

# Critical Illness Guide



## IMPORTANT NOTICE

This guide is a reference document to help you better understand critical illness insurance. It does not contain all the provisions specified in your insurance booklet, and it has no contractual value. If you submit a claim, we will analyze your claim based on the terms specified in your booklet. We recommend that you consult your booklet for the definitions, restrictions, exclusions and limitations that apply to your coverage.

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# Critical illnesses

## 100% payment

	Basic plan: Covers 4 illnesses/surgeries (adults and children) + 7 more illnesses/conditions for children	Enhanced plan: Covers 31 illnesses/surgeries (adults and children) in addition to those covered under the basic plan + 7 more illnesses/conditions for children
<b>MEMBER AND SPOUSE</b>	<ul style="list-style-type: none"> <li>• Cancer (life-threatening)</li> <li>• Coronary artery bypass surgery</li> <li>• Heart attack (acute myocardial infarction)</li> <li>• Stroke (cerebrovascular accident)</li> </ul>	<ul style="list-style-type: none"> <li>• Aortic surgery</li> <li>• Aplastic anemia</li> <li>• Bacterial meningitis</li> <li>• Benign brain tumour</li> <li>• Blindness</li> <li>• Cancer (life-threatening)</li> <li>• Coma</li> <li>• Coronary artery bypass surgery</li> <li>• Deafness</li> <li>• Dementia, including Alzheimer's disease</li> <li>• Dilated cardiomyopathy</li> <li>• Fulminant viral hepatitis</li> <li>• Heart attack (acute myocardial infarction)</li> <li>• Heart valve replacement or repair</li> <li>• Kidney failure</li> <li>• Liver failure of advanced stage</li> <li>• Loss of independent existence</li> <li>• Loss of limbs</li> <li>• Loss of speech</li> <li>• Major organ failure (on waiting list)</li> <li>• Major organ transplant</li> <li>• Motor neuron disease</li> <li>• Multiple sclerosis</li> <li>• Muscular dystrophy</li> <li>• Occupational HIV infection</li> <li>• Paralysis</li> <li>• Parkinson's disease and specified atypical parkinsonian disorders</li> <li>• Primary pulmonary hypertension (idiopathic pulmonary arterial hypertension and familial pulmonary arterial hypertension)</li> <li>• Progressive systemic sclerosis</li> <li>• Severe burns</li> <li>• Stroke (cerebrovascular accident)</li> </ul>
<b>CHILDREN</b>	<p><b>Same as adult coverage, plus:</b></p> <ul style="list-style-type: none"> <li>• Cerebral palsy</li> <li>• Congenital heart disease</li> <li>• Cystic fibrosis</li> <li>• Down syndrome</li> <li>• Serious cerebral lesion</li> <li>• Serious mental deficiency</li> <li>• Spina bifida cystica</li> </ul>	<p><b>Same as adult coverage, plus:</b></p> <ul style="list-style-type: none"> <li>• Cerebral palsy</li> <li>• Congenital heart disease</li> <li>• Cystic fibrosis</li> <li>• Down syndrome</li> <li>• Serious cerebral lesion</li> <li>• Serious mental deficiency</li> <li>• Spina bifida cystica</li> </ul>

# Specific illnesses

**10% payment<sup>1,2</sup> (up to \$25,000)**

**Basic plan:** Covers 4 illnesses/surgeries (adults and children) + 7 more illnesses/conditions for children

**Enhanced plan:** Covers 31 illnesses/surgeries (adults and children) in addition to those covered under the basic plan + 7 more illnesses/conditions for children

MEMBER AND SPOUSE	Basic plan	Enhanced plan
	<ul style="list-style-type: none"> <li>• Coronary angioplasty</li> <li>• Ductal carcinoma in situ of the breast</li> <li>• Stage A (T1a or T1b) prostate cancer</li> <li>• Stage 1 malignant melanoma</li> </ul>	<ul style="list-style-type: none"> <li>• Coronary angioplasty</li> <li>• Ductal carcinoma in situ of the breast</li> <li>• Stage A (T1a or T1b) prostate cancer</li> <li>• Stage 1 malignant melanoma</li> </ul>

1. Does not apply to children's coverage.

2. A covered person can only submit one claim for these illnesses for the duration of the contract.

For more details on the different critical illnesses, please refer to the table below.



# Submitting a critical illness insurance claim

## Before you submit a claim

- **Read your information booklet**

Take time to make sure you understand your coverage and the definitions of the critical illnesses, as well as any limitations and exclusions that apply. That way, you'll know what your insurance covers and whether your condition is eligible for a payment.

- **Gather all required information**

You'll need the following information to fill out the claim forms:

- Full medical report on the illness or surgery
- Group or contract number
- Department number
- Certificate number

We will have to keep the documents you send us, so we recommend that you keep your original documents and send us copies.

If you have any questions, contact our [Client Relations Centre](#).

## Claims process

1. **Send us your claim**

Print, fill out and sign the required critical illness [forms](#), then send them to us by mail or online via our secure [forms submissions page](#).

Keep copies of all correspondence for at least **12 months**.

2. **Claim analysis**

Once we receive your claim, we'll check your documents and contact you by phone or email if we need additional information or supporting documents to process your claim.

### 3. Payment

We'll pay you by cheque or automatic deposit based on your preference and the terms of your insurance policy.

#### **How long does it take to process a claim?**

The time we need to process your claim depends on how complicated it is and the documentation required. Please be sure to send us all the required documents as soon as possible to speed up the processing time.





# Limitations, exclusions and restrictions

## Medical definitions

The covered illnesses, conditions and procedures are subject to limitations and exclusions and must meet precise medical definitions. For example, not all cancers and heart surgeries are covered, and illnesses must have progressed to a certain critical stage to be eligible.

We based this guide on the most recent version of our standard group insurance contract. Your contract may be different. Please be sure to check your group insurance booklet to ensure you are aware of the definitions, restrictions, limitations and exclusions that apply to your critical illness coverage.

## Symptom persistence period

The symptoms of some critical illnesses must persist for a certain period of time after the date of diagnosis to be eligible for a payment. Please read the definitions of the various critical illnesses to find out whether the one the insured is suffering from is subject to a symptom persistence period.

Example for stroke:

Symptom persistence period	
Diagnosis date	30 days after the diagnosis
April 1, 2023	—————> April 30, 2023

## Pre-existing condition clause

If your plan includes a pre-existing condition clause, illnesses related to a condition or symptoms that the insured consulted, or should have consulted, a healthcare professional about before are not eligible and will be excluded from the coverage. This applies to conditions and symptoms that were there up to 24 months before the coverage went into effect or was reinstated.

## 90-day waiting period for cancer

Once the insurance goes into effect, there is a 90-day waiting period before cancer coverage takes effect. That means that, within the first 90 days of the coverage's effective date or reinstatement, if the insured is diagnosed with or has signs or symptoms of cancer, or if they have undergone extensive tests leading to a cancer diagnosis, the cancer will not be covered.

Example:

Pre-existing condition clause	Effective date of coverage or reinstatement of coverage	Exclusion period for cancer
24 months before	April 1, 2023	First 90 days
April 1, 2021	—————>	—————> July 1, 2023

## Survival period

In the case of heart conditions and heart surgeries, the insured must survive at least 30 days following the date they are diagnosed with a critical illness or undergo surgery (depending on the illness) to be eligible for a payment. In addition, they must not have suffered a complete and irreversible loss of brain function.

Survival period	
Diagnosis date	30 days after the diagnosis
April 1, 2023	—————> April 30, 2023

## Successive critical illnesses (plan member and spouse only)

If the insured is diagnosed with more than one covered illness while their coverage is in effect, they could get multiple lump sum payments (100% payment), as long as:

1. The illnesses are not related (please refer to the *Exclusions* sections for each illness described in the table below).
2. The new diagnosis is made at least 90 days after the last payment.
3. The illness meets all the other eligibility criteria in your insurance booklet.

## Successive cancers (life-threatening) (plan member and spouse only)

If the insured has already received a payment for a life-threatening cancer and they are diagnosed with another one, they could receive another lump sum payment (100% payment), as long as:

1. The new diagnosis is made more than 60 months after the previous diagnosis.
2. They have not received any cancer-related treatments during that 60-month period.
3. Their cancer meets all the other eligibility criteria in your insurance booklet.

Please note that the explanations in the *Additional information* section of the table below are there to give you a better understanding of the illness, they do not replace the provisions specified in your group insurance plan.

## Critical illnesses description

Aortic surgery	
<b>Definition and exclusions</b>	<p>Surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. Aorta refers to the thoracic and abdominal aorta, but not its branches.</p> <p><b>Survival period:</b> To qualify, the covered person must be alive for at least 30 days after the surgery and satisfy the survival period definition.</p> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) angioplasty,</li> <li>2) intra-arterial procedures,</li> <li>3) percutaneous trans-catheter procedures, or</li> <li>4) if the covered person has already received payment under this benefit for an aortic surgery, a coronary artery bypass surgery, a dilated cardiomyopathy, a heart attack (acute myocardial infarction), a heart valve replacement or repair, loss of independent existence, progressive systemic sclerosis or a stroke (cerebrovascular accident).</li> </ol>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Survival period:</b> 30 days after the surgery</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>
Aplastic anemia	
<b>Definition and exclusion</b>	<p>Definitive diagnosis of a chronic, persistent bone marrow failure, confirmed by biopsy. This must result in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:</p> <ol style="list-style-type: none"> <li>1) marrow stimulating agents,</li> <li>2) immunosuppressive agents, or</li> <li>3) bone marrow transplantation.</li> </ol> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for an aplastic anemia, a cancer (life-threatening), loss of independent existence, a major organ failure on waiting list or a major organ transplant.</p>
<b>Glossary</b>	<p><b>Anemia</b><sup>1</sup>: Low red blood cell count.</p> <p><b>Neutropenia</b><sup>2</sup>: Neutropenia is a low neutrophil count. Neutrophils are a type of white-blood cell (WBC) that surround and destroy bacteria in the body. They are very important in fighting infection.</p> <p><b>Thrombocytopenia</b><sup>3</sup>: Thrombocytopenia is a condition caused by a low number of platelets in the blood. Platelets are also called thrombocytes. They are made in the bone marrow and help the blood to clot. People with a low number of platelets may bleed or bruise easily, even after a minor injury. A low platelet count increases the risk of bleeding, especially from the mouth, nose and gastrointestinal tract.</p>

<sup>1</sup> [Low red blood cell count \(anemia\) | Canadian Cancer Society](#)

<sup>2</sup> [Low white blood cell count \(neutropenia\) | Canadian Cancer Society](#)

<sup>3</sup> [Low platelet count \(thrombocytopenia\) | Canadian Cancer Society](#)

<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Enhanced</li> </ul>
<b>Bacterial meningitis</b>	
<b>Definition and exclusions</b>	<p>Definitive diagnosis of meningitis confirmed by cerebrospinal fluid that shows growth of pathogenic bacteria in culture. This must result in a documented neurological deficit lasting for at least 90 days from the date of diagnosis.</p> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) viral meningitis, or</li> <li>2) if the covered person has already received payment under this benefit for a bacterial meningitis or loss of independent existence.</li> </ol>
<b>Glossary</b>	<p><b>Cerebrospinal fluid<sup>4</sup>:</b> The fluid in the cavities in and around the brain and spinal cord that helps protect and cushion these organs.</p> <p>A lumbar puncture is usually performed to collect and analyse the cerebrospinal fluid.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Symptom persistence period:</b> 90 days</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>
<b>Benign brain tumour</b>	
<b>Definition and exclusions</b>	<p>Definitive diagnosis of a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgical or radiation treatment or cause irreversible, objective neurological deficits.</p> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) pituitary adenomas less than 10 mm, or</li> <li>2) if the covered person has already received payment under this benefit for a benign brain tumour or loss of independent existence.</li> </ol> <p><b>Exclusion period:</b></p> <p>No benefit is payable under this condition if, within the first 90 days following the later of the date of commencement of coverage or the effective date of last reinstatement of coverage under this benefit, the covered person:</p> <ol style="list-style-type: none"> <li>1) had signs, symptoms or investigations that lead to a diagnosis of benign brain tumour without regard to the date of the diagnosis, or</li> <li>2) had a diagnosis of benign brain tumour.</li> </ol>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Exclusion period:</b> 90 days (see the <i>Definitions and exclusions</i> section)</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

<sup>4</sup> [Cerebrospinal fluid \(CSF\) | Canadian Cancer Society](#)

## Blindness

<b>Definition and exclusion</b>	<p>Definitive diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:</p> <ol style="list-style-type: none"> <li>1) corrected visual acuity being 20/200 or less in both eyes, or</li> <li>2) the field of vision being less than 20 degrees in both eyes.</li> </ol> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for a bacterial meningitis, a benign brain tumour, blindness, coma, loss of independent existence, a motor neuron disease, multiple sclerosis, a muscular dystrophy, an occupational HIV infection or progressive systemic sclerosis.</p>
<b>Additional information</b>	<p>Normal<sup>5</sup> vision is known as "20/20". This simply means that the eye being tested is able to see an object at 20 feet as well as any eye with very good vision. If you have 20/60 vision, this means you can see at 20 feet what a person with good vision can see at 60 feet. If the change in vision is to 20/200 or worse, the person will still keep some vision but will be classified as "blind".</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Cancer (life-threatening)

<b>Definition and exclusions</b>	<p>Definitive diagnosis of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of cancer include carcinoma, melanoma, leukemia, lymphoma and sarcoma.</p> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) lesions described as benign, non-invasive, pre-malignant, of low and or uncertain malignant potential, borderline, carcinoma in situ, or tumours classified as Tis or Ta,</li> <li>2) malignant melanoma of skin that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis,</li> <li>3) any non-melanoma skin cancer, without lymph node or distant metastasis,</li> <li>4) prostate cancer classified as T1a or T1b, without lymph node or distant metastasis,</li> <li>5) papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest dimension and classified as T1, without lymph node or distant metastasis,</li> <li>6) chronic lymphocytic leukemia classified as Rai stage 0 without enlargement of lymph nodes, spleen or liver and with normal red blood cell and platelet counts,</li> <li>7) gastro-intestinal stromal tumours classified as AJCC stage 1,</li> <li>8) grade 1 neuroendocrine tumours (carcinoid confined to the affected organ, treated with surgery alone and requiring no additional treatment other than medication to counteract the effects from hormonal oversecretion by the tumour,</li> <li>9) thymomas (stage 1) confined to the thymus, without evidence of invasion into the capsule or spread beyond the thymus, or</li> <li>10) if the covered person has already received payment under this benefit for a cancer (life-threatening) unless all the criteria under the limitations and exclusions provision of this benefit are met, an aplastic anemia, a fulminant viral hepatitis, loss of independent existence, a major organ failure on waiting list, a major organ transplant, an occupational HIV infection or a progressive systemic sclerosis.</li> </ol> <p><b>Exclusion period:</b></p> <p>No benefit is payable under this condition if, within the 90 days immediately following the later of the commencement of coverage or of last reinstatement of coverage under this benefit, the covered person:</p> <ol style="list-style-type: none"> <li>1) had signs, symptoms or investigations that lead to a diagnosis of a life-threatening cancer, or</li> <li>2) has received a diagnosis of a life-threatening cancer.</li> </ol>
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<sup>5</sup> [20/20 Vision: What It's Really Telling You | The Canadian Association of Optometrists](#)

<p><b>Additional information</b></p>	<p>All types of cancer start in the body's cells. Normally, the organism's cells multiply in a controlled way. Cells divide when necessary and die if they've divided too many times or they're damaged.</p> <p>But, when cells don't divide the way they're supposed to in healthy tissue, they can form a lump in the body called a tumour. There are <b>two types of tumours</b>: Non-cancerous (benign) tumours and cancerous (malignant) tumours.</p> <p><b>Non-cancerous tumours</b> are made up of normal-looking cells that stay in one place and don't spread. But these tumours can still get quite big. Non-cancerous tumours don't usually come back after they're removed.</p> <p>Since these tumours aren't cancer or life threatening, they aren't covered under the insurance.</p> <p><b>Cancerous tumours</b> are made up of malignant cells that are different from normal cells. Malignant cells can grow into nearby tissues and spread to other parts of the body. This happens when cancer cells get into the blood or lymphatic system. Even when a cancerous tumour is removed, cancer can still come back because cancer cells might have already spread from the tumour to other parts of the body. Cancers are broken down into stages based on how far advanced they are.</p> <p>Source: <a href="#">Types of cancer   Canadian Cancer Society</a></p> <p>Some less advanced cancers aren't covered under your insurance because they aren't life threatening. Just because a cancer isn't covered initially doesn't mean that will always be the case. If a cancer progresses to a more advanced stage and meets the definition in the policy, it may be covered.</p> <p>For a cancer to be covered under the insurance, it must meet the criteria in the definition above.</p> <p><b>Stage grouping</b><sup>6</sup>: Doctors use the AJCC or TNM description to assign an overall stage from 0 to 4 for many types of cancer. Stages 1 to 4 are usually given as the Roman numerals I, II, III and IV. Generally, the higher the number, the more the cancer has spread. Sometimes stages are subdivided using the letters A, B and C. For most types of cancer, the stages mean the following:</p> <ul style="list-style-type: none"> <li>• Stage 0: Carcinoma in situ, a precancerous change</li> <li>• Stage 1: The tumour is usually small and hasn't grown outside of the organ it started in</li> <li>• Stages 2 and 3: The tumour is larger or has grown outside of the organ it started in to nearby tissue</li> <li>• Stage 4: The cancer has spread through the blood or lymphatic system to a distant site in the body (metastatic spread)</li> </ul> <p>To be covered, the cancer must meet the criteria in the <i>Definitions and exclusions</i> section.</p>
<p><b>Specifics</b></p>	<ul style="list-style-type: none"> <li>• <b>Exclusion period:</b> 90 days following the coverage's effective date (See the <i>Definitions and exclusions</i> section)</li> <li>• 100% payment</li> <li>• Basic + Enhanced</li> </ul>
<p><b>Examples</b></p>	<p><b>Some situations that may be covered under your insurance</b></p> <p><i>"I just found out that I have a lump in my breast. I had a mammogram and a biopsy, and the specialist's report says that it's invasive cancer."</i></p> <p><i>"I hadn't been feeling well for a while, so I went to see my doctor. They had me go for blood and other tests that show I have a life-threatening leukemia."</i></p> <p><i>"I have a cough that won't go away and I'm always out of breath. I figured it was pneumonia. I went to see my doctor, who ordered lots of tests, including a biopsy. The specialist's report says that it's invasive lung cancer."</i></p> <p><b>Some situations that aren't covered under your insurance</b></p> <p>Pre-existing condition (symptoms were there before the insurance went into effect)</p> <p><i>"I've had frequent headaches and problems with my equilibrium since October 2022. After consulting a doctor and undergoing tests, they found a glioblastoma (brain cancer). I was diagnosed on February 2, 2023, and my insurance coverage with Desjardins went into effect on December 1, 2022."</i></p> <p>Cancer exclusion 3) any non-melanoma skin cancer, without lymph node or distant metastasis</p> <p><i>"I noticed I had a round red lump on my cheek. The doctor did a biopsy and sent the tissue samples to a lab for analysis. The specialists report indicated that it was basal cell carcinoma. After several more tests, the doctor confirmed that it hadn't spread (metastasized)."</i></p>

<sup>6</sup> [Staging cancer | Canadian Cancer Society](#)

## Coma

<b>Definition and exclusions</b>	<p>Definitive diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours. The Glasgow Coma Score must be 4 or less during this period.</p> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) a medically induced coma,</li> <li>2) a coma which results directly from alcohol or drug use,</li> <li>3) a diagnosis of brain death, or</li> <li>4) if the covered person has already received payment under this benefit for a bacterial meningitis, a benign brain tumour, coma, a coronary artery bypass surgery, a dilated cardiomyopathy, a heart attack (acute myocardial infarction), a heart valve replacement or repair, a liver failure of advanced stage, loss of independent existence, a major organ failure on waiting list, a major organ transplant, a motor neuron disease, multiple sclerosis, a muscular dystrophy, an occupational HIV infection, a paralysis, Parkinson's disease and specified atypical parkinsonian disorders, progressive systemic sclerosis or a stroke (cerebrovascular accident).</li> </ol>
<b>Additional information</b>	<p><b>The Glasgow Coma Scale<sup>7</sup></b> is one of the tools doctors use to determine how serious a brain injury is. The scale is composed of three parameters: Best Eye Response, Best Verbal Response And Best Motor Response. It is scored between 3 (worst) and 15 (best). The score is reached by adding the number beside the applicable description in all three categories.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Symptom persistence period:</b> 96 hours</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Coronary artery bypass surgery

<b>Definition and exclusions</b>	<p>Heart surgery to correct a narrowing or blockage of one or more coronary arteries with bypass grafts.</p> <p><b>Survival period:</b> To qualify, the covered person must be alive for at least 30 days after the surgery and satisfy the survival period definition.</p> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) angioplasty,</li> <li>2) intra-arterial procedures,</li> <li>3) percutaneous trans catheter procedures,</li> <li>4) non-surgical procedures, or</li> <li>5) if the covered person has already received payment under this benefit for an aortic surgery, a coronary artery bypass surgery, a dilated cardiomyopathy, a heart attack (acute myocardial infarction), a heart valve replacement or repair, loss of independent existence, progressive systemic sclerosis or a stroke (cerebrovascular accident).</li> </ol>
<b>Glossary</b>	<p><b>Angioplasty<sup>8</sup>:</b> Percutaneous coronary intervention (PCI, formerly known as angioplasty with stent) is a non-surgical procedure that uses a catheter (a thin flexible tube) to place a small structure called a stent to open up blood vessels in the heart that have been narrowed by plaque buildup, a condition known as atherosclerosis.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Survival period:</b> 30 days after the surgery</li> <li>• 100% payment</li> <li>• Basic + Enhanced</li> </ul>

<sup>7</sup> [Glasgow Coma Scale – ABI \(ablnetwork.ca\)](http://ablnetwork.ca)

<sup>8</sup> [Percutaneous coronary intervention | Heart and Stroke Foundation](http://Heart and Stroke Foundation)

## Deafness

<b>Definition and exclusion</b>	<p>Definitive diagnosis of the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz.</p> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for a bacterial meningitis, a benign brain tumour, a coma, deafness, loss of independent existence, a motor neuron disease, multiple sclerosis, a muscular dystrophy or an occupational HIV infection.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Dementia, including Alzheimer's disease

<b>Definition and exclusions</b>	<p>Definitive diagnosis of dementia, which must be characterized by a progressive deterioration of memory and at least one of the following areas of cognitive function:</p> <ol style="list-style-type: none"> <li>1) aphasia (disorder of speech),</li> <li>2) apraxia (difficulty performing familiar tasks),</li> <li>3) agnosia (difficulty recognizing objects), or</li> <li>4) disturbance in executive functioning (inability to think abstractly and to plan, initiate, sequence, monitor and stop complex behavior), which is affecting daily life.</li> </ol> <p>The covered person must exhibit:</p> <ol style="list-style-type: none"> <li>1) dementia of at least moderate severity, which must be evidenced by a Mini Mental State Exam (MMSE) of 20/30 or less, or equivalent score on another generally medically accepted test or tests of cognitive function, and</li> <li>2) evidence of progressive worsening in cognitive and daily functioning either by serial cognitive tests or by history over at least a 6-month period.</li> </ol> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) affective or schizophrenic disorders, or delirium, or</li> <li>2) if the covered person has already received payment under this benefit for dementia (including Alzheimer's disease), a dilated cardiomyopathy, a heart attack (acute myocardial infarction), a heart valve replacement or repair, loss of independent existence or a stroke (cerebrovascular accident).</li> </ol>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Symptom persistence period:</b> 6 months</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Dilated cardiomyopathy

<b>Definition and exclusions</b>	<p>Definitive diagnosis of impaired ventricular function resulting in significant physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment.</p> <p>The diagnosis must be confirmed by a new echocardiography demonstrating abnormal cardiac function and a persistent low ejection fraction (less than 40%) for at least 3 months.</p> <p>NYHA Class III cardiomyopathy impairment means that the patient is comfortable at rest and is symptomatic during less than ordinary daily activities despite the use of medication and dietary adjustment. There must be evidence of abnormal ventricular function on physical examination and in laboratory studies.</p> <p><b>Survival period:</b> To qualify, the covered person must be alive for at least 30 days after the diagnosis and satisfy the survival period definition.</p> <p><b>Exclusions:</b></p>
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	<p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) ischemic and toxic causes (including alcohol and prescription or non-prescription drug use), or</li> <li>2) if the covered person has already received payment under this benefit for a dilated cardiomyopathy, loss of independent existence or a muscular dystrophy.</li> </ol>
<b>Additional information</b>	<p><b>Dilated cardiomyopathy<sup>9</sup>:</b> often occurs as a result of restricted blood flow to the heart muscles (cardiac ischemia). It weakens and thins the walls of the heart chambers.</p> <p>The disease often starts in the left ventricle, which is the main pumping chamber of the heart. When the walls dilate and become thin, the inside of the chamber gets larger. The left ventricle beats with less force, so it pumps blood less effectively to the rest of the body. The problem can then spread to the heart's right ventricle and the atria.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Survival period:</b> 30 days after the diagnosis</li> <li>• <b>Symptom persistence period:</b> 3 months</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Fulminant viral hepatitis

<b>Definition and exclusions</b>	<p>Definitive diagnosis of a submassive to massive necrosis of the liver caused by any virus leading to sudden liver failure. All of the following conditions must be met:</p> <ol style="list-style-type: none"> <li>1) a rapidly decreasing liver size as confirmed by abdominal ultrasound,</li> <li>2) necrosis involving entire lobules leaving only a collapsed reticular framework (available histology to be included),</li> <li>3) rapidly deteriorating liver function tests, and</li> <li>4) deepening jaundice.</li> </ol> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) chronic hepatitis,</li> <li>2) liver failure caused by alcohol, toxins or drugs, or</li> <li>3) if the covered person has already received payment under this benefit for a fulminant viral hepatitis or loss of independent existence.</li> </ol>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Heart attack (acute myocardial infarction)

<b>Definition and exclusions</b>	<p>Definitive diagnosis of the death of heart muscle due to blood flow obstruction that resulted in the rise and fall of biochemical cardiac markers to levels considered diagnostic of acute myocardial infarction. At least one of the following must be present:</p> <ol style="list-style-type: none"> <li>1) heart attack symptoms,</li> <li>2) new electrocardiogram (ECG) changes consistent with a heart attack, or</li> <li>3) development of new Q waves during or immediately following an intra arterial cardiac procedure including without limitation coronary angiography and coronary angioplasty.</li> </ol> <p><b>Survival period:</b> To qualify, the covered person must be alive for at least 30 days after the diagnosis and satisfy the survival period definition.</p> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) elevated biochemical cardiac markers as a result of an intra arterial cardiac procedure including without limitation, coronary angiography and coronary angioplasty, in the absence of new Q waves,</li> <li>2) ECG changes suggesting a prior myocardial infarction that does not meet the heart attack (acute myocardial infarction) definition as described above, or</li> </ol>
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<sup>9</sup> [Cardiomyopathy | Heart and Stroke Foundation](#)

	3) if the covered person has already received payment under this benefit for an aortic surgery, a coronary artery bypass surgery, a dilated cardiomyopathy, a heart attack (acute myocardial infarction), a heart valve replacement or repair, a kidney failure, a liver failure of advanced stage, loss of independent existence, a major organ failure on waiting list, a major organ transplant, progressive systemic sclerosis or a stroke (cerebrovascular accident).
<b>Additional information</b>	<p>A heart attack occurs when blood flow to a section of the heart becomes blocked and the heart muscle can't get oxygen. If the blood flow isn't restored quickly, that section of the heart begins to die. Depending on how long the blood supply is cut off, the damage can be mild, severe or cause lifelong problems.</p> <p>Source: <a href="https://www.heartandstroke.ca">Heart Attack   Heart and Stroke Foundation (heartandstroke.ca), 2022</a></p> <p>There are lots of different types of heart conditions that are similar to heart attacks. If you're experiencing discomfort and symptoms that feel like you're having a heart attack, but you aren't actually having one, you won't receive any insurance amount.</p> <p>To be covered under the insurance, the heart attack must meet the criteria of the definition above.</p> <p>You will find more information about heart attacks and their warning signs, risk factors and treatments on the <a href="#">Heart &amp; Stroke website</a>.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Survival period:</b> 30 days after the diagnosis</li> <li>• 100% payment</li> <li>• Basic + Enhanced</li> </ul>
<b>Examples</b>	<p><b>A situation where you may be covered under the insurance</b></p> <p><i>"I went to the ER with severe chest pain that wouldn't go away and numbness in my left arm. I had a cardiac workup, including an electrocardiogram, blood tests (cardiac biomarkers) and a coronary angiography. Based on my test results, the cardiologist confirmed that it was a heart attack."</i></p> <p><b>A situation that isn't covered under the insurance</b></p> <p><i>"I went to the ER because I was short of breath and feeling tightness in my chest. I underwent a cardiac workup (electrocardiogram) and blood tests. Turns out I was suffering from angina, not a heart attack."</i></p> <p>You aren't covered for this because you were diagnosed with angina, not a heart attack.</p>

## Heart valve replacement or repair

<b>Definition and exclusions</b>	<p>Surgery to replace any heart valve with either a natural or mechanical valve or to repair heart valve defects or abnormalities.</p> <p><b>Survival period:</b> To qualify, the covered person must be alive for at least 30 days after the surgery and satisfy the survival period definition.</p> <p><b>Exclusions:</b> No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) angioplasty,</li> <li>2) intra-arterial procedures,</li> <li>3) percutaneous trans catheter procedures,</li> <li>4) non-surgical procedures, or</li> <li>5) if the covered person has already received payment under this benefit for an aortic surgery, a coronary artery bypass surgery, a dilated cardiomyopathy, a heart attack (acute myocardial infarction), a heart valve replacement or repair, loss of independent existence or a stroke (cerebrovascular accident).</li> </ol>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Survival period:</b> 30 days after surgery</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Kidney failure

<b>Definition and exclusion</b>	<p>Definitive diagnosis of chronic irreversible failure of both kidneys to function resulting in regular hemodialysis, peritoneal dialysis or for which renal transplantation is initiated.</p> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for a coronary artery bypass surgery, a dilated cardiomyopathy, a heart attack (acute myocardial infarction), a kidney failure, a liver failure of advanced stage, loss of independent existence, a major organ failure on waiting list, a major organ transplant, an occupational HIV infection, a primary pulmonary hypertension (idiopathic pulmonary arterial hypertension and familial pulmonary arterial hypertension), a progressive systemic sclerosis or a stroke (cerebrovascular accident).</p>
<b>Glossary</b>	<p><b>Regular hemodialysis</b><sup>10</sup>: In hemodialysis, your blood is pumped through a dialysis machine, where waste and excess fluid are removed before the cleaned blood is returned to your body.</p> <p><b>Dialysis</b>: Dialysis is a treatment that cleans your blood and removes excess fluid from your body when your kidneys are no longer healthy enough to do these important jobs.</p> <p><b>Peritoneal dialysis</b><sup>11</sup>: Peritoneal dialysis uses the peritoneum as a natural permeable membrane through which water and solutes can equilibrate.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Liver failure of advanced stage

<b>Definition and exclusions</b>	<p>Definitive diagnosis of liver failure due to cirrhosis and resulting in all of the following:</p> <ol style="list-style-type: none"> <li>1) permanent jaundice,</li> <li>2) ascites, and</li> <li>3) encephalopathy.</li> </ol> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) liver disease secondary to alcohol or drug use, or</li> <li>2) if the covered person has already received payment under this benefit for a cancer (life-threatening), a coronary artery bypass surgery, a dilated cardiomyopathy, a fulminant viral hepatitis, a heart attack (acute myocardial infarction), a kidney failure, a liver failure of advanced stage, loss of independent existence, a major organ failure on waiting list, a major organ transplant, an occupational HIV infection, a progressive systemic sclerosis or a stroke (cerebrovascular accident).</li> </ol>
<b>Glossary</b>	<p><b>Ascites</b><sup>12</sup>: Fluid buildup in the abdomen.</p> <p><b>Jaundice</b><sup>13</sup>: A condition in which the skin and whites of the eyes become yellow and urine is dark yellow. It is a symptom of a medical condition, not a disease.</p> <p><b>Hepatic encephalopathy</b><sup>14</sup>: A deterioration in brain function observed in people with acute liver failure of chronic liver disease. The brain is a very sensitive organ and relies on a healthy liver in order to properly function.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

<sup>10</sup> [Kidney Foundation - Dialysis](#)

<sup>11</sup> [Peritoneal Dialysis - Genitourinary Disorders - Merck Manuals Professional Edition](#)

<sup>12</sup> [Fluid buildup in the abdomen | Canadian Cancer Society](#)

<sup>13</sup> [Jaundice | Canadian Cancer Society](#)

<sup>14</sup> [Hepatic Encephalopathy - Canadian Liver Foundation](#)

## Loss of independent existence

<b>Definition</b>	<p>Definitive diagnosis of the total inability, due to disease or injury, to perform independently at least 3 of 6 activities of daily living listed below, with or without the aid of assistive devices. The inability must last for a continuous period of at least 90 days with no reasonable chance of recovery.</p> <p>Activities of daily living are:</p> <ol style="list-style-type: none"> <li>1) Bathing: washing oneself in a bathtub, shower or by sponge bath</li> <li>2) Dressing: putting on and removing necessary clothing, braces, artificial limbs or other surgical appliances</li> <li>3) Toileting: getting on and off the toilet and maintaining personal hygiene</li> <li>4) Bladder and bowel continence: managing bowel and bladder function with or without protective undergarments or surgical appliances so that hygiene is maintained</li> <li>5) Transferring: moving in and out of a bed, chair or wheelchair</li> <li>6) Feeding: consuming food or drink that already have been prepared and made available</li> </ol> <p><b>Important:</b> A person's coverage under this Benefit terminates when an amount for loss of independent existence is paid for that person.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Symptom persistence period:</b> 90 days</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Loss of limbs

<b>Definition and exclusion</b>	<p>Definitive diagnosis of the complete severance of 2 or more limbs at or above the wrist or ankle joint as the result of an Accident or medically required amputation.</p> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for loss of independent existence or loss of limbs.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Loss of speech

<b>Definition and exclusions</b>	<p>Definitive diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease, for a period of at least 180 days.</p> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) all psychiatric related causes, or</li> <li>2) if the covered person has already received payment under this benefit for a bacterial meningitis, a benign brain tumour, a coma, loss of independent existence, loss of speech, a motor neuron disease, multiple sclerosis, a muscular dystrophy, an occupational HIV infection, a paralysis, or Parkinson's disease and specified atypical parkinsonian disorders.</li> </ol>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Symptom persistence period:</b> 180 days</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Major organ failure on waiting list

<b>Definition and exclusion</b>	<p>Definitive diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, for which transplantation is medically necessary. The covered person must become enrolled as the recipient in a recognized transplant centre in Canada or in the United States that performs the required form of transplant surgery.</p> <p><b>Survival period:</b> To qualify, the covered person must be alive for at least 30 days after the date of the enrollment in the transplant centre, in the case of a definitive diagnosis of the irreversible failure of the heart.</p> <p>In all cases, any days on life support are not included. Life support means the regular care of a physician for nutritional, respiratory and/or cardiovascular support, when irreversible cessation of all functions of the brain has occurred.</p> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for a coronary artery bypass surgery, a dilated cardiomyopathy, a fulminant viral hepatitis, a heart attack (acute myocardial infarction), a heart valve replacement or repair, a kidney failure, a liver failure of advanced stage, loss of independent existence, a major organ failure on waiting list, a major organ transplant, a primary pulmonary hypertension (idiopathic pulmonary arterial hypertension and familial pulmonary arterial hypertension), a progressive systemic sclerosis or a stroke (cerebrovascular accident).</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Survival period:</b> 30 days after the enrollment in a transplant centre for the irreversible failure of the heart</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Major organ transplant

<b>Definition and exclusion</b>	<p>Medically necessary transplantation due to a definitive diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow. To qualify under major organ transplant, the covered person must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these organs or tissues.</p> <p><b>Survival period:</b> In the case of a heart transplant, the covered person must be alive for at least 30 days after the surgery and satisfy the survival period definition.</p> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for a coronary artery bypass surgery, a dilated cardiomyopathy, a fulminant viral hepatitis, a heart attack (acute myocardial infarction), a heart valve replacement or repair, a kidney failure, a liver failure of advanced stage, loss of independent existence, a major organ failure on waiting list, a major organ transplant, a primary pulmonary hypertension (idiopathic pulmonary arterial hypertension and familial pulmonary arterial hypertension), a progressive systemic sclerosis or a stroke (cerebrovascular accident).</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Survival period:</b> 30 days after the surgery in the case of heart transplant</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Motor neuron disease

<b>Definition and exclusion</b>	<p>Definitive diagnosis of one of the following conditions:</p> <ol style="list-style-type: none"> <li>1) amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease),</li> <li>2) primary lateral sclerosis,</li> <li>3) progressive spinal muscular atrophy,</li> <li>4) progressive bulbar palsy, or</li> <li>5) pseudo bulbar palsy.</li> </ol> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for loss of independent existence or a motor neuron disease.</p>
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<b>Glossary</b>	<p><b>Amyotrophic lateral sclerosis</b><sup>15</sup> (also known as ALS, Lou Gehrig's disease, or motor neuron disease) is a disease that gradually paralyzes people because the brain is no longer able to communicate with the muscles of the body that we are typically able to move at will. Over time, as the muscles of the body break down, someone living with ALS will lose the ability to walk, talk, eat, swallow, and eventually breathe<sup>16</sup>.</p> <p><b>Spinal muscular atrophy</b><sup>17</sup>: Spinal muscular atrophy is the name given to a group of genetic muscle-wasting disorders. SMA affects the nerve cells that control voluntary muscle. These nerve cells are called motor neurons and SMA causes them to die off. Without motor neurons, the brain cannot deliver signals to the muscles.</p> <p><b>Primary lateral sclerosis</b><sup>18</sup> and <b>progressive pseudobulbar palsy</b> These motor neuron diseases are rare, slowly progressive variants of amyotrophic lateral sclerosis:</p> <p>Primary lateral sclerosis affects mainly the arms and legs.</p> <p>Progressive pseudobulbar palsy affects mainly the muscles of the face, jaw, and throat.</p> <p>In both disorders, muscles are weak and very stiff and tight (spastic), but muscle twitching (called fasciculations) and wasting do not occur.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Multiple sclerosis

<b>Definition and exclusions</b>	<p>Definitive diagnosis of at least one of the following:</p> <ol style="list-style-type: none"> <li>1) 2 or more separate clinical attacks confirmed by magnetic resonance imaging (MRI) of the nervous system that show multiple lesions of demyelination,</li> <li>2) well defined neurological abnormalities lasting more than 6 months confirmed by MRI imaging of the nervous system that show multiple lesions of demyelination, or</li> <li>3) a single attack, confirmed by repeated MRI imaging of the nervous system that show multiple lesions of demyelination that developed at intervals at least one month apart.</li> </ol> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for loss of independent existence, multiple sclerosis or progressive systemic sclerosis.</p>
<b>Glossary</b>	<p><b>Multiple sclerosis</b><sup>19</sup> (MS) is a disease of the central nervous system. The immune system attacks myelin (protective covering of the nerves) in the brain, spinal cord, and optic nerves, which disrupts communication between the central nervous system and the rest of the body.</p> <p><b>Demyelination</b><sup>20</sup> is the destruction of the tissues that wrap around nerves, called the myelin sheath.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Symptom persistence period:</b> See definition</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

<sup>15</sup> [Amyotrophic Lateral Sclerosis \(ALS\) and Other Motor Neuron Diseases \(MNDs\) - Brain, Spinal Cord, and Nerve Disorders - Merck Manuals Consumer Version](#)

<sup>16</sup> [About ALS – ALS Society of Canada](#)

<sup>17</sup> [Neuromuscular Disorder Types | Muscular Dystrophy Canada \(muscle.ca\)](#)

<sup>18</sup> [Amyotrophic Lateral Sclerosis \(ALS\) and Other Motor Neuron Diseases \(MNDs\) - Brain, Spinal Cord, and Nerve Disorders - Merck Manuals Consumer Version](#)

<sup>19</sup> [Multiple Sclerosis In Canada - Canada.ca](#)

<sup>20</sup> [Other Primary Demyelinating Diseases - Brain, Spinal Cord, and Nerve Disorders - MSD Manual Consumer Version \(msdmanuals.com\)](#)

## Muscular dystrophy

<b>Definition and exclusion</b>	<p>Definitive diagnosis of hereditary muscle disorders with slow and progressive deterioration leading to increasing weakness and disability. The diagnosis must be supported by DNA analysis, electromyography and muscle biopsy.</p> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for loss of independent existence or a muscular dystrophy.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Occupational HIV infection

<b>Definition and exclusions</b>	<p>Definitive diagnosis of infection with human immunodeficiency virus (HIV) resulting from accidental injury during the course of the covered person's normal occupation that exposed the person to HIV contaminated body fluids. All of the following conditions must be met:</p> <ol style="list-style-type: none"> <li>1) the accidental injury must be reported to Desjardins Insurance within 14 days of the accident,</li> <li>2) an HIV serum test must be taken within 14 days of the accidental injury and the result must be negative,</li> <li>3) an HIV serum test must be taken between 90 days and 180 days after the accidental injury and the result must be positive,</li> <li>4) all HIV tests must be performed by a duly licensed laboratory in Canada or in the United States, and</li> <li>5) the accidental injury must be reported, investigated and documented in accordance with current Canadian or United States workplace guidelines.</li> </ol> <p>The accidental injury leading to the infection must have occurred after the later of the date of commencement of coverage, or the effective date of last reinstatement of coverage.</p> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) the covered person refused any available licensed vaccine offering protection against HIV,</li> <li>2) a licensed cure for HIV infection has become available prior to the accidental injury,</li> <li>3) HIV infection has occurred due to non accidental injury including without limitation, sexual transmission and intravenous (IV) drug use, or</li> <li>4) if the covered person has already received payment under this benefit for loss of independent existence or an occupational HIV infection.</li> </ol>
<b>Additional information</b>	<p>Human immunodeficiency<sup>21</sup> virus (HIV) is a virus that attacks the body's immune system. While HIV is a manageable chronic condition, if left untreated, it can cause a weakened immune system or acquired immune deficiency syndrome (AIDS).</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Paralysis

<b>Definition and exclusions</b>	<p>Definitive diagnosis of the total loss of muscle function of 2 or more limbs due to injury or disease to the nerve supply to those limbs. The paralysis must last for at least 90 days following the causative event.</p> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for a bacterial meningitis, a benign brain tumour, a coma, loss of independent existence, a motor neuron disease, multiple sclerosis, muscular dystrophy, an occupational HIV infection, a paralysis, Parkinson's disease and specified atypical parkinsonian disorders, a progressive systemic sclerosis or severe burns.</p>
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<sup>21</sup> [www.canada.ca/en/public-health/services/diseases/hiv-aids.html](http://www.canada.ca/en/public-health/services/diseases/hiv-aids.html)

<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Symptom persistence period:</b> 90 days</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>
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## Parkinson's disease and specified atypical parkinsonian disorders

<b>Definition and exclusions</b>	<p><b><u>Parkinson's disease</u></b></p> <p>Definitive diagnosis of primary Parkinson's disease, a permanent neurologic condition which must be characterized by bradykinesia (slowness of movement) and at least one of:</p> <ol style="list-style-type: none"> <li>1) muscular rigidity, or</li> <li>2) rest tremor.</li> </ol> <p>The covered person must exhibit objective signs of progressive deterioration in function for at least one year, for which the treating neurologist has recommended dopaminergic medication or other generally medically accepted equivalent treatment for Parkinson's disease.</p> <p><b><u>Specified atypical parkinsonian disorders</u></b></p> <p>Definitive diagnosis of progressive supranuclear palsy, corticobasal degeneration or multiple system atrophy.</p> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) any other types of parkinsonism, or</li> <li>2) if the covered person has already received payment under this benefit for loss of independent existence or Parkinson's disease and specified atypical parkinsonian disorders.</li> </ol>
<b>Additional information</b>	<p><b>Parkinson's disease<sup>22</sup></b> is a degenerative condition of the brain associated with motor symptoms (slow movement, tremor, rigidity and imbalance) and other complications including cognitive impairment, mental health disorders, sleep disorders and pain and sensory disturbances.</p> <p><b>Atypical parkinsonian disorders</b></p> <p>Atypical parkinsonian disorders are progressive diseases that present with some of the signs and symptoms of Parkinson's disease, but that generally do not respond well to drug treatment.</p> <p>Like classic Parkinson's disease<sup>23</sup>, atypical parkinsonian disorders cause muscle stiffness, tremor, and problems with walking/balance and fine motor coordination. Patients with atypical parkinsonism often have some degree of difficulty speaking or swallowing, and drooling can be a problem. Psychiatric disturbances such as agitation, anxiety or depression may also be part of the clinical picture.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Primary pulmonary hypertension (idiopathic pulmonary arterial hypertension and familial pulmonary arterial hypertension)

<b>Definition and exclusions</b>	<p>Definitive diagnosis of primary pulmonary hypertension with a substantial right ventricular enlargement confirmed by investigations (including cardiac catheterization) and resulting in permanent, irreversible physical impairment to the degree of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.</p> <p>The NYHA Classification of Cardiac Impairment states the following about Class IV: "Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest."</p> <p><b>Survival period:</b> To qualify, the covered person must be alive for at least 30 days after the diagnosis and satisfy the survival period definition.</p>
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<sup>22</sup> [Parkinson disease \(who.int\)](http://www.who.int)

<sup>23</sup> [Atypical Parkinsonian Disorders | Johns Hopkins Medicine](http://www.hopkinsmedicine.org)



	<p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) all other types of pulmonary arterial hypertension, or</li> <li>2) if the covered person has already received payment under this benefit for loss of independent existence or a primary pulmonary hypertension (idiopathic pulmonary arterial hypertension and familial pulmonary arterial hypertension).</li> </ol>
<b>Glossary</b>	Pulmonary hypertension <sup>24</sup> (PH) is the general term used to describe high blood pressure in the pulmonary arteries. There are many causes of PH.
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Survival period:</b> 30 days after the diagnosis</li> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Progressive systemic sclerosis

<b>Definition and exclusions</b>	<p>Definitive diagnosis of progressive systemic scleroderma with systemic involvement of the heart, lungs or kidneys. The diagnosis must be unequivocally supported by biopsy and serological evidence.</p> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) localized scleroderma (linear scleroderma or morphea),</li> <li>2) eosinophilic fasciitis,</li> <li>3) CREST syndrome, or</li> <li>4) if the covered person has already received payment under this benefit for loss of independent existence or a progressive systemic sclerosis.</li> </ol>
<b>Glossary</b>	<p><b>Scleroderma</b><sup>25</sup> is a rare, progressive and chronic autoimmune connective tissue disorder that causes excess collagen accumulation.</p> <p>The word scleroderma literally means "hard skin".</p> <p><b>Eosinophilic fasciitis</b><sup>26</sup> is an uncommon disorder characterized by symmetric and painful inflammation, swelling, and induration of the arms and legs.</p> <p><b>CREST syndrome</b><sup>27</sup>, also called limited systemic sclerosis, involves more peripheral areas of the skin (not the trunk). It typically does not affect the kidneys and lungs directly but may eventually increase pressure in the arteries that supply the lungs.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

## Severe burns

<b>Definition and exclusion</b>	<p>Definite diagnosis of third-degree burns over at least 20% of the body surface.</p> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for loss of independent existence or severe burns.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Enhanced</li> </ul>

<sup>24</sup> [Pulmonary Hypertension | Canadian Lung Association](#)

<sup>25</sup> [About Scleroderma | Scleroderma Canada](#)

<sup>26</sup> [Eosinophilic Fasciitis - Musculoskeletal and Connective Tissue Disorders - Merck Manuals Professional Edition](#)

<sup>27</sup> [Systemic Sclerosis - Bone, Joint, and Muscle Disorders - Merck Manuals Consumer Version](#)

## Stroke (cerebrovascular accident)

<b>Definition and exclusions</b>	<p>Definitive diagnosis of an acute cerebrovascular event caused by intracranial thrombosis, hemorrhage or embolism from an extra cranial source, with:</p> <ol style="list-style-type: none"> <li>1) acute onset of new neurological symptoms, and</li> <li>2) new objective neurological deficits on clinical examination persisting for more than 30 days following the date of diagnosis.</li> </ol> <p>These new symptoms and deficits must be corroborated by diagnostic imaging testing.</p> <p><b>Survival period:</b> To qualify, the covered person must be alive for at least 30 days after the diagnosis and satisfy the survival period definition.</p> <p><b>Exclusions:</b></p> <p>No benefit is payable under this condition for the following:</p> <ol style="list-style-type: none"> <li>1) transient ischaemic attacks,</li> <li>2) intracerebral vascular events due to trauma,</li> <li>3) lacunar infarctions that do not meet the definition of stroke as described above, or</li> <li>4) if the covered person has already received payment under this benefit for an aortic surgery, a benign brain tumour, a coronary artery bypass surgery, a dilated cardiomyopathy, a heart attack (acute myocardial infarction), a heart valve replacement and repair, a kidney failure, a liver failure of advanced stage, loss of independent existence, a major organ failure on waiting list, a major organ transplant, an occupational HIV infection, a primary pulmonary hypertension (idiopathic pulmonary arterial hypertension and familial pulmonary arterial hypertension), a progressive systemic sclerosis or a stroke (cerebrovascular accident).</li> </ol>
<b>Additional information</b>	<p>A stroke happens when blood stops flowing to any part of your brain, damaging brain cells. The effects of a stroke depend on the part of the brain that was damaged and the amount of damage done. The effects of stroke are different for each person. The severity depends on factors such as the type of stroke and the side of the brain the stroke occurred (right or left hemisphere).</p> <p>Source: <a href="https://www.heartandstroke.ca">What is Stroke?   Heart and Stroke Foundation (heartandstroke.ca)</a>, 2022</p> <p>There are lots of different types of strokes and they aren't all covered under the insurance.</p> <p>To be covered under the insurance, a stroke must meet the criteria of the definition above.</p> <p>Want to find out more about what a stroke is, and the warning signs, risk factors and treatments? Check out the Heart &amp; Stroke website at: <a href="https://www.heartandstroke.ca/stroke">www.heartandstroke.ca/stroke</a></p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Survival period:</b> 30 days after the diagnosis</li> <li>• <b>Symptom persistence period:</b> 30 following the date of diagnosis</li> <li>• 100% payment</li> <li>• Basic + Enhanced</li> </ul>
<b>Examples</b>	<p><b>A situation where you may be covered under the insurance</b></p> <p><i>"I had a sudden, very intense headache for no apparent reason. I also felt dizzy. I was taken to the hospital, where I underwent several tests. I was diagnosed with a stroke and I had to go to rehab to learn how to walk again. It's been 6 months since I had my stroke and I still haven't fully recovered."</i></p> <p><b>Some situations that aren't covered under your insurance</b></p> <p><i>"I was treated for a stroke at the hospital. I came home and a week later, all my symptoms were gone."</i></p> <p><b>You aren't covered for this because the new neurological deficits didn't last for at least 30 days.</b></p> <p><i>"I was having symptoms of a stroke. I was numb on one side and I had a really bad headache. But the symptoms disappeared after 24 hours. I was diagnosed with a transient ischemic attack."</i></p> <p><b>You aren't covered for this because transient ischemic attacks are one of the exclusions.</b></p>

# Specific illnesses

## Coronary angioplasty

<b>Definition and exclusions</b>	<p>An interventional procedure to unblock or widen a coronary artery that supplies blood to the heart to allow an uninterrupted flow of blood.</p> <p><b>Survival period:</b> To qualify, the covered person must be alive for at least 30 days after the surgery and satisfy the survival period definition.</p> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for an aortic surgery, a coronary artery bypass surgery, a dilated cardiomyopathy, a heart attack (acute myocardial infarction), a heart valve replacement or repair, loss of independent existence, a progressive systemic sclerosis or a stroke (cerebrovascular accident).</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Survival period:</b> 30 days after the surgery</li> <li>• <a href="#">Partial payment</a> of 10% up to \$25,000</li> <li>• Basic + Enhanced</li> </ul>

## Ductal carcinoma in situ of the breast

<b>Definition and exclusions</b>	<p>Non-invasive breast cancer originating in the ducts of the breast. The diagnosis must be confirmed by biopsy.</p> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for an aplastic anemia, a cancer (life-threatening), a fulminant viral hepatitis, loss of independent existence, a major organ failure on waiting list, a major organ transplant, an occupational HIV infection or a progressive systemic sclerosis.</p> <p><b>Exclusion period:</b></p> <p>No benefit is payable under this condition if, within the first 90 days following the later of the date of commencement of coverage or the effective date of last reinstatement of coverage under this benefit, the covered person has any of the following:</p> <ol style="list-style-type: none"> <li>a) signs or symptoms or investigations that lead to a diagnosis of cancer regardless of when the diagnosis is made, or</li> <li>b) a diagnosis of cancer.</li> </ol>
<b>Additional information</b>	<p><b>Ductal carcinoma<sup>28</sup> in situ</b> may also be called intraductal carcinoma or non-invasive ductal carcinoma. It is the most common type of non-invasive breast cancer. The cancer cells are only in the lining of the breast duct. They have not spread outside the duct into nearby breast tissue or to other organs in the body.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Exclusion period:</b> 90 days following the coverage's effective date (see the <i>Definitions and exclusions</i> section)</li> <li>• <a href="#">Partial payment</a> of 10% up to \$25,000</li> <li>• Basic + Enhanced</li> </ul>

<sup>28</sup> [Ductal carcinoma | Canadian Cancer Society](#)

## Stage 1a malignant melanoma

<b>Definition and exclusions</b>	<p>Diagnosis of a melanoma less than or equal to 1.0 mm in thickness that does not have ulceration or Clark level IV or V invasion. The diagnosis must be confirmed by biopsy.</p> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for an aplastic anemia, a cancer (life-threatening), a fulminant viral hepatitis, loss of independent existence, a major organ failure on waiting list, a major organ transplant, an occupational HIV infection or a progressive systemic sclerosis.</p> <p><b>Exclusion period:</b></p> <p>No benefit is payable under this condition if, within the first 90 days following the later of the date of commencement of coverage or the effective date of last reinstatement of coverage under this benefit, the covered person has any of the following:</p> <ul style="list-style-type: none"> <li>a) signs or symptoms or investigations that lead to a diagnosis of cancer regardless of when the diagnosis is made, or</li> <li>b) a diagnosis of cancer.</li> </ul>
<b>Glossary</b>	<p><b>Melanoma</b><sup>29</sup> skin cancer starts in melanocyte cells of the skin. [...] Melanocytes can group together and form moles on the skin. They appear as bumps or spots that are usually brown or pink. Most people have a few moles. Moles are non-cancerous (benign) tumours.</p> <p>But in some cases, changes to melanocytes can cause melanoma skin cancer. A change in the colour, size or shape of a mole is usually the first sign of melanoma skin cancer.</p> <p><b>Clark level</b> determines the depth the melanoma has reached in the different layers of skin.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Exclusion period:</b> 90 days following the coverage's effective date (see the <i>Definitions and exclusions</i> section)</li> <li>• <a href="#">Partial payment</a> of 10% up to \$25,000</li> <li>• Basic + Enhanced</li> </ul>

## Stage A (T1a or T1b) prostate cancer

<b>Definition and exclusions</b>	<p>A clinically unapparent malignant tumour localized in the prostate that is neither palpable nor visible by imaging. The diagnosis must be confirmed by pathological examination of prostate tissue.</p> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition if the covered person has already received payment under this benefit for an aplastic anemia, a cancer (life-threatening), a fulminant viral hepatitis, loss of independent existence, a major organ failure on waiting list, a major organ transplant, an occupational HIV infection or a progressive systemic sclerosis.</p> <p><b>Exclusion period:</b></p> <p>No benefit is payable under this condition if, within the first 90 days following the later of the date of commencement of coverage or the effective date of last reinstatement of coverage under this benefit, the covered person has any of the following:</p> <ul style="list-style-type: none"> <li>a) signs or symptoms or investigations that lead to a diagnosis of cancer regardless of when the diagnosis is made, or</li> <li>b) a diagnosis of cancer.</li> </ul>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Exclusion period:</b> 90 days following the coverage's effective date.</li> <li>• <a href="#">Partial payment</a> of 10% up to \$25,000</li> <li>• Basic + Enhanced</li> </ul>

<sup>29</sup> [What is melanoma skin cancer? | Canadian Cancer Society](#)

# Children's illnesses

## Cerebral palsy

<b>Definition</b>	Definitive diagnosis of a chronic disorder appearing in the first few years of life due to damage to the motor areas of the brain.
<b>Glossary</b>	<b>Cerebral palsy</b> <sup>30</sup> is a term used to describe a group of disorders which affect movement and posture. Different parts of the brain control the movement of every muscle of the body. In cerebral palsy, there is damage to, or lack of development in part of the brain (which occurs within the first two years of life).
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Basic + Enhanced</li> </ul>

## Congenital heart disease

<b>Definition</b>	Definitive diagnosis of any serious cardiac malformation present at birth for which corrective surgery has been performed. <b>Survival period:</b> To qualify, the covered person must be alive for at least 30 days after the surgery and satisfy the survival period definition.
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• <b>Survival period:</b> 30 days after the surgery</li> <li>• 100% payment</li> <li>• Basic + Enhanced</li> </ul>

## Cystic fibrosis

<b>Definition</b>	Definitive diagnosis of a genetic disease affecting the sweat and mucous glands particularly in the lungs and digestive system, characterized by excess production of thick mucous leading to chronic progressive respiratory disease and nutritional problems.
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Basic + Enhanced</li> </ul>

## Down syndrome

<b>Definition</b>	Definitive diagnosis of a congenital condition caused by an extra copy of chromosome 21.
<b>Additional information</b>	<b>Down syndrome</b> <sup>31</sup> is an anomaly of chromosome 21 that can cause intellectual disability, microcephaly (smaller skull and brain than the average person of the same age), short stature, and characteristic facies (face). Diagnosis is suggested by physical anomalies and abnormal development and confirmed by cytogenetic analysis (chromosome study). Management depends on specific manifestations and anomalies.
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Basic + Enhanced</li> </ul>

<sup>30</sup> [Cerebral Palsy \(bcchildrens.ca\)](http://bcchildrens.ca)

<sup>31</sup> [Down Syndrome \(Trisomy 21\) - Pediatrics - Merck Manuals Professional Edition](#)

## Serious cerebral lesion

<b>Definition</b>	Definitive diagnosis of any lesion characterized by an invasive development problem or serious intellectual deficiency that prevents a dependent child from performing the basic activities of daily living. The child must also require daily professional specialized services for treatment, rehabilitation, re-education, or schooling.
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Basic + Enhanced</li> </ul>

## Serious mental deficiency

<b>Definition</b>	Definitive diagnosis of a deficiency that when evaluated through standard testing, demonstrates an IQ under 70.
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Basic + Enhanced</li> </ul>

## Spina bifida cystica

<b>Definition and exclusion</b>	<p>Definitive diagnosis of a congenital defect, caused by failure of the spine to close properly allowing the spinal cord and its protective covering (meninges) to protrude through the skin.</p> <p><b>Exclusion:</b></p> <p>No benefit is payable under this condition for spina bifida occulta.</p>
<b>Additional information</b>	<p><b>Spina bifida</b><sup>32</sup> is a condition that occurs very early on in pregnancy, around day 21, when the fetus's neural tube develops. As the fetus grows, the vertebra arches that normally protect the spinal cord don't form properly so the spinal cord and its coverings are not protected and form a sac that bulges out from the spine. This sac is known as a "cele" and it is covered by a tissue called the "meninges". The nerves in the affected area do not develop properly either. The severity of the newborn's spina bifida depends on where the spinal cord is exposed. In general, children with a cele at a higher level will have more deficits.</p>
<b>Specifics</b>	<ul style="list-style-type: none"> <li>• 100% payment</li> <li>• Basic + Enhanced</li> </ul>

<sup>32</sup> [Understanding spina bifida | Montreal Children's Hospital \(thechildren.com\)](https://www.thechildren.com/understanding-spina-bifida)