

# Program C

## Paralysis (of Limbs)

*Total and irreversible.*

Total and irreversible loss of muscle function of all or any one limb as a result of illness or injury.

The diagnosis must be confirmed by a neurologist and documented for at least three (3) months.

**Not an insured event:**

- Guillain-Barré syndrome

## Stroke

*Resulting in symptoms lasting at least 24 hours.*

Death of brain tissue due to inadequate blood supply or intracranial haemorrhage, resulting in neurological deficit with permanent clinical symptoms lasting at least 24 hours.

The diagnosis must be confirmed by a neurologist and supported by typical clinical symptoms and diagnostic imaging findings.

Covered symptoms include: numbness, hyperaesthesia, paralysis, localized weakness, dysarthria, aphasia, dysphagia, visual impairment, difficulty walking, lack of coordination, tremor, seizures, lethargy, or coma.

**Not an insured event:**

- Transient Ischaemic Attack (TIA) or minor stroke;
- brain injury due to trauma or infection;
- recurrent stroke during the lifetime of the Insured.

## Type 1 Diabetes Mellitus

*Requiring permanent insulin therapy.*

Insulin-dependent Type 1 diabetes mellitus requiring ongoing insulin injections and persisting for at least twelve (12) months.

The diagnosis must be confirmed by an endocrinologist and supported by laboratory investigations.

**Not an insured event:**

- gestational diabetes;
- Type 2 diabetes mellitus (including insulin-treated Type 2 diabetes);
- latent autoimmune diabetes in adults (LADA).

## Myocardial Infarction (Heart Attack)

*Of specified severity.*

Death of a portion of the heart muscle due to inadequate blood supply, resulting in all of the following acute myocardial infarction findings:

- new characteristic electrocardiographic (ECG) changes;
- characteristic elevation of cardiac biomarkers such as troponin or cardiac enzymes.

The diagnosis must be confirmed by a cardiologist and clearly establish acute myocardial infarction.

**Not an insured event:**

- other acute coronary syndromes, including angina pectoris or any other cardiac disease;
- history of typical chest pain without diagnostic confirmation;
- silent myocardial infarction.

## Primary Pulmonary Hypertension

*A disease affecting the lungs and heart.*

The diagnosis of primary pulmonary hypertension requires clinical evidence of cardiac dysfunction resulting in irreversible loss of the ability to perform physical activities.

Heart failure must cause marked limitation of physical activity, whereby exertion less than ordinary activity leads to fatigue, palpitations, dyspnoea or chest pain.

Pulmonary hypertension is classified into five groups according to pathogenesis:

1. Pulmonary arterial hypertension (PAH);
2. Pulmonary hypertension associated with left heart disease;
3. Pulmonary hypertension associated with lung diseases;
4. Pulmonary hypertension associated with thromboembolic disease;
5. Pulmonary hypertension associated.

**Not an insured event:**

- pulmonary hypertension classified under groups 3, 4 or 5.

## Blindness

*Permanent and irreversible loss of sight in both eyes.*

Permanent and irreversible loss of vision to the extent that, even when tested using visual aids, visual acuity is 6/60 or less on the Snellen chart in the better eye.

The visual loss must have persisted continuously for at least six (6) months.

**Not an insured event:**

- temporary blindness.

## Multiple Sclerosis

*Multiple sclerosis is a chronic autoimmune disease affecting the brain and spinal cord.*

It is a disease of the central nervous system characterised by destruction of the myelin sheath of nerve fibres in the brain and spinal cord.

The diagnosis must be confirmed by a neurologist.

There must be clinical evidence of motor or sensory dysfunction caused by multiple sclerosis.

The disease must be demonstrated by typical symptoms of demyelination affecting at least two different areas of the central nervous system and supported by characteristic MRI findings.

For the diagnosis to be confirmed, the Insured must either:

- have experienced continuous neurological impairment for at least six (6) months; or
- have had at least two clinically documented episodes separated by at least one month; or
- have had one clinically documented episode together with characteristic cerebrospinal fluid findings and typical MRI-detected brain lesions.

## Burns

*Third- and fourth-degree burns.*

Burns causing full-thickness skin destruction extending to subcutaneous tissue and/or muscle and affecting at least 20% of the total body surface area.

**Not an insured event:**

- burns resulting from self-inflicted injury;
- first- or second-degree burns.