



Group Critical Illness Covered Conditions / Definitions

Critical illness

The following conditions are considered a critical illness if it meets the defined criteria and has been diagnosed by a physician practicing medicine in Canada or the United States. They must be recognized by the physician's medical licensing body as a specialist in the field of medicine relating to the applicable critical illness. The diagnosis must be supported by objective medical evidence.

Heart attack – the death of heart muscle due to obstruction of blood flow that results in the rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:

- Heart attack symptoms
- New electrocardiogram (ECG) changes consistent with a heart attack
- Development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Exceptions – No benefits will be paid under this condition for:

- Elevated biochemical cardiac markers after an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves.
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above.

Stroke – an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:

- Acute onset of new neurological symptoms.
- New objective neurological deficits on clinical examination, persisting for more than 30 days following the date of the condition. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

Exceptions – No benefits will be paid under this condition for:

- Transient ischaemic attacks.
- Intracerebral vascular events due to trauma.

For greater certainty, lacunar infarcts which do not have the neurological symptoms and deficits set out above, persisting for more than 30 days, do not satisfy the definition of stroke.

Coronary artery bypass surgery – the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). The surgery must be determined to be medically necessary by a specialist.

Exceptions – No benefits will be paid under this condition for:

- Angioplasty
- Intra-arterial procedures
- Percutaneous trans-catheter procedures
- Non-surgical procedures



Cancer (life-threatening) – a tumour, which must be 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.

Exceptions – No benefits will be paid under this condition for:

- Lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumors classified as Ta malignant melanoma skin cancer 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.
- Any non-melanoma skin cancer, without lymph node or distant metastasis.
- Prostate cancer classified as T1a or T1b, without lymph node or distant metastasis.
- Papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis.
- Chronic lymphocytic leukemia classified less than Rai stage 1.
- Malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2.

For purposes of the policy, the terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 2 are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010.

For purposes of the policy, the term Rai staging is to be applied as explained in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.

Cancer Exclusion Period – No benefits will be paid under this condition if, within the first 90 days following the later of the person's effective date of insurance or, for an increase, the effective date of the increase, the person has any of the following:

- Signs, symptoms or investigations that lead to a diagnosis of cancer (covered or excluded under the policy), regardless of when the diagnosis is made.
- A diagnosis of cancer (covered or excluded under the policy).

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Great-West Life within six months of the date of the diagnosis. If this information is not provided within this period, Great-West has the right to deny any claim for cancer or any critical illness caused by any cancer or its treatment.

Kidney failure – chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated.

Blindness – the total and irreversible loss of vision in both eyes, evidenced by:

- The corrected visual acuity being 20/200 or less in both eyes
- The field of vision being less than 20 degrees in both eyes.



Major organ transplant – irreversible failure of the heart, both lungs, liver, both kidneys, or bone marrow, and transplantation must be medically necessary. To qualify under major organ transplant, the person must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities.

Dementia (including Alzheimer’s disease) – dementia, which must be characterized by a progressive deterioration of memory and at least one of the following areas of cognitive function:

- Aphasia (a disorder of speech).
- Apraxia (difficulty performing familiar tasks).
- Agnosia (difficulty recognizing objects).
- Disturbance in executive functioning (e.g. inability to think abstractly and to plan, initiate, sequence, monitor, and stop complex behaviour), which is affecting daily life.

The person must exhibit:

- Dementia of at least moderate severity, which must be evidenced by a Mini Mental State Exam of 20/30 or less, or equivalent score on another generally medically accepted test or tests of cognitive function.
- Plus evidence of progressive deterioration in cognitive and daily functioning either by serial cognitive tests or by history over at least a six-month period.

Exceptions – No benefits will be paid under this condition for:

- Affective or schizophrenic disorders, or delirium.

For purposes of the policy, reference to the Mini Mental State Exam is to Folstein MF, Folstein SE, McHugh PR, J Psychiatr Res. 1975;12(3):189.

Parkinson’s Disease and Specified Atypical Parkinsonian Disorders – Parkinson’s Disease means primary Parkinson’s Disease, a permanent neurologic condition which must be characterized by bradykinesia (slowness of movement) and at least one of:

- Muscular rigidity.
- Rest tremor.

The 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.

Specified Atypical Parkinsonian Disorders mean progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy.

Exceptions – No benefits will be paid under this condition for:

- Any other type of parkinsonism.



Parkinson's Disease and Specified Atypical Parkinsonian Disorders exclusion period –

No benefits will be paid under this condition if, within the first year following the later of the person's effective date of insurance or, for an increase, the effective date of the increase, the person has any of the following:

- Signs, symptoms or investigations that lead to a diagnosis of Parkinson's disease, a specified atypical parkinsonian disorder or any other type of parkinsonism, regardless of when the diagnosis is made.
- A diagnosis of Parkinson's disease, a specified atypical parkinsonian disorder or any other type of parkinsonism.

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Great-West within six months of the date of the diagnosis. If this information is not provided within this period, Great-West has the right to deny any claim for Parkinson's disease or specified atypical parkinsonian disorders or, any critical illness caused by Parkinson's disease or specified atypical parkinsonian disorders or its treatment.

Paralysis – total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event.

Multiple Sclerosis – at least one of the following:

- Two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination.
- Well-defined neurological abnormalities lasting more than six months, confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination.
- A single attack, confirmed by repeated MRI imaging of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart.

Deafness – 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 3000 hertz.

Loss of speech – the total and irreversible loss of the ability to speak as a result of physical injury or disease for a period of at least 180 days.

Exceptions – No benefits will be paid under this condition for:

- All psychiatric related causes.

Coma – a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be four or less.

Exceptions – No benefits will be paid under this condition for:

- A medically induced coma.

Severe burns – third degree burns over at least 20% of the body surface.

Aortic surgery – means the undergoing of surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. Aorta means the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a specialist.



Exceptions – No benefits will be paid under this condition for:

- Angioplasty.
- Intra-arterial procedures.
- Percutaneous trans-catheter procedures.
- Non-surgical procedures.

Benign brain tumour – a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgery or radiation treatment or cause irreversible objective neurological deficits.

Exceptions – No benefits will be paid under this condition for:

- Pituitary adenomas less than 10 mm.

Benign brain tumour exclusion period – No benefits will be paid under this condition if, within the first 90 days following the later of the person's effective date of insurance or, for an increase, the effective date of the increase, the person has any of the following:

- Signs, symptoms or investigations that lead to a diagnosis of benign brain tumour (covered or excluded under the policy), regardless of when the diagnosis is made.
- A diagnosis of benign brain tumour (covered or excluded under the policy).

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Great-West within six months of the date of the diagnosis. If this information is not provided within this period, Great-West has the right to deny any claim for benign brain tumour or any critical illness caused by any benign brain tumour or its treatment.

Heart valve replacement or repair – the undergoing of surgery to replace any heart valve with either a natural or mechanical valve or to repair heart valve defects or abnormalities. The surgery must be determined to be medically necessary by a specialist.

Exceptions – No benefits will be paid under this condition for:

- Angioplasty.
- Intra-arterial procedures.
- Percutaneous trans-catheter procedures.
- Non-surgical procedures.

Loss of independent existence – the total inability to perform, by oneself, at least two of the following six activities of daily living for a continuous period of at least 90 days with no reasonable chance of recovery:

- *Bathing* – the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices.
- *Dressing* – the ability to put on and remove necessary clothing, braces, artificial limbs, or other surgical appliances with or without the aid of assistive devices.
- *Toileting* – the ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices.
- *Bladder and bowel continence* – the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained.



- *Transferring* – the ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices.
- *Feeding* – the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices.

Loss of limbs – the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.

Motor neuron disease – one of the following: amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy, and limited to these conditions.

Occupational HIV infection – infection with Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the person’s normal occupation, which exposed the person to HIV contaminated body fluids. The accidental injury leading to the infection must have occurred following the later of the person’s effective date of insurance or, for an increase, the effective date of the increase.

Payment under this condition requires satisfaction of all the following:

- The accidental injury must be reported to Great-West within 14 days of the accidental injury.
- A serum HIV test must be taken within 14 days of the accidental injury and the result must be negative.
- A serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive.
- All HIV tests must be performed by a duly licensed laboratory in Canada or the United States.
- The accidental injury must have been reported, investigated and documented in accordance with current Canadian or United States workplace guidelines.

Exceptions – No benefits will be paid under this condition if:

- The person has elected not to take any available licensed vaccine offering protection against HIV.
- A licensed cure for HIV infection has become available prior to the accidental injury.

For greater certainty, non-accidental injury including, but not limited to, sexual transmission or intravenous (IV) drug use does not satisfy the definition of Occupational HIV Infection.

Bacterial meningitis – meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of diagnosis.

Exceptions – No benefits will be paid under this condition for:

- Viral meningitis.

Aplastic anaemia – chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:

- Marrow stimulating agents.
- Immunosuppressive agents.
- Bone marrow transplantation.



Child (only) Covered Conditions Definitions

Includes all of the adult covered conditions, plus the following seven conditions:

Autism – an organic defect in brain development characterized by failure to develop communicative language or other forms of social communication, with the diagnosis confirmed either by a pediatric psychiatrist or a pediatrician before the child’s third birthday.

Cerebral palsy – a definitive diagnosis of definite Cerebral Palsy, a non-progressive neurological defect characterized by spasticity and in coordination of movements.

Congenital heart disease – any one, or more diagnosis(es) from the following lists of heart conditions:

List A

- Viral meningitis.
- Total anomalous pulmonary venous connection.
- Transposition of the great vessels.
- Atresia of any heart valve.
- Coarctation of the aorta.
- Single ventricle.
- Hypoplastic left heart syndrome.
- Double outlet left ventricle.
- Truncus arteriosus.
- Tetralogy of fallot.
- Eisenmenger syndrome.
- Double inlet ventricle.
- Hypoplastic right ventricle.
- Ebstein’s anomaly.

The foregoing conditions shall be covered following the expiry of a 30 day survival period, commencing from the date of diagnosis or birth, whichever is the later of the two. The diagnosis of any of the conditions in List A must be made by a qualified pediatric cardiologist, and supported by appropriate cardiac imaging.



List B

- Pulmonary stenosis.
- Aortic stenosis.
- Discrete subvalvular aortic stenosis.
- Ventricular septal defect.
- Atrial septal defect.

The foregoing conditions shall be covered only when open heart surgery is performed for correction of the condition and following the expiry of a 30 day survival period from the date of diagnosis or birth, whichever is the later of the two. The diagnosis of any of the conditions in List B must be made by a qualified pediatric cardiologist and supported by appropriate cardiac imaging. The surgery must be recommended by a qualified pediatric cardiologist and performed by a cardiac surgeon in Canada.

List B Exclusion: Trans-catheter procedures, such as balloon valvuloplasty or percutaneous atrial septal defect closure, are excluded.

General Exclusions: All other congenital cardiac conditions, not specifically listed herein, are excluded.

Cystic fibrosis – a definitive diagnosis of Cystic Fibrosis with evidence of chronic lung disease and pancreatic insufficiency.

Down syndrome – a definitive diagnosis of Down Syndrome supported by chromosomal evidence of Trisomy 21.

Muscular dystrophy – a definitive diagnosis of Muscular Dystrophy, characterized by well defined neurological abnormalities, confirmed by electromyography and muscle biopsy.

Type 1 diabetes mellitus (Juvenile diabetes) – a diagnosis of type 1 diabetes mellitus, characterized by absolute insulin deficiency and continuous dependence on exogenous insulin for survival. The diagnosis must be made by a qualified pediatrician or endocrinologist, licensed and practicing in Canada, and there must be evidence of dependence on insulin for a minimum of three months.



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