



# Critical Illness Recovery Plan policy

Definitions



Insurance

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## Conditions covered under the critical illness benefit

**Note: Specialist** means a licensed physician who has been trained in the specific area of medicine relevant to the covered critical illness condition and who has been certified by a specialty examining board in Canada, the United States of America or other jurisdiction as we may approve. Specialist is not you, the insured or a relative or business associate of you or the insured. In the absence or unavailability of a specialist, and as approved by us, a condition may be diagnosed by a qualified physician practicing in Canada, the United States of America or other jurisdiction as we may approve.

**1. Aortic Surgery** means the undergoing of surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. Aorta means the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a specialist. No critical illness benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

**2. Aplastic Anaemia** means a definite diagnosis of a chronic persistent bone marrow failure, confirmed by biopsy, that results in anaemia, neutropenia and thrombocytopenia requiring blood product transfusion and treatment with at least one of the following:

- Marrow stimulating agents;
- Immunosuppressive agents;
- Bone marrow transplantation.

The diagnosis of Aplastic Anaemia must be made by a specialist.

**3. Bacterial Meningitis** means a definite diagnosis of meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in a neurological deficit documented for at least 90 days from the date of diagnosis. The diagnosis of Bacterial Meningitis must be made by a specialist. No critical illness benefit will be payable under this condition for viral meningitis.

**4. Benign Brain Tumour** means a definite diagnosis of a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland.

The tumour must require surgical or radiation treatment or cause an irreversible objective neurological deficit(s). The diagnosis of Benign Brain Tumour must be made by a specialist. No critical illness benefit will be payable under Benign Brain Tumour for pituitary adenomas less than 10 mm in thickness.

Benefits for this condition are subject to a Moratorium Period Exclusion: No critical illness benefit will be payable if within the first ninety (90) days following the effective date or last reinstatement date of the policy, the insured has any signs, symptoms or investigations that lead to a diagnosis of Benign Brain Tumour.

**5. Blindness** means the definite diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

- The corrected visual acuity being 20/200 or less in both eyes; or
- The field of vision being less than 20 degrees in both eyes.

The diagnosis of Blindness must be made by a specialist.

**6. Cancer (Life Threatening)** means a definite diagnosis of a tumour, which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of Cancer include carcinoma, melanoma, leukemia, lymphoma and sarcoma. The diagnosis of Cancer must be made by a specialist.

The following forms of cancer are excluded:

- Lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis) or tumours classified as T<sub>a</sub>;
- Malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
- Any non-melanoma skin cancer without lymph node or distant metastasis;
- Prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
- Papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1 without lymph node or distant metastasis;
- Chronic lymphocytic leukemia classified less than Rai stage 1; or
- Malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours classified less than AJCC stage 2.

Benefits for this condition are subject to a Moratorium Period  
Exclusion: No critical illness benefit will be payable if within the first ninety (90) days following the effective date or last reinstatement date of the policy, the insured has any signs, symptoms or investigations that lead to a diagnosis of Cancer.

**7. Coma** means the definite diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least ninety-six (96) hours, and for which period the Glasgow coma score must be four (4) or less. The diagnosis of Coma must be made by a specialist.

No critical illness benefit will be payable under Coma for:

- A medically induced coma;
- A coma which results directly from alcohol or drug use; or
- A diagnosis of brain death.

**8. Coronary Artery Bypass Surgery** means the undergoing of heart surgery to correct a narrowing or blockage of one or more coronary arteries with a bypass graft(s). The surgery must be determined to be medically necessary by a specialist. No critical illness benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous transcatheter procedures or non-surgical procedures.

**9. Deafness** means the definite diagnosis of the total and irreversible loss of hearing in both ears, with an auditory threshold of ninety (90) decibels or greater within the speech threshold of five hundred to three thousand (500 to 3,000) hertz. The diagnosis of Deafness must be made by a specialist.

**10. Dementia including Alzheimer's Disease** means the definite diagnosis of dementia, which must be characterized by a progressive deterioration of memory and at least one of the following areas of cognitive function:

- Aphasia (a disorder of speech);
- Apraxia (difficulty performing familiar tasks);
- Agnosia (difficulty recognizing objects); or
- Disturbance in executive functioning (e.g. inability to think abstractly and to plan, initiate, sequence, monitor and stop complex behaviour) that is affecting daily life.

The Insured Person must exhibit:

- Dementia of at least moderate severity, which must be evidenced by a Mini Mental State Exam of 20/30 or less, or equivalent score on another generally medically accepted test or tests of cognitive function; and

- Evidence of progressive worsening in cognitive and daily functioning either by serial cognitive tests or by history over at least a six-month period.

The diagnosis of Dementia must be made by a specialist. No critical illness benefit will be payable under this condition for affective or schizophrenic disorders or delirium.

**11. Heart Attack** means the definite diagnosis of the death of heart muscle due to obstruction of blood flow that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one (1) of the following:

- Heart attack symptoms;
- New electrocardiographic (ECG) changes consistent with a heart attack; or
- Development of new Q waves during or immediately following an intra-arterial procedure such as a coronary angiography and Coronary Angioplasty.

The diagnosis of Heart Attack must be made by a specialist. No critical illness benefit will be payable under Heart Attack for:

- Elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and Coronary Angioplasty in the absence of new Q waves; or
- ECG changes suggesting a prior myocardial infarction that do not meet the Heart Attack definition as described above.

**12. Heart Valve Replacement or Repair** means the undergoing of surgery to replace any heart valve with either a natural or mechanical valve or to repair heart valve defects or abnormalities. The surgery must be determined to be medically necessary by a specialist. No critical illness benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

**13. Kidney Failure** means the definite diagnosis of chronic irreversible failure of both kidneys to function as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated. The diagnosis of Kidney Failure must be made by a specialist.

**14. Loss of Independent Existence** means the definite diagnosis of the total inability to perform, by oneself, at least two (2) of the following six (6) Activities of Daily Living (ADL) for a continuous period of at least ninety (90) days with no reasonable chance of recovery. The diagnosis of Loss of Independent Existence must be made by a specialist.

Activities of Daily Living are:

- Bathing — the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of equipment;
- Dressing — the ability to put on and remove necessary clothing including braces, artificial limbs or other surgical appliances;
- Toileting — the ability to get on and off the toilet and maintain personal hygiene;
- Bladder and Bowel Continence — the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained;
- Transferring — the ability to move in and out of a bed, chair or wheelchair, with or without the use of equipment;
- Feeding — the ability to consume food or drink that already has been prepared and made available, with or without the use of adaptive utensils.

**15. Loss of Limbs** means the definite diagnosis of the complete severance of two (2) or more limbs at or above the wrist or ankle joint as the result of an accidental injury or medically required amputation. The diagnosis of Loss of Limbs must be made by a specialist.

**16. Loss of Speech** means the definite diagnosis of the total and irreversible loss of the ability to speak as the result of an accidental injury or disease for a period of at least one hundred and eighty (180) days. The diagnosis of Loss of Speech must be made by a specialist. No critical illness benefit will be payable under Loss of Speech for all psychiatric related causes.

**17. Major Organ Failure on Waiting List** means the definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under Major Organ Failure on Waiting List, the insured must become enrolled as the recipient in a recognized transplant centre in Canada or the United States of America that performs the required form of transplant surgery. For the purposes of the survival period, the date of diagnosis is the date of the insured's enrolment in the transplant centre. The diagnosis of major organ failure must be made by a specialist.

**18. Major Organ Transplant** means the definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under Major Organ Transplant, the insured must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow and limited to these entities. The diagnosis of the major organ failure must be made by a specialist.

**19. Motor Neuron Disease** means the definite diagnosis of one (1) of the following:

- Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease);
- Primary lateral sclerosis;
- Progressive spinal muscular atrophy;
- Progressive bulbar palsy; or
- Pseudo bulbar palsy;

and is limited to these conditions. The diagnosis of Motor Neuron Disease must be made by a specialist.

**20. Multiple Sclerosis** means the definite diagnosis of at least one (1) of the following:

- Two or more separate clinical attacks confirmed by magnetic resonance imaging (MRI) of the nervous system showing multiple lesions of demyelination;
- Well-defined neurological abnormalities lasting more than six (6) months confirmed by MRI of the nervous system showing multiple lesions of demyelination; or
- A single attack confirmed by repeated MRI imaging of the nervous system which shows multiple lesions of demyelination which have developed at intervals at least one month apart.

A diagnosis of Multiple Sclerosis must be made by a specialist.

**21. Occupational HIV Infection** means the definite diagnosis of infection with the human immunodeficiency virus (HIV) resulting from accidental injury during the course of the insured's normal occupation which exposed the person to HIV contaminated bodily fluids. The accidental injury leading to the infection must have occurred after the later of the effective date or the date of the last reinstatement of this policy.

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

- The accidental injury must be reported to us in writing within fourteen (14) days of its occurrence;
- A serum HIV test must be taken within fourteen (14) days of the accidental injury and the result must be negative;
- A serum HIV test must be taken between ninety (90) and one hundred eighty (180) days after the accidental injury and the result must be positive;
- All HIV tests must be performed by a duly licensed laboratory in Canada or the United States of America; and
- The accidental injury must have been reported, investigated and documented in accordance with current Canadian or United States of America workplace guidelines.

The diagnosis of Occupational HIV Infection must be made by a specialist.

No critical illness benefit will be payable under Occupational HIV Infection if:

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

**22. Paralysis** means the definite diagnosis of the total loss of muscle function of two (2) or more limbs as a result of an accidental injury or disease to the nerve supply of those limbs for a period of at least ninety (90) days following the precipitating event. The diagnosis of Paralysis must be made by a specialist.

### **23. Parkinson's Disease and Specified Atypical Parkinsonian Disorders**

**Parkinson's Disease** means the definite diagnosis of primary Parkinson's disease, a permanent neurologic condition which must be characterized by bradykinesia (slowness of movement) and at least one of muscular rigidity or rest tremor. The Insured Person must exhibit objective signs of progressive deterioration in function for at least one year, for which the treating neurologist has recommended dopaminergic medication or other generally medically accepted equivalent treatment for Parkinson's Disease.

**Specified Atypical Parkinsonian Disorders** means the definite diagnosis of progressive supranuclear palsy, corticobasal degeneration or multiple system atrophy.

The diagnosis of Parkinson's Disease or a Specified Atypical Parkinsonian Disorder must be made by a neurologist. No critical illness benefit will be payable under Parkinson's Disease and Specified Atypical Parkinsonian Disorders for any other type of Parkinsonism.

Benefits for both Parkinson's Disease and the Atypical Parkinsonian Disorders specified above are subject to a Moratorium Period Exclusion: No critical illness benefit will be payable if within the first year following the effective date or last reinstatement of the policy, the insured has any signs, symptoms or investigations that lead to a diagnosis of Parkinson's Disease, a Specified Atypical Parkinsonian Disorder or any other type of Parkinsonism.

**24. Severe Burns** means the definite diagnosis of third degree burns over at least twenty percent (20%) of the body surface. The diagnosis of Severe Burns must be made by a specialist.

**25. Stroke** is defined as the definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source with:

- The acute onset of new neurological symptoms; and
- New objective neurological deficits on clinical examination persisting for more than thirty (30) days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

The diagnosis of Stroke must be made by a specialist.

No critical illness benefit will be payable under Stroke for:

- Transient Ischemic Attacks (TIAs);
- Intracerebral vascular events due to trauma; or
- Lacunar infarcts which do not meet the definition of Stroke as defined above.

## Conditions covered under the early assistance benefit

- 1. Coronary Angioplasty** means the undergoing of an interventional procedure to unblock or widen a coronary artery that supplies blood to the heart to allow an uninterrupted flow of blood. The procedure must be determined to be medically necessary by a specialist.
- 2. Early Breast Cancer** means ductal carcinoma in situ of the breast as confirmed by biopsy and diagnosed by a specialist.
- 3. Early Prostate Cancer** means prostate cancer that is either T1a or T1b without lymph node or distant metastasis as confirmed by biopsy and diagnosed by a specialist.
- 4. Early Skin Cancer** means malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis as confirmed by biopsy and diagnosed by a specialist.

**5. Early Stage Blood Cancer** means chronic lymphocytic leukemia classified less than Rai stage 1, as confirmed by appropriate blood tests and diagnosed by a specialist.

**6. Early Stage Intestinal Cancer** means malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours classified less than AJCC stage 2, as confirmed by biopsy and diagnosed by a specialist.

**7. Early Thyroid Cancer** means papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis, as confirmed by biopsy and diagnosed by a specialist.

**Note:** Benefits for early cancers covered under the early assistance benefit are subject to a Moratorium Period Exclusion: No benefit will be payable if within the first ninety (90) days following the effective date or reinstatement date of the policy, the insured has any signs, symptoms or investigations that lead to a diagnosis of Early Prostate Cancer, Early Breast Cancer, Early Stage Blood Cancer, Early Stage Intestinal Cancer, Early Skin Cancer or Early Thyroid Cancer.

This guide of definitions is a summary only.  
Actual policy language will prevail. For additional  
information on the Critical Illness Recovery Plan™  
policy, call your RBC Insurance® sales representative.



Insurance