

ERGO Life Insurance SE Eesti filiaal

# Terms & Conditions of ERGO Critical Illness Insurance

Unocal translation. In case of differences in interpretation of following document,  
the Estonian text will be regarded as the original



## Dear customer,

In these Special Terms & Conditions of Critical Illness Insurance, we explain the principles that guide us in the provision of services to you. You can choose the critical illness insurance as an extra cover when taking out ERGO life insurance if you have chosen one or both of the following basic insurances: life insurance, accident insurance.

In addition to these Terms & Conditions, the General Terms & Conditions of ERGO Life Insurance Services also apply to your relationship with us. In the case of any conflicts between these terms and conditions, on one side, and the general terms and conditions, on the other side, these terms and conditions will prevail.

All terms and conditions can be found on our website: [www.ergo.ee](http://www.ergo.ee)

The Terms & Conditions that apply to a particular service and insurance contract are stated in the insurance policy.

Please take your time and read the insurance terms and conditions carefully. Please contact us on [info@ergo.ee](mailto:info@ergo.ee) if you have any questions.

We're happy to help you.

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## 1. Who do we insure?

- 1.1 The insured person is the natural person specified in the insurance contract by their name. The age of the insured person at the time of signing the contract can be 18-64 years. The age of the insured person in the contract can be 18 to 69 years.
- 1.2 The insured person is the beneficiary.

## 2. What does the insurance cover?

- 2.1 An insured event is considered to be a medically proven critical illness of the Insured Person which is included in the insurance variant indicated in the policy and which meets the criteria for the diagnosis of critical illnesses described in point 6.2. above. The list of diseases that we consider to be critical illnesses is set out in point 6.1 of these terms and conditions.
- 2.2 In the case of an insured event, we will pay the beneficiary the amount agreed in the insurance contract.
- 2.3 In the insurance policy, we will indicate which critical illness option applies to the Insured Person. You can choose between two insurance options:
  - 2.3.1 **insurance for three critical illnesses**, which only covers the diagnosis of myocardial infarction, stroke and multiple sclerosis;
  - 2.3.2 **insurance for thirty-eight critical illnesses**, where the cover includes the diagnosis of all the diseases specified in point 6.1.
- 2.4 The insurance contract is valid worldwide. The cover is valid for a limited period until the end of the calendar month in which the insured person reaches the age of 66.

## 3. What is not covered (exclusions)?

- 3.1 We will not pay out the insurance indemnity in the following cases:
  - 3.1.1 events not covered under our General Terms & Conditions of Life Insurance services (general exclusions);
  - 3.1.2 the diagnosis does not meet all the requirements for the diagnosis of a critical illness listed in point 6.2 of these insurance terms and conditions, including the events described under the relevant illness for which cover is not provided;
  - 3.1.3 the critical illness was diagnosed within the first three months of the date of commencement of the critical illness cover, as stated in the policy;
  - 3.1.4 the critical illness was caused by intentional bodily injury or attempted suicide by the Insured Person;
  - 3.1.5 the critical illness is caused by the Insured Person's participation in professional and/or extreme sports, unless we have agreed otherwise with you in the insurance contract;
  - 3.1.6 the critical illness caused the death of the Insured Person within one month of the date of diagnosis of the critical illness.
- 3.2 We will not pay the insurance indemnity if the critical illness was caused by an event that occurred while you were not covered. If cover was suspended or terminated, it will start applying to events of critical illness again three months after the date on which cover is reinstated.
- 3.3 Critical illness insurance does not apply if:
  - 3.3.1 the Insured Person has a congenital disease or disability causally linked to a diagnosis of a critical illness;
  - 3.3.2 the Insured Person has AIDS or is a carrier of HIV;
  - 3.3.3 the Insured Person suffers from atherosclerosis, diabetes, chronic severe blood, liver, kidney or lung diseases;

- 3.3.4 the Insured Person is mentally ill or has a chronic severe neurological disorder;
- 3.3.5 the event is causally linked to the use of alcohol, drugs, toxic or narcotic substances or medicines not prescribed by a doctor;
- 3.3.6 the Insured Person has been transferred to a special educational institution or is serving a custodial sentence or has to use compulsory medical aids.

## 4. What should you do if an insured event occurs?

- 4.1 Notify us of the diagnosis of a critical illness immediately, but no later than 30 days after the diagnosis, and provide us with the following information:
  - 4.1.1 a notice of claim;
  - 4.1.2 your identity document;
  - 4.1.3 medical records to prove your critical illness: medical history of the diagnosis of the disease, its course, tests, treatment and operations performed;
  - 4.1.4 other documents requested by us that are important for identifying the circumstances of the insured event.
- 4.2 We have the right to refer you for further medical examinations or a medical check-ups to determine our liability for payment.
- 4.3 We have the right to ask the doctors and medical institutions that have treated you for further information to establish whether an insured event occurred.

## 5. What are the principles of indemnification?

- 5.1 In the case of an insured event, we will pay out the critical illness sum insured of the Insured Person as a lump sum.
- 5.2 We will only pay out the sum insured once for each insured person, irrespective of the number of critical illnesses or their recurrence. The cover ends after the total sum insured has been paid out.
- 5.3 If you have increased the sum insured of critical illness cover and the Insured Person is diagnosed with a critical illness within the first three months of the date of the increase, we will pay out the critical illness insurance indemnity equal to the amount of cover before the increase.

## 6. List of critical illnesses and diagnostic criteria

- 6.1 List of critical illnesses:
  - Myocardial infarction
  - Stroke
  - Multiple sclerosis
  - Coronary artery bypass graft surgery
  - Chronic kidney disease
  - Major organ, composite tissue or bone marrow transplantation
  - Heart valve surgery
  - Surgery of the aorta
  - Paralysis of limbs
  - Profound vision loss
  - Deafness
  - Loss of speech
  - Alzheimer's disease

- Persistent vegetative state
- Aplastic anaemia
- Benign brain tumour
- Primary cardiomyopathy
- Severe liver disease
- Chronic lung disease
- Coma
- Sporadic Creutzfeldt-Jakob disease
- Acute viral encephalitis
- Fulminant viral hepatitis
- Major head trauma
- HIV infection due to transfusion of blood products
- HIV infection caught at work in an eligible occupation
- Loss of limbs
- Third-degree burns
- Motor neurone disease
- Bacterial meningitis
- Muscular dystrophy
- Primary pulmonary hypertension
- Idiopathic Parkinson's disease
- Systemic sclerosis (scleroderma)
- Systemic lupus erythematosus
- Chronic pancreatitis
- Severe rheumatoid arthritis
- Necrotising fasciitis

## 6.2 List of the diagnostic of criteria critical illnesses:

### 6.2.1 Myocardial infarction

Myocardial infarction is the death of heart tissue due to prolonged obstruction of blood flow. According to this definition, myocardial infarction is indicated by an increase and/or decrease in cardiac biomarkers (troponin or CKMB) to values considered diagnostic for myocardial infarction, with at least two of the following criteria:

- symptoms of ischaemia (like chest pain);
- electrocardiogram (ECG) changes indicative of new ischaemia (new ST-T changes or new left bundle brunch block);
- development of pathological Q waves in the ECG.

The diagnosis must be confirmed by a cardiologist.

The above definition does not cover the following:

- acute coronary syndrome (stable or unstable angina);
- elevations of troponin in the absence of overt ischemic heart diseases (e.g. myocarditis, apical ballooning, cardiac contusion, pulmonary embolism, drug toxicity);
- myocardial infarction with normal coronary arteries or caused by coronary vasospasm, myocardial bridging or drug abuse;
- myocardial infarction that occurs within 14 days after coronary angioplasty or bypass surgery.

### 6.2.2 **Stroke**

Cerebral tissue death due to acute cerebrovascular event due to intracranial thrombosis or haemorrhage (including subarachnoid haemorrhage) or extracranial source embolism with:

- acute onset of new neurological symptoms;
- new objective neurological deficits<sup>1</sup> on clinical examination.

The neurological deficit must persist for more than three months following the date of diagnosis. The diagnosis must be confirmed by a neurologist and supported by imaging findings.

The above definition does not cover the following:

- transient Ischaemic attack (TIA) and prolonged reversible ischaemic neurological deficit (PRIND);
- traumatic injury to brain tissue or blood vessels;
- neurological deficits due to general hypoxia, infection, inflammatory disease, migraine or medical intervention;
- incidental imaging findings (CT- or MRI-scan) without clearly related clinical symptoms (silent stroke);
- death of tissue of the optic nerve or retina or vestibular organ.

The above definition does not cover the following:

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

### 6.2.3 **Multiple sclerosis**

Definite diagnosis of multiple sclerosis, which must be confirmed by a neurologist and supported by all of the following criteria:

- existing clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six months;
- magnetic resonance imaging (MRI) showing at least two lesions of demyelination in the brain or spinal cord characteristic of multiple sclerosis.

The above definition does not cover the following:

- possible multiple sclerosis and neurologically or radiologically isolated syndromes suggestive but not diagnostic of multiple sclerosis;
- isolated optic neuritis and neuromyelitis optica.

### 6.2.4 **Coronary artery bypass graft surgery**

Heart surgery to correct the narrowing or blockage of two or more coronary arteries with bypass grafts. Heart surgery with full sternotomy (vertical division of the breastbone) and minimally invasive procedures (partial sternotomy or thoracotomy) are covered. The surgery must be determined to be medically necessary by a cardiologist or cardiac surgeon and supported by coronary angiogram findings.

The above definition does not cover the following:

- bypass surgery to treat narrowing or blockage of one coronary artery;
- coronary angioplasty or stent-placement.

#### 6.2.5 **Chronic kidney disease**

Chronic and irreversible failure of both kidneys, as a result of which either regular haemodialysis or peritoneal dialysis is instituted or renal transplantation is carried out. The dialysis must be medically necessary and confirmed by a nephrologist.

The above definition does not cover the following:

- acute reversible kidney failure with temporary renal dialysis.

#### 6.2.6 **Major organ, composite tissue or bone marrow transplantation**

The Insured Person must be the recipient of an allograft or isograft transplant of one or more of the following:

- heart;
- kidney;
- liver (including split liver and living donor liver transplantation);
- lung (including living donor lobe transplantation or single- lung transplantation);
- bone marrow (allogeneic hematopoietic stem cell transplantation preceded by total bone marrow ablation);
- small bowel;
- pancreas.

This definition also covers partial or full face, hand, arm and leg transplantations (composite tissue allograft transplantation). The condition leading to transplantation must be deemed untreatable by any other means, as confirmed by a Specialist.

The above definition does not cover the following:

- Transplantation of other organs, body parts or tissues (including cornea and skin);
- Transplantation of other cells (including islet cells and stem cells other than hematopoietic).

#### 6.2.7 **Heart valve surgery**

Surgery to replace or repair one or more defective heart valves. Including minimally invasive and catheter-based procedures. This definition covers the following procedures:

- heart valve replacement or repair with full sternotomy (vertical division of the breastbone), partial sternotomy or thoracotomy;
- Ross procedure;
- catheter-based valvuloplasty;
- transcatheter aortic valve implantation (TAVI).

The surgery must be determined to be medically necessary by a cardiologist or cardiac surgeon and supported by echocardiogram or cardiac catheterisation findings.

The above definition does not cover the following:

- transcatheter mitral valve clipping.

#### 6.2.8 **Surgery of the aorta**

Surgery to treat aortic stenosis, blockage, aneurysm or dissection. This definition covers minimally invasive procedures such as endovascular stenting. The surgery must be determined to be medically necessary by a surgeon and supported by imaging findings.

The above definition does not cover the following:

- surgery on branches of the thoracic or abdominal chord (including aortofemoral or aortoiliac shunts);

- surgery on the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers-Danlos syndrome);
- surgery following traumatic injury to the aorta.

**6.2.9 Paralysis of limbs**

Total and irreversible loss of muscle function to the whole of any two limbs as a result of injury to, or disease of the spinal cord or brain. Limb is defined as the complete arm or the complete leg. Paralysis must be present for more than three months, confirmed by a neurologist and supported by clinical and diagnostic findings.

The above definition does not cover the following:

- paralysis due to self-harm and psychological disorders;
- Guillain-Barré syndrome;
- periodic or hereditary paralysis.

**6.2.10 Profound vision loss**

Profound loss of vision in both eyes caused by disease or trauma that cannot be corrected by refractive correction, medication or surgery. Profound loss of vision is evidenced by either a visual acuity of 3/60 or less (0.05 or less in the decimal notation) in the better eye after best correction or a visual field of less than 10° diameter in the better eye after best correction. The diagnosis must be confirmed by an ophthalmologist.

**6.2.11 Deafness**

A definite diagnosis of a permanent and irreversible loss of hearing in both ears as a result of sickness or accidental injury. The diagnosis must be confirmed by an ENT specialist and supported by an average auditory threshold of more than 90 db in the better ear using a pure tone audiogram.

**6.2.13 Alzheimer's disease**

A definite diagnosis of Alzheimer's disease, proven by all of the following:

- loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning;
- personality change – gradual onset and continuing decline of cognitive functions;
- no impairment of consciousness;
- typical neuropsychological and neuroimaging findings (e.g. CT scan).
- the disease requires constant supervision (24 hours a day).

The diagnosis and the need for supervision must be confirmed by a neurologist.

The above definition does not cover the following:

- other forms of dementia due to brain or systemic disorders or psychiatric conditions.

**6.2.14 Persistent vegetative state**

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

- complete unawareness of the self and one's environment;
- inability to communicate with others;
- no evidence of sustained or reproducible behavioural responses to external stimuli;
- preserved brain stem functions;
- Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures.

The diagnosis must be confirmed by a neurologist and the condition must be medically documented for at least one month without any clinical improvement.



6.2.15 **Aplastic anaemia**

A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- bone marrow stimulating agents;
- immunosuppressants;
- bone marrow transplantation.

The diagnosis must be confirmed by a haematologist and evidenced by bone marrow histology.

6.2.16 **Benign brain tumour**

A definite diagnosis of a benign (non-malignant) brain tumour that is located inside the skull and originates from tissue in the brain, meninges or cranial nerves. The tumour must be treated with at least one of the following:

- complete or incomplete surgical removal;
- stereotactic radiosurgery;
- external beam radiation.

If none of the treatment options is possible due to medical reasons, the tumour must cause a persistent neurological deficit<sup>1</sup>, which has to be documented for at least three months following the date of diagnosis. The diagnosis must be confirmed by a neurologist or neurosurgeon and supported by imaging findings.

The above definition does not cover the following:

- the diagnosis or treatment of any cyst, granuloma, hamartoma or malformation of the arteries or veins of the brain;
- tumours of the pituitary gland.

6.2.17 **Primary cardiomyopathy**

A definite diagnosis of one of the following primary cardiomyopathies:

- dilated Cardiomyopathy;
- hypertrophic cardiomyopathy (obstructive or nonobstructive);
- restrictive cardiomyopathy;
- arrhythmogenic right ventricular cardiomyopathy.

The disease must result in at least one of the following:

- left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months;
- marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least six months;
- implantation of an implantable cardioverter defibrillator (ICD) for the prevention of sudden cardiac death.

The diagnosis must be confirmed by a cardiologist and supported by echocardiogram or cardiac MRI. The implantation of an implantable cardioverter defibrillator (ICD) must be determined to be medically necessary by a cardiologist.

The above definition does not cover the following:

- secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy;
- transient reduction of left ventricular function due to myocarditis;
- cardiomyopathy due to systemic diseases;

- Implantation of an implantable cardioverter defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT- Syndrome).

#### 6.2.18 **Severe liver disease**

A definite diagnosis of severe liver disease evidenced by a Child- Pugh score of at least 7 points (Child-Pugh Class B or C).

The score must be calculated by all of the following variables:

- total bilirubin levels;
- serum albumin levels;
- severity of ascites;
- international normalised ratio (INR);
- hepatic encephalopathy.

The diagnosis must be confirmed by a gastroenterologist and supported by imaging findings. The above definition does not cover the following:

- severe liver disease secondary to alcohol or drug use (including hepatitis B or C infections acquired by intravenous drug use).

#### 6.2.19 **Chronic lung disease**

A definite diagnosis of severe lung disease resulting in chronic respiratory failure and evidenced by all of the following:

- FEV1 (forced expiratory volume at 1 second) being less than 40% of predicted on two measurements at least one month apart;
- treatment with oxygen therapy for at least 16 hours per day for a minimum of three months;
- persistent reduction in partial oxygen pressures (PaO<sub>2</sub>) below 55mmHg (7.3 kPa) in arterial blood gas analysis measured without administration of oxygen.

The diagnosis must be confirmed by a Specialist.

#### 6.2.20 **Coma**

A definite diagnosis of a state of unconsciousness with no reaction or response to external stimuli or internal needs, which:

- results in a score of 8 or less on the Glasgow coma scale for at least 96 hours,
- requires the use of life support systems,
- results in a persistent neurological deficit<sup>1</sup>, which must be assessed at least 30 days after the onset of the coma.

The diagnosis must be confirmed by a neurologist.

The above definition does not cover the following:

- medically induced coma;
- any coma due to self-inflicted injury, alcohol or drug use.

#### 6.2.21 **Sporadic Creutzfeldt-Jakob disease**

A diagnosis of sporadic Creutzfeldt-Jakob disease (sCJD), which has to be classified as “probable” by all of the following criteria:

- progressive dementia;
- at least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/ extrapyramidal signs, akinetic mutism;

- Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid;
- no routine investigations indicate an alternative diagnosis.

The diagnosis must be confirmed by a neurologist.

The above definition does not cover the following:

- iatrogenic or familial Creutzfeldt-Jakob disease;
- variant Creutzfeldt-Jakob disease (vCJD).

#### 6.2.22 **Acute viral encephalitis**

A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit<sup>1</sup> documented for at least three months following the date of diagnosis. The diagnosis must be confirmed by a neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following is not covered:

- encephalitis in the presence of HIV;
- encephalitis caused by bacterial or protozoal infections;
- myalgic or paraneoplastic encephalomyelitis.

#### 6.2.23 **Fulminant viral hepatitis**

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

- typical serological course of acute viral hepatitis;
- development of hepatic encephalopathy;
- decrease in liver size;
- increase in bilirubin levels;
- coagulopathy with an international normalized ratio (INR) greater than 1.5;
- development of liver failure within 7 days of onset of symptoms;
- no known history of liver disease.

The diagnosis must be confirmed by a gastroenterologist.

The above definition does not cover the following:

- all other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication);
- fulminant viral hepatitis associated with intravenous drug use.

#### 6.2.24 **Major head trauma**

A definite diagnosis of a disturbance of the brain function as a result of traumatic head injury. The head trauma must result in a total inability to perform, by oneself, at least three out of six activities of daily living for a continuous period of at least three months with no reasonable chance of recovery.

Activities of daily living are:

- washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances;
- eating – the ability to eat when food has been prepared and made available;

- maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function;
- moving between rooms – the ability to get from room to room on a level floor;
- getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a neurologist or neurosurgeon and supported by typical imaging findings (CT scan or brain MRI).

The above definition does not cover the following:

- any major head trauma due to self-inflicted injury, alcohol or drug use.

#### 6.2.25 **HIV infection due to transfusion of blood products**

A definite diagnosis of an infection with the human immunodeficiency virus (HIV) resulting from transfusion of blood products. HIV infection must be confirmed by all of the following:

- the infection is caused by a medically necessary transfusion of blood products received after commencement of the policy;
- the institution or transfusion service, which provided the transfusion of blood products, is officially registered with and recognised by the health authorities;
- the institution or transfusion service which provided the transfusion of blood products admits liability;
- HIV seroconversion must occur within 12 months of transfusion;
- the transfusion of the contaminated blood product must have been carried out within the European Union or Switzerland.

The above definition does not cover the following:

- HIV infection resulting from any other means of transmission, including sexual activity or drug use;
- HIV infection resulting from transfusion of blood products due to haemophilia or *thalassaemia* major.

#### 6.2.26 **HIV infection caught at work in an eligible occupation**

A definite diagnosis of an infection with the human immunodeficiency virus (HIV) resulting from an incident occurring during normal duties of employment from the following eligible occupations:

- physician or dentist;
- nurse or midwife;
- physician's assistant or dentist's assistant;
- laboratory worker or laboratory technician;
- member of the fire service;
- member of the ambulance service;
- hospital housekeeper or hospital maintenance worker;
- police officer;
- prison officer.

HIV infection must be confirmed by all of the following:

- the incident must have taken place after commencement of the cover;
- the incident must have been reported, investigated and documented in accordance with current guidelines of appropriate authorities (for example, workers' compensation board);
- A HIV-negative blood test taken within 5 days of the incident;
- HIV seroconversion must occur within 12 months of the incident;

- the incident must have occurred in the course of work in the European Union or Switzerland.

The above definition does not cover the following:

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

#### 6.2.27 **Loss of limbs**

A definite diagnosis of 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. The diagnosis must be confirmed by a Specialist.

The above definition does not cover the following:

- loss of limbs due to self-inflicted injury.

#### 6.2.28 **Third-degree burns**

Burns involving destruction of the skin in all its depth down to the underlying tissues (third degree burns) and covering at least 20% of the body surface area as measured by the “rule of nines” or the “Lund and Browder chart”. The diagnosis must be confirmed by a Specialist.

The above definition does not cover the following:

- third-degree burns due to self-inflicted injury;
- any first- or second-degree burns.

#### 6.2.29 **Motor neurone disease**

A definite diagnosis of one of the following motor neurone diseases:

- amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease);
- primary lateral sclerosis (PLS);
- progressive muscular atrophy (PMA);
- progressive bulbar palsy (PBP).

The disease must result in a complete inability to perform at least three of the six daily activities for at least three consecutive months without any reasonable chance of recovery.

Activities of daily living are:

- washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances;
- eating – the ability to eat when food has been prepared and made available;
- maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function;
- moving between rooms – the ability to get from room to room on a level floor;
- getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a neurologist and supported by nerve conduction studies (NCS) and electromyography (EMG).

The above definition does not cover the following:

- multifocal motor neuropathy (MMN) and inclusion body myositis;
- post-polio syndrome;
- spinal muscular atrophy;
- polymyositis and dermatomyositis.

- polymyositis and dermatomyositis.

#### 6.2.30 **Bacterial meningitis**

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit<sup>1</sup> documented for at least three months following the date of diagnosis. The diagnosis must be confirmed by a neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

The above definition does not cover the following:

- aseptic, viral, parasitic or non-infectious meningitis.

#### 6.2.31 **Muscular dystrophy**

A definite diagnosis of one of the following muscular dystrophies:

- Duchenne muscular dystrophy (DMD);
- Becker muscular dystrophy (BMD);
- Emery-Dreifuss muscular dystrophy (EDMD);
- Limb-girdle muscular dystrophy (LGMD);
- facioscapulohumeral muscular dystrophy (FSHD);
- myotonic dystrophy type 1 (MMD or Steinert's disease);
- oculopharyngeal muscular dystrophy (OPMD).

The disease must result in a complete inability to perform at least three of the six daily activities for at least three consecutive months without any reasonable chance of recovery.

Activities of daily living are:

- washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances;
- eating – the ability to eat when food has been prepared and made available;
- maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function;
- moving between rooms – the ability to get from room to room on a level floor;
- getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a neurologist and supported by electromyography (EMG) and muscle biopsy findings.

The above definition does not cover the following:

- myotonic dystrophy type 2 (PROMM) and all forms of myotonia.

#### 6.2.32 **Primary pulmonary hypertension**

A definite diagnosis of primary pulmonary hypertension evidenced by all of the following:

- marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of six months;
- mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation.

The diagnosis must be confirmed by a cardiologist or lung specialist.

The above definition does not cover the following:

- pulmonary hypertension secondary to lung, heart, or systemic disease;
- chronic thromboembolic pulmonary hypertension (CTEPH);
- drug- or toxin-induced pulmonary hypertension.

#### 6.2.33 **Idiopathic Parkinson's disease**

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- muscle rigidity;
- tremor;
- bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses).

Idiopathic Parkinson's disease must result in [before the age of 65] complete inability to perform at least three of six activities of daily living for at least three consecutive months without adequate pharmacotherapy.

Activities of daily living are:

- washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances;
- eating – the ability to eat when food has been prepared and made available;
- maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function;
- moving between rooms – the ability to get from room to room on a level floor;
- getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a neurologist or neurosurgeon.

The above definition does not cover the following:

- Secondary parkinsonism (including drug- or toxin-induced parkinsonism);
- essential tremor;
- parkinsonism related to other neurodegenerative disorders.

#### 6.2.34 **Systemic sclerosis (scleroderma)**

A definite diagnosis of systemic sclerosis evidenced by all of the following:

- typical laboratory findings (e.g. anti-Scl-70 antibodies);
- typical clinical signs (e.g. Raynaud's phenomenon, skin sclerosis, erosions);
- continuous treatment with corticosteroids or other immunosuppressants.

Additionally, one of the following organ involvements must be diagnosed:

- pulmonary fibrosis with a diffusing capacity (DCO) of less than 70% of predicted;
- pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation;

- chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD-formula);
- echocardiographic signs of significant left ventricular diastolic dysfunction.

The diagnosis must be confirmed by a Specialist.

The above definition does not cover the following:

- localised scleroderma without organ involvement;
- eosinophilic fasciitis;
- CREST-Syndrome.

#### 6.2.35. **Systemic lupus erythematosus**

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies;
- symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis);
- continuous treatment with corticosteroids or other immunosuppressants.

Additionally, one of the following organ involvements must be diagnosed:

- lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula);
- Libman-Sacks endocarditis or myocarditis;
- neurological deficits<sup>1</sup> or seizures over a period of at least three months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric symptoms are not seen as typical neurological deficits in this context.

The diagnosis must be confirmed by a Specialist.

The above definition does not cover the following:

- discoid lupus erythematosus or subacute cutaneous lupus erythematosus;
- drug-induced lupus erythematosus.

#### 6.2.36 **Chronic pancreatitis**

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

- exocrine pancreatic insufficiency with weight loss and steatorrhea;
- endocrine pancreatic insufficiency with pancreatic diabetes;
- need for oral pancreatic enzyme substitution.

These conditions have to be present for at least three months. The diagnosis must be confirmed by a gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

The above definition does not cover the following:

- chronic pancreatitis due to alcohol or drug use;
- acute pancreatitis.

#### 6.2.37 **Severe rheumatoid arthritis**

A definite diagnosis of rheumatoid arthritis evidenced by all of the following:

- typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of six weeks at the time of diagnosis and significantly increased CRP levels;



- rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti-citrulline antibodies;
- continuous treatment with corticosteroids;
- treatment with a combination of “Disease Modifying Anti- Rheumatic Drugs” (e.g. methotrexate plus sulfasalazine/ leflunomide) or a TNF inhibitor over a period of at least six months.

The diagnosis must be confirmed by a rheumatologist. The above definition does not cover the following:

- reactive arthritis;
- psoriatic arthritis;
- activated osteoarthritis.

6.2.38. **Necrotising fasciitis**

A definite diagnosis of necrotising fasciitis evidenced by all of the following:

- progressive, rapidly spreading bacterial infection located in the deep fascia, with secondary necrosis of the subcutaneous tissues of the limbs or trunk;
- fever and rapid increase in C-reactive protein (CRP) levels;
- surgical resection of all necrotic tissue.

This definition covers Fournier gangrene. The diagnosis must be confirmed by a surgeon and evidenced by microbiological or histological findings.

The above definition does not cover the following:

- gas gangrene;
- gangrene caused by diabetes, neuropathy or vascular diseases.

### **1 Neurological deficit**

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