

A helpful guide to our critical illness definitions



This information refers to policies with condition reference MIMICI25LG and MIMICI25LR

You can find this number on the front page of your Policy Conditions or in your Policy Schedule.

We know that some of our critical illness definitions can be quite complicated because we have to use set medical definitions to make sure we assess and pay claims fairly. So we've put together this useful guide to explain in plain English what these definitions mean and help you work out when your cover applies.

Each condition we cover is listed in its own section which tells you what kind of payment we offer, and who is covered (adults, children or both). It also explains the formal definition, and (where available) provides links to additional resources to help you find out more about the condition and what support is available.

£ Full payment conditions

A **full payment condition** is where we will normally pay your full amount of cover. If we pay a claim under one of these conditions your policy will end. The only exception is if we pay a claim under children's cover.

£ Additional payment conditions

An **additional payment condition** is where we pay the lower of 50% of your amount of cover or £30,000 and your policy will continue without reducing your existing cover.

If a claim meets the definition for a full payment condition as well as an additional payment condition we'll pay for the full payment condition and your policy will end (unless it was for a children's claim – then your policy will carry on).

We've provided links to conditions that are similar, or different levels of severity, so that you can quickly find the information you need to help you work out whether you are eligible to claim. For example: blindness (which is condition number 6) and partial loss of sight (which is number 65) both link to each other.

Please see your policy conditions for information about payments for children's claims.

Enhanced claim payments

For some of our conditions, we offer higher payments in certain circumstances. We've used green text to show where this is available.

For full details of everything we've covered here please read **section A1 of your policy conditions**.

The screenshot shows a policy condition page for condition number 25, 'Loss of hand or foot - permanent physical severance'. Annotations on the left explain the layout:

- Who is covered:** Points to the 'Who is covered: Adult and child' section.
- This shows if it's a full or additional payment:** Points to the 'Payment type: Full' section.
- Enhanced payment information:** Points to the 'Definition used for insurance purposes' section, which includes a note: 'If the cause of your claim was as a direct result of an accident, then we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover.' and a link to the Appendix.
- This explains the definition:** Points to the 'What this means...' section, which includes diagrams for 'Hand severance point (at or above joint shown)' and 'Foot severance point (at or above joint shown)'. The text states: 'This could be through surgical removal (amputation) or because the hand or foot was lost in an accident, or may have needed to be removed because of damage or infection. This definition does not include a hand or foot becoming paralyzed, it must be completely removed from your body at or above the joints specified.'
- Useful resource links:** Points to the 'Where to go to find out more...' section, which lists: www.nhs.uk/conditions/amputation, www.limbless-association.org, and www.amputationfoundation.org.
- Click to find out more:** Points to a blue box at the bottom that says: 'If your diagnosis doesn't meet this definition please check condition number 65 (partial loss of sight)'.

Other elements in the screenshot include: 'Area of body affected: Limbs', 'Condition number 25', 'Area of body affected: Limbs', 'Payment type: Full', 'Who is covered: Adult and child', 'Definition used for insurance purposes', 'What this means...', 'Where to go to find out more...', 'Contents page', and the LVF logo.

Please feel free to print as many pages as you need, if you would like us to send you a hardcopy of any of the pages please let us know which conditions you want a copy of and we'll post them out to you as soon as possible.

You can email us at ebprotection@LV.com

Or call 0800 678 1906



Find my condition



Just click the condition you'd like to find out more about

- 1 Alzheimer's disease or other forms of dementia
- 2 Aorta graft surgery
- 3 Bacterial meningitis
- 4 Benign brain tumour
- 5 Benign spinal cord tumour
- 6 Blindness
- 7 Brain abscess
- 8 Brain injury due to trauma, anoxia or hypoxia
- 9 Cancer including aplastic anaemia
- 10 Cardiac arrest
- 11 Cardiomyopathy
- 12 Coma
- 13 Coronary artery bypass grafts
- 14 Creutzfeldt-Jakob disease
- 15 Crohn's disease
- 16 Deafness
- 17 Encephalitis
- 18 Heart attack
- 19 Heart failure
- 20 Heart valve replacement or repair
- 21 HIV infection
- 22 Idiopathic pulmonary arterial hypertension
- 23 Kidney failure
- 24 Liver failure
- 25 Loss of hand or foot
- 26 Loss of independent existence
- 27 Loss of speech
- 28 Major organ transplant
- 29 Motor neurone disease and specified diseases of the motor neurones
- 30 Multiple sclerosis
- 31 Neuromyelitis optica (Devic's disease)
- 32 Open heart surgery
- 33 Paralysis of a limb
- 34 Parkinson's disease
- 35 Parkinson plus syndromes
- 36 Pneumonectomy
- 37 Pulmonary artery surgery
- 38 Severe lung disease
- 39 Severe mental illness
- 40 Severe sepsis
- 41 Spinal stroke
- 42 Stroke
- 43 Syringomyelia or syringobulbia
- 44 Surgical removal of an eyeball
- 45 Systemic lupus erythematosus
- 46 Terminal illness

- 47 Third degree burns
- 48 Ulcerative colitis
- 49 Total permanent disability
- 50 Accident hospitalisation cover
- 51 Aortic aneurysm
- 52 Carotid artery stenosis
- 53 Cauda equina syndrome
- 54 Cerebral or spinal arteriovenous malformation
- 55 Cerebral or spinal aneurysm
- 56 Central retinal artery or vein occlusion
- 57 Coronary artery angioplasty
- 58 Diabetes mellitus type 1
- 59 Gastrointestinal stromal tumour (GIST) or Neuroendocrine tumour (NET) of low malignant potential
- 60 Guillain-Barré syndrome
- 61 Less advanced cancer
- 62 Non-severe cardiomyopathy
- 63 Other carcinomas in-situ
- 64 Partial loss of hearing
- 65 Partial loss of sight
- 66 Partial third degree burns
- 67 Pituitary tumour
- 68 Removal of one or more lobe(s) of the lung

The condition numbers are the same as the numbers given in your policy conditions document.

Condition number

25

Condition number 25

Area of body affected: Limbs

Loss of hand or foot – permanent physical severance

Payment type: Full £

Who is covered: Adult and child

Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the "What this means" section below.

Permanent physical severance of a hand or foot at or above the wrist or ankle joints.



Alzheimer's disease or other forms of dementia – resulting in permanent symptoms

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definite diagnosis of Alzheimer's disease, or other forms of 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

If you're under 55 years of age, and your claim meets this definition we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover. Please be aware that this enhanced payment isn't available under children's cover.

See the Appendix in your policy conditions for more information.



What this means...

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain function. It can affect memory, thinking skills and other mental abilities. Alzheimer's disease is the most common form of dementia in the UK.

Dementia generally gets worse with time and symptoms include: memory loss, confusion, hallucinations, anxiety, and difficulty eating, speaking and taking care of yourself.

Where to go to find out more...



www.nhs.uk/conditions/dementia/about

www.alzheimers.org.uk

www.dementiauk.org



Aorta graft surgery – for disease or traumatic injury

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

The undergoing of surgery for disease or trauma to the aorta with excision and surgical replacement of a portion of the diseased or damaged aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches.

For this definition, the following are not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair

What this means...

This surgery is used to prevent or treat an abdominal aortic aneurysm (commonly referred to as an AAA) when the main blood vessel that runs between our heart and stomach ruptures.

The surgery involves using an artificial tube to strengthen the blood vessel. This is either inserted through the groin or stomach.

Where to go to find out more...



www.nhs.uk/conditions/abdominal-aortic-aneurysm

www.bhf.org.uk

www.vascularsociety.org.uk



Bacterial meningitis – resulting in permanent symptoms

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definite diagnosis of bacterial meningitis by a consultant neurologist resulting in permanent neurological deficit with persisting clinical symptoms.

For this definition, the following are not covered:

- All other forms of meningitis other than those caused by bacterial infection.

What this means...

Meningitis is an infection of the membranes around the brain and spinal cord. There are two types of meningitis and bacterial meningitis is rarer and more severe.

If people are treated quickly they can often make a full recovery, but some people are left with permanent difficulties which include: hearing or sight loss, memory problems, seizures, balance issues, arthritis, kidney problems, amputation of an arm or leg.

Where to go to find out more...



www.nhs.uk/conditions/meningitis

www.meningitisnow.org

www.meningitis.org



Benign brain tumour – resulting in permanent symptoms or specified treatment

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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

- permanent neurological deficit with persisting clinical symptoms; or
- surgical removal of part or all of the tumour; or
- undergoing radiotherapy, including stereotactic radiosurgery, or chemotherapy treatment, to destroy tumour cells.

The following are not covered:

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

What this means...

A benign brain tumour is a non-cancerous mass of cells that grows relatively slowly in the brain.

Non-cancerous brain tumours tend to stay in one place and won't usually come back if all of the tumour is removed during surgery.

Although they aren't cancerous they are still serious and if the tumour can't be completely removed there's a risk it could grow back. In this case it'll be closely monitored using scans or treated with radiotherapy.

If your diagnosis doesn't meet this definition please check **condition number 67** (pituitary tumor).

Where to go to find out more...



www.nhs.uk/conditions/benign-brain-tumour

www.thebraintumourcharity.org

www.braintumourresearch.org/info-support/support



Benign spinal cord tumour – resulting in permanent symptoms

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A non-malignant tumour within the spinal canal and originating in or arising from the meninges or spinal cord. The tumour must be interfering with the function of the spinal cord which results in permanent neurological deficit with persisting clinical symptoms.

This diagnosis must be made by a medical specialist and must be supported by appropriate evidence.

The following conditions are not covered:

- Cysts
- Granulomas
- Malformations in the arteries or veins of the spinal cord
- Haematomas
- Abscesses
- Disc protrusion
- Osteophytes

What this means...

A benign tumour is a non-cancerous mass of cells that grows but does not spread to other parts of the body, these tumours can cause problems by pressing on the nerves that run from the brain down the middle of the back to different areas of the body.

Symptoms depend on the position of the tumour in the spinal cord but can include: back and neck pain, numbness, and tingling and weakness in the limbs, clumsiness and difficulty walking and sometimes it can cause loss of bladder and bowel control.

Where to go to find out more...



www.christie.nhs.uk/patients-and-visitors/your-treatment-and-care/types-of-cancer/spinal-cord-tumours

www.macmillan.org.uk/information-and-support/spinal-cord-tumours



Blindness – permanent and irreversible

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the 'What this means' section below.

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye 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.

If the cause of your claim was as a direct result of an accident, then we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover.

See the Appendix in your policy conditions for more information.



What this means...

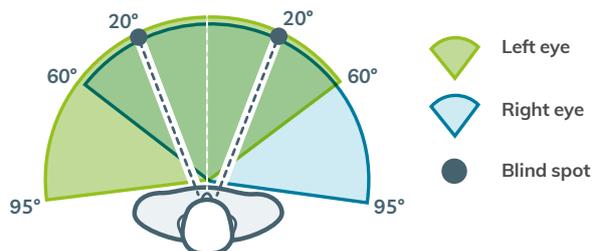
This means you have extreme sight loss that won't ever improve.

The diagrams show a Snellen eye chart which is one you'll have used when you go for an eye test, it shows lines of letters that get smaller with each line. A 20 degree field of vision is as follows:

Snellen Eye Chart



20 degree field of vision



If your diagnosis doesn't meet this definition please check **condition number 65** (partial loss of sight).

Where to go to find out more...



www.rnib.org.uk

www.rsbc.org.uk

www.seeability.org



Brain abscess – undergoing specified treatments

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definite diagnosis of an intracerebral abscess within brain tissues by a consultant neurologist, resulting in either of the following:

- Surgical removal; or
- Surgical drainage of the abscess

What this means...

A brain abscess is a pus-filled swelling in the brain which usually occurs when bacteria or fungi enter the brain tissue after an infection or severe head injury.

It can be treated with antibiotics, but if the abscess is larger than two centimeters it's usually necessary to drain the pus out of the abscess through a hole in the skull (simple aspiration) or open the skull to remove the abscess entirely (craniotomy).

Where to go to find out more...



www.nhs.uk/conditions/brain-abscess



Brain injury due to trauma, anoxia or hypoxia – resulting in permanent symptoms

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Death of brain tissue due to trauma or reduced oxygen supply (anoxia or hypoxia) resulting in permanent neurological deficit with persisting clinical symptoms.

If the cause of your claim was as a direct result of an accident, then we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover.

See the Appendix in your policy conditions for more information.



What this means...

This means that following brain damage caused by a head wound or lack of oxygen to the brain you suffer permanent symptoms for the rest of your life.

Typical symptoms can include: numbness, high sensitivity, paralysis, weakness, difficulty walking, speaking or swallowing, sight loss, poor coordination, tremor, seizures, dementia, delirium and coma.

Where to go to find out more...



www.headway.org.uk/about-brain-injury/individuals/types-of-brain-injury/hypoxic-and-anoxic-brain-injury/anoxic-brain-injury-effects

www.brainandspine.org.uk



Cancer – excluding less advanced cases and including aplastic anaemia

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes:

- Leukaemia;
- Sarcoma;
- Lymphoma except cutaneous lymphoma (lymphoma confined to the skin);
- Pseudomyxoma peritonei;
- Merkel cell cancer; and
- A definite diagnosis of aplastic anaemia by a consultant haematologist resulting in permanent bone marrow failure with anaemia, neutropenia and thrombocytopenia.

For this 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 of seven or above, or having progressed to at least clinical TNM classification T2bN0M0.
- Malignant melanoma skin cancer that is confined to the epidermis (outer layer of skin).
- Any non-melanoma skin cancer (including cutaneous lymphoma) that has not spread to lymph nodes or metastasised to distant organs.

We'll pay £1,000 when we receive evidence of a diagnosis of the above condition (as long as it isn't listed as an exclusion in your Policy Schedule). We'll just need a copy of the diagnosis letter from your consultant showing the histological classification of the cancer. Receiving this payment doesn't guarantee we'll pay your claim as your final diagnosis may not meet the above definition in full. This payment doesn't reduce your amount of cover. This payment is also included under children's cover.

What this means...

There are more than 200 different types of cancer, and each is diagnosed and treated in a particular way.

Malignant tumors are where cancerous cells in a specific part of the body grow and spread uncontrollably, these cells can invade and destroy surrounding healthy tissue and organs. Aplastic anaemia is when your body stops producing enough new blood cells.

If your diagnosis doesn't meet this definition please check **condition numbers** [59](#) [61](#) [63](#) .

Where to go to find out more...



www.nhs.uk/conditions/cancer
www.macmillan.org.uk
www.theaat.org.uk



Cardiac arrest

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Confirmation by an appropriate medical specialist of a definite diagnosis of sudden cardiac arrest that results in unconsciousness, loss of effective circulation and the undergoing of cardio-pulmonary resuscitation to sustain life.

There must be permanent insertion of an implantable cardiac defibrillator (ICD) or Cardiac Resynchronization Therapy with Defibrillator (CRT-D).

For this definition, the following is not covered:

- Cessation of cardiac function induced to perform a surgical or medical procedure.

What this means...

Cardiac arrest is when your heart suddenly stops pumping blood around your body because of a problem with the electrical signals of the heart. It's most commonly caused by an abnormal heart rhythm called Ventricular Fibrillation (VF for short).

A cardiac arrest is not a heart attack but it can be caused by one or other problems with the heart such as cardiomyopathy.

To receive a payment for this condition the arrest must have been severe enough that you needed to be resuscitated and a defibrillator used (or implanted) to ensure your heart works properly afterwards.

If your condition doesn't meet this definition please check **condition number 18** (heart attack) and **condition number 19** (heart failure).

Where to go to find out more...



www.nhs.uk/conditions/heart-attack

www.bhf.org.uk

www.heartresearch.org.uk



Cardiomyopathy – of specified severity

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definite diagnosis by a consultant cardiologist of cardiomyopathy resulting in permanently impaired ventricular function such that the ejection fraction is 35% or less for at least six months when stabilised on therapy advised by the consultant.

The diagnosis must be evidenced by:

- Electrocardiographic changes; and
- Echocardiographic abnormalities.

The evidence must be consistent with the diagnosis of cardiomyopathy.

For this definition, the following are not covered:

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

What this means...

Cardiomyopathy is a general term for diseases of the heart muscle. This is where the walls of the heart chambers have become stretched, thickened or stiff which affects the heart's ability to pump blood around the body.

The ejection fraction is the measurement of how much blood is pumped out of the heart, between 50 – 75% is a healthy rating.

If your condition doesn't meet this definition please check **condition number 62** (non-severe cardiomyopathy).

Where to go to find out more...



www.nhs.uk/conditions/cardiomyopathy/

www.bhf.org.uk

www.heartresearch.org.uk



Coma – with associated permanent symptoms

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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

- requires the use of life support systems; and
- with associated permanent neurological deficit with persisting clinical symptoms.

If the cause of your claim was as a direct result of an accident, then we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover.

See the Appendix in your policy conditions for more information.



What this means...

This means that the person has been kept alive by hospital equipment while unconscious and has suffered brain damage which will not improve.

Where to go to find out more...



www.nhs.uk/conditions/coma

www.headway.org.uk/about-brain-injury

www.brainandspine.org.uk



Coronary artery bypass grafts

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

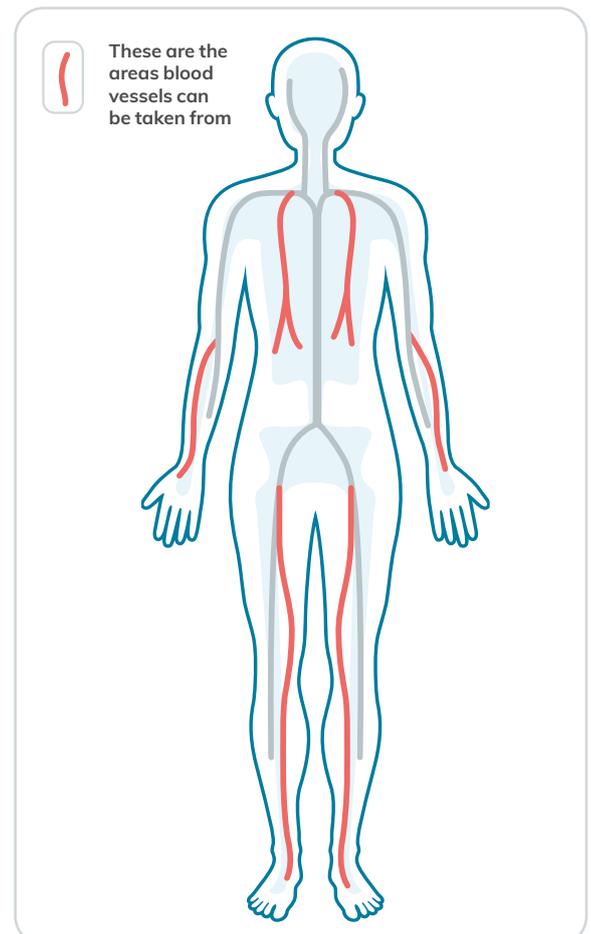
We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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.

What this means...

A coronary artery bypass graft may be recommended to reduce the chances of having a heart attack.

The procedure involves taking a blood vessel from another part of the body (usually the chest, leg or arm) and attaching it to the coronary artery above and below the narrowed area or blockage in the heart's artery.



Where to go to find out more...



www.nhs.uk/conditions/coronary-artery-bypass-graft-cabg

www.bhf.org.uk/information-support/treatments/coronary-bypass-surgery



Creutzfeldt-Jakob disease

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Confirmation by a consultant physician of a definite diagnosis of Creutzfeldt-Jakob disease.

What this means...

Creutzfeldt-Jakob disease (also known as CJD) is a rare and fatal condition that affects the brain. It causes brain damage that worsens rapidly over time.

Most people with this condition will die within a year of the symptoms starting, usually from infection because people with the condition are more vulnerable.

Where to go to find out more...



www.nhs.uk/conditions/creutzfeldt-jakob-disease-cjd



Crohn's disease – treated with two intestinal resections

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definite diagnosis by a consultant gastroenterologist of Crohn's disease which has been treated with at least two surgical intestinal resections.

What this means...

Crohn's disease is a lifelong condition that affects people of all ages, it causes parts of the digestive system to become inflamed. The symptoms usually start in childhood or early adulthood.

There's no cure, but treatment can help reduce or control the symptoms.

One treatment is a surgical resection of the intestines. This involves keyhole surgery through the stomach to remove the inflamed section of bowel and stitch the healthy parts of bowel together.

Where to go to find out more...



www.nhs.uk/conditions/crohns-disease

www.crohnsandcolitis.org.uk



Deafness – permanent and irreversible

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Permanent and irreversible loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies in the better ear using a pure tone audiogram.

If the cause of your claim was as a direct result of an accident, then we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover.

See the Appendix in your policy conditions for more information.



What this means...

The pure tone audiometry test is when you listen to different sounds through headphones and press a button or raise your hand each time you hear something. To give you some idea of how loud 90 decibels is, it's about as loud as an underground train or a lawnmower. Someone with this level of hearing loss wouldn't be able to hear a conversation at normal volume – they might be able to hear someone shouting if they were very close.

If your condition doesn't meet this definition please check **condition number 64** (partial loss of hearing).

Where to go to find out more...



www.nhs.uk/conditions/hearing-loss
www.actiononhearingloss.org.uk



Encephalitis – resulting in permanent symptoms

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definite diagnosis of encephalitis by a consultant neurologist resulting in permanent neurological deficit with persisting clinical symptoms.

For this definition the following are not covered:

- chronic fatigue syndrome and myalgic encephalitis.

What this means...

This can be caused by a virus, immune system disorder, or infection. It causes the brain to swell and can leave the sufferer with lifelong problems.

It can lead to other conditions such as depression and epilepsy.

Where to go to find out more...



www.nhs.uk/conditions/encephalitis
www.encephalitis.info



Heart attack – of specified severity

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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

- New characteristic electrocardiographic changes (or findings on a heart scan); and
- The characteristic rise of cardiac enzymes or troponins.

The evidence must show a definite acute myocardial infarction.

For this definition, the following are not covered:

- Other acute coronary syndromes or angina without myocardial infarction

What this means...

This is usually caused when the heart's blood supply gets blocked by a blood clot and the heart muscle begins to die because the blood supply to that area has stopped and the heart is not getting enough oxygen.

The damage to your heart following a heart attack causes proteins (enzymes) to leak into the blood, so doctors will perform a blood test to check for these proteins to confirm whether the patient has had a heart attack. The most common of these proteins is called troponin.

A heart attack can increase the risk of cardiac arrest (where the heart stops working completely).

If your condition doesn't meet this definition please check **condition number 10** (cardiac arrest) and **condition number 19** (heart failure).

Where to go to find out more...



www.nhs.uk/conditions/heart-attack

www.bhf.org.uk

www.heartresearch.org.uk



Heart failure – of specified severity

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definite diagnosis by a UK consultant cardiologist of the failure of the heart to function as a pump which is evidenced by all of the following:

- Permanent and irreversible limitation to function to at least class III of the New York Heart Association (NYHA) classification of functionality capacity (i.e. heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain)
- Permanent and irreversible ejection fraction of 39% or less

For this definition, the following are not covered:

- Heart failure caused by alcohol and / or drug use

What this means...

Heart failure means that the heart is unable to pump blood around the body properly, it usually occurs because the heart has become weak or stiff.

Heart failure doesn't mean your heart stops working, it just needs some help. It can occur at any age, and is a long-term condition that tends to get gradually worse over time. It cannot usually be cured, but the symptoms can be controlled.

The ejection fraction is the measurement of how much blood is pumped out of the heart, between 50 – 75% is a healthy rating.

If your condition doesn't meet this definition please check **condition number 10** (cardiac arrest) and **condition number 18** (heart attack).

Where to go to find out more...



www.nhs.uk/conditions/heart-attack

www.bhf.org.uk

www.heartresearch.org.uk



Heart valve replacement or repair

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

The undergoing of surgery on the advice of a consultant cardiologist to replace or repair one or more heart valves.

What this means...

Heart valve replacement involves removing a faulty or damaged valve and replacing it with a new valve made from synthetic materials or animal tissue.

There are different valves in the heart and the method of repairing or replacing them depends on the type of valve.

Where to go to find out more...



www.nhs.uk/conditions/heart-attack

www.bhf.org.uk

www.heartresearch.org.uk



HIV infection – caught in a specified list of countries from a blood transfusion, a physical assault or at work

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Infection with Human Immunodeficiency Virus resulting from:

- A blood transfusion 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 five 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 one of the following countries:
Australia, Austria, Belgium, Bulgaria, Canada, the Channel Islands, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, the Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, New Zealand, Norway, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United Kingdom and the United States of America.

For this definition, the following is not covered:

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

What this means...

HIV (human immunodeficiency virus) is a virus that damages the cells in the immune system and weakens the ability to fight everyday infections and disease. It must have been contracted in one of the listed countries and as a result of a blood transfusion, assault, or at work in order to meet the definition criteria.

Where to go to find out more...



www.nhs.uk/conditions/hiv-and-aids

www.positivelyuk.org

www.tht.org.uk



Idiopathic pulmonary arterial hypertension – of specified severity

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definite diagnosis of Idiopathic pulmonary arterial hypertension that has caused permanent and irreversible impairment of heart function which is classified by a consultant cardiologist as at least class III on the New York Heart Association (NYHA) scale of functional capacity.

What this means...

Pulmonary hypertension means high blood pressure in the blood vessels that supply the lungs (pulmonary arteries). The walls of the pulmonary arteries become thick and stiff, and can't expand properly to allow blood through.

If the right-hand side of the heart has to continually work harder, it can gradually become weaker and this can lead to heart failure.

The New York Heart Association (NYHA) scale of functional capacity is how doctors classify heart failure according to the symptoms. There are four categories based on how much the heart condition limits the patient's physical activity.

Where to go to find out more...



www.nhs.uk/conditions/pulmonary-hypertension

www.bhf.org.uk

www.heartresearch.org.uk



Kidney failure – requiring permanent dialysis

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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

What this means...

Kidney failure occurs when the kidneys are unable to sufficiently filter waste from the blood, this definition applies when the damage is so severe there is no chance the kidneys will recover.

Dialysis is an artificial way of removing waste products and unwanted water from blood. There are two kinds:

- Haemodialysis is where blood is washed through a machine either at home or in hospital.
- Peritoneal dialysis is where fluid is passed into the abdomen up to four times a day, or overnight at home.

Where to go to find out more...



www.nhs.uk/conditions/kidney-disease

www.kidneycareuk.org

www.kidney.org.uk



Liver failure

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definite diagnosis, by a consultant physician or other appropriately qualified medical professional, of irreversible end stage liver failure due to cirrhosis resulting in all of the following:

- Permanent jaundice,
- Ascites, and
- Encephalopathy.

For this definition, the following is not covered:

- Liver failure secondary to alcohol or drug abuse

We will pay twice the amount of cover if your claim meets the above definition. This is subject to a maximum of £200,000 more than your amount of cover.

See the Appendix in your policy conditions for more information.



What this means...

Cirrhosis is scarring of the liver caused by long-term liver damage. The scar tissue prevents the liver working properly.

- Jaundice is when the skin and the whites of the eyes turn yellow, it's caused by a build-up in the body of a yellow substance called bilirubin.
- Ascites is an abnormal fluid build-up in the abdomen.
- Encephalopathy is when brain functioning declines because the liver cannot remove toxins from the blood.

Where to go to find out more...



www.nhs.uk/conditions/cirrhosis
www.nhs.uk/conditions/liver-disease
www.britishlivertrust.org.uk



Loss of hand or foot – permanent physical severance

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Permanent physical severance of a hand or foot at or above the wrist or ankle joints.

If the cause of your claim was as a direct result of an accident, then we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover.

See the Appendix in your policy conditions for more information.

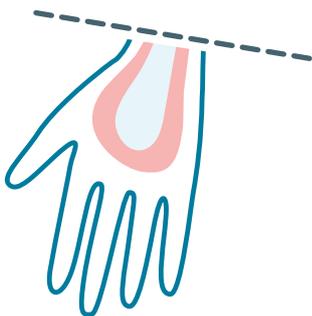


What this means...

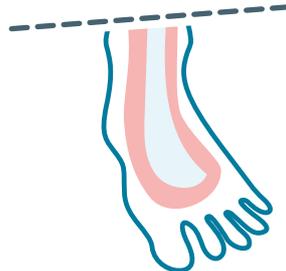
This could be through surgical removal (amputation) or because the hand or foot was lost in an accident, or may have needed to be removed because of damage or infection.

This definition does not include a hand or foot becoming paralyzed, it must be completely removed from your body at or above the joints specified.

Hand severance point (at or above joint shown)



Foot severance point (at or above joint shown)



Where to go to find out more...



www.nhs.uk/conditions/amputation

www.limbless-association.org

www.amputationfoundation.org



Loss of independent existence – unable to look after yourself ever again

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Confirmation by a consultant physician and our chief medical officer of loss of independent existence through illness or injury resulting in a permanent inability to perform at least three of the six tasks listed below ever again.

The consultant physician and our chief medical officer must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends.

The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate medication.

The tasks are:

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding yourself – the ability to feed yourself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

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

If the cause of your claim was as a direct result of an accident, then we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover.

See the Appendix in your policy conditions for more information.



What this means...

You must need a permanent carer for the rest of your life and have had confirmation from your doctor or consultant about what is going to happen to you as a result of this condition in the future.

Where to go to find out more...



www.nhs.uk/conditions/social-care-and-support-guide/introduction-to-care-and-support



Loss of speech – permanent and irreversible

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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

If the cause of your claim was as a direct result of an accident, then we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover.

See the Appendix in your policy conditions for more information.



What this means...

This may be due to brain damage, physical damage to your throat, or a disease or medical condition that makes speech impossible. It does not include the inability to speak due to a mental illness or emotional trauma.

You must have had confirmation from your doctor or consultant that you will never be able to speak (as in communicate verbally with words) again.

Where to go to find out more...



www.nhs.uk/conditions/dysarthria



Major organ transplant – from another donor

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

The undergoing as a recipient of a transplant from another person, of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or a whole lobe of the lung or liver, or inclusion on an official UK waiting list for such a procedure.

For this definition, the following is not covered:

- Transplant of any other organs, parts of organs (other than those specified above), tissues or cells.

We will pay twice the amount of cover if your claim meets the above definition. This is subject to a maximum of £200,000 more than your amount of cover.

See the Appendix in your policy conditions for more information.



What this means...

This only covers you if you are on a waiting list to receive an entire organ from someone else, not if you are donating one.

The organ or bone marrow you are receiving must be from a human donor.

Where to go to find out more...



www.organdonation.nhs.uk/helping-you-to-decide/about-organ-donation/statistics-about-organ-donation

www.bts.org.uk



Motor neurone disease and specified diseases of the motor neurones – resulting in permanent symptoms

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definite diagnosis by a UK consultant neurologist of one of the following motor neurone diseases:

- Amyotrophic lateral sclerosis (ALS)
- Kennedy's disease (SBMA)
- Primary lateral sclerosis (PLS)
- Progressive bulbar palsy (PBP)
- Progressive muscular atrophy (PMA)
- Spinal muscular atrophy (SMA)

There must also be permanent clinical impairment of motor function.

If you're under 55 years of age, and your claim meets this definition we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover. Please be aware that this enhanced payment isn't available under children's cover.

See the Appendix in your policy conditions for more information.



What this means...

Motor neurone disease (MND) affects the brain and nerves. The motor functions control our movement and reactions and this condition causes weakness that gets worse over time.

It's nearly always fatal and can significantly shorten life expectancy, but some people live with it for many years. There's no cure, but there are treatments to help reduce the impact of the symptoms.

Where to go to find out more...



www.nhs.uk/conditions/motor-neurone-disease

www.mndassociation.org

www.brainandspine.org.uk/our-publications/our-fact-sheets/motor-neurone-disease



Multiple sclerosis – with persisting symptoms

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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

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

All of the evidence must be consistent with multiple sclerosis.

What this means...

Multiple sclerosis (MS) is a condition affecting the brain and spinal cord causing a wide range of potential symptoms, including problems with vision, arm or leg movement, sensation or balance. It's a lifelong condition that can cause serious disability.

The motor and sensory functions are responsible for our movements, reactions and responses and how we interact with things through our senses.

Where to go to find out more...



www.nhs.uk/conditions/multiple-sclerosis

www.mssociety.org.uk

www.mstrust.org.uk



Neuromyelitis optica (Devic's disease) – with persisting symptoms

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definite diagnosis of Neuromyelitis optica 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.

What this means...

Neuromyelitis optica (Devic's disease) affects the spinal cord and the nerves of the eyes (optic nerves).

It can cause a wide range of symptoms, such as weakness, blindness, nerve pain and muscle spasms. Some people only have one attack of symptoms and recover well, whereas others may have a number of attacks that lead to disability.

The motor and sensory functions are responsible for our movements, reactions and responses and how we interact with things through our senses.

Where to go to find out more...



www.nhs.uk/conditions/neuromyelitis-optica
www.nmouk.nhs.uk



Open Heart Surgery – with surgery to divide the breastbone

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

The undergoing of open heart surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to correct a disease or defect of the heart,

For this definition, the following are not covered:

- any percutaneous, transluminal or other procedure that does not involve median sternotomy
- investigative procedures

What this means...

This term refers to surgery where the chest is opened and surgery is performed on the heart.

The term 'open' refers to the chest, not to the heart itself – the heart may or may not be opened, depending on the particular type of surgery.

Where to go to find out more...



www.nhsinform.scot/tests-and-treatments/surgical-procedures/heart-surgery

www.bhf.org.uk

www.heartresearch.org.uk



Paralysis of limb – total and irreversible

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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

If the cause of your claim was as a direct result of an accident, then we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover.

See the Appendix in your policy conditions for more information.



What this means...

This means that you've lost the feeling and use of the entire length of your arm or leg and you will never be able to use it again.

Where to go to find out more...



www.nhs.uk/conditions/paralysis



Parkinson's disease – resulting in permanent symptoms

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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

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

The following are not covered:

- Parkinsonian syndromes / Parkinsonism

If you're under 55 years of age, and your claim meets this definition we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover. Please be aware that this enhanced payment isn't available under children's cover.

See the Appendix in your policy conditions for more information.



What this means...

Parkinson's disease is a condition in which parts of the brain become progressively damaged over many years. The main symptoms are:

- involuntary shaking of particular parts of the body
- slow movement
- stiff and inflexible muscles

Although there's currently no cure for Parkinson's disease, treatments are available to help reduce the main symptoms and maintain quality of life for as long as possible.

Where to go to find out more...



www.nhs.uk/conditions/parkinsons-disease

www.parkinsons.org.uk



Parkinson Plus Syndromes – resulting in permanent symptoms

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definite diagnosis of one of the following Parkinson Plus Syndromes by a consultant neurologist:

- 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

The following are not covered:

- Other Parkinsonian syndromes
- Parkinsonism

If you're under 55 years of age, and your claim meets this definition we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover. Please be aware that this enhanced payment isn't available under children's cover.

See the Appendix in your policy conditions for more information.



What this means...

Parkinson's Plus Syndromes, or Parkinson's-plus, are a group of conditions that cause symptoms like Parkinson's disease and dementia as well as other symptoms. The main symptoms of Parkinson's disease are:

- involuntary shaking of particular parts of the body
- slow movement
- stiff and inflexible muscles

Where to go to find out more...



www.nhs.uk/conditions/parkinsons-disease
www.parkinsonsdisease.net/basics/parkinsonism-parkinsons-plus-syndrome



Pneumonectomy – removal of an entire lung

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

The undergoing of surgery to remove an entire lung for disease or trauma.

The following are not covered:

- Partial removal of a lung (lobectomy)
- Lung resection or incision

What this means...

This is the name for the procedure that's carried out if you've had an accident or disease that has caused such severe damage to your lung that it needs to be removed completely.

If your condition doesn't this definition please check **condition number 68** (removal of one or more lobes of the lung).

Where to go to find out more...



www.blf.org.uk



Condition number

37

Area of body affected: Blood vessel between heart and lungs

Pulmonary artery surgery – for disease only

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

The undergoing of surgery on the advice of a consultant cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

What this means...

This is the name of the operation you'll need if you have surgery to repair the artery that supplies blood to the lungs after it's become damaged due to disease.

Where to go to find out more...



www.blf.org.uk

www.bhf.org.uk



Contents page

Severe lung disease

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Confirmation by a consultant physician of severe lung disease where there is permanent impairment of lung function evidenced by all of the following:

- The need for daily oxygen therapy for at least 15 hours per day for a minimum of six months, and
- Forced Vital Capacity (FVC) being less than 50% of normal, and
- Forced Expiratory Volume at one second (FEV1) being less than 40% of normal

We will pay twice the amount of cover if your claim meets the above definition. This is subject to a maximum of £200,000 more than your amount of cover.

See the Appendix in your policy conditions for more information.



What this means...

Lung disease is any problem in the lungs that prevents them from working properly.

Forced Expiratory Volume and Forced Vital Capacity are ways of measuring how much air you can breathe out over a certain period of time.

If your diagnosis doesn't meet this definition please check **condition number 36** (pneumonectomy) and **condition number 68** (removal of one or more lobes of the lung).

Where to go to find out more...



www.blf.org.uk



Severe mental illness – of specified severity

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Any mental illness that has resulted in all of the following:

- an admission to a psychiatric ward where treatment was provided for at least 14 consecutive nights; and
- has chronic unremitting symptoms; and
- has not responded to comprehensive management and treatment for which the person has completed based on best clinical practice for more than one year; and
- has resulted in the inability to perform any type of work for payment or reward for a period of at least one year **(this is not applicable for claims under children's cover)**.

For this definition, the following is not covered:

- Conditions related to or exacerbated by alcohol or drug abuse

What this means...

This applies to you if you have a mental illness with long term symptoms that haven't responded to treatment or other support provided by a mental health team. The illness must have caused you to be hospitalised for at least two weeks and have been unable to work for at least a year.

This condition isn't covered if your mental illness was made worse or caused by alcohol or drugs.

Where to go to find out more...



www.nhs.uk/using-the-nhs/nhs-services/mental-health-services

www.mind.org.uk

www.rethink.org



Severe sepsis – resulting in admission to a critical care unit for three days or more

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Severe sepsis resulting in admission of at least three continuous days in either an intensive care unit (ITU) or a high dependency unit (HDU).

What this means...

Sepsis happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs.

Sepsis is also known as septicaemia or blood poisoning.

Where to go to find out more...



www.nhs.uk/conditions/sepsis

www.sepsistrust.org



Spinal stroke – resulting in permanent symptoms

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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.

What this means...

A spinal stroke is when the blood supply to the spinal cord gets disrupted, usually because the arteries that supply the blood have become narrowed.

This can cause nerve and tissue damage because the spinal cord depends on a supply of blood to function properly.

The two main causes of strokes are:

- Ischaemic, which is when the blood supply is stopped because of a blood clot.
- Haemorrhagic, which is when a weakened blood vessel bursts.

Where to go to find out more...



www.brainandspine.org.uk



Stroke – of specified severity

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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 this definition, the following are not covered:

- Transient ischaemic attack
- Death of tissue of the optic nerve or retina/eye stroke

What this means...

A stroke happens if the supply of blood to the brain is restricted or stops and the brain cells begin to die. This can lead to brain injury, disability and possibly death.

The two main causes of strokes are:

- Ischaemic, which is when the blood supply is stopped because of a blood clot.
- Haemorrhagic, which is when a weakened blood vessel supplying the brain bursts.

Where to go to find out more...



www.nhs.uk/conditions/stroke
www.stroke.org.uk



Syringomyelia or syringobulbia – treated by surgery

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definitive diagnosis of syringomyelia or syringobulbia by a consultant neurologist, which has resulted in being put on the NHS waiting list for surgery. This includes being put on the NHS waiting list for surgical insertion of a permanent drainage shunt.

What this means...

Syringomyelia is a condition where a type of cyst (called a syrinx) that has formed in spinal cord expands and compresses the nervous tissue. This leads to various neurological symptoms including pain, paralysis, stiffness and weakness in the back, shoulders and limbs.

Syringobulbia occurs if the cyst extends into the brain stem and affects the cranial nerves. This can cause: vertigo, loss of facial sensation, weakness and can cause the tongue to waste away.

Where to go to find out more...

www.brainandspine.org.ukwww.ninds.nih.gov

Surgical removal of an eyeball

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Surgical removal of a complete eyeball as a result of injury or disease.

For this definition the following is not covered:

- Self-inflicted injuries

If the cause of your claim was as a direct result of an accident, then we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover.

See the Appendix in your policy conditions for more information.



What this means...

If you've had to have surgery to remove one or both of your eyes (or have lost an eye in an accident) this condition covers you.

Where to go to find out more...



www.rnib.org.uk



Systemic lupus erythematosus

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

A definite diagnosis of systemic lupus erythematosus (SLE) by a consultant rheumatologist resulting in:

- permanent impaired renal function evidenced by a glomerular filtration rate below 30ml/min/1.73m² and
- urinalysis showing proteinuria or haematuria; or
- permanent neurological deficit evidenced by one of the following persisting clinical symptoms - paralysis, localised weakness, dysarthria (difficulty with speech), dysphagia (difficulty in swallowing), difficulty in walking or lack of co-ordination.

For the purposes of this definition seizures, headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin will not be accepted as evidence of permanent neurological deficit.

What this means...

Systemic lupus erythematosus (SLE) is a long-term condition that causes inflammation to the joints, skin and other organs. There's no cure, but symptoms can improve if treatment starts early.

Where to go to find out more...



www.nhs.uk/conditions/lupus
www.lupusuk.org.uk



Terminal illness – where death is expected within 12 months

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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 a 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

What this means...

This means that if you've been diagnosed with an incurable illness and are expected to die within a year we will pay out for this condition.

If you are expected to live longer than a year but die **before the end date** of your policy we will pay a death claim on the policy.

Where to go to find out more...



www.nhs.uk/conditions/end-of-life-care/coping-with-a-terminal-illness



Third degree burns – covering 20% of the body's surface area, face or head

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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 or affecting 20% of the area of the face or head.

If the cause of your claim was as a direct result of an accident, then we will pay twice the amount of cover. This is subject to a maximum of £200,000 more than your amount of cover.

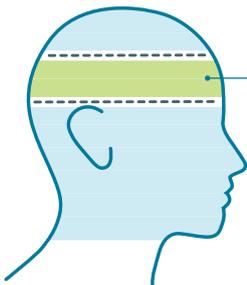
See the Appendix in your policy conditions for more information.



What this means...

A third degree burn is also referred to as a full thickness burn, which is where all three layers of skin (the epidermis, dermis and subcutis) are damaged.

Face or head surface area



20% of the area of the face or head

If your diagnosis doesn't meet this definition please check **condition number** **66**.

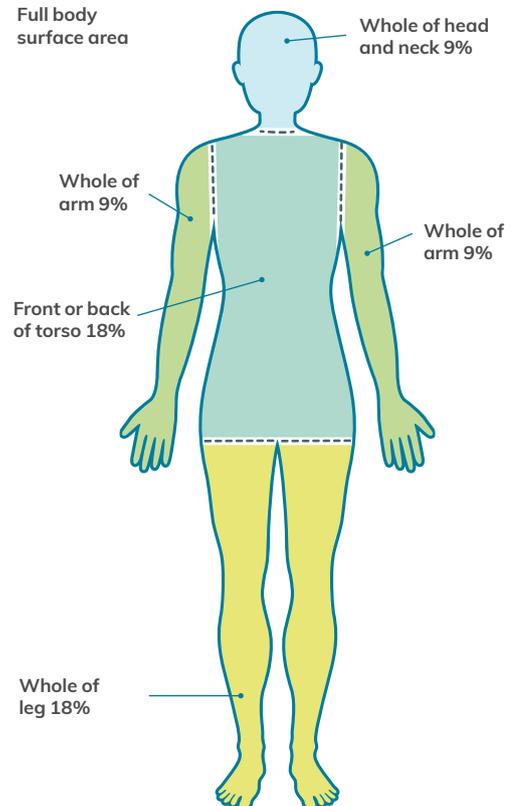
66

Where to go to find out more...



www.nhs.uk/conditions/burns-and-scalds
www.adultburnsupportuk.org
www.cbtrust.org.uk

Full body surface area



Whole of head and neck 9%

Whole of arm 9%

Whole of arm 9%

Front or back of torso 18%

Whole of leg 18%



Ulcerative colitis – with operation to remove the entire large bowel

Payment type: Full



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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

What this means...

Ulcerative colitis is a long-term condition where the colon and rectum become inflamed. Small ulcers can develop on the colon's lining, these can bleed and produce pus. The severity of the symptoms vary depending on the area inflamed and how severe the inflammation is.

Surgery is used for people when medicines haven't worked. It involves removing the large intestine so that the body relies on the small intestine instead.

Where to go to find out more...



www.nhs.uk/conditions/ulcerative-colitis

www.crohnsandcolitis.org.uk

www.gutscharity.org.uk



Total permanent disability – of specified severity

Payment type: Full



Who is covered: Adult



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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

It is important to understand that for us to pay a claim under either own occupation cover or work tasks cover, we need to be satisfied that your disability is expected to last for the remainder of your life, irrespective of when your policy ends, or when you retire. For full details about whether you would be covered by own occupation or work tasks and how we assess this, please see condition number 49 in your policy conditions.

This means we won't pay a claim if we determine you are only partially or temporarily disabled, or the medical evidence we have received in connection with your claim indicates that your disability is not expected to last for the remainder of your life.

We will pay a claim if the medical evidence we have received in connection with your claim shows that you have received all reasonable treatment options, these have been given a reasonable time to work, and have still failed to show any improvement in your symptoms.

What this means...

Your policy schedule will tell you if this condition is included in your policy and what type of cover you have if so.

By total permanent disability we mean that your physical or mental ability will be affected by something to such a degree that you will never be able to function as you did previously.

This will either mean you cannot do your job (own occupation) or certain physical activities such as walking or climbing stairs (work tasks) and this will last for the rest of your life.

Qualifying for this payment will depend on whether you have chosen 'own occupation' or 'work tasks' cover.

Where to go to find out more...



More information about this is in your policy conditions under number 49, Total Permanent Disability.



Accident hospitalisation cover

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Suffering a physical injury due to an accident, which under the advice of a specialist requires a stay in hospital in one of a number of listed countries for at least 28 consecutive days. The following are not covered:

- Any accident caused by a self-inflicted act
- Any accident caused by taking alcohol or drugs or where it was a contributing factor
- Any accident caused by natural causes, an illness or disease of any kind

The listed countries are:

Australia, Austria, Belgium, Bulgaria, Canada, the Channel Islands, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, the Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, New Zealand, Norway, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United Kingdom and the United States of America

What this means...

If you've had to stay in hospital for a month or more (at least 28 days) due to an accident that was not your fault then you can make a claim for this condition.

Our definition of an accident is any violent, external and visible event that happens by chance, solely and independently of any other cause, which results in a bodily injury being sustained.

It doesn't include any event where the injury is caused by, or a contributing factor is:

- an intentional self-inflicted act
- taking drugs
- drinking alcohol

Where to go to find out more...



More information about this is in your policy conditions under number 50.



Aortic aneurysm – with endovascular repair

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Undergoing endovascular repair on an aneurysm of the thoracic or abdominal aorta with a graft. The following is not covered:

- Procedures to any branches of the thoracic and abdominal aorta

What this means...

An abdominal aortic aneurysm (AAA) is a bulge or swelling in the aorta which is the main blood vessel that runs from the heart down through the chest and stomach.

It can get bigger over time and could cause life-threatening bleeding if it bursts – this is known as a large AAA and needs surgery.

Endovascular surgery involves inserting a graft into a blood vessel in the groin which is guided up into the aorta.

Where to go to find out more...



www.nhs.uk/conditions/abdominal-aortic-aneurysm

www.bhf.org.uk

www.vascularsociety.org.uk



Carotid artery stenosis – treated by endarterectomy or angioplasty

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

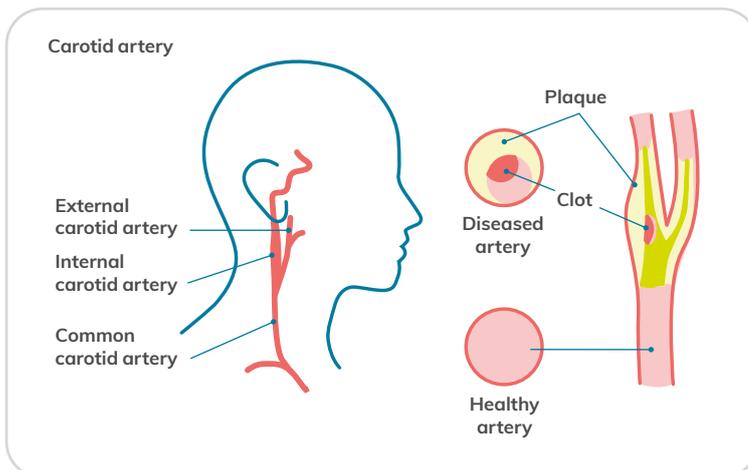
Undergoing endarterectomy or therapeutic angioplasty to correct symptomatic stenosis involving at least 70% narrowing or blockage of the carotid artery. Angiographic evidence will be required.

What this means...

The carotid arteries are the main vessels that supply blood to the head and neck.

Carotid endarterectomies are carried out when one or both carotid arteries become narrowed because of a build-up of fatty deposits (plaque). A small cut is made along the narrowed section of artery and the fatty deposits that have built up are removed.

Angioplasty means using a balloon to stretch open a narrowed or blocked artery. However, most angioplasty procedures also involve inserting a short wire-mesh tube, called a stent, into the artery which is left in place permanently to allow blood to flow more freely.



Where to go to find out more...



www.nhs.uk/conditions/carotid-endarterectomy
www.nhs.uk/conditions/coronary-angioplasty/



Cauda equine syndrome – with permanent symptoms

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Definite diagnosis of compression of the lumbosacral nerve roots (cauda equina) causing permanent neurological dysfunction as evidenced by:

- bladder dysfunction; and
- permanent weakness and loss of sensation in the legs

What this means...

Cauda equina syndrome (CES) is a condition that occurs when the bundle of nerves below the end of the spinal cord (known as the cauda equine) become severely compressed.

Signs and symptoms include low back pain, pain that radiates down the leg, incontinence and numbness.

Where to go to find out more...



www.nhs.uk/conditions/lumbar-decompression-surgery/why-its-done/

www.brainandspine.org.uk



Cerebral or spinal arteriovenous malformation – with surgery or radiotherapy

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Undergoing craniotomy, endovascular repair or stereotactic radiotherapy to treat a cerebral or spinal arteriovenous fistula or malformation.

What this means...

Cerebral arteriovenous malformation (AVM) occurs when arteries in the brain connect directly to nearby veins without having the normal small vessels (capillaries) between them. Spinal AVM is caused by an abnormal tangle of blood vessels on, in or near the spinal cord.

An AVM can rupture because of pressure and damage to the blood vessels and can require any or a combination of the following treatments:

- Surgery, the surgeon uses a procedure called a craniotomy to reach the brain, during which a small opening is created in the skull. Once the surgeon has access to the AVM, the abnormal arteries and veins are removed, redirecting the blood flow to normal vessels.
- Radiation, over time this causes the AVM to shrink and closes down abnormal blood vessels so that blood no longer flows through them. This reduces the risk of bleeding, and can make surgery easier.

Where to go to find out more...



www.brainandspine.org.uk



Condition number

55

Area of body affected: Blood vessels

Cerebral or spinal aneurysm – with surgery or radiotherapy

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Undergoing craniotomy, endovascular repair or stereotactic radiotherapy to treat a cerebral or spinal aneurysm.

What this means...

An aneurysm is a bulge in a blood vessel caused by a weakness in the blood vessel wall, usually where it branches. As blood passes through the weakened vessel, the pressure causes a small area to bulge outwards like a balloon.

Aneurysms can develop in any blood vessel in the body.

There are two types of surgery for an aneurysm – one requires the surgeon to use a small metal clip to seal the blood vessel closed.

The other procedure involves inserting a thin tube into an artery in the leg or groin and guiding it through the network of blood vessels into the aneurysm. Tiny platinum coils are then passed through the tube into the aneurysm to block it up so that blood cannot enter it.

Where to go to find out more...



www.nhs.uk/conditions/brain-aneurysm

www.brainandspine.org.uk



Contents page

Central retinal artery or vein occlusion – resulting in permanent visual loss

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Suffering 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. For this definition, the following are not covered:

- Branch retinal artery or vein occlusion or haemorrhage
- Traumatic injury to tissue of the optic nerve or retina

What this means...

A retinal vessel occlusion is a blockage in the blood vessel of your eye that can result in sight loss.

Retinal blood vessels, arteries, and veins become blocked and cause vision loss. It is usual for only one eye to be involved at a time, but occasionally both eyes may be affected at the same time.

If you have an artery occlusion, you may lose your sight with little or no warning. If you have a retinal vein occlusion you may notice your sight in one eye dimming or blurring over a period of days.

Where to go to find out more...



www.rnib.org.uk/eye-health/eye-conditions/retinal-vessel-occlusion



Coronary artery angioplasty

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Undergoing any of the following procedures to treat a narrowing or blockage in two or more of the main coronary arteries:

- Balloon angioplasty
- Atherectomy
- Rotablation
- Laser treatment
- Insertion of stents

This procedure must have been carried out on the advice of a consultant cardiologist to treat severe coronary artery disease in two or more main coronary arteries at the same time. The procedure must be to treat at least 70% diameter narrowing. If the procedure is only performed on one main coronary artery there must be at least 70% diameter narrowing in another main coronary artery.

For the purpose of this definition main coronary arteries are described as one or more of the following:

- Right coronary artery
- Left main stem
- Left anterior descending
- Circumflex

For this definition the following are not covered:

- Procedures to any branches of any of the main coronary arteries
- Any other procedures to treat narrowing or blockage of coronary arteries

What this means...

Angioplasty means using a balloon to stretch open a narrowed or blocked artery. However, most angioplasty procedures also involve inserting a short wire-mesh tube, called a stent, into the artery to allow blood to flow more freely.

Where to go to find out more...



www.nhs.uk/conditions/coronary-angioplasty



Diabetes mellitus type 1 – requiring permanent insulin

Payment type: Additional



Who is covered: Adult



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

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

For this definition the following are not covered:

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

What this means...

Type 1 diabetes causes the level of sugar in your blood to become too high. It happens when your body can't produce enough of a hormone called insulin. You need daily injections of insulin to keep your blood glucose levels under control but it is a manageable condition.

Where to go to find out more...



[www.nhs.uk/conditions/type-1-diabetes/
about-type-1-diabetes](http://www.nhs.uk/conditions/type-1-diabetes/about-type-1-diabetes)

www.diabetes.org.uk



Gastrointestinal stromal tumour or Neuroendocrine tumour of low malignant potential – with surgery

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Diagnosed with gastrointestinal stromal tumour (GIST) or neuroendocrine tumour (NET) of low malignant potential by histological confirmation and that has been treated by surgery to remove the tumour.

The following is not covered:

- Tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment

We'll pay £1,000 when we receive evidence of a diagnosis of the above condition (as long as it isn't listed as an exclusion in your Policy Schedule). We'll just need a copy of the diagnosis letter from your consultant showing the histological classification of the cancer. Receiving this payment doesn't guarantee we'll pay your claim as your final diagnosis may not meet the above definition in full. This payment doesn't reduce your amount of cover. This payment is also included under children's cover.

What this means...

A gastrointestinal stromal tumour (GIST) is a type of tumour that occurs in the gastrointestinal tract, most commonly in the stomach or small intestine.

A neuroendocrine tumour (NET) is a tumour that can develop in different organs. It affects the cells that release hormones into the bloodstream (neuroendocrine cells). Neuroendocrine tumours can be cancerous (malignant) or non-cancerous (benign).

Where to go to find out more...



www.nhs.uk/conditions/neuroendocrine-tumours

www.macmillan.org.uk/information-and-support/soft-tissue-sarcomas/gastrointestinal-stromal-tumours



Guillain-Barré syndrome – with persisting clinical symptoms

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Definite diagnosis of Guillain-Barré syndrome by a consultant neurologist. There must be clinical impairment of motor or sensory function which must have persisted for a continuous period of at least six months.

What this means...

Guillain-Barré (pronounced ghee-yan bar-ray) syndrome is a condition that affects the nerves. It mainly affects the feet, hands and limbs, causing problems such as numbness, weakness and pain.

It can be treated and most people will eventually make a full recovery, although it can occasionally be life-threatening and some people are left with long-term problems.

Where to go to find out more...



www.nhs.uk/conditions/guillain-barre-syndrome



Less advanced cancer – of named sites and specified severity

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Diagnosed with a less advanced cancer of a named site and of specified severity requiring treatment as detailed in the Appendix section of your policy conditions.

There must be a positive diagnosis confirmed with histological confirmation relating to any of the following:

- Carcinoma in-situ of the anus – with surgery
- Carcinoma in-situ of the bile ducts – with surgery
- Carcinoma in-situ of the cervix uteri – requiring treatment with hysterectomy
- Carcinoma in-situ of the colon or rectum – resulting in intestinal resection
- Carcinoma in-situ of the gallbladder – with surgery
- Carcinoma in-situ of the larynx – with specified treatment
- Carcinoma in-situ of the lung or bronchus – with specified treatment
- Carcinoma in-situ of the oesophagus – with surgery
- Carcinoma in-situ of the oral cavity or oropharynx – with surgery
- Carcinoma in-situ of the pancreas – with surgery
- Carcinoma in-situ of the renal pelvis or ureter
- Carcinoma in-situ of the stomach – with surgery
- Carcinoma in-situ of the urinary bladder
- Carcinoma in-situ of the uterus – with hysterectomy
- Carcinoma in-situ of the vagina – with surgery
- Carcinoma in-situ of the vulva – with surgery
- Ductal or lobular carcinoma in-situ of the breast – with specified treatment
- Ovarian tumour of borderline malignancy/low malignant potential – with surgical removal of an ovary
- Prostate cancer
- Testicular carcinoma in-situ – requiring surgery to remove at least one testicle

We'll pay £1,000 when we receive evidence of a diagnosis of the above condition (as long as it isn't listed as an exclusion in your Policy Schedule). We'll just need a copy of the diagnosis letter from your consultant showing the histological classification of the cancer. Receiving this payment doesn't guarantee we'll pay your claim as your final diagnosis may not meet the above definition in full. This payment doesn't reduce your amount of cover. This payment is also included under children's cover.

What this means...

Less advanced includes pre-cancerous cells that are contained in one area, these are referred to as 'in-situ' and benign cancer refers to a tumour that has not spread to nearby tissue or other parts of the body.

You might also find it helpful to check [condition number 9](#) (more advanced cancers including aplastic anaemia) or [condition number 63](#) (other carcinomas in-situ – with surgery).

Where to go to find out more...



www.nhs.uk/conditions/cancer



Non-severe cardiomyopathy – definite diagnosis

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Diagnosed with cardiomyopathy by a consultant cardiologist resulting in permanently impaired ventricular function such that the ejection fraction is more than 35%. The diagnosis must be evidenced by:

- Electrocardiographic changes; and
- Echocardiographic abnormalities.

The evidence must be consistent with the diagnosis of cardiomyopathy. For this definition, the following are not covered:

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

What this means...

Cardiomyopathy is a general term for diseases of the heart muscle where the walls of the heart chambers have become stretched, thickened or stiff. This affects the heart's ability to pump blood around the body.

The ejection fraction is the measurement of how much blood is pumped out of the heart, between 50 – 75% is a healthy rating.

Where to go to find out more...



www.nhs.uk/conditions/cardiomyopathy/
www.bhf.org.uk
www.heartresearch.org.uk



Other carcinomas in-situ – with surgery

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Diagnosed with a histological confirmation of carcinoma in-situ treated by surgery to remove the tumour.

The following are not covered:

- any skin cancer (including melanoma); and
- tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment

We'll pay £1,000 when we receive evidence of a diagnosis of the above condition (as long as it isn't listed as an exclusion in your Policy Schedule). We'll just need a copy of the diagnosis letter from your consultant showing the histological classification of the cancer. Receiving this payment doesn't guarantee we'll pay your claim as your final diagnosis may not meet the above definition in full. This payment doesn't reduce your amount of cover. This payment is also included under children's cover.

What this means...

Carcinoma is a type of cancer that starts in cells that make up the skin or the tissue lining organs, such as the liver or kidneys. Like other types of cancer, carcinomas are abnormal cells that divide without control.

In-situ means it has not spread to nearby tissue or other parts of the body. This usually easier to treat than more advanced malignant cancer.

You might also find it helpful to check **condition number 61** (less advanced cancer) and **condition number 9** (more advanced cancers including aplastic anaemia).

Where to go to find out more...



www.nhs.uk/conditions/cancer



Partial loss of hearing – of specified severity

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Suffering permanent and irreversible loss of hearing to the extent that the loss is greater than 70 decibels but less than 90 decibels across all frequencies in the better ear using a pure tone audiogram.

What this means...

The pure tone audiometry test is when you listen to different sounds through headphones and press a button or raise your hand each time you hear something. To give you some idea of how loud 70 decibels is, it's about as loud as a vacuum cleaner or dishwasher. Someone with this level of hearing loss wouldn't be able to hear a quiet conversation, especially if there is a lot of background noise – they might be able to hear someone shouting if they were nearby.

You might also find it helpful to check **condition number 16** (deafness).

Where to go to find out more...



www.nhs.uk/conditions/hearing-loss
www.actiononhearingloss.org.uk



Partial loss of sight – permanent and irreversible

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Suffering permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/24 or worse in the better eye using a Snellen eye chart, or visual field is reduced to 45 degrees or less of arc as certified by an ophthalmologist.

What this means...

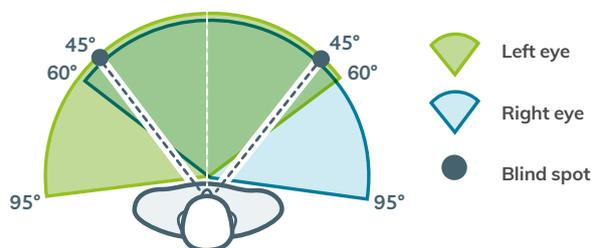
This means you have extreme sight loss that won't ever improve.

The diagrams show a Snellen eye chart which is one you'll have used when you go for an eye test that shows lines of letters that get smaller with each line and a 45 degree field of vision is as follows:

Snellen Eye Chart



45 degree field of vision



You might also find it helpful to check **condition number 6** (blindness).

Where to go to find out more...



www.rnib.org.uk

www.rsbc.org.uk

www.seeability.org



Partial third degree burns – covering 10% of the body's surface area, face or head

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

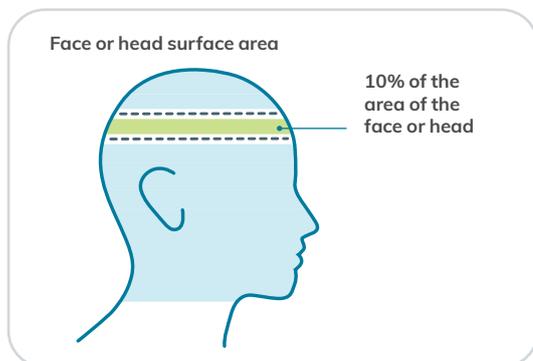
We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the 'What this means' section below.

Suffering burns that involve damage or destruction of the skin to its full depth though to the underlying tissue and covering at least 10% of the body's surface area or affecting 10% of the area of the face or head.

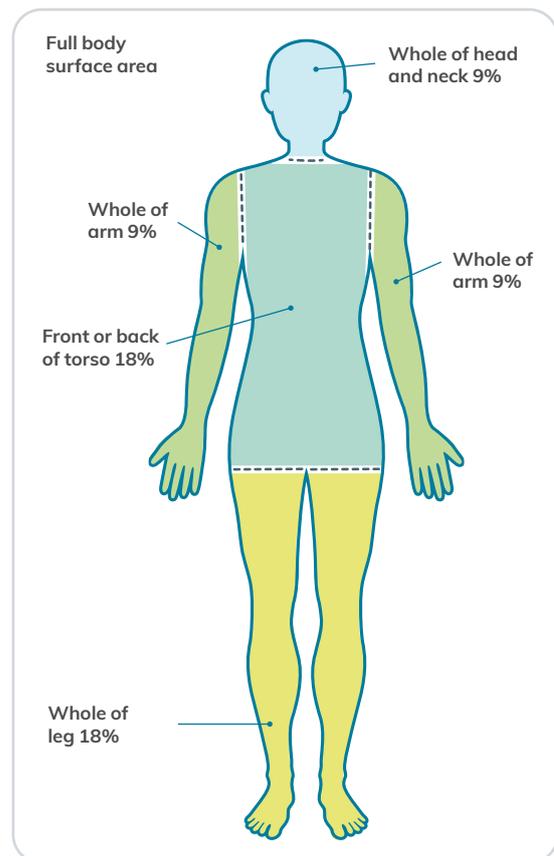
What this means...

A third degree burn is also referred to as a full thickness burn, which is where all three layers of skin (the epidermis, dermis and subcutis) are damaged.

10% of the body, face or head is:



You might also find it helpful to check **condition number** 47 (third degree burns).



Where to go to find out more...



www.nhs.uk/conditions/burns-and-scalds
www.adultburnsupportuk.org
www.cbtrust.org.uk



Pituitary tumour – resulting in permanent symptoms or surgery

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the **'What this means'** section below.

Diagnosed with a non-malignant tumour in the pituitary gland resulting in either of the following;

- permanent neurological deficit with persisting clinical symptoms; or
- surgical removal of the tumour

The following are not covered:

- tumours treated with radiotherapy
- where symptoms are absent with on-going medical treatment

What this means...

Most pituitary tumours are benign (non-malignant) and are also called pituitary adenomas.

The pituitary gland is part of our endocrine system. So pituitary gland tumours are also called endocrine tumours.

The pituitary is a small gland that lies in a hollow, just behind the eyes that controls many body functions by making and releasing hormones into the bloodstream.

Where to go to find out more...



www.nhs.uk/conditions/benign-brain-tumour
www.cancerresearchuk.org/about-cancer/brain-tumours/types/pituitary-tumours



Removal of one or more lobe(s) of the lung – for disease or trauma

Payment type: Additional



Who is covered: Adult and child



Definition used for insurance purposes

We know some of the medical terms we use can be quite complicated. We use them to make sure we treat our customers fairly by paying people whose condition meets the same definition. But don't worry – we've included an explanation of these terms in the '**What this means**' section below.

Undergoing the removal of the whole of one or more lobes of the lung due to underlying disease or trauma. The surgery must be carried out on the advice of a consultant physician.

What this means...

Lung disease is any problem in the lungs that prevents the lungs from working properly.

A lobectomy may be done when a problem is found in just part of a lung. The affected lobe is removed and the remaining healthy lung tissue can work as normal. A lobectomy is most often done during a surgery called a thoracotomy.

You might also find it helpful to check **condition number**  (pneumonectomy – removal of an entire lung).

Where to go to find out more...



www.blf.org.uk



You can get this and other documents from us in Braille, large print or on audio by contacting us.



Liverpool Victoria Financial Services Limited: County Gates Bournemouth BH1 2NF.

LV= and Liverpool Victoria are registered trademarks of Liverpool Victoria Financial Services Limited and LV= and LV= Liverpool Victoria are trading styles of the Liverpool Victoria group of companies. Liverpool Victoria Financial Services Limited, registered in England with registration number 12383237 is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, register number 110035. Registered address: County Gates, Bournemouth BH1 2NF. Phone: 01202 292333.
32098-2020 04/20