A guide to 
Critical Illness Plan
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1. Introduction

We’ve produced this guide to help you to understand the cover we offer.
It tells you which illnesses we cover, the circumstances in which we’ll pay a claim and the exclusions we use.

1.1 Critical illness cover

Critical illness cover pays out a lump sum if you’re diagnosed with a critical illness that meets our policy definition and then survive for at least 10 days. We only cover the critical illnesses we define in our policy and no others. This means we can only consider a claim for these illnesses. Any illness must meet the definition before we can pay a claim.

Critical illness cover is available for a term of your choice subject to your age.

Your policy has no cash-in value at any time. If you stop paying your premiums, your policy – and your cover – will end.

1.2 Critical illness definitions

There are lots of different critical illness policies available. So to help you compare policies more easily, the Association of British Insurers (ABI) has published industry standard definitions for the illnesses most commonly covered and industry standard definitions for the plan exclusions most commonly used. These are in the ABI Statement of Best Practice for Critical Illness Cover, which can be viewed at: www.abi.org.uk/globalassets/sitecore/files/documents/publications/public/2014/protection/statement-of-best-practice-for-critical-illness-cover-dec-2014.pdf.

Where there are industry standard definitions, we’ll use them. Where there isn’t, or where we exceed them, we’ll use our own.

The definitions for new policies can change from time to time, for example to reflect advances in medical science. However, the definitions applying to the policy you take out with us won’t change.

Please read your policy conditions for the definitions applying to your policy. We will assess any claim you make against those definitions.
1.3 Important information

It’s important that we tell you what is and isn’t included in your critical illness cover. Details of what we can offer and what we may not be able to offer will be included on the Acceptance Offer and the schedule.

It’s just as important that you give us clear and accurate information. Please make sure you read the application carefully, and answer all the questions fully, accurately and honestly. The application plays an important part in the decision we make about the cover we can offer you, and we may not contact your doctor to fill in any gaps. If you don’t answer the application questions fully, accurately and honestly and this might reasonably have affected our decision to provide cover, we may amend or cancel the policy, may reduce the amount payable in the event of a claim, or may not pay a claim.
2. Key questions answered

We’ve listed all the conditions we cover. This is only a guide. You can find the full definitions for each illness and condition we cover in Section 3 of this guide or in your policy conditions. The definitions often use medical terms to describe the illnesses.

In some cases, we may limit the cover we provide. For example, we don’t cover all types of cancer. For some illnesses you must have permanent symptoms.

While this Guide lists all the critical illnesses we cover, individual acceptance terms may exclude certain conditions and this will be confirmed in your policy schedule.

2.1 Which critical illness conditions are covered and pay the full cover?

- Alzheimer’s disease or pre-senile dementia – resulting in permanent symptoms
- Aorta graft surgery – for disease or trauma
- Aplastic anaemia
- Bacterial meningitis
- Benign brain tumour – resulting in permanent symptoms or requiring invasive surgery
- Benign spinal cord tumour
- Blindness – permanent and irreversible
- Cancer – excluding less advanced cases
- Cardiac arrest – with insertion of a cardiac defibrillator
- Cardiomyopathy – of specified severity
- Coma – with associated permanent symptoms
- Coronary artery by-pass grafts
- Creutzfeldt-Jakob disease
- Deafness – permanent and irreversible
- Devic’s disease – with persisting clinical symptoms
- Encephalitis
- Heart attack
- Heart valve replacement or repair
- HIV infection – caught in the European Union, Andorra, the Channel Islands, the Faroe Islands, Gibraltar, the Isle of Man, Liechtenstein, Norway, Monaco, San Marino, Switzerland, Vatican City, USA, Canada, Australia or New Zealand from a blood transfusion, a physical assault or at work
- Intensive care – requiring mechanical ventilation for 10 consecutive days
- Kidney failure – requiring permanent dialysis
- Liver failure
- Loss of hand or foot – permanent physical severance
- Loss of speech – total, permanent and irreversible
- Major organ transplant – from another donor
- Motor neurone disease – resulting in permanent symptoms
- Multiple sclerosis – where there have been symptoms
- Multiple system atrophy
- Paralysis of a limb – total and irreversible
- Parkinson’s disease – resulting in permanent symptoms
- Pneumonectomy – removal of a complete lung
- Primary pulmonary hypertension – of specified severity
- Progressive supranuclear palsy
- Pulmonary artery surgery
- Rheumatoid arthritis – of specified severity
- Severe lung disease – of specified severity
- Spinal stroke – resulting in permanent symptoms
- Stroke
- Structural heart surgery
- Systemic lupus erythematosus – of specified severity
- Terminal illness – where death is expected within 12 months
- Third degree burns – covering at least 20% of the body’s surface area or covering at least 20% of the surface area of the face or head
- Traumatic brain injury – resulting in permanent symptoms

2.2 What else is included?

2.2a Additional critical illness benefit

We include additional critical illness benefit for the following conditions and we pay a reduced benefit for these conditions.

Each person covered under the policy can claim for each condition listed in 2.2a. We’ll pay a reduced benefit or a percentage of the cover amount, whichever is lower.

Any claim we pay for these conditions won’t affect the amount you can claim for critical illness conditions listed in 2.1. This means you’ll get the full cover amount if we accept a claim for critical illness in the future.

- Arteriovenous malformation (AVM) of the brain – with specified treatment
- Bladder removal
- Carcinoma in situ of the breast – requiring surgery to remove the tumour
- Carcinoma in situ of the cervix – requiring treatment with hysterectomy
- Carcinoma in situ of the testicle – requiring surgical removal of one or both testicles
- Cerebral aneurysm – with specified treatment
- Crohn’s disease – treated with intestinal resection
- Low grade prostate cancer – with specified treatment
- Non-malignant pituitary tumour – with specified treatment
- Removal of an eyeball
- Ulcerative colitis – treated with total colectomy

For carcinoma in situ of the breast and low grade prostate cancer, we’ll pay the lower of:
- £25,000; or
- 25% of the cover amount.

For the other additional critical illnesses, we’ll pay the lower of:
- £20,000; or
- 20% of the cover amount.

For more information, please see the policy conditions.

2.2b Children’s benefit

Our critical illness cover includes children’s benefit. This means that all of your natural, step or legally adopted children and any future children are covered for all the illnesses listed (except for terminal illness) and for death during the period of cover.

We’ll pay children’s benefit if a child covered is diagnosed with, or undergoes surgery for, a critical illness that we cover and survives for at least 10 days, or dies during the period of cover. The period of cover starts when the child is 30 days old and ends on their 18th birthday, or 21st birthday if they’re in full-time education.

By full-time education we mean attendance at a full time course at a school, college or university. This includes placements that are part of a full-time course, but excludes breaks from education (e.g. a gap year).

We’ll pay the lower of £25,000 or 50% of the cover amount for each child diagnosed with a critical illness.

After we’ve paid out for a child, your policy will continue to cover you and any other children.

If a child dies, we’ll pay £5,000. We’ll pay this even if we’ve already paid out for children’s critical illness.
3. The critical illnesses and conditions we cover

We’ve listed all the critical illnesses and conditions we cover alphabetically along with the definition we’ll use to assess any claim you make. We’ve also included a glossary and guidance notes to help you understand exactly what your plan covers.

3.1 Alzheimer’s disease

**Aviva definition**

*Alzheimer’s disease or pre-senile dementia – resulting in permanent symptoms*

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

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

**Glossary**

*Dementia* – A symptom of degenerative brain disease characterised by impairment of intellectual faculties, such as memory, concentration and judgement.

*Permanent* – Expected to last throughout your life, regardless of when the cover ends or you retire.

**Guidance notes**

Alzheimer’s disease is a degenerative condition which affects the brain. A claim will be valid if Alzheimer’s disease or pre-senile dementia is diagnosed and the illness has reached the point where there are permanent clinical symptoms of dementia.
### 3.2 Aorta graft surgery

**Aviva definition**

**Aorta graft surgery – for disease or trauma**

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

For the above definition, the following is **not covered**:

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

**Glossary**

- **Aorta** – The main artery of the body, arising from the heart and supplying oxygenated blood to the body.
- **Branches** – Any smaller arteries that branch off from the main aorta.
- **Endovascular repair** – A minimally invasive method of approaching and repairing the diseased portion of the aorta through the body’s arteries.
- **Graft** – Any organ or tissue implanted to repair or replace a diseased or damaged organ or body tissue.
- **Stent** – A tubular structure placed within a blood vessel or organ, used to provide support during or after surgical procedures.
- **Thoracic and abdominal aorta** – The parts of the aorta that lie within the thorax (chest) and abdomen (stomach).

**Guidance notes**

Aorta graft surgery may be required if the aorta has narrowed due to a build up of fatty deposits or has been weakened by a ballooning of the artery wall (an aneurysm) or following trauma. A claim will be valid if surgery has been carried out to repair the aorta with a graft after it has been damaged through disease or trauma.

This definition does not cover surgery to repair the aorta in other circumstances.

### 3.3 Aplastic anaemia

**Aviva definition**

**Aplastic anaemia**

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

**Glossary**

- **Anaemia** – Having reduced haemoglobin concentration in the blood.
- **Neutropenia** – Abnormally low number of blood cells called neutrophils.
- **Thrombocytopenia** – Abnormally low number of platelets (particles involved in clotting) in the blood.

**Guidance notes**

Aplastic anaemia is a condition where there is a decrease in the blood forming cells in the bone marrow. It is rare, but if left untreated can be fatal.
### 3.4 Arteriovenous malformation (AVM) of the brain – included as an additional critical illness

<table>
<thead>
<tr>
<th><strong>Aviva definition</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Arteriovenous malformation (AVM) of the brain – with specified treatment</strong></td>
</tr>
<tr>
<td>The undergoing of craniotomy, endovascular repair or radiosurgery to treat an arteriovenous malformation (AVM) of the brain.</td>
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<table>
<thead>
<tr>
<th><strong>Glossary</strong></th>
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<tbody>
<tr>
<td><strong>Arteriovenous malformation</strong> – An abnormal connection between veins and arteries.</td>
</tr>
<tr>
<td><strong>Craniotomy</strong> – An operation to open the skull.</td>
</tr>
<tr>
<td><strong>Endovascular</strong> – Treatment from inside a blood vessel.</td>
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<tr>
<td><strong>Radiosurgery</strong> – A treatment to deliver precisely directed radiation to destroy tissue.</td>
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<th><strong>Guidance notes</strong></th>
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<tbody>
<tr>
<td>An untreated AVM may cause a range of neurological symptoms such as headaches or epilepsy but the major risk is that it could start bleeding and cause a stroke.</td>
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### 3.5 Bacterial meningitis

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<th><strong>Aviva definition</strong></th>
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<tbody>
<tr>
<td><strong>Bacterial meningitis</strong></td>
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<tr>
<td>A definite diagnosis of bacterial meningitis resulting in permanent neurological deficit with persisting clinical symptoms.</td>
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<tr>
<th><strong>Glossary</strong></th>
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<tbody>
<tr>
<td><strong>Permanent neurological deficit</strong> – Symptoms of dysfunction in the nervous system that are present on clinical examination. Symptoms would include impairment or loss of sight or hearing, spasticity, epilepsy/seizures, cognitive impairment (cognition involves perception, reasoning, and problem solving abilities).</td>
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<th><strong>Guidance notes</strong></th>
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<tr>
<td>Bacterial meningitis is an infection of the fluid in the spinal cord and the fluid that surrounds the brain. It is caused by an infection with a bacterium. It needs prompt treatment, and can result in damage to the brain. The policy doesn't cover viral meningitis, which is usually relatively mild and responds rapidly to treatment.</td>
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### 3.6 Benign brain tumour

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<th><strong>Aviva definition</strong></th>
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<tr>
<td><strong>Benign brain tumour – resulting in permanent symptoms or requiring invasive surgery</strong></td>
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<tr>
<td>A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms or requiring invasive surgery.</td>
</tr>
<tr>
<td>For the above definition, the following are not covered:</td>
</tr>
<tr>
<td>● Tumours in the pituitary gland.</td>
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<tr>
<td>● Tumours originating from bone tissue.</td>
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<tr>
<td>● Angioma and cholesteatoma.</td>
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<table>
<thead>
<tr>
<th><strong>Glossary</strong></th>
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<tbody>
<tr>
<td><strong>Angioma</strong> – A benign tumour of blood vessels.</td>
</tr>
<tr>
<td><strong>Benign</strong> – Not malignant.</td>
</tr>
<tr>
<td><strong>Cranial nerves</strong> – Nerves that come from the base of the brain.</td>
</tr>
<tr>
<td><strong>Cyst</strong> – A cavity or sac enclosed by a membrane, often containing liquid or semi-solid material.</td>
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<tr>
<td><strong>Lesions</strong> – Areas of tissue with impaired function due to illness or injury.</td>
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<tr>
<td><strong>Meninges</strong> – The protective tissue that covers the brain and spinal cord.</td>
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<tr>
<td><strong>Pituitary gland</strong> – A small pea-sized organ connected by a stalk to the middle of the underside of the brain behind the nasal cavity.</td>
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<th><strong>Guidance notes</strong></th>
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<tr>
<td>A benign tumour is an abnormal growth of cells which, unlike a malignant or cancerous tumour, does not spread to other parts of the body. Benign tumours in the brain are dangerous because of the increase in pressure as they grow. Surgery to remove benign tumours may be required, but is not always possible. Malignant tumours are not covered under this definition as these are covered under the cancer definition. This policy does not cover benign tumours, angiomas or lesions in the pituitary gland.</td>
</tr>
</tbody>
</table>
### 3.7 Benign spinal cord tumour

**Aviva definition**

**Benign spinal cord tumour**

A non-malignant tumour in the spinal canal involving the meninges or spinal cord. This 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.

**Excluded** under this definition are cysts, granulomas, malformations in the arteries or veins of the spinal cord, haematomas, abscesses, disc protrusions and osteophytes.

**Glossary**

- **Meninges** – The protective tissue that covers the brain and spinal cord.
- **Spinal cord** – The nerve tissue that extends from the brain along the spine.
- **Spinal canal** – The space in the bones of the backbone (vertebrae) through which the spinal cord passes.

**Guidance notes**

Tumours in the spinal cord are potentially dangerous as they can compress the spinal nerves and weaken the structure of the spine.

### 3.8 Bladder removal – included as an additional critical illness

**Aviva definition**

**Bladder removal**

Complete surgical removal of the urinary bladder (total cystectomy).

For the above definition, the following are **not covered**:

- Urinary bladder biopsy.
- Removal of a portion of the urinary bladder.

**Glossary**

- **Biopsy** – a medical procedure that involves taking a small sample of tissue to examine under a microscope.

**Guidance notes**

The urinary bladder collects urine expelled by the kidneys before it is removed from the body by urination. Removal of the bladder requires the creation of an artificial opening for urine to pass. This definition covers all reasons for removal including carcinoma in situ of the bladder.

### 3.9 Blindness

**Standard definition**

**Blindness – permanent and irreversible**

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 chart or visual field is reduced to 20 degrees or less of an arc, as certified by an ophthalmologist.

**Glossary**

- **6/60** – Means you can see an object up to 6 feet away that a person with perfect eyesight could see if it were 60 feet away.
- **Irreversible** – Can’t be reasonably improved upon by medical treatment and/or surgical procedures used by the NHS in the UK at the time of a claim.
- **Permanent** – Expected to last throughout your life, regardless of when the cover ends or the person retires.
- **Snellen eye chart** – A chart showing letters in rows of decreasing size that opticians use to measure visual ability.
- **Visual aids** – Anything which helps improve vision, for example contact lenses or a pair of glasses.

**Guidance notes**

Being registered blind may not lead to a valid claim.
### 3.10 Cancer

**Aviva definition**

Cancer – excluding less advanced cases

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 and lymphoma except cutaneous lymphoma (lymphoma confined to the skin). 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 of 7 or above or having progressed to at least TNM classification T2bN0M0.
- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin) unless the skin cancer has been confirmed as malignant and has spread to the lymph nodes or distant organs.

**Glossary**

- **Borderline malignancy** – Potentially malignant cells that form in the tissue covering the organ and have not invaded the adjacent tissue.
- **Cancer in situ** – The presence of malignant/cancerous cells at a stage of development such that they have not spread into surrounding healthy tissue.

  In medical terminology, this means that the cancer cells are confined to the epithelium (the tissue that lines the internal and external surfaces of the body) of origin and have not yet invaded the adjacent tissue.

  For malignant melanomas of the skin, this means that cancer cells are confined to the epidermis (the outermost layer of skin) and may be categorised as Clark’s level 1.

- **Epidermis** – The outer layer of skin.
- **Gleason score** – A measure of how aggressive an individual’s prostate cancer is. It is calculated from examining the prostate cancer cells under a microscope. Scores can range from 2 to 10, with 2 indicating the lowest degree of change and 10 the highest.
- **Histologically** – The appearance of the cancer under the microscope which leads to its diagnosis and also gives information on its differentiation or grading (how aggressive it may be).
- **Hodgkin’s disease** – A type of cancer (lymphoma) affecting lymphatic tissue.
- **Invasion** – The occurrence of malignant/cancerous cells that have spread into surrounding healthy tissue.
- **Invasive malignant melanoma** – A malignant melanoma which has progressed beyond the point of being confined to the epidermis (the outermost layer of skin). This will be categorised as Clark’s level 2 or above.
- **Leukaemia** – A disease of the blood forming tissues characterised by increased numbers of immature or abnormal blood cells, that leads to an increased tendency to infection, anaemia and haemorrhage.
- **Lymphoma** – Cancer of the lymphatic (glandular) system, including Hodgkin and Non-Hodgkin lymphoma.
- **Low malignant potential** – Potentially malignant cells that form in the tissue covering the organ and have not invaded the adjacent tissue.
- **Malignant tumour** – A tumour that invades the tissue in which it originates and can spread to other parts of the body.
- **Non-invasive** – Malignant/cancerous cells that have not spread into surrounding healthy tissue.
- **Sarcoma** – Cancer of connective tissue such as bone, muscle, nerves, fatty tissue or cartilage.
- **Pre-malignant** – Cells which may develop into a malignant tumour, but have not yet done so.
- **TNM classification** – An internationally recognised standardised method of staging cancers. Broadly, the three parts of the system relate to:
  - Tumour (T) – a scale of 0 to 4 is used to record details about the primary tumour. T0 means there is no evidence of a primary tumour, T1 to T4 shows the size and extent of spread of the primary tumour. ‘Tis’ may be used for cancer in situ.
  - Nodes (N) – a scale of 0 to 3 is used to record the extent of spread to the regional lymph nodes. N0 means the lymph nodes are not involved, N1 – N3 shows the extent of the involvement.
  - Metastases (M) – either M0 or M1, the latter indicating metastases (more distant spread of the cancer).
3.10 Cancer continued

Guidance notes
What is cancer?
Cancer is complex to define because it isn’t a single illness. There are around 200 types and they affect people in different ways. A cancer is an uncontrolled growth of abnormal malignant cells which, if left untreated, can invade and destroy the surrounding healthy tissue. In the later more advanced stages, it can spread from the original site to other parts of the body.

When would a critical illness plan pay out?
Generally speaking, cancer claims are valid on the diagnosis of a malignant cancer that has reached the point where it has invaded and started to destroy the adjacent surrounding tissue. However, a few types of cancer are not covered.

What types of cancer are not covered?
Our definition doesn’t cover very early cases that have not yet started to invade the adjacent surrounding tissue in the organ, even if you receive treatment. Doctors sometimes call these cases ‘pre-malignant’, ‘non-invasive’, ‘cancer in situ’, ‘having borderline malignancy’ or ‘having low malignant potential’.

Skin cancers other than malignant melanoma normally only affect the surface area of the skin and don’t spread to other areas of the body. They are only covered in the very rare event when they have been confirmed as malignant and have spread extensively.

3.11 Carcinoma in situ of the breast – included as an additional critical illness

Aviva definition
Carcinoma in situ of the breast – requiring surgery to remove the tumour
Carcinoma in situ of the breast positively diagnosed with histological confirmation by biopsy together with the undergoing of surgery to remove the tumour.

Glossary
Cancer in situ – The presence of malignant/cancerous cells at a stage of development such that they have not spread into surrounding healthy tissue.

Guidance notes
Early development of cancer cells within the ducts of the breast without further spread or invasion of other parts of the breast or body. Surgery is the main treatment and can be in the form of a mastectomy, partial mastectomy or lumpectomy followed by radiation therapy.
3.12 Carcinoma in situ of the cervix – included as an additional critical illness

**Aviva definition**

**Carcinoma in situ of the cervix – requiring treatment with hysterectomy**

Carcinoma in situ of the cervix positively diagnosed with histological confirmation together with the undergoing of a hysterectomy on the advice of a specialist, to treat the carcinoma in situ of the cervix.

The following are excluded:

- All grades of dysplasia.
- Cervical squamous intra-epithelial lesion (SIL) and Cervical intra-epithelial neoplasia (CIN), unless carcinoma in-situ is present.
- Carcinoma in-situ of any other gynaecological organ (for example the ovary, or the fallopian tube).
- Any other disease or disorder of the cervix or other gynaecological organs that is treated with hysterectomy.

**Glossary**

**Carcinoma in situ** – The presence of malignant/cancerous cells at a stage of development such that they have not spread into surrounding healthy tissue.

**Hysterectomy** – Surgical removal of the uterus (also known as womb).

3.13 Carcinoma in situ of the testicle – included as an additional critical illness

**Aviva definition**

**Carcinoma in situ of the testicle – requiring surgical removal of one or both testicles**

Carcinoma in situ of the testicle (also known as intratubular germ cell neoplasia unclassified or ITGCNU) positively diagnosed with histological confirmation and treated with an orchidectomy (complete surgical removal of the testicle).

**Glossary**

**Carcinoma in situ** – The presence of malignant/cancerous cells at a stage of development such that they have not spread into surrounding healthy tissue.

3.14 Cardiac arrest

**Aviva definition**

**Cardiac arrest – with insertion of a cardiac defibrillator**

Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:

- Implantable cardiovascular-defibrillator (ICD) or;
- Cardiac resynchronisation therapy with defibrillator (CRT-D).

For the above definition the following are not covered:

- Insertion of a pacemaker.
- Insertion of a defibrillator without cardiac arrest.
- Cardiac arrest secondary to alcohol or drug abuse.

**Glossary**

**Implantable cardioverter-defibrillator** – A surgically implanted electronic device to treat life-threatening heartbeat irregularities by delivering a jolt of electricity when they are detected.

**Cardiac resynchronisation therapy with defibrillator** – Treatment with an external electronic device to treat heartbeat irregularities.

**Pacemaker** – A surgically-implanted electronic device that regulates a slow or erratic heartbeat.

**Guidance notes**

A cardiac arrest happens when the heart stops pumping blood around the body. This may be due to several causes – the most common being abnormal heart rhythm called ventricular fibrillation. It is different from (but may be caused by) a heart attack.
### 3.15 Cardiomyopathy

**Aviva definition**

**Cardiomyopathy – of specified severity**

A definite diagnosis of cardiomyopathy by a consultant cardiologist. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classifications of functional capacity (i.e. heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain).

The following are not covered:

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

**Glossary**

- **New York Heart Association (NYHA) functional classification system** – A method, commonly used in the UK, to assess heart function by relating symptoms to everyday activities and the patient’s quality of life.
- **New York Heart Association Class 3** – Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea (difficulty in breathing).
- **Myocarditis** – Acute inflammation of the heart muscle caused by infection.

**Guidance notes**

Cardiomyopathies are a group of disorders of the heart muscle. They can cause sudden death or heart failure.

### 3.16 Cerebral aneurysm – included as an additional critical illness

**Aviva definition**

**Cerebral aneurysm – with specified treatment**

The undergoing of craniotomy, endovascular repair or radiosurgery to treat a cerebral aneurysm.

**Glossary**

- **Cerebral aneurysm** – A weakening of an artery or vein in the brain.
- **Craniotomy** – An operation to open the skull.
- **Endovascular** – Treatment from inside a blood vessel.
- **Radiosurgery** – A treatment to deliver precisely directed radiation to destroy tissue.

**Guidance notes**

An untreated cerebral aneurysm may cause a range of symptoms such as headaches or vision impairment but the major risk is that it could burst and cause a stroke.
3.17 Coma

### Aviva definition

**Coma** – with associated permanent symptoms

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

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

For the above definition, the following are **not covered**:

- Coma secondary to alcohol or drug abuse.
- Medically induced coma.

### Glossary

**External stimuli** – Outside sensory events that would normally produce a response, eg sight, hearing, touch, taste or smell.

**Internal needs** – Needs of the body to survive, ie food, drink, using the toilet, etc.

**Life support systems** – Equipment used to assist breathing, feeding, drinking, etc.

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

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

**Permanent neurological deficit with persisting clinical symptoms** – Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the life of the person covered by the plan.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

The plan doesn’t cover:

- an abnormality seen on brain or other scans without definite related clinical symptoms
- neurological signs occurring without symptomatic abnormality, eg brisk reflexes without other symptoms
- symptoms of psychological or psychiatric origin.

**Unconsciousness** – The lack of normal sensory awareness caused by temporary or permanent damage to brain function.

### Guidance notes

For a valid claim for coma:

- you must have been on life support; and
- the incident must have caused permanent neurological deficit.

We won’t accept a claim for coma if it’s caused by:

- consuming too much alcohol
- taking an overdose of drugs, prescribed or otherwise
- taking controlled drugs unless lawfully prescribed.
3.18 Coronary artery by-pass grafts

**Aviva definition**
Coronary artery by-pass grafts
The undergoing of surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

**Glossary**
- Balloon angioplasty – A procedure to correct a narrowing of an artery and improve the blood flow. A balloon tipped catheter (fine tube) is passed along the affected artery and then inflated.
- Coronary artery – An artery that supplies blood to the heart.

**Guidance notes**
Coronary artery by-pass grafts involves attaching a short length of vein or by using arteries in the area of the breast to by-pass a blockage in one or more of the coronary arteries that supply blood to the heart.

The policy doesn’t cover procedures like balloon angioplasty, atherectomy, rotablation lasers or the insertion of stents.

3.19 Creutzfeldt–Jakob disease

**Aviva definition**
Creutzfeldt–Jakob disease
An unequivocal diagnosis of Creutzfeldt-Jakob disease made by a consultant neurologist.

**Glossary**
Not applicable.

**Guidance notes**
This is a disease affecting the brain and spinal cord for which there is no effective treatment. The disease usually progresses rapidly resulting in loss of intellectual capacity and co-ordination.

3.20 Crohn’s disease treated with intestinal resection – included as an additional critical illness

**Aviva definition**
Crohn’s disease – treated with intestinal resection
A definite diagnosis by a consultant gastroenterologist of Crohn’s disease which has been treated with surgical intestinal resection.

**Glossary**
Intestinal resection – Surgery to remove part of the intestine.

**Guidance notes**
Crohn’s disease causes inflammation or swelling and irritation of any part of the digestive tract. The most common symptoms are abdominal pain and diarrhoea. Rectal bleeding, weight loss and fever may also occur.
### 3.21 Deafness

**Standard definition**

Deafness – permanent and irreversible

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

**Glossary**

- **Decibels** – A measure of the level of sound.
- **Irreversible** – Can’t be reasonably improved upon by medical treatment and/or surgical procedures used by the NHS in the UK at the time of a claim.
- **Permanent** – Expected to last throughout your life, regardless of when the cover ends or the person retires.
- **Pure tone audiogram** – A device for measuring the extent of a person’s hearing ability.

**Guidance notes**

Deafness means a profound loss of hearing in both ears where the condition can’t be cured and is expected to be permanent. **Being registered deaf may not always lead to a valid claim.**

### 3.22 Devic’s disease

**Aviva definition**

Devic’s disease – with persisting clinical symptoms

A definite diagnosis of Devic’s disease 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 3 months.

**Glossary**

- **Clinical impairment** – The clinical symptoms associated with the condition that can be detected through examination.
- **Motor** – Relating to movement.
- **Sensory** – Relating to the senses (sight, hearing, touch, taste or smell).

**Guidance notes**

Devic’s (also known as Neuromyelitis Optica) is a disease similar to multiple sclerosis, affecting the brain and spinal cord. The definition requires that there are continuous symptoms for a period of at least three months that include deterioration of the senses (sight, hearing, tough, taste or smell) and/or the ability to control movement.

A consultant neurologist must confirm the diagnosis.

### 3.23 Encephalitis

**Aviva definition**

Encephalitis

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

**Glossary**

- **Permanent neurological deficit with persisting clinical symptoms** – Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout your life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

We don’t cover:
- an abnormality seen on brain or other scans without definite related clinical symptoms
- neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- symptoms of psychological or psychiatric origin.

**Guidance notes**

Encephalitis is a swelling of brain tissue. It is usually caused by an infection and can be life threatening.
3.24 Heart attack

**Aviva definition**

**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.

The evidence must show a definite acute myocardial infarction. For the above definition, the following are **not covered**:

- Other acute coronary syndromes.
- Angina without myocardial infarction.

**Glossary**

- **Acute** – Intense and/or sudden in onset.
- **Angina** – The often severe, chest pain or discomfort that is a symptom of coronary artery disease.
- **Cardiac enzymes or troponins** – Chemicals found in the blood that when elevated above normal levels may indicate damage to the heart muscle.
- **Electrocardiographic (ECG)** – A tracing on graph paper representing the electrical events associated with the beating of the heart. Changes to the shape of the heartbeat trace can help diagnose a number of heart abnormalities, including acute myocardial infarction.
- **Myocardial infarction** – Death of a portion of the myocardium (heart muscle) due to an abrupt obstruction of the coronary blood flow.

**Guidance notes**

If the blood supply to the heart is interrupted, this can cause a portion of the heart muscle to die. Doctors call this sudden death of heart muscle an acute myocardial infarction, but the condition is widely known as a heart attack. A heart attack causes permanent damage to the heart muscle which can be detected using an ECG machine, which traces the heartbeat.

When someone has a heart attack, chemicals such as cardiac enzymes and troponins are released into the blood stream. These are usually present for several days after the event and can be detected by using a blood test. The presence of these chemicals provides important diagnostic information, but they can also be present, usually at lower levels, for reasons other than a heart attack.

At the time of having a heart attack, most people experience very severe chest pain and/or other symptoms such as sweating, vomiting, fainting and nausea. These symptoms can help doctors pinpoint precisely when the incident happened.

It is important to note that the term ‘heart attack’ may sometimes be used loosely to describe a range of other heart conditions. None of these other conditions (for example, angina) are covered under this definition. Also, the medical profession has more than one definition for a heart attack as the effects of advancing medical science are debated by the profession. However, we’ll only use the definition given in the plan to decide if a heart attack is covered.

3.25 Heart valve replacement or repair

**Aviva definition**

**Heart valve replacement or repair**

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

**Glossary**

Not applicable.

**Guidance notes**

The heart contains valves that help pump blood around the body. They will not function properly if they become diseased, so it may be necessary to repair or replace them through surgery.
### 3.26 HIV infection

**Standard definition**

HIV Infection – caught in the European Union, Andorra, the Channel Islands, the Faroe Islands, Gibraltar, the Isle of Man, Liechtenstein, Norway, Monaco, San Marino, Switzerland, Vatican City, USA, Canada, Australia or New Zealand from a blood transfusion, a physical assault or at work.

Infection by human immunodeficiency virus resulting from:
- a blood transfusion given as part of medical treatment;
- a physical assault; or
- 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 the European Union, Andorra, the Channel Islands, the Faroe Islands, Gibraltar, the Isle of Man, Liechtenstein, Norway, Monaco, San Marino, Switzerland, Vatican City, USA, Canada, Australia or New Zealand.

For the above definition, the following is not covered:

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

**Glossary**

Not applicable.

**Guidance notes**

The policy doesn’t cover HIV resulting from any other cause, for example sexual activity or drug abuse. Where the incident relates to a physical assault, it should be reported to the police.

Similarly, if the incident occurred at work, it should be reported in line with the employer’s procedures. Many employers, including people who work in the health or emergency services, have set procedures for dealing with incidents that may potentially lead to someone becoming infected with HIV.

In all cases, a test for HIV should be taken within five days of the incident. A negative test result will show that the person did not have HIV before the incident. A positive result from a further test carried out within a year will confirm that the infection resulted from the reported incident.

### 3.27 Intensive care requiring mechanical ventilation for 10 consecutive days

**Aviva definition**

Intensive care – requiring mechanical ventilation for 10 consecutive days

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

For the above definition, the following is not covered:
- sickness or injury as a result of drug or alcohol intake or other self-inflicted means.

**Glossary**

Continuous mechanical ventilation – Replacing spontaneous breathing by use of a machine.

Tracheal intubation – Placing a tube into the windpipe to maintain an open airway.

**Guidance notes**

Intensive care requiring mechanical intervention may be required due to an acute or chronic illness or following a serious injury.
### 3.28 Kidney failure

**Standard definition**

Kidney failure – requiring permanent dialysis

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

**Glossary**

- **Chronic** – Of long duration.
- **End stage** – The final phase of a disease process.
- **Dialysis** – The artificial means of removing toxic substances (impurities and wastes) from the blood when the kidneys are unable to do so.

**Guidance notes**

Kidneys clean the blood of waste products produced by the body. A claim for kidney failure will be valid if both kidneys have irreversibly stopped functioning and you’re having regular dialysis.

### 3.29 Liver failure

**Aviva definition**

Liver failure

A definite diagnosis, by a consultant physician, of irreversible end stage liver failure due to cirrhosis resulting in all of the following:

- Permanent jaundice; and
- Ascites; and
- Encephalopathy.

The following is not covered:

- Liver failure secondary to alcohol or drug abuse.

**Glossary**

- **Cirrhosis** – Long standing damage to the liver.
- **Jaundice** – Yellow discolouration of the skin.
- **Ascites** – Build up of fluid in the abdomen.
- **Encephalopathy** – Brain disease or damage.

**Guidance notes**

The liver is a large organ that is essential to life. It carries out many functions including metabolizing nutrients and destroying toxins.

### 3.30 Loss of hand or foot

**Aviva definition**

Loss of hand or foot – permanent physical severance

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

**Glossary**

Not applicable.

**Guidance notes**

The limb might have been lost through physical injury or perhaps as a result of medical necessity to remove it using surgery.
3.31 Loss of speech

**Standard definition**

**Loss of speech – total, permanent and irreversible**

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

**Glossary**

- **Irreversible** – Can’t be reasonably improved upon by medical treatment and/or surgical procedures used by the NHS in the UK at the time of a claim.
- **Permanent** – Expected to last throughout your life, regardless of when the cover ends or you retire.

**Guidance notes**

This is where the condition can’t be cured and is expected to be permanent. The plan covers cases arising as a consequence of surgery or medical treatment for an illness.

3.32 Low grade prostate cancer – included as an additional critical illness

**Aviva definition**

**Low grade prostate cancer – with specified treatment**

Tumours of the prostate histologically classified as having a Gleason score between 2 and 6 inclusive provided the tumour has progressed to a clinical TNM classification between T1N0M0 and T2aN0M0; and the tumour has been treated by one of the following:

- Complete removal of the prostate.
- External beam or interstitial implant radiotherapy.
- Cryotherapy.
- Hormone therapy.
- High intensity focused ultrasound.

For the above definition, the following is not covered:

- Prostate cancers where the treatment is not one of the specified treatments above, or requires observation only.

**Glossary**

- **Gleason score** – A measure of how aggressive an individual’s prostate cancer is. It is calculated from examining the prostate cancer cells under a microscope. Scores can range from 2 to 10, with 2 indicating the lowest degree of change and 10 the highest.
- **TNM classification** – An internationally recognised standardised method of staging cancers. Broadly, the three parts of the system relate to:
  - Tumour (T) – a scale of 0 to 4 is used to record details about the primary tumour. T0 means there is no evidence of a primary tumour, T1 to T4 shows the size and extent of spread of the primary tumour. ‘Tis’ may be used for cancer in situ.
  - Nodes (N) – a scale of 0 to 3 is used to record the extent of spread to the regional lymph nodes. N0 means the lymph nodes are not involved, N1 – N3 shows the extent of the involvement.
  - Metastases (M) – either M0 or M1, the latter indicating metastases (more distant spread of the cancer).

**Guidance notes**

Low grade prostate cancer is where the cancer is localised and has not spread outside the prostate gland. Please read section 2.2a of this guide to find out more about the cover for this condition.
### 3.33 Major organ transplant

**Aviva definition**

**Major organ transplant – from another donor**

The undergoing as a recipient of a transplant from another donor 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 the above definition, the following is **not covered**:

- Transplant of any other organs, parts of organs, tissues or cells.

**Glossary**

- **Lobe of the lung** – Each lung is divided into two or three clear segments called lobes.
- **Lobe of the liver** – The liver is divided into four segments called lobes.

**Guidance notes**

A claim will be valid from the point at which either:

- you’re added to a UK waiting list for a suitable replacement organ to become available; or
- the organ transplant takes place.

### 3.34 Motor neurone disease

**Aviva definition**

**Motor neurone disease – resulting in permanent symptoms**

A definite diagnosis of motor neurone disease by a consultant neurologist. There must be permanent clinical impairment of motor function. All forms of motor neurone disease are covered including spinal muscular atrophy.

**Glossary**

- **Motor** – Relating to movement.
- **Permanent** – Expected to last throughout your life, regardless of when the cover ends or you retire.
- **Spinal muscular atrophy** – A genetic disease that causes muscle weakness and a progressive loss of movement due to deteriorations of motor neurones in the spinal cord.

**Guidance notes**

Motor neurone disease is a degenerative condition that results in weakness and the wasting of muscles. The condition is covered if the disease has reached the point where it has caused permanent impairment of the ability to move.

### 3.35 Multiple sclerosis

**Aviva definition**

**Multiple sclerosis – where there have been symptoms**

A definite diagnosis of multiple sclerosis by a consultant neurologist. There must have been clinical impairment of motor or sensory function caused by multiple sclerosis.

**Glossary**

- **Clinical impairment** – The clinical symptoms associated with the condition that can be detected through examination.
- **Motor** – Relating to movement.
- **Sensory** – Relating to the senses (sight, hearing, touch, taste or smell).

**Guidance notes**

Multiple sclerosis is a disease which attacks the central nervous system. The definition requires that when multiple sclerosis is diagnosed there are symptoms present such as deterioration of the senses (sight, hearing, touch, taste or smell) and/or the ability to control movement.
3.36  Multiple system atrophy

**Aviva definition**

**Multiple system atrophy**
A definite diagnosis of multiple system atrophy confirmed by a consultant neurologist. There must be evidence of permanent clinical impairment of either:
Motor function with associated rigidity of movement or the ability to coordinate muscle movement or bladder control and postural hypotension.

**Glossary**

Motor – Relating to movement.
Postural hypotension – A sudden drop in blood pressure when standing up or stretching, which causes dizziness or blackouts.

**Guidance notes**
Multiple system atrophy is a progressive neurological disorder. Degeneration of nerve cells in specific areas of the brain lead to problems with movement, balance and other functions of the body such as bladder control.

3.37  Non-malignant pituitary tumour – included as an additional critical illness

**Aviva definition**

**Non-malignant pituitary tumour – with specified treatment**
A non-malignant pituitary tumour requiring radiotherapy or surgical removal.
For the above definition, the following are not covered:
• Non-malignant tumours of the pituitary gland treated by any other method.

**Glossary**
Not applicable

**Guidance notes**
The pituitary gland is a small pea-sized organ connected by a stalk to the underside of the brain. Its function is to control levels of hormones produced elsewhere in the body. A tumour of the pituitary may be treated by medication only. Our definition covers surgery or radiotherapy to remove or reduce the size of the tumour.

3.38  Paralysis of a limb

**Aviva definition**

**Paralysis of a limb – total and irreversible**
Total and irreversible loss of muscle function to the whole of a limb.

**Glossary**

Irreversible – Can’t be reasonably improved upon by medical treatment and/or surgical procedures used by the NHS in the UK at the time of a claim.
Paralysis – The loss of power of movement of a part of the body.

**Guidance notes**
Paralysis and paraplegia are covered if you totally and irreversibly lose the ability to move or use a limb. The disability must be considered permanent.
Paralysis of the right or left half of the body is called hemiplegia. Paralysis of all four limbs is called quadriplegia.
3.39 Parkinson’s disease

**Aviva definition**

*Parkinson’s disease – resulting in permanent symptoms*

A definite diagnosis of Parkinson’s disease or other named Parkinsonian syndrome of specified severity by a consultant neurologist. The additional Parkinsonian syndromes covered are corticobasal degeneration and diffuse lewy body disease. There must be permanent clinical impairment of motor function with associated tremor and muscle rigidity. For the above definition, the following are not covered:

- Other Parkinsonian syndromes/Parkinsonism.

**Glossary**

- **Clinical impairment** – The clinical symptoms associated with the condition that can be detected through examination.
- **Corticobasal degeneration** – A rare condition where brain cells become damaged over time and certain sections of the brain start to shrink.
- **Diffuse lewy body disease** – A progressive condition similar to Parkinson’s Disease that leads to dementia.
- **Motor** – Related to movement.
- **Tremor** – Involuntary, rhythmic movement of part of the body, most commonly the hands and arms, often the head and voice, and rarely the legs.

**Guidance notes**

Parkinson’s disease is a degenerative brain disease that causes involuntary tremor of the hands, muscle rigidity and the slowing of body movements. The other named conditions have a very similar pathology.

3.40 Pneumonectomy

**Aviva definition**

*Pneumonectomy – removal of a complete lung*

The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung due to disease or traumatic injury. Other forms of surgery to the lungs including removal of a lobe of the lungs (lobectomy) or lung resection are not covered under this definition.

**Glossary**

- **Lung resection** – Removal of part of a lung.

**Guidance notes**

A lung may be removed to treat disease or following a severe traumatic injury.

3.41 Primary pulmonary hypertension

**Aviva definition**

*Primary pulmonary hypertension – of specified severity*

Primary pulmonary hypertension with permanent clinical impairment of heart function resulting in marked limitation of physical activities to at least Class 3 of the New York Heart Association’s classification of functional capacity.

**Glossary**

- **New York Heart Association Class 3** – Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnoea (difficulty in breathing).
- **New York Heart Association (NYHA) functional classification system** – A method, commonly used in the UK, to assess heart function by relating symptoms to everyday activities and the patient’s quality of life.

**Guidance notes**

Primary pulmonary hypertension is an increase in blood pressure in the pulmonary artery, pulmonary vein or pulmonary capillaries, leading to shortness of breath, dizziness, fainting and other symptoms.
3.42 Progressive supranuclear palsy

**Aviva definition**

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

**Glossary**

Motor – Relating to movement.
Postural instability – Loss of the ability to prevent falling over by maintaining your balance.
Tremor – Involuntary, rhythmic movement of part of the body, most commonly the hands and arms, often the head and voice, and rarely the legs.

**Guidance notes**
Progressive supranuclear palsy is a progressive, incurable brain disease. Initial symptoms usually include loss of balance, slowing of movement and visual symptoms. Other symptoms like dementia will develop as the disease advances.

3.43 Pulmonary artery surgery

**Aviva definition**

**Pulmonary artery surgery**
The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

**Glossary**

Pulmonary artery – The artery carrying blood from the heart to the lungs.
Graft – Any organ or tissue implanted to repair or replace a diseased or damaged organ or body tissue.

**Guidance notes**
Some illnesses may lead to this surgery being required.

3.44 Removal of an eyeball – included as an additional critical illness

**Aviva definition**

**Removal of an eyeball**
Surgical removal of an eyeball due to disease or injury. Self-inflicted injuries are excluded.

**Glossary**
Not applicable

**Guidance notes**
As well as severe traumatic injury, there are several medical conditions that can lead to the removal of an eyeball.
### 3.45 Rheumatoid arthritis

<table>
<thead>
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<th><strong>Aviva definition</strong></th>
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<tr>
<td><strong>Rheumatoid arthritis – of specified severity</strong></td>
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Severe chronic rheumatoid arthritis evidenced by joint destruction and deformity of at least three major joint groups, resulting in the inability to do three of the following: bend or kneel to pick up an object from the floor; use hands or fingers to pick up or manipulate small objects such as cutlery or a pen; lift or carry an everyday object such as a kettle; walk a distance of 200m on flat ground with or without use of a walking stick and without experiencing severe discomfort.

<table>
<thead>
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<th><strong>Glossary</strong></th>
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<tr>
<td>Not applicable</td>
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<th><strong>Guidance notes</strong></th>
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<tr>
<td>Rheumatoid arthritis is a condition that causes pain and swelling in the joints. Severity can vary from individual to individual.</td>
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### 3.46 Severe lung disease

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<th><strong>Aviva definition</strong></th>
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<tr>
<td><strong>Severe lung disease – of specified severity</strong></td>
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</table>
Severe lung disease where there is permanent impairment of lung function with lung function tests: Forced Vital Capacity (FVC) and Forced Expiratory Volume at 1 second (FEV1) below 50% of normal and a need for daily oxygen therapy for a minimum of 15 hours per day for at least six months.

<table>
<thead>
<tr>
<th><strong>Glossary</strong></th>
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<tr>
<td><strong>Forced vital capacity</strong> – The volume of air that can be forcibly blown out after full inspiration.</td>
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<tr>
<td><strong>Forced expiratory volume at one second</strong> – The volume of air that can be forcibly blown out in one second after full inspiration.</td>
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<tr>
<td><strong>Oxygen therapy</strong> – Breathing high concentrations of oxygen from a cylinder or machine through a mask or tubes into the nostrils.</td>
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<th><strong>Guidance notes</strong></th>
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<tr>
<td>Severe lung disease can have many causes such as emphysema or chronic asthma. They make breathing difficult and can have a major impact on quality of life.</td>
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### 3.47 Spinal stroke

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<td><strong>Spinal stroke – resulting in permanent symptoms</strong></td>
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</table>
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.

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<th><strong>Glossary</strong></th>
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<tbody>
<tr>
<td><strong>Spinal cord</strong> – The bundle of nerve tissue that extends from the brain within the spine.</td>
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<tr>
<td><strong>Haemorrhage</strong> – Bleeding from a ruptured blood vessel.</td>
</tr>
<tr>
<td><strong>Permanent neurological deficit with persisting clinical symptoms</strong> – Symptoms of dysfunction in the nervous system that are present on clinical examination and are expected to last throughout your life.</td>
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</tbody>
</table>

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

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<th><strong>Guidance notes</strong></th>
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<tr>
<td>A spinal stroke occurs when there is an interruption in the flow of blood to the spinal cord. Like other strokes, these may occur when there is a blockage in the blood supply or there is a bleed due to a burst blood vessel.</td>
</tr>
</tbody>
</table>
3.48 Stroke

**Aviva definition**

**Stroke**

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in either:

- permanent neurological deficit with persisting clinical symptoms; or
- definite evidence of death of brain tissue or haemorrhage on a brain scan; and
- neurological deficit with persistent clinical symptoms lasting at least 24 hours.

For the above definition, the following are **not covered**:

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

**Glossary**

- **Haemorrhage** – Bleeding from a ruptured blood vessel.
- **Permanent neurological deficit with persisting clinical symptoms** – Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout your life. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

The plan **does not cover**

- an abnormality seen on brain or other scans without definite related clinical symptoms
- neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- symptoms of psychological or psychiatric origin.

**Transient ischaemic attack** – Temporary disruption of the blood circulation to part of the brain. The symptoms may initially be similar to those of a stroke, but patients recover within 24 hours.

**Guidance notes**

A stroke is caused by an interruption to the flow of blood to the brain. (Doctors refer to these cerebrovascular accidents as CVAs.) This can be due to either a blocked artery which prevents blood reaching the brain or a burst blood vessel in the brain. In either case, a claim will be valid if it causes on-going clinical symptoms of a stroke which are expected to be permanent or have persisted for at least 24 hours and there is definite evidence of death of brain tissue or haemorrhage on a brain scan.

The plan **does not cover** transient ischaemic attacks. These are attacks that produce temporary symptoms similar to a mild stroke, but typically patients recover completely in less than 24 hours.

3.49 Structural heart surgery

**Aviva definition**

**Structural heart surgery**

The undergoing of heart surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to correct any structural abnormality of the heart.

**Glossary**

- **Median sternotomy** – Opening the chest cavity and dividing the breastbone.

**Guidance notes**

Covers surgery to the heart for reasons not already covered elsewhere.
3.50 Systemic lupus erythematosus

**Aviva definition**

Systemic lupus erythematosus – of specified severity

A definite diagnosis with either, permanent impaired kidney function with glomerular filtration rate below 30ml/min or permanent neurological deficit resulting in persistent symptoms of paralysis, localised weakness, dysarthria, dysphagia or difficulty in walking.

**Glossary**

- Glomerular filtration rate – A measure of the flow rate of filtered fluid through the kidneys.
- Dysarthria – Difficulty in pronouncing words.
- Dysphagia – Difficulty in swallowing.

**Guidance notes**

Systemic lupus erythematosus (often known as lupus) is a chronic inflammatory disease that affects the blood vessels and connective tissues of the skin and various parts of the body. Severity may vary from person to person. There may be acute episodes (flare ups) from time to time.

3.51 Terminal illness

**Aviva definition**

Terminal illness – where death is expected within 12 months

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

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

**Glossary**

Not applicable.

**Guidance notes**

This condition isn’t included in the children’s critical illness benefit.

3.52 Third degree burns

**Aviva definition**

Third degree burns – covering at least 20% of the body’s surface area or covering at least 20% of the surface area of the face or head

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 covering at least 20% of the surface area of the face or head.

**Glossary**

Not applicable.

**Guidance notes**

Third degree burns damage or destroy the skin to its full depth and cause damage to the tissue underneath.
3.53  **Traumatic brain injury**

**Standard definition**

**Traumatic brain injury – resulting in permanent symptoms**

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

**Glossary**

**Permanent neurological deficit with persisting clinical symptoms** – Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout your life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

The plan **doesn’t cover:**

- an abnormality seen on brain or other scans without definite related clinical symptoms
- neurological signs occurring without symptomatic abnormality, for example, brisk reflexes without other symptoms
- symptoms of psychological or psychiatric origin.

**Guidance notes**

Traumatic brain injury is covered if it results in ongoing clinical symptoms resulting from permanent brain damage.

3.54  **Ulcerative colitis – included as an additional critical illness**

**Aviva definition**

**Ulcerative colitis – treated with total colectomy**

A definite diagnosis of ulcerative colitis which is treated with total colectomy (removal of entire large bowel).

**Glossary**

Not applicable.

**Guidance note**

Ulcerative colitis is a disease where inflammation develops in the colon and the large intestine. When the disease flares up, the most common symptoms are abdominal pain and diarrhoea.
4. Further information

This guide gives you detailed information about the range of critical illnesses covered by your Aviva policy. It doesn’t replace the policy conditions. In the event of a dispute, we’ll refer to the policy conditions. Individual acceptance terms may exclude certain conditions and these will be confirmed on your policy schedule.

There are two other key documents that you may want to read for further information:

- **Policy summary** – this gives you information about the main points about your policy.
- **Policy conditions** – this is the basis of any contract we enter into with you for critical illness cover.
Braille, large font, audio material

You can order our literature in braille, large font or audio. Just call us on **0800 285 1098** (+44 1603 603 479) or email us at **protection@aviva.co.uk** to tell us:

- the format you need
- your name and address
- the name or code of the document (found at the bottom of the back page of most documents).

Our customer call centre is open Monday to Friday 8:30am to 5:30pm, and Saturday 8:30am to 2pm.