

Critical Illness Insurance Definition Comparison

Covered Condition	VitalCheque's Definition	New "Benchmark Standardized" Definition	Commentary
Cancer	<p>Means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes Leukemia, Hodgkin's Disease and invasive melanoma but does not include:</p> <ul style="list-style-type: none"> - Carcinoma in situ - Skin cancer or melanoma that is not invasive and has not exceeded .75 millimeters in depth. - Prostate cancer diagnosed as T1 N0M0 or equivalent staging. - A complication of Human Immunodeficiency Virus (HIV) infection or any variance thereof including AIDS and AIDS Related Complex. A Physician certified as an oncologist must confirm the definitive diagnosis in writing. <p>The cancer exclusion period is 90 days from the later of : 1) the Effective Date, or 2) the date of the last reinstatement of the policy. Within this exclusion period, there shall be no coverage for cancer if a diagnosis of any type of cancer, whether included or excluded under this contract, is made or if any symptoms or medical problems manifest themselves which, or the persistence or recurrence of which, subsequently results in an investigation leading to the diagnosis of cancer. In the event of any such diagnosis, the policy will remain in force but cancer will no longer be considered an Insured Condition, except for a subsequent diagnosis of unrelated cancer.</p>	<p>Cancer means a definite diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis of cancer must be made by a specialist. The insured person must survive for 30 days following the date of diagnosis.</p> <p>Exclusions Conditions not covered by this definition are:</p> <ul style="list-style-type: none"> ▪ carcinoma in situ ▪ Stage IA malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion) ▪ any non-melanoma skin cancer that has not become metastatic (spread to distant organs), or ▪ Stage A (T1a or T1b) prostate cancer. <p>No benefit will be payable under this condition if within the first 90 days following the later of:</p> <ul style="list-style-type: none"> ▪ the date the application for the policy was signed ▪ the policy date, or ▪ the most recent date the policy was put back into effect (reinstatement). <p>The insured person has any of the following:</p> <ul style="list-style-type: none"> ▪ 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). <p>This information described above must be reported to us within 6 months of the date of diagnosis. If this information is not provided, we have the right to deny any claim for cancer or any critical illness caused by any cancer or its treatment.</p>	<p>VitalCheque covers Leukemia and Hodgkin's Disease but apparently the "Benchmark" definition doesn't as neither Leukemia nor Hodgkin's Disease is a tumour.</p> <p>Even if cancer is diagnosed within the initial 90 moratorium period, VitalCheque can provide coverage for a subsequent diagnosis of an unrelated cancer, providing all other requirements are satisfied.</p> <p>If cancer is diagnosed within the initial 90 day moratorium period under the "Benchmark" definition, no further cancer coverage is available, ever.</p> <p>The "Benchmark" definition listed is based on a fully underwritten application whereas the VitalCheque definition is based on a guaranteed issue basis for groups and therefore has excluded coverage for cancer in the presence of HIV infection to avoid anti-selection. It is logical to anticipate that the "Benchmark" definition will be modified in a similar fashion once it is used in group plans.</p>

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<p>Heart Attack (Myocardial Infarction)</p>	<p>Means the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The definitive diagnosis must be confirmed in writing by a Physician who is a certified specialist in internal medicine or cardiologist and should be based on new electrocardiograph changes consistent with heart attack as well as an elevation in cardiac biochemical markers, or the elevation of cardiac enzyme levels, consistent with heart attack. Heart attack does not include elevation of cardiac biochemical markers or elevation of cardiac enzymes due to coronary angioplasty unless accompanied by diagnostic changes of a new Q wave infarction on the ECG.</p>	<p>Heart attack means a definite diagnosis of the death of heart muscle due to obstruction of blood flow, that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:</p> <ul style="list-style-type: none"> ■ 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. <p>The diagnosis of heart attack must be made by a specialist. The insured person must survive for 30 days following the date of diagnosis.</p> <p>Exclusion Heart attack does not include:</p> <ul style="list-style-type: none"> ■ elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves, or ■ ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above. 	<p>Although cardiac biochemical markers, namely troponin, are becoming increasingly popular in detecting heart attacks they are not in universal use. Many smaller cities and/or towns still employ the elevated cardiac enzyme tests. The "Benchmark" definition causes concern for older policies if troponin is used and new policies if cardiac enzyme tests are conducted to determine the occurrence of a heart attack.</p> <p>VitalCheque permits either diagnostic testing method to satisfy the definition for a Heart Attack.</p>

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<p>Stroke (Cerebrovascular accident / incident)</p>	<p>Means the Insured person has suffered a cerebrovascular incident, excluding transient ischemic attack (TIA), producing infarction of brain tissue due to thrombosis, hemorrhage from an intracranial vessel or embolization caused by an extracranial source. There must be evidence of permanent neurological deficit persisting for 30 consecutive days, supported by evidence that the deficit is resulting from the Stroke, confirmed in writing by a Physician who is certified as a neurologist.</p>	<p>Stroke (cerebrovascular accident) means a definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:</p> <ul style="list-style-type: none"> ■ acute onset of new neurological symptoms, and ■ new objective neurological deficits on clinical examination, persisting for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. <p>The diagnosis of stroke must be made by a specialist. The insured person must survive for 30 days following the date of diagnosis.</p> <p>Exclusion No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> ■ transient ischaemic attacks ■ intracerebral vascular events due to trauma; or ■ lacunar infarcts which do not meet the definition of stroke as described above. 	<p>The "Benchmark" definition is very disturbing because it requires some form of paralysis or cognitive impairment (ie: objective neurological deficit) to be present and persistent for 30 continuous days, something that frequently doesn't happen. Many victims of strokes will not exhibit paralysis lasting 30 days. This definition requires that the insured experience a great degree of severity in order to qualify for a claim benefit.</p> <p>By excluding events due to trauma, this definition is eliminating accidents, such as a fall or being hit by a foul ball at a baseball game.</p> <p>VitalCheque's definition does not require paralysis or cognitive impairment. It simply and correctly requires evidence of brain damage (ie: scar tissue) to eliminate mistaken claims caused by such events as severe migraines.</p>

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Kidney Failure (Renal Failure)	Means end stage renal disease due to chronic irreversible kidney failure, requiring the Insured Person to undergo regular hemodialysis, peritoneal dialysis, or renal transplantation. A Physician who is certified in nephrology must confirm the definitive diagnosis in writing.	<p>Kidney failure means a definite diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated.</p> <p>The diagnosis of kidney failure must be made by a specialist. The insured person must survive for 30 days following the date of diagnosis.</p>	<p>The "Benchmark" definition requires that "both" kidneys must have failed. This definition can cause a legal dilemma at claim time should the insured, for whatever reason, only have a single kidney. This definition indicates that both kidneys must have totally failed before a benefit qualifying period commences.</p> <p>VitalCheque begins the qualifying period upon the diagnosis of end stage renal disease necessitating dialysis.</p>
Multiple Sclerosis (MS)	Means the definitive written diagnosis by a Physician who is certified as a neurologist confirming at least moderate persisting neurological abnormalities , with impairment of function, but not necessarily confining the insured to a wheelchair or bed.	<p>Multiple Sclerosis means a definite diagnosis of at least one of the following :</p> <ul style="list-style-type: none"> ■ 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 6 months, confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination; or ■ 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. <p>The diagnosis of multiple sclerosis must be made by a specialist. The insured person must survive for 30 days following the date of diagnosis.</p>	<p>The "Benchmark" definition offers three different qualifying options; however, when they are carefully examined they all point to a relatively advanced case of Multiple Sclerosis. It is highly unlikely that a person will experience "two or more" separate clinical attacks unless their condition is progressing rapidly.</p> <p>"A single attack which shows multiple lesions of demyelination which have developed at intervals at least one month apart" doesn't take into account that obtaining repeated MRIs usually requires lengthy waits.</p> <p>VitalCheque's definition does not require severity or a prolonged, such as 6 months, waiting period to qualify</p>

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<p>Benign Brain Tumour</p>	<p>Benign Brain tumor is defined as a tumor arising from the brain or meninges. The histologic nature of the tumor must be confirmed by examination of tissue (biopsy or surgical excision). Tumors of the bony cranium, meningiomas, cysts, granulomas, malformation of intracranial arteries or veins, tumors or lesions, and pituitary microadenomas are specifically excluded. All tumors less than 10 mm in diameter are excluded. The definitive diagnosis must be confirmed in writing by a Physician certified as a neurologist.</p>	<p>Benign brain tumour means a definite diagnosis of a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgical or radiation treatment or cause irreversible objective neurological deficits.</p> <p>The diagnosis of benign brain tumour must be made by a specialist. The insured person must survive for 30 days following the date of diagnosis.</p> <p>Exclusions No benefit will be payable under this condition for pituitary adenomas less than 10mm.</p> <p>No benefit will be payable under this condition if within the first 90 days following the later of:</p> <ul style="list-style-type: none"> ■ the date the application for the policy was signed ■ the policy date, or ■ the most recent date the policy was put back into effect (reinstatement), <p>The insured person has any of the following;</p> <ul style="list-style-type: none"> ■ 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). <p>This information described above must be reported to us within 6 months of the date of the diagnosis. If this information is not provided, we have the right to deny any claim for benign brain tumour or any critical illness caused by any benign brain tumour or its treatment.</p>	<p>The "Benchmark" definition places a 90 day moratorium on Benign Brain Tumour which exposes a new insured to an unnecessary risk.</p> <p>VitalCheque's definition covers both operable and inoperable Benign Brain Tumours and simply requires confirmation be done by a biopsy or surgical excision. The severity of the tumour is not a factor in satisfying the definition.</p> <p>The "Benchmark" definition restricts claims based on the size, type and location of a tumour. Under this definition it is likely only tumours that are operable, require radiation treatment or are so positioned that paralysis or cognitive impairment has resulted would be accepted. Some tumours might take years to qualify.</p>

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<p>Parkinson's Disease</p>	<p>Means the definitive diagnosis of primary idiopathic Parkinson's Disease which is characterized by two or more of the following clinical manifestations: (a) tremor; (b) muscle rigidity; (c) bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses.) All other types of Parkinsonism are excluded. The diagnosis must be confirmed in writing by a Physician who is certified as a neurologist.</p>	<p>Parkinson's disease means a definite diagnosis of primary idiopathic Parkinson's disease, which is characterized by a minimum of two or more of the following clinical manifestations: muscle rigidity, tremor or bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses). The insured person must require substantial physical assistance from another adult to perform at least 2 of the following 6 activities of daily living.</p> <p>Activities of daily living are:</p> <ul style="list-style-type: none"> ■ Bathing: the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of equipment. ■ Dressing: the ability to put on and remove necessary clothing including braces, artificial limbs or other surgical appliances. ■ Toileting: the ability to get on and off the toilet and maintain personal hygiene. ■ 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 use of equipment. ■ Feeding: the ability to consume food or drink that already have been prepared and made available, with or without the use of adaptive utensils. <p>The diagnosis of Parkinson's disease must be made by a specialist. The insured person must satisfy the above conditions and survive for 30 days following the date all these conditions are met.</p> <p>Exclusion No benefit will be payable under this condition for all other types of Parkinsonism.</p>	<p>The "Benchmark" definition is extremely harsh and prevents an insured from receiving benefits until the condition is so advanced that they are usually in the end stage of life. In many cases, an insured could die before satisfying the requirements of being unable to perform two or more activities or daily living which would result in no claim benefit being paid.</p> <p>VitalCheque's definition does not require the loss of 2 of 6 ADLs.</p>

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<p>Major Organ Failure on waiting list</p>	<p>Means being either the recipient of a transplanted heart, lung, liver, kidney, pancreas or bone marrow performed by a Physician who is certified to conduct any such transplant, or enrolled in a recognized organ or bone marrow transplant program in Canada or the United States for one or more of the organs or bone marrow specified in this provision. Pancreatic islet cell transplants are excluded.</p>	<p>Major organ failure on waiting list means a definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ failure on waiting list, the insured person must become enrolled as the recipient in a recognized transplant center in Canada or the United States that performs the required form of transplant surgery.</p> <p>The date of diagnosis is the date of the insured person's enrollment in the transplant center. The diagnosis of the major organ failure must be made by a specialist. The insured person must survive for 30 days following the date of diagnosis.</p>	<p>The "Benchmark" definition can cause a dilemma at claim time because of its wording which refers to "both lungs" and "both kidneys". We all know that you can survive with one kidney; but, consider the dilemma if an insured is in a car accident, severely damages a kidney necessitating its removal, and several years later contracts a virus that causes the remaining kidney to fail, requiring a transplant. The definition states "both" kidneys.</p> <p>VitalCheque's definition has avoided any potential confusion or delay at claim time by simply stating "a kidney". It also covers Pancreas transplants which, although still quite rare, are increasing in numbers.</p>
<p>Major Organ Transplant</p>	<p>Means being either the recipient of a transplanted heart, lung, liver, kidney, pancreas or bone marrow performed by a Physician who is certified to conduct any such transplant, or enrolled in a recognized organ or bone marrow transplant program in Canada or the United States for one or more of the organs or bone marrow specified in this provision. Pancreatic islet cell transplants are excluded.</p>	<p>Major organ transplant means a definite diagnosis of the 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 insured person must undergo a transplantation procedure as the recipient for transplantation of a heart, lung, liver, kidney or bone marrow, and limited to these entities.</p> <p>The diagnosis of the major organ failure must be made by a specialist. The insured person must survive for 30 days following the date of diagnosis.</p>	<p>A definition should be medically and legally sound to prevent any delay or confusion at claim time as well as eliminate any unpleasant surprises. The "Benchmark" definition is somewhat confusing as it refers to "both kidneys" and "both lungs" in one sentence and later talks about a "lung" and "kidney".</p> <p>The VitalCheque definition is both legally and medically sound. It is clear and specific.</p>

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Coma	Means the Insured has been in a state of unconsciousness for a continuous period of at least 96 hours , during which external stimulation produced no more than primitive avoidance reflexes. A Physician who is certified as a Neurologist must confirm definitive diagnosis in writing.	Coma means a definite diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours , and for which period the Glasgow coma score must be 4 or less . The diagnosis of coma must be made by a specialist. The insured person must survive for 30 days following the date of diagnosis. Exclusion No benefit will be payable under this condition for: <ul style="list-style-type: none"> ■ a medically induced coma; or ■ a coma which results directly from alcohol or drug use; or ■ a diagnosis of brain death 	The lower the score on the Glasgow Coma Scale the more severe the brain injury. The lowest mark possible is 3 and the highest is 15. The "Benchmark" definition requires a score of 4 or less and excludes coverage for a medically induced coma, even when required to save a gravely ill patient's life.

Commentary:

Critical Illness Insurance was designed to protect your quality of life by reducing financial stress and preventing asset erosion by paying a tax-free, lump sum benefit regardless of the severity, degree of disability, or the ability to work when a covered condition occurred.

A review of the above comparisons indicates that the new "benchmark" standardized definitions have introduced "severity" and "omission" into the qualification process of a number of the covered conditions. In spite of claims that these new definitions will be beneficial to all, quite the contrary is apparent.

The "benchmark" definitions have currently only been associated with individual underwritten Critical Illness insurance policies; however, it is a logical progression to have them introduced to Group Critical Illness plans in the not too distant future. We are proud to report that VitalCheque has not adopted the new "benchmark" definitions.

For more information on VitalCheque please contact:

Kyle Dunn
Horizon Planning Group Inc.
400-601 West Broadway Ave., Vancouver, B.C. V5Z 4C2

Phone: 866.309.6711 or 604.639.7690

Email: Kyle@Bestplans.ca

Website: www.bestplans.ca