

# Early Care Rider Series 1.1 - Terms and Conditions

## 1 Your supplementary benefit

This supplementary benefit accelerates the Late-stage Critical Illness (LSCI) benefit under the base benefit. The payout under this supplementary benefit is a pre-payment of the LSCI benefit and will reduce the base benefit sum assured.

### 1.1 Early-stage and Intermediate-stage Critical Illness (collectively referred to as “Early Critical Illness” or “ECI”) benefit

We will pay your sum assured of this supplementary benefit if, during the period of cover for this supplementary benefit, the Life Assured is diagnosed with any of the ECIs listed and defined in clause 3.

### 1.2 Period of cover

Your cover for this supplementary benefit starts on the Effective Date and ends on the earliest of the following:

- upon the full payment of this supplementary benefit sum assured or
- when you instruct us to cancel this supplementary benefit; or
- when this supplementary benefit expires at the end of the supplementary benefit term; or
- when your cover for the base benefit ends.

## 2 Important information

### 2.1 Exclusions

We will not pay any claim for Early-stage and Intermediate-stage Critical Illness (ECI) benefit arising directly or indirectly from:

- self-inflicted injury, while sane or insane;
- the influence or deliberate misuse of drugs or alcohol;
- pre-existing condition;
- Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV) except as defined under the definitions of ECI in clause 3.2.

### 2.2 Waiting period

We will not pay any ECI benefit if the Life Assured is diagnosed with any of the following ECIs within ninety (90) days from the Effective Date or the date of the latest reinstatement, whichever is later:

- Transmyocardial Laser Therapy
- Port Access of Key Hole Cardiac Surgery
- Cardiac Pacemaker Insertion, Pericardiectomy
- Cardiac Defibrillator Insertion, Early Cardiomyopathy
- Carcinoma in Situ, Early Prostate Cancer, Early Thyroid Cancer, Early Bladder Cancer, Early Chronic Lymphocytic, Early Melanoma
- Carcinoma in Situ of Specified Organs Treated with Radical Surgery
- Mild Coronary Artery Disease
- Moderate Coronary Artery Disease

If the Life Assured is diagnosed with any of the ECIs above within ninety (90) days from the date of increase in this supplementary benefit sum assured, we will not pay the ECI benefit in relation to the increase in sum assured. For avoidance of doubt, we will only pay the ECI benefit as if the increase never took place. The supplementary benefit sum assured will reduce by the claim payout and the balance sum assured will remain in-force for other ECIs. The premium will then be reduced accordingly.

### 2.3 Survival period

We will not pay any ECI benefit if the Life Assured dies within seven (7) days from the diagnosis of the ECI, in which case we will only pay the death benefit under the base benefit and the policy will terminate thereafter.

### 2.4 Non-guaranteed premium rate

The premium rates for this supplementary benefit are not guaranteed. These rates may be adjusted based on future experience. We will give thirty (30) days' notice before the new premiums are charged.

The premiums for this supplementary benefit are payable throughout the supplementary benefit term.

### 3 Early-stage and Intermediate-stage Critical Illnesses

#### 3.1 List of Early-stage and Intermediate-stage Critical Illnesses (collectively referred to as “Early CI” or “ECI”)

Below is the list of Early-stage critical illnesses (2<sup>nd</sup> column) and Intermediate-stage critical illnesses (3<sup>rd</sup> column) covered under this supplementary benefit. These critical illnesses are defined under clause 3.2.

The corresponding Late-stage critical illnesses covered under the base benefit are listed in the last column of the table below.

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness	Late-stage Critical Illness
1.	Diagnosis of Dementia including Alzheimer’s Disease	Moderate to Severe Alzheimer’s Disease	Alzheimer’s Disease / Severe Dementia
2.	Akinetic Mutism	Locked-in Syndrome	Persistent Vegetative State (Apallic Syndrome)
3.	Pure Red Cell Aplasia (PRCA)	Reversible Aplastic Anaemia	Irreversible Aplastic Anaemia
4.	Bacterial Meningitis with Full Recovery	Bacterial Meningitis with Reversible Neurological Deficit	Severe Bacterial Meningitis
5.	Surgical Removal of Pituitary Tumour (by Transphenoidal/ Transnasal Hypophysectomy)	Surgical Removal of Pituitary Tumour (by Open Craniotomy)	Benign Brain Tumour
6.	Corneal Transplant	Loss of Sight in One Eye	Blindness (Irreversible Loss of Sight)
7.	Coma for 48 Hours	Severe Epilepsy	Coma
8.	Transmyocardial Laser Therapy	Port Access of Key Hole Cardiac Surgery	Coronary Artery By-pass Surgery
9.	Partial Loss of Hearing, Cavernous Sinus Thrombosis Surgery	Cochlear Implant Surgery	Deafness (Irreversible Loss of Hearing)
10.	Liver Surgery	Liver Cirrhosis	End Stage Liver Failure
11.	Severe Asthma, Insertion of a Vena Cava Filter	Surgical Removal of One Lung	End Stage Lung Disease
12.	Biliary Tract Reconstruction Surgery	Chronic Primary Sclerosing Cholangitis	Fulminant Hepatitis
13.	Cardiac Pacemaker Insertion, Pericardiectomy	Cardiac Defibrillator Insertion, Early Cardiomyopathy	Heart Attack of Specified Severity
14.	Percutaneous Valvuloplasty or Valvotomy	Valve Replacement or Valve Repair with Device	Open Chest Heart Valve Surgery
15.	HIV due to Assault	HIV due to Organ Transplant	HIV due to Blood Transfusion and Occupationally Acquired HIV
16.	Surgical Removal of One Kidney	Chronic Kidney Disease	End Stage Kidney Failure
17.	Loss of Independent Existence (Early Stage)	Loss of Independent Existence (Intermediate Stage)	Loss of Independent Existence
18.	Permanent or Temporary Tracheostomy	Loss of Speech due to Vocal Cord Paralysis	Irreversible Loss of Speech
19.	Mild Severe Burns	Moderately Severe Burns	Major Burns
20.	Carcinoma In Situ	Carcinoma in Situ of Specified Organs Treated with Radical Surgery	Major Cancer
21.	Head Trauma Requiring Reconstructive Surgery and Accidental Spinal Cord Surgery	Head Trauma Requiring Open Craniotomy	Major Head Trauma
22.	Small Bowel Transplant	Major Organ/ Bone Marrow Transplant (on Waitlist)	Major Organ / Bone Marrow Transplantation
23.	Early Motor Neurone Disease	Intermediate Motor Neurone Disease	Motor Neurone Disease
24.	Early Multiple Sclerosis	Mild Multiple Sclerosis	Multiple Sclerosis

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness	Late-stage Critical Illness
25.	Spinal Cord Disease or Injury Resulting in Bowel and Bladder Dysfunction	Moderate Muscular Dystrophy	Muscular Dystrophy
26.	Mild Coronary Artery Disease	Moderate Coronary Artery Disease	Other Serious Coronary Artery Disease
27.	Loss of Use of One Limb	Loss of Use of One Limb Requiring Prosthesis	Paralysis (Irreversible Loss of Use of Limbs)
28.	Early Parkinson's Disease	Moderate to Severe Parkinson's Disease	Idiopathic Parkinson's Disease
29.	Peripheral Neuropathy	Poliomyelitis (Intermediate Stage)	Poliomyelitis
30.	Early Pulmonary Hypertension	Secondary Pulmonary Hypertension	Primary Pulmonary Hypertension
31.	Early Progressive Scleroderma	Progressive Scleroderma with CREST Syndrome	Progressive Scleroderma
32.	Brain Aneurysm Surgery, Cerebral Shunt Insertion	Carotid Artery Surgery	Stroke with Permanent Neurological Deficit
33.	Large Asymptomatic Aortic Aneurysm	Percutaneous or minimally Invasive Surgery to Aorta	Open Chest Surgery to Aorta
34.	Mild Systemic Lupus Erythematosus	Moderately Severe Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis	Systemic Lupus Erythematosus with Lupus Nephritis
35.	Encephalitis with Full Recovery	Mild Encephalitis	Severe Encephalitis

### 3.2 Definition of ECI

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness
1.	<p><b>Diagnosis of Dementia including Alzheimer’s Disease</b></p> <p>Diagnosis of dementia by neurological assessment by an appropriate specialist confirming cognitive impairment characterized by a Mini-Mental State Examination score of 24 or less out of 30 as assessed by 2 neuropsychometric tests performed 6 months apart which clearly define the severity of the impairment. The applicant must have been placed on disease modifying treatment prescribed by a specialist and must be under the continuous care of a specialist.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>▪ Non-organic diseases such as neurosis and psychiatric illnesses; and</li> <li>▪ Alcohol related brain damage.</li> </ul> <p>Coverage on Early Stage Alzheimer expires on the policy anniversary on which the Life Assured is age 85 next birthday.</p>	<p><b>Moderate to Severe Alzheimer’s Disease</b></p> <p>A definite diagnosis of Alzheimer’s disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini-Mental State Examination score must be less than 20 out of 30 as assessed by two (2) neuropsychometric tests performed six (6) months apart which clearly define the severity of the impairment. There must also be permanent clinical loss of the ability to do all the following:</p> <ul style="list-style-type: none"> <li>▪ Remember;</li> <li>▪ Reason; and</li> <li>▪ Perceive, understand, express and give effect to ideas.</li> </ul> <p>This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by our appointed doctor.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>▪ Non-organic diseases such as neurosis and psychiatric illnesses; and</li> <li>▪ Alcohol related brain damage.</li> </ul>
2.	<p><b>Akinetic Mutism</b></p> <p>Organic brain damage which results in a person being unable to talk or move despite the fact that they appear alert at times. This diagnosis must be supported by evidence showing organic brain damage and definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for a continuous period of at least one 1 month.</p> <p>Akinetic mutism because of psychological reasons is excluded.</p>	<p><b>Locked-in Syndrome</b></p> <p>Condition in which a person is aware but cannot move or communicate verbally due to complete paralysis of all voluntary muscles in the body except for vertical eye movements and blinking. There should be evidence of quadriplegia and inability to speak.</p> <p>This diagnosis must be supported by evidence of infarction of the ventral pons and EEG indicating that the person is not unconscious. The diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for a continuous period at least one 1 month.</p>
3.	<p><b>Pure Red Cell Aplasia (PRCA)</b></p> <p>Complete or nearly complete cessation of red cell production in the bone marrow without effects on other hematopoietic cells. The condition must have resulted in reversible but severe anaemia, meeting both of the following criteria:</p> <ul style="list-style-type: none"> <li>▪ Hemoglobin &lt;4 g/dL or Hematocrit &lt;10 percent;</li> <li>▪ Absolute reticulocyte count &lt;10,000/microL or reticulocyte percentage &lt;0.5 percent;</li> </ul> <p>The diagnosis must be confirmed by a specialist in the relevant field based on a bone marrow biopsy.</p>	<p><b>Reversible Aplastic Anaemia</b></p> <p>Acute reversible bone marrow failure confirmed by biopsy which results in anaemia, neutropenia and thrombocytopenia requiring treatment with any one (1) of the following:</p> <ul style="list-style-type: none"> <li>▪ Blood product transfusion; or</li> <li>▪ Bone marrow stimulating agents; or</li> <li>▪ Immunosuppressive agents; or</li> <li>▪ Bone marrow or hematopoietic stem cell transplantation.</li> </ul> <p>The diagnosis must be confirmed by a haematologist and the diagnosis must be confirmed by a bone marrow biopsy.</p>

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness
4.	<p><b>Bacterial Meningitis with Full Recovery</b></p> <p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalisation.</p> <p>This diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> <li>▪ The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and</li> <li>▪ A consultant neurologist.</li> </ul> <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>	<p><b>Bacterial Meningitis with Reversible Neurological Deficit</b></p> <p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in reversible neurological deficit, that resolves fully within 6 weeks of the confirmed meningitis infection.</p> <p>This diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> <li>▪ The presence of bacterial infection in cerebrospinal fluid by lumbar puncture and the offending organism must be identified; and</li> <li>▪ A consultant neurologist.</li> </ul> <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>
5.	<p><b>Surgical Removal of Pituitary Tumour (by Transphenoidal/ Transnasal Hypophysectomy)</b></p> <p>The actual undergoing of surgical removal of a pituitary tumour by transphenoidal / transnasal hypophysectomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of an appropriate specialist or neurosurgeon.</p> <p>The presence of the underlying tumour must be confirmed by imaging studies such as computerized tomography scan or magnetic resonance imaging.</p> <p>Removal of the following are excluded:</p> <ul style="list-style-type: none"> <li>▪ Cysts;</li> <li>▪ Abscess;</li> <li>▪ Angioma;</li> <li>▪ Granulomas;</li> <li>▪ Vascular Malformations;</li> <li>▪ Haematomas; and</li> <li>▪ Tumours of the spinal cord and skull base</li> </ul>	<p><b>Surgical Removal of Pituitary Tumour (by Open Craniotomy)</b></p> <p>The actual undergoing of total surgical removal of a pituitary tumour by open craniotomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of an appropriate specialist or neurosurgeon.</p> <p>The presence of the underlying tumour must be confirmed by imaging studies such as computerized tomography scan or magnetic resonance imaging.</p> <p>Surgical removal of the pituitary by transphenoidal hypophysectomy is excluded.</p> <p>Removal of the following are excluded:</p> <ul style="list-style-type: none"> <li>▪ Cysts;</li> <li>▪ Abscess;</li> <li>▪ Angioma;</li> <li>▪ Granulomas;</li> <li>▪ Vascular Malformations;</li> <li>▪ Haematomas; and</li> <li>▪ Tumours of the spinal cord and skull base</li> </ul>
6.	<p><b>Corneal Transplant</b></p> <p>The receipt of a transplant of a whole cornea due to irreversible scarring with resulting reduced visual acuity which cannot be corrected with other methods.</p>	<p><b>Loss of Sight in One Eye</b></p> <p>Permanent and irreversible loss of sight in one (1) eye as a result of illness or Accident, to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in one (1) eye using a Snellen eye chart or equivalent test or the vision field of 20 degrees or less in one (1) eye.</p> <p>The blindness must be confirmed by an ophthalmologist.</p> <p>Blindness resulting from alcohol or drug misuse will be excluded.</p> <p>The blindness must not be correctable by surgical procedures, implants or any other means.</p>

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness
7.	<p><b>Coma for 48 Hours</b></p> <p>Coma that persists for at least forty-eight (48) hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> <li>▪ No response to external stimuli for at least forty- eight (48) hours;</li> <li>▪ The use of life support measures to sustain life; and</li> <li>▪ Brain damage resulting in permanent neurological deficit which must be assessed at least thirty (30) days after the onset of the coma.</li> </ul> <p>For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.</p>	<p><b>Severe Epilepsy</b></p> <p>Severe epilepsy confirmed by all of the following:</p> <ul style="list-style-type: none"> <li>▪ diagnosis made by a specialist in the relevant field by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) or any other appropriate diagnostic test that is available,</li> <li>▪ there must be documentation of recurrent unprovoked tonic-clonic or grand mal seizures of more than 5 attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing, and</li> <li>▪ the Life Assured must have been taking at least two (2) prescribed antiepileptic (anticonvulsant) medications for at least six (6) months on the recommendation of a specialist in the relevant field.</li> </ul> <p>Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition.</p> <p><b>Coma for 72 hours</b></p> <p>Coma that persists for at least seventy-two (72) continuous hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> <li>▪ no response to external stimuli for at least seventy-two (72) hours; and</li> <li>▪ the use of life support measures to sustain life; and</li> <li>▪ brain damage resulting in permanent neurological deficit which must be assessed at least thirty (30) days after the onset of the coma.</li> </ul> <p>For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.</p>
8.	<p><b>Transmyocardial Laser Therapy</b></p> <p>The undergoing of transmyocardial laser therapy for the treatment of refractory angina.</p> <p>This benefit is not payable in addition to any other form of cardiac revascularization treatment including CABG and coronary angioplasty.</p>	<p><b>Port Access of Key Hole Cardia Surgery</b></p> <p>Coronary Artery Bypass Grafting or Coronary artherectomy performed by port access procedures to correct blockages in the coronary arteries or use Enhanced External Counterpulsation Device for intractable angina not responsive to medical therapy and not amenable to other surgical or percutaneous techniques will also be covered under this benefit.</p> <p>All intravascular procedures and MIDCAB surgery are excluded. All percutaneous intravascular techniques are excluded.</p> <p>The diagnosis of significant coronary artery obstruction and the necessity of the above procedures must be certified by a Specialist and also must be supported by angiographic evidence.</p> <p>When Mild Coronary Artery Disease (Early Stage Critical Illness benefit) or Moderate Coronary Artery Disease (Intermediate stage Critical Illness) has been claimed under this policy, the benefit Port Access or Key hole Cardiac Surgery will no longer be payable.</p>

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness
9.	<p><b>Partial Loss of Hearing</b></p> <p>Permanent binaural hearing loss with the loss of at least 60 decibel in all frequencies of hearing as a result of illness or Accident.</p> <p>The hearing loss must be established by a specialist in the relevant field and supported by an objective diagnostic test to indicate the quantum loss of hearing.</p> <p><b>Cavernous sinus thrombosis surgery</b></p> <p>The actual undergoing of a surgical drainage for cavernous sinus thrombosis.</p> <p>The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.</p>	<p><b>Cochlear Implant Surgery</b></p> <p>The actual undergoing of a surgical cochlea implant as a result of permanent damage to the cochlea or auditory nerve.</p> <p>The surgical procedure as well as the insertion of the implant must be certified to be absolutely necessary by a specialist in the relevant field.</p>
10.	<p><b>Liver Surgery</b></p> <p>Partial hepatectomy of at least one (1) entire lobe of the liver that has been found necessary as a result of illness or Accident of the Life Assured.</p> <p>Liver disease secondary to alcohol or drug abuse is excluded.</p>	<p><b>Liver Cirrhosis</b></p> <p>Cirrhosis of the liver with a HAI-Knodell Scores of 6 and above as evident by liver biopsy. The diagnosis must be unequivocally confirmed by a specialist in the relevant field and based on the histological findings of the liver biopsy.</p> <p>Liver disease secondary to alcohol or drug abuse is excluded.</p>
11.	<p><b>Severe Asthma</b></p> <p>Evidence of an acute attack of Severe Asthma with persistent status asthmaticus that requires hospitalization and endotracheal intubation and mechanical ventilation for a continuous period of at least four (4) hours on the advice of a specialist in the relevant field.</p> <p><b>Insertion of a Vena Cava Filter</b></p> <p>The surgical insertion of a vena cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a vena cava filter must be certified to be absolutely necessary by a specialist in the relevant field.</p>	<p><b>Surgical Removal of One Lung</b></p> <p>Complete surgical removal of a lung as a result of an illness or an Accident of the Life Assured.</p> <p>Partial removal of a lung is not included in this benefit.</p>
12.	<p><b>Biliary Tract Reconstruction Surgery</b></p> <p>Biliary tract reconstruction surgery involving choledochoenterostomy (choledochojejunostomy or choledochooduodenostomy) for the treatment of biliary tract disease, including biliary atresia, that is not amenable to other surgical or endoscopic measures.</p> <p>The procedure must be considered the most appropriate treatment by a specialist in hepatobiliary disease.</p> <p>This benefit is not payable for the consequences of gall stone disease or cholangitis.</p>	<p><b>Chronic Primary Sclerosing Cholangitis</b></p> <p>This benefit is payable for chronic primary sclerosing cholangitis confirmed on cholangiogram imaging confirming progressive obliteration of the bile ducts.</p> <p>The diagnosis must be made by a gastroenterologist and the condition must have progressed to the point where there is permanent jaundice.</p> <p>The benefit is payable only where there is a need immunosuppressive treatment, drug therapy for intractable pruritis or if biliary tract obliteration has required balloon dilation or stenting of the bile ducts. Biliary tract sclerosis or obstruction as a consequence of biliary surgery, gall stone disease, infection, inflammatory bowel disease or other secondary precipitants is excluded.</p>

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness
13.	<p><b>Cardiac Pacemaker Insertion</b></p> <p>Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means.</p> <p>The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a specialist in the relevant field.</p> <p><b>Pericardectomy</b></p> <p>The undergoing of a total or partial pericardectomy as a result of pericardial disease.</p> <p>The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field.</p>	<p><b>Cardiac Defibrillator Insertion</b></p> <p>Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method.</p> <p>The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field.</p> <p><b>Early Cardiomyopathy</b></p> <p>The unequivocal diagnosis of cardiomyopathy which has resulted in the presence of permanent physical impairments to at least Class III of the New York Heart Association (NYHA) classification of Cardiac Impairment.</p> <p>The diagnosis must be confirmed by a specialist in the relevant field.</p> <p>Cardiomyopathy that is directly related to alcohol misuse is excluded.</p> <p>The NYHA Classification of Cardiac Impairment (Source: “Current Medical Diagnosis &amp; Treatment - 39th Edition”):</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>
14.	<p><b>Percutaneous Valvuloplasty or Valvotomy</b></p> <p>The actual undergoing of simple percutaneous transvascular balloon valvuloplasty or valvotomy without any deployment of device or prosthesis necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram. All other surgical corrective methods will be excluded.</p>	<p><b>Valve Replacement or Valve Repair with Device</b></p> <p>The actual undergoing a heart valve replacement where clips and rings are deployed by the arterial route to or repair by percutaneous transvascular or other minimally invasive intra thoracic cardiac surgery as deemed medically necessary by a specialist in the relevant field and confirmed by a cardiac echocardiogram.</p> <p>Minimally invasive cardiac surgery refers to any procedure performed without a full sternotomy / laparotomy or by a percutaneous intravascular route. Minimally invasive cardiac surgery therefore includes any procedure performed through Partial Sternotomy, Mini thoracotomy, Thoracoscopy (Port access or robotic), “Key hole” route or any minimally invasive cardiac surgeries consistent with the current standard of the medical services available in Singapore.</p>

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness
15.	<p><b>HIV due to Assault</b></p> <p>Infection with the Human Immunodeficiency Virus (HIV) which resulted from a physical or sexual assault occurring after the policy issue date, date of endorsement or date of reinstatement of this Policy, whichever is the later, provided that all the following conditions are met:</p> <ul style="list-style-type: none"> <li>▪ The incident must be reported to the appropriate authority and that a criminal case must be opened; and</li> <li>▪ Proof that the assault involved a definite source of the HIV infected fluids; and</li> <li>▪ Proof of sero-conversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the documented assault. This proof must include a negative HIV antibody test conducted within five (5) days of the assault.</li> </ul> <p>HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded.</p> <p>This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non- infectious.</p>	<p><b>HIV due to Organ Transplant</b></p> <p>Infection with the Human Immunodeficiency Virus (HIV) through an organ transplant, provided that all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>▪ The organ transplant was medically necessary or given as part of a medical treatment; and</li> <li>▪ The organ transplant was received in Singapore after the issue date, date of endorsement or date of reinstatement of this Policy, whichever is the later; and</li> <li>▪ The source of the infection is established to be from the Institution that provided the transplant and the Institution is able to trace the origin of the HIV to the infected transplanted organ.</li> </ul> <p>This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.</p>
16.	<p><b>Surgical Removal of One Kidney</b></p> <p>The complete surgical removal of one (1) kidney necessitated by any illness or Accident.</p> <p>The need for the surgical removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field.</p> <p>Kidney donation is excluded.</p> <p><b>Chronic Kidney Impairment</b></p> <p>A nephrologist must make a diagnosis of chronic kidney impairment with advanced stage of chronic renal insufficiency.</p> <p>There must be laboratory evidence that shows that renal function is severely decreased with an eGFR less than 30ml/min/1.73m<sup>2</sup> body surface area, persisting for a period of 90 days or more.</p>	<p><b>Chronic Kidney Disease</b></p> <p>A nephrologist must make a diagnosis of chronic kidney disease with permanently impaired renal function.</p> <p>There must be laboratory evidence that shows that renal function is severely decreased with an eGFR less than 15ml/min/1.73m<sup>2</sup> body surface area, persisting for a period of 6 months or more.</p>

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness
17.	<p><b>Loss of Independent Existence (Early Stage)</b></p> <p>Total and irreversible physical loss of all fingers and thumbs due to Accident.</p> <p>This condition must be confirmed by a registered medical practitioner. Loss of fingers and thumbs due to self-inflicted injuries is excluded.</p>	<p><b>Loss of Independent Existence (Intermediate Stage)</b></p> <p>A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least 2 of the following 6 "Activities of Daily Living", for a continuous period of 6 months.</p> <p>Activities of Daily Living:</p> <ul style="list-style-type: none"> <li>(i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;</li> <li>(ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>(iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>(iv) Mobility - the ability to move indoors from room to room on level surfaces;</li> <li>(v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>(vi) Feeding - the ability to feed oneself once food has been prepared and made available.</li> </ul> <p>This condition must be confirmed by our approved doctor.</p> <p>Non-organic diseases such as neurosis and psychiatric illnesses are excluded.</p> <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>
18.	<p><b>Permanent or Temporary Tracheostomy</b></p> <p>The performance of tracheostomy for the treatment of lung disease or airway disease or as a ventilatory support measure following major trauma or burns.</p> <p>The Life Assured must have been a patient in a designated intensive care unit under the care of a medical specialist.</p> <p>The benefit only payable if the tracheostomy is required to remain in place and functional for a period of three months. This benefit would not be payable in addition to any Major Head Trauma, Major Burns, End stage lung disease or Major cancer benefit.</p>	<p><b>Loss of Speech due to Vocal Cord Paralysis</b></p> <p>This benefit is payable on diagnosis of complete and irrecoverable paralysis of the vocal cords as a consequence of neurological disease or injury. The benefit is only payable where surgical intervention is required on the advice of an Ear, Nose, and Throat (ENT) surgeon to restore the loss of speech.</p> <p>The inability to speak must be established for a continuous period of twelve (12) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.</p> <p>All psychiatric related causes are excluded.</p>
19.	<p><b>Mild Severe Burns</b></p> <p>Second degree (partial thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body.</p> <p>The burns must be treated by an appropriately qualified specialist.</p>	<p><b>Moderately Severe Burns</b></p> <p>Third degree (full thickness of the skin) burns covering at least 50% of the face of the Life Assured.</p> <p>The burns must be treated by an appropriately qualified specialist.</p>

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness
20.	<p><b>Carcinoma In Situ</b></p> <p>Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.</p> <p>The diagnosis of the Carcinoma in situ must always be supported by a histo-pathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result.</p> <p><b>Early Prostate Cancer</b></p> <p>Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.</p> <p><b>Early Thyroid Cancer</b></p> <p>Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid.</p> <p><b>Early Bladder Cancer</b></p> <p>Bladder cancer that is histologically described using the TNM Classification as Tis or T1N0M0. Non-invasive papillary urothelial carcinoma of the bladder (stage Ta) is excluded.</p> <p><b>Early Chronic Lymphocytic Leukemia</b></p> <p>Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.</p> <p><b>Neuroendocrine tumours</b></p> <p>All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification).</p> <p><b>Gastro-Intestinal Stromal tumours</b></p> <p>All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual which are treated with surgery or chemotherapy as recommended by an oncologist.</p> <p><b>Bone Marrow Malignancies</b></p> <p>All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment;</p> <p>The diagnosis of the above minor cancers must be established by histological evidence and be confirmed by a specialist in the relevant field.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>▪ Clinical diagnosis</li> <li>▪ Any diagnosis on the basis of finding tumour cells and/or tumor associated molecules in blood, saliva, faeces , urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.</li> <li>▪ Any lesion or tumour which is histologically described as benign, dysplasia, premalignant, borderline malignant, or suspicious malignant potential.</li> <li>▪ Cervical Dysplasia, CIN 1, CIN 2 and CIN 3 and low grade &amp; high grade squamous epithelial</li> </ul>	<p><b>Carcinoma In Situ of Specified Organs Treated with Radical Surgery</b></p> <p>The actual undergoing of a Radical Surgery to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment.</p> <p>“Radical Surgery” is defined in this policy as the total and complete removal of one (1) of the following organs: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oophorectomy), fallopian tube (salpingectomy), colon (partial colectomy with end to end anastomosis) or stomach (partial gastrectomy with end to end anastomosis).</p> <p>The diagnosis of the Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissues additionally supported by a biopsy of the removed organ.</p> <p>Early prostate cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification is also covered if it has been treated with a radical prostatectomy.</p> <p>The actual undergoing of the surgeries listed above and the surgery must be certified to be absolutely necessary by an oncologist.</p> <p>Partial surgical removal such as lumpectomy and partial mastectomy and partial prostatectomy are specifically excluded.</p> <p>Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/ or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>▪ Clinical diagnosis</li> <li>▪ Any diagnosis on the basis of finding tumour cells and/or tumor associated molecules in blood, saliva, faeces , urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.</li> <li>▪ Any lesion or tumour which is histologically described as benign, dysplasia, premalignant, borderline malignant, or suspicious malignant potential.</li> <li>▪ Cervical Dysplasia, CIN 1, CIN 2 and CIN 3 and low grade &amp; high grade squamous epithelial lesions unless specifically reported as CIS (carcinoma in situ)</li> <li>▪ Prostatic intraepithelial neoplasia (PIN)</li> <li>▪ All tumours in the presence of Human Immunodeficiency Virus (HIV) infection</li> </ul>

	<p>lesions unless specifically reported as CIS (carcinoma in situ)</p> <ul style="list-style-type: none"> <li>▪ Prostatic intraepithelial neoplasia (PIN)</li> <li>▪ Vulvar Intraepithelial Neoplasia (VIN).</li> <li>▪ Melanoma in situ and any non-melanoma skin carcinoma (in-situ or invasive), skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans</li> <li>▪ Non-invasive papillary urothelial carcinoma of the bladder (stage Ta)</li> <li>▪ All tumours in the presence of Human Immunodeficiency Virus (HIV) infection</li> </ul>	
21.	<p><b>Head Trauma Requiring Reconstructive Surgery and Accidental Spinal Cord Injury</b></p> <p>(1) The actual undergoing of re-constructive surgery above the neck (restoration or re-construction of the shape of and appearance of facial structures which are defective, missing or damaged or misshapened) performed by a specialist in the relevant field to correct disfigurement as a direct result of an Accident.</p> <p>The need for surgery must be certified to be absolutely necessary by a specialist in the relevant field.</p> <p>Treatment relating to teeth and/or any other dental restoration alone is excluded; or</p> <p>(2) Accidental cervical spinal cord injury resulting in loss of use of at least one (1) entire limb, to be assessed no sooner than six weeks from the date of the Accident.</p> <p>The diagnosis must be confirmed by a specialist in the relevant field and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.</p> <p>“Accident” means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the injury.</p> <p><b>Surgery for subdural haematoma</b></p> <p>The actual undergoing of Burr Hole surgery to the head to drain subdural haematoma as a result of an Accident.</p> <p>The need for the Burr Hole surgery must be certified to be medically necessary by a specialist.</p>	<p><b>Head Trauma Requiring Open Craniotomy</b></p> <p>Undergoing of open craniotomy as a consequence of major head trauma by Accident for the treatment of depressed skull fractures or major intracranial injury.</p> <p>Burr hole surgery is excluded from this benefit.</p> <p>“Accident” means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the injury.</p>
22.	<p><b>Small Bowel Transplant</b></p> <p>The receipt of a transplant of at least one (1) meter of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.</p>	<p><b>Major Organ/ Bone Marrow Transplant (on Waitlist)</b></p> <p>This benefit covers those who are on an official organ transplant waiting list for the receipt of a transplant of:</p> <ul style="list-style-type: none"> <li>▪ Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or</li> <li>▪ One (1) of the following human organs: heart, lung, liver, kidney or pancreas that resulted from irreversible end stage failure of the relevant organ.</li> </ul> <p>Other stem cell transplants are excluded.</p> <p>This benefit is limited to those on the official waitlist for organ transplant on Ministry of Health Singapore list of hospitals only.</p>

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness
23.	<p><b>Early Motor Neurone Disease</b></p> <p>Refers to a progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. A neurologist must make the definite diagnosis of a motor neurone disease and this diagnosis must be supported by appropriate investigations.</p>	<p><b>Intermediate Motor Neurone Disease</b></p> <p>Motor neurone disease supported by definitive evidence of appropriate and relevant neurological signs that has persisted for at least 3 consecutive months. The diagnosis must be made by a neurologist as progressive and supported by appropriate investigations.</p>
24.	<p><b>Early Multiple Sclerosis</b></p> <p>There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> <li>▪ Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; and</li> <li>▪ Well documented history of exacerbations and remissions of neurological signs.</li> </ul> <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>	<p><b>Mild Multiple Sclerosis</b></p> <p>There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> <li>▪ Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis;</li> <li>▪ Any permanent residual neurological deficit confirmed by a neurologist at 3 months; and</li> <li>▪ Well documented history of exacerbations and remissions of neurological signs.</li> </ul> <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>
25.	<p><b>Spinal Cord Disease or Injury Resulting in Bowel and Bladder Dysfunction</b></p> <p>Spinal cord disease or chorda equina injury resulting in permanent bowel dysfunction and bladder dysfunction requiring permanent regular self catheterisation or a permanent urinary conduit.</p> <p>The diagnosis must be supported by a consultant neurologist and the permanency assessed at six (6) months.</p>	<p><b>Moderate Muscular Dystrophy</b></p> <p>A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle.</p> <p>The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist.</p> <p>The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 2 of the following 6 “Activities of Daily Living” for a continuous period of at least 6 months:</p> <p>Activities of Daily Living:</p> <ul style="list-style-type: none"> <li>(i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;</li> <li>(ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>(iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>(iv) Mobility - the ability to move indoors from room to room on level surfaces;</li> <li>(v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>(vi) Feeding - the ability to feed oneself once food has been prepared and made available.</li> </ul> <p>For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness
26.	<p><b>Mild Coronary Artery Disease</b></p> <p>The narrowing of the lumen of two coronary arteries by a minimum of 60%, as proven by invasive coronary arteriography, regardless of whether any form of coronary artery surgery has been recommended or performed.</p> <p>Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.</p> <p>Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex. The branches of the above coronary arteries are excluded.</p> <p>When a Port Access or Key hole Cardiac Surgery (Intermediate Stage Critical Illness) has been claimed under this policy, the benefit of Early Coronary Artery Disease will no longer be payable.</p>	<p><b>Moderate Coronary Artery Disease</b></p> <p>The narrowing of the lumen of three coronary arteries by a minimum of 60%, as proven by invasive coronary arteriography, regardless of whether any form of coronary artery surgery has been recommended or performed.</p> <p>Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.</p> <p>Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex. The branches of the above coronary arteries are excluded.</p> <p>When a Port Access or Key hole Cardiac Surgery (Intermediate Stage Critical Illness) has been claimed under this policy, the benefit of Moderate Coronary Artery Disease will no longer be payable.</p>
27.	<p><b>Loss of Use of One Limb</b></p> <p>Total and irreversible loss of use of one (1) entire limb due to injury or disease persisting for a period of at least 6 weeks.</p> <p>This condition must be confirmed by a consultant neurologist.</p> <p>Self-inflicted injuries are excluded.</p>	<p><b>Loss of Use of One Limb Requiring Prosthesis</b></p> <p>Total and irreversible loss of use of one (1) entire limb (above elbow or above knee) which has required the fitting and use of prosthesis due to illness or Accident.</p> <p>This condition must be confirmed by specialists in the relevant fields.</p> <p>Self-inflicted injuries are excluded.</p>
28.	<p><b>Early Parkinson's Disease</b></p> <p>The unequivocal diagnosis of idiopathic Parkinson's disease by a specialist in the relevant field.</p> <p>This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> <li>▪ The disease cannot be controlled with medication; and</li> <li>▪ There are signs of progressive neurological impairment.</li> </ul> <p>Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded.</p>	<p><b>Moderately Severe Parkinson's Disease</b></p> <p>The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist.</p> <p>This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> <li>▪ The disease cannot be controlled with medication; and</li> <li>▪ Inability of the Life Assured to perform (whether aided or unaided) at least 2 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months:</li> </ul> <p>Activities of Daily Living:</p> <ul style="list-style-type: none"> <li>(i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;</li> <li>(ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>(iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>(iv) Mobility - the ability to move indoors from room to room on level surfaces;</li> <li>(v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>(vi) Feeding - the ability to feed oneself once food has been prepared and made available.</li> </ul> <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p> <p>Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded.</p>

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness
29.	<p><b>Peripheral Neuropathy</b></p> <p>This refers to severe peripheral motor neuropathy resulting in significant motor weakness, fasciculation and muscle wasting.</p> <p>The diagnosis must be confirmed by a consultant neurologist as a result of nerve conduction studies and result in a permanent need for the use of walking aids or a wheelchair.</p> <p>Diabetic neuropathy and neuropathy due to alcohol is excluded.</p>	<p><b>Poliomyelitis (Intermediate Stage)</b></p> <p>The occurrence of Poliomyelitis where the following conditions are met:</p> <ul style="list-style-type: none"> <li>▪ Poliovirus is identified as the cause;</li> <li>▪ Paralysis of the respiratory muscles supported by ventilator for a continuous period of minimum 96 hours.</li> </ul>
30.	<p><b>Early Pulmonary Hypertension</b></p> <p>Primary or Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment.</p> <p>The NYHA Classification of Cardiac Impairment:</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>	<p><b>Secondary Pulmonary Hypertension</b></p> <p>Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.</p> <p>The NYHA Classification of Cardiac Impairment:</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>
31.	<p><b>Early Progressive Scleroderma</b></p> <p>A rheumatologist must make the definite diagnosis of progressive systemic scleroderma, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy and serological evidence.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>▪ localised scleroderma (linear scleroderma or morphea);</li> <li>▪ eosinophilic fasciitis; and</li> <li>▪ CREST syndrome.</li> </ul>	<p><b>Progressive Scleroderma with CREST Syndrome</b></p> <p>A rheumatologist must make the definite diagnosis of systemic sclerosis with CREST syndrome, based on clinically accepted criteria.</p> <p>This diagnosis must be unequivocally supported by biopsy and serological evidence. The disease must involve the skin with deposits of calcium (calcinosis), skin thickening of the fingers or toes (sclerodactyly) and also involve the oesophagus. There must also be telangiectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>▪ localised scleroderma (linear scleroderma or morphea); and</li> <li>▪ eosinophilic fasciitis.</li> </ul>

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness
32.	<p><b>Brain Aneurysm Surgery</b></p> <p>The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy or endovascular procedures.</p> <p>The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. Endovascular repair or procedures are not covered.</p> <p><b>Cerebral Shunt Insertion</b></p> <p>The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid.</p> <p>The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field.</p>	<p><b>Carotid Artery Surgery</b></p> <p>The actual undergoing of Enderterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available.</p> <p>Enderterectomy of blood vessels other than the carotid artery are specifically excluded. Percutaneous carotid angioplasty excluded.</p>
33.	<p><b>Large Asymptomatic Aortic Aneurysm</b></p> <p>Large asymptomatic abdominal or thoracic aortic aneurysm or aortic dissection as evidenced by appropriate imaging technique. The aorta must be enlarged greater than 55mm in diameter and the diagnosis must be confirmed by a consultant cardiologist.</p>	<p><b>Percutaneous or minimally Invasive Surgery to Aorta</b></p> <p>The actual undergoing of percutaneous intravascular angioplasty, stenting techniques or minimally invasive surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by an echocardiogram or any other appropriate diagnostic imaging test that is available and confirmed by a consultant cardiologist or vascular surgeon.</p> <p>For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Open repair, resection or grafting of aneurysms involving laparotomy or thoracotomy by laparoscopic (port access) techniques are excluded.</p> <p>Minimally invasive cardiac surgery refers to any procedure performed without a full sternotomy / laparotomy or by a percutaneous intravascular route. Minimally invasive cardiac surgery therefore includes any procedure performed through Partial Sternotomy, Mini thoracotomy, Thoracoscopy (Port access or robotic), "Key hole" route or any minimally invasive cardiac surgeries consistent with the current standard of the medical services available in Singapore.</p>

No.	Early-stage Critical Illness	Intermediate-stage Critical Illness
34.	<p><b>Mild Systemic Lupus Erythematosus</b></p> <p>A multisystem, multifactorial, autoimmune disorder which mostly affects females in their childbearing years and is characterised by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus that require systemic immunosuppressive therapy for multiple organ involvement for at least 6 months under the direction of a specialist.</p> <p>Evidence must be provided from the treating specialist that proves to our satisfaction that there has been involvement of at least three specified internal organs.</p> <p>For the purposes of this benefit, the listed specified organs are restricted to the kidneys, brain, heart (or pericardium), lungs (or pleura) and joints. Joint involvement is defined as the presence of polyarticular inflammatory arthritis. Skin involvement is not considered one (1) of the specified organs for the purposes of this benefit.</p> <p>Other forms, discoid lupus and those forms with haematological involvement will be specifically excluded.</p> <p>The final diagnosis may have to be supported by a certified doctor specialising in Rheumatology and Immunology.</p>	<p><b>Moderately Severe Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis</b></p> <p>This means an autoimmune illness in which tissues and cells are damaged by deposition of pathogenic autoantibodies and immune complexes and damage of the kidney function.</p> <p>The diagnosis of S.L.E. with Lupus Nephritis will be based on the following conditions:</p> <p>(1) Clinically there must be at least 4 out of the following presentations suggested by The American College of Rheumatology.</p> <ul style="list-style-type: none"> <li>▪ Malar rash</li> <li>▪ Discoid rash</li> <li>▪ Photosensitivity</li> <li>▪ Oral ulcers</li> <li>▪ Arthritis</li> <li>▪ Serositis</li> <li>▪ Renal Disorder</li> <li>▪ Leukopenia (&lt;4,000/mL), or Lymphopenia (&lt;1,500/mL), or Haemolytic anaemia, or Thrombocytopenia (&lt;100,000/mL)</li> <li>▪ Neurological disorder</li> </ul> <p>AND</p> <p>(2) Two or more of the following tests being positive:</p> <ul style="list-style-type: none"> <li>▪ Anti-nuclear Antibodies</li> <li>▪ L.E. cells</li> <li>▪ Anti-DNA</li> <li>▪ Anti-Sm (Smith IgG Autoantibodies)</li> </ul> <p>AND</p> <p>(3) There is lupus nephritis causing impaired renal function with a creatinine clearance rate of 50 ml per minute or less.</p> <p>We reserve the right to change this definition from time to time to reflect the changes in qualitative or quantitative medical categorization of this illness so as to give effect to the original intent of this definition.</p>
35.	<p><b>Encephalitis with Full Recovery</b></p> <p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) requiring hospitalisation.</p> <p>The diagnosis must be confirmed by a consultant neurologist and supported by any confirmatory diagnostic tests.</p> <p>Encephalitis caused by HIV infection is excluded.</p>	<p><b>Mild Encephalitis</b></p> <p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) resulting in significant but reversible neurological deficit and there must be evidence of hospitalization for at least two (2) weeks. The neurological deficit must persist for at least two (2) weeks.</p> <p>The diagnosis must be confirmed by a consultant neurologist and supported by any confirmatory diagnostic tests.</p> <p>Encephalitis caused by HIV infection is excluded.</p>