

Critical Illness Conditions Covered and Exclusions Glossary



This glossary details the illnesses and operations covered under the Unum Critical Illness policy arranged by your employer.

Benefit is paid if you, your spouse/partner (if covered) or your child are:

- Diagnosed with a defined medical condition, or undergo, or where applicable are placed on a waiting list for one of the listed surgical procedures, and
- Then survive for at least 14 days

For benefit to be payable the illness or operation must meet the policy definition.

Please note that limitations and exclusions apply and these can be found in the “Pre-existing and related conditions exclusions” section at the end of this glossary.

Conditions covered – policy definitions

The complete list and definitions of illnesses and operations covered under Base Cover is set out below. No other conditions or procedures are covered.

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, 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, or
 - 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 clinical TNM classification T2bN0M0
- 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), or
 - Basal cell carcinoma or squamous cell carcinoma that has spread to lymph nodes or metastasized to distant organs

Cancer – second and subsequent

This provides some cover for employees who have been previously diagnosed with cancer. A benefit would be payable for a diagnosis of a new, unrelated cancer as defined by the general terms.

The pre-existing condition exclusion applies in the normal manner to subsequent cancer claims unless:

- the member has been treatment free for a period of 5 years from the date of the most recent previous diagnosis of cancer, and
- there is no evidence, confirmed by appropriate up-to date investigations and tests, of any continuing presence, recurrence or spread of the previous cancer, and the new cancer:
- affects an organ that is physically and anatomically separate to any previous cancer, and
- is not a secondary cancer or histologically related to any previous cancer; or
- for haematological cancers, the new cancer is categorised or divided according to defined cell characteristics in a distinctly different manner to any previous cancer.

Treatment includes chemotherapy, radiotherapy, monoclonal antibody therapy, and invasive or non-invasive surgery, but does not include long term maintenance hormone treatment.

In addition to the above, in no circumstances will a claim for subsequent cancer be payable if the employee has:

- any signs, symptoms or investigations, that lead to a subsequent diagnosis of cancer regardless of when the diagnosis is made, or

- a subsequent diagnosis of cancer, which gives rise to a claim during the 120 days following:
 - ▶ the policy start date, or their meeting the eligibility conditions for being a member (which may have been during cover with a previous insurer), or
 - ▶ an increase in benefit (claims will still be considered for the pre-increase amount).

Cardiac arrest

– with insertion of a defibrillator

Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:

- Implantable Cardioverter-Defibrillator (ICD); or
- Cardiac Resynchronization Therapy with Defibrillator (CRT-D)

For the above definition the following are not covered:

- Insertion of a pacemaker

Coronary artery bypass grafts

The undergoing of surgery, or inclusion on an official UK 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.

Creutzfeldt-Jakob disease

– resulting in permanent symptoms

A definite diagnosis of Creutzfeldt-Jakob disease by a consultant neurologist resulting in permanent neurological deficit with persisting clinical symptoms.

Dementia including Alzheimer's disease

– resulting in permanent symptoms

A definite diagnosis of dementia including 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; and
- Perceive, understand, express and give effect to ideas

Heart attack

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- New characteristic electrocardiographic changes or other positive findings on diagnostic imaging tests
- The characteristic rise of cardiac enzymes or Troponins

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes or
- Angina without myocardial infarction

Kidney failure

– requiring permanent dialysis

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

Major organ transplant

– from another donor

The undergoing as a recipient from another donor, or inclusion on an official UK waiting list, for a transplant of any of the following:

- Bone marrow, or
- A complete heart, kidney, liver, lung or pancreas, or
- A lobe of liver, or
- A lobe of lung

For the above definition, the following are not covered:

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

Motor neurone disease

– resulting in permanent symptoms

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)

There must be permanent clinical impairment of motor function.

Multiple sclerosis

– with persisting symptoms

A definite diagnosis of multiple sclerosis by a consultant neurologist that has resulted in either of the following:

- Clinical impairment of motor or sensory function, which must have persisted from the time of diagnosis, or
- Two or more attacks of impaired motor or sensory function together with findings of clinical objective evidence on Magnetic Resonance Imaging (MRI scan)

All of the evidence must be consistent with multiple sclerosis.

Parkinson's disease and Parkinson plus syndromes

– resulting in permanent symptoms

A definite diagnosis of Parkinson's disease or one of the following Parkinson plus syndromes by a consultant neurologist or geriatrician.

- Multiple system atrophy
- Progressive supranuclear palsy
- Parkinsonian-dementia-amyotrophic lateral sclerosis complex
- Corticobasal ganglionic degeneration
- Diffuse lewy body disease

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

For the above definition, the following are not covered:

- Any other Parkinsonian syndromes/Parkinsonism

Stroke

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull that has resulted in all of the following evidence of stroke:

- Neurological deficit with persisting clinical symptoms lasting at least 24 hours, and
- Definite evidence of death of tissue or haemorrhage on a brain scan

For the above definition, the following are not covered:

- Transient ischaemic attack
- Traumatic injury to brain tissue or blood vessels
- Death of tissue of the optic nerve or retina/ eye stroke

Conditions covered (children's cover) – policy definitions

Children's cover provides cover for the following medical conditions (and no others).

Cerebral palsy

A definite diagnosis of cerebral palsy by an attending consultant

Children's intensive care benefit

Sickness or injury resulting in continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours per day) or more.

For the above definition the following is not covered:

- Sickness or injury as a result of premature birth (before 37 weeks).

Cystic fibrosis

A definite diagnosis of cystic fibrosis by an attending consultant.

Hydrocephalus – treated with the insertion of a shunt

A definite diagnosis of hydrocephalus by an attending consultant that is treated with the insertion of a shunt.

Muscular dystrophy

A definite diagnosis of muscular dystrophy by a consultant neurologist.

Spina bifida myelomeningocele

A definite diagnosis of spina bifida myelomeningocele by a paediatrician.

For the above definition the following are not covered:

- Spina bifida meningocele
- Spina bifida occulta

Total permanent disability

– permanently unable to look after yourself

Permanent physical inability through an illness or injury to do at least 3 of the 6 tasks listed below.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement.

The child must permanently 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.

The tasks are:

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) 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 yourself – the ability to feed yourself 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 bowel and bladder function
- Getting between 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

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

Pre-existing and related conditions exclusions

Pre-existing and related conditions exclusions apply to all cover under this policy. By all cover we mean:

- Cover for you, your spouse/partner and your children; and
- All increases in benefit

The pre-existing conditions exclusion means that if you, your spouse/partner or child have suffered from a medical condition or undergone one of the surgical procedures before your/their cover started, other than for cancer – second and subsequent, you will not be able to claim for any further incidence of that critical illness.

Under the related conditions exclusion, you, your spouse/partner or child will not be able to claim for a critical illness event which is linked to a related condition which you/they were aware of, or received treatment or advice for, on or before the date your/their cover started.

The related conditions for each group of critical illnesses are listed on the next page. The related conditions are limited to the two years from the start of cover as shown in the table on the next page.

For this exclusion, if you, your spouse/partner or child experience any of the heart and circulatory diseases you/they may not claim later for any critical illnesses in that group.

If you, your spouse/partner or child suffer or have previously suffered any malignant tumour under the cancer critical illness you will not be able to claim for a recurrence of cancer, other than under the cancer – second and subsequent event.

No benefit will be paid for any medical condition or surgical procedure where you, your spouse/partner or child were undergoing ongoing medical investigations or monitoring before your/their cover started, which led to the later diagnosis of a critical illness or related condition.

Children's cover: No benefit will be paid in respect of a child if symptoms first arose or the underlying condition was first diagnosed before the member joined the policy.

No benefit will be paid for any subsequent critical illness event related to a child-specific critical illness for which benefit has been paid.

Related conditions

The specific related conditions exclusions which apply to each group of critical illness events are shown in the table below:

Group	Critical illnesses	Related conditions (Applies for 2 years)
Cancer	Cancer – excluding less advanced cases Cancer – second and subsequent	Polyposis coli Papilloma of the bladder Any carcinoma-in-situ
Heart and circulatory diseases	Cardiac arrest – with insertion of a defibrillator Coronary artery bypass grafts Heart attack Stroke	Any disease or disorder of the heart Any obstructive or occlusive arterial disease Blood pressure treated at any time by prescribed medication Diabetes mellitus
Organ failure	Kidney failure – requiring permanent dialysis Major organ transplant – from another donor	Any disease or disorder of the heart Any chronic lung disease Any chronic renal disease or disorder Any chronic liver disease Chronic pancreatitis Chronic leukemia Diabetes mellitus
Diseases of the brain and central nervous system	Creutzfeldt-Jakob disease – resulting in permanent symptoms Dementia including Alzheimer’s disease – resulting in permanent symptoms Motor neurone disease – resulting in permanent symptoms Multiple sclerosis – with persisting symptoms Parkinson’s disease and Parkinson plus syndromes – resulting in permanent symptoms	Any disease or disorder of the brain or central nervous system