



PROTECT –
**YOUR GUIDE TO
THE ILLNESSES COVERED**

INVESTMENTS | PENSIONS | PROTECTION



OLD MUTUAL
WEALTH

We'll help you get there

CRITICAL ILLNESS COVER CAN PROVIDE VITAL PROTECTION FOR YOU AND YOUR FAMILY, AND IT'S THEREFORE IMPORTANT TO KNOW EXACTLY WHAT YOU ARE COVERED FOR.

Each provider will have their own definitions of the illnesses and conditions they cover, found in the policy 'terms and conditions', which often contain unfamiliar medical terms. This isn't to baffle you with jargon, but to reflect the terms used by the medical profession, which have precise meanings.

Protect covers 65 illnesses, conditions and treatments and this guide is designed to help you understand the cover we provide by giving you plain English explanations of each definition. This should make it clearer to understand when we will pay a claim and, in some situations, why we will not.

BEYOND INDUSTRY STANDARDS

TO BRING CLARITY AND REDUCE THE POSSIBILITY OF CUSTOMERS BEING CONFUSED, THE ASSOCIATION OF BRITISH INSURERS (ABI) PUBLISHES A SET OF STANDARD 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. For 18 of the conditions we cover, we offer a definition which gives you more cover than the basic ABI definition. These conditions are:

- Aorta graft surgery
- Benign brain tumour – resulting in permanent symptoms or surgery
- Blindness – permanent and irreversible
- Cancer – excluding less advanced cancers but including advanced skin cancer
- Coma – resulting in permanent symptoms
- Coronary artery by-pass grafts
- Deafness – permanent and irreversible
- Heart attack – of specified severity
- Heart valve replacement or repair
- HIV infection – caught from a blood transfusion, a physical assault or at work in an eligible occupation
- Loss of hand or foot – permanent physical severance
- Major organ transplant
- 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

You can find details of how we are better than the ABI standard in the explanation for the relevant condition.

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

FOR THE 47 CONDITIONS DESCRIBED BELOW YOU CAN CLAIM THE FULL AMOUNT OF COVER. THE DESCRIPTIONS BELOW INCLUDE OUR DEFINITION OF THE CONDITION, A PLAIN ENGLISH EXPLANATION ⓘ AND WHERE APPLICABLE, AN EXPLANATION OF WHY OUR DEFINITION IS BETTER THAN THE ABI STANDARD ⊕.

AORTA GRAFT SURGERY

The undergoing of surgery to the aorta with excision and surgical replacement of a portion of the affected aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches.

The following is 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 and thinning of its walls (an aneurysm). Either condition may require a graft using another blood vessel 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.

We don't cover any other surgery such as those that are used to widen the artery such as angioplasty or endovascular repair.

If you are on a waiting list for this surgery you can use our Surgery Benefit to receive the payout more quickly – see page 31.

 **ABI+** We also cover surgery following an injury to the aorta.

APLASTIC ANAEMIA WITH PERMANENT BONE MARROW FAILURE

A definite diagnosis of aplastic anaemia by a Consultant Haematologist. There must be permanent bone marrow failure with anaemia, neutropenia and thrombocytopenia.

EXPLANATION

Aplastic anaemia is a failure of the bone marrow to produce sufficient blood cells for the circulation. It develops during the patient's life. The patient lacks red blood cells (anemia), and white blood cells (neutropenia) and the platelets (thrombocytopenia) which are needed to prevent bleeding and bruising. The extent of the disease varies between patients, and the symptoms are slow to emerge. It is diagnosed by examining a sample of bone marrow. It can happen at any age, but is more common in people aged between 10 and 20, and in people aged 40 or older. Successful treatment can take a long time.



BACTERIAL MENINGITIS – RESULTING IN PERMANENT SYMPTOMS

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be confirmed by a consultant neurologist. The following are not covered: all other forms of meningitis, including viral meningitis.



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. However, if there were lasting effects, we would pay a claim.

Viral meningitis is much less severe and people often require no treatment.



BENIGN BRAIN TUMOUR – RESULTING IN PERMANENT SYMPTOMS OR SPECIFIED TREATMENT

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms; or
- Undergoing invasive surgery to remove part or all of the tumour; or
- Undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

The following are not covered:

- tumours in the pituitary gland
- tumours originating from bone tissue
- angioma and cholesteatoma.



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. It could also lead to neurological deficit which includes problems such as decreased sensation, weakness in the muscles, problems with walking and changes in vision.

To claim these problems must be permanent, or you must undergo surgery to remove the tumour, or treatments to destroy it: radiotherapy or chemotherapy.

The pituitary gland is a small gland at the base of the brain. We cover this separately as an additional illness – see page 28.

An angioma is a benign growth made up of small blood vessels and is much less severe.

A cholesteatoma is a growth in the ear.

If you are on a waiting list for this surgery you can use our Surgery Benefit to receive the payout more quickly - see page 31.



ABI+ We also cover surgery to remove the tumour and chemotherapy.



BENIGN SPINAL CORD TUMOUR – RESULTING IN PERMANENT SYMPTOMS OR SPECIFIED TREATMENT

A non-malignant tumour or cyst originating from the spinal cord, spinal nerves or meninges, resulting in any of the following:

- permanent neurological deficit with persisting clinical symptoms; or
- undergoing invasive surgery to remove the tumour; or
- undergoing stereotactic radiotherapy to the tumour.

For the above definition, the following are not covered:

- granulomas, haematomas, abscesses, disc protrusions and osteophytes.



EXPLANATION

Non-cancerous (non-malignant) tumours can occur in the spinal cord, the nerves of the spinal cord and the membranes covering the spinal cord (meninges). Pressure on the nerves caused by the tumour can result in neurological deficit which includes problems such as numbness, weakness in the arms or legs, difficulty walking and sometimes loss of bladder control. To claim these problems must be permanent, or you must undergo surgery to remove the tumour, or treatments to destroy it: radiotherapy or chemotherapy.

We do not cover less severe conditions such as benign growths (angiomas), inflammations (granulomas), bruising (haematomas) and bone spurs (osteophytes).

If you are on a waiting list for this surgery you can use our Surgery Benefit to receive the payout more quickly – see page 31.



BLINDNESS – PERMANENT AND IRREVERSIBLE

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aid, it is measured by a certified ophthalmologist as having a best corrected (with glasses or lenses) visual acuity in the better eye of:

- 6/60 or worse using a Snellen eye chart, or
- a loss of peripheral visual field and a central visual field of no more than 20 degrees in total



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, or almost lost with any remaining sight confined to a narrow point straight ahead of you. There must also be no prospect of recovery.

A Snellen chart is the test an optician uses, where you are asked to read rows of letters. 6/60 is the measure when you can only see at six feet away what someone with perfect sight could see at 60 feet away.

We also include cover for significant visual impairment.



ABI+ We cover a lesser loss of sight as well as a narrowing of the field of vision.



CANCER – EXCLUDING LESS ADVANCED CANCERS BUT INCLUDING ADVANCED SKIN CANCER

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 except cutaneous lymphoma (lymphoma confined to the skin) 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 of seven or having progressed to at least clinical TNM classification T2N0M0
- 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
 - the occurrence of a malignant basal cell carcinoma or malignant squamous cell carcinoma that has invaded and spread to lymph nodes or metastasised to distant organs.



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. This spreading is also known as metastasis. 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.

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.

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. We also include separate cover for several forms of these less severe cancers.

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 or spinal tumours are covered as separate conditions.



ABI+ We cover a wider range of skin cancer as well as chronic lymphocytic leukaemia.

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).

The following are not covered:

- Insertion of a pacemaker
- Insertion of a defibrillator without cardiac arrest

EXPLANATION

Cardiac arrest is when the heart stops, meaning blood containing oxygen is no longer pumped to the rest of the body, causing unconsciousness. If the brain is without oxygen for more than five minutes it is likely to become damaged.

A cardiac arrest can be caused by several diseases and conditions of the heart and is sometimes treated by implanting a defibrillator into the chest. Defibrillators deliver an electric shock to the heart to prevent it from beating too quickly or contracting irregularly, both of which can lead to cardiac arrest.

A cardiac arrest differs from a heart attack which is when oxygen does not reach the heart causing a portion of the heart muscle to die.

We don't cover insertion of a defibrillator if it is not as a result of a cardiac arrest, or a pacemaker, which is used to correct different problems of the heart.

If you are on a waiting list for this surgery you can use our Surgery Benefit to receive the payout more quickly – see page 31.

CARDIOMYOPATHY – OF SPECIFIED SEVERITY

A definite diagnosis of cardiomyopathy by a Consultant Cardiologist. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classification of functional capacity*. The diagnosis must be supported by echocardiogram.

The following are not covered:

- All other forms of heart disease, heart enlargement and myocarditis
- Cardiomyopathy secondary to alcohol or drug abuse.

* NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

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) or an embolism (blockage of a blood vessel). An echocardiograph measures the shape and volume of the chambers of the heart and is used to determine whether the symptoms are caused by cardiomyopathy.

The NYHA Function Classification is a measure used to classify the extent of heart failure. We don't cover other forms of heart enlargement, including myocarditis, or enlargement as a result of alcohol or drug abuse.



CHRONIC SEVERE RHEUMATOID ARTHRITIS – RESULTING IN A LOSS OF THE ABILITY TO DO SPECIFIED PHYSICAL ACTIVITIES

A definite diagnosis by a Consultant Rheumatologist of Rheumatoid Arthritis, resulting in the permanent inability of the claimant to perform three of the six activities listed below.

1. **Mobility** – the ability to walk more than 200 metres on a level surface, with or without the aid of simple assistive devices, for example a walking stick or a crutch.
2. **Climbing** – the ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
3. **Lifting** – the ability to pick up an everyday object weighing 2kg at table height, hold for 60 seconds, transfer to the other hand and to replace the object on the table. Everyday objects can include a kettle of water, a bag of shopping, an overnight bag or briefcase.
4. **Bending** – the ability to bend or kneel to touch the floor and straighten up again.
5. **Getting in and out of a car** – the ability to enter and get out again of a standard saloon car, including being able to unlock and operate the door handles.
6. **Manual Dexterity** – the ability to write legibly using a pen or pencil or type using a desktop personal computer keyboard.



EXPLANATION

Chronic inflammation of the joints, and sometimes the organs and bodily tissues, is known as rheumatoid arthritis. It can be a very painful and severely reduce mobility. We will pay a claim if you are diagnosed and are unable to do three of the listed everyday activities.



COMA – WITH ASSOCIATED PERMANENT SYMPTOMS

A state of unconsciousness with no reaction to external stimuli or internal needs with associated permanent neurological deficit with persisting clinical symptoms. The following are not covered:

- Medically induced coma
- 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 three or four days, there is usually no permanent damage to the nervous system.

If you fall into a coma where you do not react to stimuli (pain, light, sound etc) or internal needs, breathing for example, we would pay if you suffered permanent neurological problems such as weakness in the muscles, problems with walking and changes in vision.

If the coma was medically induced as part of some treatment, or was as a result of drug or alcohol abuse we would not pay.



ABI+ We do not apply a minimum to the amount of time you would need to be in a coma in order to claim.

CORONARY ARTERY BY-PASS GRAFTS

The undergoing of surgery 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 bypass so the blood does not flow through the blocked or narrow artery. This bypass surgery uses an artery or vein from elsewhere in the body, often from the leg. We cover this surgery whether you need surgery to divide the breastbone (median sternotomy) or keyhole surgery.

If you need coronary artery bypass 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 cover. With this cover, we would pay all of your insurance when you are placed on a hospital waiting list.

 ABI+ We have enhanced the definition to cover all types of surgery.

CREUTZFELDT – JAKOB DISEASE

Confirmation by a consultant neurologist of a definite diagnosis of CreutzfeldtJakob disease resulting in permanent neurological deficit with persisting clinical symptoms.

EXPLANATION

CJD is a disease of the nervous system that damages the brain. It is fatal, and there is no known cure.

The disease can take 20 years or more to become active. It is caused by an abnormal protein, or 'prion', that contaminates the nervous system. A prion is something like a virus, as it can replicate and cause disease. However, prions are much tougher than viruses and can survive heat or radiation and are not affected by antibiotics or viral medicine. We would pay the claim if you were diagnosed with CJD and suffered permanent neurological deficit which includes problems such as decreased sensation, weakness in the muscles, problems with walking and changes in vision.

CROHN'S DISEASE WITH SPECIFIED SURGERY

A definite diagnosis by a consultant gastroenterologist of Crohn's disease. There must have been two or more bowel segment resections on separate occasions. There must also be evidence of continued inflammation with ongoing symptoms.

EXPLANATION

Crohn's disease is an inflammatory bowel disease that causes the body's immune system to attack the intestines, resulting in a wide variety of symptoms including abdominal pain, diarrhoea and weight loss. In severe cases abnormal connections between the intestines can form, called fistulas, or the intestine can become constricted causing obstruction.

There is no known cure for Crohn's disease, but changes to diet, medications and surgery to remove the worst affected sections of the bowel (surgical resection) are used to control the symptoms.



ABI+ We have lowered the loss of hearing required from 90 decibels to 70 decibels.



DEAFNESS – PERMANENT AND IRREVERSIBLE

Permanent and irreversible loss of hearing to the extent that the loss is greater than 70 decibels across all frequencies in the better ear using a pure tone audiogram.



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. A decibel is a measure of the volume of a sound.



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



EXPLANATION

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.

We cover Creutzfeldt-Jakob disease as a separate illness.



ENCEPHALITIS – RESULTING IN PERMANENT SYMPTOMS

A definite diagnosis of Encephalitis by a Consultant Neurologist. There must be permanent neurological deficit with persisting clinical symptoms.



EXPLANATION

Encephalitis is a serious condition which causes inflammation of the brain. It is most commonly a result of a viral infection or the immune system attacking either an infection or non-infectious cause, such as a tumour. In many cases it can lead to permanent neurological damage resulting in memory loss, seizures and personality and behavioural changes.

HEART ATTACK – OF SPECIFIED SEVERITY

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
- the characteristic rise of cardiac enzymes or Troponins.

The evidence must show a definite acute myocardial infarction.

The following are not covered:

- other acute coronary syndromes or angina without myocardial infarction.

EXPLANATION

When someone has a heart attack (myocardial infarction), 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 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 take 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.

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

The actual undergoing of a surgical procedure (including balloon valvuloplasty) to replace or repair one or more heart valves on the advice of a Consultant Cardiologist.

EXPLANATION

Heart valves regulate and control the flow of blood to and from the heart. If the valves may become narrowed they can sometimes be widened by inflating a tiny balloon in the valve to stretch it. If they leak or are damaged, they may need to be repaired or replaced. This is quite a common operation and without it, the patient's lifestyle is impaired by tiredness and breathlessness on exertion.

If you are on a waiting list for this surgery you can use our Surgery Benefit to receive the payout more quickly – see page 31.

 ABI+ We have removed the requirement for typical clinical symptoms (for example characteristic chest pain) and we cover less severe, 'minor' heart attacks.

 ABI+ We cover a wider range of surgeries.



HIV INFECTION – CAUGHT FROM A BLOOD TRANSFUSION, A PHYSICAL ASSAULT OR AT WORK

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment;
- a physical assault; or
- accident 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 5 days of the incident.
 - There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.

The following is not covered:

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



EXPLANATION

When someone is affected with HIV, 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 they do fall ill. There is no cure for the condition at present, although treatment can now slow the onset. 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 be infected with HIV 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, should this fail, we cover you if it happens after you took out your Protect cover. Protect also covers people who may come into contact with blood or other body fluids infected by HIV, either in the course of their normal work, or as a result of an assault.



INTENSIVE CARE BENEFIT – FOR 10 DAYS CONTINUOUS DURATION

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

The following is not covered:

- sickness or injury as a result of drug or alcohol misuse or other self-inflicted means.
- children under the age of 90 days.



EXPLANATION

If an illness or injury means a person cannot breathe for themselves a machine (a ventilator) is used to pump air in and out of their lungs. This is known as mechanical ventilation.

Tracheal intubation is the placement of the tube from the ventilator down the windpipe in order to keep the airway open and pass the air to the lungs.



ABI+ We have removed the need for the infection to have occurred in the UK only and we do not specify a list of eligible occupations.



KENNEDY'S DISEASE – RESULTING IN PERMENENT SYMPTOMS

A definite diagnosis of Kennedy's disease by a Consultant Neurologist. There must also be permanent clinical impairment of motor function.



EXPLANATION

Kennedy's disease, also know as spinal bulbar muscular atrophy, is a genetic disease that affects males to a much greater degree than females. Women can carry the disease but may not experience any symptoms or only develop them much late in life.

The disease causes a degeneration of the motor nuerons, the cells that carry signal from the spinal cord to the muscles, which lead to muscle cramps, progressive weakness and muscle wasting. This in turn impairs or movement of the muscles or 'motor function'.



KIDNEY FAILURE – REQUIRING DIALYSIS

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.

In some circumstances, both kidneys may stop working 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.



LIVER FAILURE

End stage liver failure resulting in all of the following:

- permanent jaundice
- ascites
- encephalopathy.

The following are not covered:

- Liver disease secondary to alcohol or drug abuse.



EXPLANATION

The liver is an organ that preforms a wide range of vital functions. These include breaking down toxins, storing vitamins and minerals, and producing bile to aid digestion. Liver failure can be caused by Hepatitis B or C, disease caused by diabetes or obesity, or excessive alcohol.

Jaundice, a yellowing of the skin, occurs when too many red blood cells are broken down by the liver. Ascites is the accumulation of an excessive amount of fluid in the abdominal cavity. Encephalopathy is a disease of the brain which gradually worsens. All of these must be present for us to pay the claim.

 ABL+ We have reduced the requirement from two hands or feet to only one hand or foot.



LOSS OF HAND OR FOOT – PERMANENT PHYSICAL SEVERANCE

Permanent physical severance of any combination of 1 or more hands or feet at or above the wrist or ankle joints.



EXPLANATION

To qualify for this cover, the person insured must lose one, or more, of their hands or feet, cut off above the wrist or ankle. If the hand or foot is surgically re-attached, we will not pay a claim.



LOSS OF INDEPENDENCE

Confirmation by a Consultant Physician of the permanent loss of the ability to live independently which meets the following criteria:

Either

- Mental failure: the diagnosis by a Consultant Neurologist or Psychiatrist, of an irreversible and permanent mental impairment due to an organic brain disease or brain injury supported by evidence of the loss of ability to:
 - remember
 - reason, and
 - perceive, understand and give effect to ideas which causes a significant reduction in mental and social functioning, requiring continuous supervision.

Or

- The life assured is unable to perform two out of the following five activities without the help of another person, even with the use of appropriate assistive aids:
 - Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower).
 - Dressing: the ability to put on and take off, secure and unfasten all garments.
 - Getting between rooms: the ability to get from room to room on a level floor.
 - Feeding yourself: the ability to feed yourself when food and drink has been prepared.
 - Maintaining personal hygiene: the ability to maintain a satisfactory level by using the toilet or otherwise managing bowel and bladder functions.



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'. We will consider a claim when the person covered is unable to do at least two of the activities, and this is expected to be permanent. If the person can perform an activity using aids or equipment, then we consider that they are able to do that activity. 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 activity.

Alternatively if you suffer from an organic (physical not psychiatric) brain disease, or injury to the brain that means you are unable to remember, understand and interact with people and you therefore need supervision we will pay the claim.



LOSS OF SPEECH – PERMANENT AND IRREVERSIBLE

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 had no likelihood of ever improving for us to pay a claim.



MAJOR ORGAN TRANSPLANT – FROM ANOTHER PERSON

The undergoing as a recipient of a transplant of:

- bone marrow, or
- a complete heart, kidney, liver, lung or pancreas, or
- a lobe of liver, or
- a lobe of lung, or
- inclusion on an official UK waiting list for any of the above mentioned procedures.



EXPLANATION

If a major organ, such as the heart or lungs, is badly damaged 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. Protect covers those who have a transplant of bone marrow, a whole organ, part of a liver or lung (a lobe) or who are on the UK waiting list for a transplant and need a donor.



ABI+ We have enhanced the definition to include partial transplants of the liver or lung.



MOTOR NEURONE DISEASE – RESULTING IN PERMANENT SYMPTOMS

A definite diagnosis of motor neurone disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function, which must have persisted for a continuous period of at least three months.



EXPLANATION

This disease damages the nerve cells, leading to rapid and progressive muscle weakness and degeneration (motor function). There is currently no known cure and the cause of the disease is also unknown. For us to pay the claim the effects must be permanent.

 ABI+ We have removed the need for the impairment to have lasted for at least six months.



MULTIPLE SCLEROSIS – OF SPECIFIED SEVERITY

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
- 2 or more attacks of impaired motor or sensory function together with findings of clinical objective evidence on Magnetic Resonance Imaging (MRI).

All of the evidence must be consistent with multiple sclerosis.



EXPLANATION

Multiple sclerosis is a disease of the brain and spinal cord. Its onset is often slow, but in time it may have marked symptoms such as paralysis and tremors. The disease usually happens 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 need a specialist in neurology to confirm that symptoms have persisted from the time of diagnosis, or that two or more attacks have occurred. The specialist will typically look for double vision, numbness (sensory function) or weakness in the limbs (motor function) 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'.



NEUROMYELITIS OPTICA (DEVIC'S DISEASE) – WITH PERSISTING SYMPTOMS

A definite diagnosis of Neuromyelitis 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 three months.



EXPLANATION

Devic's disease affects both the optic nerve (the main nerve to the eye) and the spinal cord. These become both inflamed and damaged, disrupting the signals from the brain to the muscles. This results in loss of motor function such as muscle weakness, paralysis of the limbs and blindness, and loss of sensation (sensory function). The symptoms must have lasted for at least three months for us to pay the claim.



PARALYSIS OF LIMBS – TOTAL AND IRREVERSIBLE

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



EXPLANATION

An arm or a leg must be completely paralysed as a result of an accident or disease. The paralysis might be temporary, with a full recovery later. Therefore, a neurosurgeon must carry out the necessary tests to confirm that the paralysis is permanent.

 ABI+ We have reduced the requirement from two limbs to only one limb.



PARKINSON'S DISEASE – RESULTING IN PERMANENT SYMPTOMS

A definite diagnosis of Idiopathic Parkinson's disease by a Consultant Neurologist. There must also be permanent clinical impairment that includes bradykinesia (slowness of movement) and at least one of the following:

- Tremor; or
- muscle rigidity.

The following are not covered:

- Parkinsonian syndromes including but not limited to those caused by alcohol or drugs



EXPLANATION

Parkinson's disease is a progressive degenerative disease of the nervous system, which characteristically includes rigidity of the muscles and shaking of the head or limbs. The condition gradually deteriorates and, currently, there is no cure.

We don't cover symptoms caused by alcohol or drug abuse. Although we do not cover other conditions with similar symptoms under Parkinson's disease we do cover these in Parkinson Plus Syndromes - see below.



PARKINSON PLUS SYNDROMES – RESULTING IN PERMANENT SYMPTOMS

A definite diagnosis by a Consultant Neurologist or Geriatrician of one of the following Parkinson plus syndromes:

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

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

- motor function; or
- eye movement disorder; or
- postural instability; or
- dementia



EXPLANATION

Parkinson's plus syndromes is a group of disorders that affect the nervous system and progressively worsen. Typical symptoms include stiffness of the muscles, shaking of the head and limbs, loss of eye movement, loss of balance (postural instability) and dementia.



ABI+ We have reduced the requirement for all of the listed symptoms in addition to slowness of movement to only one additional symptom.



PERIPHERAL VASCULAR DISEASE – WITH BYPASS SURGERY

A definite diagnosis of peripheral vascular disease with objective evidence from an ultrasound of obstruction in the arteries which results in by-pass graft surgery to the arteries of the legs.

The following is not covered:

- angioplasty



EXPLANATION

Peripheral vascular disease (PVD) is a condition that occurs when fatty deposits, such as cholesterol, collect in the arteries - a process known as arteriosclerosis. These deposits prevent adequate blood flow and can cause a number of symptoms such as:

- pain, weakness or cramping of the muscles
- sores, wounds or ulcers
- blue and cold limbs.

In some cases the treatment is a by-pass graft where a section of healthy artery is taken from elsewhere in the body to by-pass the blocked area.

We don't cover treatments that aim to widen the blocked area such as inflating a small balloon in the artery (angioplasty).



PNEUMONECTOMY

The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung for any physical injury or disease.



EXPLANATION

Pneumonectomy is the surgical removal of a lung. This is most commonly used to remove cancerous tumours or when the lung is severely injured in an accident.

If you are on a waiting list for this surgery you can use our Surgery Benefit to receive the payout more quickly - see page 31.



PRIMARY PULMONARY ARTERIAL HYPERTENSION – OF SPECIFIED SEVERITY

A definite diagnosis of pulmonary arterial hypertension by a Consultant Cardiologist, with unknown cause. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classifications of functional capacity*.

The following are not covered:

- Pulmonary Hypertension secondary to any other known cause i.e. not Primary.
- Other types of hypertension.

* NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.



EXPLANATION

If the small arteries in the lungs narrow it increases resistance to the blood flowing through them. This in turn, raises the blood pressure (hypertension) in the artery that carries the blood from the heart to the lungs, the pulmonary artery, as well as in the heart itself. Symptoms include shortness of breath during activity, fainting spells, chest pain and a racing pulse.

The NYHA Function Classification is a measure used to classify the extent of heart failure.

Hypertension as a result of a known cause is called secondary hypertension. It can be caused by a disease, tumour or a side effect of medication. We don't cover this.



PULMONARY ARTERY SURGERY

The undergoing of surgery requiring median sternotomy for disease to the pulmonary artery with excision and surgical replacement of a portion of the diseased pulmonary artery with a graft.

The following are not covered:

- Any other surgical procedure for example the insertion of stents or endovascular repairs.



EXPLANATION

The pulmonary artery carries deoxygenated blood from the heart to the lungs so that it can become oxygenated again and passed back into the rest of the body. In some cases the artery is not connected correctly or becomes stiff, or blocked by blood clots, preventing blood flow and potentially causing damage to the heart. Either condition may require a graft using another blood vessel to replace the damaged portion. We would play the claim if surgery to divide the breast bone (median sternotomy) was required.

The insertion of stents (metal coils designed to keep the artery open) and surgery via an artery (endovascular) is much less invasive and is therefore not covered.

If you are on a waiting list for this surgery you can use our Surgery Benefit to receive the payout more quickly - see page 31.



RESPIRATORY FAILURE – OF SPECIFIED SEVERITY

Confirmation by a consultant physician of severe lung disease which is evidenced by the need for continuous daily oxygen therapy on a permanent basis and that has either of the following:

- Carbon monoxide diffusion capacity (DLCO) of less than 40 per cent of normal; or
- Lung function tests persistently showing Forced Expiratory Value in 1 second 1 (FEV1) less than 40 percent and Forced Vital Capacity (FVC) less than 50 percent of normal.



EXPLANATION

There are several diseases of the lung that could cause respiratory failure including chronic bronchitis and emphysema, both of which restrict airflow from the lungs. Chronic bronchitis is when the tubes carrying the air in and out of the lungs become inflamed, which in turn can cause them to thicken, scar and produce mucus. In emphysema the walls of the lungs become damaged and the lung tissue weakens, reducing the amount of oxygen in the blood stream.

The extent of the restriction is measured by how much air can be expelled from the lungs (vital capacity) and how much can be expelled in the first second, known as the FEV1 ratio.



SPINAL STROKE – RESULTING IN PERMANENT SYMPTOMS

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



EXPLANATION

All types of stroke are caused by a lack of blood to a specific part of the body. A spinal stroke is a lack of blood to the spinal cord. This can be caused by a blockage, such as a blood clot caused by cholesterol, or bleeding (haemorrhage) caused by a burst blood vessel. When this happens the tissue can die preventing nerve impulses from travelling along the spinal cord (neurological deficit) causing muscle weakness in the legs, unusual sensations or pain in the lower body and bladder and bowel problems.



ABI+ We don't require permanent symptoms or exclude a stroke as a result of traumatic injury.



STROKE – OF SPECIFIED SEVERITY

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 persistent 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.
- Death of tissue of the optic nerve or retina.

EXPLANATION

A stroke happens 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 (haemorrhages) putting pressure on the brain where the leak settles. Symptoms of a stroke may take the form of muscle paralysis on one side of the face, slurred speech or the loss of use of one arm. To be able to claim these symptoms must have lasted at least 24 hours, but they do not have to be permanent.

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 the symptoms disappear within 24 hours. This is why Protect does not cover them. We cover damage to the optic nerve and retina as an additional condition on page 25.



STRUCTURAL HEART SURGERY



The undergoing of heart surgery requiring thoracotomy on the advice of a consultant cardiologist to correct any structural abnormality of the heart. The following are not covered: any percutaneous, transluminal or investigative procedure.

EXPLANATION

A structural abnormality is a defect in the structure of the heart such as the muscles or the valves. It can be present from birth (congenital) or acquired in adulthood as a result of a heart attack or prolonged high blood pressure. In some cases it can restrict, or change the pattern of, the blood flow through the heart, or affect the rhythm of the heart. This can often cause unusual sounds in the heart referred to as 'heart murmurs'. Symptoms can include trouble breathing, light headedness and chest pain. Severe abnormalities are treated by corrective surgery requiring an incision in the chest wall (thoracotomy). Surgery through an artery (percutaneous transluminal) or surgery to investigate, but not correct, the problem are not covered.

If you are on a waiting list for this surgery you can use our Surgery Benefit to receive the payout more quickly – see page 31.



SYSTEMIC LUPUS ERYTHEMATOSUS – OF SPECIFIED SEVERITY

A definite diagnosis of systemic lupus erythematosus by a Consultant Rheumatologist resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms, or
- Permanent impairment of kidney function tests as follows:
- Glomerular Filtration Rate (GFR) below 30ml/min



EXPLANATION

The immune system is the body's way of fighting illness and disease, however sometimes it can attack healthy cells. In the case of Systemic lupus erythematosus, often just called Lupus, the immune system targets tissues and organs for no known reason. Symptoms are wide ranging but can include chronic fatigue and muscle pain (neurological deficit) as well as inflammation of the brain, causing personality changes and seizures. The kidneys can also be affected, reducing their ability to filter fluids (as measured by the Glomerular Filtration Rate). We would pay a claim if there was permanent damage and symptoms.



TERMINAL ILLNESS – WHERE DEATH IS EXPECTED WITHIN 12 MONTHS

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

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



EXPLANATION

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



ABI+ We do not decline a claim if there is less than 12 months remaining on the term.



THIRD DEGREE BURNS

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20 percent of the body's surface area or 20 percent loss of surface area of the face which for the purposes of this definition includes the forehead and ears.



EXPLANATION

Burns are categorised by severity, and 'third degree burns' are 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. We also cover less extensive third degree burns which cover less of the body's and face's surface.



ABI+ We include burns to the face in addition to burns to the body.



TRAUMATIC BRAIN INJURY – RESULTING IN PERMANENT SYMPTOMS

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. Protect will pay if the damage results in permanent symptoms confirmed by a neurosurgeon.



ULCERATIVE COLITIS – TREATED WITH TOTAL COLECTOMY (REMOVAL OF THE ENTIRE BOWEL)

A definite diagnosis by a consultant gastroenterologist of ulcerative colitis, treated with total colectomy (removal of the entire large bowel).



EXPLANATION

Ulcerative colitis is a disease which causes ulcers to form on the large bowel, the colon. It is not known what causes the disease, and symptoms can sometimes come and go. Medication can be used to induce and maintain remission, but in severe cases surgery to remove the large bowel is required. If you are on a waiting list for this surgery you can use our Surgery Benefit to receive the payout more quickly – see page 31.

ADDITIONAL CRITICAL ILLNESS

In addition to the 47 conditions described on the previous pages we cover 18, less severe, conditions, each paying the lower of £25,000 and 25% of your cover. This payment does not reduce your cover or affect the amount you pay.

If your illness gets worse and meets one of the definitions that pays the full cover you can claim this providing 30 days have passed since your diagnosis and you have received treatment. We only pay once for each illness or condition covered.



CARCINOMA IN SITU OF THE BREAST – WITH SURGERY TO REMOVE THE TUMOUR

Breast cancer in situ positively diagnosed with histological confirmation by biopsy together with the undergoing of surgery to remove the tumour.



EXPLANATION

Carcinoma in situ (CIS) of the breast is a non-invasive form of breast cancer which is not covered by the cancer definition. At this stage, it is confined to certain areas of the breast but it can develop into full breast cancer in a number of cases. We will pay out if you are diagnosed with CIS of the breast and if you have some, or all, of your breast removed as a result.



CARCINOMA IN SITU OF THE CERVIX UTERI – REQUIRING HYSTERECTOMY

Cancer in situ of the cervix uteri including those categorised by histological investigations as being cervical intraepithelial neoplasia grade 3, resulting in hysterectomy.

The following are not covered: All other forms of treatment including trachelectomy (removal of the cervix), loop excision, laser surgery, conisation and cryosurgery.



EXPLANATION

Carcinoma in situ (CIS) of the cervix uteri is an early form of cervical cancer which is not covered by the full cancer definition, as it has not yet spread or become life-threatening. Cervical intraepithelial neoplasia grade 3 is a measure of how far into the lining of the cervix the affected cells go. If they reach the deepest layer (grade 3) and removal of cervix and uterus (hysterectomy) is required we will pay the claim.



CARCINOMA IN SITU OF THE OESOPHAGUS – WITH SURGERY TO REMOVE THE TUMOUR

Cancer of the oesophagus in situ positively diagnosed with histological confirmation by biopsy together with undergoing of surgery to remove the tumour. The following is not covered: Treatment by any other method and treatment for Barrett's Oesophagus.



EXPLANATION

The oesophagus is the connection between the mouth and the stomach. Carcinoma in situ (CIS) of the oesophagus is an early form of oesophageal cancer which is not covered by the full cancer definition, as it has not yet spread or become life-threatening. We cover surgery to remove the tumour, but not other methods of treatment or a separate condition called Barrett's Oesophagus.



CARCINOMA IN SITU OF THE URINARY BLADDER

A diagnosis of carcinoma in situ of the urinary bladder. The diagnosis must be histologically confirmed on a pathology report.

The following are not covered: Non-invasive papillary carcinoma, stage TA bladder carcinoma and all other forms of non-invasive carcinoma.



EXPLANATION

Carcinoma in situ of the urinary bladder is an early form of bladder cancer which is not covered by the full cancer definition, as it has not yet spread or become life-threatening. It must be confirmed following microscopic examination of the cells or tissue of the bladder (histologically).

Non-invasive papillary carcinoma and stage TA carcinoma tend to grow away from the wall of the bladder and are less invasive.



CAROTID ARTERY STENOSIS – TREATED BY ENDARTERECTOMY OR ANGIOPLASTY

Undergoing endarterectomy or therapeutic angioplasty with or without stent to correct symptomatic stenosis involving at least 70% narrowing or blockage of the carotid artery.

Angiographic evidence will be required.



EXPLANATION

The carotid artery is the large artery that supplies blood to the head. It splits into two with one branch running up either side of the neck. One side supplies blood to the brain, the other to the face, scalp and meninges. Stenosis is the narrowing of the artery. This is caused by plaque building up on the inner wall of the artery. Not only can this reduce blood flow to the head, but small pieces of the plaque can break off and block the smaller arteries in the brain leading to a stroke.

The two main treatments for this are endarterectomy and angioplasty. Endarterectomy is a procedure to cut open the artery and remove the plaque. Angioplasty is when a catheter is threaded through an artery in the groin. A small balloon is inflated to open up the carotid artery and sometimes a stent, a metal coil, is fitted to keep the artery open.



CENTRAL RETINAL ARTERY OR VEIN OCCLUSION – RESULTING IN PERMANENT VISUAL LOSS

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

The following are not covered:

- Branch retinal artery or vein occlusion or haemorrhage



EXPLANATION

This is also known as an 'eye stroke' and happens when a blockage (occlusion) in the veins and arteries, or a loss of blood (haemorrhage) prevents an adequate blood flow to the eye. The blood carries vital nutrients and oxygen and without these the tissues in the nerves can become damaged, causing distorted or decreased vision, or blindness.

We wouldn't pay this benefit if the blockage or haemorrhage was not in the central artery or vein.



CEREBRAL ANEURYSM – RESULTING IN SPECIFIED TREATMENT

Undergoing either of the following surgical procedures in order to treat a cerebral aneurysm:

- surgical correction via craniotomy (surgical opening of the skull), or
- endovascular treatment using coils or other materials (embolisation)

The following is not covered: Cerebral arteriovenous malformation



EXPLANATION

A cerebral aneurysm is a weak blood vessel in the brain that expands and fills with blood. We will pay a claim if you have surgical correction through an opening in the skull or a device to clot the blood is introduced through an artery (embolisation). Cerebral arteriovenous malformation is covered separately..



CEREBRAL ARTERIOVENOUS MALFORMATION – RESULTING IN SPECIFIED TREATMENT

Undergoing any of the following surgical procedures in order to treat a cerebral arteriovenous malformation:

- surgical correction via craniotomy (surgical opening of the skull), or
- endovascular treatment using coils or other materials (embolisation)

The following is not covered: cerebral aneurysm.



EXPLANATION

A cerebral arteriovenous malformation is an abnormal connection between the arteries and veins of the brain. We will pay a claim if you have surgical correction through an opening in the skull or a corrective device introduced through an artery (embolisation). Cerebral aneurysm is covered separately.



CORONARY ANGIOPLASTY – TO 2 OR MORE CORONARY ARTERIES

The undergoing of balloon angioplasty, including atherectomy, laser treatment or stent insertion on the advice of a Consultant Cardiologist to two or more main coronary arteries to correct narrowing or blockages. The main Coronary Arteries for this purpose are defined as Right Coronary Artery, Left Main Stem, Left Anterior Descending and (Left) Circumflex. Angiographic evidence will be required. Two coronary angioplasty procedures performed in different arteries at different times is covered.

The following is not covered: 2 angioplasty procedures to a single main artery or branches of the same artery.



EXPLANATION

Angioplasty is a treatment to unblock coronary arteries, and is normally carried out by 'keyhole' surgery. This can include widening the artery with a balloon or stent (metal coil) or removing the blockage (atherectomy and laser treatment). We will pay a claim if you have this treatment to two or more main coronary arteries, even if the procedures were carried out at different times.



CROHN'S DISEASE – TREATED WITH SURGICAL RESECTION

A definite diagnosis of Crohn's disease confirmed by a consultant gastroenterologist treated with surgical intestinal resection.



EXPLANATION

Crohn's disease is an inflammatory bowel disease, that causes the body's immune system to attack the intestines, resulting in a wide variety of symptoms including abdominal pain, diarrhea and weight loss. There is no known cure for Crohn's disease, but changes to diet, medications and surgery to remove the worse affected sections of the bowel (surgical resection) are used to control the symptoms.



DIABETES MELLITUS TYPE 1 – REQUIRING PERMANENT INSULIN INJECTIONS

A definite diagnosis of diabetes mellitus type 1 with abrupt onset requiring the permanent use of insulin injections that must have continued for a period of at least 12 months.

The following are not covered:

- Gestational diabetes
- Type 2 diabetes (including type 2 diabetes treated with insulin)
- Latent autoimmune diabetes of adulthood.



EXPLANATION

Diabetes is caused when the body's immune system attacks the cells in the pancreas that create insulin. Insulin is essential to the body and a lack of insulin results in ketonuria, an increase in the level of sugar in the blood and urine. This can lead to heart disease, stroke, kidney failure and damage to the eyes.

Without regular injections of insulin complications can occur potentially resulting in coma and even death.

Type 2 diabetes also results in high blood sugar levels but is as a result of low levels of insulin rather than a complete absence. While it can be treated with insulin, a controlled diet and exercise are often enough. Like type 2 diabetes, latent autoimmune diabetes of adulthood (a slowly developing diabetes in older ages) and gestational diabetes (diabetes during pregnancy) can also potentially be treated with a controlled diet or oral insulin. We therefore do not cover these types of diabetes.



OVARIAN TUMOUR OF BORDERLINE MALIGNANCY/LOW MALIGNANT POTENTIAL – WITH SURGICAL REMOVAL OF AN OVARY

An ovarian tumour of borderline malignancy/low malignant potential that has been positively diagnosed with histological confirmation and has resulted in surgical removal of an ovary.

The following is not covered:

- Removal of an ovary due to a cyst



EXPLANATION

Tumours of borderline malignancy, or low malignant potential, are slower growing and are less likely to become cancerous than more aggressive tumours. Tumours that affect the ovaries are often detected early, before they have spread, and are treated by removing the affected ovary.



PITUITARY TUMOUR – WITH SPECIFIED TREATMENT

A non-malignant tumour in the pituitary gland resulting in either of the following:

- Surgical removal of the tumour; or
- use of radiotherapy to destroy tumour cells.

The following are not covered:

Tumours treated with other forms of treatment other than that stated.



EXPLANATION

The pituitary gland is a small gland at the base of the brain which secretes hormones to regulate stress, growth, reproduction and other bodily functions. A non-malignant tumour is not cancerous, but when on the pituitary gland it can cause changes in hormone levels or pressure on the optic nerve (the nerve to the eye) causing headaches and eye problems.

It can be treated by surgical removal of the tumour and by radiotherapy; high energy rays that destroy abnormal cells.

Other treatments are not covered.



PROSTATE CANCER – LOW GRADE

Diagnosis of a tumour of the prostate histologically classified as having a Gleason score between 2 and 6 inclusive provided:

- the tumour has progressed to at least clinical TNM classification T1N0M0; and
- treated with the complete removal of the prostate or external beam or interstitial implant radiotherapy.

The following are not covered: cases treated with cryotherapy, other less radical treatment (eg transurethral resection of the prostate), experimental treatments and hormone therapy.



EXPLANATION

Prostate cancer with a low Gleason score (a grading system used specifically to measure prostate cancer) is less likely to grow and spread than a more highly scored cancer. If the tumour is also small and has not spread (as measured by a TNM classification) and is fully removed or treated by external or internal radiotherapy we will pay a claim.

Treatments such as freezing or removing part of the prostate and hormone therapy are not covered.

SERIOUS ACCIDENT BENEFIT

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. (Where severe physical injury means injury resulting solely and directly from unforeseen, external, violent and visible means and independent of any other cause.)



EXPLANATION

If you are involved in an accident which causes severe injury, you are admitted to hospital straight away, and you have to stay there for 28 days or more, we will pay the claim.



SIGNIFICANT VISUAL IMPAIRMENT – PERMANENT AND IRREVERSIBLE

Permanent and irreversible loss of sight in the better eye to the extent that even when tested with the use of visual aids is measured by a certified ophthalmologist as follows:

- Acuity of up to 6/24 (Snellen) with moderate contraction of the field, or aphakia (lens removal) or opacities blocking vision in the eye itself
- Acuity of 6/18 or better, if in addition suffering from a gross defect of visual fields (of both eyes, such as hemianopia) or marked contraction of the visual field (i.e. in retinitis pigmentosa, or glaucoma).



EXPLANATION

This covers a lower level of loss of sight than in the critical illness definition for blindness, as well as conditions that reduce the field of vision. Hemianopia reduces the field of vision by half and is often the results of stroke or trauma. Glaucoma is a disease affecting the optic nerves and retinitis pigmentosa is a disease that affects the tissue at the back of the eye, the retina. Both reduce the field of vision, often known as tunnel vision. The impairment must be permanent and irreversible.



TESTICULAR CANCER OF LOW GRADE – REQUIRING REMOVAL OF A TESTICLE

Diagnosis of intratubular germ cell neoplasia, unclassified, with histological confirmation by biopsy, together with the undergoing of surgery to remove a testicle.



EXPLANATION

Intratubular germ cell neoplasia is when cells in the testis grow abnormally, and in a high percentage of cases these abnormal cells develop into cancerous tumours. The only way to diagnose it, is to take a small sample of tissue (a biopsy) to analyse. One of the most common treatments is to remove the affected testicle.



THIRD DEGREE BURNS – LESS EXTENSIVE (5%)

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% of the body's surface area.



EXPLANATION

This benefit covers serious burns which cover less of the body than the main definition of third degree burns. It covers burns to between 5% and 19% of the body's surface.

CHILDREN'S COVER

With critical illness insurance, we automatically cover the children of the person insured for critical illness from birth or the date the cover starts, whichever is later, to their 21st birthday.

By children we mean:

- children by birth
- legally adopted children, or
- stepchildren from a legally recognised marriage or registered civil partnership as defined by the Civil Partnership Act 2004.

Children's critical illness cover includes the 47 main conditions, explained on pages 4 to 23, and Surgery Benefit. You can find detail of Surgery Benefit below. We do not include the 18 additional critical illnesses listed on pages 24 to 29. We pay the lower of 50% of the sum assured and £25,000.

If both parents are insured by the policy, or each have their own policy, we pay double this amount.

A claim for children's cover will not reduce your critical illness cover, and your policy will not end.

A child will not be covered for the critical illnesses if:

- The child dies within 10 days of meeting CI definition

or

- the child's condition was present at birth, unless:
- the child was born after cover started,
- the condition is not hereditary and
- neither parent received counselling or medical advice in relation to this condition before birth

or

- the symptoms first arose before the child was covered unless:
- treatment for the condition has been completed
- the child had been discharged from follow-up for the condition
- the child had not consulted any medical practitioner or received further treatment or advice for the condition within last five years

SURGERY BENEFIT

If you are included on an NHS waiting list for one of the surgeries listed below we will pay the full amount of cover, before you undergo the surgery. This means you could choose to pay for the cost of private treatment rather than waiting for the operation under the NHS.

Surgeries covered:

Aorta graft surgery

Removal of all or part of a benign brain tumour

Removal of a benign spinal chord tumour

Insertion of a defibrillator following a cardiac arrest

Coronary artery by-pass grafts

Heart valve replacement or repair

Major organ transplant

Pneumonectomy

Pulmonary artery surgery

Structural heart surgery

Colectomy for ulcerative colitis

Surgery cover is also included under the children's cover. This covers the same surgeries as above, but the maximum total payment is limited to the lowest of 50% of your cover and £25,000.

EXCLUSIONS

We may make exclusions on an individual basis for health or occupation. For example, if you have had, or have an increased risk of developing, a particular illness we may exclude that illness from the cover.

In some cases we will reduce the premiums as a result. Currently we would offer reductions if we excluded the following:

- cancer
- multiple sclerosis
- condition of the cardiovascular system

The only general exclusion that does apply to Protect policies relates to claims made outside certain countries. This applies to critical illness cover, total permanent disability cover, premium protection benefit, serious accident benefit, children's cover, surgery cover and children's surgery cover.

The policy wording is:

In order to claim:

- You must provide medical evidence to support your claim and diagnosis.
- The claim must have occurred in one of these countries:

Andorra, Australia, Austria, Belgium, Canada, Channel Islands, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Isle of Man, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Portugal, San Marino, South Africa, Spain, Sweden, Switzerland, UK, USA and Vatican City.

If the claim occurs outside these countries, we may still be able to consider it. You may need to provide supporting evidence from a medical practitioner or consultant registered in the UK, and we may ask you to have an examination by a specialist in the UK.

If you need to claim

Please notify us about any claims. You can contact the Claims Department:

- by telephone on 023 8072 6996 or
- by writing to:

Claims Department Old Mutual Wealth
Old Mutual House
Portland Terrace
Southampton
SO14 7AY.

The team is happy to help answer any queries you have and can send the appropriate forms for you to complete.

Old Mutual Wealth Life Assurance Limited, which provides Protect, is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Old Mutual Wealth's products are available only through professional financial advisers.

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