

Exclusion List for Second Medical Card Guaranteed Acceptance Campaign

DEFINITION

DIABETES – inclusive of both Type 1 and Type 2 Diabetes Mellitus

A chronic metabolic disorder characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both. For the purpose of this Policy, a diagnosis of Diabetes must be confirmed by a registered medical practitioner. All illnesses or complications directly or indirectly caused by, arising from, or related to Diabetes are not covered under this Policy.

DISORDER OF SPINE

Any disease or abnormal condition of the vertebral column, intervertebral discs, spinal cord, or supporting structures, diagnosed by a registered medical practitioner. It shall exclude any condition that arises directly or indirectly from an injury, accident, fracture, or trauma to the spine, as well as simple muscular strains.

49 CRITICAL ILLNESSES

1. ALZHEIMER'S DISEASE / SEVERE DEMENTIA

Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of irreversible organic brain disorders. The event must result in significant reduction in mental and social functioning requiring continuous supervision of Life Assured. The diagnosis must be clinically confirmed by a neurologist.

From the above definition, the following are not applied:

- (i) Non-organic brain disorders such as neurosis
- (ii) Psychiatric illnesses
- (iii) Drug or alcohol related brain damage

2. APALLIC SYNDROME

Universal necrosis of the brain cortex, with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist and the condition must be documented for at least one (1) month.

3. BACTERIAL MENINGITIS – RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The diagnosis must be confirmed by:

- (i) an appropriate specialist; and
- (ii) the presence of bacterial infection in cerebrospinal fluid by lumbar puncture.

For the above definition, other forms of meningitis, including viral meningitis are not applied.

4. BENIGN BRAIN TUMOUR

A benign tumour in the brain or meninges within the skull, where all of the following conditions are met:

- (i) It is life threatening;
- (ii) It has caused damage to the brain;
- (iii) It has undergone surgical removal or has caused permanent neurological deficit with persisting clinical symptoms; and
- (iv) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.

The following are not applied:

- (i) Cysts
- (ii) Granulomas
- (iii) Malformations in or of the arteries or veins of the brain
- (iv) Hematomas
- (v) Tumours in the pituitary gland
- (vi) Tumours in spine
- (vii) Tumours of the acoustic nerve.

5. BLINDNESS – PERMANENT AND IRREVERSIBLE

Permanent and irreversible loss of sight as a result of accident or illness to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test and the result must be certified by an ophthalmologist.

6. BRAIN SURGERY

The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy (surgical opening of skull) is performed.

For the above definition, the following are not applied:

- (i) Burr hole procedures
- (ii) Transsphenoidal procedures
- (iii) Endoscopic assisted procedures or any other minimally invasive procedures
- (iv) Brain surgery as a result of an accident.

7. CANCER – DOES NOT APPLY TO VERY EARLY CANCERS

Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not applied:

- (i) All cancers which are histologically classified as any of the following:
 - a. pre-malignant
 - b. non-invasive
 - c. carcinoma-in-situ
 - d. having borderline malignancy
 - e. having malignant potential
- (ii) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
- (iii) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- (iv) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- (v) Chronic Lymphocytic Leukemia less than RAI Stage 3
- (vi) All cancers in the presence of HIV
- (vii) Any skin cancer other than malignant melanoma.

**Very early cancers refer to non-malignant or stage zero cancers, otherwise known as carcinoma-in-situ.*

8. CARDIOMYOPATHY

A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in permanent physical impairment of at least Class III of the New York Heart Association's (NYHA) classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance. The NYHA Classification of Cardiac Impairment for Class III and Class IV mean the following:

- (i) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
- (ii) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Cardiomyopathy directly related to alcohol or drug abuse is not applied.

9. CHRONIC APLASTIC ANAEMIA – RESULTING IN PERMANENT BONE MARROW FAILURE

Irreversible permanent bone marrow failure results in anaemia, neutropenia and thrombocytopenia requiring at least two (2) of the following treatments:

- (i) Regular blood product transfusion;
- (ii) Marrow stimulating agents;
- (iii) Immunosuppressive agents; or
- (iv) Bone marrow transplantation.

The diagnosis must be confirmed by a bone marrow biopsy.

10. CHRONIC AUTOIMMUNE HEPATITIS

A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The diagnosis must be based on all of the following criteria:

- (i) hypergammaglobulinaemia
- (ii) the presence of at least one of the following auto-antibodies:
 - Anti-Nuclear Antibody;
 - b. Anti-smooth muscle antibodies;
 - c. Anti-actin antibodies;
 - d. Anti-LKM-1 antibodies;
 - e. Anti- LC1 antibodies; or
 - f. Anti-SLA/LP antibodies.
- (iii) Liver Biopsy confirmation of the diagnosis of auto-immune hepatitis

This is only applied if Life Assured is treated with Immunosuppressive therapy for six (6) months duration or is documented to be under the care of a specialist in gastroenterology or hepatology for six (6) months duration.

11. CHRONIC RELAPSING PANCREATITIS

More than three (3) attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy. The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP). Chronic Relapsing Pancreatitis caused by alcohol use is excluded.

12. COMA – RESULTING IN PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety-six (96) hours, requiring the use of life support systems and resulting in a permanent neurological deficit with persisting clinical symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a neurologist must be present. Coma resulting from alcohol or drug abuse is not applied.

13. CORONARY ARTERY BY-PASS SURGERY

Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.

For the above definition, the following are not applied:

- (i) angioplasty;
- (ii) other intra-arterial or catheter based techniques;
- (iii) keyhole procedures;
- (iv) laser procedures.

14. CREUTZFELDT-JAKOB DISEASE

The occurrence of Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform three (3) or more Activities of Daily Living as defined in the Policy. The diagnosis must be made by a neurologist. Disease caused by human growth hormone treatment is excluded.

15. CROHN'S DISEASES WITH FISTULA

Crohn's disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all the following having occurred:

- (i) Stricture formation causing intestinal obstruction requiring admission to hospital;
- (ii) Fistula formation between loops of bowel; and
- (iii) At least one (1) bowel segment resection.

The diagnosis must be based on histopathological features and confirmed by a specialist in the relevant field.

16. DEAFNESS – PERMANENT AND IRREVERSIBLE

Permanent and irreversible loss of hearing as a result of accident or illness to the extent that the loss is greater than 80 decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold test result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.

17. ELEPHANTIASIS

Chronic Filariasis where the following criteria are met:

- (i) Massive permanent and irreversible lymphoedema of a limb or other body region; and
- (ii) Microfilariae have been documented by laboratory examination

Lymphoedema due to other causes including sexually transmitted diseases, cancer, trauma, post-operative scarring, radiation, heart failure, or congenital conditions are specially excluded.

18. ENCEPHALITIS – RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

Severe inflammation of brain substance, resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The event must be certified by a neurologist. Encephalitis in the presence of HIV infection is not applied.

19. END-STAGE LIVER FAILURE

End-stage liver failure as evidenced by all of the following:

- (i) Permanent jaundice;
- (ii) Ascites (excessive fluid in peritoneal cavity); and
- (iii) Hepatic encephalopathy.

Liver failure secondary to alcohol or drug abuse is not applied.

20. END-STAGE LUNG DISEASE

End-stage lung disease causing chronic respiratory failure. All of the following criteria must be met:

- (i) The need for regular oxygen treatment on a permanent basis;
- (ii) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than 1 liter during the first second;
- (iii) Shortness of breath at rest; and
- (iv) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less.

21. FULL-BLOWN AIDS

The clinical manifestation of AIDS (Acquired Immuno-deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory test. In addition, Life Assured must have a CD4 cell count of less than two hundred (200)/ μ L and one or more of the following criteria are met:

- (i) Weight loss of more than 10% of body weight over a period of six (6) months or less (wasting syndrome)
- (ii) Kaposi Sarcoma
- (iii) Pneumocystis Carinii Pneumonia
- (iv) Progressive multifocal leukoencephalopathy
- (v) Active Tuberculosis
- (vi) Less than one thousand (1000) Lymphocytes/ μ L
- (vii) Malignant Lymphoma.

22. FULMINANT VIRAL HEPATITIS

A sub-massive to massive necrosis (death of liver tissue) caused by any virus as evidenced by all of the following diagnostic criteria:

- (i) A rapidly decreasing liver size as confirmed by abdominal ultrasound;
- (ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- (iii) Rapidly deteriorating liver functions tests; and
- (iv) Deepening jaundice.

Viral hepatitis infection or carrier status alone (inclusive but not limited to Hepatitis B and Hepatitis C) without the above diagnostic criteria is not applied.

23. HEART ATTACK – OF SPECIFIED SEVERITY

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- (i) A history of typical chest pain;
- (ii) 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; and
- (iii) Elevation of the cardiac biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher:
Cardiac Troponin T or Cardiac Troponin I $> / = 0.5$ ng/ml

The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or physician.

For the above definition, the following are not applied:

- (i) occurrence of an acute coronary syndrome including but not limited to unstable angina.
- (ii) a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.

24. HEART VALVE SURGERY

The actual undergoing of an open-heart surgery to replace or repair cardiac valves as consequence of heart valve defects or abnormalities.

For the above definition, the following are not applied:

- (i) Repair via intra-arterial procedure.
- (ii) Repair via key-hole surgery or any other similar techniques.

25. HIV INFECTION DUE TO BLOOD TRANSFUSION

Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided all the following conditions are met:

- (i) The blood transfusion was medically necessary or given as part of medical treatment;
- (ii) The blood transfusion was received in Malaysia or Singapore after the commencement of the Supplementary Contract;
- (iii) The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood;
- (iv) Life Assured does not suffer from hemophilia; and
- (v) Life Assured is not a member of any high risk groups including but not limited to intravenous drug users.

26. INFECTIVE ENDOCARDITIS

Inflammation of the inner lining of the heart caused by infectious organisms, where all the following criteria are met:

- (i) Positive result of the blood culture proving presence of the infectious organism(s);
- (ii) Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- (iii) The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a cardiologist

27. KIDNEY FAILURE – REQUIRING DIALYSIS OR KIDNEY TRANSPLANT

End-stage kidney failure presenting chronic irreversible failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.

28. LOSS OF INDEPENDENT EXISTENCE

Confirmation by an appropriate specialist of the loss of independent existence and resulting in a permanent inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of six (6) months applies.

29. LOSS OF SPEECH

Total, permanent and irreversible loss of the ability to speak as a result of injury or illness. A minimum Assessment Period of six (6) months applies. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist. All psychiatric related causes are not applied.

30. MAJOR HEAD TRAUMA

Physical head injury resulting in permanent functional impairment verified by a neurologist. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of three (3) months applies.

31. MAJOR ORGAN / BONE MARROW TRANSPLANT

The receipt of a transplant of:

- (i) Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or
- (ii) One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end-stage failure of the relevant organ.

Other stem cell transplants are not applied.

32. MEDULLARY CYSTIC DISEASE

A progressive hereditary disease of the kidney characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic kidney failure. Diagnosis must be supported by a renal biopsy.

33. MOTOR NEURON DISEASE – PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

A definite diagnosis of motor neuron disease by a neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be permanent neurological deficit with persisting clinical symptoms.

34. MULTIPLE SCLEROSIS

A definite diagnosis of multiple sclerosis by a neurologist. The diagnosis must be supported by all of the following:

- (i) Investigations which confirm the diagnosis to be Multiple Sclerosis;
- (ii) Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least 6 months; and
- (iii) Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

35. MUSCULAR DYSTROPHY

The definite diagnosis of a Muscular Dystrophy by a Neurologist which must be supported by all of the following:

- (i) Clinical presentation of progressive muscle weakness
- (ii) No central/peripheral nerve involvement as evidenced by absence of sensory disturbance
- (iii) Characteristic electromyogram and muscle biopsy findings

This event is not applicable before Life Assured has reached the age of 12 years next birthday.

36. OCCUPATIONALLY ACQUIRED HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

Infection with the Human Immunodeficiency Virus (only if the Life Assured is a Medical Staff as defined below), where it was acquired as a result of an accident occurring during the course of carrying out normal occupational duties with seroconversion to HIV infection occurring within six (6) months of the accident. Any accident giving rise to a potential claim must be reported to Us within thirty (30) days of the accident taking place supported by a negative HIV test taken within seven (7) days of the accident.

“Medical Staff” is defined as doctors (General Physicians and specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentists, dental nurses, ambulance workers who are working in a medical centre or hospital or dental clinic/polyclinic in Malaysia. Doctors, traditional practitioners, nurses and dentists must be registered with the Ministry of Health of Malaysia.

37. PARALYSIS OF LIMBS

Total, permanent and irreversible loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or injury. A minimum Assessment Period of six (6) months applies.

38. PARKINSON'S DISEASE – RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

A definite diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:

- (i) Cannot be controlled with medication;
- (ii) Shows signs of progressive impairment; and
- (iii) Confirmation of the permanent inability of the Life Assured to perform without assistance three (3) or more of the Activities of Daily Living.

Only idiopathic Parkinson's Disease is applied. Drug-induced or toxic causes of Parkinsonism are not applied.

39. PHEOCHROMOCYTOMA

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour. The diagnosis of Pheochromocytoma must be confirmed by a Registered Medical Practitioner who is an endocrinologist.

40. POLIOMYELITIS

Unequivocal diagnosis by a consultant neurologist of infection with the Poliovirus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Cases not involving paralysis will not be eligible for this benefit. Other causes of paralysis (such as Guillain-Barre syndrome) are specifically excluded.

41. PRIMARY PULMONARY ARTERIAL HYPERTENSION – OF SPECIFIED SEVERITY

A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.

Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit.

The NYHA Classification of Cardiac Impairment for Class III and Class IV mean the following:

- (i) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
- (ii) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

42. PROGRESSIVE SCLERODERMA

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- (i) Localised scleroderma (linear scleroderma or morphea);
- (ii) Eosinophilic fasciitis; and
- (iii) CREST syndrome.

43. SERIOUS CORONARY ARTERY DISEASE

The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of sixty percent (60%) in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not applied). A narrowing of sixty percent (60%) or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery. This event is applicable regardless of whether or not any form of coronary artery surgery has been performed.

44. STROKE – RESULTING IN PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist. A minimum Assessment Period of three (3) months applies.

For the above definition, the following are not applied:

- (i) Transient ischemic attacks
- (ii) Cerebral symptoms due to migraine
- (iii) Traumatic injury to brain tissue or blood vessels
- (iv) Vascular disease affecting the eye or optic nerve or vestibular functions.

45. SURGERY TO AORTA

The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta. For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not applied:

- (i) angioplasty;
- (ii) other intra-arterial or catheter based techniques;
- (iii) other keyhole procedures;
- (iv) laser procedures

46. SYSTEMIC LUPUS ERYTHEMATOSUS WITH SEVERE KIDNEY COMPLICATIONS

A definite diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist.

For this definition, the event is applicable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not applied.

WHO Lupus Classification:

- (i) Type III - Focal Segmental glomerulonephritis
- (ii) Type IV - Diffuse glomerulonephritis
- (iii) Type V - Membranous glomerulonephritis

47. TERMINAL ILLNESS

The conclusive diagnosis of a condition that is expected to result in death of the Life Assured within twelve (12) months. The Life Assured must no longer be receiving active treatment other than that for pain relief. The diagnosis must be supported by written confirmation from an appropriate specialist and confirmed by Our appointed doctor.

48. THIRD DEGREE BURNS

Third degree (i.e. full thickness) skin burns covering at least twenty percent (20%) of the total body surface area.

49. ULCERATIVE COLITIS WITH TOTAL COLECTOMY

Ulcerative Colitis shall mean acute Fulminant Ulcerative Colitis with life threatening electrolyte disturbances usually associated with intestinal distention and a risk of intestinal rupture, involving the entire colon with severe bloody diarrhoea and systemic signs and symptoms and for which the treatment is frequently total colectomy and ileostomy. Diagnosis must be based on histopathological features and surgery in the form of colectomy and ileostomy should form part of the treatment.