

Appendix A

PPS Critical Illness Cover Claim Definitions (Standalone and Accelerated)

The definitions below apply to Policyholders who purchase the CRITICAL ILLNESS BENEFIT from 4 February 2021.

The claims of Policyholders who purchased the CRITICAL ILLNESS BENEFIT prior to 4 February 2021 will be assessed, with regards to conditions diagnosed after 4 February 2021, in terms of the definitions contained below and in terms of the definitions as contained in the PPS Provider Policy document effective 1 July 2020. A “best-of-both” philosophy will be applied to these Policyholders. With regard to claims in respect of conditions diagnosed prior to 4 February 2021 such claims will only be assessed in terms of the definitions as contained in the PPS Provider Policy document effective 1 July 2020.

CARDIOVASCULAR

Acute Coronary Syndrome specified below:	Basic	Core 100%	CI 100%
Acute coronary syndrome with hsTroponin T of between 15 to 499 ng/L and angiographic evidence of coronary artery disease. Exclusions: Coronary artery spasm without evidence of coronary artery disease	10%	10%	10%
Heart Attack of Specified Severity	Basic	Core 100%	CI 100%
A heart attack is defined as follows: A heart attack is the death of a portion of the heart muscle arising from inadequate blood supply. Three of the following four criteria must be met: 1. Clinical features in keeping with a heart attack; 2. Confirmatory new electrocardiogram (ECG) changes indicative of myocardial ischaemia or infarction, including ST segment elevation or depression, and/or T wave changes, and/or new Q waves; 3. New echocardiographic changes indicative of myocardial ischaemia or infarction including akinesis or dyskinesis; 4. Elevation of specific cardiac markers: a. hsTnT ≥500ng/L or; b. sensitive TnI as per SCIDEP Severity D heart attack (levels are manufacturer specific) or; c. TnT ≥500ng/L or; d. TnI ≥250 ng/L or; e. Raised CK-MB mass above the upper limit of normal as per the lab reference range or; f. Total CPK elevation above the upper limit of normal as per the lab reference range. The diagnosis must be confirmed by a physician or cardiologist			
A. On diagnosis of a heart attack as defined above	25%	100%	100%

<p>B. On diagnosis of a heart attack as defined above with any of the following criteria present 30 days after the event:</p> <ul style="list-style-type: none"> Stress ECG: significant ST changes of 1 - 2 mm; 30 Day post infarction ejection fraction <50% and/or echocardiographic evidence of myocardial damage, e.g. akinesis or dyskinesis; Angiography (if performed): at least two main vessels* (Circumflex, Right Coronary Artery, Left Anterior Descending) significantly diseased** <p>OR</p> <p>On diagnosis of a heart attack as defined above with elevation of the following any specific cardiac markers at the time of the event:</p> <ul style="list-style-type: none"> hsTnT ≥1000ng/L or; sensitive TnI as per SCIDEP Severity C heart attack (levels are manufacturer specific) or; TnT ≥1000ng/L or; TnI ≥500 ng/L or; Raised CK-MB mass 2 X above the upper limit of normal as per the lab reference range or; Total CPK elevation 2 X above the upper limit of normal as per the lab reference range. <p>OR</p> <p>On diagnosis of a heart attack as defined above with Q waves at the time of the event defined as:</p> <ul style="list-style-type: none"> Any new Q-wave in leads V1 through V3; A Q-wave greater than or equal to 40 ms (0.04s) in leads I, II, AVL, AVF, V4, V5 or V6; The Q-wave changes must be present in any two contiguous leads, and be greater than or equal to 1mm in depth; Appearance of new complete bundle branch block. 	50%	100%	100%
<p>C. On diagnosis of a heart attack as defined above with any of the following criteria present 30 days after the event:</p> <ul style="list-style-type: none"> METS: 2-7 LVEF <40% LVEDD 59mm-72mm Fractional Shortening 16%-25% 	75%	100%	100%
<p>D. On diagnosis of a heart attack as defined above with any of the following criteria present 30 days after the event:</p> <ul style="list-style-type: none"> METS: ≤1 LVEF <30% LVEDD >72mm Fractional Shortening ≤16% 	100%	100%	100%
<p>* Main vessels only e.g Left main stem; Circumflex; Right Coronary Artery; Left Anterior Descending. **Significant Coronary Artery Disease is defined as coronary angiography with >75% stenosis of the left main stem, >50% stenosis in other main vessels.(When the percent of stenosis is not recorded, 'significant stenosis' would be accepted)</p>			

Cardiac Surgery and/or procedures specified below:	Basic	Core 100%	CI 100%
The performing of cardiac surgery by a cardio-thoracic surgeon or cardiologist. Submissions of reports from the cardio-thoracic surgeon or cardiologist will be required.			

Coronary artery disease necessitating a PTCA and/or stenting to at least 1 vessel. Coronary artery disease requiring a second PTCA with at least 1 stent, more than 6 months after the initial procedure. Endovascular repair of an Atrial Septal Defect or Ventricular Septal Defect Cardiac Arrhythmia having undergone pathway ablation or a pacemaker insertion (only a single event will be payable)	25%	25%	25%
Pericardiectomy Any heart valve repair or valvotomy procedure Surgical repair of an atrial myxoma Open repair of an Atrial Septal Defect or Ventricular Septal Defect Arrhythmia having undergone a defibrillator insertion	50%	50%	100%
Coronary artery bypass grafting (CABG) of any 1 vessel	50%	100%	100%
Coronary artery bypass grafting (CABG) of 2 vessels	75%	100%	100%
Heart valve replacement of one or more heart valves Surgical repair of a left ventricular aneurysm Coronary artery bypass grafting (CABG) of 3 or more vessels	100%	100%	100%

Cardiomyopathy and heart failure as specified below:	Basic	Core 100%	CI 100%
Cardiomyopathy or chronic congestive heart failure receiving optimal treatment for at least 6 months, confirmed on echocardiogram with an EF<40% based on 2 readings at least 3 months apart, or NT-ProBNP > 450pg/mL ages younger than 75 years, or, NT-ProBNP more than 900 pg/mL ages 75 and older.	75%	75%	100%
Cardiomyopathy or chronic congestive heart failure receiving optimal treatment for at least 6 months, confirmed on echocardiogram with an EF<30% based on 2 readings at least 3 months apart, or NT-ProBNP > 900pg/mL ages younger than 75 years, or, NT-ProBNP more than 1800 pg/mL ages 75 and older.	100%	100%	100%

Aortic and Peripheral Artery Surgery as specified below:	Basic	Core 100%	CI 100%
Carotid artery disease having undergone stenting or angioplasty	25%	25%	25%
Undergoing of surgery to repair or correct an aneurysm, obstruction, or a coarctation of the following arteries: brachiocephalic, femoral, iliac, renal, splenic, subclavian and superior mesenteric. Carotid artery disease having undergone unilateral endarterectomy or bypass graft	50%	50%	100%
Undergoing of surgery to repair or correct an aortic aneurysm, an obstruction of the aorta or a coarctation of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Peripheral arterial disease resulting in an ABI <0.7 and persistent claudication, ulceration or gangrene Carotid artery disease having undergone bilateral endarterectomy or bypass graft	100%	100%	100%

CANCER

Benefit description
Cancer refers to a malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma, multiple myeloma and sarcoma. The stages for solid cancers are correlated to the general classification used by the American Joint Committee on Cancer (AJCC). For haematological cancers, the relevant international staging system must be used. For brain tumours, the WHO classification of tumours of the central nervous system must be used. Diagnosis made by liquid biopsy will not be acceptable proof of a cancer diagnosis.

Cancer of specified severity:	Basic	Core 100%	CI 100%
Prostate Cancer Stage Group 1	5%	5%	5%
Stage 0-1 Chronic Lymphocytic Leukaemia Stage 1 Lymphoma Hairy Cell Leukaemia Medically necessary Prophylactic bilateral total mastectomy (not for cosmetic purposes) Bilateral or unilateral mastectomy for ductal carcinoma in-situ WHO Grade I Brain Tumour Prostate Cancer Stage Group 2 Stage 1 Squamous or Basal Cell Skin Carcinoma having undergone skin graft or skin flap Stage 1 Melanoma Any other stage 1 cancer not defined above excluding: - Any other form of skin cancer	25%	100%	100%
Stage 2 Chronic Lymphocytic Leukaemia Stage 2 Lymphoma Chronic Myeloid Leukaemia (not requiring bone marrow transplantation) Multiple Myeloma Stage 1 - 2 WHO Grade 2 Brain Tumour Prostate Cancer Stage Group 3 Any other stage 2 cancer not defined above	50%	100%	100%
Stage 3 or 4 Chronic Lymphocytic Leukaemia Stage 3 or 4 Lymphoma Acute Myeloid Leukaemia Acute Lymphocytic Leukaemia Chronic Myeloid Leukaemia (having undergone bone marrow transplantation) Multiple Myeloma Stage 3 WHO Grade 3 or 4 Brain Tumour Prostate Cancer Stage Group 4 Any other stage 3 or 4 cancer not defined above	100%	100%	100%

NEUROLOGICAL

Stroke of specified severity:	Basic	Core 100%	CI 100%
Stroke means any cerebrovascular incident producing neurological sequelae lasting more than 24 hours. Signs appropriate to the brain area affected must be present. In addition, the diagnosis should be made by a physician or neurologist and be supported by appropriate imaging. Exclusions: Transient ischaemic attacks (TIA's), cerebral symptoms due to migraine, and vascular disease affecting the eye or optic nerve as well as ischaemic disorders of the vestibular system.			
On diagnosis of a stroke with supporting imaging evidence.	25%	100%	100%

Causing permanent impairment that results in a whole person impairment (WPI) of 11-20% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	50%	100%	100%
Causing permanent impairment that results in a whole person impairment (WPI) of 21-30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	75%	100%	100%
Causing permanent impairment that results in a whole person impairment (WPI) of >30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	100%	100%	100%

Multiple Sclerosis of specified severity:	Basic	Core 100%	CI 100%
<p>Diagnosis of Multiple Sclerosis is characterised by the demyelination of myelinated axons in the brain or spinal cord. The diagnosis must be confirmed with clinical evidence and any relevant special investigations including MRI. There must have been more than one clearly distinct episode of well-defined neurological deficit at least 6 months apart.</p> <p>A physician or neurologist must confirm the diagnosis.</p> <p>Exclusion: A single episode of Multiple Sclerosis from which remission occurred.</p>			
On diagnosis of Multiple Sclerosis	50%	50%	100%
On diagnosis of Multiple Sclerosis and causing permanent impairment (measured at least 3 months after diagnosis), that causes permanent whole person impairment (WPI) of 21-30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	75%	75%	100%
On diagnosis of Multiple Sclerosis and causing permanent impairment (measured at least 3 months after diagnosis), that causes permanent whole person impairment (WPI) of >30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	100%	100%	100%

Muscular Dystrophy of specified severity:	Basic	Core 100%	CI 100%
Unequivocal diagnosis of Muscular Dystrophy by a neurologist as approved by PPS Insurance.			
On diagnosis of Muscular Dystrophy	50%	50%	100%
On diagnosis of Muscular Dystrophy and causing permanent impairment (measured at least 3 months after diagnosis), that causes permanent whole person impairment (WPI) of 21-30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	75%	75%	100%
On diagnosis of Muscular Dystrophy and causing permanent impairment (measured at least 3 months after diagnosis), that causes permanent whole person impairment (WPI) of >30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	100%	100%	100%

Motor Neuron Disease:	Basic	Core 100%	CI 100%
<p>Unequivocal diagnosis of Motor Neuron Disease (Amyotrophic lateral sclerosis) by a neurologist.</p> <p>Exclusions: Nervous lesions of inflammatory or toxic origin.</p>			
On diagnosis of Motor Neuron Disease	100%	100%	100%

Parkinson's Disease of specified severity:	Basic	Core 100%	CI 100%
<p>Unequivocal diagnosis of Parkinson's disease by a neurologist.</p> <p>Exclusions: Parkinsonism resulting from the side effects of medication; alcohol, drug-induced or toxic causes of Parkinson's disease.</p>			

On diagnosis of Parkinson's Disease	25%	25%	100%
Causing permanent impairment (measured at least 3 months after diagnosis) whole person impairment (WPI) of 11-20% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	50%	50%	100%
Causing permanent impairment (measured at least 3 months after diagnosis) whole person impairment (WPI) of 21-30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	75%	75%	100%
Causing permanent impairment (measured at least 3 months after diagnosis) whole person impairment (WPI) of >30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	100%	100%	100%

Dementia or Alzheimer's Disease of specified severity:	Basic	Core 100%	CI 100%
<p>The diagnosis of Alzheimer's Disease or another Dementia must be confirmed by the treating physician, psychiatrist or neurologist.</p> <p>With the claimant practicing as a professional: The diagnosis must confirm permanent irreversible failure of brain function and result in significant cognitive impairment* for which no other recognisable cause can be identified.</p> <p>With the claimant in retirement: The diagnosis must confirm permanent irreversible failure of brain function and result in significant cognitive impairment*, needing constant supervision by a full time registered caregiver or frail care facility, for which no other recognisable cause can be identified.</p> <p>*Significant cognitive impairment is defined by the MMSE scores described below.</p> <p>Exclusion: Alcohol or drug related dementia.</p>			
Resulting in 2 MMSE scores ≤ 21 , at least 6 months apart, and confirmed by an independent neuropsychiatrist	50%	50%	100%
Resulting in 2 MMSE scores ≤ 18 , at least 6 months apart, and confirmed by an independent neuropsychiatrist	100%	100%	100%

Myasthenia Gravis of specified severity:	Basic	Core 100%	CI 100%
The unequivocal diagnosis of Myasthenia Gravis which must be confirmed by a physician or neurologist.			
On diagnosis of Myasthenia Gravis.	25%	25%	100%
Causing permanent impairment (measured at least 3 months after diagnosis), that results in whole person impairment (WPI) of 11-20% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	50%	50%	100%
Causing permanent impairment (measured at least 3 months after diagnosis), that results in whole person impairment (WPI) of 21-30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	75%	75%	100%
Causing permanent impairment (measured at least 3 months after diagnosis), that results in whole person impairment (WPI) of >30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	100%	100%	100%

Guillain-Barre Syndrome of specified severity:	Basic	Core 100%	CI 100%
The unequivocal diagnosis of Guillain-Barré Syndrome which must be confirmed by a physician or neurologist.			
On diagnosis of Guillain-Barré Syndrome with admission to ICU	25%	25%	25%

On diagnosis of Guillain-Barré Syndrome with full time care required for basic activities of daily living related to upper and lower limb impairment e.g. washing and bathing, mobilising, toileting and dressing which cannot be performed without assistance, for at least 2 consecutive months.	50%	50%	100%
On diagnosis of Guillain-Barré Syndrome <ul style="list-style-type: none"> • Causing permanent paralysis of one or more limbs, OR • Causing the life insured to be permanently wheelchair bound due to lower limb paralysis. 	100%	100%	100%

Intracranial or Spinal Cord lesion requiring surgery specified below:	Basic	Core 100%	CI 100%
The diagnosis of an intracranial lesion, spinal cord lesion, or injury giving rise to neurological symptoms must be confirmed by the appropriate treating specialist with appropriate imaging.			
Having undergone intracranial surgery, cranial reconstruction or surgery to the spinal cord. This excludes bur hole surgery.	25%	25%	100%
Deemed inoperable, or post-surgery, and causing permanent impairment that results in a whole person impairment (WPI) of 11-20% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	50%	50%	100%
Deemed inoperable, or post-surgery, and causing permanent impairment that results in a whole person impairment (WPI) of 21-30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	75%	75%	100%
Deemed inoperable, or post-surgery, and causing permanent impairment that results in a whole person impairment (WPI) of >30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	100%	100%	100%

Paralysis specified below:	Basic	Core 100%	CI 100%
Permanent quadriplegia, paraplegia, hemiplegia or diplegia as a result of injury to or disease of the spinal cord.	100%	100%	100%

TRANSPLANTS

Organ Transplant specified below:	Basic	Core 100%	CI 100%
On a recognised South African waiting list for, or on completion of a transplant of the heart, lung, liver, kidney, pancreas, small bowel or bone marrow, as a recipient. If on a waiting list, the treating specialist must confirm so in writing.	100%	100%	100%
*Fecal transplants are specifically excluded			

MUSCULOSKELETAL

Loss of or Loss of use of Hands, Feet and/or limbs	Basic	Core 100%	CI 100%
Amputation of part of the non-dominant hand or permanent loss of function of non-dominant hand, resulting in at least 50% impairment of the hand according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition).	25%	25%	100%

Amputation of part of the dominant hand or permanent loss of function of the dominant hand, resulting in at least 50% impairment of the hand according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition).	50%	50%	100%
Amputation or permanent loss of function of the non-dominant upper limb resulting in at least 70% impairment of the upper limb according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition).	50%	50%	100%
Amputation or permanent loss of function of the dominant upper limb resulting in at least 70% impairment of the upper limb according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition).	100%	100%	100%
Total amputation of the foot (hindfoot amputation), or permanent loss of use of the lower limb resulting in at least 60% impairment of the lower limb according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition).	25%	25%	100%
Above knee amputation, or permanent loss of function of the lower limb resulting in at least 80% impairment of the lower limb according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition).	50%	50%	100%
Amputation or total and permanent loss of function of both lower limbs resulting in at least 50% impairment in each of the lower limbs according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition).	100%	100%	100%
Amputation or total and permanent loss of function of both upper limbs resulting in at least 50% impairment in each of the upper limbs according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition).	100%	100%	100%

KIDNEY AND UROLOGICAL

Chronic progressive Renal Failure specified below:	Basic	Core 100%	CI 100%
The diagnosis of chronic progressive renal failure where the life insured is under the care of a nephrologist and on optimal treatment. At least two eGFR measurements more than 6 months apart must be performed in order to assess chronic progressive renal failure.			
On diagnosis of chronic progressive renal failure, with a permanent eGFR < 50ml/min	25%	25%	100%
On diagnosis of chronic progressive renal failure, with a permanent eGFR < 40ml/min	50%	50%	100%
On diagnosis of chronic progressive renal failure, with a permanent eGFR < 15ml/min, or undergoing peritoneal dialysis or haemodialysis	100%	100%	100%

Acute Renal Failure specified below:	Basic	Core 100%	CI 100%
On diagnosis of acute renal failure, having undergone 5 treatments of haemodialysis	25%	25%	100%

Total nephrectomy specified below:	Basic	Core 100%	CI 100%
Having undergone a total nephrectomy, not for donor purposes	25%	25%	100%

Orchidectomy specified below:	Basic	Core 100%	CI 100%
Having undergone a bilateral orchidectomy.(Gender reassignment is specifically excluded)	25%	25%	100%

Cystectomy specified below:	Basic	Core 100%	CI 100%
Having undergone a partial cystectomy of at least 50% of the bladder.	25%	25%	100%
Having undergone a total cystectomy.	100%	100%	100%

ENDOCRINE

Endocrine disease specified below:	Basic	Core 100%	CI 100%
On diagnosis of any of the following endocrine diseases, confirmed by a specialist endocrinologist, and supported by appropriate investigations: Thyroid storm Diabetes insipidus Acute adrenal crisis (excluding adrenal fatigue) Addison's disease Simmond's disease Conn's syndrome Cushing's syndrome Glycogen storage disease	10%	10%	10%

CONNECTIVE TISSUE

Connective Tissue Disease (CTD) and Autoimmune Diseases specified below:	Basic	Core 100%	CI 100%
On confirmed diagnosis of Rheumatoid Arthritis, Systemic Lupus Erythematosus, Progressive Systemic Sclerosis, Sarcoidosis, Polyarteritis Nodosa, Giant Cell Arteritis, Wegener's Granulomatosis, Dermatomyositis, or Polymyositis. The diagnosis must be confirmed by a rheumatologist, according to specific criteria defined by the American College of Rheumatology. The life insured must be on medical therapy including DMARDS or Biological Medications.			
For CTD or Autoimmune Disorders with major organ involvement, the severity of involvement will be assessed under the relevant system which will be capped at a 100% payout. Should multiple organs be involved, the organ with the most severe impairment will qualify for the highest payout.			
On diagnosis of one of the above listed CTD or Autoimmune diseases	25%	25%	100%
On diagnosis of one of the above listed CTD or Autoimmune diseases and having undergone major joint replacement or arthrodesis of any of the following musculoskeletal structures: spine, shoulder, elbow, wrist, hip, knee or ankle	100%	100%	100%

RESPIRATORY

Obstructive or Restrictive Lung Disease specified below:	Basic	Core 100%	CI 100%
Obstructive or restrictive lung disease means the life insured must have been diagnosed by a pulmonologist and there must be permanent and irreversible changes to the functioning of the lung, assessed with the appropriate special tests, performed at least twice, and 6 months apart. For lung function tests, American Thoracic Society criteria for adequate testing must have been met. Claimants must be on optimal medical treatment at the time of the first test.			
On diagnosis of chronic obstructive or restrictive lung disease with a permanent FEV1, FVC, or Dco of less than 50% of predicted	50%	50%	100%

On diagnosis of chronic obstructive or restrictive lung disease with a permanent FEV1, FVC, or Dco of less than 40% of predicted	100%	100%	100%
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Pulmonary embolism specified below:	Basic	Core 100%	CI 100%
Pulmonary embolism must have been diagnosed by a physician, with appropriate imaging.			
On diagnosis of pulmonary embolism.	25%	25%	100%
Pulmonary embolism having undergone surgical intervention	50%	50%	100%

Pulmonary hypertension specified below:	Basic	Core 100%	CI 100%
Pulmonary Hypertension must have been diagnosed by a pulmonologist or cardiologist, with appropriate testing.			
On haemodynamic diagnosis of irreversible pulmonary hypertension with mean pulmonary artery pressure >40mmHg OR; With compatible symptoms, the clinical diagnosis of pulmonary hypertension, with peak tricuspid regurgitation > 3,4 m.s-1 OR; With compatible symptoms, the clinical diagnosis of pulmonary hypertension, with peak tricuspid regurgitation between 2,9 m.s-1 and 3,4 m.s-1, and supporting echocardiographic signs from at least two of the following categories in keeping with internationally accepted clinical guidelines: a. ventricles b. pulmonary artery c. inferior vena cava and right atrium In all instances, the life insured must have been on optimal medical treatment for at least 6 months at the time of the assessment.	100%	100%	100%

Bronchopleural Fistula specified below:	Basic	Core 100%	CI 100%
On diagnosis of a bronchopleural fistula by a pulmonologist, with appropriate investigations	25%	25%	100%

Respiratory surgery specified below:	Basic	Core 100%	CI 100%
On removal of a lobe of a lung, not for donor purposes.	25%	25%	100%
On removal of more than one complete lobe, or removal of an entire lung, not for donor purposes.	75%	75%	100%

GASTROINTESTINAL

Inflammatory Bowel Disease specified below:	Basic	Core 100%	CI 100%
A definite diagnosis of Ulcerative Colitis or Crohn's Disease by a gastroenterologist, with supporting clinical and histopathological features. A maximum of 100% of the sum assured is payable for this benefit, irrespective of any reinstatements.			
On diagnosis of Ulcerative Colitis or Crohn's Disease	25%	25%	100%
Despite optimal treatment, including disease modifying drugs and diet restriction, the complications of the disease have resulted in more than one surgical intervention other than for diagnostic purposes (the removal of benign polyps will be considered a diagnostic procedure); Having undergone hemicolectomy	50%	50%	100%

Resulting in any one of the following: Total colectomy; Permanent ileostomy; Permanent colostomy.	100%	100%	100%
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Bowel surgery specified below:	Basic	Core 100%	CI 100%
Having undergone a hemicolectomy	50%	50%	100%
Having undergone a total colectomy Having undergone a permanent colostomy Having undergone a permanent ileostomy	100%	100%	100%

Liver Disease specified below:	Basic	Core 100%	CI 100%
Exclusions: Any liver disease attributed to the use of alcohol			
Chronic liver disease as diagnosed by a hepatologist Classified as Child-Pugh class A Having undergone a partial hepatectomy due to illness or injury. (this excludes a liver biopsy)	25%	25%	100%
Chronic liver disease as diagnosed by a hepatologist Classified as Child-Pugh class B	50%	50%	100%
Chronic liver disease as diagnosed by a hepatologist Classified as Child-Pugh class C On diagnosis of primary sclerosing cholangitis or biliary cirrhosis On diagnosis of fulminant hepatic failure	100%	100%	100%

Pancreatic Disease specified below:	Basic	Core 100%	CI 100%
Exclusions: Any pancreatic disease attributed to the use of alcohol			
Partial pancreatectomy due to illness or injury	25%	25%	100%
Chronic pancreatitis, diagnosed by the appropriate specialist resulting in Diabetes Mellitus, requiring the permanent use of insulin. Chronic pancreatitis is defined as a continuing inflammatory disease of the pancreas characterized by irreversible morphologic changes and appropriate changes in pancreatic enzyme levels.	50%	50%	100%
Complete pancreatectomy due to illness or injury	100%	100%	100%

HAEMATOLOGICAL

Aplastic Anaemia specified below:	Basic	Core 100%	CI 100%
On diagnosis of aplastic anaemia by a specialist physician. The diagnosis must be based on a bone marrow biopsy.	100%	100%	100%

SENSORY

Loss of Hearing specified below:	Basic	Core 100%	CI 100%
Having undergone a cochlear implant	25%	25%	25%
Permanent Hearing loss between 70-89 decibels (in both ears) at frequencies of 500, 1000, 2000, and 3000Hz despite use of a hearing aid. The diagnosis must be confirmed by an ENT specialist and audiologist.	50%	50%	100%

Permanent Hearing loss of more than 90 decibels (in both ears) at frequencies of 500, 1000, 2000, and 3000Hz despite use of a hearing aid. The diagnosis must be confirmed by an ENT specialist and audiologist.	100%	100%	100%
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Loss of Vision specified below:	Basic	Core 100%	CI 100%
Irreversible loss of sight in one eye, as confirmed by an ophthalmologist, with a best corrected visual acuity of 6/120 or less in the affected eye.	25%	25%	25%
Irreversible loss of sight in both eyes, as confirmed by an ophthalmologist, with a best corrected visual acuity of 6/30 or less.	50%	50%	100%
Irreversible Homonymous Hemianopia in both eyes, confirmed by an ophthalmologist.	25%	25%	100%
Irreversible loss of sight in both eyes, as confirmed by an ophthalmologist, with a best corrected visual acuity of 6/120 or less.	100%	100%	100%

Loss of communication specified below:	Basic	Core 100%	CI 100%
Permanent class IV dysarthria, dysphasia, or speech impairment as defined by the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition). The diagnosis must be confirmed by an ENT specialist and a speech therapist.	100%	100%	100%

TRAUMA

Traumatic Injury causing permanent impairment specified below:	Basic	Core 100%	CI 100%
Significant and traumatic injury caused directly by unforeseen, external or violent means and is independent from any other cause. The condition, treatments and complications must be confirmed by a registered medical specialist within 12 months of the event.			
Admitted to hospital or a recognised rehabilitation centre for a continuous period of more than 30 days as a result of the injuries suffered.	25%	25%	100%
Causing permanent impairment that results in a whole person impairment (WPI) of 11-20% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	50%	50%	100%
Causing permanent impairment that results in a whole person impairment (WPI) of 21-30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	75%	75%	100%
Causing permanent impairment that results in a whole person impairment (WPI) of >30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	100%	100%	100%

Acquired Immune Deficiency Syndrome (AIDS) specified below:	Basic	Core 100%	CI 100%
On diagnosis of AIDS meeting the following requirements: 1) Positive HIV blood test AND; 2) CD4 cell count of less than 200 after being compliant on anti-retroviral treatment for a minimum of 6 months OR a new diagnosis of any WHO AIDS defining illness after being on anti-retroviral treatment	100%	100%	100%

for a minimum of 6 months.			
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Accidental Contraction of Human Immunodeficiency Virus (HIV) specified below:	Basic	Core 100%	CI 100%
Accidental HIV infection as a result of one of the following incidents: - Accidental needle-stick injury whilst performing occupational duties as a health professional (recognised by the HPCSA) - Assisting at a road traffic accident - Receiving HIV infected blood from a transfusion - Receiving an organ transplant where the organ was previously infected with HIV - The victim of a violent crime or assault (including rape) which results in the opening of a criminal case by the police In all cases, an HIV ELISA test, done at a SANAS accredited lab, must be done within 72 hours after the event leading to HIV exposure to confirm prior HIV negative status. A full course of post exposure prophylaxis must have been taken by the client for at least 28 consecutive days after the incident or event	100%	100%	100%

Penetrating gunshot wound/s specified below:	Basic	Core 100%	CI 100%
Penetrating gunshot wound to the head, neck, chest, abdomen or pelvic area requiring surgical intervention by means of a craniotomy, exploration of the neck, thoracotomy or laparotomy.	100%	100%	100%

Burns specified below:	Basic	Core 100%	CI 100%
Tissue injury caused by thermal, electrical or chemical agents causing burns, as measured by the Rule of Nines, the Lund or Browder Body Surface Chart.			
Partial Thickness burns to $\geq 30\%$ of the Body Surface Area	25%	25%	100%
Full Thickness burns to $\geq 10\%$ of the Body Surface Area	50%	50%	100%
Full Thickness burns to $\geq 30\%$ of the Face	50%	50%	100%
Full Thickness burns to $\geq 20\%$ of the Body Surface Area	100%	100%	100%
Full Thickness burns to $\geq 50\%$ of the Face	100%	100%	100%

Facial injury specified below:	Basic	Core 100%	CI 100%
Diagnosis of Le Fort II or Le Fort III facial injuries	25%	25%	25%

ICU

Intensive Care Unit (ICU) Admission specified below:	Basic	Core 100%	CI 100%
The benefit will pay 100% of the sum assured if the life insured is admitted to ICU with mechanical ventilation for at least 96 consecutive hours due to disease or trauma.	100%	100%	100%
The benefit will pay 100% of the sum assured if the life insured is admitted to ICU for at least 10 consecutive days due to disease or trauma.	100%	100%	100%

CHILD CRITICAL ILLNESS

CHILD CRITICAL ILLNESS	
<p>The Benefit The Child Critical illness benefit is automatically included and will be paid to the Policyholder if the Policyholder's child is diagnosed and meets the criteria of one of the listed critical illnesses.</p> <p>The Child Critical Illness Sum assured</p> <ul style="list-style-type: none"> The claim amount will be equal to: Critical Illness Cover sum assured x 10% x the severity level (25%, 50%, 75% or 100%), up to a maximum of R250,000 If the Policyholder has any rider benefits e.g. Core 100%, CI 100% or CatchAll, it also applies to the Child Critical Illness benefit A maximum of 100% of the Child Critical Illness benefit is payable per child for a listed critical illness and any related critical illness If a child is diagnosed with another, unrelated critical illness, the Policyholder can again claim up to 100% of the Child Critical Illness benefit There is no restriction on the number of claims a Policyholder can submit A Child Critical Illness claim will not reduce any of the Policyholder's benefits. If more than one parent of a child who qualifies for a claim under this benefit holds a Critical Illness Cover product, the benefit will pay to each of them. <p>Definition of Child For the purpose of this benefit a "Child" is:</p> <ul style="list-style-type: none"> a biological, legally adopted, or step Child of the Policyholder, at the date of diagnosis of the condition which gave rise to a claim, and who is under the age of 21 <p>PPS Insurance may request proof of relationship at claim stage in the form of an unabridged birth certificate or adoption court order.</p>	<p>Commencement and end date of the benefit The cover will commence on the later of:</p> <ul style="list-style-type: none"> birth of the child, or on the commencement date of the Policy <p>The cover will cease on the earlier of:</p> <ul style="list-style-type: none"> the Child's 21st birthday, or on the end date of the Policy <p>Exclusions</p> <ul style="list-style-type: none"> No claim will be paid under this benefit for any condition that existed prior to the date on which the child became eligible for the benefit. It includes conditions that directly or indirectly caused or aggravated the claim event and all symptoms experienced by the Child that could have revealed the illness or condition before the child became eligible for this benefit. No claim will be paid under the Child Critical Illness Benefit if the condition which the Child suffers from is a result of a wilful or negligent act committed by the Policyholder or the Policyholder's Spouse.

PPS Critical Illness Cover: CatchAll Cover

The CatchAll benefit specified below relates to any condition, or injury not covered specifically by a benefit category in the CI product:	Basic	Core 100%	CI 100%
PPS Insurance will pay the proportional Sum Assured in respect of this benefit if the life insured suffers a medical condition, trauma or functional impairment that is permanent and unlikely to change in spite of further medical or surgical treatment; and:			
Causing permanent impairment that results in a whole person impairment (WPI) of 11-20% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	25%	25%	25%
Causing permanent impairment that results in a whole person impairment (WPI) of 21-30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	50%	50%	50%

Causing permanent impairment that results in a whole person impairment (WPI) of > 30% according to the American Medical Association Guides to the Evaluation of Permanent Impairment (latest edition)	100%	100%	100%
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The Whole Person Impairment table is appended hereto as Appendix C

If a valid claim is submitted under this benefit for a condition that is the same or related to a condition already claimed under the BASIC BENEFIT or PREGNANCY COMPLICATIONS COVER (if applicable) the benefit paid will be the CatchAll claim percentage less the percentage benefit already paid.

A related claim is a condition or illness which is directly or indirectly related to a past claim where, in the opinion of PPS Insurance, the subsequent condition is either a complication of, outcome of, or treatment for, any previous illness or condition resulting in an existing payment under this policy; or an event that shares a common cause or effect with any previous illness or condition resulting in a claim under this benefit.