

36 Critical Illnesses Insurance Explained

3rd Edition, 2010

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FOREWORD

I have compiled this as a reference guide to help you understand the 36 critical illnesses (also known as dread diseases) coverage under your Critical Illnesses policy. It is hope that with most of the medical jargons and unfamiliar terminologies explained, this guide will provide a clearer picture of how you are covered.

The first edition of this Critical Illnesses Booklet was written in February 2007 and it has been downloaded more than 1000 times. This booklet is now in its 3rd revision.

I've added a new chapter on the types of critical illness policies that is available in the market and some important tips that you should take note when shopping for your next critical illness policy.

Disclaimer

You should treat this booklet only as a guide and not as a legally binding document. The terms and conditions of each and every illness will vary from time to time, and you should always refer to your policy in the case of any discrepancies. I should not be in any way responsible for the claim results, though I won't mind if you would like to share the proceeds with me in the case of a claim ;-)

Understanding the Content

The content has been extracted from various resources. The actual contractual terms that you will be referring from here onwards is compiled from a 2005 Great Eastern Life Assurance Berhad's policy which changes from time to time. Again, I would like to remind you to refer to your original policy's terms and conditions- this is not a legally binding document.

I have also remarked some of the contractual terms in italic red, which is used to help you to identify specific exclusions, if there is any.

Some of the illnesses with very complex terminologies will have a **“Further Explanations”** section. I have gathered information from various medical publications and online resources, and I hope that this will help you clarify some of the questions you might have.

“Wallet Damage” is an indication of how much money will be needed for the treatment of the disease.

A little warning for readers with weak stomach: This booklet contains images which might disrupt your appetite.

Last but not least, I hope you will find this booklet useful, and if you would like to share this with your friends, please do so by all means. However, please keep the entire content of this booklet intact and please do not edit or modify this booklet by adding or deleting any portion of the content.

Thank you for reading!

Yow Chuan

(1) Heart Attack

The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply and being evidenced by:-

- (a) A history of typical prolonged chest pain; and
- (b) New electrocardiographic changes resulting from this occurrence; and
- (c) Elevation of the cardiac enzyme (CPK-MB) above the generally accepted laboratory levels of normal.



Diagnosis based on the elevation of Troponin T test alone shall not be considered diagnostic of a heart attack. Angina is specifically excluded.



Table 1.0 Troponin T test procedure using a Cardiac Reader System

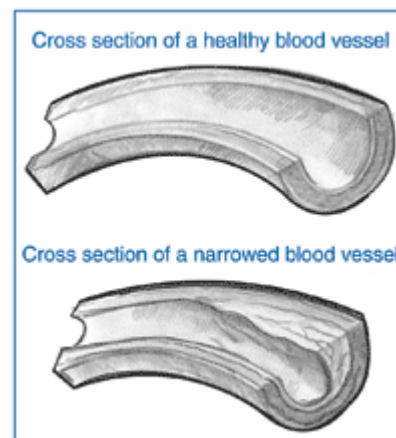
Wallet Damage!

Treatment for heart attacks can range anywhere from RM10,000 to RM30,000.

(2) Stroke

Defined as a cerebrovascular accident or incident producing neurological sequelae of a permanent nature, having lasted not less than six months.

Infarction of brain tissue, hemorrhage and embolisation from an extra-cranial source are included. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a Consultant Neurologist.



Specifically excluded are cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, vertebrobasilar ischaemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve or vestibular functions.

Further Explanation

Ischaemic Stroke: This type of stroke occurs when a blood vessel in the brain develops a clot and cuts off the blood supply to the brain. A blood clot that forms in a blood vessel in the brain is called a 'thrombus'. A blood clot that forms in another part of the body, such as the neck or lining of the heart, and travels to the brain is called an 'embolus'. Blood clots often result from a condition called 'atherosclerosis', the build-up of plaque with fatty deposits within blood vessel walls.

Source: www.clevelandclinic.org

An **ischaemic stroke** is the death of brain tissue (cerebral infraction) resulting from an inadequate supply of blood and oxygen to the brain.

Source: The Merck's Manual, Second Home Edition

Vertebrobasilar circulatory disorders are disorders in which blood supply to the back of the brain is disrupted.

Hypoxia: a shortage of oxygen in the body. Hypoxaemia is the reduction of oxygen specifically in the blood; anoxia is when there is no oxygen available at all.

Vestibular functions or balance system is the sensory system that provides the dominant input about our movement and orientation in space.

Wallet Damage!

A typical treatment for stroke can cost you from RM35,000 to RM75,000.

(3) Coronary Artery Disease Requiring Surgery

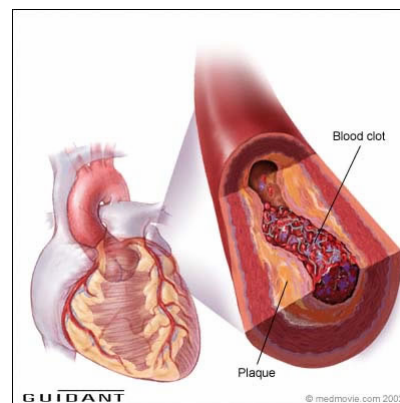
This refers to the actual undergoing of coronary artery by-pass surgery by way of thoracotomy to correct or treat coronary artery disease but **not including angioplasty, other intra-arterial, keyhole or laser procedures.**

Further Explanations

Thoracotomy: a procedure in which a chest wall is opened to view the internal chest organ, to treat diseases of the lungs, heart or major arteries.

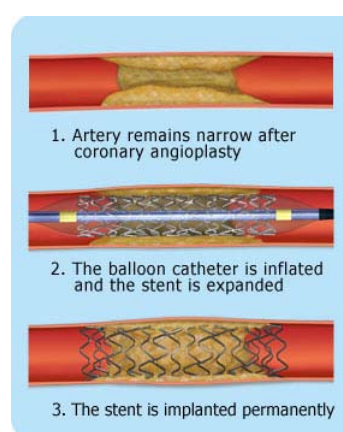
It is a major operation, and is only used when other diagnostic techniques such as thoracentesis, bronchoscopy, or mediastinoscopy fail to provide adequate information.

Source: The Merck's Manual, Second Home Edition



Angioplasty: Angioplasty is the mechanical widening of a narrowed or totally obstructed blood vessel.

Keyhole: Technical advances now make it possible to perform surgery with smaller incisions and less tissue disruption than occurs with traditional surgery. Surgeons can insert tiny lights, video cameras, and surgical instruments through keyhole-sized incisions. The surgeons can then perform procedures using the images transmitted to video monitors as guides for manipulating the surgical instruments. This kind of surgery is called laparoscopic surgery when performed in the abdomen, arthroscopic surgery when performed in joints, and thoracoscopic surgery when performed in the chest.



Wallet Damage!

A typical angioplasty and by-pass operation can cost somewhere between RM15,000 and RM60,000.

Treatment for every blockage is estimated to cost about RM8,000.

(4) Cancer

Cancer is defined as the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered necessary. The cancer must be confirmed by histological evidence of malignancy.

The following conditions are excluded:-

- (a) Carcinoma in situ, including of the cervix
- (b) Ductal Carcinoma in situ of the breast
- (c) Papillary Carcinoma of the bladder and Stage 1 Prostate Cancer
- (d) All skin cancers except malignant melanoma
- (e) Stage I Hodgkin's disease
- (f) Tumors manifesting as complications of Acquired Immune Deficiency Syndrome.



Further Explanations

Endoscopy is a minimally invasive diagnostic medical procedure used to evaluate the interior surfaces of an organ by inserting a small tube into the body, often, but not necessarily, through a natural body opening. Through the scope one is able to see lesions and other surface conditions.

Carcinoma in situ: Cancer that involves only the place in which it began and has not spread. Carcinoma in situ is an early-stage tumor.

The term 'in situ' (borrowed from the Romans) means 'in the natural or normal place'. In the case of cancer, it means that the tumor cells are still confined to the site where they originated and have neither invaded neighboring tissues nor metastasized afar. The tumor is curable.

Source: www.medterms.com

Hodgkin's disease is a type of lymphoma (cancers of lymphocytes, which reside in the lymphatic system and in blood-forming organs) distinguished by the presence of a particular kind of cancer cell called a Reed-Sternberg cell. Stage 1 is limited to one lymph node where there's a 95% chance of recovery.

Source: The Merck's Manual, Second Home Edition

Melanoma is the most dangerous type of skin cancer. It involves the cells that produce the skin pigment melanin. Melanin is responsible for skin and hair color. Melanoma can also involve the colored part of the eye. The primary symptom of any skin cancer is usually a mole, sore, lump, or growth on the skin. Any change in appearance of a pigmented skin lesion over time is a warning sign. Also, watch for any bleeding from a skin growth.

Wallet Damage!

Cancer treatment can be very subjective, since it very much depends on the phase of the cancer when it's discovered. Hence, the range can be within RM3,000 and RM150,000.

The cost of each chemotherapy can also range from RM300 to RM1,500 per session.

Radiotherapy is estimated at RM1,200.

(5) Kidney Failure

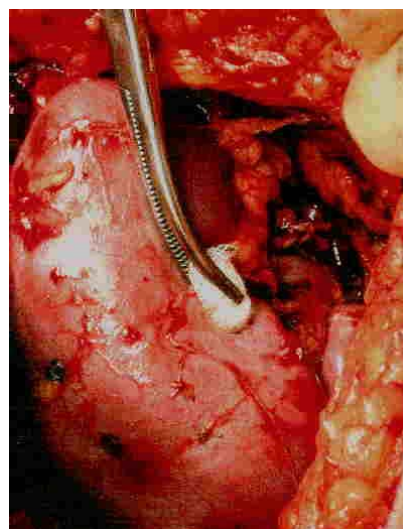
End-stage kidney failure presents itself as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis initiated or renal transplantation is carried out.

Further Explanations

Kidney failure occurs when the kidneys cannot properly remove waste, causing build-up of toxins and fluid in the body. By checking blood and urine tests, your doctor can determine if you have kidney failure.

Acute kidney failure develops suddenly, sometimes due to severe infection, drugs or other chemical agents, or physical trauma. If the underlying problem can be successfully treated, complete recovery of the kidneys is possible.

Chronic kidney failure develops gradually over years and may cause weight loss, anemia (low red blood cell count), nausea or vomiting, tiredness, headaches, decreased mental sharpness, muscle twitches and cramps, yellowish-brown skin color, unusual itching, and trouble with sleeping.



End-stage kidney disease causes anemia, high blood pressure, bone disease, heart failure and poor mental functioning.

Wallet Damage!

Kidney failure can cost RM150,000 and above. A haemodialysis is estimated at RM2,000 per month, or you can opt to invest in your own haemodialysis machine, which costs around RM50,000.

(6) Fulminant Viral Hepatitis

This is defined as a sub-massive to massive necrosis of the liver caused by any virus leading precipitously to liver failure.

The diagnostic criteria to be met are:

- (a) A rapidly decreasing liver size as confirmed by abdominal ultrasound; and
- (b) Necrosis involving entire lobules, leaving only a collapsed reticular framework; and
- (c) Rapidly deteriorating liver function tests; and
- (d) Deepening jaundice.



Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.

Further Explanations

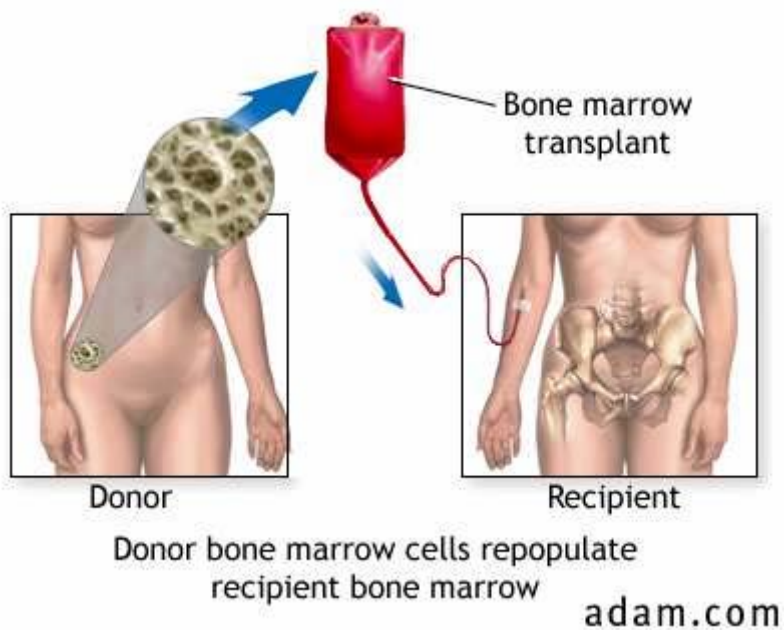
Massive necrosis of the liver, a rare complication of viral hepatitis (fulminant hepatitis) may also result from exposure to hepatotoxins or from drug hypersensitivity. A lobe or the entire liver shrinks, becoming a soft, flabby, yellow-brown to green mass with a wrinkled capsule; there is confluent necrosis of hepatocytes, often with fatty change. Mortality is 60 to 90 per cent.

Jaundice, a yellowing of the skin, conjunctiva (clear covering over the sclera, or whites of the eyes) and mucous membranes caused by increased levels of bilirubin in the human body (or the body of another red-blooded animal). Usually the concentration of bilirubin in the blood must exceed 2–3 mg/dL for the coloration to be easily visible.

Wallet Damage!

Treatment for Fulminant Hepatitis can cost anywhere between RM75,000 and RM120,000.

(7) Major Organ Transplant



The actual undergoing of a transplant as a recipient of one of the following human organs:

- (a) Kidney
- (b) Lung(s)
- (c) Liver
- (d) Heart
- (e) Bone marrow

Wallet Damage!

A kidney transplant cost around RM100,000 and post transplant medication is estimated at RM2,000 per month.

Bone marrow transplant is about RM50,000 for adult, while the cost is about RM22,000 to RM25,000 for children

A typical heart transplant can range from RM50,000 to RM80,000.

(8) Paralysis /Paraplegia

The complete and permanent loss of use of both arms or both legs, or one arm and one leg, through paralysis caused by illness or injury persisting for at least six (6) months from the date of trauma or illness.

Wallet Damage!

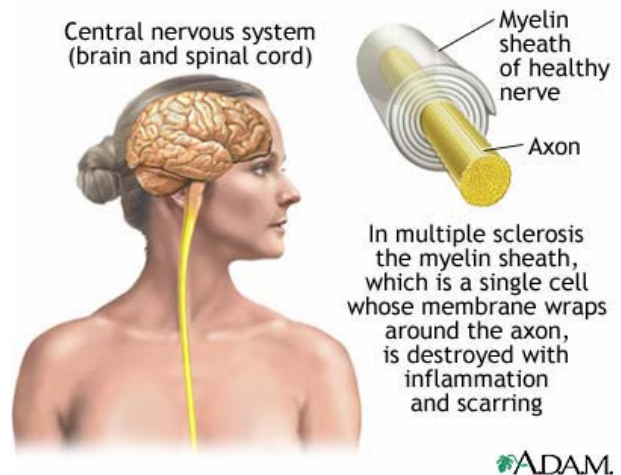
Treatment for paralysis can range from RM30,000 to RM75,000.

(9) Multiple Sclerosis

Unequivocal diagnosis by a Consultant Neurologist confirming the following combination, which has persisted for at least a continuous period of six (6) months:

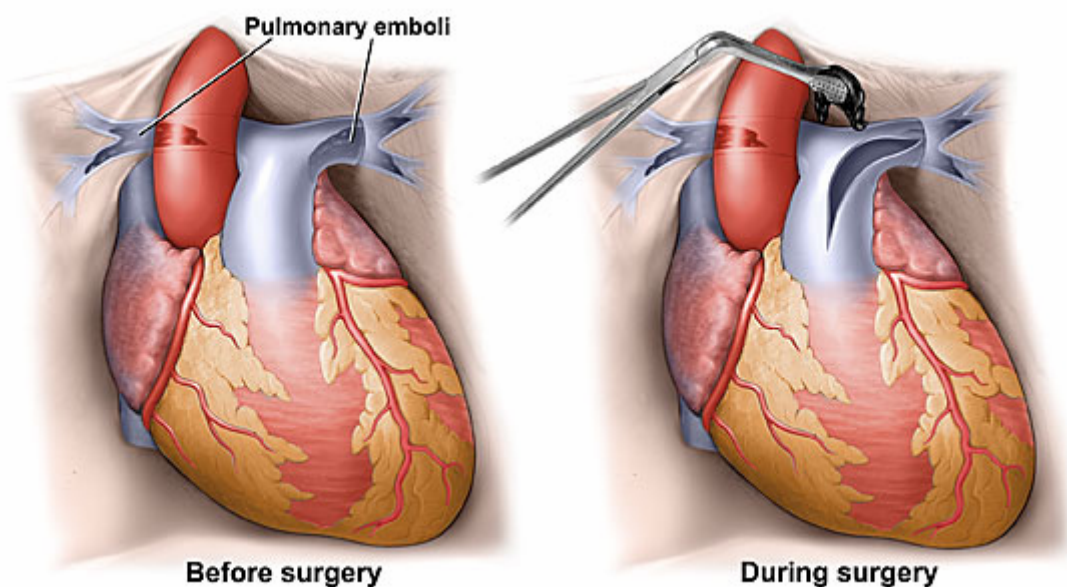
- (a) Symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits; and
- (b) A multiplicity of discrete lesions; and
- (c) A well-documented history of exacerbation and remissions of said symptoms / neurological deficits.

Wallet Damage!



Treatment for multiple sclerosis can range anywhere between RM30,000 and RM75,000.

(10) Primary Pulmonary Arterial Hypertension



This means primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association Classification of cardiac impairment, and resulting in the Life Assured being unable to perform his/her usual occupation.

Class	Patient Symptoms
Class I (Mild)	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea (shortness of breath).
Class II (Mild)	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.
Class III (Moderate)	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea.

Class IV (Severe)	Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.
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Further Explanations

Pulmonary arterial hypertension (PAH) is continuous high blood pressure in the pulmonary artery. The average blood pressure in a normal pulmonary artery is about 14 mmHg when the person is resting. In PAH, the average is usually greater than 25 mmHg.

Source: www.nhlbi.nih.gov

Pulmonary hypertension is a condition in which blood pressure in the arteries of the lungs (pulmonary arteries) is abnormally high.

Primary pulmonary hypertension is much less common than secondary pulmonary hypertension. In primary pulmonary hypertension, the cause is not known, but likely begins with spasm (contraction) of the muscle layer in the pulmonary arteries. Women are affected by primary pulmonary hypertension twice as often as men, and half of the people are 35 or older at the time of diagnosis. Secondary pulmonary hypertension means that the condition occurred because of another disorder that affects lung structure or function.

Source: The Merck's Manual, Second Home Edition

Wallet Damage!

Treatment of Pulmonary Hypertension can easily cost anywhere between RM75,000 and RM120,000.

(11) Blindness

The total, permanent and irrecoverable loss of the sight of both eyes. Certification by an ophthalmologist is necessary.

Wallet Damage!

Treatment for the loss of sight can cost anywhere between RM30,000 and RM75,000.

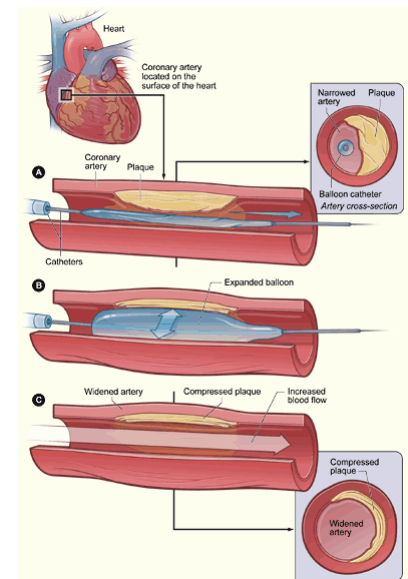
(12) Heart Valve Replacement

The actual undergoing of open-chest surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities that have occurred after the date of issue or date of reinstatement of this contract.

Repair, via valvotomy, intra-arterial procedure, key-hole surgery or similar techniques is specifically excluded.

Further Explanations

Valvotomy: incision into a stenosed cardiac valve to relieve the obstruction.



(13) Loss of Hearing / Deafness

Total, permanent and irreversible loss of hearing in both ears as a result of disease or accident. Medical evidence in the form of an audiometry and sound-threshold test must be provided.

Wallet Damage!

Treatment for deafness can cost anywhere between RM30,000 and RM75,000.

(14) Surgery to Aorta

The actual undergoing of surgery via a thoracotomy or laprotomy to repair or correct an aortic aneurysm, an obstruction of the aorta or a coarctation of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta **but not its branches**.

Further Explanations

Thoracotomy: A surgical incision into the chest. It is performed by a surgeon, and rarely emergency physicians, to gain access to the thoracic organs, most commonly the heart, the lungs, the esophagus or thoracic aorta, or for access to the anterior spine such as is necessary for access to tumors in the spine.

Laparotomy: A surgical maneuver involving an incision through the abdominal wall to gain access into the abdominal cavity. It is also known as coeliotomy.

An **aortic aneurysm** is a weakened and bulging area in the aorta, the major blood vessel that feeds blood to the body. The aorta, about the thickness of a garden hose, runs through the center of your body. Because the aorta is the body's predominant supplier of blood, a ruptured aortic aneurysm can cause life-threatening bleeding.

Source: www.mayoclinic.com

Coarctation of the aorta is a narrowing of the aorta between the upper-body artery branches and the branches to the lower body. This blockage can increase blood pressure in your arms and head, reduce pressure in your legs and seriously strain your heart. Aortic valve abnormalities often accompany coarctation.

Source: www.americanheart.org

(15) Loss of Speech

Total and irrecoverable loss of the ability to speak for a continuous period of 12 months. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an appropriate (Ear, Nose, Throat) specialist.

All psychiatric-related causes are excluded.

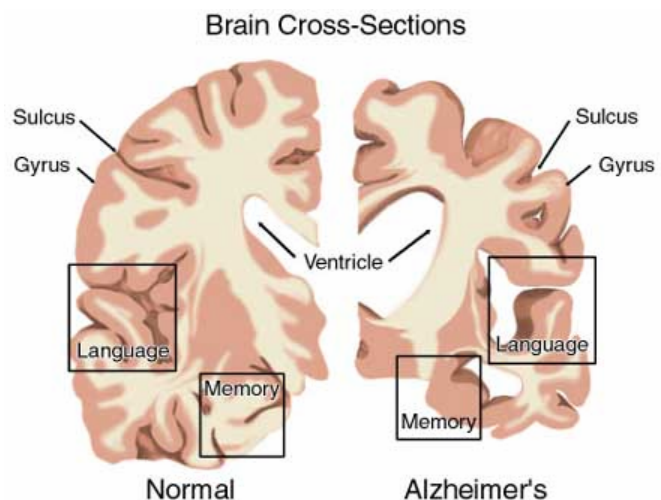
Wallet Damage!

Treatment for loss of speech can range anywhere between RM30,000 and RM75,000.

(16) Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders

Deterioration or loss of intellectual capacity or abnormal behavior as evidenced by the clinical state and accepted standardized questionnaires or tests arising from Alzheimer's disease or irreversible organic degenerative brain disorders excluding neurosis, psychiatric illness, and any drugs or alcohol-related

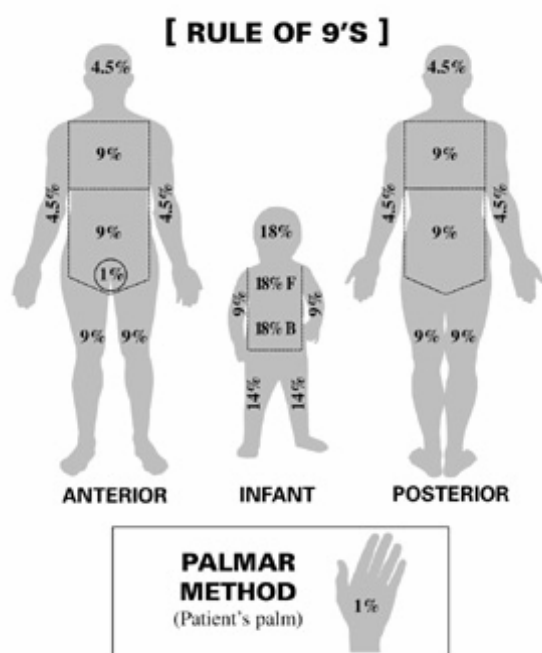
organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. The diagnosis must be clinically confirmed by an appropriate consultant.



Wallet Damage!

Treatment for Alzheimer's Disease ranges from RM30,000 to RM75,000.

(17) Major Burns



Third-degree burns covering at least twenty percent (20%) of the Life Assured's body surface area as measured by 'The Rule of 9' of the Lund & Browder Body Surface Chart.

(18) Coma

A state of unconsciousness with no reaction or response to external stimuli or internal needs, persisting continuously for at least 96 hours, requiring the use of life support systems and resulting in a neurological deficit, lasting more than 30 days. Confirmation by a Consultant Neurologist must be present.

Coma resulting directly from self-inflicted injury, alcohol or drug misuse is excluded.

Wallet Damage!

Average expenses for coma can cost anywhere between RM75,000 and RM120,000.

(19) Terminal Illness

The Life Assured must be suffering from a condition which, in the opinion of an appropriate Medical Practitioner, is highly likely to lead to death within 12 months. The Life Assured must no longer be receiving active treatment other than that for pain relief.

Wallet Damage!

Funds to treat terminal illnesses can cost anywhere between RM30,000 and RM75,000, with survival rate greatly dependent on funds you have to try out the latest drugs and medical procedures.

(20) Motor Neurone Disease

Motor neurone disease of unknown aetiology is characterized by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis.

Diagnosis must be confirmed by a Consultant Neurologist.

Further Explanations

Aetiology is the study of the causes, where it is the science that deals with the causes or origin of disease, the factors which produce or predispose toward a certain disease or disorder.

Bulbar Efferent: Pertaining to a bulb, in medicine any rounded mass of tissue. For example, the bulbar conjunctiva is that part of the conjunctiva, a clear membrane of the eye, which covers the outer rounded surface of the eye.

Muscular Atrophy: This disorder is similar to amyotrophic lateral sclerosis, but it progresses more slowly, spasticity does not occur, and muscle weakness is less severe. Involuntary contractions or twitching of muscle fibers may be the earliest symptoms. Many people with this disorder survive 25 years or longer.

Bulbar Palsy: In this disorder, the nerves controlling the muscles of chewing, swallowing, and talking are affected, making these functions increasingly difficult. Because swallowing is difficult, food or saliva is often inhaled (aspirated) into the lungs, causing choking or gagging and increasing the risk of pneumonia. Death, which is often due to pneumonia, usually occurs 1 to 3 years after the disorder begins.

Amyotrophic Lateral Sclerosis: Patients present with random, asymmetric symptoms, consisting of cramps, weakness, and muscle atrophy of the hands (most commonly) or feet. Fasciculations, spasticity, hyperactive deep tendon reflexes, extensor plantar reflexes, clumsiness, stiffness of movement, weight loss, fatigue, and difficulty controlling facial expression and tongue movements soon follow.

Primary Lateral Sclerosis: Muscle stiffness and signs of distal motor weakness gradually increase, affecting the limbs in primary lateral sclerosis and the lower cranial nerves in progressive pseudobulbar palsy. Fasciculations and muscle atrophy may follow many years later. These disorders usually take several years to produce total disability.

Wallet Damage!

Treatment and expenses for Motor Neuron Disease can cost anywhere between RM75,000 and RM120,000.

(21) AIDS Due To Blood Transfusion

The Life Assured being infected by HIV virus or AIDS provided that:

- (a) the infection is due to blood transfusion received in Malaysia or Singapore after the commencement of the Policy; and
- (b) the Life Assured is not a hemophiliac; and
- (c) the Life Assured is not a member of any high-risk groups such as but not limited to homosexuals, intravenous drug users or sex workers.



Notification and proof of incident will be required via a statement from a statutory Health Authority that the infection is medically acquired.

Further Explanations

Haemophiliac: Someone who has hemophilia and is subject to uncontrollable bleeding

Wallet Damage!

Expenses for AIDS treatment due to blood transfusion can cost anywhere between RM75,000 and RM120,000.

(22) Parkinson's Disease

Unequivocal diagnosis of Parkinson's Disease by a Consultant Neurologist where the condition:

- (a) Cannot be controlled with medication; and
- (b) Shows signs of progressive impairment; and
- (c) Activities of Daily Living assessment confirm the 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 covered. *Drug-induced or toxic causes of Parkinsonism are excluded.*

Further Explanations

Idiopathic means arising spontaneously or from an obscure or unknown cause. Used as a medical adjective. The combination of Greek roots means approximately 'a disease of its own kind.'

Wallet Damage!

Treatment for Parkinson's Disease can range from RM75,000 to RM120,000.

(23) Chronic Liver Disease

End-stage liver failure evidenced by permanent jaundice, ascites, encephalopathy and portal hypertension. **Wernicke's encephalopathy and liver failure secondary to alcohol or drug misuse is excluded.**

Further Explanation:

Ascites (also known as hydroperitoneum or more archaically as abdominal dropsy) is an accumulation of fluid in the peritoneal cavity. Although most commonly due to cirrhosis (destruction of normal liver tissue) and severe liver disease, its presence can portend other significant medical problems.



Liver Encephalopathy is a disorder in which brain function deteriorates because toxic substances normally removed by the liver build up in the blood.

Portal Hypertension is abnormally high blood pressure in branches of the portal vein, the large vein that brings blood from the intestines to the liver.

Wernicke's encephalopathy is a severe syndrome characterized by loss of short-term memory. It is linked to damage to the mammillary bodies in the brain, and is the result of inadequate intake or absorption of thiamine (Vitamin B1) coupled with continued carbohydrate ingestion. The most common cause of an onset is severe alcoholism, though there are several other causes.

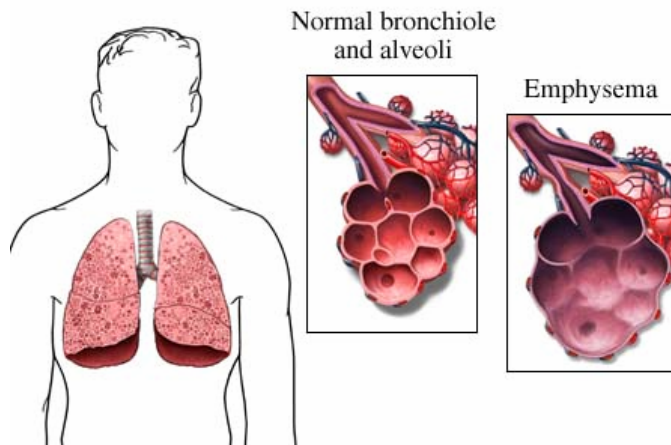
Wallet Damage!

Chronic Liver Damage can cost anywhere between RM75,000 and RM120,000.

(24) Chronic Lung Disease

End-stage respiratory failure including chronic interstitial lung disease. The following criteria must be met:

- (a) Requiring permanent oxygen therapy as a result of a consistent FEV1 test value of less than one liter. (Forced Expiratory Volume during the first second of a forced exhalation); and
- (b) Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less; and
- (c) Dyspnoea at rest.



Further Explanation

More than 100 conditions make up the group of disorders called interstitial lung disease. Most of them cause progressive scarring of lung tissue that eventually affects your ability to breathe and obtain enough oxygen but, beyond this, the disorders vary greatly.

In all cases, lung scarring, once it occurs, is generally irreversible. Corticosteroid drugs, the most common treatment, can occasionally slow the damage of interstitial lung disease, but many people never regain full use of their lungs. Researchers hope that newer drugs, many of them still in the experimental stage, may eventually prove more effective than steroids.

Dyspnoea: Difficult or labored breathing; shortness of breath. Dyspnoea is a sign of serious disease of the airway, lungs, or heart. The onset of dyspnoea should not be ignored but is reason to seek medical attention.

(25) Major Head Trauma

Physical head injury causing significant permanent functional impairment lasting for a minimum period of three (3) months from the date of the trauma or injury.

The resultant permanent functional impairment is to be verified by a Consultant Neurologist and duly concurred by the Company's Medical Officer and must result in an inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

For the purpose of this benefit, the word 'permanent', shall mean beyond the hope of recovery with current medical knowledge and technology.

(26) Aplastic Anaemia

Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least one of the following:

- (a) Regular blood product transfusion
- (b) Marrow-stimulating agents
- (c) Immunosuppressive agents
- (d) Bone marrow transplantation.



FIGURE 119.—Chinese patient with severe generalized exfoliative dermatitis complicated by severe hepatitis and aplastic anemia. This patient died.

Further Explanation

Aplasia is defective development resulting in the absence of all or part of an organ or aplasia is lack of development of an organ or a tissue.

Immunosuppressive agents, immunosuppressive drugs or immunosuppressants are drugs that are used in immunosuppressive therapy to inhibit or prevent activity of the immune system.

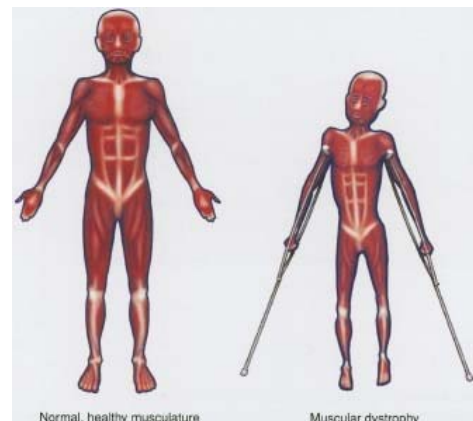
Wallet Damage!

Treatment for Aplastic Anaemia can cost anywhere between RM75,000 and RM120,000.

(27) Muscular Dystrophy

The diagnosis of Muscular Dystrophy shall require a confirmation by a Consultant Neurologist of the combination of 3 out of 4 of the following conditions:

- (a) Family history of other affected individuals
- (b) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction
- (c) Characteristic electromyogram
- (d) Clinical suspicion confirmed by muscle biopsy.



No benefit will be payable under this Covered Event before the Life Assured has reached the age of 12 years next birthday.

Further Explanation

An **electromyogram (EMG)** is a test that is used to record the electrical activity of muscles. When muscles are active, they produce an electrical current. This current is usually proportional to the level of the muscle activity. An EMG is also referred to as a myogram.

Wallet Damage!

Treatment for Muscular Dystrophy can range from RM75,000 to RM120,000.

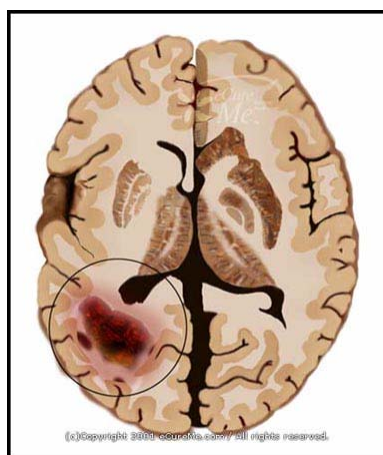
(28) Benign Brain Tumor

A life-threatening, non-cancerous tumor in the brain giving rise to characteristic signs of increased intra-cranial pressure such as papilledema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumor must be confirmed by imaging studies such as CT Scan or MRI.

Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas, tumors in the pituitary gland or spine and tumors of the acoustic nerve are excluded.

Further Explanation

Papilledema is an optic disc swelling that is secondary to elevated intracranial pressure. In contrast to other causes of optic disc swelling, vision is usually well preserved with acute papilledema. Papilledema almost always presents itself as a bilateral phenomenon and may develop over hours to weeks. The term should not be used to describe optic disc swelling with underlying infectious, infiltrative, or inflammatory etiologies.



Granuloma: Some micro-organisms cannot be completely eliminated. To defend against these micro-organisms, the immune system builds a wall around them. The wall is formed when phagocytes, particularly macrophages, adhere to each other. The walled micro-organism is called a granuloma. Some bacteria thus imprisoned may survive in the body indefinitely. If the immune system is weakened (even

50 to 60 years later), the walls of the granuloma may crumble, and the bacteria may start to multiply, producing symptoms.

Haematomas: A collection of blood, generally the result of hemorrhage, or, more specifically, internal bleeding. Hematomas exist as bruises (ecchymoses), but can also develop in organs.

Wallet Damage!

A benign brain tumor can inflict financial damage on you in the range of RM75,000 to RM120,000.

(29) Encephalitis

Defined as severe inflammation of brain substance, resulting in permanent neurological deficit lasting for a minimum period of 30 days and certified by a Consultant Neurologist. The permanent deficit must result in an inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word 'permanent', shall mean beyond the hope of recovery with current medical knowledge and technology.



Encephalitis as a result of HIV infection is excluded.

(30) 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.**

Further Explanations

Guillain-Barre Syndrome (GBS): A form of polyneuropathy (simultaneous malfunction of many peripheral nerves) that produces worsening muscle weakness, leading to paralysis. There are 2 forms of GBS. In the acute form, muscle weakness develops rapidly; in the chronic form, muscle weakness develops gradually.

Wallet Damage!

Treatment for Poliomyelitis is approximately RM30,000.

(31) Brain Surgery

The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed.

Bur Hole and brain surgery as a result of an accident are excluded.

Further Explanation

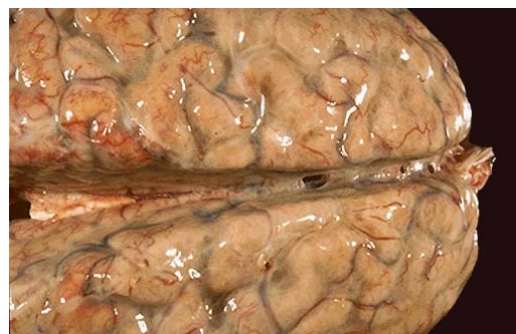
Bur Hole: A small opening in the skull made with a surgical drill.

Wallet Damage!

Brain surgery can cost you anywhere between RM75,000 and RM120,000.

(32) Bacterial Meningitis

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of 30 days and resulting in a permanent inability to perform at least three (3) of the Activities of Daily Living either with or



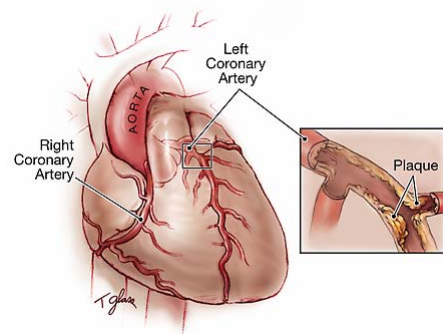
without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word 'permanent', shall mean beyond the hope of recovery with current medical knowledge and technology.

Wallet Damage!

Bacterial Meningitis can cost anywhere between RM75,000 and RM120,000.

(33) Other Serious Coronary Artery Disease

The narrowing of the lumen of at least three major arteries i.e. Circumflex, Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD), by a minimum of 60 percent or more as proven by coronary arteriography. This benefit is payable regardless of whether or not any form of coronary artery surgery has been performed.

**Wallet Damage!**

Other serious coronary artery diseases can cost anywhere between RM75,000 and RM120,000.

(34) Apallic Syndrome

Universal necrosis of the brain cortex, with the brain stem remaining intact. Diagnosis must be confirmed by a Consultant Neurologist and the condition must be documented for at least one month.

Wallet Damage!

Apallic Syndrome's treatment can cost anywhere between RM75,000 to RM120,000.

(35) AIDS Cover of Medical Staff

Infection by any Human Immunodeficiency Virus (HIV) only if the Life Assured is a member of Medical Staff as defined below, and that such infection was considered by the medical authorities involved to be caused by a needlestick/sharp instrument injury or by exposure to blood or bloodstained body fluid which occurred after the commencement of the Policy. The accident must have occurred whilst the Life Assured was following his normal occupational duties and reported in accordance with the established occupational procedures for such accidents. The Life Assured must, within 5 days of the accident have undergone a blood test indicating the absence of HIV or its antibodies but a further blood test performed within 6 months of the accident must indicate the presence of HIV or its antibodies after the commencement of the Policy.

However, the benefit payable will not apply if any medical cure is found for Acquired Immune Deficiency Syndrome or the effects of the HIV virus or a medical treatment is developed which results in the prevention of the occurrence of AIDS. 'Medical Staff' is defined as Doctors (General Physicians and Specialists), nurses, laboratory technicians, dentists (surgeons and nurses), ambulance workers who are working in medical centre or hospital or dental clinics/polyclinics in Malaysia.

Wallet Damage!

Cost and expenses for AIDS cover of medical staff can range anywhere between RM75,000 and RM120,000.

(36) Full Blown AIDS

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

- (a) Weight loss of more than 10% of body weight over a period of six (6) months or less (wasting syndrome)
- (b) Kaposi Sarcoma
- (c) Pneumocystic Carinii Pneumonia
- (d) Progressive multifocal leukoencephalopathy
- (e) Active Tuberculosis
- (f) Less than one-thousand (1000) lymphocytes
- (g) Malignant Lymphoma.

Further Explanations

Kaposi Sarcoma: A sarcoma is a cancer that develops in connective tissues such as cartilage, bone, fat, muscle, blood vessels, or fibrous tissues (related to tendons or ligaments). Kaposi Sarcoma (KS) was named for Dr. Moritz Kaposi who first described it in 1872.

Pneumocystic Carinii Pneumonia (PCP): A form of pneumonia caused by the yeast-like fungal micro-organism *Pneumocystis jirovecii* (sometimes spelled 'jirovecii' and formerly classified with *Pneumocystis Carinii*).

This is relatively rare in people with normal immune systems but common among people with AIDS. PCP can also develop in patients who are taking immunosuppressant medications (e.g., patients who have undergone solid organ transplantation) and in patients who have undergone bone marrow transplantation.

Multifocal leukoencephalopathy: a rare and usually fatal viral disease that is characterized by progressive damage or inflammation of the white matter (leuko-) of the brain (-encephalo-) at multiple locations (multifocal). It occurs almost exclusively in people with severe immune deficiency, e.g. transplant patients on immunosuppressive medications, or AIDS patients.

Wallet Damage!

Treatment for Full-blown Aids is RM150,000 or more.

Getting Critical Illness Insurance Coverage

After going through the list of wallet-damaging illnesses, it's important to know what's out there in the market to protect you from these damages in the event you're diagnosis with any one of these illnesses. There are generally 3 ways you can get Critical Illness (CI) coverage.

1) Investment-linked Policy

Most life insurance companies now offer CI benefit through their investment-linked plan. The CI benefit is added on to the investment-linked policy as an additional rider, which you can remove or increase the coverage amount later on.

In an investment-linked policy, the CI rider's insurance charges (the premium that you need to pay for this particular coverage) is based on schedule which comes together with the Policy Document. The rate is usually the same across most insurance companies, and this charges increase as you age. This means the same amount of Critical Illness coverage gets more expensive as you get older.

2) Whole-life with Living Benefits Policy

A whole-life policy which comes with CI benefit is usually known as a whole-life with living benefits policy. Unlike a Death or Total Permanent Disability claim, the fund from a whole-life CI claim would be used by the policyholder himself to recover from the illness and to help cover for the financial expenses.

You might be surprised to find that owning a conventional whole-life critical illness policy is more costly than an investment-linked policy with an attached CI rider benefit. This is simply because the insurance charges for CI coverage in a whole-life policy is fixed, hence making the premium fixed for life. Unlike an investment-linked policy, the insurance company does not reserve the right to increase the insurance

charges for the CI benefit during the lifetime of a whole-life CI policy. This also means that you don't have to worry about any premium increment as you get older.




Some whole-life policy also allows you to attach an additional rider called a Reducing Term CI benefit. For example, if you attach a RM200,000 Reducing Term CI benefit to your whole-life policy, you will immediately own a RM200,000 Critical Illness benefit once the policy commence. However, this

3) Term Policy

Most Life Insurance companies have discontinued term critical illness cover. However, all is not lost. A few General Insurance companies in the market still continue to offer term critical illness coverage at very affordable rates. These term critical illness coverages are usually just that- only claimable in the event of a critical illness diagnosis. They don't cover for death or disabilities, which is why they are so affordable. There might be other terms and condition that comes with a term policy, so you are advised to read the policy wording carefully to avoid any misinterpretations.

Choose a Critical Illness Insurance Package (for Male, Smokers)

Benefits (RM)	Gold	Silver	Bronze
First Diagnosis Payment	150,000	100,000	50,000
Tele-Medicine Access (2nd Opinion & Case Management) Access to Medical Advice From World-Class Doctors	Yes	Yes	Yes

Annual Premium (RM)		
RM295 	RM208 	RM121 

A typical CI term premium rate underwritten by Chartis Insurance Malaysia Berhad.

Source: www.insuranceonline.my/

However, the affordability of a term policy also comes with a price: the renewal of the product is not guaranteed, whereby the insurance companies reserves the right to withdraw the plan from its portfolio. That being said, most insurance companies

will usually replace a withdrawn product with a new one, but the premium will usually be revised upwards.

Notes on Critical Illness Policies

Critical Illness Waiver

It's important to point out a common misunderstanding when it comes to CI benefit: A Critical Illness Waiver benefit is NOT the same as Critical Illness coverage. As similar as that might sound, the keyword 'Waiver' means a world of difference when it comes to a CI claim.

If your policy only has the CI Waiver rider attached to it, then the CI Waiver benefit only waives the premium you are supposed to pay for the policy in the event you are diagnosed with CI. There will be no extra payment paid to you from the said policy. Not a single sen.

Only a Critical Illness benefit (without the term Waiver, or any other similar terms that is synonymous to the the term 'Waiver') entitles you for a 'financial reward'.

It's Almost Impossible to Claim

Here's one of my favorite comments from a reader, Cheongpeng, the excerpt of his comment reproduced here verbatim:

"I wish to discuss one by one the critical illness but it will be very lengthy to do that. My point is, why buying a protection with such a low probability? Chances that you will killed in an accident or others unfortunate disease e.g. dengue, malaria and others are much higher. Sometime, you just buy it for security feeling and you may feel protected but in fact it is not. You need to fit 100% the criteria stated in the agreement before u r eligible to claim.

My advise is live healthy from the beginning and be more health conscious, this is more practical then buying 36 critical illness."

And here's my take on the issue raised by Cheongpeng:

An insurance policy is in fact just like any other contract, where two parties agreed with the terms and conditions, and in the event of any ambiguity, as long as one party can prove that the ambiguity has resulted in losses, then there's a high probability for the victim to be compensated.

It's also true that the probability of catching any of these 36 critical illnesses is like hitting the jackpot- extremely rare. I have mentioned this in my book, and in fact, like yourself, I have made the point that there's a higher chance of you being killed in an accident than catching one of these critical illnesses.

So, should one NOT buy a critical illness policy? Before I answer this question, let me paint a backdrop of how a standard insurance policy is drafted. I am not an actuary by profession, but I should be able to provide a general overview.

1) An actuary will design a product based on the probability (statistics) of certain events, for example, mortality rates. In this case, chances of people being diagnosed with critical illness (including the severity and variations of the illness) would be an important factor. Age, hereditary, and diet could be another set of considerations.

2) The Actuary will then assign a price tag which will determine the insurance charges for the benefits covered by the scheme he is designing. This will determine the premium that the policyholder will need to pay to ensure that he is protected by the policy's scheme.

3) The Actuary and the Insurer will then need to get approval from the Industry Regulator, the Central Bank of Malaysia to approve the new scheme, before it can be sold to the public. The Central Bank will be responsible in ensuring that the premium, the benefits, advertising & marketing information, and how the figures are derived meets the requirement set by the Regulator.

4) Once approved, the Agents will then be briefed on the new products and then can then start selling. New applications submitted by the agents will then be screened by the Underwriters using the guidelines determined by the Insurer.

So, that would be the overview of how a new product reaches the general public. Now, back to the question of whether should one refrain from buying an insurance policy just because the chances of claiming the benefits are low?

This question is almost the same as asking, "Why should I buy insurance if I know I can't claim from it?"

The logic here is pretty straightforward; the risk of the Insurer paying the benefits has been taken into account when the Actuary was designing the product. They have already estimated the maximum amount of money that could be claimed at any given time, without putting the Insurer's own cash flow at risk. We must remember that these Insurers are profit organisations, and they are not about to insure a money-losing risk. I am not going to touch on the ethical side of the issue, but that's how an Insurer works- they still need to make a profit, after estimating the claim amount, operation and administrative expenses. It's a probability game after all, and the last thing a policyholder wants is buying an insurance policy from an Insurer that could not pay up the promised coverage.

So, let's say a policyholder would like to cover herself from a critical illness protection that encompasses more variations of each illnesses and a more comprehensive coverage of each illnesses. Something in the line whereby it's enough to just have the Medical Practitioner says, "It's a heart attack" and the claim will be paid out to the policyholder. It's absolutely possible for the Insurer to come up with such a product, because they can easily just adjust the premium rate. The reason why they are not doing that is quite obvious- how many people can then take up critical illness coverage, when the premium skyrockets in proportion to the risk taken

by the Insurer to provide a more encompassing and comprehensive critical illness coverage? The Insurer also needs to apply the law of large number as the basis of their risk protection business.

I am not saying the Insurers are doing a good job with their education programs through the agents. The policyholders must understand that it's a contract that they are going into, between the Insurer and themselves. Any party that comes in between- agents, consultants, financial planners will not affect the terms and conditions of the contract after you have solemnly accepted it.

I would suggest that the policyholders do not rely solely only on the agents for their source of product information. Get a lawyer to vet through the details if you have to! You have been given the policy contract and at this point of writing, you are also given 30 days of free look period, whereby you can get a 100% premium refund if you are not satisfied with the policy. No question asked. So, please do yourself a favour by reading through the contract, word by word.

You can follow the full discussion here:

<http://www.meshio.com/2008/04/critical-illness-booklet-second-edition/>

So, How Should I Get Covered?

I always tell my readers and clients, a good insurance coverage is one that you can afford to pay. Don't ever let the insurance agent talk you into getting a high premium coverage that you will need to pay through your nose. Bear in mind that getting a new policy does not necessarily means you should get rid of older ones. This is a common trick used by cunning insurance agents to earn more commission from you, since they don't earn money from policies that are above certain years.

There is no doubt some new insurance plans, especially medical & hospitalization plans gets better and more comprehensive (read: more expensive), you should only replace an old policy after comparing the facts, not just from the advice of the insurance agents. In my experience, the critical illness benefits have not undergone any dramatic changes in the past decade that is significant enough for you to terminate an old CI policy and to replace it with a new one.

If you have the extra budget, I will recommend you to take up an Investment-linked Policy with CI benefit or a whole-life CI policy. The key point is to have a CI coverage with guaranteed renewability. Attach a Reducing Term CI rider if you can. Next, top it this strategy with an extra term CI policy.

However, if you are on a shoestring budget, go for the CI term policy first. And then when have extra budget, upgrade by adding a Investment-linked Policy or a whole-life CI policy.

About the Author



Yow Chuan is an Associate Financial Planner (AFP) with the Financial Planning Association of Malaysia.

He assists individuals and companies analyze and manage their financial well-beings. He also works closely with them to improve their cash flow, managing their liabilities and eventually provide the tools for them to plan positively for the future.

He is the author of the **Guide to Smart Insurance Planning**, which is available in bookstores nationwide such as MPH, Popular, Kinokuniya and Borders.

He also loves developing software and tools that improves productivity.

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