

CRITICAL ILLNESS INSURANCE

TRANSITION | TRANSITION EVOLUTION

Benchmark Definitions Critical Illnesses and Medical Conditions covered by the contract



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Benchmark Definitions* of covered Critical Illnesses and Medical Conditions



	Terminology	Specifics
ALZHEIMER'S DISEASE	<p>A definite diagnosis of a progressive degenerative disease of the brain. The Insured Person must exhibit the loss of intellectual capacity involving impairment of memory and judgement, which results in a significant reduction in mental and social functioning, and requires a minimum of eight hours of daily supervision. The diagnosis of Alzheimer's Disease must be made by a Specialist.</p> <p>Exclusion: No benefit will be payable under this condition for all other dementing organic brain disorders and psychiatric illnesses.</p>	<p>The first signs of this disease are loss of memory and sense of orientation, as well as personality changes. This condition is usually fatal within ten years.</p>
AORTIC SURGERY	<p>The undergoing of surgery for disease of the aorta requiring excision and surgical replacement of the diseased aorta with a graft. Aorta refers to the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a Specialist.</p>	
APLASTIC ANEMIA	<p>A definite diagnosis of a chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:</p> <ul style="list-style-type: none"> › marrow stimulating agents; › immunosuppressive agents; › bone marrow transplantation. <p>The diagnosis of Aplastic Anemia must be made by a Specialist.</p>	
BACTERIAL MENINGITIS	<p>A definite diagnosis of meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of diagnosis. The diagnosis of Bacterial Meningitis must be made by a Specialist.</p> <p>Exclusion: No benefit will be payable under this condition for viral meningitis.</p>	
BENIGN BRAIN TUMOUR	<p>A definite diagnosis of a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). The diagnosis of Benign Brain Tumour must be made by a Specialist.</p> <p>Exclusion: No benefit will be payable under this condition for pituitary adenomas less than 10 mm.</p> <p>Moratorium Period Exclusion</p> <p>No critical illness benefit with respect to any diagnosis of Benign Brain Tumour will be payable during the Moratorium Period Exclusion described below or thereafter, if:</p> <p>Within the first 90 days following the later of:</p> <ul style="list-style-type: none"> › the effective date of the coverage, or › the effective date of last reinstatement of the policy, <p>the Life Insured has any of the following:</p> <ul style="list-style-type: none"> › signs, symptoms or investigations that lead to a diagnosis of Benign Brain Tumour, regardless of when the diagnosis is made, › a diagnosis of Benign Brain Tumour. <p>You must report all information regarding the signs, symptoms, investigations or any diagnosis of Benign Brain Tumour to the Company within 6 months of the date of the diagnosis. If this information is not provided, the Company has the right to deny any claim for Benign Brain Tumour or any critical illness caused by any Benign Brain Tumour or its treatment.</p>	<p>A benign brain tumour is a non-cancerous tumour.</p>
BLINDNESS	<p>A definite diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:</p> <ul style="list-style-type: none"> › the corrected visual acuity being 20/200 or less in both eyes; or › the field of vision being less than 20 degrees in both eyes. <p>The diagnosis of Blindness must be made by a Specialist.</p>	<p>Blindness is covered regardless of the cause. The loss of vision to a corrected visual acuity of 20/200 or less in both eyes prevents most persons from performing their normal activities.</p>
CANCER (life-threatening)	<p>A definite diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis of Cancer must be made by a Specialist.</p> <p>Exclusion: No benefit will be payable under this condition for the following non-life-threatening cancers:</p> <ul style="list-style-type: none"> › carcinoma in situ, or › Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion), or › any non-melanoma skin cancer that has not metastasized, or › Stage A (T1a or T1b) prostate cancer. 	<p>Even though certain cancers are excluded according to the preceding definition, a partial benefit may be payable for some of these cancers. Refer to the "Prevention + Benefit" for more details.</p>

*The Critical Illness Benchmark Definitions were developed in 2007 by a committee led by Munich Re and the Canadian Life and Health Insurance Association (CLHIA) working group.

	Terminology	Specifics
CANCER (life-threatening) (cont.)	<p>Moratorium Period Exclusion</p> <p>No critical illness benefit with respect to any diagnosis of cancer will be payable during the Moratorium Period Exclusion described below or thereafter, if:</p> <p>Within the first 90 days following the later of:</p> <ul style="list-style-type: none"> › the effective date of the coverage, or › the effective date of last reinstatement of the policy, <p>the Life Insured has any of the following:</p> <ul style="list-style-type: none"> › signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded), regardless of when the diagnosis is made, › a diagnosis of cancer (covered or excluded). <p>You must report all information regarding signs, symptoms, investigations or any diagnosis of cancer to the Company within 6 months of the date of the diagnosis. If this information is not provided, the Company has the right to deny any claim for cancer or any critical illness caused by any cancer or its treatment.</p>	
COMA	<p>A definite diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be four or less. The diagnosis of Coma must be made by a Specialist.</p> <p>Exclusion: No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> › a medically induced coma; or, › a coma which results directly from alcohol or drug use; or, › a diagnosis of brain death. 	A coma may be caused by illness or injury.
CORONARY ARTERY BYPASS SURGERY	<p>The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s), excluding any non-surgical or trans-catheter techniques such as balloon angioplasty or laser relief of an obstruction. The surgery must be determined to be medically necessary by a Specialist.</p>	Even though balloon angioplasty is excluded according to this definition, a partial benefit may be payable for a balloon angioplasty. Refer to the "Prevention + Benefit" for more details.
DEAFNESS	<p>A definite diagnosis of the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz. The diagnosis of Deafness must be made by a Specialist.</p>	Deafness is covered, regardless of the cause.
HEART ATTACK	<p>A definite diagnosis of the death of heart muscle due to obstruction of blood flow, that results in:</p> <p>Rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:</p> <ul style="list-style-type: none"> › heart attack symptoms › new electrocardiogram (ECG) changes consistent with a heart attack › development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. <p>The diagnosis of Heart Attack must be made by a Specialist.</p> <p>Exclusion: No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> › elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves, or › ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above. 	Damage to the heart muscle will cause changes to the ECG and elevation of the cardiac (heart) enzymes. A definite event must occur with medical evidence to support the diagnosis. ECG changes suggestive of a previous heart attack are not covered.
HEART VALVE REPLACEMENT	<p>The undergoing of surgery to replace any heart valve with either a natural or mechanical valve. The surgery must be determined to be medically necessary by a Specialist.</p> <p>Exclusion: No benefit will be payable under this condition for heart valve repair.</p>	
KIDNEY FAILURE	<p>A definite diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated. The diagnosis of Kidney Failure must be made by a Specialist.</p>	Those suffering from kidney failure require dialysis for the rest of their lives or until a kidney transplant is performed.

	Terminology	Specifics
<p>LOSS OF INDEPENDENT EXISTENCE</p>	<p>A definite diagnosis of:</p> <ul style="list-style-type: none"> a) a total inability to perform, by oneself, at least two of the following six Activities of Daily Living, or, b) Cognitive Impairment, as defined below, <ul style="list-style-type: none"> for a continuous period of at least 90 days with no reasonable chance of recovery. The diagnosis of Loss of Independent Existence must be made by a Specialist. <p>Activities of Daily Living are:</p> <ul style="list-style-type: none"> › Bathing – the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of equipment. › Dressing – the ability to put on and remove necessary clothing including braces, artificial limbs or other surgical appliances. › Toileting – the ability to get on and off the toilet and maintain personal hygiene. › Bladder and Bowel Continence – the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained. › Transferring – the ability to move in and out of a bed, chair or wheelchair, with or without the use of equipment. › Feeding – the ability to consume food or drink that already has been prepared and made available, with or without the use of adaptive utensils. <p>Cognitive Impairment is defined as “mental deterioration and loss of intellectual ability, evidenced by deterioration in memory, orientation and reasoning, which are measurable and result from demonstrable organic cause as diagnosed by a Specialist.” The degree of cognitive impairment must be sufficiently severe as to require a minimum of eight hours of daily supervision.</p> <p>Determination of a Cognitive Impairment will be made on the basis of clinical data and valid standardized measures of such impairments.</p> <p>Exclusion: No benefit will be payable under this condition for any mental or nervous disorder without a demonstrable organic cause.</p>	
<p>LOSS OF LIMBS</p>	<p>A definite diagnosis of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation. The diagnosis of Loss of Limbs must be made by a Specialist.</p>	<p>Dismemberment may be caused by accident, illness or disease.</p>
<p>LOSS OF SPEECH</p>	<p>A definite diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease, for a period of at least 180 days. The diagnosis of Loss of Speech must be made by a Specialist.</p> <p>Exclusion: No benefit will be payable under this condition for all psychiatric related causes.</p>	<p>The loss of speech may be the result of any accident, injury or illness. All psychiatric causes are excluded.</p>
<p>MAJOR ORGAN FAILURE ON WAITING LIST</p>	<p>A definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under Major Organ Failure on Waiting List, the Insured Person must become enrolled as the recipient in a recognized transplant centre in Canada or the United States of America that performs the required form of transplant surgery. For the purposes of the Survival Period, the date of Diagnosis is the date of the Insured Person's enrolment in the transplant centre. The diagnosis of the major organ failure must be made by a Specialist.</p>	
<p>MAJOR ORGAN TRANSPLANT</p>	<p>A definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under Major Organ Transplant, the Insured Person must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities. The diagnosis of the major organ failure must be made by a Specialist.</p>	<p>Bone marrow transplants are covered, even if the patient's own bone marrow is extracted, treated and re-injected.</p>
<p>MULTIPLE SCLEROSIS</p>	<p>A definite diagnosis of one of the following: amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy, and limited to these conditions. The diagnosis of Motor Neuron disease must be made by a Specialist.</p>	<p>Multiple Sclerosis is a slowly progressive brain and spinal cord disease resulting in multiple and varied neurological symptoms and signs which may make it difficult to diagnose. Its evolution is characterized by intermittent periods of remission and relapse.</p>
<p>MOTOR NEURON DISEASE</p>	<p>A definite diagnosis of at least one of the following:</p> <ul style="list-style-type: none"> › two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination; or, › well-defined neurological abnormalities lasting more than six months, confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination; or, › a single attack, confirmed by repeated MRI imaging of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart. <p>The diagnosis of Multiple Sclerosis must be made by a Specialist.</p>	<p>The symptoms of this disease are weakness and wasting of the muscles of the upper and lower limbs. The disorder is usually diagnosed in middle age. It is progressive and usually fatal within two to five years.</p>

	Terminology	Specifics
OCCUPATIONAL HIV INFECTION	<p>A definite diagnosis of infection with Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the Insured Person's normal occupation, which exposed the person to HIV-contaminated body fluids. The accidental injury leading to the infection must have occurred after the later of the effective date of the policy, or the effective date of last reinstatement of the policy.</p> <p>Payment under this condition requires satisfaction of all of the following:</p> <ul style="list-style-type: none"> a) The accidental injury must be reported to the insurer within 14 days of the accidental injury; b) A serum HIV test must be taken within 14 days of the accidental injury and the result must be negative; c) A serum HIV test must be taken between 90 and 180 days after the accidental injury and the result must be positive; d) All HIV tests must be performed by a duly licensed laboratory in Canada or the United States of America; e) The accidental injury must have been reported, investigated and documented in accordance with current Canadian or United States of America workplace guidelines. <p>The diagnosis of Occupational HIV Infection must be made by a Specialist.</p> <p>Exclusion: No benefit will be payable under this condition if:</p> <ul style="list-style-type: none"> › The Insured Person has elected not to take any available licensed vaccine offering protection against HIV; or, › A licensed cure for HIV infection has become available prior to the accidental injury; or, › HIV infection has occurred as a result of non-accidental injury including, but not limited to, sexual transmission and intravenous (IV) drug use. 	<p>Declaration formalities are required to ensure that the HIV was contracted through the person's occupation.</p>
PARALYSIS	<p>A definite diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event. The diagnosis of Paralysis must be made by a Specialist.</p>	<p>Any permanent type of paralysis of two or more limbs, whether caused by accident or medical reasons, is covered. It may take some time after the accident or illness to determine the full extent of recovery, and this may be hampered by other sustained injuries. A waiting period of 90 days is reasonable to determine whether the paralysis is permanent or not. All psychiatric causes are excluded.</p>
PARKINSON'S DISEASE	<p>A definite diagnosis of primary idiopathic Parkinson's Disease, which is characterized by a minimum of two or more of the following clinical manifestations: muscle rigidity, tremor, or bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses). The Insured Person must require substantial physical assistance from another adult to perform at least two of the following six Activities of Daily Living. The diagnosis of Parkinson's Disease must be made by a Specialist.</p> <p>Activities of Daily Living are:</p> <ul style="list-style-type: none"> › Bathing – the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of equipment. › Dressing – the ability to put on and remove necessary clothing including braces, artificial limbs or other surgical appliances. › Toileting – the ability to get on and off the toilet and maintain personal hygiene. › Bladder and Bowel Continence – the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained. › Transferring – the ability to move in and out of a bed, chair or wheelchair, with or without the use of equipment. › Feeding – the ability to consume food or drink that already has been prepared and made available, with or without the use of adaptive utensils. <p>Exclusion: No benefit will be payable under this condition for all other types of Parkinsonism.</p>	<p>The cause of this disease is unknown. Any type of Parkinsonism resulting from a known cause (e.g. certain drugs, toxic chemical products or an injury) is not covered.</p>
SEVERE BURNS	<p>A definite diagnosis of third-degree burns over at least 20% of the body surface. The diagnosis of Severe Burns must be made by a Specialist.</p>	<p>Third degree burns are very serious. When at least 20% of the body is affected, life is threatened.</p>
STROKE (cerebrovascular accident)	<p>A definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:</p> <ul style="list-style-type: none"> › acute onset of new neurological symptoms, and › new objective neurological deficits on clinical examination, persisting for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The diagnosis of Stroke must be made by a Specialist. <p>Exclusion: No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> › Transient Ischaemic Attacks; or, › Intracerebral vascular events due to trauma; or, › Lacunar infarcts which do not meet the definition of stroke as described above. 	<p>A cerebral vascular accident may be caused by hemorrhage (bleeding in the brain), thrombosis (blood clotting in a brain artery blocking it) or embolus (usually a clot from elsewhere in the body, carried in the blood stream and blocking a brain artery). Strokes usually cause permanent damage which may nonetheless diminish considerably over time.</p>

JUVENILE CRITICAL ILLNESSES		Terminology	Specifics															
TYPE 1 DIABETES MELLITUS	A diagnosis of type 1 diabetes mellitus, characterized by absolute insulin deficiency and continuous dependence on exogenous insulin for survival. The diagnosis must be made by a qualified pediatrician or endocrinologist licensed and practicing in Canada or the U.S. and there must be evidence of dependence on insulin for a minimum of three months.																	
MUSCULAR DYSTROPHY	A definitive diagnosis of Muscular Dystrophy, characterized by well-defined neurological abnormalities, confirmed by electromyography and muscle biopsy.		Muscular Dystrophy is a hereditary condition that leads to deformity and disability.															
CEREBRAL PALSY	A definitive diagnosis of definite Cerebral Palsy, a non-progressive neurological defect characterized by spasticity and incoordination of movements.		Non-disabling mental or physical incapacities are not covered.															
CYSTIC FIBROSIS	A definitive diagnosis of Cystic Fibrosis with evidence of chronic lung disease and pancreatic insufficiency.		Cystic Fibrosis is a hereditary disorder of the exocrine glands. The glands secrete an unusually thick and sticky mucus that affects the pancreas, the respiratory system and the sudoriparous glands. The illness is characterized by chronic respiratory infections, pancreatic insufficiency and heat intolerance.															
CONGENITAL HEART DISEASE	<p>A diagnosis of the following heart conditions:</p> <p>i) The following conditions are covered following a 30-day survival period from diagnosis or birth, whichever comes later. The diagnosis must be made by a qualified pediatric cardiologist and supported by appropriate cardiac imaging.</p> <table border="0"> <tr> <td>Total Anomalous Pulmonary Venous Connection</td> <td>Hypoplastic Left Heart Syndrome</td> <td>Eisenmenger Syndrome</td> </tr> <tr> <td>Transposition of The Great Vessels</td> <td>Double Outlet Left Ventricle</td> <td>Double Inlet Ventricle</td> </tr> <tr> <td>Atresia of any heart valve</td> <td>Truncus Arteriosus</td> <td>Hypoplastic Right Ventricle</td> </tr> <tr> <td>Coarctation of The Aorta</td> <td>Tetralogy of Fallot</td> <td>Ebstein's Anomaly</td> </tr> <tr> <td>Single Ventricle</td> <td></td> <td></td> </tr> </table> <p>ii) The following conditions are covered only when open heart surgery is performed for correction of the condition and following a 30-day survival period from diagnosis or birth, whichever comes later. The diagnosis must be made by a qualified pediatric cardiologist and supported by appropriate cardiac imaging.</p> <p>The surgery must be recommended by a qualified pediatric cardiologist and performed by a cardiac surgeon in Canada or the U.S.</p> <ul style="list-style-type: none"> › Pulmonary Stenosis › Atrial Septal Defect › Discrete Subvalvular Aortic Stenosis › Aortic Stenosis › Ventricular Septal Defect <p>Exclusions: Trans-catheter procedures such as balloon valvuloplasty or percutaneous Atrial Septal Defect closure are excluded.</p> <p>All other congenital cardiac conditions are excluded.</p>		Total Anomalous Pulmonary Venous Connection	Hypoplastic Left Heart Syndrome	Eisenmenger Syndrome	Transposition of The Great Vessels	Double Outlet Left Ventricle	Double Inlet Ventricle	Atresia of any heart valve	Truncus Arteriosus	Hypoplastic Right Ventricle	Coarctation of The Aorta	Tetralogy of Fallot	Ebstein's Anomaly	Single Ventricle			These defects may occur separately or together and may at any time cause significant deterioration of the cardiovascular or pulmonary systems.
Total Anomalous Pulmonary Venous Connection	Hypoplastic Left Heart Syndrome	Eisenmenger Syndrome																
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CHILD CRITICAL ILLNESSES		
DOWN SYNDROME	A definitive diagnostic of a genetic condition characterized by mental retardation and specific physical characteristics.	Down Syndrome is a genetic condition characterized by mental retardation and specific physical characteristics.
CEREBRAL PALSY	See definition in the <i>Juvenile Critical Illnesses</i> section.	
MUSCULAR DYSTROPHY	See definition in the <i>Juvenile Critical Illnesses</i> section.	
CONGENITAL HEART DISEASE	See definition in the <i>Juvenile Critical Illnesses</i> section.	

PREVENTION + BENEFIT		
PREVENTION + BENEFIT	<p>Critical illness protection also provides a Prevention + Benefit, which covers four non-life-threatening illnesses and medical conditions listed below for the duration of the contract:</p> <p>Coronary Angioplasty: The undergoing of an interventional procedure to unblock or widen a coronary artery that supplies blood to the heart to allow an uninterrupted flow of blood. The procedure must be determined to be medically necessary by a Specialist.</p> <p>Cancers detected in early stages:</p> <ul style="list-style-type: none"> › Skin cancer (malignant melanoma in the dermis equal to or less than a depth of 1.0 mm) › Breast cancer (ductal carcinoma in situ of the breast) › Stage A prostate cancer 	