

— FAIRFIRST —  
**PERSONAL HEALTH  
INSURANCE COVER**  
— Policy Document —





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Whereas the Insured named in the Schedule being desirous of insuring in the manner hereinafter mentioned with Fairfirst Insurance Limited (hereafter called 'The Company'), the persons named in the Schedule (hereinafter individually referred to as 'Insured Person') have, by a proposal and / or other particulars made by the Insured and / or Insured Person, provided the basis of this contract and are deemed to be incorporated herein. Furthermore, the Insured has paid or agreed to pay to The Company the premium stated in the Schedule as consideration.

It is agreed that, subject to the Terms, Exceptions, and Conditions contained herein or endorsed hereon, if during the period of insurance any Insured Person sustains accidental bodily injury or sickness, which injury or sickness necessitates medical and / or surgical treatment as hereinafter defined, the company will pay the insured in respect of any of the expenses listed in the Table of benefits in the policy schedule.

### Exclusions Applicable

The COMPANY is not liable to pay any expenses incurred due to or directly related to the following, unless specifically stipulated in the schedule.

1. Hospitalization due to illness / surgery within the first thirty (30) days from the date of cover commencement or thirty (30) days from the date of revival / reinstatement if revived after discontinuance of the cover. However, accidental hospitalization cover is available from day one.
2. Self-afflicted injuries or conditions (including attempted suicide) and / or conditions / ailments arising out of the use or misuse of any drugs or alcohol.
3. Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with human immune deficiency (HIV) virus or any syndrome or condition of a similar kind commonly referred to as AIDS.
4. Naval or military operations (including duties of peace time) of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels, and the like.
5. Participation in any hazardous activity or sports including but not limited to racing (other than on foot), scuba diving, aerial sports, bungee jumping and mountaineering or in any criminal or illegal activities.
6. Non-allopathic methods of surgery and treatment and out-patient treatment.
7. Treatment of mental disease / illness, stress, psychiatric or psychological disorders, sleep, snoring disorders, and sleep studies.
8. Any diagnosis or treatment arising from or traceable to pregnancy (whether uterine or ectopic pregnancy), childbirth including caesarean section, medical termination of pregnancy and / or any treatment related to pre and post-natal care of the mother or the new born / birth control procedures.
9. Hospitalization for the sole purpose of physiotherapy or any ailment for which hospitalization is not warranted due to advancement in medical technology.
10. Any treatment not performed by a physician / surgeon, registered with the medical council of Sri Lanka or any treatment of a purely experimental nature.
11. Medical expenses relating to any hospitalization primarily for diagnostic, x-ray, or laboratory examinations.
12. Circumcision, virginal membrane repair, vaccination, cosmetic or aesthetic treatments and cosmetic related drugs which include column a, b, c of any description under the cosmetic act, change of gender surgery, plastic surgery, cosmetic surgery (unless such plastic surgery is necessary for the treatment of an illness or accidental bodily injury as a direct result of the insured event, or for treatment directly or indirectly related to sterility / infertility).
13. Hospitalization for donation of an organ.
14. Hospitalization / surgery for correction of birth defects or congenital anomalies.
15. Dental treatment or surgery of any kind unless necessitated by accidental bodily injury.
16. Investigatory purpose admission, where no active line treatment has taken place during the hospitalization.
17. Reconstructive / corrective surgeries.
18. Surgeries to improve vision, hearing, including but not limited to, stapedotomy / and stapes, collagen cross linking / surgery-keratoconus.
19. Laser treatment for the eyes.
20. Genetic related tests (DNA testing & screening test are not allowed).
21. All vaccines other than EPI (Expanded Programme on Immunization) schedule vaccines.
22. Any fertility, subfertility treatments.
23. All skin conditions except allergies and skin cancer.
24. Hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth & all other external appliances, prosthesis and or devices, medical equipment of kind used at home as post hospitalization care including cardiac pacemakers & studies or cost of donor screening treatment.

25. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending medical practitioner.
26. Treatment for obesity, weight reduction or weight management, issues of appetite & treatment of weight gain.
27. Speech & language therapy.

## Definitions

**Accident** - Shall mean any single unexpected external event, not deliberately self-induced, occurring to an insured person, which requires medical hospitalization and / or treatment.

**Annual Limit** - Shall mean the maximum benefit to which the Insured Person is entitled annually in terms of this Policy document and the table of benefits (refer to the policy schedule).

**Ayurvedic Treatments** - Confers legal authority upon professionals who possess the knowledge, attitude, skills, and experience necessary to provide qualitative services in the field of Ayurveda in accordance with the provisions of the Ayurveda Act No. 31 of 1961.

**Cashless Facility** - Facility extended by the company to the Insured Person where the payment, of the cost of treatment undergone by the Insured Person in accordance with the policy terms and conditions are directly authorized to the network provider by the Insurer.

**Chronic Disease** - Means a medical condition which has at least one of the following characteristics **a)** Has no known cure, **b)** Is likely to recur, **c)** Requires palliative treatment, **d)** Needs prolonged monitoring / treatment, **e)** Requires specialist training / rehabilitation, and **f)** Is caused by changes to the body that cannot be reversed.

**Claim** - Shall mean the amount, which the Policy may pay to the member or Preferred Provider in respect of expenses, incurred by the Member and / or Dependent in accordance with the policy benefits eligible in terms of the Policy and the benefit schedule attached.

**Commencement Date** - Shall mean the date on which the cover under this Policy has started, based on the acceptance by the insurer.

**Congenital Anomaly** - Refers to conditions that have been present since birth and are abnormal with reference to form, structure, or position.

- a. Internal Congenital Anomaly - Congenital anomaly which is not in the visible and accessible parts of the body.
- b. External Congenital Anomaly - Congenital anomaly which is in the visible and accessible part of the body.

**Critical Illness** - A state of ill health with vital organ dysfunction, a high risk of imminent death if care is not provided, and the potential for reversibility (refer Annexure 2 for ailments list).

**Day Care Treatment (Annexure 1)** - Day care treatment refers to the medical treatment, and / or surgical operation which is undertaken under local anesthesia in a hospital / day care centre in less than 24 hours because of technological advancement, and which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an outpatient basis does not fall under this definition.

**Dependent** - Shall mean:

- a. "Spouse" shall mean the husband or wife of the Proposer.
- b. A child who has not reached the eighteenth (18<sup>th</sup>) birthday, who is single, not self-supporting, including a stepchild, adopted child and / or a foster child. In the case of a foster child, the child will be required to have lived with the foster family before being accepted as a dependent and an affidavit sworn before a Commissioner for Oaths must be provided confirming a long-term relationship.
- c. A disabled child above 18 years, who due to mental or physical disability is not self-supporting.
- d. A child who has reached the eighteenth (18<sup>th</sup>) birthday, who is unmarried, is not self-supporting, has not reached the twenty fifth (25<sup>th</sup>) birthday and who is a fulltime student.
- e. Subject to the discretion of the Company, the following persons, including but not limited to, shall be excluded from the definition of 'dependent': siblings, parents, parents-in-law; domestic employees and their children.

**Excess** - An excess is a cost-sharing requirement under an insurance policy that states that the Insurer will not be liable for a specified rupee amount or the percentage (%) of the covered expenses, which will apply before any benefits are payable by the Insurer.

**Dental Treatment** - Is a treatment carried out by a dental practitioner, a dental surgeon, including fillings (where appropriate), extractions, and surgical procedures, but excluding any form of cosmetic

surgery, implants, cleaning, polishing, scaling, bridging, and crowning, etc.

**Dentist** - Shall mean a dental practitioner registered under the Medical Ordinance Part 6.

**Elective** - Shall mean a medical procedure that is performed by choice, as opposed to an emergency lifesaving procedure. Timing of the procedure may also be arranged to be mutually convenient for the patient and medical practitioner.

**Emergency** - Shall mean a sudden unexpected situation in which a Member requires immediate hospitalization and treatment to prevent a medical condition that arises from an accident, injury or sudden illness that could result in death or serious impairment of bodily functions.

**Empaneled Hospital** - Shall mean a medical provider that has been appointed by the Insurance Company by means of a written agreement.  
(Please refer to the attached list)

**Exclusions** - Shall mean the conditions and / or services not covered by the policy.

**Hospital** - Means any institution established for inpatient care and day care treatment for illness / sickness and / or injuries and which has been registered as a hospital with Private Health Regulatory Services Council (PHRSC) under the Private Medical Institution (Registration) Act no 21 of 2006 and complies with all minimum criteria as under:

- a. Hospital - Institution providing safe medical care with facilities to treat indoor and outdoor patients with suitably qualified medical and nursing professionals.
- b. Nursing Home - Institution providing in house nursing care for at least 06 patients with basic emergency medical equipment and supplies with suitable in-house staff and necessary staff on call.
- c. Maternity Home - Institution providing in house care for a pregnant woman who is staying until her child is born with suitable in-house staff and necessary staff on call and necessary equipment.
- d. The term 'Hospital' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

**In Force** - Means the Policy is in effect for the medical benefits specified in the Schedule.

**Illness** - Means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

**Injury** - Means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means verified and certified by a Medical Practitioner.

**Inpatient Care** - Means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered illness / sickness and injury.

**Lapse** - Means insurance Policy not renewed from the date of expiry.

**Loss Date** - Shall mean the date when medical treatment commenced for any covered illness, sickness, or injury.

**Medical Advice** - Means any consultation or advice from a Qualified Medical Practitioner (MBBS, MDS, MD, BAMS Ayurveda, consultant specialist) including issue of any medical advice on referred ailments / illness by way of prescribing medicine / tests or any other form of treatment.

**Medical Expenses** - Means any expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or injury on an advice of a Medical Practitioner, as long as these do not exceed more than what would have been payable if the Insured Person had not been insured and do not exceed more than what other hospitals or doctors in the same locality would have charged for the same medical treatment.

**Medically Necessary Treatment** - Is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- a. is required for the medical management of the illness or injury suffered by the Insured.
- b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity.
- c. must have been prescribed by a Medical Practitioner.

d. must confirm to the professional standards widely accepted in international medical practice and by the medical community in Sri Lanka.

**Medical Practitioner** - Is a person who is legally qualified and is a duly licensed Medical Practitioner, Physician or Surgeon registered with the Sri Lanka Medical Council Ordinance no 24 of 1924 and acting within the scope of that license. The Medical Practitioner should not be the Insured or be a close family member.

**OPD Treatment** - Means the treatment in which the Insured Person visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment prescribed by a Medical Practitioner. The Insured Person is not admitted as a Day Care or In-patient. Over the counter drugs, elective treatment not related to ailment being diagnosed and investigations are excluded.

**Pandemic** - Means infectious or contagious disease, an outbreak of which has been declared a public health emergency of international concern (PHEIC) by the World Health Organization (WHO). This shall apply to claims made after the date of any such declaration(s), other than where a relevant diagnosis has been made by a qualified medical practitioner before the date of any such declaration(s). This will continue to apply until the WHO cancels or withdraws any relevant PHEIC. Infectious or contagious disease means any disease capable of being transmitted from an infected person, animal or species to another person, animal, or species by any means.

**Period of Insurance** - Means the period for which this Policy is taken as specified in the Schedule.

**Policy** - Shall mean the written contract made or agreed to be issued by the Company which includes the terms limitations, exceptions and conditions as specified on the application form, the policy document and policy schedule.

**Insured Person** - Shall mean the proposer and / or any person or category of persons named in the schedule aged 65 or under at the effective date of the current period of insurance.

**Pre-Authorization** - Shall mean the written prior approval of the Insurer, required for all inpatient and outpatient occurrences as determined by the Insurer.

**Pre-existing Condition** - a) Means any injury, illness, condition of symptom for which treatment, or

medication, or advise, or diagnosis, has been sought or received or was foreseeable by the Insured Person prior to the commencement of the policy.

OR

b) which originated or was known to exist by the Insured Person prior to the commencement of the policy whether treatment, medication, advise, or diagnosis was sought or received.

**Pregnancy & Childbirth** - Means vaginal delivery / lower segment cesarean section, forceps, and vacuum delivery are covered subject to a 12-month waiting period. Applicable only for family units (insured, spouse, and dependents).

**Premium** - Shall mean the financial consideration payable by the insured to the Company for this contract of insurance.

**Prescription** - Shall mean an instruction written by a medical practitioner that authorizes the patient to be issued with medicine or treatment.

**Professional Sports** - Shall mean a sport which remunerates a player as a means of livelihood.

**Reinstatement** - Shall mean the Insured Person starting cover afresh after the cover has lapsed for more than 30 days.

**Reimbursement** - Shall mean the money paid to the insured person by the company for obtaining treatment for illness or ailment or injury covered under the insurance policy.

**Renewal Date** - Means the anniversary of the commencement date of the insurance contract.

**Screening Tests** - Means medical procedures or tests performed on an insured person / member for the early detection of any ailments / illness.

**Treatment Overseas** - Shall mean the medical or surgical treatment offered to a member outside the territorial scope (Sri Lanka), if the treatment / procedures are not available in Sri Lanka.

**Waiting Period** - Means the period from the commencement date during which an insured is not entitled to make any claim under any benefit, except in the event of an accident as per the policy schedule.

**Table of Benefit** - Shall mean the summary that outlines the cover provided by the policy and any limits that apply to each benefit.



## General Conditions

### 1. Notice

Every notice and communication to the company shall be in writing.

### 2. Receipts

No payment in respect of any premium shall be deemed to be payment to the Insurer unless a printed form of receipt for the same, signed by an Authorized Officer of the Insurer, shall be given to the Insured.

### 3. Waiting Period

Within this period, claims will not be honoured.

- a. Illness - 30 days
- b. Maternity - 12 months
- c. Critical illness - 06 months  
(Optional list of illnesses are attached herewith in Annexure 2)
- d. Day surgeries - 06 months  
(See Annexure 1)

### 4. Geographical Limits

Worldwide (only if the treatments are not available in Sri Lanka).

### 5. Age Limit

Age eighteen (18) to sixty-five (65) years for adults and unmarried & unemployed children from three (03) months to twenty-five (25) years.

### 6. No Claim Bonus

- a. 1<sup>st</sup> Claim-Free Year - 10%
- b. Continued to 2<sup>nd</sup> Claim-Free year - 20%
- c. Continued to 3<sup>rd</sup> Claim-Free year - 25%

For the Insured to receive the full 25% no claim bonus in three (03) years he / she (including dependents) should maintain the policy without claims consecutively. If the Insured received no claim bonus in the first year and made a claim in the second year, for the renewal of 3<sup>rd</sup> year no claim bonus will not be valid and premium will be reinstated to the premium before no claim bonus.

### 7. Change in Risk

The Insured shall give notice in writing to the Company of any change in his / her address, business or occupation, or the trade or occupation of any Insured Person, or at the

renewal of this Policy, the Insured shall give notice in writing to the Company of any sickness, disease, physical, mental defect or infirmity which any Insured has become affected and of which the Insured Person or the Insured has become aware.

### 8. Reasonable Care

All insured persons shall take all reasonable precautions against accidents or sicknesses. The insured person shall, as soon as possible after the occurrence of an injury or commencement of any sickness, obtain and follow the advice of a duly qualified medical practitioner. The company shall not be liable for any consequences due to an insured member's failure to obtain and follow such advice.

### 9. Claims Procedure

**The Insured Person shall give notice to the Company, within sixty (60) days of the occurrence full particulars including all certificates.** Information and evidence required by the Company shall be furnished at the expense of the Insured Person and shall be in such form and of such nature as the Company may prescribe. A duly qualified Medical Practitioner, and the Company shall not be liable for any consequences arising by reason of the Insured member's failure to obtain and follow such advice and use such appliances or remedies as may be prescribed.

### 10. Documents

- a. Completed claim form
- b. Medical practitioner's prescription advising admission for inpatient treatment
- c. Original bills, original payment receipts, medical history of the patient recorded, discharge certificate / summary, break up of final bill from the hospital etc.
- d. Any other document required by the Company

The Insured as often as required shall submit to medical examination on behalf of the Company at its own expense in respect of any alleged bodily injury or sickness. Insured member shall, as soon as possible alter the occurrence of any injury or the commencement of any sickness, obtain and follow the advice of

a duly qualified Medical Practitioner, and the Company shall not be liable for any consequences arising by reason of the Insured member's failure to obtain and follow such advice and use such appliances or remedies as may be prescribed. Non-compliance of this condition by the Insured will result in all benefits under this insurance to be forbidden.

**11. Renewal**

The Policyholder has a right to renew the Policy on the terms and conditions applicable at the time of Policy anniversary upon full payment of the Premium. This is provided if the Policy is still in force and the plan is still available.

**12. Policy Cancellation**

The policy, either in its entirety or in respect of any particular Insured Person, may be canceled by the Company at any time by a registered letter sent to the insured at their last known address. Such cancellation shall be without prejudice to the Insured in respect of prior loss consequent upon injury or sickness to any Insured Person. The Company shall return to the Insured the last premium paid by him either for the policy in its entirety or for the particular insured, whichever the case may be. By notice to the Company, the Insured may cancel this policy at any time, in which case the Company will retain a proportionate premium on the customary short period rates for the time the Policy has been in force, either in its entirety or in respect of the said Insured Person.

**12.1 Customary Short Period Refund Rates**

<u>Period of Risk</u>	<u>% Annual Premium</u>
a. One Week	87.50%
b. One Month	75%
c. Two Months	62.50%
d. Three Months	50%
e. Four Months	37.50%
f. Five Months	25%
g. Eight Months	12.50%

The refund of premium, on cancellation by either party, is subject to no claim having been lodged on the Company by the Insured during the Period of Insurance.

**13. Law and Dispute Resolution**

This Agreement shall be governed by and construed in all respects in accordance with the substantive laws of Sri Lanka. In the event of any dispute, claim, question, or disagreement arising from or relating to this agreement or the breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question or disagreement. To this effect, they shall consult and negotiate with each other in good faith and recognize their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties through the Company's Compliant Handling Procedure.

If parties do not reach such solution within a period of thirty (30) days of such dispute being raised by a party hereto, upon notice to the other party, such claim, question or difference may be referred to the Insurance Ombudsman of Sri Lanka or may then be finally resolved through any Court of Competent Jurisdiction holden in Colombo.

**14. Observance of Terms and Conditions**

This policy and the schedule shall be read together as one contract, and any word or expression to which a specific meaning has been attached in any part of this policy or of the schedule shall bear such specific meaning wherever it may appear. The due observance and fulfillment of the Terms, Conditions, and Endorsement of this Policy by the Insured, insofar as they relate to anything to be done or complied with by him, and the truth of the statement and answers in the said Proposal shall be conditions precedent to the Company's liability to make any payment under this Policy.

**15. Insurance with Other Insurers**

The Insured shall declare the Company of any other Medical Insurance cover which is in force during the term of this Policy.

**16. Time Limit for Liability**

The company shall not be liable for any payment after the expiration of twelve (12) months from the happening of the event unless the claim is the subject of pending action or dispute resolution.

**17. Forfeiture**

If any claim under this policy shall be in any respect fraudulent or if any fraudulent means or device shall be used to obtain the compensation under this policy, the Company shall not be liable in respect of such claim.

**18.** Claims are admissible on the below medical conditions (subject to a six (06) months waiting period).

- i. Internal & external benign tumors, cysts, polyps of any kind
- ii. Benign ear (excluding throat disorders)
- iii. Benign prostate hypertrophy
- iv. Cataract & age-related eye ailments. Neuropathy or any other eye ailment due to diabetes
- v. Gastro-esophageal reflux disease (GERD)
- vi. Hernia of all types (excluding congenital conditions)
- vii. Hydrocele
- viii. Hysterectomy, prolapsed uterus, dysfunctional uterine bleeding
- ix. Polycystic ovarian diseases
- x. Piles / hemorrhoids, fissure, and fistula in the anus
- xi. Pilonidal sinus, sinusitis, and related disorders
- xii. Prolapsed intervertebral disc unless arising from an accident
- xiii. Stones in the gallbladder & bile duct
- xiv. Dialysis for renal failure
- xv. Varicose veins and varicose ulcers
- xvi. Age-related osteoarthritis & osteoporosis
- xvii. Joint replacements due to degenerative conditions

## **Annexure 01 - List of Day Surgeries Under This Policy**

Day surgeries that necessitate less than 24 hours hospitalization due to medical / technological advancement and the coverage of which is subject to the terms, conditions and exclusions of the policy for 107 illnesses. (cover is limited to 15% of the sum insured)

### **Microsurgical operations on the middle ear**

1. Other operations on the auditory ossicles
2. Other microsurgical operations on the middle ear

### **Other operations on the middle & internal ear**

3. Myringotomy
4. Removal of a tympanic membrane
5. Incision of the mastoid process and middle ear
6. Mastoidectomy
7. Other excisions of the middle and inner ear
8. Incision (opening) and destruction (elimination) of the inner ear
9. Other operations on the middle and inner ear

### **Operations on the nose & the nasal sinuses**

10. Excision and destruction of diseased tissue of the nose
11. Operations on the turbinates (nasal concha) (Turbinoplasty, Septoplasty are excluded)
12. Other operations on the nose
13. Nasal sinus aspiration
14. Nasal sinus surgeries (FESS)

### **Operations on the eyes**

15. Incision of tear glands
16. Other operations on the tear ducts
17. Incision of diseased eyelids
18. Excision and destruction of diseased tissue of the eyelid
19. Operations on the canthus and epicanthus
20. Removal of a foreign body from the conjunctiva
21. Removal of a foreign body from the cornea
22. Incision of the cornea
23. Operations for pterygium operations on the eyes
24. Other operations on the cornea
25. Removal of a foreign body from the lens of the eye
26. Removal of a foreign body from the posterior chamber of the eye
27. Removal of a foreign body from the orbit and eyeball
28. Operation of cataract

### **Operations on the skin & subcutaneous tissues**

29. Incision of a pilonidal sinus
30. Other incisions of the skin and subcutaneous tissues
31. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
32. Local excision of diseased tissue of the skin and subcutaneous tissues
33. Other excisions of the skin and subcutaneous tissues
34. Simple restoration of surface continuity of the skin and subcutaneous tissues
35. Free skin transplantation, donor site
36. Free skin transplantation, recipient site - Only applicable for burn patients
37. Chemosurgery to the skin
38. Incision, excision, and destruction of tissues & subcutaneous diseased tissue of the tongue
39. Glossectomy

### **Operations on the salivary glands & salivary ducts**

40. Incision and drainage of a salivary gland and a salivary duct
41. Excision of diseased tissue of a salivary gland and a salivary duct
42. Resection of a salivary gland
43. Reconstruction of a salivary gland and a salivary duct
44. Other operations on the salivary glands and salivary ducts

### **Other operations on the mouth & face**

45. External incision and drainage in the region of the mouth, jaw and face
46. Incision of the hard and soft palate
47. Excision and destruction of diseased hard and soft palate
48. Incision, excision and destruction in the mouth
49. Operations on the tonsils & adenoids  
Transoral incision and drainage of a pharyngeal abscess  
Tonsillectomy without adenoidectomy

Tonsillectomy with adenoidectomy  
Excision and destruction of a lingual tonsil  
Other operations on the tonsils and adenoids

### **Trauma surgery and orthopaedics**

50. Incision on bone, septic and aseptic
51. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
52. Suture and other operations on tendons and tendon sheath
53. Reduction of dislocation under GA (General Anaesthesia)
54. Arthroscopic knee aspiration

### **Operations on the breast**

55. Incision, drainage of breast abscess / lump & lump excision
56. Mastectomy (breast removal)
57. Operations on the nipple

### **Operations on the digestive tract**

58. Incision and excision of tissue in the perianal region
59. Surgical treatment of anal fistulas
60. Surgical treatment of haemorrhoids
61. Division of the anal sphincter (Sphincterotomy)
62. Other operations on the anus
63. Ultrasound guided aspirations
64. Laparoscopic cholecystectomy

### **Operations on the female sexual organs**

65. Incision of the ovary
66. Dilatation of the cervical canal
67. Conization of the uterine cervix
68. Other operations on the uterine cervix
69. Incision of the uterus (Hysterotomy / Hysterectomy)
70. Therapeutic curettage
71. Culdotomy
72. Incision of the vagina
73. Local excision and destruction of diseased tissue of the vagina and the pouch of douglas
74. Incision of the vulva
75. Operations on bartholin's glands (Cyst)

### **Operations on the prostate & seminal vesicles**

76. Incision of the prostate
77. Transurethral excision and destruction of prostate tissue
78. Transurethral and percutaneous destruction of prostate tissue

79. Open surgical excision and destruction of prostate tissue
80. Radical Prostate-Vesiculectomy
81. Other excision and destruction of prostate tissue
82. Operations on the seminal vesicles
83. Incision and excision of periprostatic tissue
84. Other operations on the prostate

### **Operations on the scrotum & tunica vaginalis testis**

85. Incision of the scrotum and tunica vaginalis testis
86. Operation on a testicular hydrocele
87. Excision and destruction of diseased scrotal tissue
88. Other operations on the scrotum and tunica vaginalis testis

### **Operations on the testes**

89. Incision of the testes
90. Excision and destruction of diseased tissue of the testes
91. Unilateral orchidectomy
92. Bilateral orchidectomy
93. Other operations on the penis

### **Operations on the spermatic cord, epididymis and ductus deferens**

94. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
95. Excision in the diseased area of the epididymis
96. Epididymectomy
97. Other operations on the spermatic cord, epididymis and ductus deferens, operations on the penis
98. Local excision and destruction of diseased tissue of the penis
99. Amputation of the penis, operations on the urinary system
100. Cystoscopic removal of stones, other operations
101. Lithotripsy
102. Coronary angiography
103. Haemodialysis
104. Radiotherapy for cancer / Radiation treatments
105. Cancer chemotherapy
106. Sclerotherapy treatments for varicose veins (twisted or enlarged)

## **Annexure 02 - List of Critical Illnesses (24) Covered Under This Policy**

Any ailment or illness which could be diagnosed under any of the critical illnesses listed below should be contracted only within the policy period.

### **General Conditions**

1. Cover shall be purchased along with the policy, with an additional premium.
2. Cover will be activated following a waiting period of six (06) months.
3. Company's liability in respect of all claims admitted during the period of insurance shall not exceed the sum insured shown in the policy schedule.
4. Claims will be settled on reimbursement basis only.
5. Upon request only critical illness limit can be utilized as the first portion. Otherwise hospitalization annual limit be utilized first and then the critical illness limit will be utilized.

### **Definitions**

#### **01. Cancer**

A disease manifested by the presence of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. The diagnoses must be evidenced by definite histology. The term cancer also included leukemia and malignant disease of the lymphatic system such as Hodgkin's disease.

Excluded are:

Any CIN stage (cervical intraepithelial neoplasia); Any pre-malignant tumour; Any non-invasive cancer (cancer in situ); Prostate cancer stage 1 (T1a, 1b, 1c); All skin cancers including malignant melanoma stage IA (T1a N0 M0); Any malignant tumor in the presence of any Human Immunodeficiency Virus.

#### **02. Heart Attack (Myocardial Infarction)**

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- a. a history of typical chest pain
- b. new characteristic electrocardiogram changes
- c. elevation of infarction specific enzymes, troponins or other biochemical markers

Excluded are:

Non-ST – Segment elevation myocardial infarction (NSTEMI) with elevation of troponin I or T; other acute coronary syndromes.

#### **03. Stroke**

Any cerebrovascular incident producing neurological sequelae lasting more than 24 hours and including infarction of brain tissue, haemorrhage thrombosis and embolisation from an extra cranial source. Evidence of neurological deficit for at least three (03) months has to be produced.

Excluded are:

Transient ischemic attacks (TIA); neurological symptoms due to migraine.

#### **04. Coronary Artery (Bypass) Surgery**

The actual undergoing of more than 90% open chest surgery for the correction of two or more coronary arteries, which are narrowed or blocked, by coronary artery bypass graft (CABG). The surgery must have been proven to be necessary by means of a coronary angiography.

Excluded are:

Angioplasty and / or any other intra-arterial procedures; key-hole surgery.

**05. Renal Failure (End Stage Renal Disease)**

End stage renal failure presented as chronic irreversible failure of both kidneys to function as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out.

**06. Major Organ Transplantation**

The actual undergoing of a transplantation as the recipient of a heart, lung, liver, pancreas, small bowel, kidney or bone marrow. Realisation of the transplantation has to be confirmed by a specialist.

**07. Paralysis**

Total and irreversible loss of use of two or more limbs though paralysis due to accident or sickness of the spinal cord. These conditions have to be medically documented by a specialist for at least three (03) months.

Excluded are:

Paralysis due to Gullain-Barre-Syndrome.

**08. Blindness (Loss of Sight)**

Total, permanent and irreversible loss of all sight in both eyes as a result of sickness or accident. Confirmed by an ophthalmologist.

**09. Heart Valve Surgery**

Open heart valvuloplasty, valvulotomy or replacement of one or more heart valves. This includes surgery to the aortic, mitral, pulmonary or tricuspid valves due to stenosis or incompetence or a combination of these factors.

**10. Surgery for a Disease of the Aorta**

The actual undergoing of surgery for a chronic disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

**11. Multiple Sclerosis**

Unequivocal diagnosis of multiple sclerosis by a Consultant Neurologist holding such an appointment at an approved hospital. The insured must exhibit neurological abnormalities that have existed for a continuous period of at least six (06) months or must have had at least two clinically documented episodes (each lasting at least 24 hours and occurring at least one (01) month apart in different areas of the central nervous system). This must be evidenced by the typical symptoms of demyelization and impairment of motor and sensory functions as well as by typical MRI findings.

**12. Angioplasty**

The actual undergoing of balloon dilatation (Percutaneous Transluminal Coronary Angioplasty) to correct the narrowing or blockage of one or more coronary arteries when the Insured has ischemic heart disease. Any claim must be evidenced by a coronary angiography showing at least 70% obstruction of one or more coronary arteries (coronary arteries herein refer to the left main stem, left anterior descending, circumflex, and right coronary artery) and by an interventional cardiologist's report / coronary angiogram.

Excluded are:

Diagnostic angiography or investigation procedures without angioplasty stent insertion.

**13. Apallic Syndrome**

Universal necrosis of the brain cortex, with the brain stem remaining intact. The definite diagnosis must be confirmed by a Consultant Neurologist holding such an appointment at an approved hospital. The condition has to be medically documented for at least one (01) month.

**14. Benign Brain Tumour**

Removal of a non-cancerous growth of tissue in the brain under general anesthesia leading to a permanent neurological defect or if inoperable also leading to a permanent neurological deficit. Specifically excluded are all cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine.

**15. Chronic Liver Disease**

Chronic liver disease resulting in cirrhosis and evidenced by all of the following criteria:

- a. permanent jaundice
- b. ascites
- c. encephalopathy
- d. portal hypertension
- e. liver disease secondary to alcohol or drug misuse is excluded

**16. Chronic Lung Disease**

Permanent impairment of respiratory function as manifested by both:

- a. Persistent reduction in vital capacity to less than 50% of predicated and / or a persistent reduction in respiratory volume per second (Tiffeneau respiratory test) to less than 50% of predicted.
- b. Persistent reduction in arterial oxygen tension (PaO<sub>2</sub>) below 60mm Hg and increase in arterial oxygen tension (PaCO<sub>2</sub>) above 50mm Hg.

**17. Coma**

A state of unconsciousness with no reaction or response to external stimuli or internal needs persisting continuously with the use of life support systems for a period of at least 96 hours and resulting in permanent neurological deficit. Coma secondary to alcohol or drug misuse is not covered.

**18. Deafness (Loss of Hearing)**

Total and irreversible loss of hearing in both ears as a result of sickness or accident. The diagnosis has to be confirmed by an Ear, Nose and Throat specialist (ENT Specialist) and evidenced by means of audiometry.

**19. Fulminant Viral Hepatitis**

Submassive to massive necrosis of the liver caused by Hepatitis leading precipitously to liver failure. The diagnostic criteria to be met are:

- a. a rapidly decreasing liver size
- b. necrosis involving entire lobules, leaving only a collapsed reticular framework (proved by histological finding)
- c. rapidly degenerating liver function tests
- d. deepening jaundice

Hepatitis B carriership or infection alone is not a condition which constitutes a liability of the company.

**20. Loss of Speech**

Total and irreversible loss of the ability to speak due to injury or disease of the vocal cords. The condition has to be medically documented for at least six (06) months.

**21. Major Burns**

Third degree burns covering at least 20% of the surface area of the Insured's body.

**22. Motor Neurone Disease**

Confirmation of definite diagnosis of Motor Neurone Disease (e.g. amyotrophic lateral sclerosis, primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, pseudo bulbar palsy) by a consultant neurologist holding such an appointment at an approved hospital. The disease must result in a permanent inability to perform independently three or more activities of daily living – bathing, dressing / undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating / drinking and taking medication – must result in a permanent bedridden situation and inability to get up without outside assistance. These conditions have to be medically documented for at least three (03) months.



**23. Muscular Dystrophy**

Confirmation of definite diagnosis of either Duchenne, Becker or Limb Girdle Muscular Dystrophy (all other types of Muscular Dystrophy are excluded) by a consultant neurologist holding such an appointment at an approved hospital. The diagnosis must be supported by muscle biopsy and CPK estimations and the disease must result in a permanent inability to perform independently three or more activities of daily living – bathing, dressing / undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating / drinking and taking medication – or must result in a permanent bedridden situation and inability to get up without outside assistance. These conditions have to be medically documented for at least three (03) months.

**24. Primary Pulmonary Arterial Hypertension**

An increase in the blood pressure in the pulmonary arteries, caused by either an increase in pulmonary capillary pressure, increased pulmonary blood flow or increased pulmonary vascular resistance. The diagnosis has to be proved by cardiac catheterization showing a mean pulmonary artery pressure of at least 20 mm Hg Right ventricular hypertrophy, dilatation and signs of right heart failure have to be documented for at least three (03) months.



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