Definition of Designated Crises
TheOne Medical Solution

The following crises are considered “Designated Crises” under TheOne Medical Solution:-

1. Cancer
2. Fulminant Hepatitis
3. Chronic Liver Disease
4. End Stage Lung Disease
5. Cardiomyopathy
6. Heart Valve Surgery
7. Primary Pulmonary Arterial Hypertension
8. Coronary Artery Disease Surgery
9. Stroke
10. Kidney Failure
11. Surgery to Aorta
12. Major Organ Transplantation
13. Severe Rheumatoid Arthritis
14. Heart Attack
15. Parkinson’s Disease
16. Terminal Illness

General Term

Unless otherwise specified, the following definitions shall apply to the terms used in this “Definition of Designated Crises”:-

Activities of Daily Living

(i) Washing - The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
(ii) Dressing - The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
(iii) Transferring - The ability to move from a bed to an upright chair or wheelchair and vice versa.
(iv) Mobility - The ability to move indoors from room to room on level surfaces.
(v) Toileting - The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
(vi) Feeding - The ability to feed oneself once food has been prepared and made available.

Permanent Neurological Deficit

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's 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 following are not covered:
(i) An abnormality seen on brain or other scans without definite related clinical symptoms.
(ii) Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
(iii) Symptoms of psychological or psychiatric origin.
Designated Crises

Unless otherwise specified, the following definitions shall apply to the terms used in TheOne Medical Solution:-

1. **Cancer**

Cancer means the presence of a malignant tumour that is characterised by progressive, uncontrolled growth, spread of malignant cells and invasion and destruction of normal and surrounding tissue. Major interventionist treatment or major surgery must be considered necessary or palliative care must have been initiated. Cancer must be positively diagnosed with histopathological confirmation.

The following tumours are excluded:

(i) Leukaemia other than chronic lymphocytic leukaemia if there is no generalized dissemination of leukaemia cells in the blood-forming bone marrow
(ii) Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as pre-malignant
(iii) All skin cancers, unless there is evidence of metastases or the tumour is a malignant melanoma of greater than 1.5mm maximum thickness as determined by histological examination using the Breslow method.
(iv) Non life-threatening cancers, such as prostate cancers which are histologically described as TNM Classification T1 (a) or T1(b), or are of another equivalent or lesser classification;
(v) Papillary micro-carcinoma of the thyroid
(vi) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
(vii) Chronic lymphocytic leukaemia less than RAI Stage I or Binet Stage A-I.

2. **Fulminant Hepatitis**

A sub-massive to massive necrosis of the liver by a Hepatitis virus, leading precipitously to liver failure. The diagnosis in respect of this illness must be based on the meeting of all of the following criteria:

(i) A rapidly decreasing liver size,
(ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework
(iii) Rapid deterioration of liver function tests

Evidence of the following must be produced:

(i) Liver function test to show massive parenchymal liver disease and
(ii) Objective signs of portasystemic encephalopathy.

3. **Chronic Liver Disease**

End stage liver failure with increasing jaundice that in general medical opinion will not improve in future and resulting in either ascites or encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

4. **End Stage Lung Disease**

The final or end stage of lung disease, causing chronic respiratory failure, as demonstrated by all of the following:

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(i) FEV\textsubscript{1} test results consistently less than 1 litre,
(ii) Requiring permanent supplementary oxygen therapy for hypoxemia
(iii) Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO\textsubscript{2} \leq 55mmHg),
(iv) Dyspnea at rest

The diagnoses must be confirmed by a pulmonologist.

5. **Cardiomyopathy**

Impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairments to the degree of at least Functional Class 4 of the New York Heart Association Functional Classification of Cardiac Impairment. The diagnosis must be confirmed by a consultant cardiologist and supported by the appropriate test results including echocardiography.

Cardiomyopathy caused by alcohol or drug abuse is specifically excluded.

Class 4 of the New York Heart Association Classification of cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination & laboratory studies.

6. **Heart Valve Surgery**

The first occurrence of open heart valve surgery requiring median sternotomy, performed to replace or repair one or more heart valves, as a consequence of defects that cannot be repaired by intra arterial catheter procedures alone. The surgery must be performed after a recommendation by a consultant cardiologist.

7. **Primary Pulmonary Arterial Hypertension**

Primary Pulmonary Hypertension is the pathological increase of pulmonary pressure due to structural, functional or circulatory disturbances of the lung leading to right ventricular enlargement. The disease must result in permanent irreversible physical impairment to the degree of at least Class 4 of the New York Heart Association Classification of cardiac impairment. There must be proof that pulmonary pressure has remained above 30mm Hg for a period of at least six months.

Class 4 of the New York Heart Association Classification of cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination & laboratory studies.

8. **Coronary Artery Disease Surgery**

The actual undergoing of open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. Angiographic evidence of significant coronary artery obstruction must be provided and the procedure must be considered Medically Necessary by a consultant cardiologist. Angioplasty and all other intra arterial, catheter based techniques, minimally invasive, keyhole or laser procedures stent insertion are excluded.

9. **Stroke**

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis. This diagnosis must be supported by all of the following conditions:
(i) Evidence of Permanent Neurological Deficit confirmed by a neurologist at least 6 weeks after the event; and
(ii) Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:
(i) Transient Ischaemic Attacks;
(ii) Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
(iii) Vascular disease affecting the eye or optic nerve; and
(iv) Ischaemic disorders of the vestibular system.

10. **Kidney Failure**

End stage renal failure presenting chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated, or renal transplant is carried out.

11. **Surgery to Aorta**

Means the actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or a traumatic rupture of the aorta. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra arterial techniques are excluded.

12. **Major Organ Transplantation**

The actual undergoing of a transplant of the lung, pancreas, liver, bone marrow, heart or kidney as a recipient. Inclusion on an official organ transplant waiting list, for any of the above organs, also qualifies for benefits. The transplant must be Medically Necessary and based on objective confirmation of organ failure.

13. **Severe Rheumatoid Arthritis**

Widespread joint destruction as a result of severe Rheumatoid Arthritis with major clinical deformity of three or more of the following joint areas:

(i) hands
(ii) wrists
(iii) elbows
(iv) cervical spine
(v) knees
(vi) ankles

The diagnosis must be supported by all the following:

(i) Morning stiffness
(ii) Symmetric arthritis
(iii) Presence of rheumatoid nodules
(iv) Elevated titres of rheumatoid factors
(v) Radiographic evidence of severe involvement

The severity of the disease shall be such that there will be at least 3 of the Activities of Daily Living which the insured will, for a continuous period of at least 6 months, have been unable to perform without the
assistance of another person.

At the company’s discretion, confirmation of the diagnosis and the degree of disability may be required through an independent medical examination by a specialist rheumatologist appointed by the company.

14. **Heart Attack**

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

(i) Typical clinical symptoms (for example, characteristic chest pain).
(ii) New characteristic electrocardiographic changes.
(iii) The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
   - Troponin T > 1.0 ng/ml
   - AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

Provided other criteria are met but cardiac enzymes is not available, echocardiographic proof of reduction in left ventricular function with a left ventricular ejection fraction of less than 50% or significant hypokinesia, akinesia, or wall motion abnormalities consistent with a heart attack having occurred will be considered.

The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes including but not limited to angina are excluded.

15. **Parkinson’s Disease**

Unequivocal diagnosis of Parkinson’s Disease by a consulting neurologist where the condition:

(i) cannot be controlled with medication;
(ii) shows signs of progressive impairment; and
(iii) must result in the permanent inability to perform, without assistance, at least 3 of the 6 Activities of Daily Living.

Only idiopathic Parkinson’s Disease is covered. Drug-induced or toxic causes of Parkinsonism are excluded.

16. **Terminal Illness**

The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within 12 months. This diagnosis must be supported by a specialist and confirmed by the Company’s appointed doctor.

Terminal illness in the presence of HIV Infection is excluded.