

PUBLIC OFFICERS GROUP INSURANCE SCHEME (POGIS)
EARLY CRITICAL ILLNESS RIDER
10 MAJOR ILLNESSES
With effect from 1st July 2020

Definition of Early Critical Illnesses

It is hereby declared that the following 10 Early Critical Illnesses shall be defined as Early Critical Illnesses for the purpose of this Policy.

1. Early Cancer

Early stage

- Carcinoma-in-situ (CIS)

Carcinoma-in-situ (CIS) 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.

In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS. Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (where there is severe dysplasia without Carcinoma-in-situ) does not meet the required definition and are specifically excluded. Carcinoma-in-situ of the skin (both Melanoma & Non-melanoma) and Carcinoma-in-situ of the biliary system are specifically excluded. This coverage is available to the first occurrence of CIS only.

- Early prostate cancer
Prostate cancer that is histologically described using the TNM Classification as T1N0M0 or prostate cancers described using another equivalent classification.
- Early thyroid cancer
Thyroid cancer that is histologically described using the TNM Classification as T1N0M0 as well as papillary microcarcinoma of thyroid that is less than 2cm in diameter.
- Early bladder cancer
Bladder cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of bladder.
- Early chronic lymphocytic leukaemia
Chronic lymphocytic leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.
- Early melanoma skin cancer
Malignant melanoma that has not caused invasion beyond the epidermis. Other skin carcinoma are excluded.

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- Early primary cutaneous lymphoma
Skin confined primary cutaneous lymphoma without evidence of metastases to lymph nodes or beyond.
- Early dermatofibrosarcoma protuberans
Dermatofibrosarcoma protuberans without evidence of metastases to lymph nodes or beyond.
- Early neuroendocrine tumours
Neuroendocrine tumours histologically described using the TNM Classification as T1N0M0.
- Early gastro-intestinal stromal tumours
Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual.
- Early bone marrow malignancies
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.

Intermediate stage

- Carcinoma-in-situ of specified organs treated with radical surgery

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. “Radical Surgery” is defined in this policy as the total and complete removal of one of the following organs: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oophorectomy), fallopian tube (salpingectomy), colon (colectomy) or stomach (gastrectomy). 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. Clinical diagnosis does not meet this standard.

Early prostate cancer that is histologically described using the TNM Classification as T1a, T1b or T1c, or Prostate cancers described using another equivalent classification is also covered if it has been treated with a radical prostatectomy. All grades of cervical intraepithelial neoplasia (CIN) and prostatic intraepithelial neoplasia (PIN) are specifically excluded.

The actual undergoing of the surgeries listed above and the surgery must be certified to be absolutely necessary by an oncologist. Partial surgical removal such as lumpectomy and partial mastectomy, partial prostatectomy and partial gastrectomy are specifically excluded.

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.

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

Early stage

- Cardiac pacemaker implantation
Implantation 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, beneficial, and effective by a consultant cardiologist. The insertion of any type of temporary cardiac pacing is specially excluded.
- Pericardectomy
The undergoing of a pericardectomy as a result of pericardial disease or undergoing of any surgical procedure requiring keyhole cardiac surgery. Both these surgical procedures must be certified to be absolutely necessary by a specialist in the relevant field.

Intermediate stage

- Cardiac defibrillator implantation
Implantation of a permanent cardiac defibrillator that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac defibrillator must be certified as absolutely necessary, beneficial, and effective by a consultant cardiologist.
- Early Cardiomyopathy
An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist, and resulting in permanent and irreversible physical impairment of Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis has to be supported by abnormal ECG and echocardiographic findings of compromised ventricular performance.

The NYHA Classification of Cardiac Impairment:

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| 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. |

Cardiomyopathy that is directly related to alcoholic and drug abuse is excluded.

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3. Transmyocardial Laser Revascularisation Or Insertion of Vena-cava Filter Or Surgical Removal of One Lung

Early stage

- Transmyocardial Laser Revascularisation
Keyhole coronary bypass surgery (but not MIDCAB) or coronary artery arthrectomy or transmyocardial laser revascularisation or enhanced external counterpulsation device insertion.

The actual undergoing for the first time for the correction of the narrowing or blockage of one or more coronary arteries via “keyhole” surgery (but not MIDCAB), atherectomy, transmyocardial laser revascularisation or enhanced external counterpulsation.

All other surgical procedures will be excluded from this benefit.

A claim admitted under transmyocardial laser revascularisation will terminate all benefits under mild coronary artery disease.

MIDCAB refers to Minimally Invasive Direct Coronary Artery Bypass.

- Insertion of a vena cava filter
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.

Intermediate stage

- Surgical removal of one lung
Complete surgical removal of a lung as a result of an illness or an accident of the insured. Partial removal of a lung is not included in this benefit.

4. Heart Valve Repair Surgery

Early stage

- Percutaneous valvuloplasty or valvotomy
The actual undergoing of simple percutaneous 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 from this benefit.

Intermediate stage

- Percutaneous valve replacement or device repair
This benefit is payable where a heart valve is replaced or repaired by the deployment of a permanent device or prosthesis by percutaneous intravascular techniques not involving a thoracotomy. Percutaneous balloon valvuloplasty and other percutaneous repair procedures where no new valve or any percutaneous device or prosthesis is deployed are excluded.

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5. Mild Coronary Artery Disease

Early stage

- Coronary artery disease
The narrowing of the lumen of two or three coronary arteries by a minimum of 60%, as proven by coronary angiography or any other appropriate diagnostic test that is available, 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.

A claim admitted under mild coronary artery disease will terminate all benefits under transmyocardial laser revascularization.

6. Primary or Secondary Pulmonary Hypertension

Early stage

- Early 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 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.

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

Intermediate stage

- Secondary pulmonary hypertension
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. 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.

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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

Early stage

- Large asymptomatic aortic aneurysm
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.

Intermediate stage

- Minimally invasive surgery to aorta
The actual 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 consultant cardiologist. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

8. Surgical Removal of One Kidney Or Chronic Kidney Disease

Early stage

- 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.

Intermediate stage

- Chronic kidney disease
Chronic kidney disease with permanently impaired renal function diagnosed by a specialist in the relevant field, with laboratory evidence of severely decreased with an eGFR level of less than 15 ml/min/1.73m² body surface area, persisting for a period of at least 6 months.

9. Small Bowel Transplant Or Corneal Transplant Or Major Organ/Bone Marrow Transplant (on waitlist)

Early stage

- Small bowel 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.
- Corneal transplant
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.

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- Major organ/bone marrow transplant (on waitlist)
This benefit covers those who are on an official organ transplant waiting list for the receipt of a transplant of:
 - human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or
 - one of the following human organs: heart, lung, liver, kidney or pancreas that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

This benefit is limited to those on the official waitlist for organ transplant on Ministry of Health Singapore list of hospitals only.

10. Brain Aneurysm Surgery Or Cerebral Shunt Insertion Or Carotid Artery Surgery

Early stage

- Brain aneurysm surgery
The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. Endovascular repair or procedures are not covered.
- Cerebral shunt insertion
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.

Intermediate stage

- Carotid artery surgery
The actual undergoing of endarterectomy of the common 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.

Endarterectomy of blood vessels other than the common carotid artery is specifically excluded.