Elevate Insurance

Your insurance updates

Effective from 19 December 2022



This update document is applicable to:

- Elevate Insurance on sale from 17 August 2009
- Elevate Insurance (formerly AXA Insurance) on sale from 25 July 2005 to 16 August 2009

We've recently reviewed the medical definitions of our insurance plans to ensure they are fair and transparent, and introduced some changes that may benefit you. These definitions apply to trauma conditions and medical procedures covered under trauma insurance plans, trauma options, income insurance plans, and the Day one TPD benefit.

The changes that are relevant to your plan will automatically apply from 19 December 2022. **You will still retain your existing terms, conditions,** and premium rates for your plan.

Any upgrades and/or changes to the plan definitions will be reviewed at claim time, along with the original definition, to ensure you are assessed using the definitions that benefit you most. This means that if a definition or benefit from your original plan is more beneficial to you, you will still be eligible to claim under your original plan definitions.

Pre-existing condition and exclusions

If the insured person is suffering from a 'pre-existing condition' at the time the upgrade is provided, the upgrade will not apply when assessing any claim affected by that pre-existing condition. If an exclusion(s) applies to your plan, the upgrade will not apply when assessing any claim affected by that exclusion(s).

Your updated terms and conditions

1. Renaming of medical conditions

Previous name of medical condition	New name of medical condition
Cardiac arrest	Out of hospital cardiac arrest
Cancer	Cancer (of specified criteria)
Stroke	Stroke (diagnosed)
Heart attack	Heart attack (of specified severity)
Aplastic anaemia	Aplastic anaemia (requiring treatment)
Blindness	Blindness (permanent)

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Cardiomyopathy	Cardiomyopathy (permanent)
Deafness	Deafness (permanent)
Heart valve surgery	Heart valve surgery (via open heart)
Chronic kidney failure	End stage kidney failure
Chronic liver disease	End stage liver failure
Chronic lung disease	Chronic lung failure
Loss of limbs and/or sight	Loss of the use of limbs or sight (permanent)
Encephalitis	Encephalitis (resulting in permanent neurological deficit)
Loss of speech	Loss of speech (permanent)
Major head injury	Major head trauma (with permanent neurological deficit)
Multiple Sclerosis	Multiple sclerosis (persisting impairment)
Parkinson's disease	Parkinson's disease (with significant functional impairment)
Primary pulmonary hypertension	Idiopathic pulmonary hypertension
Surgery of the aorta	Aortic surgery to correct structural abnormality of the aorta
Alzheimer's disease and other dementias	Dementia including Alzheimer's disease (with severe cognitive impairment)
Hemiplegia	Hemiplegia (permanent)
Occupationally acquired HIV infection	HIV - accidental occupational infection
Medically acquired HIV infection	HIV - accidental infection through medical procedure
Paraplegia	Paraplegia (permanent)
Quadriplegia (also defined as tetraplegia)	Quadriplegia (permanent)
Severe burns	Severe burns to specified body surface area

2. Changes to medical definitions

Stroke (diagnosed)

Stroke (diagnosed) means the damage of brain tissue because of a cerebrovascular incident caused by haemorrhage, embolism, or thrombosis, associated with the sudden onset of objective neurological deficit. The incident must be demonstrated by Magnetic Resonance Imaging (MRI), Computerised Tomography (CT), or other reliable imaging techniques.

The following are not covered:

- transient ischaemic attacks
- cerebral symptoms associated with reversible neurological deficit
- cerebrovascular disorder of the eye or optic nerve
- · symptoms due to migraine or headache, and
- brain tissue damage caused by head injury.

What we've changed

We've removed the requirement for imaging techniques (used to demonstrate a stroke) to be approved by us.

Severe rheumatoid arthritis

Severe rheumatoid arthritis means the unequivocal diagnosis of severe rheumatoid arthritis by an appropriate specialist **medical practitioner**. To fulfil the criteria for severe rheumatoid arthritis:

- there must be a diagnosis of Rheumatoid Arthritis as specified by the 2010 Rheumatoid Arthritis Classification Criteria¹
- the condition must be unresponsive to treatment for at least nine months with disease-modifying antirheumatic drugs and biologic agents
- there must be symptoms and signs of persistent inflammation (swelling and tenderness) of multiple joints, and
- due to rheumatoid arthritis, the insured person must permanently satisfy two of the following criteria:
 - **Dexterity** The inability to use hands and fingers to pick up and manipulate small objects such as cutlery, including being unable to write using a pen or pencil.
 - Lifting The inability to lift, carry or otherwise move everyday objects by hand. Everyday objects
 include a kettle of water, a bag of shopping, an overnight bag or briefcase.
 - **Bending** The inability to bend or kneel to pick up something from the floor and stand up again and the inability to get into and out of a standard car.
 - Mobility The inability to walk a distance of 200 metres on flat ground, with or without the aid of a
 walking stick and without having to rest or experiencing severe discomfort.
 - (1) American College of Rheumatology and European League Against Rheumatism

What we've changed

We've removed the requirement for the diagnosis to be made by a rheumatologist and replaced this with an appropriate specialist **medical practitioner**.

Motor neurone disease

Motor neurone disease means unequivocal diagnosis of motor neurone disease by an appropriate specialist **medical practitioner** and confirmed by neurological investigations.

What we've changed

We've removed the requirement for the diagnosis to be made by a neurologist and replaced this with an appropriate specialist **medical practitioner**.

HIV - accidental infection through medical procedure

The accidental infection with the Human Immunodeficiency Virus (HIV) after the start of this plan, which arose from one of the following events which must have occurred to the **insured person** while in Australia by a recognised and registered health professional:

- a blood transfusion
- · transfusion with blood products
- organ transplant to the insured person
- · assisted reproductive techniques, or
- a medical procedure or operation performed by a medical practitioner.

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded.

This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical **treatment** is developed that results in the prevention of the occurrence of AIDS. Cure means any treatment that renders the HIV inactive or non infectious.

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them.

We may require that blood and body fluid collection and diagnostic testing be repeated.

What we've changed

We've removed the requirement for all evidence provided to be acceptable to us.

HIV - accidental occupational infection

Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring while the **insured person** was carrying out the normal duties of his or her usual occupation. No payment will be made unless all the following are proven to our satisfaction:

- proof of the accident giving rise to the infection
- proof that the accident involved a definite source of the HIV infection, and
- proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident.

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated.

HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical **treatment** is developed that results in the prevention of the occurrence of AIDS.

Cure means any treatment that renders the HIV inactive or non infectious.

What we've changed

We've removed the requirement for all evidence provided to be acceptable to us.

Multiple sclerosis (persisting impairment)

Multiple sclerosis (persisting impairment) means the unequivocal diagnosis of multiple sclerosis confirmed by an appropriate specialist **medical practitioner** where there has been more than one episode of neurological deficit with persisting neurological abnormalities.

What we've changed

We've removed the requirement for the diagnosis to be made by a consultant neurologist and replaced this with an appropriate specialist **medical practitioner**.

Parkinson's disease (with significant functional impairment)

Parkinson's disease (with significant functional impairment) means an unequivocal diagnosis of degenerative idiopathic Parkinson's disease confirmed by an appropriate specialist **medical practitioner**, as characterised by the clinical manifestation of one or more of the following:

- rigidity
- tremor
- akinesia

resulting from the degeneration of the nigrostriatal system.

All other types of Parkinsonism are excluded (for example, secondary to medication).

What we've changed

We've removed the requirement for the diagnosis to be made by a consultant neurologist and replaced this with an appropriate specialist medical practitioner.

Pneumonectomy

The insured person undergoes surgical removal of an entire lung.

What we've changed

We've removed the requirement for the surgery to be deemed medically necessary by an appropriate specialist and no longer require this to be supported by our medical advisers.

Out of hospital cardiac arrest

Cardiac arrest that is the sudden breakdown of the heart's pumping function where it:

- is due to asystole or ventricular fibrillation as documented by electrocardiographic (ECG) changes
- is not associated with any clinical procedure, and
- · occurs outside a hospital or other medical facility.

If electrocardiogram changes are inconclusive or an ECG is not available, we will consider other **evidence** that unequivocally confirms an out of hospital cardiac arrest has occurred.

Examples of suitable evidence include but are not limited to: Ambulance and Hospital Medical Reports confirming cardiac arrest or the administration of Cardiopulmonary Resuscitation (CPR) by an attending ambulance officer or trained first aid officer, or Automated External Defibrillator (AED) data.

What we've changed

Where an electrocardiogram is inconclusive, or an ECG is not available we'll consider other evidence that unequivocally confirms an out of hospital cardiac arrest has occurred. We've removed the requirement for the evidence to be acceptable to us.

Deafness (permanent)

Full payment

Deafness means the total and permanent loss of hearing in both ears, resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000, 1500 and 3000 hertz, both natural and assisted, because of **injury** or **sickness**. The diagnosis needs to be confirmed by an appropriate specialist **medical practitioner**.

Partial payment

We will make a partial payment, once only, if Deafness (permanent) occurs in one ear resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000, 1500 and 3000 hertz, both natural and assisted, as a result of **injury** or **sickness**. The diagnosis needs to be confirmed by an appropriate specialist **medical practitioner**.

What we've changed

We've simplified the wording and replaced 'total, irreversible and irreparable loss of hearing' with 'total and permanent loss of hearing'.

We've included the auditory threshold used to measure loss of hearing.

We've clarified that the diagnosis must be confirmed by an appropriate specialist medical practitioner.

Coronary artery bypass surgery

Coronary artery bypass surgery means bypass grafting performed to correct or treat coronary artery disease but does not include:

- angioplasty
- · intra-arterial procedures
- laser techniques, or
- other non-surgical techniques.

What we've changed

We've removed the requirement for surgery to be considered medically necessary.

Severe burns to specified body surface area

Severe burns to specified body surface area means full thickness burns to:

- 20% or more of the body surface as measured by the Lund and Browder Body Surface chart (or equivalent classification)
- 50% or more of the face requiring surgical debridement and/or grafting, or
- 50% of both hands or both feet requiring surgical debridement and/or grafting.

What we've changed

We've replaced the reference to third degree burns with full thickness burns.

Cancer (of specified criteria)

Cancer as defined in this **policy** means an abnormal growth of cells that is confirmed on pathology tests to include the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue.

The term cancer includes leukaemia, lymphomas such as Hodgkin's disease, other malignant tumours and melanomas greater than or equal to 1.0 mm thickness using the Breslow method or Clark Level 3 or where the melanoma is showing signs of ulceration.

The following cancers are excluded:

- carcinoma in situ of the breast where the tumour is classified as stage Tis under the TNM classification
 system unless requiring surgery that results in the removal of the entire breast or requiring breast conserving
 surgery and radiotherapy
- all other tumours classified as carcinoma in situ
- all other melanomas, including melanoma in situ
- other skin cancers unless there has been evidence of spread (that is, metastasis) to other parts of the body
- prostate tumours classified as T1 (all categories) under the TNM classification system unless the tumour also has a Gleason score of 7 or above, or prostatectomy is performed
- chronic lymphocytic leukaemia less than Rai stage I
- tumours that occur within the 90 day qualifying period, and
- tumours that are a recurrence or metastasis of a tumour that first occurred within the 90 day qualifying period.

What we've changed

We've clarified that the reference to 1.0mm depth of invasion is the Breslow method for measuring the thickness of melanomas.

We've simplified the exclusion wording, for clarity.

Cancer (of specified criteria) early payment

- melanomas that are less than 1.0 mm in thickness using the Breslow method or less than Clark Level 3.
- prostate tumours classified as T1a or T1b under the TNM classification system with either a Gleason score
 less than 6, or where major interventionist therapy is not required. Major interventionist therapy includes but
 is not limited to prostatectomy, radiotherapy, brachytherapy, chemotherapy, biological response modifiers or
 any other major treatment.
- Carcinoma in situ of the penis where the tumour is classified as stage Tis under the TNM classification system and the tumour requires surgical excision.
- Carcinoma in situ of one or both testes where the tumour is classified as stage Tis under the TNM
 classification system.
- Carcinoma in situ of the perineum where the tumour is classified as stage Tis under the TNM classification system.
- Carcinoma in situ of the breast where the tumour is classified as stage Tis under the TNM classification system.
- Carcinoma in situ of the vulva, vagina or fallopian tube where the tumour is classified as stage Tis under the TNM classification system.
- Carcinoma in situ of the cervix where the tumour is classified as stage Tis under the TNM classification or CIN 3 grading.
- Carcinoma in situ of the ovary where the tumour is classified as stage Tis under the TNM classification system.
- Carcinoma in situ of the uterus where the tumour is classified as stage Tis under the TNM classification system.

We will make a payment of 100% of the benefit in the following circumstances:

• If a prostate tumour is classified under the TNM classification system as:

- T1c or above
- T1a or T1b with a Gleason Score of 6 or above, or
- T1a or T1b and is considered untreatable or if the **insured person** is required to undertake major interventionist therapy, which includes but is not limited to radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment.
- Carcinoma in situ of the testicle, where one or both testes are removed by radical orchidectomy.

The following cancers are excluded:

- tumours that occur within the 90 day qualifying period, and
- tumours that are a recurrence or metastasis of a tumour that first occurred within the 90 day qualifying period.

What we've changed

We've clarified that the reference to 1.0mm in thickness is the Breslow method for measuring melanomas. And we no longer require the melanoma to be less than 1.0mm in thickness and less than Clark Level 3. The melanoma must be 1.0mm in thickness or less than Clark Level 3.

We've removed the words 'or equivalent' when referring to the TNM classification because this is covered in our Claims guiding statement at the beginning of the Glossary of medical conditions.

We've removed the words 'where cancer cells do not penetrate the basement membrane nor invade the surrounding tissue' from 'carcinoma in situ of the penis' and 'carcinoma in situ of one or both testes' because these words describe carcinoma in situ which is already a defined term.

We've simplified the exclusion wording, for clarity.

Contact us

If you would like any more information on these changes or anything to do with your plan, please contact us or your financial adviser.

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What you need to know

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