Conditions for Lady 360

Your policy

Lady 360 is a plan specifically designed to meet the protection needs of women. It provides coverage for death, specific female illnesses, and surgeries as well as post diagnosis support and biennial health screening for the insured, as set out below.

1 What your policy covers

We will pay according to the **benefit table** if a claim arises from an insured event during the **contract term**. **You** can claim for more than one insured event from **Female illnesses benefit**, **Female surgeries benefit** and **Support benefit**, up to the cover limit as set out in the **benefit table** below, provided it is not for the same illness, surgery or cause (except for cancer).

If **we** pay a claim that is less than the cover limit for **Female illnesses benefit**, **Female surgeries benefit** and **Support benefit**, the percentage of the sum assured payable for that benefit will reduce accordingly.

This policy will end when:
- the total claims paid for the insured events under **Female illnesses benefit** amounts to 100% of sum assured, **Female surgeries benefit**, amounts to 50% of sum assured and **Support benefit** amounts to 100% of sum assured; or
- the death benefit is paid,

whichever is earlier.

Benefit table

Category of insured events	Cover limit
1. Death benefit	$10,000
2. Female illnesses benefit (The total amount paid under this benefit shall not exceed 100% of the sum assured.) • Chronic autoimmune hepatitis • Malignant cancer of female sites • Rheumatoid arthritis • SLE with lupus nephritis	100% of sum assured
• Carcinoma in situ of female sites • Osteoporotic fractures of the hip and vertebra requiring surgery or repair	50% of sum assured
3. Waiver of premium on Female illnesses benefit	Waive premiums for 24 months upon a successful claim for any of the covered female illnesses under **Female illnesses benefit**.
4. Female surgeries benefit (The total amount paid under this benefit shall not exceed 50% of the sum assured.) • Radical vulvectomy • Wertheim's operation • Uterus, total pelvic exenteration	50% of sum assured
• Breast lumpectomy – bilateral • Mastectomy – bilateral or unilateral • Hysterectomy • Complicated repair of fistula	30% of sum assured

Category of insured events	Cover limit
• Breast lumpectomy – unilateral • Urinary incontinence requiring surgery • Uterine prolapse requiring surgery • Thyroid disorders requiring surgery • Polycystic ovarian syndrome requiring surgery	15% of sum assured
5. Support benefit (The total amount paid under this benefit shall not exceed 100% of the sum assured.) • Reconstructive surgery benefit due to mastectomy following breast cancer or carcinoma in situ of the breast, malignant skin cancer, **accidental burns** and **accident**	100% of sum assured
• Oocyte cryopreservation benefit	25% of sum assured
• Breast cancer – molecular gene expression profiling test for treatment guidance benefit	15% of sum assured (subject to a maximum of $7,500)
• Outpatient psychiatric benefit	5% of sum assured
• Hormone replacement therapy benefit	5% of sum assured
6. Care benefit Health screening benefit	Available biennially from the second policy **anniversary** of the **cover start date**.

a Death benefit

If the insured dies during the term of the policy, **we** will pay a death benefit of $10,000.

The policy will end when **we** make this payment.

b Female illnesses benefit

If the insured is diagnosed by a **registered medical practitioner** with any of the covered female illnesses shown in the benefit table, **we** will pay this benefit up to the limit shown in the benefit table. The total amount paid under this benefit will not exceed 100% of the sum assured.

You can claim for each female illness only once, except for cancer. **You** can claim more than once for cancer in the situations below.

- If the subsequent claim for cancer is a **recurrence of the cancer** of any preceding claim for cancer (for which benefit has been paid), the subsequent claim for cancer shall be covered only if the recurrence of cancer is first diagnosed after a **5-year cancer-free period**; or
- If the subsequent claim for cancer is not a **recurrence of the cancer** of any preceding claim for cancer (for which benefit has been paid), the subsequent claim for cancer shall be covered only if the cancer is first diagnosed at least 1 year after the date of first diagnosis of the cancer of the immediate preceding claim for cancer (for which benefit has been paid).

Example 1:
You claimed carcinoma-in-situ of the left breast. **We** paid 50% of the sum assured. 5 years after its diagnosis, the insured is diagnosed with carcinoma-in-situ of the left breast again. **We** will pay **you** 50% of the sum assured again. As a total of 100% of the sum assured had been paid, the **Female illnesses benefit** ends.

Example 2:
You claimed carcinoma-in-situ of the left breast. **We** paid 50% of the sum assured. 2 years after its diagnosis, carcinoma-in-situ of the left breast cancer is diagnosed again. In this instance, the breast cancer recurred before the **5-year cancer-free period**, nothing is paid.

Example 3:
You claimed carcinoma-in-situ of the left breast. **We** paid 50% of the sum assured. 5 years after its diagnosis, the insured is diagnosed with advance stage breast cancer that spreads and invades surrounding tissues. **You** claimed under malignant cancer of the female site. Even though the cover limit for malignant cancer of the female site is 100%, **we** will pay 50% of the sum assured. This is because the total benefit payable for **Female illnesses benefit** is 100%. As a total of 100% of the sum assured had been paid, the **Female illnesses benefit** ends.

Example 4:
You claimed carcinoma-in-situ of the left breast. **We** paid 50% of the sum assured. 1 year after its diagnosis, the insured is diagnosed with carcinoma-in-situ of ovaries and it is proven to be not a recurrence of the breast cancer. **We** will pay 50% of the sum assured. As a total of 100% of the sum assured had been paid, the **Female illnesses benefit** ends.

If more than one condition is diagnosed in any of the **paired organs** on the same date, though they may exist in different stages or forms, **we** will only pay the benefit relating to one of these conditions for which the highest benefit amount is payable.

We will pay this benefit only if the insured survives for at least a period of seven days after the diagnosis of the covered female illness.

The **Female illnesses benefit** will end upon payment of 100% of the sum assured.

c Waiver of premium on Female illnesses benefit

Upon a successful claim for any of the covered female illnesses, premium payment on the policy will be waived for the next 24 months or until the end of the **contract term**, whichever is earlier.

We will waive premiums that are due after the diagnosis date of any of the covered female illnesses.

This benefit can be claimed only once.

d Female surgeries benefit

If the insured underwent a female surgery shown in the benefit table, **we** will pay this benefit up to the limit shown in the benefit table. The total amount paid under this benefit will not exceed 50% of the sum assured.

Example:
You claimed 15% of the sum assured for **thyroid disorders requiring surgery**. Your claimable balance under this benefit is 35% of the sum assured. **You** claimed again for **werthiem's operation**. **We** will pay **you** the claimable balance of 35% of the sum assured. As a total of 50% of the sum assured had been paid, the **Female surgeries benefit** ends.

The surgery must be considered medically necessary by a **registered medical practitioner** and is done in a hospital in Singapore.

If the insured underwent multiple female surgeries due to the same condition, **we** will only pay for one female surgery which has the highest benefit limit.

You can claim for each female surgery only once, except for surgeries due to cancer. **You** can claim more than once for surgeries due to cancer in the situations below.

- If the subsequent claim for surgery due to cancer is a **recurrence of the cancer** of any preceding claim(s) for cancer (for which benefit has been paid), the subsequent claim for cancer shall be covered only if the recurrence of cancer is first diagnosed after a **5-year cancer-free period**; or
- If the subsequent claim for surgery due to cancer is not a **recurrence of the cancer** of any preceding claim(s) for cancer (for which benefit has been paid), the subsequent claim for cancer shall be covered only if the cancer is first diagnosed at least 1 year after the date of first diagnosis of the cancer of the immediate preceding claim for cancer (for which benefit has been paid).

If more than one condition is diagnosed in any of the **paired organs** on the same date, though they may exist in different stages or forms, **we** will only pay the benefit relating to one of these conditions for which the highest benefit amount is payable.

The **Female surgeries benefit** will end upon payment of 50% of the sum assured.

e Support benefit

If the insured claimed for any of the insured events under **Support benefit**, **we** will pay this benefit up to the limit shown in the benefit table. The total amount paid under this benefit will not exceed 100% of the sum assured.

i. Reconstructive surgery benefit due to mastectomy following breast cancer or carcinoma in situ of the breast, malignant skin cancer, accidental burns and accident

If the insured underwent a reconstructive surgery due to mastectomy following breast cancer or carcinoma in situ of the breast, malignant skin cancer, **accidental burns** or **accident**, **we** will pay 100% of the sum assured. The reconstructive surgery must be certified by a **registered medical practitioner** and is done in a hospital in Singapore.

You must claim for reconstructive surgery within 365 days from the date of diagnosis of the breast cancer or carcinoma in situ of the breast, malignant skin cancer, **accidental burns** or from the date of the **accident**.

ii. Oocyte cryopreservation benefit

If the insured between the age of 15 to 40 years underwent oocyte cryopreservation treatment before chemotherapy or radiotherapy (target therapy is excluded) to treat cancer, **we** will pay 25% of the sum assured. The chemotherapy or radiotherapy treatment must be recommended by a **registered medical practitioner**.

This benefit is payable only once.

iii. Breast cancer – molecular gene expression profiling test for treatment guidance benefit

If the insured undergoes molecular gene expression profiling test, **we** will pay 15% of the sum assured, subject to a maximum benefit payable of $7,500. The insured must be diagnosed with breast cancer and must have undergone surgical excision of an early stage malignant breast tumour. This test must be recommended and done by a **registered medical practitioner.**

This benefit is payable only once.

iv. Outpatient psychiatric benefit

If the insured is diagnosed with major depressive disorder or anxiety disorder due

to **traumatic life events**, **we** will pay 5% of the sum assured. The insured must be diagnosed with the mental health condition by a registered psychiatrist in Singapore and must be under medication prescribed by a registered psychiatrist in Singapore for at least six continuous months.

This benefit is payable only once.

v. Hormone replacement therapy benefit

If it is certified by a **registered medical practitioner** that it is medically necessary for the insured who is under the age of 50 years to be on **hormone replacement therapy** as a result of a bilateral oophorectomy or hysterectomy (or both), **we** will pay 5% of the sum assured.

This benefit is payable only once.

The **Support benefit** will end upon payment of 100% of sum assured.

Example:
You claimed 5% of the sum assured for **hormone replacement therapy**. Your claimable balance is left with 95% of the sum assured. **You** claimed again for reconstructive surgery due to malignant skin cancer. **We** will pay **you** 95% of the sum assured. As a total of 100% of the sum assured had been paid, the **Support benefit** ends.

f Care benefit

We provide the insured with a biennial health screening benefit. This benefit is available from the second policy **anniversary** of the **cover start date**. **We** will write to **you** when this benefit is due.

This benefit is not transferable and the health screening must be completed within 180 days from the date **we** write to **you** and conducted at any one of **our** panel of clinics listed on **our** letter to **you**. **You** can find the list of tests provided under this benefit on **our** website.

We will not provide this benefit if:
- there are outstanding premiums due under this policy; or
- the policy has ended.

2 Our responsibilities to you

The **contract term** will give details of how long this policy applies for.

If your **contract term** is up to age 64, **we** will cover the insured up to the **anniversary** immediately after the insured's 64th birthday.

If your policy is on a 10-year renewable **contract term**, **we** will:
- renew the policy for the same **contract term** and sum assured, if there is no claim under your policy during the **contract term**;
- renew the policy up to the **anniversary** immediately after the insured's 64th birthday if the policy is renewed on or after the insured's 45th birthday;
- require **you** to pay the premium based on the policy's renewal term, sum assured and the age of the insured at the time the policy is renewed.

3 Your responsibilities

You will pay **your** first premium at the time **you** apply for this policy. **You** will then pay future premiums when they are due. **You** will have 30 days as a period of grace to make these payments for this policy to continue. If **we** are due to pay any

benefits during this period, **we** will take off any unpaid premiums from the benefits.

If **you** still have not paid the premium after the period of grace, this policy will end.

If this policy ends because **you** have not paid the premium, **you** can reinstate it within 36 months by paying the premiums **you** owe along with interest. This applies as long as **you** give **us** satisfactory proof of the insured's good health and there is no change in the risks covered by this policy.

If **you** cancel your policy before the next premium is due, **we** will end your policy from the next premium due date and **we** will not refund any unused premium.

The premium that **you** pay for this policy is not guaranteed. **We** will give **you** at least six months' notice before **we** make any change.

4 What you need to be aware of

a Suicide

This policy is not valid if the insured commits suicide within one year from the **cover start date**.

We will refund the total premiums paid, without interest, from the **cover start date**.

b Insured events

We only cover the insured events **we** list in the benefit table. The name of each insured event is only a guide to what is covered. The full definition of each insured event covered and the circumstances in which **you** can claim are given in this policy.

You must provide adequate medical evidence and **we** may ask the insured to have a medical examination by a doctor **we** have appointed. Every diagnosis must be supported by acceptable clinical, radiological, historical and laboratory evidence and confirmed by a **registered medical practitioner**.

We will not pay if your claim arises from:

- deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- deliberate misuse of drugs or alcohol;
- acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV), resulting from any means, except as stated under **HIV due to blood transfusion** and **occupationally acquired HIV**;
- cosmetic or plastic surgery or any treatment solely for the purpose of beautification; or
- a **Female illnesses benefit**, a **Waiver of premium on Female illnesses benefit**, a **Female surgeries benefit**, or a **Support benefit** (other than reconstructive surgery benefit due to **accidental burns** or **accident**, or outpatient psychiatric benefit due to disfigurement from **accidental burns** or death of the insured's spouse or child), where the insured suffered symptoms of, had investigations for, or was diagnosed with, the illnesses or conditions at any time before or within 90 days after the **cover start date**. For **Female surgeries benefit** and **Support benefit**, the date of diagnosis will be the date the medical condition that leads to the surgery, test or therapy is diagnosed, and not the date of the surgery, test or therapy. For outpatient psychiatric benefit, the date of diagnosis will be the date the **heart attack of specified severity**, **kidney failure**, **stroke**, **major cancers**, or **loss of independent existence** is diagnosed.

c Making a claim

We must be told within six months after the diagnosis or the event giving rise to the claim.

d Refusing to pay a claim

After **you** have been continuously covered for one year from the **cover start date**, **we** will pay your claim unless:

- it is a case of fraud;
- your policy has ended;
- the insured has a **material pre-existing condition** which was not disclosed to **us** upon application of this policy; or
- the claim is excluded or not covered under the terms of the policy.

e Transferring the legal right of the policy

You cannot assign (transfer) this policy unless **you** tell **us** in writing and **we** agree to the assignment.

f Excluding third-party rights

Anyone not directly involved in this policy cannot enforce it under the Contracts (Rights of Third Parties) Act (Chapter 53B).

5 Definitions

Accident and **accidental** mean an unexpected incident that results in an injury or death. The injury or death must be caused entirely by being hit by an external object that produces a bruise or wound, except for injury or death caused specifically by drowning, food poisoning, choking on food, or suffocation by smoke, fumes or gas.

Accidental burns means **accidental** third degree (full thickness of the skin) burns covering at least 10% of the surface of the insured's body as measured by the Lund and Browder Body Surface Chart.

Anniversary means the last day of every 12 months from the entry date of the policy.

Contract term means the **contract term** (or term) shown in the policy schedule (or endorsement) to this policy.

Cover start date means the date:

- **we** issue the policy;
- **we** issue an endorsement to include or increase a benefit; or
- **we** reinstate the policy;

whichever is latest.

HIV due to blood transfusion means infection with the human immunodeficiency virus (HIV) as a result of a blood transfusion, as long as all of the following conditions are met.

- The blood transfusion was medically necessary.
- The blood transfusion was received in Singapore on or after the **cover start date**.
- The source of the infection is from the hospital that provided the blood transfusion and the cause of the HIV is the blood provided by the hospital for the blood transfusion.
- The insured does not suffer from thalassaemia major or haemophilia.

Material pre-existing condition means any condition that existed before the **cover start date** which would have reasonably affected **our** decision to accept your application and for which:

- the insured had symptoms that would have caused any sensible person to get medical treatment, advice or care;
- treatment was recommended by or received from a medical practitioner; or
- the insured had medical tests or investigations.

Occupationally acquired HIV means infection with the human immunodeficiency virus (HIV) which resulted from an incident which happened on or after the **cover start date**, and while the insured was carrying out their job. All of the following must be shown.

- Proof of the incident giving rise to the HIV infection must be reported to **us** within 30 days of the incident taking place.
- Proof that the incident was the cause of the HIV infection.
- Proof that the insured changed from HIV negative to HIV positive during the 180 days after the reported incident. This proof must include a negative HIV antibody test carried out within five days of the incident.
- The incident happened while the insured was carrying out their normal professional duties in Singapore as a medical practitioner, houseman, medical student, state registered nurse, medical laboratory technician, dentist, dental surgeon, dental nurse or paramedical worker working in a hospital or in a licensed medical centre or clinic in Singapore.

Paired organs refers to those organs with both left and right component (including but not limited to breast, fallopian tube, kidney, ovary), the left component and right component of the organ ("paired organ") shall be considered as one and the same organ.

Recurrence of the cancer(s) means a subsequent cancer is caused by (i) the same malignant cells that caused the **relevant preceding cancer(s)**; or (ii) metastasis of the **relevant preceding cancer(s)**; where there has been more than one claim for cancer.

Relevant preceding cancer(s) means the cancer of the immediate preceding claim for cancer (for which benefit has been paid), which causes **recurrence of the cancer** in the subsequent claim for cancer.

Registered medical practitioner means a doctor who is qualified in western medicine and is legally licensed in Singapore or has the qualifications recognised by the Singapore Medical Council.

We, **us**, **our** means NTUC Income Insurance Co-operative Limited.

You means the policyholder shown in the policy schedule.

5-year cancer-free period means that it must be determined by the insured's treating specialist(s) whom is also a **registered medical practitioner** to confirm the cancer-free state in respect of the **relevant preceding cancer(s)** of the insured for the whole duration of the last 5-year period after the **relevant preceding cancer(s)** of the insured. The said cancer-free state must also be confirmed and supported by clinical, radiological, histological and laboratory evidence, and evidence of all other relevant investigative methods available at that time. The **5-year cancer-free period** shall be deemed to start on the date of completion of all treatments in respect of **relevant preceding cancer(s)**, which treatments shall include any surgery, chemotherapy, radiation therapy, immunotherapy, monoclonal antibody therapy and other conventional cancer treatments that have been used as prescribed by the insured's treating specialist(s).

6 Definition of insured events

6.1 Female illnesses benefit	**<u>Chronic autoimmune hepatitis</u>** A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The following criteria for a valid claim must all be satisfied. • hypergammaglobulinaemia: the presence of at least one of the following auto-antibodies : – Anti-Nuclear Antibody; – Anti-smooth muscle antibodies; – Anti-actin antibodies; – Anti-LKM-1 antibodies. • Liver biopsy confirmation of the diagnosis of auto-immune hepatitis. • The diagnosis of auto-immune hepatitis must be confirmed by a hepatologist. **<u>Malignant cancer of female sites</u>** A malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue to any of the following sites: breast, cervix uteri, uterus, ovary, fallopian tube, vagina and vulva. This excludes secondary cancer, which has originated from other organs and spread to the female genital tract and breast, non-invasive cancer-insitu, and tumours in the presence of any human immunodeficiency virus (HIV). Diagnosis must be supported by histological evidence of malignancy. Diagnosis has to be confirmed by appropriate medical specialist. **<u>Rheumatoid arthritis</u>** Rheumatoid arthritis means widespread joint destruction with major clinical deformity of 3 or more of the following joint areas: hands, wrists, elbows, cervical spine, knees, ankles, metatarsophalangeal joints in the feet. Only severe cases of rheumatoid arthritis are covered. The condition must result in the inability of the insured to perform (whether aided or unaided) at least 3 out of 6 “Activities of Daily Living” for a continuous period of at least 6 months. Activities of Daily Living: (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; (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; (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; (iv) Mobility - the ability to move indoors from room to room on level surfaces;

6.1 Female illnesses benefit	(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; (vi) Feeding - the ability to feed oneself once food has been prepared and made available. 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. Diagnosis has to be confirmed by appropriate medical specialist. **<u>Systemic lupus erythematosus (SLE) with lupus nephritis</u>** A multi-system, multifactorial, autoimmune disorder 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 which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specialising in rheumatology and immunology. The WHO Classification of Lupus Nephritis: • Class I Minimal Change Lupus Glomerulonephritis • Class II Messangial Lupus Glomerulonephritis • Class III Focal Segmental Proliferative Lupus Glomerulonephritis • Class IV Diffuse Proliferative Lupus Glomerulonephritis • Class V Membranous Lupus Glomerulonephritis **<u>Carcinoma in situ of female sites</u>** 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. Only CIS of the breast, cervix uteri, uterus, fallopian tube, ovary, and vagina/vulva will be covered. The diagnosis of the CIS must always be supported by a histopathological report. Furthermore, the diagnosis of CIS 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. CIS of ovaries should be capsule intact, with no tumour on the ovarian surface, classified as T1aN0M0 (TNM classification) or FIGO 1A (International Federation of Gynecology and Obstetrics). CIS of fallopian tube should be limited to the tubal mucosa and classified as Tis according to the TNM staging method.

6.1 **Female illnesses benefit**	CIS of vagina/ vulva should be classified as Tis according to the TNM staging method or FIGO 0 according to the method of the FIGO. Clinical Intraepithelial Neoplasia (CIN) classification including CIN I, CIN II, and CIN III (severe dysplasia without CIS) and all CIS in the presence of any human immunodeficiency virus (HIV) are specifically excluded. **<u>Osteoporotic fractures of the hip and vertebra requiring surgery or repair</u>** A condition of reduced bone mass with decreased cortical thickness and a decrease in the number and size of the trabeculae of cancellous bone (but normal chemical composition, resulting in increased fracture incidence). Osteoporosis is defined as having a bone mineral density which is at least 2.5 standard deviation below the young mean of the population. Only osteoporotic fractures of the hip and vertebra requiring surgery or repair are covered. Diagnosis has to be confirmed by appropriate medical specialist.
6.2 **Female surgeries benefit**	**<u>Radical vulvectomy</u>** The complete removal of the vulva and the pelvic lymph nodes. Diagnosis has to be confirmed by appropriate medical specialist. **<u>Wertheim's operation</u>** A radical hysterectomy which includes removal of the uterus, fallopian tubes, wide excision of parametrium, tissues surrounding the upper vagina, and all the pelvic lymph nodes. Diagnosis has to be confirmed by appropriate medical specialist. **<u>Uterus, total pelvic exenteration</u>** Actual undergoing of excision of the bladder, lower uterus, vagina uterus, adnexa, the pelvic and lower sigmoid colon, pelvic lymph nodes and all the pelvic peritoneum, due to gynecological cancers. Diagnosis has to be confirmed by appropriate medical specialist. **<u>Breast lumpectomy - bilateral</u>** Removal of a malignant tumour or carcinoma in situ and surrounding breast tissue in both breasts. Diagnosis has to be confirmed by appropriate medical specialist.

6.2 Female surgeries benefit	**<u>Mastectomy – bilateral/ unilateral</u>** Mastectomy for the treatment of a malignant tumour or carcinoma in situ of the breast. Lumpectomy will not be covered. Diagnosis has to be confirmed by appropriate medical specialist. Mastectomy – bilateral shall mean a surgical operation to remove the entire breast on both sides. Mastectomy - unilateral shall mean a surgical operation to remove the entire breast on one side. **<u>Hysterectomy</u>** The removal of the uterus (at least the corpus and cervix or corpus only) with supporting evidence of carcinoma of the uterus, fallopian tube, ovary, vagina or endometrium, advanced cervical carcinoma, or hydatidiform mole. Diagnosis has to be confirmed by appropriate medical specialist. **<u>Complicated repair of fistula</u>** Actual undergoing abdominal or vaginal repair of ureterovaginal, vesicovaginal, urethrovaginal or complex fistulas which occurred following cancer-related pelvic surgery or in case of advanced pelvic malignancy, especially when there has been radiotherapy. Repair of fistula resulting from trauma (an obstetric tear or extension of an episiotomy), diverticular disease, Crohn's disease, or any other non-cancer related pelvic surgery would not be covered. Diagnosis has to be confirmed by appropriate medical specialist. **<u>Breast lumpectomy – unilateral</u>** Removal of a malignant tumour or carcinoma in situ and surrounding breast tissue in one breast. Diagnosis has to be confirmed by appropriate medical specialist. **<u>Urinary incontinence requiring surgery</u>** Urinary incontinence requiring surgery is a condition where all of the following diagnostic conditions are met: • Urinary incontinence has been diagnosed and under the management of a **registered medical practitioner** for at least 6 months during which time, there has been a need for continuous incontinence medical treatment; and • Medically necessary surgical repair has been undertaken for the sole purpose of correcting the incontinence.

6.2 **Female surgeries benefit**	Surgery that includes treatment for other pathology including a hysterectomy for uterus pathology or dysfunction, does not meet this condition. Diagnosis has to be confirmed by appropriate medical specialist. **<u>Uterine prolapse requiring surgery</u>** Uterine prolapse/pelvic relaxation requiring surgery is a condition where all of the following diagnostic conditions are met: • Uterine prolapse/pelvic relaxation has been diagnosed and under the management of a **registered medical practitioner** for at least 2 years during which time, there has been a need for the continuous use of management devices (vaginal pessary); and • Medically necessary surgical repair has been undertaken for the sole purpose of correcting the loosening of the support muscles and tissues in the pelvic area. Surgery that includes treatment for other pathology including hysterectomy for uterus pathology or dysfunction does not meet this condition. Diagnosis has to be confirmed by appropriate medical specialist. **<u>Thyroid disorders requiring surgery</u>** Surgical procedures involving partial or total removal of the thyroid gland due to thyroid cancer, multinodular goiter compressing nearby structure. Diagnosis has to be confirmed by appropriate medical specialist. Surgery related to thyroid nodule or cosmetic or thyroidotomy are excluded. **<u>Polycystic ovarian syndrome requiring surgery</u>** Actual undergoing of medically necessary laparoscopic ovarian drilling for treatment of infertility due to Polycystic ovarian syndrome as certified by specialist obesterician/ gynaecologist.
6.3 **Support benefit**	**<u>Reconstructive surgery benefit due to mastectomy following breast cancer or carcinoma in situ of the breast, malignant skin cancer, accidental burns and accident</u>** <u>Due to mastectomy following breast cancer or carcinoma in situ of the breast</u> Plastic or reconstructive surgery of the breast performed by a registered surgeon after mastectomy following diagnosis of breast cancer or carcinoma in situ of the breast. <u>Due to malignant skin cancer</u> The undergoing of skin grafting due to removal of the following malignant skin cancer: • Non-melanoma skin cancer with evidence of metastasis to lymph node or beyond

6.3 **Support benefit**	• Malignant melanoma that has caused invasion beyond epidermis Due to **accidental burns** The undergoing of skin transplantation due to **accidental burns.** Due to **accident** The undergoing of plastic or reconstructive surgery (restoration or reconstruction of the shape and appearance of facial structures which are defective, missing, damaged or misshapen) performed under general anesthesia by a registered surgeon to correct facial disfiguration caused by **accident**. Reconstruction surgery of breast, skin or any other body part for cosmetic purposes only is excluded. **Oocyte cryopreservation benefit** This benefit pays an amount specified in the benefit table if the insured has utilized service for cryopreservation of mature oocytes (eggs) or embryos between age 15 to 40 before chemotherapy or radiotherapy following diagnosis of cancer and is prescribed to undergo chemotherapy or radiotherapy for cancer, provided that this contract remains in force. Target therapy is excluded. **Outpatient psychiatric benefit** Upon diagnosis of the insured suffering from major depressive disorder (MDD) and anxiety disorders due to a **traumatic life event**. The covered conditions must be diagnosed by a registered psychiatrist and the insured must be under medication prescribed by a registered psychiatrist for at least six continuous months. Any other mental health conditions will not be payable. **Traumatic life event** means the: (1) insured was diagnosed with **heart attack of specified severity, kidney failure, stroke, major cancers** or **loss of independent existence;** (2) insured was disfigured due to **accidental burns**; or (3) death of the insured's spouse or child. **Heart Attack of Specified Severity** Death of heart muscle due to obstruction of blood flow, that is evident by at least three of the following criteria proving the occurrence of a new heart attack: • History of typical chest pain; • New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; • Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;

6.3 **Support benefit**	• Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by cardiologist specified by the company. For the above definition, the following are excluded: • Angina; • Heart attack of indeterminate age; and • A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml **Kidney Failure** Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation. **Stroke** A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by all of the following conditions: • Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and • Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke. The following are excluded: • Transient ischaemic attacks; • Brain damage due to an **accident** or injury, infection, vasculitis, and inflammatory disease; • Vascular disease affecting the eye or optic nerve; and • Ischaemic disorders of the vestibular system. Permanent means expected to last throughout the lifetime of the insured. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the insured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

6.3 **Support benefit**	**Major Cancers** A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma. For the above definition, the following are excluded: - All tumours which are histologically classified as any of the following: - Pre-malignant; – Non-invasive; – Carcinoma-in-situ; – Having borderline malignancy; – Having any degree of malignant potential; – Having suspicious malignancy; – Neoplasm of uncertain or unknown behavior; or – Cervical dysplasia CIN-1, CIN-2 and CIN-3; • Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; • Malignant melanoma that has not caused invasion beyond the epidermis; • All prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification; • All thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; • All tumours of the urinary bladder histologically classified as T1N0M0 (TNM Classification) or below; • All gastro-intestinal stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; • Chronic lymphocytic leukaemia less than RAI Stage 3; and • All tumours in the presence of HIV infection. **Loss of Independent Existence** A condition as a result of a disease, illness or injury whereby the insured is unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living", for a continuous period of 6 months. Activities of Daily Living: (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; (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; (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; (iv) Mobility - the ability to move indoors from room to room on level surfaces;

6.3 **Support benefit**	(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; (vi) Feeding - the ability to feed oneself once food has been prepared and made available. This condition must be confirmed by the company's approved doctor. Non-organic diseases such as neurosis and psychiatric illnesses are excluded. 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. **<u>Hormone replacement therapy benefit</u>** This benefit pays for hormone replacement therapy (HRT) advised in women under the age of 50 years as a result of a bilateral oophorectomy or hysterectomy (or both). The indication for the HRT should be deemed medically necessary, prescribed for a minimum of one year after the oophorectomy or hysterectomy (or both) and certified by the appropriate treating specialist. The claim should be supported by evidence of bilateral oophorectomy or hysterectomy (or both), mammogram, pap smear and other investigations done for screening before starting the HRT, minimum of 06 consecutive prescriptions by the treating specialist. This benefit excludes local HRT like vaginal products, nasal sprays. **<u>Breast cancer – molecular gene expression profiling test for treatment guidance benefit</u>** This benefit pays an amount specified in the policy to assist with covering the expenses of a molecular gene expression profiling test if the insured undergoes surgical excision of an early stage malignant breast tumour and is deemed eligible for such testing by their treating oncologist. For the early stage malignant breast tumour to be eligible the tumour has to be confirmed as estrogen receptor positive on immunohistochemistry testing and without any spread of the tumour to the lymph nodes. A gene expression profiling test analyzes the patterns of a number of different genes within the cancer cell to help predict how likely it is that an early-stage, hormone-sensitive breast cancer will recur after initial treatment and is used in an attempt to determine the right treatment for the right person with early-stage, hormone receptor positive breast cancer.