

your guide to  
illnesses covered by  
skandia protect



beyond money

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# introduction

Skandia Protect offers life cover and critical illness cover.

Your personal quotation or Policy Schedule will show you the insurance and options you have chosen and how long you are insured for.

The Policy Terms contain details of Skandia Protect and definitions of the insurance, which often include medical terms. This is not to baffle you with jargon, but to explain the terms used by the medical profession, which have precise meanings.

The information we receive from doctors when we are assessing a claim enables us to understand the extent and nature of your illness or disability.

# purpose of this guide

When we assess your claim, we will use the medical information we receive to see whether your claim meets the relevant definition in the Policy Terms.

This guide explains each of the definitions and the language we use in the Policy Terms. Below each definition is an explanation, in plain English, of what it means. This should make it clearer to understand why we will pay a claim and, in some situations, why we will not.

If you think you need to claim for any reason, please contact us. Our claims team will be happy to help you. We publish a brochure called **your guide to making a claim**, which also explains, in plain English, what happens when you make a claim. Your financial adviser can arrange for you to have a copy if you wish.

# critical illness cover

## meeting standards

Critical illness insurance covers a comprehensive list of conditions, each of which has its own definition. To bring clarity and reduce the possibility of customers being misled, the Association of British Insurers (ABI) publishes a set of definitions for 23 conditions. Insurers who cover any of these conditions must comply with, or surpass, the ABI definition. These definitions apply to the critical illnesses most commonly covered by insurance policies.

## ABI conditions

Member companies who cover any of these conditions must provide cover that is at least as good as that used in the ABI definitions.

As a member of the ABI, we follow these definitions. However, for some conditions, we provide a more extensive definition.

### ABI conditions

- Alzheimer's disease *resulting in permanent symptoms*
- Aorta graft surgery *for disease*
- Benign brain tumour *resulting in permanent symptoms*
- Blindness *permanent and irreversible*
- Cancer *excluding less advanced cases*
- Coma *resulting in permanent symptoms*
- Coronary artery by-pass grafts *with surgery to divide the breastbone*
- Deafness *permanent and irreversible*
- Heart attack *of specified severity*
- Heart valve replacement or repair *with surgery to divide the breastbone*
- HIV infection *caught in the UK from a blood transfusion, a physical assault or at work*
- Kidney failure *requiring dialysis*
- Loss of hands or feet *permanent physical severance*
- Loss of speech *permanent and irreversible*
- Major organ transplant
- Motor neurone disease *resulting in permanent symptoms*
- Multiple sclerosis *with persisting symptoms*
- Paralysis of limbs *total and irreversible*
- Parkinson's disease *resulting in permanent symptoms*
- Stroke *resulting in permanent symptoms*
- Terminal illness
- Third degree burns *covering 20% of the body's surface area*
- Traumatic head injury *resulting in permanent symptoms*

## medical specialist

You will see that, in some definitions, we say we need information from a medical specialist. In these cases, the specialist will be a person who holds an appropriate appointment as a consultant or equivalent at a hospital in the UK, the Channel Islands or the Isle of Man and who has qualifications and experience that are acceptable to our Chief Medical Officer.

# explaining the critical illnesses

## alzheimer's disease resulting in permanent symptoms

### Policy definition

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 and
- perceive, understand, express and give effect to ideas.

For the above definition, the following are not covered:

- Other types of dementia.

### Explanation

Alzheimer's disease is the most common cause of dementia. It mainly occurs in the elderly and is a progressive condition, affecting the memory and the ability to think clearly. This can result in confusion and inability to recall recent events. At present the cause is unknown and there is no known cure.

## angioplasty for coronary artery disease of specified severity

### Policy definition

The undergoing, to treat severe coronary artery disease, of any of the following:

- balloon angioplasty
- atherectomy
- rotablation
- laser treatment
- and/or the insertion of stents

to treat the narrowing or blockage in two or more main coronary arteries. This procedure must have been carried out on the advice of a consultant cardiologist.

The intervention must be to treat at least 70% diameter narrowing in each vessel and must be carried out as a single procedure.

For the purposes of this definition, main coronary arteries are defined as the right coronary artery, left main stem, left anterior descending circumflex.

Two or more procedures to the same artery or procedures to any of the branches of the above arteries are specifically excluded.

### Explanation

Arteries can become blocked with fatty deposits, like the 'furring up' of a kettle. If the blockages are in the coronary arteries, this causes extra strain on the heart, which then may lead to more serious heart disease.

An angiogram is a type of X-ray which shows how much the blood vessels are blocked.

Angioplasty is a procedure to reduce these blockages. If angioplasty were performed on two or more of the named arteries at the same time to remove blockages of at least 70%, this would be covered.

Several procedures may be used to repair the damage. Balloon angioplasty involves a surgeon inserting a fine balloon catheter into the affected arteries. Once in place, the balloon is inflated and this forces the walls of the artery apart. The other techniques listed in the definition (excimer laser, rotablation, stents and directional atherectomy) are different ways of reducing blockages.

## aorta graft surgery for disease or injury

### Policy definition

The undergoing of surgery for disease or traumatic injury to the aorta with excision and surgical replacement of a portion of the diseased 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.

### Explanation

The aorta is the main artery that carries oxygenated blood from the heart around the body. It may become blocked by a build-up of material, or weakened by abnormal enlargement (an aneurysm). Either condition may require a graft to replace the damaged portion.

Only the thoracic and abdominal parts of the aorta are covered because these are closest to the heart, where any blockage or weakening is more serious. The branches of the aorta are less critical and damage to these is not usually life-threatening.

If you need aorta graft surgery, you may prefer to have the operation privately rather than wait for NHS treatment.

In this case, you may prefer to use our surgery benefit. With this benefit, we would pay some of your insurance to the hospital in advance and then any balance to you, after you have had the operation. For further details, please see page 20 or ask your financial adviser.

**We also cover graft surgery needed because of traumatic injury to the aorta, which is not included in the standard ABI definition.**

## **bacterial meningitis resulting in permanent symptoms**

### **Policy definition**

An inflammation of the meninges due to bacterial infection and resulting in permanent neurological deficit with persisting clinical symptoms. Bacterial meningitis must have been unequivocally diagnosed by a consultant.

No other forms of meningitis, including viral, are covered.

### **Explanation**

Bacterial meningitis is an inflammation of the membranes that surround the brain and spinal cord. In many cases, it is possible to recover fully from bacterial meningitis with no lasting ill-effects, even meningococcal septicaemia. However, if there were lasting effects such as brain damage, we would pay a claim.

## **benign brain tumour resulting in permanent symptoms**

### **Policy definition**

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Tumours in the pituitary gland.
- Angiomas.

### **Explanation**

This tumour is not malignant (that is, not cancerous). However, because of its location, it may put pressure on areas of the brain which, in turn, could make the tumour life-threatening. Other conditions that are not usually life-threatening are specifically excluded.

## **blindness permanent and irreversible**

### **Policy definition**

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.

### **Explanation**

Sometimes sight can be lost for a short time (perhaps following an accident) and then return, often after surgery. Before we would pay a claim, we would expect sight to have been lost from both eyes with no prospect of recovery.

## **cancer excluding less advanced cases**

### **Policy definition**

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, lymphoma and sarcoma.

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 either borderline malignancy or
  - having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

### **Explanation**

A malignant tumour is a growth that increases in size in an uncontrolled way, often spreading through the blood vessels or lymph glands to other parts of the body and eventually affecting the function of one or more organs.

Many cancers are now curable by removing or destroying the tumour and sufferers have a good chance of survival. However, cancer is still one of the biggest causes of death in the United Kingdom today. One example is lung cancer, where there is an abnormal growth in the lungs, which may block the airways and result in death.

Other cancers can affect the blood. For example, leukaemia is a cancer in which the patient becomes anaemic and grows progressively weaker (because there are not enough red blood cells and/or haemoglobin in the blood).

Any tumour that is not spreading to other parts of the body is a benign tumour and not covered under this definition. However, benign brain tumour is covered as a separate condition.

Cancers described as pre-malignant, non-invasive or in situ are generally not life-threatening, as these are cancers at a very early stage which have not spread. An example would be cancer in situ of the cervix, which can be easily treated and cured.

**Skandia will pay benefits for ductal carcinoma in situ resulting in mastectomy and low grade prostate cancer with a Gleason score between 2 and 6 inclusive or having progressed to a TNM classification of at least T1N0M0, see pages 16 and 17 for details.**

## **cardiomyopathy of specified severity**

### **Policy definition**

The unequivocal diagnosis by a consultant cardiologist of cardiomyopathy resulting in:

- impaired ventricular function and marked limitation of physical activity where the Life Assured is unable to progress beyond stage 2 of a treadmill exercise test using the standard Bruce protocol; or
- classification as Stage III under the New York Heart Association Functional Classification.

For the purpose of this definition NYHA Stage III is classified as marked limitation in activity due to symptoms even during less than ordinary activity. The patient is only comfortable at rest.

For the above definition, cardiomyopathy directly related to alcohol or drug misuse, and all other forms of heart disease, heart enlargement and myocarditis are specifically excluded.

### **Explanation**

Cardiomyopathy is a disorder affecting the muscle of the heart, the cause of which is unknown. It may result in enlargement of the heart, heart failure, abnormal rhythms of the heart (arrhythmias) and embolism.

An electrocardiograph (ECG) measures electrical impulses through the heart. An echocardiograph measures the shape and volume of the chambers of the heart. Together they are used to determine whether the symptoms are caused by cardiomyopathy.

The New York Heart Association Function Classification is a measure used to classify the extent of heart failure.

## **coma resulting in permanent symptoms**

### **Policy definition**

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems for a continuous period of at least 96 hours; and
- results in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

- Coma secondary to alcohol or drug abuse.

### **Explanation**

It is not unusual to fall into a coma but regain consciousness after a short time, for example, after an accident. If consciousness returns within 96 hours, there is usually no permanent damage to the nervous system.

Skandia Protect would therefore pay if consciousness does not return within 96 hours and the patient is on a life-support machine, with some permanent symptoms as a result.

If the coma were medically induced as part of some treatment, this would not be covered if it did not result in permanent neurological symptoms.

## **coronary artery by-pass grafts with surgery to divide the breastbone**

### **Policy definition**

The undergoing of 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.

#### **Explanation**

If one or more of the major blood vessels leading into the heart (the arteries) becomes blocked or narrowed due to a build up of material (atheroma), the blood supply to the heart is reduced. This puts extra strain on the heart and can cause problems such as pain and breathlessness during exercise (angina).

In more serious cases, without treatment, it is likely that the artery would continue to narrow and this may result in a heart attack if the blood supply cannot get through.

However, the symptoms can be lessened by creating a by-pass so the blood does not flow through the blocked or narrow artery. This by-pass surgery uses an artery or vein from elsewhere in the body, often from the leg. We cover this surgery when it is necessary to divide the breastbone to access the arteries.

Keyhole surgery is not covered.

Balloon angioplasty and the other procedures excluded under this definition, are covered as a separate condition, angioplasty for coronary artery disease of specified severity.

If you need coronary artery by-pass surgery, you may prefer to have the operation privately rather than wait for NHS treatment.

In this case, you may prefer to use our surgery benefit. With this benefit, we would pay some of your insurance to the hospital in advance and then any balance to you, after you have had the operation. For further details, please see page 20 or ask your financial adviser.

### **deafness permanent and irreversible**

#### **Policy definition**

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.

#### **Explanation**

It is possible to lose your hearing temporarily. An example of this would be damage to the eardrum. This could result from a pressure difference caused by, say, diving or flying, or as a result of an infection.

However, if a doctor is sure that the loss of hearing is permanent and in both ears, we would pay a claim.

### **heart attack of specified severity**

#### **Policy definition**

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

- Typical clinical symptoms (for example, characteristic chest pain).
- New characteristic electrocardiographic changes.
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
  - Troponin higher than T 1.0 ng/ml
  - AccuTnl higher than 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes including but not limited to angina.

#### **Explanation**

When someone has a heart attack, part of the heart muscle dies because the blood supply has been restricted to that part of the heart. This is often accompanied by chest pain which is acute (severe and short-term) or continues, on and off, for some time.

To confirm the diagnosis, a doctor will usually test the patient's heart using a machine called an electrocardiograph (ECG). This tells the doctor whether there have been any changes in the heart's function and, in turn, whether it is likely that the patient has suffered a heart attack.

While the ECG can show changes in the heart, it cannot identify when they happened. To do this, the doctor may use a blood sample. This can show that markers are present in the blood (in the form of enzymes or Troponins) at a much higher level than is normally expected. This indicates that the heart muscle has been damaged and that a heart attack has recently taken place.

Some heart attacks can be 'silent', where the patient suffers a heart attack but does not have significant chest pain. ECG readings, as part of a yearly medical check-up for example, can detect silent heart attacks. We will pay claims for a silent heart attack if the patient can show that the ECG readings have changed since taking out the insurance.

Angina can be confused with a heart attack. Although there may be considerable chest pain, this normally comes with physical exertion and will ease on rest. With angina, no part of the heart muscle dies, so we would not pay a claim.

## heart valve replacement or repair with surgery to divide the breastbone

### Policy definition

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to replace or repair one or more heart valves.

### Explanation

Heart valves regulate and control the flow of blood to and from the heart. The valves may become narrow or leak and then it would be necessary to repair them. This is quite a common operation nowadays but without it, the patient's lifestyle is impaired by tiredness and breathlessness on exertion.

We will pay a claim for heart valve replacement or repair when you need to have surgery which involves dividing the breastbone. We will not pay when keyhole surgery is used.

If you need heart valve surgery, you may prefer to have the operation privately rather than wait for NHS treatment.

In this case, you may prefer to use our surgery benefit. With this benefit, we would pay some of your insurance to the hospital in advance and then any balance to you, after you have had the operation. For further details, please see page 20 or ask your financial adviser.

## HIV infection caught in the UK from a blood transfusion, a physical assault or at work

### Policy definition

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion or artificial insemination or in-vitro fertilisation given as part of medical treatment;
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment

after the start of the policy 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 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 10 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 the UK.

For the above definition, the following is not covered:

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

### Explanation

When someone suffers from AIDS, the body's immune system breaks down. This means that the sufferer is both more prone to illnesses and less able to fight infection when he or she does fall ill. There is no cure for the condition at present.

AIDS is the final stage of the disease, which starts when the person is infected with HIV (often referred to as being HIV positive). The virus is acquired through the exchange of body fluids, usually as a result of sexual contact or the sharing of needles for drugs. However, some people can also get it during their daily work or through a blood transfusion or an assault.

There is an effective screening mechanism to ensure that blood for transfusion does not contain the HIV or AIDS virus. But, we cover this eventuality if it occurs after you took out your Skandia Protect.

Skandia Protect also covers people who may come into contact with blood or other body fluids infected by HIV or AIDS, as a result of an assault. This includes assaults that occur during the person's normal work.

**As well as blood transfusions, we also cover you for HIV contracted from artificial insemination or in-vitro fertilisation, which are not included in the standard ABI definition.**

## kidney failure requiring dialysis

### Policy definition

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

### Explanation

The kidneys remove waste products from the blood, for example, by producing urine. While many people can lead a normal life with only one kidney, if both stop working, a substitute is needed. This may be in the form of a dialysis machine or a transplant.

Dialysis is time-consuming, both in the time each session takes and in the number of visits needed each week. Where possible, a kidney transplant is the preferred alternative, provided a suitable donor can be found.

Skandia Protect pays out when end-stage kidney failure is diagnosed and regular dialysis has started or the patient is put on a waiting list for a transplant (whichever is the sooner) - see **major organ transplant** on page 13.

In some circumstances, both kidneys may stop temporarily, say as the result of shock following a car accident. In these circumstances, dialysis may be needed for a short time until the kidneys recover. Situations like this would only be covered if the condition became permanent.

## loss of independent existence permanent and irreversible

### Policy definition

Suffering mental impairment or being permanently and irreversibly unable to perform three or more Activities of Daily Living. This must be supported by medical evidence from a consultant we consider appropriate and must have continued without interruption for three consecutive months. If the life assured has to use special devices or equipment to perform an Activity of Daily Living then he or she shall still be deemed to be able to perform that Activity (see table below).

### Explanation

When someone's mental or physical health deteriorates so much that they need help with simple daily tasks, they can be said to have lost their 'independence'. These simple daily tasks are defined as the Activities of Daily Living (ADLs). We will consider a claim when the inability to perform at least three of the ADLs is expected to be permanent and has already lasted for at least three months.

If the person can perform an ADL using 'assistive devices', then we consider that he or she is able to do that ADL. For example, someone may be able to walk from one room to another using a walking stick (but not without it). In this case, we would not consider that the person had failed the mobility ADL.

## loss of hands or feet permanent physical severance

### Policy definition

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

### Explanation

To qualify for the benefit, the person insured must lose any two of their hands or feet, cut off above the wrist or ankle.

### Activities of Daily Living

#### Continence

the ability to manage bowel and bladder functions (including the use of protective undergarments and surgical appliances if appropriate) so as to maintain personal hygiene.

#### Dressing

the ability to put on, take off, secure and unfasten all necessary items of clothing and any braces, artificial limbs or other surgical devices.

#### Feeding

the ability to eat food which has been prepared and cooked (if appropriate).

#### Mobility

the ability to move from one room to another on level surfaces.

#### Transferring

the ability to get on and off the toilet, in and out of bed and move from bed to an upright chair or wheelchair and back again.

#### Washing

the ability to wash and bathe, getting into and out of the bath or shower.

## loss of speech permanent and irreversible

### Policy definition

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

### Explanation

Sometimes a temporary loss of speech can be caused by an injury to the vocal cords, or even a severe sore throat. A doctor would need to be certain that the loss of speech was permanent and irreversible for us to pay a claim.

## major organ transplant

### Policy definition

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, 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.

### Explanation

If a major organ, such as the heart or lungs, is severely impaired and beyond treatment, a doctor may consider that a transplant is essential. In this case, the patient would receive a replacement organ from a donor.

Skandia Protect covers those who undergo a transplant or who are on the waiting list for a transplant and require a donor.

## motor neurone disease resulting in permanent symptoms

### Policy definition

A definite diagnosis of motor neurone disease by a consultant neurologist.

There must be permanent clinical impairment of motor function.

### Explanation

This disease damages the nerve cells, leading to rapid and progressive muscle weakness and degeneration. There is currently no known cure and the cause of the disease is also unknown.

## multiple sclerosis with persisting symptoms

### Policy definition

A definite diagnosis of multiple sclerosis by a consultant neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.

### Explanation

Multiple sclerosis is a disease of the brain and spinal cord. Its onset is often slow, but in time it may produce marked symptoms such as paralysis and tremors. The disease usually occurs in episodes that leave the patient more disabled than before. While some improvement can be made after an episode or relapse, a complete recovery is rare. This means that a series of episodes will lead to a gradual progression of the disability.

Since there is no simple test for it, multiple sclerosis is a difficult condition to diagnose. That is why we require a specialist in neurology

to confirm that symptoms have either existed continuously for at least six months, or that they have existed in the past and that there has been at least one relapse. The specialist will typically look for double vision, numbness or weakness in the limbs (which may result in the person having to use a wheelchair).

Multiple sclerosis can affect people in different ways, according to the severity and frequency of relapses.

Someone thought to have suffered from it could just have one episode without any relapse. That is why it is important to establish that an episode is not just a 'one-off'.

## paralysis of limbs total and irreversible

### Policy definition

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

### Explanation

Two or more limbs must be completely paralysed as a result of an accident or disease, that is, two arms, two legs or one arm and one leg.

The paralysis might be temporary, with a full recovery later. Therefore, a neurosurgeon must confirm that the paralysis is permanent and will have performed the necessary tests.

## **Parkinson's disease resulting in permanent symptoms**

### **Policy definition**

A definite diagnosis of Parkinson's disease by a consultant neurologist.

There must be permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability.

For the above definition, the following is not covered:

- Parkinson's disease secondary to drug abuse.

### **Explanation**

Parkinson's disease (or Parkinsonism) is a progressive degenerative disease of the nervous system, characterised by the rigidity of the muscles and shaking of the head or limbs. The condition gradually deteriorates and, currently, there is no cure.

## **pre-senile dementia resulting in permanent symptoms**

### **Policy definition**

A definite diagnosis of pre-senile 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 and
- perceive, understand, express and give effect to ideas.

For the above definition, the following are not covered:

- Other types of dementia.

### **Explanation**

Pre-senile dementia can be caused by a variety of illnesses, such as Alzheimer's disease (probably the most widely-known cause), Pick's disease and Creutzfeldt-Jakob Disease (CJD). It is a progressive condition, first affecting the memory and the ability to think clearly. This can result in confusion and the inability to recall recent events. At present the cause is unknown and there is no known cure. Alzheimer's disease is specifically covered as an illness.

## **progressive supranuclear palsy resulting in permanent symptoms**

### **Policy definition**

A definite diagnosis of progressive supranuclear palsy by a consultant neurologist. There must be permanent clinical impairment of eye movement and motor function with associated tremor, rigidity of movement and postural instability.

### **Explanation**

Progressive supranuclear palsy (PSP) is a degenerative brain disorder similar to Parkinson's disease. However, there are fewer tremors in the hands, especially at rest, and more problems with vision and eye movements in particular. This makes reading difficult, for example. Other symptoms include difficulty with walking, balance and speech, which can sound slurred, and movements becoming slow.

The cause of PSP is unknown and although there is no cure, the symptoms can be helped. Practical assistance may include walking aids (as there is a tendency to fall backwards), handrails fitted at home, especially in the bathroom, and removing low objects such as coffee tables (because of the difficulty in moving the eyes to look downwards).

Therefore, the terms for PSP literally mean:

- progressive - it gradually gets worse over time.
- supranuclear - the area of the brain stem which controls the eye movements.
- palsy - a weakness (in this case, related to eye movement).

## stroke resulting in permanent symptoms

### Policy definition

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Transient ischaemic attack.
- Traumatic injury to brain tissue or blood vessels.

### Explanation

A stroke occurs when the blood supply to the brain is cut off and a portion of the brain dies as a result. This can happen when a blood clot enters or forms in the brain, causing a blockage, or when a blood vessel bleeds putting pressure on the brain where the leak settles. A blood clot or bleeding on the brain would be covered, provided there is some permanent damage as a result. For example, this may take the form of muscle paralysis on one side of the face, slurred speech or the loss of use of one arm.

Transient Ischaemic Attacks (TIAs) are also known as mini-strokes.

They have the same immediate effects as a stroke but no lasting impact, as all function returns within 24 hours. This is why they are not covered under Skandia Protect.

## terminal illness

### Policy definition

Advanced or rapidly progressing incurable illness where, in the opinion of an attending consultant and our Chief Medical Officer, the life expectancy is no greater than 12 months.

### Explanation

There may be occasions where the illness or condition is not named as one of the specific critical illnesses, but where life expectancy is severely limited. Terminal illness benefit covers any condition that, in the opinion of the relevant specialist and our Chief Medical Officer, is likely to lead to death within 12 months from the date that we are notified of the claim.

For fixed term insurance, this benefit stops 18 months before the end of the term.

This benefit is not available with life cover on a 'whole life' basis.

## third degree burns covering 20% of the body's surface area

### Policy definition

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area.

### Explanation

Burns are categorised by severity, with 'third degree burns' being the most severe. These burn through the full thickness of the skin. An example of 20% of the body surface area would be the whole of the back.

## traumatic head injury resulting in permanent symptoms

### Policy definition

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

### Explanation

A serious injury to the brain can cause physical damage which results in symptoms similar to those following a stroke, for example facial paralysis or the loss of use of an arm. Skandia Protect will pay if the damage results in permanent symptoms, confirmed by a neurosurgeon.

# mastectomy benefit for DCIS

## Policy definition

Ductal carcinoma in situ means tumours of the breast which are histologically described as ductal carcinoma in situ (DCIS), and are treated by radical mastectomy (an operation to remove the whole of at least one breast). DCIS of the breast that is treated by other methods is specifically excluded.

## Explanation

Cancers in situ are generally not life-threatening, as these are cancers at a very early stage which have not spread. DCIS is one such type of early-stage breast cancer.

The treatment of DCIS can be a lumpectomy or a mastectomy, depending on the relative area(s) affected by the DCIS. However, many women opt for a mastectomy, which limits the chance of DCIS advancing to full breast cancer.

DCIS is not covered under the cancer definition. However, we recognise that if it is treated by a mastectomy, the combination of diagnosis and treatment can be life changing. That is why we offer this benefit.

If the person insured were diagnosed with DCIS and, as a result, required either a single or double mastectomy, we would pay the lower of 20% of the sum assured and £10,000. The payment is in addition to the critical illness cover and would not affect your premiums or your right to be able to increase cover under our guaranteed increase options. Your insurance would continue as before.

We will only pay this benefit once and if you do claim for this benefit you cannot claim for the full sum

assured for the same condition, either at the same time or within 30 days of diagnosis. However, if after 30 days, and following treatment, the condition had advanced to full breast cancer that met the cancer definition, you could claim for the full sum assured.

Where a claim could be made under either the pre-cancer benefit or full cancer definition you must decide which option is more relevant.

In some cases we may not be able to offer this benefit where the underwriting risk is too great. For example, if the person insured has previously been diagnosed and received treatment for this same illness, we may exclude this illness.

# low-grade prostate cancer benefit

## Policy definition

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 between 2 and 6 inclusive or having progressed to a TNM classification of T1N0M0.

## Explanation

If prostate cancer is caught early, when it is still classified as 'low-grade' there is a good chance of survival. Although low-grade prostate cancer is not covered under the cancer definition, we include a low-grade prostate cancer benefit at no extra cost when you take out a Skandia Protect critical illness policy.

So, if the person insured were diagnosed with prostate cancer which had a Gleason score of between 2 and 6 inclusive or a TNM classification of T1N0M0, we would pay the lower of 20% of the sum assured and £10,000. The payment is in addition to the critical illness cover and would not affect your premiums or your right to be able to increase cover under our guaranteed increase options. Your insurance would continue as before.

We will only pay this benefit once and if you do claim for this benefit you cannot claim for the full sum assured for the same condition, either at the same time or within 30 days of diagnosis.

However, if after 30 days and following treatment the condition had advanced to prostate cancer with a Gleason score greater than 6 or a TNM classification of T2N0M0, you could claim for the full sum assured.

Where a claim could be made under either the pre-cancer benefit or full cancer benefit you must decide which option is more relevant.

In some cases, where the underwriting risk is too great, we may not be able to offer this benefit. For example, if the person insured has previously been diagnosed and received treatment for this same illness, we may exclude this benefit.

# children's benefit

Under critical illness insurance, we automatically cover the children of the person insured ('the life assured') from the later of the age of 30 days and the acceptance date to their 18th birthday where they are the life assured's:

- children by birth;
- legally adopted children;
- stepchildren from a legally recognised marriage or registered civil partnership\*.

Children's benefit covers the conditions listed opposite.

Each illness has the same definition and explanation as those in the critical illness section.

To claim, the child must:

- not have suffered from the illness or condition before the insurance started or the child reached the age of 30 days, whichever is the later; and
- survive for 14 days after the diagnosis of the illness or treatment of the condition.

The exception is bacterial meningitis, where we waive the 14-day survival period between diagnosis and claiming the benefit.

We will pay the lower of 50% of your critical illness cover amount and £25,000. A claim for children's benefit will not reduce your cover, and your policy will not end.

\* As defined by the Civil Partnership Act 2004.

- Alzheimer's disease *resulting in permanent symptoms*
- Angioplasty for coronary artery disease of specified severity
- Aorta graft surgery for disease or injury
- Bacterial meningitis *resulting in permanent symptoms*
- Benign brain tumour *resulting in permanent symptoms*
- Blindness *permanent and irreversible*
- Cancer *excluding less advanced cases*
- Cardiomyopathy of specified severity
- Coma *resulting in permanent symptoms*
- Coronary artery by-pass grafts *with surgery to divide the breastbone*
- Deafness *permanent and irreversible*
- Heart attack of specified severity
- Heart valve replacement or repair *with surgery to divide the breastbone*
- HIV infection *caught in the UK from a blood transfusion, a physical assault or at work*
- Kidney failure *requiring dialysis*
- Loss of independent existence *permanent and irreversible*
- Loss of hands or feet *permanent physical severance*
- Loss of speech *permanent and irreversible*
- Major organ transplant
- Motor neurone disease *resulting in permanent symptoms*
- Multiple sclerosis *with persisting symptoms*
- Paralysis of limbs *total and irreversible*
- Parkinson's disease *resulting in permanent symptoms*
- Pre-senile dementia *resulting in permanent symptoms*
- Progressive supranuclear palsy *resulting in permanent symptoms*
- Stroke *resulting in permanent symptoms*
- Terminal illness
- Third degree burns *covering 20% of the body's surface area*
- Traumatic head injury *resulting in permanent symptoms*

# serious accident benefit

## Policy definition

**Serious accident** means an accident resulting in a severe physical injury where the life assured is immediately admitted to hospital for at least 28 consecutive days to receive medical treatment.

**Severe physical injury** means injury resulting solely and directly from unforeseen, external, violent and visible means and independent of any other cause.

## Explanation

Being involved in an accident, such as a car crash, may leave someone disabled, yet not eligible to claim under any of the specifically named illnesses or conditions. For example, someone may have a damaged spine or a broken neck. Although it may be too early to determine the permanence of the condition, the person may be unable to work for a considerable time and need financial and practical support through a convalescence period.

Skandia Protect will pay the benefit should the person insured be involved in a serious accident, resulting in him or her being immediately admitted to hospital.

To qualify, the condition must have caused the patient to stay in hospital for at least 28 consecutive days. The benefit does not affect the sum assured and is the lower of the sum assured and £50,000.

This is available to each person insured for critical illness cover under Skandia Protect. For example, if a couple with joint life critical illness cover were both in an accident, we would pay serious accident benefit for each of them. For this example, the maximum we could pay would be £100,000.

If the person insured were diagnosed with a critical illness or total permanent disability due to the same severe physical injury within 58 days of being admitted to hospital, we would reduce the relevant benefit by the amount we had already paid under the serious accident benefit.

A critical illness or total permanent disability claim after this 58-day period would not be affected by the serious accident benefit claim.

# surgery benefit

## Policy definition

Surgery benefit is an advance of the sum assured, payable to enable a life assured or relevant child to undergo coronary artery by-pass grafts, heart valve replacement or repair with surgery to divide the breastbone, or aorta graft surgery for disease or injury.

Where we agree that a claim for surgery benefit for a critically ill life assured is valid, we will pay the lower of:

- the sum assured applicable on the date we agree the claim is valid; and
- the amount shown on the fixed price quotation (detailing the costs of medical procedures, hospital accommodation, medication and any aftercare that is needed).

Where we agree that a claim for surgery benefit for a relevant child is valid, we will pay the lowest of:

- 50% of the sum assured applicable on the date we agree the claim is valid; and
- £25,000; and
- the amount shown on the fixed price quotation (detailing the costs of medical procedures, hospital accommodation, medication and any aftercare that is needed).

We will pay the amount above to the hospital where the surgery is to be carried out. We will pay any remaining sum assured to the policyholder(s).

No benefit will be payable in respect of the additional cost of treatment for any complication or secondary condition which arises as a result of the surgery.

## Explanation

Surgery benefit is for those who need coronary artery by-pass surgery (as defined on page 9), aorta graft surgery (as defined on page 7), or heart valve replacement or repair (as defined on page 11), and prefer to pay for the operation privately.

Under the benefit, we will arrange to pay some of the critical illness cover to the hospital in advance. This means you can choose when and where you have the operation.

If you wish to use this, we will need a fixed price quotation for the surgery from the hospital and evidence that the operation is a medical necessity. The fixed price quotation will detail the costs of medical procedures, hospital accommodation, medication and aftercare.

Then we will use the sum assured (up to the fixed price quotation amount) to pay the hospital directly, usually before the operation. After the operation we will pay any remaining sum assured. For critical illness cover without life cover, the person insured must survive for 14 days after the surgery. For a joint life policy where the person undergoing the surgery dies within the 14-day period, the policy will continue for the remaining person insured, until the earlier of a claim and the end of term.

We will pay for the costs of the medical procedures, hospital accommodation, medication and aftercare, as shown on the fixed price quotation. We will not pay for extra costs related to any complication or secondary condition that arises as a result of the surgery.

Surgery benefit is also included under the children's benefit. Please refer to page 18 for further details.

# total permanent disability benefit

Total permanent disability benefit is available as an optional benefit with both life cover and critical illness cover. It is available on both single and joint life first death/event policies with a fixed or rolling term. Total permanent disability benefit acts as a 'safety net' by insuring conditions that are not named critical illnesses yet still have a profound effect on lifestyle by permanently preventing someone from working.

The benefit is available with two definitions, 'own occupation' and 'Activities of Daily Work'. The one we apply depends on the occupation of the person insured and is shown on the Policy Schedule. For all claims after age 65, we will use the Loss of Independent Existence definition. You can find this on page 12.

## occupation

An occupation, in its most general sense, is the type of work that a person performs. For example, most people would have some understanding of what a family doctor does as an occupation.

A job, however, is more closely linked to the specific and individual tasks which a person in that occupation performs.

This may include particular employment issues, roles and responsibilities as the example below shows.

For those with the 'own occupation' definition, we will assess a total permanent disability benefit claim in relation to the occupation, rather than the job. We show the occupation on the Policy Schedule as the 'insured occupation'.

For example, Mr Smith is an accountant. That is his 'insured occupation'. He works for ABC Pet Supplies Ltd where his role includes on-site auditing of the company's own outlets. To do this, he must drive around 1,000 miles a week, visiting the different stores. If he were to damage his neck and as a result be unable to do his normal weekly mileage, he might

not be able to do his job. However, he may still be able to work as an accountant, since most accountancy roles would not entail such a high degree of travelling. We would therefore not consider him to be totally permanently disabled for own occupation cover, unless he was unable to undertake the tasks that most accountants would do (such as being able to do his accounting sitting at a desk or using a computer).

Similar considerations apply to some occupations with very specialist roles. In these cases, when we accept the application, we would let you know what the definition of disability for own occupation would be. For example, a brain surgeon would be regarded as a 'medical practitioner' for own occupation total permanent disability benefit.

## own occupation

### Policy definition

Where the relevant life assured is insured on an own occupation basis and the relevant life assured is unable to perform the insured occupation as a result of accident or illness.

### Explanation

The person insured provides details of his or her occupation on the application form. Where there is more than one occupation, the main one should be recorded. The occupation will then be shown as the 'insured occupation' on the Policy Schedule.

You can submit a claim if the person insured then becomes totally and permanently unable to follow the insured occupation as a result of an accident or illness. The word 'totally' means that the condition is expected to last throughout life, irrespective of when the person insured is expected to retire or when the policy is due to come to an end.

The word 'irreversibly' means that the disability cannot be cured by medical treatment and/or surgical procedures used by the National Health Service in the UK (or any service which replaces it) at the time of the claim.

Some examples where total permanent disability benefit is unlikely to be paid are claims for:

- a broken leg or arm;
- depression or stress;
- influenza.

These are generally temporary, curable conditions and rarely result in permanent disability.

## activities of daily work

### Policy definition

Where the relevant life assured is insured on an Activities of Daily Work basis, and the relevant life assured is unable to carry out at least three Activities of Daily Work as a result of accident or illness.

### Explanation

The definition of disability is based on the inability to perform at least three of eight tasks related to working and daily life. To determine the extent of disability, the tasks combine manual and intellectual activities. This makes the assessment of a claim more objective because it is clearer what the person insured can and cannot do.

It is important to remember that total permanent disability benefit is for conditions that are both totally incapacitating and permanent. The condition is expected to last for the rest of the person's life, not just to the expected retirement date or when the policy is due to come to an end.

We will assess claims in relation to the tasks on the same basis.

The word 'irreversibly' means that the disability cannot be cured by medical treatment and/or surgical procedures used by the National Health Service in the UK (or any service which replaces it) at the time of the claim.

In a few cases, this may mean that, even though the person insured qualifies for disability benefits from the State or another insurance policy, they may not be disabled enough to claim total permanent disability benefit.

If the person can perform an Activity of Daily Work using assistive equipment, then we consider that they are able to do that activity. For example, someone may be able to walk 200 metres using a walking stick (but not without it). In this case, we would not consider that the person had failed the walking activity.

#### Activities of Daily Work

**Bending**

the ability to bend or kneel to pick up something from the floor and straighten up again.

**Climbing**

the ability to walk up or down a flight of 12 stairs without holding on or resting.

**Communicating**

the ability to answer the telephone and take a message for someone.

**General health**

the ability to independently arrange to see a doctor and take routine prescribed medication.

**Lifting**

the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping, an overnight bag or briefcase.

**Manual dexterity**

the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery.

**Reading**

the ability to read, with spectacles or contact lenses if necessary, ordinary newsprint, or to pass the standard eye test for driving. This activity would be failed if the relevant life assured is certified as blind or partially sighted by an ophthalmologist.

**Walking**

the ability to walk a distance of more than 200 metres on flat ground without stopping or without severe discomfort.

# premium protection benefit

Premium protection is available as an optional benefit at an extra cost, for all of the types of cover. It means that we will waive your commitment to pay the premiums if the person insured ('the life assured') has been unable to work for six months because of disability, due to an accident or illness.

We start to do this once the person insured has been unable to work for six months and continue until the earliest of:

- the life assured's 65th birthday;
- the life assured's recovery;
- the life assured following any gainful occupation;
- the death of the life assured;
- payment of the full sum assured;
- the end of a fixed term.

Premium protection benefit is available with two definitions, 'own occupation' and 'Activities of Daily Work'. The one we apply depends on the person insured's occupation and is shown on the Policy Schedule.

## own occupation

### Policy definition

Where the relevant life assured is insured on an own occupation basis and the relevant life assured is unable to perform the insured occupation as a result of accident or illness.

### Explanation

The person insured provides details of his or her occupation on the application form. Where there is more than one occupation, the main one should be recorded. The occupation will then be shown as the 'insured occupation' on the Policy Schedule.

You can make a claim if the person insured becomes unable to follow the insured occupation as a result of an accident or illness. We will waive your commitment to pay the premiums after six months if the disability still prevents the person insured from following his or her 'insured occupation', and is not doing any paid work.

The illness or disability does not have to be permanent; it could be temporary, such as a bad back.

## activities of daily work

### Policy definition

Where the relevant life assured is insured on an Activities of Daily Work basis, and the relevant life assured is unable to carry out at least three Activities of Daily Work as a result of accident or illness.

### Explanation

The definition of disability is based on the inability to perform at least three of eight tasks (Activities of Daily Work), shown on page 23.

You can make a claim if the person insured becomes unable to perform the Activities of Daily Work as a result of an accident or illness. We will waive your commitment to pay the premiums after six months if the disability still prevents the person insured from performing three or more of the activities, and they are not doing any paid work.

The illness or disability does not have to be permanent; it could be temporary, such as a bad back.

If the person can perform an Activity of Daily Work using assistive equipment, then we consider that he or she is able to do that activity. For example, someone may be able to walk 200 metres using a walking stick (but not without it). In this case, we would not consider that the person had failed the walking activity.

# exclusions

An exclusion is a condition that is not covered under the insurance policy.

## summary of exclusions

This table summarises the exclusions that apply to the benefits under Skandia Protect.

Option	Alcohol or drug abuse	HIV/AIDS	Unreasonable failure to follow medical advice	Self-inflicted injury	Living abroad
Life cover	–	–	–	–	–
Critical illness cover	excluded	–	excluded	–	–
Total permanent disability benefit	excluded	excluded	excluded	–	excluded
Premium protection benefit	excluded	excluded	excluded	excluded	excluded

We have no standard exclusions for criminal acts, war, hazardous pursuits or aviation. But we apply an exclusion for attempted suicide and/or deliberate self harm to the serious accident benefit.

The exclusions for Skandia Protect are listed in the table opposite and follow the ABI Statement of Best Practice. The exception is the living abroad exclusion, where Skandia Protect provides more extensive cover than the ABI definition.

**Alcohol or drug abuse** Inappropriate use of alcohol or drugs, including but not limited to the following:

- (a) Consuming too much alcohol.
- (b) Taking an overdose of drugs, whether lawfully prescribed or otherwise.
- (c) Taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription.

**HIV/AIDS** Infection with Human Immunodeficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS).

**Unreasonable failure to follow medical advice** Unreasonable failure to seek or follow medical advice.

**Self-inflicted injury** Intentional self-inflicted injury.

**Living abroad** Living outside the:

- (a) United Kingdom, Republic of Ireland, Channel Islands and the Isle of Man and has been so for more than six months; or
- (b) European Union, Andorra, Australia, Canada, Cyprus, Gibraltar, Hong Kong, Iceland, Japan, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Saudi Arabia, Switzerland, the United States of America and the Vatican City and has been so for more than 13 consecutive weeks.

## suicide

We will not pay any life cover if the person insured commits suicide within 12 months of the start date or, for an increase in sum assured, within 12 months of the increase date. If a lapsed policy is reinstated, a new 12-month period will apply from the date of reinstatement.

If the policy is assigned in good faith to a genuine lender for a mortgage loan, we pay the lower of any life cover and the amount of the outstanding loan. We do this even if the person insured commits suicide within the 12-month period.

# further information

If you have a question about Skandia Protect that we have not covered in this guide, please contact your financial adviser.

We determine the benefits under Skandia Protect in accordance with the Skandia Protect Policy Terms, a copy of which is available on request.

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