Accident Insurance Regulations
Annex 3

INSURANCE BENEFIT DETERMINATION TABLE FOR CRITICAL ILLNESSES

This Annex 3 to Accident Insurance Regulations approved by the resolution of the Board of UADB Compensa Vienna Insurance Group on 4 September 2018 constitutes an integral part of the Regulations and is issued in compliance with and subject to the requirements of the legislation of the Republic of Lithuania.

Insurance options for critical illnesses

Addison's disease	A bilateral dysfunction of adrenal glands developing in adrenal cortex destruction and resulting in partial or total failure of adrenocortical function. The disease must be confirmed by an endocrinologist in accordance with the diagnostic criteria for the disease valid on the date of diagnosis. The Insured Person must be on hormonal therapy for at least 3 months and such treatment is to be continued.
AIDS	Acquired immunodeficiency syndrome, the final stage of HIV infection, manifesting as failure of the immune system making it unable to resist infections. The diagnosis must be confirmed by professionals from the Centre for Communicable Diseases and AIDS. Testing for HIV must be positive. HIV infection and AIDS must have been diagnosed for the first time. A CD4 count must be very low (less than 200).
Alzheimer's disease	The diagnosis of the disease must be confirmed by a neurologist and/or psychiatrist on the basis of the criteria for diagnosing Alzheimer's disease valid on the date of making the diagnosis.
Aortic aneurysm	Abnormal enlargement of the vessel (aorta) with the risk of rupturing and causing severe bleeding. The diagnosis must be based on objective image examinations and endovascular stent-grafting must be performed.
Limb paralysis	Total and irreversible (permanent) disease-caused loss of function in two or more limbs. The diagnosis of the disease must be confirmed by a neurologist and remain without changes or progress 6 months after confirming the diagnosis. Insurance benefit shall not be paid for limb paralysis caused by an accident, Guillain-Barre syndrome and in case of minor paraparesis.
Cerebral aneurysm	Abnormally dilated blood vessel in the brain that has the potential to press on the adjacent tissues or rupturing and causing severe bleeding. The diagnosis must be based on relevant image examinations and cerebral aneurysm surgery must be performed. Insurance benefit shall not be paid for asymptomatic cerebral aneurysms or surgically not treated cerebral aneurysms.
Benign brain and spinal cord tumours	Masses of cells with uncontrolled division and spread to the adjacent tissues (infiltration)). The diagnosis must be confirmed by an oncologist or neurosurgeon on the basis of objective image examinations (and removal of the tumour must have been carried out). In addition, insurance benefit shall be paid for tumours applied external beam radiation therapy when surgery was not possible due to medical reasons and the tumour caused permanent neurological deficit persisting for at least 3 (three) months after the diagnosis. Insurance benefit shall not be paid for any CNS cysts, granulomas, hamartomas or arteriovenous, venous or cavernous malformations in the brain.
Stroke	A sudden disturbance in the brain tissue caused acute cerebrovascular failure due to a blockage in an artery, vein thrombosis or cerebral haemorrhage when stroke-specific neurological clinical symptoms are persisting longer than 3 months after the occurrence. This diagnosis must be confirmed by a neurologist on the basis of image examination results (magnetic resonance image, computed tomography). Insurance benefit is not payable if the Insured Person had hypertonic disease prior to entering into the insurance contract and/or for a repeated stroke, transient ischemic attack, reversible ischemic neurologic deficit and accidental brain damage.
Multiple or disseminated sclerosis	An autoimmune disease of the central nervous system damaging the Insured Person's myelin sheath around nerves (demyelination) and Insured Person's multiple neurologic deficits: motor function disorders, disturbances in consciousness or sensory disturbances. The diagnosis must be confirmed by a neurologist on the basis of appropriate objective tests, motor and sensor function symptoms, magnetic resonance imaging, computed tomography.
Chronic renal failure	Total loss of functions of both kidneys, confirmed by a nephrologist when the Insured Person undergoes regular treatment with hemodialyses/peritoneal dialyses for 6 months and/or the Insured Person is put on the waiting list for a kidney transplant, or has had kidney transplantation.

Myocardial infarction (heart attack)	Irreversible damage to the muscular tissue of the heart (myocardium), death of the cells (necrosis) as a result of oxygen deprivation, which is caused by obstruction of the blood supply. Increased quantities of specific enzymes (CK-MB, troponin) endemic to myocardial infarction must be found present in the blood serum and at least two of the criteria below must be diagnosed: prolonged angina pectoris and/or new changes endemic to myocardial infarction on ECG indicative of myocardial ischemia (new ST-T changes or new left bundle branch block) and/or ECG findings of a pathologic Q-wave. The diagnosis must be confirmed by a hospital cardiologist. Insurance benefit is not payable for repeated heart attacks, angina attacks and other acute coronary syndromes, also if myocardial infarction occurs within 14 days after coronary angioplasty or bypass surgery.
Parkinson's disease	Unambiguously diagnosed primary or idiopathic parkinsonism. The diagnosis must be confirmed by a neurologist following an in-patient neurological examination in accordance with the diagnostic criteria for Parkinson's disease valid on the date of diagnosis. The Insured Person must have the symptoms of resting hand tremor, muscular rigidity and bradykinesia. Insurance benefit shall not be paid for parkinsonism induced by medicaments, toxic and narcotic substances.
Malignant tumours (cancer)	Uncontrolled cell growth and proliferation, invading surrounding tissues and organs, and cells' ability to destroy the surrounding tissue while spreading to other parts of the body (metastasis). The diagnosis must be confirmed by an oncologist. Insurance benefit shall be paid only if there is a cogent evidence of tissue invasion and the malignant character of tumour cells is confirmed by a histological examination. Cancer shall be deemed to include leukaemias, malignant lymphomas and myelodysplastic syndrome. In the latter cases, the diagnosis must be confirmed by an oncologist or haematologist. Insurance benefit for cancer shall not be paid in case of the following illnesses: - non-invasive tumours (carcinoma in situ); - any form first-stage cancer; - any form of skin cancer, except for malignant melanoma; - Insured Persons with HIV/AIDS; - benign tumours or prior-cancer illness; - cervical dysplasia CIN I-III; - chronic lymphocytic leukaemia unless BINET Stage B is diagnosed.
Heart valve replacement	Surgical and or trans-catheter replacement of one or more heart valves by artificial valve, when heart valve prosthesis is required due to stenosis or dysfunction, or combination thereof, of the aortic, mitral, tricuspid valves and pulmonary artery, trans-catheter aortic valve implantation (TAVI). No insurance benefit shall be paid for other heart valve surgeries (valvuloplasty, valvulotomy).
Transplantation of internals	**Surgical transplantation** of the heart, lungs, liver, small intestine, pancreas or when the Insured Person is the recipient or put on the official waiting list. Insurance benefit shall not paid for donors and if the Insured Person is put on the waiting list upon contracting for insurance.