

# CRITICAL ILLNESS INSURANCE



## DEFINITIONS AND INTERPRETATIONS OF COVERED ILLNESSES



*Reap the rewards that come  
with peace of mind*

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[www.standardlife.ca](http://www.standardlife.ca)

**NOTE:** All diagnoses of the covered illnesses must be confirmed by a physician who has been licensed in and is currently practicing in Canada.

## 1. Cancer

(Covered under Base, Plus, Enhanced)

The Diagnosis by a doctor of an uncontrolled growth of malignant cells and the invasion of tissue.

### *Stage A Prostate Cancer*

A Critical Illness Benefit in the amount of 10% of the Sum Insured to a maximum amount of \$10,000 under *Protecta Base* and *Plus*, and \$50,000 under *Protecta Enhanced*, will be paid if the Insured is diagnosed with Stage A prostate cancer (T1a or T1b) before the Insured's Attained Age 75. At that time the Sum Insured will be reduced by the lump sum benefit paid but the Total Premium will continue to be based on the Sum Insured applicable before this payment.

### *Cancer Exclusions*

The following forms of cancer or conditions are not covered

1. Carcinoma in situ;
2. Kaposi's sarcoma;
3. Malignant melanoma to a thickness of 0.75 mm or less; and
4. Any other skin cancer that has not spread beyond the deepest layer of the skin.

## 90 Day Cancer Exclusion

If a Diagnosis of cancer is made within the Exclusion Period or if, within the Exclusion Period, any symptom of cancer manifests itself which later results in an investigation leading to the Diagnosis of cancer, the coverage will remain in force but no Critical Illness Benefit for cancer will be payable even for a subsequent Diagnosis of any type of cancer. Furthermore, no Critical Illness Benefit will be payable for any other Critical Illness Insured Condition that results from any type of cancer or that is a result of any treatment for cancer. The Exclusion Period refers to the ninety (90) day period starting from the later of:

- a) the date the coverage takes effect or
- b) the date of the latest reinstatement of the coverage.

***Interpretation:*** This definition covers life-threatening cancers. Non-life threatening and early stage cancers (with the exception of Stage A prostate cancer – T1a or T1b), which can be cured, are not covered. "Carcinoma in situ" refers to a malignant tumour that has not spread from its point of origin. This definition of cancer also covers (but is not restricted to) Leukaemia, Hodgkin's, Non-Hodgkin's lymphoma and breast cancer.

## 2. Heart Attack

(Covered under Base, Plus, Enhanced)

The Diagnosis by a Doctor of the death of a portion of heart muscle as a result of inadequate blood supply as evidenced by new electrocardiographic (ECG) changes indicative of a myocardial infarction, and the elevation of cardiac biochemical

markers to levels considered diagnostic for acute infarction.

Heart attack does not include an incidental finding of ECG changes suggesting a prior myocardial infarction, in the absence of a corroborating event. Heart attack does not include elevation of cardiac markers due to coronary angioplasty unless there are diagnostic changes of new Q wave infarction on the ECG.

***Interpretation:*** Proof of damage to the heart must be provided by means of an electrocardiogram (ECG) and a blood test. If the electrocardiographic changes indicate a previous heart attack the condition will not be covered.

### 3. Stroke

(Covered under Base, Plus, Enhanced)

The Diagnosis by a Doctor of a cerebrovascular event producing neurological sequelae lasting more than 30 days and caused by intracranial thrombosis or hemorrhage, or embolism from an extra-cranial source. There must be evidence of measurable, objective neurological deficit. Transient Ischemic Attacks are specifically excluded.

***Interpretation:*** The death of brain tissue from lack of oxygen and nutrients caused by clogged or ruptured blood vessels. The stroke must be caused by one or more of the following:

- >> **Thrombosis** – a blood clot (thrombus) forms and blocks blood flow in an artery bringing blood to the brain.
- >> **Embolism** – a wandering clot (an embolus) forms in a blood vessel outside the brain, usually in the heart. The clot moves through the bloodstream until it lodges in an artery, in or leading to the brain, and blocks the blood flow.

- >> **Subarachnoid Hemorrhage** – a blood vessel on the surface of the brain bleeds into the area between the brain and the skull
- >> **Cerebral Hemorrhage** – an artery in the brain bursts and floods the surrounding tissue with blood.

Transient Ischemic Attacks, also known as minor strokes, are caused by a temporary interruption of blood supply. These attacks are not covered as they are relatively minor and may even go entirely unnoticed.

## 4. Coronary Artery Bypass Surgery

(Covered under Base, Plus, Enhanced)

The undergoing of heart Surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Non-surgical techniques such as balloon angioplasty or laser, to relieve obstructions are excluded.

***Interpretation:*** Only coronary artery bypass surgery is covered. Non-surgical and other techniques used to correct the narrowing or remove the blockage(s) are not covered.

## 5. Kidney Failure

(Covered under Plus, Enhanced)

The Diagnosis by a Doctor of end stage renal disease presenting as chronic irreversible failure of both kidneys, as a result of which either regular dialysis or renal transplantation is necessary.

***Interpretation:*** Dialysis is a treatment that replaces the function normally performed by the kidneys. The Insured will require such treatments on a regular basis and/or have to undergo a kidney transplant in order to live.

## 6. Major Organ Transplant & Major Organ Failure on Waiting list\*

(Covered under Plus, Enhanced)

The receipt of a heart, lung, kidney or liver, or the receipt of bone marrow, to correct the irreversible failure of any of the insured's heart, both lungs, both kidneys, liver or bone marrow. Transplantation must be medically necessary.

To qualify under Major Organ Failure on Waiting List the Insured must become enrolled as the recipient in a recognized organ or bone marrow transplant program in Canada, or any such jurisdiction as we may approve, for one or more of the organs or bone marrow specified in this provision. For the purposes of the Survival Period, the date of Diagnosis is the date your enrollment in such a transplant program takes effect.

\* Major organ failure on Waiting list covered under *Protecta Enhanced* only

***Interpretation:*** *The Insured will be covered if he/she suffers major organ failure after he/she has enrolled in a recognized transplant program.*

## 7. Blindness

(Covered under Plus, Enhanced)

The Diagnosis by a Doctor, who is an ophthalmologist, of the total and irreversible loss of vision in both eyes. The corrected visual acuity must be 20/200 or less in each eye, or the field of vision must be less than 20 degrees in both eyes.

***Interpretation:*** *Blindness is covered regardless of the cause (excluding self-inflicted causes). The conditions outlined above would render the person virtually incapable of performing normal work.*

## 8. Deafness

(Covered under Plus, Enhanced)

The Diagnosis by a Doctor, who is a otolaryngologist, of the total and irreversible loss of hearing in each ear, with an auditory threshold of 90 decibels or greater.

***Interpretation:*** *Total and permanent deafness is covered regardless of cause (excluding self-inflicted causes). The amount of hearing loss required to qualify under this definition can easily be measured and confirmed by professional testing.*

## 9. Paralysis

(Covered under Plus, Enhanced)

The Diagnosis by a Doctor of the complete and permanent loss of use of two or more limbs for a continuous period of 90 days following the precipitating event, during which time there has been no sign of improvement. All psychiatric causes are specifically excluded.

***Interpretation:*** *To determine whether the paralysis is temporary, a waiting period of 90 days is required because partial or full recovery during this period is not uncommon.*

## 10. Multiple Sclerosis

(Covered under Plus, Enhanced)

An unequivocal Diagnosis by a Doctor, who is a neurologist, of definite Multiple Sclerosis, characterized by well-defined neurological abnormalities persisting for a continuous period of at least six months or with two separate clinically documented episodes. Neurological abnormalities in this context must be evidenced by the typical symptoms of demyelination of the brain or the spinal cord with resultant impairment and must be confirmed by evidence of multiple areas of demyelination by MRI scanning.



**Interpretation:** The insulating sheath around the brain or spinal cord becomes stripped (demyelinated), causing the neurological transmission of messages to be slowed or blocked completely. This condition causes progressive weakness, loss of sensation and control of bowels and bladder. The Diagnosis must be confirmed by a recognized scanning procedure.

## 11. Coma

(Covered under Plus, Enhanced)

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

**Interpretation:** The person must be totally incapacitated, unresponsive to people and things around them and unable to control

their bodily functions (including involuntary functions such as breathing). A person can be in a coma for a short period of time and still make a full recovery. For this reason there is a stipulation that the coma must persist for 4 days.

## 12. Parkinson's Disease

(Covered under Plus, Enhanced)

The Diagnosis by a Doctor who is a neurologist, of primary idiopathic Parkinson's Disease, which is characterized by a minimum of two or more of the following clinical manifestations:

- muscle rigidity
- tremor
- bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses).

All other types of Parkinsonism are specifically excluded.

**Interpretation:** Parkinson's disease is a progressive disease of the nervous system characterized by tremor, muscular rigidity and slowed movement.

### 13. Alzheimer's Disease

(Covered under Plus, Enhanced)

The Diagnosis by a Doctor who is a neurologist, psychiatrist or gerontologist, of Alzheimer's Disease, which is a progressive degenerative disease of the brain. The Insured must exhibit the loss of intellectual capacity involving impairment of memory and judgment, which results in a significant reduction in mental and social functioning, to such a degree as to require continuous daily supervision. All other dementing organic brain disorders and psychiatric illnesses are specifically excluded.

**Interpretation:** *This progressive degenerative disease of the brain causes loss of memory, intellectual capacity and autonomy.*

### 14. Loss of Limbs

(Covered under Plus, Enhanced)

The Diagnosis by a Doctor of the irreversible severance of 2 or more limbs from at or above the wrist or ankle joint as the result of an Accident or medically required amputation.

**Interpretation:** *The loss must be permanent and irreversible.*

### 15. Burns

(Covered under Plus, Enhanced)

The Diagnosis by a Doctor, who is a plastic surgeon, of third degree burns covering at least 20% of the body's surface area.

**Interpretation:** *Third degree burns are the most serious type of burns, affecting the lower layers of tissue. If a person has such burns over 20% or more of his/her body the burns can be life threatening.*

### 16. Occupational HIV Infection

(Covered under Plus, Enhanced)

The Diagnosis by a Doctor of Human

Immunodeficiency Virus (HIV) resulting from Accidental exposure to HIV-contaminated body fluids during the course of the Insured's normal occupation.

Payment under this condition requires satisfaction of all of the following:

- a) The Accidental exposure must be reported to the insurer within 14 days of the Accidental injury;
- b) An HIV test must be taken within 14 days of the Accidental exposure and the result must be negative;
- c) An HIV test must be taken between 90 days and 180 days after the Accidental exposure and the result must be positive;
- d) All HIV tests must be performed by facilities approved by us;
- e) The Accidental exposure must have been reported, investigated and documented in accordance with Canadian workplace guidelines.

**No payment will be made if:**

- a) The Insured has elected not to take any available licensed vaccine offering protection against HIV prior to the Accidental exposure;
- b) A licensed cure for HIV infection has become available prior to the Accidental injury; or
- c) HIV infection has occurred as a result of non-Accidental exposure (including, but not limited to, sexual transmission or intravenous (IV) drug use).

**Interpretation:** *The claimant must prove that the infection was a direct result of the accidental exposure by taking two HIV tests.*

*It takes a certain amount of time before the presence of the HIV virus can be detected in the bloodstream. The earlier test will prove the Insured was not infected prior to the injury, and the second test will confirm that the Insured has since become infected with the virus.*

## 17. Loss of Speech

(Covered under Plus, Enhanced)

The Diagnosis by a Doctor of the total and irreversible loss of the ability to speak, as the result of physical injury or disease which must be established for a continuous period of at least 180 days. All psychiatric causes are specifically excluded.

**Interpretation:** *The loss of speech must be permanent and irreversible.*

## 18. Motor Neurone Disease

(Covered under Plus, Enhanced)

The unequivocal Diagnosis by a Doctor of one of the following:

- a) amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease);
- b) primary lateral sclerosis;
- c) progressive spinal muscular atrophy;
- d) progressive bulbar palsy; or
- e) pseudo bulbar palsy.

**Interpretation:** *Motor Neurone Disease is a progressive disease involving degeneration of the motor nerves causing progressive muscle weakness and, in some instances, reduced ability to speak and swallow.*

## 19. Benign Brain Tumour

(Covered under Enhanced)

The Diagnosis by a Doctor of a tumour arising from the brain or meninges. The benign histologic nature of the tumour must be confirmed by examination of tissue by biopsy or surgical excision. Tumours of the bony cranium and pituitary microadenomas

(less than 10 mm in diameter) are excluded.

**Interpretation:** *The existence of the tumour must be confirmed by a tissue sample taken from the brain.*

## 20. Aortic Surgery

(Covered under Enhanced)

The undergoing of Surgery for disease of the aorta requiring surgical replacement of the diseased aorta with a graft. Aorta refers to the thoracic and abdominal aorta but not its branches.

**Interpretation:** *The diseased artery must be surgically replaced.*

## 21. Heart Valve Replacement

(Covered under Enhanced)

The replacement of any heart valve with either a natural or mechanical valve. Heart valve repair is specifically excluded.

**Interpretation:** *The diseased valve must be surgically removed and replaced.*

## 22. Loss of Independent Existence

(Covered under Enhanced)

The Diagnosis by a Doctor specializing in this area of medicine of either:

- a) being totally and permanently unable to perform, by oneself, at least two of the following six Activities of Daily Living for a continuous period of 90 days, with no reasonable chance of recovery, or
- b) Cognitive Impairment as defined on page 8.

## Activities of Daily Living are:

- 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 to and from the toilet and maintain personal hygiene.
- Bladder and Bowel Continence – the ability to manage bowel and bladder function with or without protective undergarments so that a sufficient level of hygiene is maintained which is in keeping with general good health.
- 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 that has already been prepared and made available, with or without the use of adaptive utensils.

## Cognitive Impairment

Mental deterioration and loss of intellectual ability as, evidenced by a measurable deterioration in memory, orientation and reasoning, resulting from a demonstrable organic cause diagnosed by a Doctor specializing in this area of medicine. The degree of cognitive impairment must be sufficiently severe as to require continuous daily supervision.

Determination of a Cognitive Impairment will be made on the basis of clinical data and valid standardized measures of such impairments.

A mental or nervous disorder without a demonstrable organic cause is not covered.



# Definitions of Critical Illnesses Covered Under Protecta Child & Protecta Multiple Children Rider

*NOTE: All diagnoses of the covered illnesses must be confirmed by a physician who has been licensed in and is currently practicing in Canada.*

**1. Cancer** – The Diagnosis by a doctor of an uncontrolled growth of malignant cells and the invasion of tissue.

## **Cancer Exclusions**

The following forms of cancer or conditions are not covered:

1. Carcinoma in situ;
2. Kaposi's sarcoma;
3. Malignant melanoma to a thickness of 0.75 mm or less; and
4. Any other skin cancer that has not spread beyond the deepest layer of the skin.

## **90 Day Cancer Exclusion**

If a Diagnosis of cancer is made within the Exclusion Period or if, within the Exclusion Period, any symptom of cancer manifests itself which later results in an investigation leading to the Diagnosis of cancer, the coverage will remain in force but no Critical Illness Benefit for cancer will be payable even for a subsequent Diagnosis of any type of cancer. Furthermore, no Critical Illness Benefit will be payable for any other Critical Illness Insured Condition that results from any type of cancer or that is a result of any treatment for cancer.

The Exclusion Period refers to the ninety (90) day period starting from the later of:

- a) the date the coverage takes effect or
- b) the date of the latest reinstatement of the coverage.

**Interpretation:** This definition covers life-threatening cancers. Non-life threatening and early stage cancers, which can be cured, are not covered. "Carcinoma in situ" refers to a malignant tumour that has not spread from its point of origin. This definition of cancer also covers (but is not restricted to) Leukaemia, Hodgkin's and Non-Hodgkin's lymphoma.

**2. Kidney failure** – the Diagnosis by a doctor of the end stage renal disease presenting as chronic irreversible failure of both kidneys, as a result of which either regular hemodialysis, peritoneal dialysis or renal transplantation is necessary.

**Interpretation:** Dialysis is a treatment that replaces the function normally performed by the kidneys. The Insured will require such treatments on a regular basis and/or have to undergo a kidney transplant in order to live.

**3. Major Organ Transplant** – is defined as the receipt of a heart, lung, kidney or liver, or the receipt of bone marrow, to correct the irreversible failure of any of the insured's heart, both lungs, both kidneys, liver or bone marrow. Transplantation must be medically necessary.

**Interpretation:** The Insured will be covered if he/she is the recipient of one of the major organs as defined in the definition.



**4. Autism** – is defined as an organic defect in brain development characterized by failure to develop communicative language or other forms of social communication, with the Diagnosis confirmed by a specialist.

***Interpretation:*** A mental condition resulting in great difficulty communicating with others and in using language and abstract concepts

**5. Blindness** – the Diagnosis by an ophthalmologist, of the total and irreversible loss of vision in both eyes. The corrected visual acuity being 20/200 or less in both eyes or the field of vision must be less than 20 degrees in both eyes.

***Interpretation:*** Blindness is covered regardless of the cause (excluding self-inflicted causes).

**6. Cerebral Palsy** – is defined as an unequivocal Diagnosis of definite Cerebral palsy, a non-progressive neurological disorder characterized by spasticity and incoordination of movements.

***Interpretation:*** Cerebral Palsy results in impaired muscle co-ordination and weakness caused by damage to the brain before or at birth.

**7. Congenital Heart Disease** – Coverage is limited to congenital heart disease leading to cyanosis- a state of poor oxygenation of the blood resulting from an unequivocal Diagnosis of the following conditions: Atrias of the heart valves, Transposition of the great vessels, Truncus arteriosus, Total anomalous pulmonary venous drainage, Tetralogy of Fallot. All other heart conditions are excluded.

***Interpretation:*** Cyanotic congenital heart disease includes a series of cardiac malformations, present at birth leading to inadequate oxygenation of the blood and blue discoloration of the skin. The covered conditions include lack of development of the heart valves and serious abnormalities in development and alignment of the major blood vessels attached to the heart.

**8. Cystic Fibrosis** – is defined as an unequivocal Diagnosis of Cystic Fibrosis which is a hereditary disorder affecting the exocrine glands, resulting in chronic lung disease and pancreatic insufficiency.

**Interpretation:** *The disorder results in production of abnormally thick mucus leading to blockage of the pancreatic ducts, intestines and bronchi.*

**9. Deafness** – the Diagnosis by an otolaryngologist, of the total and irreversible loss of hearing in each ear, with an auditory threshold of 90 decibels or greater.

**Interpretation:** *Total and permanent deafness is covered regardless of cause (excluding self-inflicted causes). The amount of hearing loss required to qualify under this definition can easily be measured and confirmed by professional testing.*

**10. Diabetes Type 1** – is the Diagnosis of Type 1 diabetes mellitus (formerly known as insulin dependant diabetes mellitus or “brittle diabetes”), characterized by absolute insulin deficiency and continuous dependence on exogenous insulin for survival. The Diagnosis must be made by a qualified pediatrician or endocrinologist and evidence of dependence on insulin for a minimum of 3 months will be required.

**Interpretation:** *Type 1 diabetes mellitus is caused by a failure of the pancreas to produce insulin, resulting in a daily dependence on insulin injections for survival.*

**11. Down’s Syndrome** – is defined as an unequivocal Diagnosis of Down’s Syndrome supported by chromosomal evidence of Trisomy 21.

**Interpretation:** *The most common form of Down’s syndrome, this condition is caused by an extra copy of chromosome number 21.*

**12. Muscular Dystrophy** – is defined as an unequivocal Diagnosis of Muscular Dystrophy, characterized by well defined neurological abnormalities and confirmed by electromyography and other confirmatory tests.

**Interpretation:** *The hereditary condition is marked by progressive weakening and wasting of the muscles.*

**13. Paralysis** – the Diagnosis by a doctor of the complete and permanent loss of use of two or more limbs for a continuous period of 90 days following the precipitating event, during which time there will have been no sign of improvement. All psychiatric causes are specifically excluded.

**Interpretation:** *To determine whether the paralysis is temporary, a waiting period of 90 days is required because partial or full recovery during this period is not uncommon.*



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