

LIST AND DESCRIPTION OF CRITICAL ILLNESSES COVERED

Annex 1 to the Terms and Conditions TI.0174.17

Valid from 01 November 2017

Cases of disbursement of insurance indemnity

Critical illness means an unexpected and unforeseeable serious illness of the insured person, which first occurred during the insurance period, which is included in this list "List and description of critical illnesses covered" and corresponds to the conditions described herein.

Insurance indemnity shall be paid if the insured person develops any of the below illnesses during the insurance period after the end of the waiting period.

1. **Active tuberculosis** (according to RHK-10 A15–A19) is an infectious disease, caused by mycobacteria. The disease usually spreads as a droplet infection and involves the lungs, rarely other organs. The diagnosis must be confirmed by laboratory and radiation examinations and the disease must be diagnosed according to valid diagnosing and treatment guidelines.
2. **Alzheimer's disease that appears before 65 years of age** (according to RHK-10, G30, F00) is a neurodegenerative disease characterised by a disturbance in cortical nerve cell activity. The disease must be diagnosed according to appropriate valid diagnosing and treatment guidelines. Dementia caused by other brain diseases or systemic diseases or psychiatric conditions is not considered an insured event.
3. **Aorta surgery** is an open or minimally invasive and endovascular surgical operation for the treatment of the narrowing, obstruction, aneurysm or dissection of the aorta. Aorta surgery must be performed by a qualified surgeon and the diagnosis must be confirmed with an angiographic examination. Surgery of an aorta branch or an operation due to congenital damage to the connective tissue (e.g. Marfan syndrome, Ehlers-Danlos syndrome) or an operation due to a traumatic injury to the aorta is not considered an insurance event.
4. **Aplastic anaemia** (according to ICD-10, D60-D61) is an illness, caused by chronic and persistent insufficiency of bone marrow function, for the elimination of which at least one of the following treatments is required:
 - transfusion of blood or blood products;
 - administration of bone marrow stimulating medications;
 - administration of immunosuppressive medications;
 - bone marrow transplant.
 An insured event is not:
 - haemorrhagic anaemia;
 - haemolytic anaemia;
 - iron deficiency anaemia;
 - vitamin B12 deficiency anaemia.
5. **Bacterial meningitis** (according to ICD-10, G00) is inflammation of the meninges, caused by bacterial infection and as a result of which severe and permanent damage to the nervous system may develop. The disease must be diagnosed according to appropriate valid diagnosing and treatment guidelines.
6. **Hepatitis C** (according to ICD-10 B17.1 and B18.2) is an acute or chronic infectious disease caused by the hepatitis C virus. The disease is considered an insured event, if the infection was caused by the transfusion of blood or blood preparations or a job-related accident. The disease must be diagnosed according to valid diagnosing and treatment guidelines.
7. **Crohn's disease** (according to ICD-10 K50, K51) is an autoimmune inflammatory disease involving any part of the digestive tract, which may cause different symptoms. The diagnosis must be confirmed with clinical findings and instrumental examinations. The disease must be diagnosed according to appropriate valid diagnosing and treatment guidelines.
8. **Organ or bone marrow transplant** is a surgical operation, in the course of which a heart, kidney, liver (full or partial), lung

(both lungs, one lung or a part of a lung), bone marrow (allogenic), small intestine, pancreas (full), the entire face, arm or leg are transplanted.

Transplant is considered an insured event, if this is the only possible treatment option. Transplanting of other organs, body parts, tissues (incl. eye cornea, bone tissue or skin) or cells (incl. pancreas islet cells, stem cells, haematogenous cells) is not considered an insured event.

9. **A benign brain tumour** (according to ICD-10, D33.3-D33.2) is a tumour verified by computed tomography or magnetic resonance tomography which, regardless of treatment (surgery, radiation therapy, gamma knife), causes permanent neurological damage lasting for more than three months. An insured event does not include cysts, granulomas, developmental anomalies of brain arteries or veins, brain haematoma or pituitary gland, spinal cord or acoustic nerve tumours.
10. **Idiopathic Parkinson's disease before 65 years of age** (according to IDC-10, G20) is a disease which causes a permanent disturbance in physical ability. The disease must be diagnosed according to appropriate valid diagnosing and treatment guidelines. The disease is considered an insured event, if it is not responsive to treatment, is progressive and if within six months the patient is not able to carry out at least three everyday activities (washing, dressing, getting to bed and up by themselves, moving around in the room eating, going to the toilet).
11. **Human immunodeficiency virus disease or HIV disease** (according to ICD-10 B20-B24) is a chronic infectious disease caused by the human immunodeficiency virus (HIV). The disease is considered an insured event, if the infection was caused by the transfusion of blood or blood preparations or a job-related accident or physical assault. The disease must be diagnosed for the first time and the diagnosis must be confirmed by a reference laboratory during the validity of the insurance contract. An asymptomatic human immunodeficiency virus infection status (according to ICD-10 Z21), perinatal or congenital human HIV disease (according to ICD-10 P35) is not considered an insured event.
12. **Total loss of a limb or function of a limb.** A limb means the whole limb: an arm from the shoulder joint; a leg from the hip joint. Total loss of limb function means loss of muscle function in at least two limbs, lasting for more than 3 months, which has been diagnosed by a neurologist and caused by a trauma or spinal cord or brain disease. Loss of a limb or the function of a limb due to self-mutilation or a psychiatric illness, Guillain-Barré syndrome, or a periodical or hereditary disturbance is not considered an insured event.
13. **Total and irreversible damage to hearing in both ears,** verified by an audiometric test and characterised by a hearing threshold of over 90 dB at the sound frequencies 90 and 500, 1000 Hz with the ear with better hearing.
14. **Total or partial loss of speech** caused by any type of bodily damage or an illness, and which has lasted for more than 6 months. Loss of speech accompanying a psychiatric illness is not considered an insured event.
15. **Liver function disorder** (according to ICD-10 K71 and K72), the most common cause of which is liver necrosis caused by viral infections, toxins or immune system disorders. The diagnosis must be confirmed with:
 - clinical findings (icterus, vomiting, liver tumour, ascites, encephalopathy, coagulopathy);
 - laboratory analysis results which characterise liver failure. Liver failure caused by the unreasonable intake of drugs, also consumption of alcohol or highs, is not considered an insured event.

16. **Sclerosis multiplex** (according to IDC-10 G35) is a chronic illness characterised by changes in the white matter of the central nervous system. The disease must be diagnosed according to appropriate valid diagnosing and treatment guidelines.
17. **Malignant tumour** (according to ICD-10 C00-C97, D46) is a disease, characterised by the uncontrolled multiplication of malignant cells and their spread into healthy tissues. This definition also covers malignant haematopoietic disease leukaemia, lymphoma and Hodgkin's disease and myelodysplastic syndrome. The diagnosis must be confirmed by pathomorphological examination. The insured events do not include tumours in situ, precanceroses, cervical dysplasia, types of cervical cancer CIN1-CIN3, early stages of prostate cancer (T1 in the tumour-nodus-metastasis system), basal cell or squamous cell melanoma and melanoma smaller than 1.5 mm of Breslow's depth or smaller than Clark level 3. In addition, tumours in carriers of HIV are not considered an insured event.
18. **Stroke** (according to ICD-10 I60–I64) is a cerebrovascular disease causing neurological damage lasting more than 24 hours and is expressed by a disturbance in motor and sensory function and generalised symptoms. The definition includes cerebral infarction and intracerebral or subarachnoid non-traumatic haemorrhage. The diagnosis must be confirmed with brain computer tomography or MRT.
Insured events do not include a transient i.e. passing ischaemic attack or a traumatic intracerebral haemorrhage and cerebral infarction. The disease must be diagnosed according to appropriate valid diagnosing and treatment guidelines.
19. **Tick-borne encephalitis** (according to ICD-10 A84) is an inflammatory infectious disease of the brain and meninges caused by a specific virus, which is usually spread by ticks. Insured events shall only include events in which tick-borne encephalitis has developed despite receiving a timely and complete vaccination schedule provided that the disease necessitated inpatient treatment lasting at least 10 days. A timely and complete vaccination schedule and inpatient treatment must be proven by documents (vaccination passport, excerpt of case history, etc.).
20. **Lyme disease or tick-borne borreliosis or Lyme borreliosis** (according to ICD-10 A69.2) is an infectious disease caused by bacteria of the Borrelia type, which develops after a tick attack and involves two or more organs or organ systems at one time (skin, joints, nervous system, cardiac muscle, etc.).
21. **Coronary artery bypass grafting** is a surgical operation conducted under general anaesthesia where the thorax is opened, with the aim of improving the blood supply to the cardiac muscle. In a coronary artery bypass, additional vessel(s) are added to the coronary artery or arteries, thereby ensuring the supply of arterial blood to the cardiac muscle with damaged blood supply.
Insured events do not include endovascular procedures to coronary arteries (angioplasty, stent of a coronary artery, laser treatment).
22. **Acute chronic renal insufficiency** (according to IDC-10 N18) is a disease, caused by irreversible damage to the functioning of both kidneys, if it requires kidney replacement therapy with chronic dialysis therapy or a kidney transplant.
23. **Heart surgery** is a surgical operation conducted under general anaesthesia where the thorax is opened, with the aim of repairing or replacing one or several heart valves. Heart surgery is also the repair or replacement of a heart valve through blood vessels. Insured events do not include clipping of a mitral valve through a catheter.
24. **Myocardial infarction** (according to IDC-10 I21) means damage to the cardiac muscle caused by a disturbance in the blood supply to the cardiac muscle. The disease must be diagnosed according to appropriate valid diagnosing and treatment guidelines.
25. **Third- and fourth-degree burns** are burns which cause skin damage through the full thickness of the skin into the underlying tissues or muscles and involve at least 20% of the body surface area.
An insured event is not:
 - deliberately self-inflicted burns;
 - first and second degree burns.