

If the life insured suffers any of the dread diseases, trauma and physical impairments listed in Appendix A, PPS Insurance will pay a percentage of the Sum Assured in respect of the PROFESSIONAL HEALTH PROVIDER BENEFIT according to the Severity Level thereof.

Appendix A

These definitions are applicable from 1 September 2009

CARDIOVASCULAR

a. HEART ATTACK

Definition:

Means the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. The diagnosis shall be supported and the severity level confirmed if the following criteria are present and confirmed by a cardiologist at least 30 days after the event.

- Clinical features including typical chest pain;
- Confirmatory new electrocardiogram changes (ECG) changes;
- Diagnostic elevation of specific cardiac markers, such as CK-MB or troponin.

Exclusions:

- Acute coronary syndrome without infarction; stable or unstable angina.
- Payment of this benefit category excludes Cardiomyopathy benefits and vice versa.

Severity Levels:

Four out of the seven criteria to apply under the applicable level.

Severity A – 100%

1. Persisting pathological cardiovascular symptoms such as chest pain, dyspnoea (Grade III – IV NYHA), ankle swelling.
2. Resting ECG: Persistent Q-waves
3. Stress ECG: ST segment changes > 2 mm in any stage of exercise or exercise terminated due to cardiac symptoms (chest pain, dizziness)
4. 30 Day post infarction ejection fraction less than 40% and echocardiographic evidence of myocardial damage, e.g. akinesis or dyskinesis
5. Angiography (if performed): Three or more coronary vessels significantly diseased*
6. Ongoing appropriate medication to control cardiac symptoms, e.g. ACE inhibitors; Betablockers; Angiotensin II Receptor Blockers; plus Prophylactic medication
7. Persisting arrhythmias (atrial fibrillation or supraventricular tachycardia)

Severity B – 75%

1. Occasional cardiac symptoms on exertion (Grade II NYHA)
2. Resting ECG: Persistent Q-waves
3. Stress ECG: Significant ST segment changes of 1 – 2 mm or cardiac symptoms occurring during exercise (chest pain, dizziness, dyspnoea)
4. 30 Day post infarction ejection fraction 40 - 49% and echo evidence of myocardial damage, e.g. akinesis or dyskinesis
5. Angiography (if performed): Three vessels significantly diseased*
6. Any cardiac medication to control cardiac symptoms in addition to prophylactic medication as in Severity D
7. Persisting arrhythmias (atrial fibrillation or supraventricular tachycardia)

Severity C – 50%

1. Substantial recovery, with minimal cardiac symptoms (Grade I NYHA)
2. Resting ECG: Persistent Q-waves
3. Stress ECG: significant ST changes of 1 - 2 mm but no cardiovascular symptoms (chest pain, dizziness)
4. 30 Day post infarction ejection fraction $\geq 50\%$ and echocardiographic evidence of myocardial damage, e.g. akinesis or dyskinesis
5. Angiography (if performed): at least two vessels significantly diseased*
6. No additional cardiac medication other than prophylactic medication as in Severity D
7. No persisting arrhythmias

Severity D – 25%

1. Full recovery, no further symptoms
2. Resting ECG within normal limits (i.e. no Q-wave visible)
3. Stress ECG: no significant ST segment changes, no chest pain or dizziness
4. 30 Day post infarction ejection fraction $\geq 50\%$ with no Cardiac enlargement on X-ray, or echo evidence of myocardial damage, e.g. akinesis or dyskinesis
5. Angiography (if performed): At least one vessel involved*
6. Prophylactic medication only, e.g. aspirin, statins; Betablockers
7. No persisting arrhythmias

* Main vessels only e.g. Circumflex, Right Coronary Artery, Left Anterior Descending

b. CARDIAC SURGERY AND PROCEDURES**Definition:**

The completion of cardiac surgery by a cardio-thoracic surgeon. Submissions from the hospital and reports from the cardio-thoracic surgeon or cardiologist will be required.

Severity A – 100%

- Heart valve replacement of one or more heart valves by means of open heart surgery (thoracotomy)
- Coronary artery bypass grafting (CABG) of 3 or more main vessels*

Severity C – 50%

- Coronary artery bypass grafting (CABG) of 1 or 2 main vessels*
- Pericardiectomy or any heart valve repair procedure by sternotomy

Severity D – 25%

- Coronary artery disease involving 2 or more vessels necessitating a PTCA and/or stenting to each vessel
- Coronary artery disease requiring a second PTCA with more than 1 stent, more than 6 months after the initial procedure.
- Percutaneous valvotomy

* Main vessels only e.g. Circumflex, Right Coronary Artery, Left Anterior Descending

CARDIOMYOPATHY

Definition:

Severity A – 100%

Cardiomyopathy confirmed on echocardiogram and resulting in permanent and irreversible physical impairments to the degree of at least Class IV of the New York Heart Association Classification of Cardiac Impairment with METS < 3 or EF \leq 20% based on an average of 2 readings 3 months apart.

Severity B – 75%

Cardiomyopathy confirmed on echocardiogram and resulting in permanent and irreversible physical impairments to the degree of at least Class III of the New York Heart Association Classification of Cardiac Impairment with METS < 5 or EF \leq 30% based on an average of 2 readings 3 months apart.

c. AORTIC SURGERY

Severity C – 50%

Undergoing of surgery via a thoracotomy or laparotomy 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.

Exclusions:

Surgery performed using endarterial techniques only are specifically excluded.

BLOOD

1. APLASTIC ANAEMIA

Severity A – 100%

Irreversible bone marrow failure resulting in anaemia, neutropenia and thrombocytopenia. The diagnosis must be based on a bone marrow biopsy.

Two out of the following three values must be present:

1. Absolute neutrophil count of 500 per cubic millimetre or less;
2. Absolute reticulocyte count of 20,000 per cubic millimetre or less; and
3. Platelet count of 20,000 per cubic millimetre or less.

NEUROLOGICAL

2. STROKE

Definition:

Any cerebrovascular incident or stroke producing neurological sequelae lasting more than **24 hours** and including infarction of brain tissue, haemorrhage and embolisation from an extracranial source. Evidence of permanent neurological damage must be confirmed by a neurologist approved by PPS Insurance **3 months** after the event. Signs appropriate to the brain area affected must be present.

Exclusions:

Transient ischaemic attacks (TIA's), cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve as well as ischaemic disorders of the vestibular system are excluded.

Severity Levels:

Using the Whole Person Impairment rating from the American Medical Association Guide to the Evaluation of Permanent Impairment. This takes into account all parts of the body that may be affected.

Severity A – 100%

Whole Person Impairment of 30% or above

Severity B – 75%

Whole Person Impairment of between 20% - 29%

Severity C – 50%

Whole Person Impairment of between 11% - 19%

Severity D – 25%

Whole Person Impairment of 10% or less

3. MULTIPLE SCLEROSIS

Definition:

Means the life insured has Multiple Sclerosis confirmed by CT or MRI scan, where the condition is characterised by the demyelination in the brain and spinal cord. There must be more than one clearly distinct episode of well-defined neurological deficit causing persisting neurological deficit, which remains permanent. A consultant neurologist approved by PPS Insurance must confirm the diagnosis.

Exclusions:

A single episode of Multiple Sclerosis from which remission occurred.

Severity Levels:

Using the Whole Person Impairment rating from the American Medical Association Guide to the Evaluation of Permanent Impairment. This takes into account all parts of the body that may be affected.

Severity A – 100%

Whole Person Impairment of 30% or above

Severity B – 75%

Whole Person Impairment of between 20% - 29%

Severity C – 50%

Whole Person Impairment of between 15% - 19%

Severity D – 25%

Whole Person Impairment of between 10% - 14%

4. MUSCULAR DYSTROPHY

Definition:

Unequivocal diagnosis of Muscular Dystrophy by a consultant neurologist as approved by PPS Insurance.

Severity Levels:

Using the Whole Person Impairment rating from the American Medical Association Guide to the Evaluation of Permanent Impairment. This takes into account all parts of the body that may be affected.

Severity A – 100%

Whole Person Impairment of 30% or above

Severity B – 75%

Whole Person Impairment of between 20% - 29%

Severity C – 50%

Whole Person Impairment of between 15% - 19%

Severity D – 25%

Whole Person Impairment of between 10% - 14%

5. MOTOR NEURON DISEASE

Definition:

Unequivocal diagnosis of Motor Neuron Disease (Amyotrophic lateral sclerosis) by a consultant neurologist as approved by PPS Insurance.

Exclusions:

Nervous lesions of inflammatory or toxic origin.

Severity Levels:

Using the Whole Person Impairment rating from the American Medical Association Guide to the Evaluation of Permanent Impairment. This takes into account all parts of the body that may be affected.

Severity A – 100%

Whole Person Impairment of 30% or above

Severity B – 75%

Whole Person Impairment of between 20% - 29%

Severity C – 50%

Whole Person Impairment of between 15% - 19%

Severity D – 25%

Whole Person Impairment of between 10% - 14%

6. PARKINSON'S DISEASE

Definition:

Means the life insured has Parkinson's Disease where the condition cannot be significantly controlled with treatment and results in signs of progressive incapacity.

Exclusions:

Parkinsonism resulting from the side effects of medication; alcohol, drug-induced or toxic causes of Parkinson's disease.

Severity Levels:

Severity A – 100%

Whole Person Impairment of 25% or above.

Severity D – 25%

On confirmation of the diagnosis by an appropriate specialist approved by PPS Insurance.

7. DEMENTIA OR ALZHEIMER'S DISEASE

Definition:

Whilst practicing as a professional, means the life insured has Alzheimer's Disease or other Dementia. 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. Significant cognitive impairment means a deterioration or loss of intellectual capacity. An appropriate specialist approved by PPS Insurance must confirm the diagnosis.

In retirement, means the life insured has Alzheimer's Disease or other Dementia. The diagnosis must confirm permanent irreversible failure of brain function and result in significant cognitive impairment needing constant supervision for which no other recognisable cause can be identified. An appropriate specialist approved by PPS Insurance must confirm the diagnosis.

Exclusions:

Alcohol or drug related dementia.

Severity A – 100%

Significant cognitive impairment with loss of intellectual capacity.

8. BENIGN BRAIN TUMOUR

Severity A – 100%

Means a life-threatening, non-malignant tumour in the brain, giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The tumour must result in neurological deficit causing at least 25% Whole Person Impairment that is permanent. The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, cholesteatomas, haematomas, malformations in or of the arteries or veins of the brain or spine are excluded.

TRANSPLANTS

9. MAJOR ORGAN TRANSPLANT

Severity A – 100%

On completion of one or more transplants of the heart, lung, liver, kidney, small bowel or bone marrow as a recipient.

Exclusions:

Excluding the transplantation of the Islets of Langerhans only; stem cells; transplant of all other organs, parts of organs or tissue is excluded.

CANCER

10. CANCER

Definition:

Means the presence of one or more malignant tumours characterised by uncontrolled growth and spread of malignant cells and the invasion or destruction of normal tissue. Must be confirmed by a histology report from an accredited pathology laboratory.

Exclusions:

- Tumours showing the malignant changes of Carcinoma-in-situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as premalignant are excluded.
- All skin cancers localised or infiltrating including, but not limited to, the following are excluded:
 - Hyperkeratosis
 - basal cell carcinoma
 - squamous cell carcinoma
 - melanomas of less than 1.0mm (Breslow method) depth.
- Non-life threatening prostatic cancers which are histologically described as TNM classification T1a and T1b (but not T1c) or of another equivalent or lesser qualification, papillary micro-carcinoma of the thyroid or bladder.

Severity A – 100%

Cancer, Stage IV, showing lymphatic or blood spread to distant lymph nodes or distant metastases; Chronic Lymphocytic Leukaemia (CLL) - Stage 3 and 4; Stage 4 Lymphomas, Acute Myeloid Leukaemia (AML) - any Stage; Chronic Myeloid Leukaemia (requiring bone marrow transplant); Acute Lymphocytic Leukaemia - any Stage; Multiple Myeloma Stage 3.

Severity B – 75%

Cancer, Stage III, within organ of origin with spread to regional lymph nodes; Stage 3 Lymphomas.

Severity C – 50%

Cancer, Stage II, within organ of origin with contiguous spread to adjacent organs but no lymph node involvement; CLL - Stage 2; Stage 2 Lymphomas; Chronic Myeloid Leukaemia (not requiring bone marrow transplantation); Multiple Myeloma Stage 1 and 2.

Severity D – 25%

- Cancer, Stage I, confined to the primary organ; CLL - Stage 0-1; Stage 1 Lymphomas; Hairy cell leukaemia
- Prophylactic bilateral total mastectomy not for cosmetic purposes

MUSCULOSKELETAL

11. PARALYSIS (Quadriplegia/Paraplegia)

Severity A – 100%

Total and permanent loss of function of two or more limbs after 6 months as a result of injury to or disease of the spinal cord. Limb is defined as the complete arm or the complete leg. The 6-month waiting period may be waived at the discretion of PPS Insurance.

Exclusions:

Partial or temporary paralysis.

12. LOSS OF USE OF LIMBS (only 1 benefit should be paid in this instance)

Definition:

Total, permanent and irreversible loss of or loss of use of any of the limbs listed either due to injury or disease. For loss of use of limbs, maximum medical improvement must have been reached with little or no chance of further improvement as approved by a specialist nominated by PPS Insurance after a period of 6 months

The 6-month waiting period may be waived at the discretion of PPS Insurance.

Limb	Maximum benefit for condition	Severity level
One hand – dominant	500 000	C
One hand – non-dominant	500 000	D
Both hands	1 000 000	B
One arm	750 000	B
Both arms	GPI Sum Assured	A
One foot	300 000	D
Both feet	1 000 000	C
One leg	1 000 000	C
Both legs	GPI Sum Assured	A

13. AMPUTATION

Definition:

“Thumb” requires loss of the whole thumb from the metacarpo-phalangeal joint.

“Finger” requires loss of the whole finger from the metacarpo-phalangeal joint.

Amputation of:	Maximum benefit for condition	Severity level
Amputation of the:		
Thumb	100 000	D
3 fingers and thumb	250 000	C
4 fingers and thumb	400 000	C
Four toes and big toe	100 000	D
1 or more fingers	80 000	D

TRAUMA

14. COMA

Severity A – 100%

Failure of cerebral function characterised by total unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least **96 hours**.

Exclusions:

Coma resulting directly from alcohol or drug abuse is excluded.

15. GUNSHOT WOUNDS

Severity A – 100%

Penetrating gunshot wound to the head, neck, chest, abdomen or pelvic area requiring surgical intervention by means of a craniotomy, thoracotomy or laparotomy.

Exclusions:

Superficial gunshot wounds, gunshot wounds to the legs (including hips), gunshot wounds to the arms (including shoulders).

16. 3RD DEGREE BURNS

Severity A – 100%

Tissue injury caused by thermal, electrical or chemical agents causing third degree or full thickness burns to at least 20% of the body surface area as measured by the Rule of Nines or the Lund or Browder Body Surface Chart.

17. ACCIDENTAL HIV INFECTION

Severity A – 100%

Infection by any Human Immunodeficiency Virus or being diagnosed as having Acquired Immune Deficiency Syndrome if the infection can be proved to the satisfaction of PPS Insurance as being due to:

- The result of an accident during the course of carrying out normal occupational duties as a medical or dental practitioner registered with the Health Professions Council of South Africa (HPCSA).
- The transfusion of infected blood or blood products from a transfusion service recognised by PPS Insurance in the Republic of South Africa. The institution that provided the blood must admit liability.
- Indecent assault. The offense must have resulted in the opening of a criminal case by the police.

In the case of accidental HIV infection while carrying out normal occupational duties or as the result of indecent assault, any incident giving rise to a potential claim must be:

- Reported to PPS Insurance within **10 days** of the incident and
- Be supported by a negative HIV antibody test, taken within **3 days** of the incident.
- Prophylactic treatment must be taken for a full period of 28 consecutive days to the satisfaction of PPS Insurance.

Exclusions:

Infection in any other manner, including infection as a result of sexual activity or intravenous drug use. This benefit will not apply in the case that an internationally recognised medical cure is found for AIDS.

18. RECONSTRUCTIVE SURGERY OF FACIAL DISFIGUREMENT DUE TO INJURY, ACCIDENT OR ASSAULT

Definition:

The undergoing of the following reconstructive surgical procedures (single or multiple) for extensive and significant repair to facial bone and/or skin injuries, due to injury, accident or assault, which renders the applicant permanently facially disfigured. The surgery must, in the opinion of PPS Insurance, be deemed necessary. The face is defined as the front portion of the head – the eyes, nose, mouth, forehead, cheeks, and chin but excluding the ears. All corrective procedures should have been completed and the Reconstructive Surgeon in charge must indicate that no further surgery or procedures will provide any future enhancements/improvements to the injury.

Exclusion:

Cosmetic procedures or cosmetic surgery for any other reason than restoration or reconstruction as described in the definition.

Severity Levels:

Severity A – 100% (maximum benefit for this condition is R500 000)

Disfigurement involving the entire area between the hairline and lower jaw on both sides of the face.

Severity B – 75% (maximum benefit for this condition is R325 000)

Disfigurement involving the entire area between the hairline and lower jaw on one side of the face or alternately, 50% of the facial area.

Severity C – 50% (maximum benefit for this condition is R250 000)

Disfigurement involving any quadrant of the face, or 25% of the area of the face as defined above.

Severity D – 25% (maximum benefit for this condition is R125 000)

Significant disfigurement, as determined by PPS Insurance, of any one of the following:

- Nose
- Cheek bone
- Lips

Maximum benefit is R500 000

KIDNEY AND UROLOGICAL

19. KIDNEY FAILURE

Severity A – 100%

Chronic irreversible kidney failure requiring continuous regular dialysis.

Exclusion:

Acute kidney failure requiring short-term dialysis.

CONNECTIVE TISSUE

20. RHEUMATOID ARTHRITIS

Severity A – 100%

Widespread chronic progressive joint destruction with significant deformity affecting at least three major joint groups (e.g. feet, hands, hips, knees, wrists).

In addition to this, four of six criteria are required:

- Morning stiffness
- Soft tissue swelling in 3 joint groups
- Symmetrical swelling in joints
- Presence of rheumatoid nodules
- Elevated rheumatoid factor
- Appropriate radiographic changes

21. SYSTEMIC LUPUS ERYTHEMATOSUS WITH NEPHRITIS

Severity A – 100%

Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus, which involve the kidneys (Type III to Type V Lupus nephritis, established by renal biopsy, and in accordance with the WHO classification). Other forms, discoid lupus and those forms with haematological and joint involvement will be specifically excluded. The final diagnosis is to be supported by a certified doctor specialising in Rheumatology and Immunology as approved by PPS Insurance.

Exclusions:

Discoid lupus and those forms with haematological and joint involvement will be specifically excluded.

22. SCLERODERMA

Severity A – 100%

A multisystem disorder of unknown cause characterised by fibrosis of the skin, blood vessels and visceral organs including the gastrointestinal tract, lungs, heart and kidneys.

Diagnosis must be supported by biopsy and the disorder should have affected one of the following; pulmonary, cardiac, gastro – intestinal, renal systems. Cutaneous scleroderma and sclerodactyly are specifically excluded.

RESPIRATORY

23. RESPIRATORY FAILURE

Severity A – 100%

End stage lung disease. Both of the following must be fulfilled:

- Proof of necessary and permanent oxygen therapy for at least 8hrs/day and
- FEV1 test results of less than 1 litre

24. LOBECTOMY

Severity C – 50%

Removal of one complete lung

Severity D – 25%

Removal of a lobe of a lung not for donor purposes

GASTROINTESTINAL

25. ULCERATIVE COLITIS

Severity A – 100%

For the purposes of this policy, Ulcerative Colitis shall mean acute Fulminant Ulcerative Colitis with life threatening electrolyte disturbances usually associated with intestinal distention and a risk of intestinal rupture. It must involve the entire colon with severe bloody diarrhoea and systemic signs and symptoms and for which the treatment is total colectomy and/or ileostomy. Diagnosis must be based on histopathological features. Surgery in the form of colectomy and/or ileostomy should form part of the treatment.

26. CROHN'S DISEASE

Severity A – 100%

Crohn's disease is a chronic granulomatous inflammatory disease. The disease must require surgical intervention after one of the following:

- fistula formation, or
- intestinal obstruction, or
- intestinal perforation

of 2 or more sites.

The characteristic post-surgical histopathological features must confirm diagnosis.

27. LIVER FAILURE

Severity A – 100%

Liver Failure means end stage liver failure with permanent jaundice, ascites or encephalopathy

28. CHRONIC PANCREATITIS

Severity A – 100%

Pancreas transplant including partial transplant of the pancreas.

Severity C – 50%

A chronic inflammation of the pancreas, characterised by fibrosis and resulting in chronic pain, diabetes mellitus or persistent gastro – intestinal tract disturbances. Diagnosis based on presentation of the following triad of findings: Pancreatic Calcification; Steatorrhea and established Diabetes mellitus or alternatively < 10% exocrine function remaining.

EAR NOSE AND THROAT

29. LOSS OF HEARING

Severity B – 75%

Means irreversible Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels, as a result of sickness or injury. No benefits will be payable if in general specialist opinion a hearing aid, device, or implant could result in the partial or total restoration of hearing.

30. LOSS OF SPEECH

Severity B – 75%

Means the complete and irrecoverable loss of speech as a result of sickness or injury. The loss of the ability to speak must be established after a period of 12 months.

No benefits will be payable if in general specialist opinion any aid, device, treatment or implant could result in the partial or total restoration of speech.

There is a 12 month waiting period for this benefit. This may be waived at the discretion of PPS Insurance for certain medical conditions only.

VISUAL

31. LOSS OF SIGHT

Definition:

Total irreversible loss of sight as confirmed by an ophthalmologist as a result of injury or disease with a best corrected visual acuity of 6/120 or less.

Exclusion:

Temporary visual impairment that can be corrected by medical or surgical treatment, implants or appliances.

Condition	Maximum benefit for condition	Severity Level
One eye	200 000	C
Both eyes	GPI Sum Assured	A