MINDEF & MHA GROUP INSURANCE SCHEME
LIVING CARE PLUS POLICY

With effect from 1st January 2022

EARLY CRITICAL ILLNESS BENEFITS

Definitions of Early Critical Illness

1. Early Cancer

Carcinoma in situ of the following sites: breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, stomach, nasopharynx or bladder.

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. 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. Clinical diagnosis does not meet this standard.

Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded. Carcinoma in situ of the biliary system is also specifically excluded.

Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.

Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.

Tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification).

Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.

Malignant melanoma that has not caused invasion beyond the epidermis. Other skin carcinoma are excluded.

Skin confined primary cutaneous lymphoma or dermatofibrosarcoma protuberans without evidence of metastases to lymph nodes or beyond.

Neuroendocrine tumours histologically described using the TNM Classification as T1N0M0.

Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual.

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.

2. Cardiac Pacemaker Insertion Or Pericardectomy Or Cardiac Defibrillator Insertion Or Early Cardiomyopathy

(a) Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified as absolutely necessary by a consultant cardiologist; or

(b) The undergoing of a pericardectomy or undergoing of any surgical procedure requiring keyhole cardiac surgery as a result of pericardial disease. Both these surgical procedures must be supported with relevant investigation reports and certified to be absolutely necessary by a consultant cardiologist; or

(c) Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a consultant cardiologist; or

(d) Early Cardiomyopathy - An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III, or its equivalent, for at least six (6) months based on the following classification criteria: Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.

The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

3. Transmyocardial Laser Revascularisation Or Insertion of Vena-cava Filter

(a) The actual undergoing of Transmyocardial Laser Revascularisation for treatment of Coronary Artery Disease with Angina. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist. Angioplasty, CABG and all other intra-arterial, catheter based techniques, 'keyhole' or procedures are excluded; or

(b) The surgical insertion of a vena-cava filter after there has been documented proof of recurrent pulmonary emboli and failure of anticoagulation therapy. The need for the insertion of a veno-cava filter must be certified to be absolutely necessary by a Specialist.

4. Heart Valve Repair Surgery

Percutaneous valve valvuloplasty, percutaneous valvotomy refers to the surgery where the heart valve repair procedure is performed totally via intravascular catheter based techniques. Any procedure on heart valves that involves replacement of the valve and opening or entering the chest by any thoracotomy incision is excluded.

5. Mild Coronary Artery Disease

The narrowing of the lumen of two coronary arteries by a minimum of 60%, as proven by coronary arteriography, regardless of whether any form of coronary artery surgery has been recommended or performed. Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex, but not their branches.

Note that any non-invasive method of determining coronary artery stenosis is not acceptable.

6. Primary Pulmonary Hypertension

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. The diagnosis must be established by cardiac catheterisation by a consultant cardiologist.

The NYHA Classification of Cardiac Impairment:

Class I:	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.
Class II:	Slight limitation of physical activity. Ordinary physical activity results in symptoms.
Class III:	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
Class IV:	Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

7. Large Asymptomatic Aortic Aneurysm or Minimally Invasive Surgery to the Aorta

(a) 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; or

(b) The undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram or any other appropriate diagnostic test that is available and confirmed by a Specialist. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

8. Surgical Removal of One Kidney

The complete surgical removal of one kidney necessitated by any illness or accident. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a nephrologist. Kidney donation is excluded.

9. Small Bowel Transplant Or Corneal Transplant

The receipt of a transplant of at least one metre of small bowel with its own blood supply via a laparotomy resulting from intestinal failure; or

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.

10. Brain Aneurysm Surgery or Cerebral Shunt Insertion

The actual undergoing of surgical craniotomy to repair either an intracranial aneurysm or to remove an arteriovenous malformation. The surgical intervention must be certified to be absolutely necessary by a consultant neurologist. Endovascular repair or procedures are not covered; or

The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a consultant neurologist.