The liver function tests including liver enzymes called transaminases must be elevated to at least three times normal laboratory range throughout this period. Causes of this condition can include chronic Hepatitis B or C or Autoimmune Disease.

There must be all of the following on a liver biopsy:

- Moderate plate necrosis or severe focal cell necrosis on liver biopsy
- Periportal or septal fibrosis on liver biopsy.

Or extensive liver fibrosis as measured by a non-invasive liver scan, namely a transient elastography or FibroScan, with a measurement of 20 kPa or higher that is expected to persist for longer than six months

Chronic Pancreatitis

Chronic Inflammation of the pancreas with calcification throughout the body and tail of the gland. There must also be all of the following:

- Proof of calcification on CT scan
- Evidence of failure of secretion of pancreatic enzymes
- Evidence of chronic inflammation on Endoscopic Retrograde Cholangiopancreatography (ERCP) or Magnetic Resonance Cholepancreatography (MRCP)

Cirrhosis of the Liver

A widespread disruption of the normal architecture of the liver cells with fibrosis bridging bet*wee*n portal areas or bet*wee*n the portal area and the portal vein. There must be evidence of nodules of regenerated liver cells and the typical fibrosis pattern on liver biopsy or advanced liver fibrosis as measured by a non-invasive liver scan, namely a transient elastography or FibroScan, with a measurement of 27 kPa or higher that is expected to persist for longer than six months.

Fulminant Hepatic Necrosis

Massive necrosis (death of liver tissue) with clotting deficiencies and metabolic abnormalities which cause coma occurring in an individual without any previous liver disease. There must be jaundice, encephalopathy and admission to a specialist liver unit.

Loss of the use of more than one third of the tongue

Loss of the use of more than one third of the tongue through loss of motor function, traumatic amputation or through surgery.

Moderately Severe Inflammatory Crohn's Disease or Ulcerative Colitis

A definite diagnosis of Crohn's Disease or Ulcerative Colitis by a Consultant Gastroenterologist. To meet the definition of moderate, at least one of deep tissue intestinal tract must be affected by continued or relapsing inflammation, with one or more flare-ups each year.

Partial Hepatectomy

The surgical excision of at least 25% of the liver mass by laparotomy. Liver biopsy and donation are specifically excluded.

Permanent Faecal Incontinence to age 75

There must be *permanent* incontinence of faeces with constant soiling, despite *optimal therapy* for a period of one year. This must require daily pads as prescribed by a consultant physician or surgeon.

Permanent Rectal Fistula

A *permanent* abnormal tract or connection bet*we*en the rectum and the skin, bladder or vagina due to a disease of the rectum. There must be radiological evidence of the abnormal tract or connection. Fistula in ano is specifically excluded.

Portal Vein Thrombosis

The thrombosis of the portal vein causing ascites and enlargement of the spleen. There must be radiological evidence of the blockage to the portal vein as *we*ll as proof of oesophageal varices as a complication.

Sclerosing Cholangitis

An inflammation of the bile ducts proven on cholangiography, with abnormal liver function tests. There must be diagnostic appearances with irregular stricturing and dilatation on Endoscopic Retrograde Cholangiopancreatography (ERCP) or Magnetic Resonance Cholepancreatography (MRCP).

Severe Cirrhosis of the Liver

A widespread disruption of the normal architecture of the liver cells with fibrosis bridging bet*we*en portal areas or bet*we*en the portal area and the portal vein. There must be evidence of nodules of regenerated liver cells and the typical fibrosis pattern on liver biopsy. To be considered as severe the following must be present for at least one year and there must be all of the following throughout this period:

- Persistent jaundice marked by elevated bilirubin levels above 50 micromols/litres;
- Abnormal protein production marked by decreased albumin levels below 27 G/L;
- Abnormal clotting of the blood marked by a Prothrombin time above two times the normal limit or an International Normalisation Ratio (INR) test above 2.0

Severe Gastrointestinal Disease - requiring hospitalisation

Objective evidence of severe gastrointestinal disease with all of the following:

- Disturbance of bowel function at rest with severe persistent pain for a minimum of 3 consecutive months
- Limitation of activity with continued restriction of diet and no response to medical therapy for a minimum of 3 months
- There have been 2 hospital admissions to treat this condition in the 12 months prior to claim

For the above definition, the following are not covered:

- Any hospitalisation for diagnostic purposes
- Any hospitalisation for other conditions
- Any hospitalisation relating to *alcohol or drug abuse*
- Irritable Bowel Syndrome

Severe Inflammatory Crohn's Disease

A definite diagnosis of Crohn's Disease by a Consultant Gastroenterologist. To be considered as severe, symptoms must not have responded to *optimal therapy* while under the continued supervision of a Gastroenterologist.

There must also be evidence of continued inflammation with all of the following having occurred:

- Stricture formation causing intestinal obstruction requiring admission to hospital
- Fistula formation between loops of bowel or bowel to another organ
- At least one resection of a segment of small bowel

Surgical Repair of a Tracheo-Oesophogeal Fistula

The undergoing of, or inclusion on the NHS waiting list for, the surgical repair of an abnormal tract between the trachea and oesophagus as demonstrated by radiological methods.

Total Colectomy

Removal of the whole of the colon creating an opening on the abdomen joining the small intestine to the abdomen wall called an Ileostomy. This procedure is covered if it is established that the ileostomy is *permanent* in the opinion of both a Consultant Gastroenterologist and *our* Chief Medical Officer.

2. Severity levels

The amount of the claim depends upon the severity of the illness *you* suffer. The following levels apply.

Severity Level A:

- Fulminant Hepatic Necrosis
- *Permanent* Faecal Incontinence
- Severe Cirrhosis of the Liver

Severity Level C:

- Sclerosing Cholangitis
- Severe Gastrointestinal Disease - requiring hospitalisation
- Severe Inflammatory Crohn's Disease

Severity Level D:

- Bowel Ischaemia requiring surgery
- Chronic Pancreatitis
- Total Colectomy

Severity Level E:

- Partial Hepatectomy
- Portal Vein Thrombosis
- Loss of use of more than one third of the Tongue

Severity Level F:

- Cirrhosis of the Liver
- Chronic Inflammatory Hepatitis
- Surgical Repair of a Tracheo-Oesophageal Fistula
- *Permanent* Rectal Fistula
- Moderately Severe Inflammatory Crohn's Disease or Ulcerative Colitis

3. Evidence required in the event of a claim

This should be read in addition to and in connection with section 1.1 and section 2.

Any or all of the following may apply to any claim under this category:

- Appropriate signs and symptoms compatible with the condition claimed
- Diagnosis and treatment by an *appropriate medical specialist*
- Relevant investigations, results, copies of hospital and histology reports signed by suitably qualified Consultant Histopathologist

4. Specific exclusions

- Any condition stated in 1d) above where the required permanence has not been established before the cover terminates or at age 75 where stated, if sooner
- *Alcohol or drug abuse*
- Any diagnosis, disease, disorder, condition, procedure or disability not listed in the Definitions section of this illness category, or not meeting the stated minimum required severity
- Any cause of claim stated in provision section 2.3 (Exclusions)
- Any exclusion contained within the definition of any named condition
- Any exclusion applied specifically to *your plan*

1.E Connective Tissue Diseases category – specified conditions of defined severity

1. Definitions

For the purposes of this *plan* other diseases which are not specifically named such as sero-negative arthritis, sero-negative rheumatoid arthritis, psoriatic arthritis or osteoarthritis are not covered by this *plan*, but complications of these diseases may be paid out should criteria be met under any of the other categories of illnesses.

Giant Cell Arteritis

The definite diagnosis of Giant Cell Arteritis by a Consultant Rheumatologist on the basis of the American College of Rheumatology Criteria for Classification of Rheumatic Diseases.

Pemphigus Vulgaris

A chronic, relapsing autoimmune skin disease that causes blisters and erosions of the skin and mucous membranes. For the purpose of this *plan* only Pemphigus Vulgaris is covered, with the diagnosis supported by a biopsy and presence of PV auto-antibodies in the blood.

Polyarteritis Nodosa

The definite diagnosis of Polyarteritis Nodosa by a Consultant Rheumatologist on the basis of the American College of Rheumatology Criteria for Classification of Rheumatic Diseases.

Polymyositis

Polymyositis is an inflammatory disease affecting the muscles of the limbs especially the larger muscles. For the purpose of this illness category there must be all of the following:

- Elevated serum muscle enzymes (CK, aldolase)
- Electromyographic findings typical of dermatomyositis (DM) or polymyositis (PM)
- Muscle biopsy findings typical of PM or DM (as defined immediately above)
- Compatible *we*akness – symmetrical proximal muscle *we*akness for which there is no other explanation

Rheumatoid Arthritis

The definite diagnosis of Rheumatoid Arthritis by a Consultant Rheumatologist on the basis of the American College of Rheumatology Criteria for Classification of Rheumatic Diseases.

Systemic Lupus Erythematosis (SLE)

The definite diagnosis of Systemic Lupus Erythematosis (SLE) by a Consultant Rheumatologist on the basis of the American College of Rheumatology Criteria for Classification of Rheumatic Diseases.

Systemic Sclerosis (Scleroderma)

The definite diagnosis of Systemic Sclerosis (Scleroderma) by a Consultant Rheumatologist on the basis of the American College of Rheumatology Criteria for Classification of Rheumatic Diseases.

***We*gener's Granulomatosis**

The definite diagnosis of *We*gener's Granulomatosis by a Consultant Rheumatologist on the basis of the American College of Rheumatology Criteria for Classification of Rhematic Diseases.

2. Severity levels

How is severity measured?

Connective Tissue Diseases:

Connective tissue diseases are a group of autoimmune diseases, which means that the body attacks itself, especially joints, blood vessels, kidneys, lungs and other organs. For the purposes of this *plan* the severity of Connective Tissue Diseases will be determined by the *permanent* inability to perform a number

of *functional activity tests* (FATs). The inability to perform FATs has to be a new failure brought about by a condition that started after the start of the *plan*.

Further details of these *functional activity tests*, including which tests may apply to *you*, are provided in section 2.

The amount of the claim depends on the severity of the illness *you* suffer. The following levels apply:

Severity Level A:

Giant cell arteritis, polyarteritis nodosa, polymyositis, rheumatoid arthritis, systemic lupus erythematosis, systemic sclerosis (scleroderma) or *We*gener's granulomatosis causing the *permanent* inability to perform at least four out of six *functional activity tests*. See section 2.

Severity Level B:

Giant cell arteritis, polyarteritis nodosa, polymyositis, rheumatoid arthritis, systemic lupus erythematosis, systemic sclerosis (scleroderma) or *We*gener's granulomatosis causing the *permanent* inability to perform at least three out of six *functional activity tests*. See section 2.

Severity Level C:

Giant cell arteritis, polyarteritis nodosa, polymyositis, rheumatoid arthritis, systemic lupus erythematosis, systemic sclerosis (scleroderma) or *We*gener's granulomatosis causing the *permanent* inability to perform at least two out of six *functional activity tests*. See section 2.

Severity Level D:

Giant cell arteritis, polyarteritis nodosa, polymyositis, rheumatoid arthritis, systemic lupus erythematosis, systemic sclerosis (scleroderma) or *We*gener's granulomatosis causing the *permanent* inability to perform at least one out of six *functional activity tests*. See section 2.

Severity Level F:

- A definite diagnosis of giant cell arteritis, polyarteritis nodosa, polymyositis, rheumatoid arthritis, systemic lupus erythematosis, systemic sclerosis (scleroderma) or *We*gener's granulomatosis
- Pemphigus Vulgaris

3. Evidence required in the event of a claim

This should be read in addition to and in connection with section 1.1 and section 2.

Any or all of the following may apply to any claim under this category:

- Relevant blood tests and tissue biopsies which satisfy the relevant defined diagnostic criteria
- Histological proof of the presence of the disease

4. Specific exclusions

- Fibromyalgia, or any synonym including, but not limited to, fibromyositis, fibrositis, muscular rheumatism, myofascial pain syndrome
- Osteoarthritis, *we*ar and tear or any other subjective, non-diagnosed condition
- Chronic fatigue syndrome, or any synonym including, but not limited to, Epidemic Neuromyasthenia, Myalgic Encephalomyelitis, Post Viral Fatigue Syndrome or Royal Free disease

- Any diagnosis, disease, disorder, condition, procedure or disability not listed in the Definitions section of this illness category or not meeting the stated minimum required severity
- Any cause of claim stated in provision section 2.3 (Exclusions)
- Any exclusion contained within the definition of any named condition.
- Any exclusion applied specifically to *your plan*

1.F Urogenital Tract and Kidney category – specified conditions of defined severity

1. Definitions

Acute Renal Dialysis

Undergoing more than two treatments of haemodialysis over a three *week* period or a cumulative total of more than 24 hours haemofiltration due to a rapid decline of renal function leading to renal failure.

Bilateral Orchidectomy

The undergoing of, or inclusion on the NHS waiting list for, the therapeutic surgical removal of all of both testicles due to trauma or for the treatment of a disease of the testicles or of the blood vessels supplying the testicles.

Bladder Fistula

The abnormal connection or tract bet*ween* the bladder and the skin, vagina or rectum due to disease of the bladder. This must be proven by radiological evidence.

Chronic Renal Impairment

The impairment in kidney function such that the estimated glomerular filtration rate is below 25 mls/litre/min/1.73 m2 surface area persistently for a period of six months or more.

Cystectomy

The surgical removal of the complete organ of the bladder with the construction of a urostomy or nephrostomies to allow urine to be collected external to the body. If the surgical removal is due to cancer of the bladder, only one claim can be made for whichever of the conditions is placed at the highest severity level, see provision 1 f) 2 below.

Kidney Failure

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is *permanently* required.

Nephrectomy

Undergoing the surgical removal of a complete kidney as a result of documented renal disease or trauma. If the surgical removal is due to cancer of the kidney, only one claim can be made for whichever of the conditions is placed at the highest severity level, see provision 1 f) 2 below.

Partial Cystectomy

Undergoing the surgical removal of at least 50% of the bladder, measured by surface area, as a result of documented disease or trauma. If the surgical removal is due to cancer of the bladder, only one claim can be made for whichever of the conditions is placed at the highest severity level, see provision 1 f) 2 below.

Partial Nephrectomy

Undergoing the surgical removal of at least 30% of the mass of one kidney as a result of documented disease or trauma. If the surgical removal is due to cancer of the kidney, only one claim can be made for whichever of the conditions is placed at the highest severity level, see provision 1 f) 2 below. Biopsy is excluded.

Severe Chronic Renal Impairment

The impairment in renal function such that the estimated glomerular filtration rate is below 15 mls/ litre/min/1.73 m2 surface area persistently for a period of six months or more.

Surgical Repair of a Kidney

Surgical repair of acute damage to the kidney as a result of trauma. Keyhole surgery, including laparoscopic surgery, is specifically excluded.

2. Severity levels

How is severity measured?

Renal function:

Severity is measured by the estimated glomerular filtration rate. This is a measure of the efficiency of the kidneys as a filter. The amount of the claim depends on the severity of the illness *you* suffer. The following levels apply:

Severity Level A:

- Kidney Failure

Severity Level B:

- Severe Chronic Renal Impairment

Severity Level C:

- Chronic Renal Impairment
- Cystectomy

Severity Level D:

- Acute Renal Dialysis
- Nephrectomy
- Partial Cystectomy

Severity Level E:

- Partial Nephrectomy
- Bilateral Orchidectomy
- Surgical repair of a Kidney

Severity Level F:

- Bladder Fistula

3. Evidence required in the event of a claim

This should be read in addition to and in connection with section 1.1 and section 2. Any or all of the following may apply to any claim under this category

- Diagnosis and treatment by an *appropriate medical specialist*
- Copies of all available specialist reports
- Details of current and historic renal function tests
- Histology of biopsies and any other relevant investigations must be available

4. Specific exclusions

- Kidney transplant. This is covered in the Major Organ Transplant category
- Kidney donation
- Elective gender reassignment
- Any diagnosis, disease, disorder, condition, procedure or disability not listed in the Definitions section of this illness category, or not meeting the stated minimum required severity
- Any cause of claim stated in section 2.3 (Exclusions)
- Any exclusion contained within the definition of any named condition
- Any exclusion applied specifically to *your plan*

1.G Respiratory Disease to Age 75 category – specified conditions of defined severity

1. Definitions

Chronic Obstructive Pulmonary Disease

A disease of the airways of the lung causing obstruction to the exhalation of air. There must be *permanent* and *irreversible* reduction of the maximum volume of air expelled in one second (FEV1) of less than 50% of predicted.

There must be *permanent* and *irreversible* obstruction to airflow demonstrated by a FEV1/ FVC ratio of less than 50% and there must be less than 5% variation in three repeated measurements, (which must be performed under the direction of a specialist respiratory physician) whilst on *optimal therapy*. They must be measured in a respiratory laboratory, which has regular quality control audits available to *us*.

These measurements must be repeated after an interval of at least three months and must also satisfy the criteria mentioned above for a claim to be considered.

Only the following severities are covered:

- Stage III – where FEV1 is between 31% and 49% of predicted
- Stage IV – where FEV1 is 30% or less of predicted

When both Chronic Obstructive Pulmonary Disease and Fibrotic Lung Disease co-exist, only one payment will be made for the condition which is at the highest severity level.

Cor Pulmonale

Irreversible right ventricular failure due to a lung disease producing raised pulmonary artery pressure (Pulmonary Arterial Hypertension). There must be evidence of raised pulmonary artery pressure of at least 30mmHG (mm of mercury) and there must also be right ventricular dilatation and hypertrophy on echocardiogram with characteristic ECG changes.

Fibrotic Lung Disease

For the purpose of this *plan* fibrotic lung disease is defined as one of the following only:

- Sarcoidosis
- Fibrosing Alveolitis
- Aspergilosis

These fibrotic lung diseases produce thickening and fibrosis of the finest membranes in the alveoli that allow transfer of oxygen into the blood stream.

There must be radiological evidence of fibrosis and there must be a *permanent* and *irreversible* restriction of Vital Capacity (VC), the maximum total volume of air that can be expelled from the lung after maximum inhalation, to below 75% of predicted. There must also be a Transfer Factor (or Diffusing Capacity) for carbon monoxide (Dco) of 55% of predicted or less.

These tests must be performed under the direction of a specialist respiratory physician whilst on *optimal therapy*. They must be measured in a respiratory laboratory, which has regular quality control audits available to *us*, and be supervised by the treating specialist. When both chronic obstructive pulmonary disease and fibrotic lung disease co-exist, only one payment will be made (for the condition which is at the highest severity level).

Home Oxygen Therapy

Chronic hypoxaemia on a *permanent* basis with a concentration of oxygen in the arteries of less than 8 kPa. Supplemental oxygen therapy must be used at home for at least 13 hours each day.

Mechanical Ventilatory Support for Near Drowning

Mechanical ventilatory support for at least 24 hours following full resuscitation as a consequence of near drowning.

Pleurectomy

The therapeutic surgical excision of the pleura (the membrane covering the lungs) for documented disease.

Pulmonary Arterial Hypertension – of specified cause and severity or requiring surgery

A definite diagnosis of one of the following by a consultant cardiologist or consultant respiratory physician:

- idiopathic pulmonary arterial hypertension
- chronic thrombo-embolic pulmonary hypertension

With either:

- The measurement reported at the average level measured by cardiac catheterisation at 30mmHG (mm of mercury) or higher at rest. There must also be right ventricular dilation and hypertrophy on echocardiogram with characteristic ECG changes; or
- The undergoing of, or inclusion on the NHS waiting list for, surgery requiring median sternotomy (surgery to divide the breast bone) or thoracotomy on the advice of a consultant cardiologist for the disease of the pulmonary artery to excise and replace the disease pulmonary artery with a graft.

Pulmonary Embolus

The blockage of an artery in the lung by a clot or other tissue from another part of the body. The Pulmonary Embolus must be unequivocally diagnosed on either a V/Q scan (the isotope investigation which shows the ventilation and perfusion of the lungs) or an angiography.

Removal of One Lobe of the Lungs

The undergoing of, or inclusion on the NHS waiting list for, the therapeutic surgical removal of one lobe of the lungs for documented disease or trauma.

Removal of Two or more Lobes of the Lungs

The undergoing of, or inclusion on the NHS waiting list for, the therapeutic surgical removal of two or more lobes of the lungs for documented disease or trauma.

Surgical Drainage of a Lung Abscess

The surgical drainage of an abscess in the parenchyma of the lung using a thoracotomy.

Surgical Drainage of Empyema

The collection of pus in the pleural space. This is the space between the lung and the ribcage. The empyema must have been drained using a thoracotomy operation to qualify for this *benefit*.

2. Severity levels

How is severity measured?

Chronic Obstructive Pulmonary Disease:

Severity is assessed by the measurement of:

- Vital Capacity (VC). This is the maximum total volume of air that can be expelled from the lung after maximum inhalation.
- The Forced Expiratory Volume 1 (FEV1). The maximum volume of air expelled in one second.
- The ratio of the two measurements.

Fibrotic Lung Disease:

The severity is measured by the Transfer Factor (or Diffusing Capacity) for carbon monoxide (Dco), that is the measurement that reflects the transfer of gases across the membranes of the lung into the blood stream from the air. This can only be performed in a lung function laboratory. It is called the transfer factor. The amount of the claim depends on the severity of the illness *you* suffer.

The following levels apply:

Severity Level A:

- Fibrotic Lung disease with a Transfer Factor (or Diffusing Capacity) for carbon monoxide (Dco) of 34% of predicted or less
- Home Oxygen Therapy
- Cor Pulmonale
- Pulmonary Arterial Hypertension – of specified cause and severity or requiring surgery

Severity Level C:

- Fibrotic Lung Disease with a Transfer Factor (or Diffusing Capacity) for carbon monoxide (Dco) of between 35% and 39% of predicted
- Stage IV Chronic Obstructive Pulmonary Disease
- Removal of two or more lobes of the lungs

Severity Level D:

- Fibrotic Lung Disease with a Transfer Factor (or Diffusing Capacity) for carbon monoxide (Dco) of between 40% and 49% of predicted
- Stage III Chronic Obstructive Pulmonary Disease
- Removal of one lobe of the lungs

Severity Level E:

- Surgical Drainage of a Lung Abscess
- Surgical Drainage of Empyema
- Pleurectomy
- Pulmonary Embolus

Severity Level F:

- Mechanical Ventilatory Support for Near Drowning
- Fibrotic Lung Disease with a Transfer Factor (or Diffusing Capacity) for carbon monoxide (Dco) of between 50% and 55% of predicted

3. Evidence required in the event of a claim

This should be read in addition to and in connection with section 1.1 and section .

Any or all of the following may apply to any claim under this category:

- Appropriate signs and symptoms compatible with the condition claimed
- Must be diagnosed and treated by an *appropriate medical specialist*
- Relevant pulmonary and cardiac investigations must be done and be available
- Histology report must be available if needed

4. Specific exclusions

- Any condition stated in 1g) above where the required permanence has not been established before the cover terminates or at age 75 where stated, if sooner
- Only one procedure is covered for transplants of the heart and/or lungs by the *plan* regardless of whether the procedure is the transplant of a heart, a lung, both lungs, a heart and a lung or a heart and both lungs
- Any diagnosis, disease, disorder, condition, procedure or disability not listed in the Definitions section of this illness category, or not meeting the stated minimum required severity
- Any cause of claim stated in section 2.3 (Exclusions)
- Any exclusion contained within the definition of any named condition
- Any exclusion applied specifically to *your plan*

1.H Accidental Human Immunodeficiency Virus (HIV) category – meeting specified criteria

1. Definitions

HIV infection

Infection by HIV resulting from:

- A blood transfusion given as part of medical treatment
- A physical or sexual assault
- An incident occurring during the course of performing normal duties of *employment*
- An organ transplant

After the start of the *plan* and satisfying all of the following:

- The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures
- Where HIV infection is caught through a physical or sexual assault or as a result of an incident occurring during the course of performing normal duties of *employment*, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident
- There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus
- The incident causing infection must have occurred in one of the countries in the list of *permitted countries*

For the above definition, the following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse.

2. Severity levels

Severity Level A:

HIV infection resulting from:

- A blood transfusion given as part of medical treatment
- A physical or sexual assault
- An incident occurring during the course of performing normal duties of *employment*
- An organ transplant

3. Evidence required in the event of a claim

This should be read in addition to and in connection with section 1.1 and section 2.

We will require evidence of a negative HIV test within 5 days of the incident and the subsequent positive HIV antibody test with a confirmatory *W*estern Blot test within 12 months of the incident.

4. Specific exclusions

- Any method of infection of HIV or AIDS that is not stated above
- No cover under this *benefit* is effective unless there is shown to be a negative HIV test within five days of the incident causing the claim
- Any cause of claim stated in section 2.3 (Exclusions)
- Any exclusion contained within the definition of any named condition
- Any exclusion applied specifically to *your plan*

1.I Musculoskeletal Trauma category – specified conditions of defined severity

1. Definitions

Amputation of Two or More Fingers or Thumbs

Permanent physical severance of two or more fingers or thumbs at the metacarpal bone.

Intensive care for 10 days continuous duration

Any sickness or injury resulting in the *person covered* requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) or more in an intensive care unit in a *UK* hospital.

For the above definition the following are not covered:

- *Children* under the age of 30 days
- Sickness or injury as a result of drug or alcohol intake or other self-inflicted means

Le Fort III Reconstruction

This is a form of surgical repair of the maxillofacial bones for severe facial trauma.

Less Extensive Skin Burns – covering 15% of the body's surface area

Deep partial thickness burn that requires a skin graft or burns that involve damage or destruction of the skin to its full depth through to the underlying subcutaneous tissue or deeper underlying tissue covering at least 15% of the body's surface area.

Less Extensive Skin Burns – covering 10% of the body's surface area

Deep partial thickness burn that requires a skin graft or burns that involve damage or destruction of the skin to its full depth through to the underlying subcutaneous tissue or deeper underlying tissue covering at least 10% of the body's surface area.

Less Extensive Skin Burns – covering 5% of the body's surface area or 10% of the surface area of the face

Deep partial thickness burn that requires a skin graft or burns that involve damage or destruction of the skin to its full depth through to the underlying subcutaneous tissue or deeper underlying tissue covering at least 5% of the body's surface area or 10% of the surface area of the face.

Face is the surface area of the front of the head from the top of the hairline to the base of the chin and from ear to ear.

Loss of a single hand or foot

The *permanent* physical severance of either hand or either foot at or above the wrist or ankle joints.

Loss of a single limb

The *permanent* physical severance of a single limb from above the knee or elbow joint or the total loss of motor power to the entire limb.

Loss of hands or feet

Permanent physical severance of any combination of two or more hands or feet at or above the wrist or ankle joints.

Loss of the use of a Whole Hand

Total and *irreversible* loss of muscle function or sensation to the whole of a hand due to trauma. The disability must be *permanent* and supported by appropriate neurological evidence.

Necrotising fasciitis

A definite diagnosis of necrotising fasciitis or gas gangrene by a consultant physician, requiring immediate surgery to remove necrotic tissue and intravenous antibiotic treatment.

Severe Sepsis

A definite diagnosis of severe sepsis by a consultant physician with at least one additional organ dysfunction, requiring admission to either an intensive care (ICU) or a high dependency unit (HDU) for at least 72 continuous hours.

Surgical Re-attachment of an Amputated Limb

Surgery to re-attach a limb following amputation at or above the wrist or ankle joint.

Extensive Skin Burns

Deep partial thickness burn that requires a skin graft or burns that involve damage or destruction of the skin to its full depth through to the underlying subcutaneous tissue or deeper underlying tissue, covering at least 20% of the body's surface area or 25% of the surface area of the face.

Face is the surface area of the front of the head from the top of the hairline to the base of the chin and from ear to ear.

2. Severity levels

How is severity measured?

Extensive Skin Burns:

Severity is measured from the Wallace 'rule of nine' which is the most common method for determining burn percentage. This method divides the body surface into areas each representing nine per cent of total body surface area. Adding up the injured areas provides an assessment of burn percentage.

The amount of the claim depends upon the severity of the illness *you* suffer. The following levels apply.

Severity Level A:

- Extensive Skin Burns
- Loss of hands or feet

Severity Level B:

- Loss of a single limb
- Less Extensive Skin Burns covering 15% of the body's surface area

Severity Level C:

- Intensive Care of 10 days continuous duration
- Less Extensive Skin Burns covering 10% of the body's surface area
- Loss of use of a whole hand
- Loss of a single hand or foot
- Necrotising fasciitis

Severity Level D:

- Surgical Re-attachment of an Amputated Limb

Severity Level E:

- Le Fort III Reconstruction
- Less Extensive Skin Burns covering 5% of the body's surface area or 10% of the surface area of the face
- Severe Sepsis

Severity Level F:

- Amputation of two or more fingers or thumbs at the metacarpal bone

3. EVIDENCE REQUIRED IN THE EVENT OF A CLAIM

This should be read in addition to and in connection with section 1.1 and section 2.

Either or both of the following may apply to any claim under this category:

- Must be diagnosed and treated by an *appropriate medical specialist*
- Appropriate investigations and reports must be available

4. Specific exclusions

- Any diagnosis, disease, disorder, condition, procedure or disability not listed in the Definitions section of this illness category, or not meeting the stated minimum required severity
- Any cause of claim stated in section 2.3 (Exclusions)
- Any exclusion contained within the definition of any named condition
- Any exclusion applied specifically to *your plan*

1.J Eye to Age 75 category – specified conditions of defined severity

1. Definitions

Blindness

Permanent and *irreversible* loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

Blindness in one eye

Total *permanent* and *irreversible* loss of all sight in one eye.

Central Blindness

Permanent and *irreversible* loss of central vision of 20 degrees from the centre of the horizontal plane of the visual field. The measurement of this must be supervised by a Consultant Ophthalmologist.

Central Retinal Occlusion

Death of optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in *permanent* visual impairment of the affected eye.

For the above definition, the following are not covered:

- Branch retinal artery or vein occlusion or haemorrhage

Corneal Transplant

Replacement of a portion or entire cornea with a healthy cornea as a result of disease, accident or trauma. The surgery must be performed by a consultant ophthalmic surgeon or ophthalmologist.

For the above definition, the following are not covered:

- Any corneal transplant surgery for vision correction in the absence of damage, disease or injury to the cornea.

Severe Visual Impairment

Permanent and *irreversible* reduction in the sight of both eyes such that the Snellen rating is less than 6/36 after correction.

Significant Visual Impairment

Permanent and *irreversible* reduction in the sight of both eyes such that the Snellen rating is less than 6/18 after correction.

Surgical Removal of one eye

Surgical removal of a complete eyeball for disease or trauma.

Surgical Repair of a Detached Retina

The surgical repair of a detached retina by a Consultant Ophthalmologist. Laser surgery is specifically excluded.

Tunnel Vision

Permanent and *irreversible* loss of peripheral vision such that the total field of vision is 90 degrees or less in the horizontal plane with both eyes open. The measurement of this must be supervised by a Consultant Ophthalmologist.

2. Severity levels

How is severity measured?

Visual acuity:

The Snellen rating is the measurement of visual acuity using a standard Snellen chart at 6 metres. This must be supervised by a Consultant Ophthalmologist and reported as a fraction such as 6/18 or 6/36, meaning an individual can read at 6 metres letters that people with normal vision can read at 18 or 36 metres.

The amount of the claim depends on the severity of the illness *you* suffer. The following levels apply:

Severity Level A:

- Blindness
- Severe Visual Impairment

Severity Level C:

- Significant Visual Impairment

Severity Level D:

- Central Blindness

Severity Level E:

- Blindness in one Eye
- Central Retinal Occlusion
- Tunnel Vision
- Surgical Removal of one Eye

Severity Level F:

- Corneal Transplant
- Surgical repair of a detached retina

3. Evidence required in the event of a claim

This should be read in addition to and in connection with section 1.1 and section 2.

Any or all of the following may apply to any claim under this category:

- Signs and symptoms must be compatible with the condition claimed
- The Consultant Ophthalmologist's report must be available with details of corrected visual acuity
- Relevant investigations must be performed

4. Specific exclusions

- Any condition stated in 1j) above where the required permanence has not been established before the cover terminates or at age 75 where stated, if sooner
- Any temporary reduction in sight
- If a Consultant considers that a device or implant could result in the improvement of sight
- Any diagnosis, disease, disorder, condition, procedure or disability not listed in the Definitions section of this illness category, or not meeting the stated minimum required severity
- Any cause of claim stated in section 2.3 (Exclusions)
- Any exclusion contained within the definition of any named condition
- Any exclusion applied specifically to *your plan*

1.k Ear to Age 75 category – specified conditions of defined severity

1. Definitions

Deafness

Permanent and *irreversible* loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

Radical Mastoid Surgery

The surgical drainage and excision of chronically infected bony tissue from the mastoid area of the skull. There must have been radiological proof of bony destruction of the mastoid bones by infection.

Significant Hearing Loss in Both Ears

Permanent and *irreversible* loss of hearing to the extent that the loss is greater than 70 decibels across all frequencies in the better ear using a pure tone audiogram. There should be at least two measurements over a period of six months in order for a claim to be considered.

2. Severity levels

How is severity measured?

Hearing loss:

Severity is measured according to the latest version of the British Society of Audiology guidelines for Audiometry. The amount of the claim depends on the severity of the illness *you* suffer. The following levels apply:

Severity Level A:

- Deafness

Severity Level C:

- Significant hearing loss in both ears

Severity Level F:

- Radical Mastoid Surgery

3. Evidence required in the event of a claim

This should be read in addition to and in connection with section 1.1 and section 2.

Any or all of the following may apply to any claim under this category:

- Relevant investigations and reports must be available
- Must be diagnosed and treated by an *appropriate medical specialist*
- Must have relevant signs and symptoms

4. Specific exclusions

- Any condition stated in 1k) above where the required permanence has not been established before the cover terminates or at age 75 where stated, if sooner
- Any diagnosis, disease, disorder, condition, procedure or disability not listed in the Definitions section of this illness category, or not meeting the stated minimum required severity
- Any cause of claim stated in section 2.3 (Exclusions)
- Any exclusion contained within the definition of any named condition
- Any exclusion applied specifically to *your plan*

1.L Endocrine and Metabolic Diseases category – specified conditions of defined severity

1. Definitions

The following conditions are covered (only one payment will be made for each):

Acromegaly

A disease of the pituitary gland with production of excess growth hormone which cannot be suppressed below 2 ng/ml after a 75 Gram oral glucose load.

Addison's Disease

Primary Adrenal insufficiency is a disease in an individual who has never taken steroids without pituitary disease. There must be low levels of circulating steroids and high levels of Adrenocorticotrophic hormone. This must be present for at least six months.

Adrenalectomy

The therapeutic surgical removal of the complete adrenal gland for documented disease.

Conn's Syndrome

A disease of the adrenal glands with persistently raised aldosterone levels and reduced rennin levels. There must be evidence of low serum levels of potassium of less than 3 Mmol/L, rennin levels of less than 1ng/ml/Hr and a plasma aldosterone level of greater than 15 nG/dl.

Cushing's Syndrome

A disease in an individual who has never taken steroids with raised cortisol on 24 hour urine collection and confirmatory testing such as dexamethasone test or imaging of the adrenal and/or pituitary glands. This must be present for at least six months.

Diabetes Insipidus

The *permanent* inability of the body to concentrate urine. This must be *permanent* and be caused by either the lack of the hormone vasopressin to be secreted or the failure of the kidney to respond to vasopressin. This is not Diabetes Mellitus (Sugar Diabetes).

Insulin dependent Diabetes Mellitus (Type I)

Diagnosis of Diabetes Mellitus (Type 1), characterised by absolute insulin deficiency requiring on going treatment with exogenous insulin for survival.

For the above definition, the following are not covered:

- Gestational Diabetes
- Type 2 Diabetes (including Type 2 Diabetes treated with insulin)
- Latent Autoimmune Diabetes of Adulthood

Insulinoma

A tumour of the pancreas producing high levels of insulin causing recurrent attacks of hypoglycaemia. The insulinoma must be diagnosed by MRI or CT scan.

Pheochromocytoma

A tumour of the adrenal gland producing high levels of adrenal hormones. The secretion can be demonstrated by high levels of urinary vanillyl mandelic acid and is associated with a compatible complication such as raised blood pressure.

Radiotherapy to the Pituitary Gland

Radiotherapy to the pituitary gland for the treatment of a documented pituitary adenoma.

Sheehan's Syndrome

Evidenced by radiological evidence of infarction of the pituitary gland, a serum prolactin of less than 5 ng per ml and evidence of failure of the pituitary to secrete other hormones.

Simmond's Disease

An *irreversible* failure of the pituitary to secrete normal levels of hormones. There must be all of the following: low T4 hormone levels, low T3 resin uptake, low testosterone levels and low prolactin levels. These must be present for at least six months and require replacement therapy.

Surgical Removal of the Pituitary Gland

The surgical removal of the pituitary gland for the treatment of a documented pituitary adenoma.

Thyrotoxic Crisis

A clinical condition in someone who has never taken thyroid hormones, with fever, rapid heart rate of over 130, delirium and coma. These symptoms must result in admission to hospital for at least seven days. There must be recorded levels of circulating thyroid hormones at least three times the normal level.

2. Severity levels

The amount of the claim depends upon the severity of the illness *you* suffer. The following levels apply.

Severity Level E:

- Diabetes Insipidus
- Insulin dependent Diabetes Mellitus (Type 1)
- Sheehan's Syndrome
- Thyrotoxic Crisis

Severity Level F:

- Conn's Syndrome
- Cushing's Syndrome
- Addison's Disease
- Pheochromocytoma
- Surgical Removal of the Pituitary Gland
- Radiotherapy to the Pituitary Gland
- Insulinoma
- Simmond's Disease
- Adrenalectomy
- Acromegaly

3. Evidence required in the event of a claim

This should be read in addition to and in connection with section 1.1 and section 2.

Any or all of the following may apply to any claim under this category:

- Relevant signs and symptoms must be present compatible with the condition claimed
- Investigations must be available
- Diagnosis and treatment must be by an *appropriate medical specialist*

4. Specific exclusions

- Any claim for Non-Insulin dependent Diabetes Mellitus (Sugar Diabetes)
- Any second claim at any time under any of the illnesses listed above in provision 1 l.
- Any diagnosis, disease, disorder, condition, procedure or disability not listed in the Definitions section of this illness category, or not meeting the stated minimum required severity
- Any cause of claim stated in section 2.3 (Exclusions)
- Any exclusion contained within the definition of any named condition
- Any exclusion applied specifically to *your plan*

1.M Major Organ Transplant category

1. Definitions

Major Organ Transplant

The undergoing as a recipient of a transplant of bone marrow; or of a complete heart, kidney, liver, lung, pancreas; or of a lobe of lung or liver from another donor; or inclusion on an official *UK* waiting list for such a procedure. For the above definition, the following is not covered:

- Transplant of any other organs, parts of organs, tissues or cells

Only one procedure is covered for transplants of the heart and/or both lungs by the *plan* regardless of whether the procedure is the transplant of a heart, a lung, both lungs, a heart and a lung or a heart and both lungs.

2. Severity levels

Severity Level A:

- Major Organ Transplant

3. Evidence required in the event of a claim

This should be read in addition to and in connection with section 1.1 and section 2.

Any or all of the following may apply to any claim under this category:

- Appropriate signs and symptoms compatible with the condition claimed
- Must be diagnosed and treated by an *appropriate medical specialist*
- Relevant investigation results and any other supporting specialist reports required
- Histology report must be available if needed

4. Specific exclusions

- Any diagnosis, disease, disorder, condition, procedure or disability not listed in the Definitions section of this illness category, or not meeting the stated minimum required severity
- Any cause of claim stated in section 2.3 (Exclusions)
- Any exclusion contained within the definition of any named condition
- Any exclusion applied specifically to *your plan*

1.N Permanent Disability

1. Definitions

Cauda equina

The compression of the nerve roots in the lumbar spine causing the loss of sensation and movement to the bladder, bowel and both legs. The disability must be *permanent* and supported by appropriate neurological evidence.

Mental and Behavioural Disorder: Persistent Confusional State to age 70

An individual shall be considered to be in a persistent confusional state where the individual cannot:

- Follow simple instructions
- Perform simple daily tasks including eating, drinking and washing
- Have any insight into his or her disability

AND

A Court Order has been made in respect of the individual as a result of the individual being incapable by reason of mental disorder of managing and administering his or her property and affairs and that Court Order remains in force.

Mental and behavioural disorder: total lack of social interaction to age 70

An individual shall be considered to have a total lack of social interaction where the individual has:

- Ongoing medical treatment from a psychiatrist for more than two years
- And more than two in-patient admissions, each greater than one *we*ek
- And total lack of social interaction of any kind
- And the *permanent* inability to carry out all of the following:
  - Ans*we*ring the telephone
  - Holding a face to face conversation for at least five minutes
  - Travelling fifty metres outside using all available aids

Total permanent disability

Your plan schedule indicates which of the following definitions apply. Sections a and b do not apply to *children*, instead section c) total *permanent* disability for *children* will apply. Please see below

a) Total permanent disability – own occupation

i. Total permanent disability – unable before age 70 to do *your* own occupation ever again

Loss of the physical or mental ability through an illness or injury before age 70 to the extent that *you* are unable to do the material and substantial duties of *your own occupation* ever again. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of *your own occupation* that cannot reasonably be omitted or modified.

Own occupation means *your* trade, profession or type of work *you* do for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or *you* expect to retire.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

b) Total permanent disability – permanent failure of functional activity

i. Total permanent disability Unable, before age 70 to do a specified number of work tasks ever again (listed in section 2).

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or *you* expect to retire.

You must need the help or supervision of another person and be unable to perform the task on *your* own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

ii. Total permanent disability – unable to do a specified number of tasks designed to assess whether *you* can look after *your*self ever again

Loss of the physical ability through an illness or injury to do a specified number of *tasks designed to assess whether you can look after yourself ever again* (listed in section 2).

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or *you* expect to retire.

You must need the help or supervision of another person and be unable to perform the task on *your* own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

iii. Total permanent disability for children – this section only applies to children

The *child you* are claiming for becomes *permanently* disabled through illness or injury to the extent that the *child* will require constant medical attention, and constant supervision by another person.

The disability and requirement for constant supervision must be expected to last throughout the *child*'s life.

All diagnoses must:

- be made by a consultant *employed* at a hospital within the *United Kingdom*, who is a specialist in an area of medicine appropriate to the cause of the claim,
- be definite and final, and
- be confirmed by *our* chief medical officer.

2. Severity levels

How is severity measured for total permanent disability – unable before age 70, to do a specified number of work tasks ever again or total permanent disability – unable to do a specified number of tasks designed to assess whether *you* can look after *your*self ever again?

The severity of a condition claimed under either of these *benefits* will be determined by the *permanent* inability to perform a number of tasks ever again. These tasks are listed in section 2.

The inability to perform a particular task or number of tasks has to be a new failure brought about by a condition that started after the start of the *plan*.

Further details of these *functional activity tests*, including which tests may apply to *you*, are provided in section 2.

Severity Level A:

- Cauda equina
- Mental and behavioural disorder – persistent confusional state to age 70
- Mental and behavioural disorder – total lack of social interaction to age 70
- Total *permanent* disability – unable before age 70 to do *your own occupation* ever again
- Total *permanent* disability – unable, before age 70, to do at least four *work tasks* ever again

- Total *permanent* disability – unable to do at least four *tasks designed to assess whether you can look after yourself ever again*
- Total *permanent* disability for *children*

Severity Level C:

- Total *permanent* disability – unable, before age 70, to do at least two *work tasks* ever again
- Total *permanent* disability – unable to do at least two *tasks designed to assess whether you can look after yourself ever again*

3. Evidence required in the event of a claim

This should be read in addition to and in connection with section 1.1 and section 2.

Any of the following may apply to any claim under this category:

- Must be diagnosed and treated by an *appropriate medical specialist*
- Relevant investigations and reports must be available
- Signs and symptoms must be compatible with the condition claimed

In order for a total *permanent* disability claim to be paid, *we* will require that the extent of permanency has been established to *our* satisfaction.

4. Specific exclusions

- Any condition stated in 1n) above where the required permanence has not been established before the cover terminates or at age 75 where stated, if sooner
- Any diagnosis. disease. disorder, condition, procedure or disability not listed in the Definitions section of this illness category, or not meeting the stated minimum required severity
- Any cause of claim stated in section 2.3 (Exclusions)
- Any exclusion within the definition of any named condition
- Any exclusion applied specifically to *your plan*

Appendix 2

Illnesses and Conditions paid out at 100% of *you* have Child Serious Illness Cover 2X or Child Serious Illness Cover 3X

If *your* plan schedule indicates that *you* have Child Serious Ilness Cover 2X or Child Serious Illness Cover 3X then in the event of a serious illness claim for a condition listed below, *we* will increase the lump sum *we* pay *you* to 100% of *your* cover amount. For details of the definitions for these conditions please refer to Appendix 1.

Condition

Cancer

- Advanced Hodgkin's disease, classified as Ann-Arbor Stage II
- Advanced Non-Hodgkin's Lymphoma, classified as Ann-Arbor Stage II
- Cancer - excluding less advanced cases

Heart and artery

- Aorta graft surgery
- By-pass graft surgery to three or more coronary arteries
- Coronary artery by-pass grafts
- Heart Attack
- Heart Attack resulting in *permanent* ejection fraction of between 40% and 45% whilst on *optimal therapy*
- Heart valve replacement or repair
- Permanent Defibrillator Insertion due to Cardiac Arrest
- Surgical repair of a structural abnormality of the heart

Musculoskeletal trauma

- Loss of a single hand or foot
- Loss of a single limb

Respiratory

- Stage III Chronic obstructive pulmonary disease

Stroke and nervous systems

- Alzheimer's disease - resulting in *permanent* symptoms
- Bacterial Meningitis – resulting in *permanent* symptoms
- Brain and Spinal tumours – of specified severity
- Coma - with associated *permanent* symptoms
- Creutzfeldt-Jakob disease - resulting in *permanent* symptoms
- Dementia - resulting in *permanent* symptoms
- Encephalitis - resulting in *permanent* symptoms
- Motor neurone disease
- Multiple Sclerosis
- Paralysis of a limb
- Parkinsons Disease - resulting in *permanent* symptoms

- Spinal Stroke
- Stroke
- Stroke with a *residual deficit* measuring at least 3 on the Modified Rankin Scale
- Stroke with a *residual deficit* measuring at least 2 on the Modified Rankin Scale
- Traumatic Brain injury - resulting in *permanent* symptoms

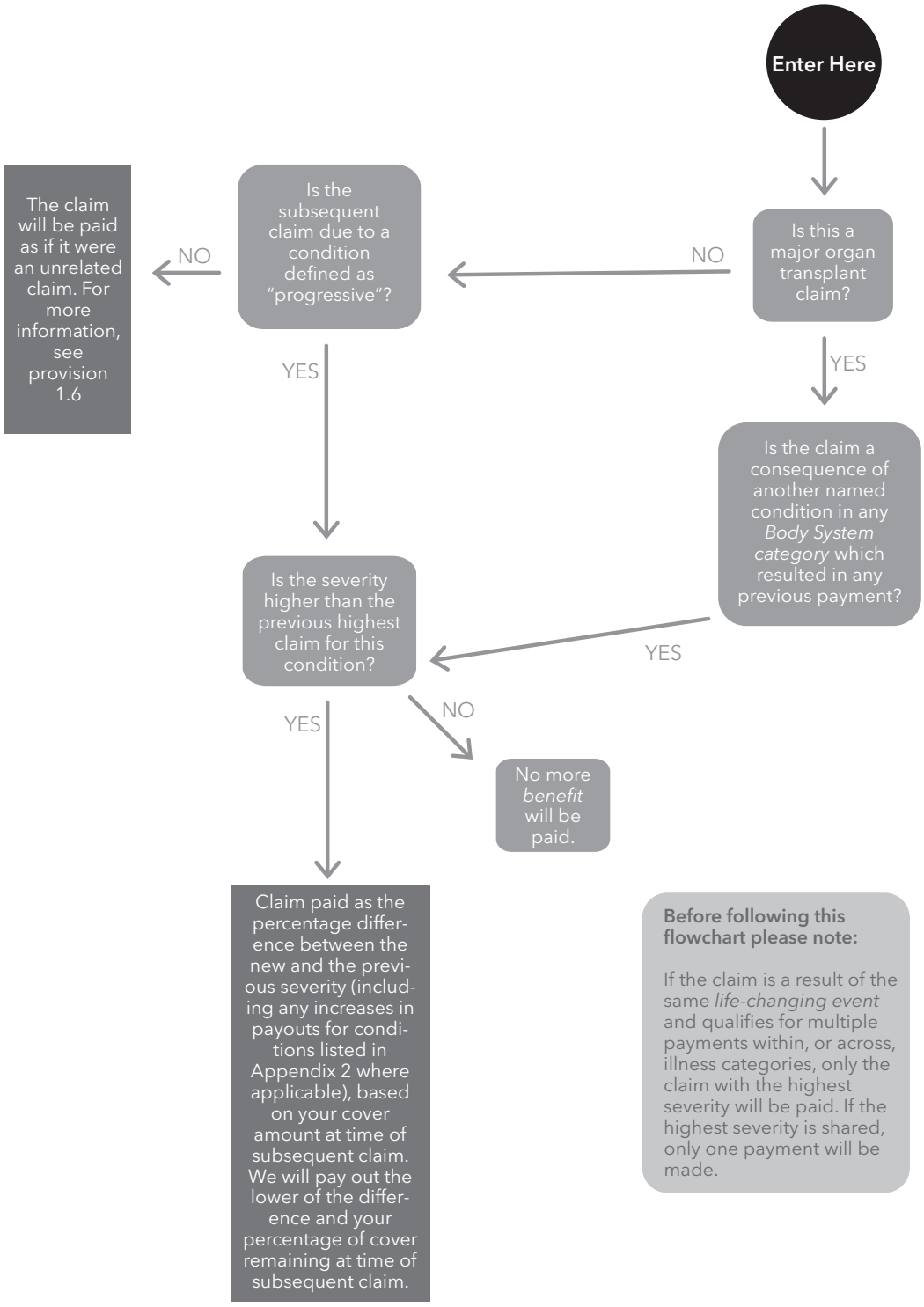
Ear

- Significant hearing loss in both ears

Appendix 3

(i) - Subsequent Claims for Child Serious Illness Cover

Assessment of subsequent progressive or subsequent unrelated child serious illness cover claims

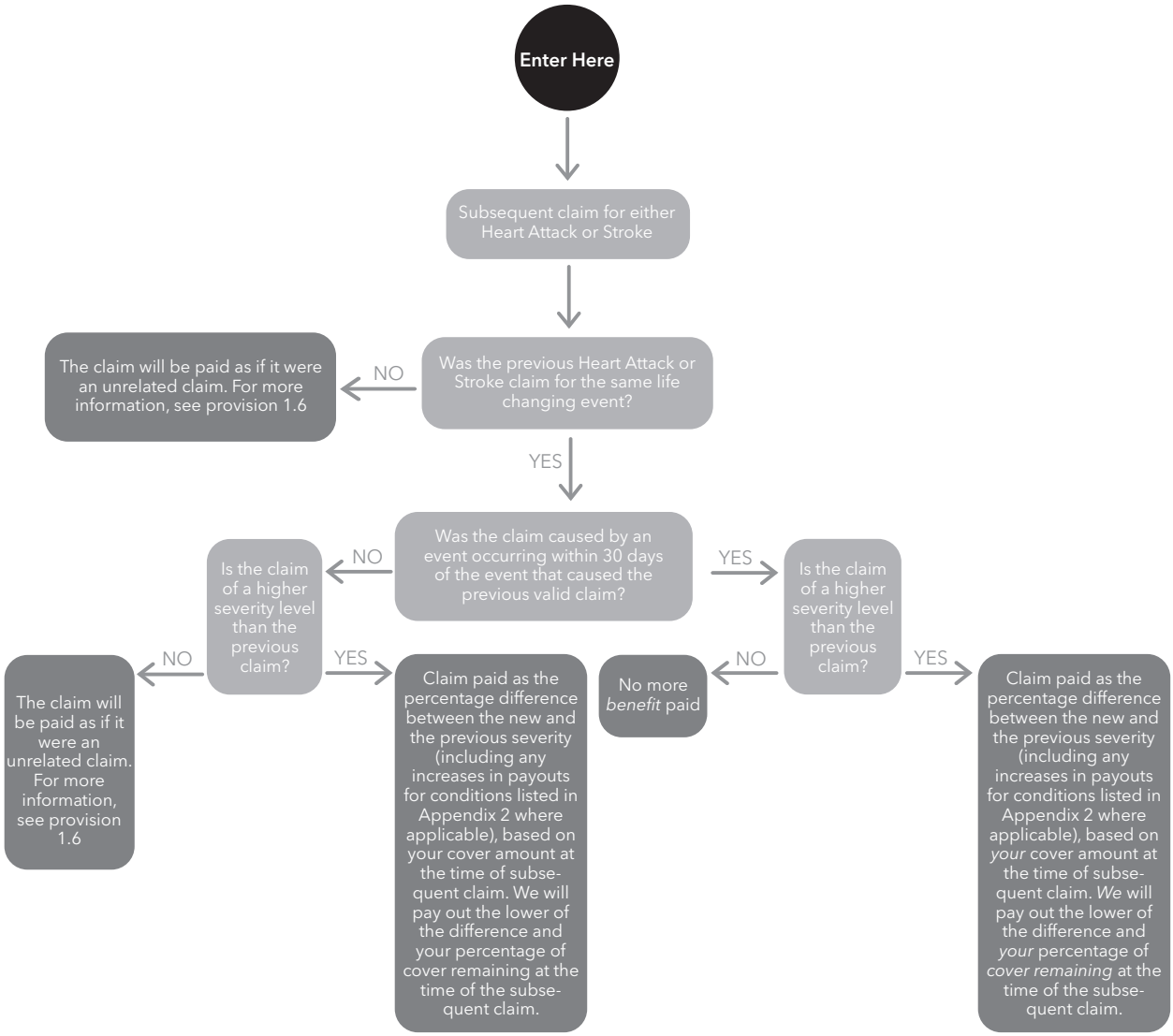


Note: this does not apply to Heart Attack and Stroke. Please refer to Appendix 5 (ii)

Appendix 3

(ii) - Subsequent Claims for Child Serious Illness Cover

Assessment of subsequent claims for heart attack or stroke



Note: Heart Attack and Stroke are treated as two different life changing events.

Find out more.

For more information please speak to your adviser or visit our website vitality.co.uk/life