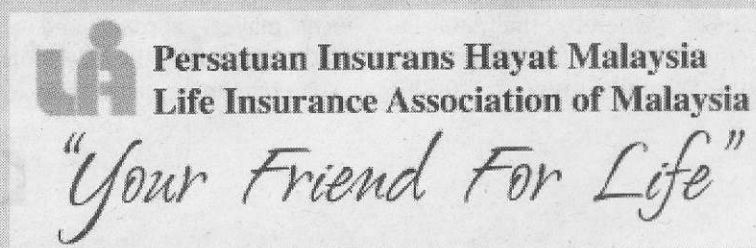


Unravelling dilemmas with medical insurance policies

ARE you insured? Or over-insured? Or you're unsure of your life insurance situation? Here are some frank insights on medical insurance, focusing on various aspects of critical illness insurance that could help to unravel your dilemma and discover solutions in medical insurance.

Q: I was diagnosed with carcinoma-in-situ of my cervix. The doctor performed a hysterectomy and my womb was removed. When I made a claim on my critical illness policy, my claim was declined. The insurance company says that carcinoma-in-situ is not payable under the policy. Why is it not payable when carcinoma-in-situ is still a form of cancer?

A: A critical illness policy, as the name suggests, is meant to provide cover for medical conditions that are at very critical



stage — where the probability of long term survival is very low.

For you to make a claim under cancer, the histopathology report must show the cells are malignant and have spread and invaded into adjacent tissues.

Carcinoma-in-situ of the cervix is a very early stage of cancer and the cells are localised in its original location. The malignant cells have not penetrated the basement membrane or invaded into the surrounding tissues.

Most doctors refer to carcinoma-in-situ of the cervix as a "pre-cancer" condition. If you are beyond the child-bearing

age, doctors may recommend the removal of the womb. Therefore, carcinoma-in-situ is treated in much the same way as malignant cancer which gives the impression that the person has cancer.

Females diagnosed with carcinoma-in-situ, who have been fully treated and have made full recovery, will normally have high survival rate.

Hence, carcinoma-in-situ is a condition deemed not critical enough to be considered for critical illness payment. In fact, carcinoma-in-situ is specifically excluded under the cancer definition.

Q: I was diagnosed as having blockages in my heart arteries and was advised to undergo a bypass operation. With the report from my cardiologist, I made a claim on my critical illness policy but the claim was declined.

I was told to wait until after the by-pass surgery has been done before the claim is payable. Can they decline my claim as I was told by my agent that critical illness policy will pay on diagnosis of critical illness?

A: You have to read and understand the definitions of critical illnesses in your policy. Some critical illnesses will pay based on the diagnosis made by the specialist, following tests and criteria performed for those illnesses, while some require the surgery to be performed first.

Critical illnesses like brain surgery, heart valve replacement, surgery to the aorta, coronary

artery disease requiring surgery or major organ transplant will require the life assured to undergo the actual surgery first before the claim is payable.

It is not sufficient for claims to be paid based on the advice of the specialist or surgeon to undergo such surgeries.

If you have been advised by your specialist to undergo the bypass operation, you should follow his advice and get it done as soon as possible.

If the cost of surgery is of concern or you do not have sufficient funds to pay for the operation upfront, you can make arrangements with your insurance company to pay the cost of the surgery direct to the hospital after the surgery has been performed.

The article is courtesy of Life Insurance Association of Malaysia. For further information, please go to www.liam.org.my