

Who cares

how clearly
critical illnesses
are defined?

We care.

Bupa Critical Illness Cover and
Bupa Critical Illness with Life Cover

Critical Illness Definitions

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At Bupa Individual Protection we genuinely care about supporting advisers and about our member's wellbeing. That's why we provide a range of schemes to protect them against the effects of ill-health and the financial hardship it can cause.

We take great care to ensure that our products are clearly and accurately described. We want to be sure that our members understand fully what they are covered for.

Permanent and irreversible

Where the words permanent and irreversible are used they are defined as follows:

- **permanent** - expected to last throughout the life of the person covered, irrespective of when the membership ends or the member retires
- **irreversible** - cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of the claim

Alzheimer's disease

A definite diagnosis of Alzheimer's disease by a consultant neurologist, psychiatrist or geriatrician. There must be permanent clinical loss of the ability to do all of the following:

- remember
- reason; and
- perceive, understand, express and give effect to ideas

The following are not covered:

- other types of dementia

Aorta graft surgery

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

The following is not covered:

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

Aplastic anaemia

Confirmation by a consultant haematologist of a definite diagnosis of complete bone marrow failure which results in anaemia, neutropenia and thrombocytopenia and requires as a minimum, one of the following treatments:

- blood transfusion;
- bone-marrow transplantation;
- immunosuppressive agents;
- marrow stimulating agents

All other forms of anaemia are specifically excluded.

Bacterial meningitis

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be confirmed by a consultant neurologist.

The following are not covered:

- bacterial meningitis in the presence of HIV
- all other forms of meningitis, not mentioned above, including viral meningitis

Benign brain tumour

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

The following are not covered:

- tumours in the pituitary gland
- angiomas

Blindness

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

Cancer

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

The term malignant tumour includes leukaemia, lymphoma and sarcoma.

For the above definition the following are not covered:

- all cancers which are histologically classified as any of the following:
 - pre-malignant
 - non-invasive
 - cancer in situ
 - having either borderline malignancy; or
 - having low malignant potential
- all tumours of the prostate unless histologically classified as having a Gleason score greater than six or having progressed to at least clinical TNM classification T2NOMO
- chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A
- any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin)

Cardiomyopathy

The unequivocal diagnosis by a consultant cardiologist of cardiomyopathy resulting in one or more of the following:

- impaired ventricular function and marked limitation of physical activity where the member is unable to progress beyond stage two of a treadmill exercise test using the standard Bruce protocol;
- or is classified as Stage III under the New York Heart Association (NYHA) Functional Classification

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

The following is not covered:

- all other forms, other than those specified above, of heart disease, heart enlargement and myocarditis are specifically excluded

Chronic rheumatoid arthritis

A definite diagnosis by a consultant rheumatologist of chronic rheumatoid arthritis as evidenced by widespread joint destruction with major clinical deformity.

In addition the member must permanently satisfy three of the four following criteria:

Bending - The inability to bend or kneel to pick up something from the floor and stand up again and the inability to get into and out of a standard saloon car.

Dexterity - The inability to use hands and fingers to pick up and manipulate small objects such as cutlery, including being unable to write using a pen or pencil.

Lifting - The inability to lift, carry or otherwise move everyday objects by hand. Everyday objects include a kettle of water, a bag of shopping and an overnight bag or briefcase.

Mobility - The inability to walk a distance of 200 metres on flat ground, with or without the aid of a walking stick and without having to rest or experiencing severe discomfort.

Coma

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

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

The following is not covered:

- coma secondary to alcohol or drug abuse

Coronary angioplasty

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

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

The above operations must be to treat the narrowing or blockage in two or more main coronary arteries.

This procedure must have been carried out on the advice of a consultant cardiologist.

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

For the purposes 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

The following are not covered:

- two or more procedures in the same artery
- procedures to any branches of any of the main coronary arteries
- two procedures performed at different times

Coronary artery by-pass grafts

The undergoing of surgery requiring median sternotomy (surgery to divide the breast bone) on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

Creutzfeld-Jacob disease

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

Deafness

Permanent and irreversible loss of hearing to the extent that loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

Dementia

A definite diagnosis 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

For the above definition, the following is not covered:

- Alzheimer's disease

Heart attack

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

- new characteristic electrocardiographic changes
- the characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
 - Troponin T > 1.0 ng/ml
 - AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods

The evidence must show a definite acute myocardial infarction.

The following are not covered:

- angina
- other acute coronary syndromes

Heart valve replacement or repair

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

HIV infection

Infection by 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 from the eligible occupations listed below:
 - ambulance workers
 - chiropodists
 - dental nurses
 - dental surgeons
 - district nurses
 - fire brigade firefighters
 - general practitioners
 - hospital caterers

- hospital cleaners
- hospital doctors, surgeons and consultants
- hospital laboratory technicians
- hospital laundry workers
- hospital nurses
- hospital porters
- midwives
- nurses employed by general practitioners
- occupational therapists
- paramedics
- physiotherapists
- podiatrists
- policemen and policewomen
- prison officers
- radiologists
- refuse collectors
- social workers

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 following is not covered:

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

Kidney failure

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

Liver failure

Chronic liver disease, being end stage liver failure due to cirrhosis and resulting in all of the following:

- permanent jaundice
- ascites
- encephalopathy

Loss of hands or feet

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

Loss of independence

The total and permanent loss of the ability to perform routinely at least three of the specified six 'activities of daily living' without the continual assistance of someone else, even with the use of special devices or equipment.

The following are activities of daily living;

Washing - this means being able to wash and bathe unaided, including getting into and out of the bath or shower.

Dressing - this means being able to put on, take off, secure and unfasten all necessary items of clothing.

Feeding - this means being able to eat pre-prepared foods unaided.

Continence - this means being able to control bowel or bladder functions, whether with or without the use of protective undergarments and surgical appliances.

Moving - this means being able to move from one room to another on level surfaces.

Transferring - this means being able to get on and off the toilet, in and out of bed and move from a bed to an upright chair or wheelchair and back again.

Loss of speech

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

Major organ transplant

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

The following is not covered:

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

Motor neurone disease

A definite diagnosis of motor neurone disease by a consultant neurologist. There must be permanent clinical impairment of motor function.

Multiple sclerosis

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

Open heart surgery

The undergoing of open heart surgery on the advice of a consultant cardiologist to correct a structural abnormality of the heart.

Paralysis of limbs

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

Parkinson's disease

A definite diagnosis of Parkinson's disease by a consultant neurologist. There must be permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability.

The following is not covered:

- Parkinson's disease secondary to drug abuse

Progressive supra-nuclear palsy

Confirmation by a consultant neurologist of a definite diagnosis of progressive supra-nuclear palsy.

There must be permanent clinical impairment of all of the following;

- motor function
- eye movement disorder; and
- postural instability

Respiratory failure

Confirmation by a consultant physician of severe lung disease which is evidenced by all of the following:

- the need for continuous daily oxygen therapy on a permanent basis
- evidence that oxygen therapy has been required for a minimum period of six months
- FEV1 being less than 40 percent of normal; and
- vital capacity less than 50 percent of normal

Stroke

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

The following are not covered:

- transient ischaemic attack
- traumatic injury to brain tissue or blood vessels

Systemic lupus erythematosus (SLE)

A definite diagnosis of systemic lupus erythematosus (SLE) by a consultant rheumatologist where either of the following are also present:

Severe kidney involvement with SLE as evidenced by:

1. permanent impaired renal function with a glomerular filtration rate (GFR) below 30 ml/min/1.73m² and
2. abnormal urinalysis showing proteinuria or haematuria

or

Severe Central Nervous System (CNS) involvement with SLE resulting in permanent deficit of the neurological system as evidenced by any one of the following symptoms, which must be present on clinical examination and expected to last for the remainder of the member's life;

- paralysis
- localised weakness
- dysarthria (difficulty with speech)
- aphasia (inability to speak)
- dysphagia (difficulty in swallowing)
- difficulty in walking
- lack of coordination
- severe dementia where the member needs constant supervision
- permanent coma

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 deficit of the neurological system.

For the avoidance of doubt - all other forms of SLE are specifically excluded from the cover provided by this policy.

Terminal illness

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

Third degree burns

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20 percent of the body's surface area or 50 percent loss of surface area of the face which for the purposes of this definition includes the forehead and ears.

Traumatic head injury

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

Type 1 Insulin dependant diabetes mellitus

A definite diagnosis of Type 1 Insulin dependant diabetes mellitus by a consultant. There must be abrupt onset, accompanied by ketonuria or other biochemical evidence of ketosis. The first diagnosis for the member must come after the age of 40. Permanent insulin injections must be the only possible treatment to prevent life threatening diabetic ketoacidosis and these must have continued for a period of at least 12 months.

The following is not covered:

- Gestational diabetes unless the member has been on continuous insulin injections to prevent diabetic ketoacidosis for 12 months after delivery of the baby
- Type 2 diabetes mellitus treated with oral medications or treated with insulin to improve diabetic control

Additional benefit conditions:

Low-grade prostate cancer

We will pay the lower of 25 percent of the benefit and £25,000 if a member is diagnosed with a tumour of the prostate histologically classified as having a Gleason score between 2 and 6 inclusive provided:

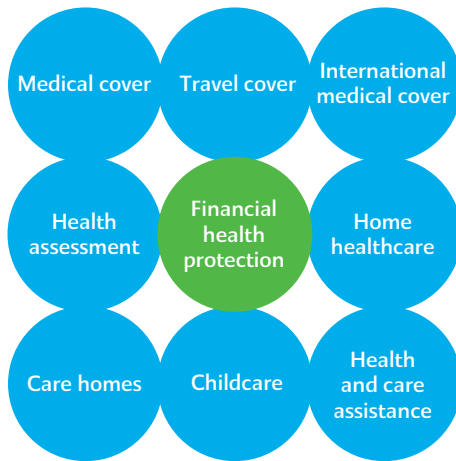
- the tumour has progressed to at least clinical TNM classification T1N0M0; and
- treatment included the complete removal of the prostate or external beam or interstitial implant radiotherapy.

For clarity, cases treated with cryotherapy, other less radical treatment (eg transurethral resection of the prostate), experimental treatments or hormone therapy are not included.

Mastectomy benefit in the presence of ductal carcinoma in situ

We will pay the lower of 12.5 percent of the benefit and £12,500 if a member is diagnosed with ductal carcinoma in situ (DCIS), histologically confirmed, and as a result requires either a single or double mastectomy by total mastectomy.

DCIS of the breast treated by other methods is specifically excluded.



The world of Bupa



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