



Conditions for Maternity 360

Your policy

Maternity 360 is a plan specifically designed to provide cover for an expectant mother and her child.

We will pay benefits if the insured mother suffers from pregnancy complications, has to stay in hospital due to childbirth complications, or dies. **We** will also pay benefits if the insured child is diagnosed with congenital illnesses, admitted to an intensive care unit or high dependency unit of a **hospital** or dies.

1 What your policy covers

We will pay according to the benefit tables if a claim arises from an insured event during the **contract term**.

This policy will end when:

- all benefits for the insured mother and the insured child end; or
- at the end of **contract term**, whichever is earlier.

(i) Mother's benefit table

Category of insured events	Cover limit
a Death benefit	100% of the sum assured
b Pregnancy complications benefit <ul style="list-style-type: none"> • Abruptio placentae • Acute fatty liver of pregnancy • Amniotic fluid embolism • Choriocarcinoma and malignant hydatidiform mole • Disseminated intravascular coagulation • Ectopic pregnancy • Placenta increta or percreta • Postpartum haemorrhage requiring hysterectomy • Pre- eclampsia or eclampsia • Still birth 	100% of the sum assured
c Hospital care benefit <ul style="list-style-type: none"> • Inpatient psychiatric treatment • Post-natal anaemia • Puerperal pyrexia • Pulmonary embolism • Repair of 4th degree perineal tear • Septic pelvic thrombophlebitis • Surgical site infection following Caesarian section • Uterine infection or transfusion due to retained placenta following childbirth 	1% of the sum assured for each day of hospital stay, up to 30% of the sum assured

a Death benefit

If the insured mother dies during the term of the policy, **we** will pay 100% of the sum assured.

All benefits for the insured mother will end when we make this payment.

b Pregnancy complications benefit

We will pay 100% of the sum assured if the insured mother is diagnosed with any of the insured events under the **Pregnancy complications benefit** in the **Mother's benefit table**, due to the pregnancy of the insured child. The diagnosis must be confirmed by an appropriate medical specialist who is a **registered medical practitioner**.

The most we will pay under this **Pregnancy complications benefit** is 100% of the sum assured. This benefit will end when we make this payment.

c Hospital care benefit

If the insured mother has to stay in a **hospital** due to any of the insured events under the **Hospital care benefit** in the **Mother's benefit table** and the stay in **hospital** is within 42 days after the birth of the insured child, we will pay 1% of the sum assured for each day she is in the **hospital**, up to 30 days and the stay must be during the **contract term**. To avoid doubt, if the stay in **hospital** is due to multiple medical conditions, we will only pay 1% of the sum assured for each day the insured mother stays in the **hospital**.

Example 1

The date of childbirth is 1 June. We will pay the **Hospital care benefit** in the **Mother's benefit table** (for up to 30 days) up to 12 July (within 42 days after childbirth). We will not pay for a stay in **hospital** on or after 13 July.

The most we will pay under this **Hospital care benefit** in the **Mother's benefit table** is 30% of

the sum assured. This benefit will end when we have paid 30% of the sum assured.

(ii) Child's benefit table

Category of insured events	Cover limit
a Death benefit	100% of the sum assured
b Congenital illnesses benefit	100% of the sum assured
<ul style="list-style-type: none"> • Absence of two limbs • Anal atresia • Atrial septal defect • Biliary atresia • Cerebral palsy • Cleft lip and cleft palate • Club foot • Congenital blindness • Congenital cataract • Congenital deafness • Congenital diaphragmatic hernia • Congenital hypertrophic pyloric stenosis • Development dysplasia of the hip • Down's syndrome • Infantile hydrocephalus • Patent ductus arteriosus • Retinopathy of prematurity • Spina bifida • Tetralogy of fallot • Tracheo-esophageal fistula or esophageal atresia • Transposition of the great vessels • Truncus arteriosus • Ventricular septal defect 	

Category of insured events	Cover limit
c Hospital care benefit	1% of the sum assured
<ul style="list-style-type: none"> • Bronchitis (including other 	

<p>lower respiratory tract infection)</p> <ul style="list-style-type: none"> • Dengue haemorrhagic fever • Hand, foot and mouth disease • Incubation immediately after birth for more than three days in a row • Phototherapy or blood transfusion for severe neonatal jaundice • Pneumonia • Premature birth 	<p>for each day of hospital stay, up to 30% of the sum assured</p>
<p>d Outpatient phototherapy benefit</p> <ul style="list-style-type: none"> • Phototherapy treatment due to severe neonatal jaundice 	<p>1% of the sum assured for each day the phototherapy machine is rented, up to 10% of the sum assured</p>
<p>e Simplified application benefit</p>	<p>The insured mother is allowed to buy a new policy for the insured child, based on a simplified health declaration.</p>

a Death benefit

We will pay 100% of the sum assured if the insured child is alive at birth but dies within 30 days after birth.

For the insured child to be considered alive at birth, the gestation period must be more than 28 weeks and at least two of the following must be present after birth:

- The child breathed.

- The child's heart was beating.
- There was a pulse in the umbilical cord;
- There was definite movement of voluntary muscles.

All benefits for the insured child will end when **we** make this payment.

b Congenital illnesses benefit

We will pay 100% of the sum assured if the insured child is alive at birth and is diagnosed with any of the insured events under the **Congenital illnesses benefit** in the **Child's benefit table**. The diagnosis must be confirmed by an appropriate medical specialist who is a **registered medical practitioner**.

The most **we** will pay under this **Congenital illnesses benefit** is 100% of the sum assured. This benefit will end when **we** make this payment.

c Hospital care benefit

If the insured child stays in the intensive care unit or high dependency unit of a **hospital** due to any of the insured events under **Hospital care benefit** in the **Child's benefit table**, **we** will pay 1% of the sum assured for each day the insured child is in the **hospital**, up to 30 days and the stay must be during the **contract term**. To avoid doubt, if the stay in **hospital** is due to multiple medical conditions, **we** will only pay 1% of the sum assured for each day the insured child stays in the intensive care unit or high dependency unit of a **hospital**.

For **phototherapy or blood transfusion for severe neonatal jaundice** and **premature birth**, **we** will only cover up to 30 days from birth.

The most **we** will pay under this **Hospital care benefit** is 30% of the sum assured. This benefit will end when **we** pay 30% of the sum assured.

Example 1: Incubation immediately after birth for more than 3 days in a row

The insured child was born on 1 June, and was in incubation from 1 to 7 June. As the incubation is for 7 days in a row (more than 3 days), **we** will pay 7% of the sum assured (7 days x 1% of the sum assured).

If the insured child was in incubation from 1 to 3 June (3 days), **we** won't pay anything.

Example 2: Premature birth

The insured child was born prematurely on 1 June. They were in the neonatal intensive care unit of a **hospital** from 1 June to 7 July (37 days). Because **we** only pay **premature birth** for up to 30 days from birth (means up to 30 June), **we** will pay an amount of 30% of the sum assured (30 days x 1% of the sum assured).

Example 3: Multiple stay in hospital within the contract term

Stay in hospital	Claimable amount	Balance claimable days
1. Dengue haemorrhagic fever for four days	4% of the sum assured (4 days x 1% of the sum assured)	26 days (30 less 4)
2. Pneumonia for 16 days	16% of the sum assured (16 days x 1% of the sum assured)	10 days (26 less 16)
3. Hand, foot and mouth disease for 15 days	10% of the sum assured (10 days x 1% of the sum assured)	As a total of 30% of the sum assured has been paid, this benefit will end.

d Outpatient phototherapy benefit

If the insured child needs **phototherapy treatment due to severe neonatal jaundice**, **we** will pay 1% of the sum assured for each day of rental of the phototherapy machine, up to 10 days. This benefit is valid only up to 30 days from birth.

The most **we** will pay under this **Outpatient phototherapy benefit** is 10% of the sum assured. This benefit will end when **we** pay 10% of the sum assured.

e Simplified application benefit

After the birth of the insured child, the insured mother may choose to take up a new policy **we** offer under this benefit, for the insured child based on a simplified health declaration. **We** will decide the type of new policy to be offered and all the following conditions must be met.

- The insured mother must take up the new policy within 60 days after the birth of her child
- The insured mother may buy more than one policy, but the cover for death, total and permanent disability and dread disease for all policies, whichever is highest, must not be more than \$150,000.

For example, if the insured mother buys a policy where the death cover is 180% of the sum assured, the maximum sum assured that the insured mother can buy will only be \$150,000/180% = \$83,333.

This benefit can be transferred to the father or legal guardian of the insured child, to take up the new policy for the insured child.

2 Our responsibilities to you

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

3 Your responsibilities

You will pay **your** premium at the time **you** apply for this policy.

If **you** cancel your policy before the end of the **contract term**, **we** will end your policy and **we** will not refund any unused premium. **You** will not be able to reinstate your policy after it has ended.

4 What you need to be aware of

a Suicide

We will not pay any benefits under the **Mother's benefit table** if the insured mother commits suicide within one year from the **cover start date**.

We will not refund the total premiums paid.

b Insured events

We only cover the insured events **we** list in the benefit tables. The name of each insured event is only a guide to what is covered. The full definition of each insured event covered and the

circumstances in which **you** can claim are given in this policy.

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

We will not pay if your claim arises from:

- deliberate acts such as self-inflicted injuries, illnesses, suicide or attempted suicide;
- deliberate misuse of drugs or alcohol;
- acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV), resulting from any means
- any unlawful or criminal act or omission;
- using unprescribed drugs where the drugs, by law, must be prescribed by a physician or medical specialist;
- the insured mother carrying three or more babies in a single pregnancy;
- overseas treatment; or
- abortions which the insured has decided to have, unless it is medically necessary as a result of the pregnancy complications covered under **Pregnancy complications benefit** in the **Mother's benefit table** and certified in writing by a **registered medical practitioner**.

c Making a claim

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

d Refusing to pay a claim

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

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

e **Transferring the legal right of the policy**

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

f **Excluding third-party rights**

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

5 Definitions

Community hospital means a hospital in Singapore that is recognised by the Ministry of Health as a **community hospital** and that provides intermediate health-care facilities to patients who are well enough to be discharged from acute-care hospitals, but are still not ready to return home.

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

Cover start date means the date **we** issue the policy.

Hospital means any **restructured hospital** or private hospital licensed in Singapore that is not a **community hospital**.

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

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

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

Restructured hospital means a hospital in Singapore that is run as a private company wholly-owned by the Singapore Government. It is governed by broad policy guidance from the Singapore Government through the Ministry of Health and receives a yearly government subsidy for providing subsidised medical services to its patients.

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

You means the policyholder shown in the policy schedule.

Plain English Campaign’s Crystal Mark does not apply to the following section.

6 Definitions of insured events

6.1 Mother’s benefit table

Pregnancy Complications benefit	Definition
Abruptio placentae	<p>The separation of a normally implanted placenta after the 20th week of gestation and prior to the birth of the foetus, resulting in life threatening foetal distress, or maternal shock.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist, and supported with medical evidence of class 2 or class 3 abruptio necessitating an emergency C section.</p>
Acute fatty liver of pregnancy	<p>It must be a pathologic entity unique to pregnancy and characterised by microfascicular fatty infiltration of the liver. It can present as fulminant hepatic failure, defined as the acute onset of encephalopathy, within 8 weeks of diagnosis of liver disease in a patient with no prior history of liver dysfunction.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist and a liver biopsy.</p>
Amniotic fluid embolism	<p>A syndrome in which, following the infusion of amniotic fluid into the maternal circulation, there is the sudden development of acute respiratory distress and shock.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist and supported with medical evidence of any combination of respiratory distress, cardiovascular collapse, disseminated intravascular coagulation, coma and lung scans showing embolisation.</p>
Choriocarcinoma and malignant hydatidiform mole	<p>Choriocarcinoma means a highly malignant neoplasm derived from placental syncytial trophoblasts which form irregular sheets and cords, with neoplastic cells invading blood vessels. The diagnosis must be made by an appropriate medical specialist and confirmed by histological evidence.</p> <p>Malignant hydatidiform mole means the development of fluid-filled cysts in the uterus after the degeneration of the chorion during pregnancy and shows evidence of</p>

Pregnancy Complications benefit	Definition
	malignancy. The diagnosis must be made by an appropriate medical specialist and confirmed by histological evidence.
Disseminated intravascular coagulation	<p>Over activation of the coagulation and fibronolytic system resulting in microvascular thrombosis, consumption of platelets and coagulation factors and major haemorrhage requiring treatment with frozen plasma and platelets concentrates. The diagnosis must be confirmed by an appropriate medical specialist.</p> <p>Only disseminated intravascular coagulation due to complications of pregnancy is covered.</p> <p>Any disseminated intravascular coagulation arising during the first seven months of pregnancy is excluded.</p>
Ectopic pregnancy	<p>The development of a fertilised ovum outside of the uterine cavity (ovary, fallopian tube, abdominal cavity).</p> <p>The ectopic pregnancy must be confirmed by an appropriate medical specialist and have been terminated by laparotomy or laparoscopic surgery.</p>
Placenta increta or percreta	<p>The abnormal adherent of the placenta to the myometrium resulting in severe haemorrhage requiring surgical removal of the placenta.</p> <p>The diagnosis must be made by an appropriate medical specialist and confirmed by histological evidence.</p>
Postpartum haemorrhage requiring hysterectomy	<p>The ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus requiring hysterectomy.</p> <p>The diagnosis must be made by an appropriate medical specialist and proof of actual undergoing of hysterectomy is required.</p>
Pre-eclampsia or eclampsia	<p>The development of hypertension after 20 weeks of pregnancy with a systolic blood pressure of at least 170mmHg or diastolic blood pressure of at least 110 mmHg recorded on 2 successive measurements of at least 6 hours apart, as well as proteinuria of more than 3+ on a random urine sample.</p> <p>The diagnosis must be confirmed by a gynaecologist or obstetrician.</p>
Still birth	The birth of a child after 28 weeks gestation, who has not,

Pregnancy Complications benefit	Definition
	<p>at any time after being expelled completely from the insured mother, breathed or shown any sign of life.</p> <p>The diagnosis must be made by an appropriate medical specialist.</p> <p>Elective termination of pregnancy and abortion are specifically excluded.</p>

Hospital care benefit	Definition
<p>Inpatient psychiatric treatment</p>	<p>The insured mother is diagnosed with peripartum psychosis as per the DSM-5 criteria and hospitalised.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist.</p> <p>Admission for postpartum depression or any other pre-existing mental disorders including bipolar disorders and schizophrenia are excluded from this benefit.</p>
<p>Post-natal anemia</p>	<p>Hospitalisation due to post-natal anemia after 10 days postpartum and within 42 days postpartum requiring blood transfusion. It must be evidenced by Hb levels < 70 g/l and Sr. Ferritin < 30 microgram / l.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist.</p>
<p>Puerperal pyrexia</p>	<p>There must be intensive care unit admission and inotropic support for confirmed diagnosis of puerperal sepsis caused by group A streptococcal (GAS) infection.</p> <p>Symptoms include high fever, abdominal pain and hypotension with or without tachycardia (Heart rate > 100 / min) or leukocytosis (WBC count > 10,000/per cu. mm.).</p> <p>The diagnosis must be confirmed by an appropriate medical specialist.</p>
<p>Pulmonary embolism</p>	<p>Hospitalisation due to pulmonary embolism should be evidenced by all the following:</p> <ul style="list-style-type: none"> • symptoms of chest pain, difficulty in breathing and palpitations; • blood oxygen saturation < 95%; • respiratory rate > 35 / min; and • heart rate > 100 / min. <p>The diagnosis has to be confirmed by an appropriate</p>

Hospital care benefit	Definition
	<p>medical specialist with supporting imaging evidence or positive D-dimer test.</p>
<p>Repair of 4th degree perineal tear</p>	<p>The repair under general anaesthetic of a 4th degree perineal tear sustained during childbirth. Surgery must have been done and the diagnosis must be confirmed by an appropriate medical specialist.</p>
<p>Septic pelvic thrombophlebitis</p>	<p>This condition happens after childbirth when an infected blood clot (thrombus) causes inflammation (phlebitis) in the pelvic vein.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist and supported by imaging finding such as ultrasound, CT scan or MRI. The insured mother must also receive inpatient treatment with antibiotics and anticoagulation.</p>
<p>Surgical site infection following caesarian section</p>	<p>The infection of the caesarian section surgical site following childbirth. The insured mother should be hospitalised for at least 48 hours for treatment.</p> <p>The insured mother must be treated with incision and drainage (of abscess) at the surgical site and intravenous antibiotics.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist.</p>
<p>Uterine infection or transfusion due to retained placenta following childbirth</p>	<p>The surgical removal of and subsequent complications for a retained placenta after a term vaginal delivery.</p> <p>Surgery must have been done and complications must be treated inpatient with intravenous antibiotics or a transfusion for excessive blood loss.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist.</p> <p>Surgery or other treatment for incomplete uterine evacuation following miscarriage or termination of pregnancy is excluded.</p>

6.2 Child's benefit table

Congenital Illnesses benefit	Definition
Absence of two limbs	Congenital absence of two limbs (absence of both arms at or above the wrist or both legs at or above the ankle joints or absence of one arm at or above the wrist and one leg at or above the ankle joint) which is confirmed by an appropriate medical specialist after birth.
Anal atresia	<p>Congenital absence of a normal anal opening. Claims shall be admitted for cases with a high imperforate anus.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist and surgery must have been performed to correct the condition.</p>
Atrial septal defect	<p>A congenital disorder in which an abnormal opening in the atrial septum that allows free communication of blood between the right and left atria.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist and benefit is payable only for surgical closure for the reversal of haemodynamic abnormalities and the prevention of heart failure, paradoxical embolization or irreversible pulmonary vascular disease.</p>
Biliary atresia	<p>The congenital absence of or abnormally narrowed or blocked bile ducts leading to disorder or disease of the liver.</p> <p>For the benefit to be payable, all the following should be satisfied.</p> <ul style="list-style-type: none"> • Presence of jaundice for 2-3 weeks after birth or appearance of jaundice after 2 weeks of birth; • Marked increase of direct bilirubin as evidenced by laboratory report; • Evidence of biliary atresia on imaging scans or liver biopsy; • Diagnosis is confirmed by an appropriate medical specialist; and • Surgery – portoenterostomy or liver transplantation must be performed. <p>All other causes of neonatal jaundice or liver disease are excluded.</p>

Congenital Illnesses benefit	Definition
Cerebral palsy	<p>A persisting, non-progressive disorder of movement resulting from damage to the brain before, during or immediately after birth.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist after birth.</p>
Cleft lip and cleft palate	<p>A congenital fissure of the palate, often associated with the left cleft lip. The diagnosis must be confirmed by an appropriate medical specialist after birth.</p> <p>Payment will only be made for those cases with cleft palate, or cleft palate and cleft lip.</p> <p>Claims for those with cleft lip alone will not be paid.</p>
Club foot	<p>Congenital abnormality of the lower extremity which consists of plantar flexion, inversion of the heel hind foot and forefoot and adduction of the forefoot.</p> <p>The benefit will only be paid if the condition is bilateral. The diagnosis must be confirmed by an appropriate medical specialist and surgery must have been performed to correct the condition.</p>
Congenital blindness	<p>The complete absence of the sense of sight from birth.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist.</p>
Congenital cataract	<p>The clouding of the lens of both eyes that is present at birth along with complete absence of the sense of sight from birth.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist and hospitalisation is required for cataract removal surgery.</p>
Congenital deafness	<p>The complete loss of hearing in both ears present at birth and the diagnosis must be confirmed by an appropriate medical specialist.</p>
Congenital diaphragmatic hernia	<p>The presence of abdominal organs in the chest cavity at birth that is associated with pulmonary hypoplasia or an underdeveloped heart.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist and supported by the characteristic chest radiograph finding of herniated abdominal contents into the thorax and surgical treatment is undertaken.</p>

Congenital Illnesses benefit	Definition
Congenital hypertrophic pyloric stenosis	<p>A congenital disorder in which the pylorus is thickened causing obstruction of the gastric outlet (to the duodenum) and leading to projectile vomiting.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist and surgery must be performed to correct the abnormality.</p>
Development dysplasia of the hip	<p>Also known as congenital hip dysplasia. It is characterised by the abnormal development of one or more components of an infant's hip joint so that the head of the femur is easily manipulated out of the hip socket.</p> <p>The diagnosis must be confirmed by appropriate medical specialist and surgery must be performed to correct the abnormality.</p>
Down's syndrome	<p>A specific chromosomal abnormality, specifically an autosomal aberration, identified by an extra chromosome 21 and characterised by hypotonicity, microcephaly, brachycephaly and a flattened occiput.</p> <p>The diagnosis must be based solely on the accepted currently applicable criteria of Down's syndrome and must be confirmed by an appropriate medical specialist.</p> <p>Down's syndrome in the foetus is excluded.</p>
Infantile hydrocephalus	<p>Enlargement of the cerebrospinal fluid (CSF) spaces resulting from obstruction of flow pathway between the secretion sites in the ventricles and absorption sites in the subarachnoid space.</p> <p>This benefit will only be paid if the condition is serious enough to warrant the placement of a shunt and the diagnosis must be confirmed by an appropriate medical specialist.</p> <p>Proof of actual undergoing of shunt placement is required.</p>
Patent ductus arteriosus	<p>Failure of the ductus arteriosus, a foetal vessel connecting the left pulmonary artery with the descending aorta thereby bypassing the non-functioning lungs, to close after birth, causing a surgically or medically correctable cardiovascular malformation.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist and surgery must have been performed to correct the condition.</p>

Congenital Illnesses benefit	Definition
Retinopathy of prematurity	<p>Retinopathy resulting from premature birth requiring laser treatment, cryotherapy or other forms of surgical treatment.</p> <p>The treatment must be recommended by an appropriate medical specialist and proof of actual undergoing of the laser, cryotherapy or surgical procedure is required.</p>
Spina bifida	<p>Congenital defective closure of the bone encasement of the spinal cord which the cord and meninges may or may not protrude. Only spina bifida associated with a meningeal cyst (meningocele) or a cyst containing both meninges and spinal cord (meningomyelocele) or any spinal cord (myelocele) shall be covered.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist after birth.</p>
Tetralogy of fallot	<p>An anatomic abnormality with a combination of</p> <ul style="list-style-type: none"> • obstruction of the right ventricular outflow tract (pulmonary stenosis); • ventricular septal defect; • dextroposition of the aorta with septal override; and • right ventricular hypertrophy. <p>The diagnosis must be confirmed by an appropriate medical specialist and supported by an echocardiogram and invasive surgery must be performed to correct the condition.</p>
Tracheo-esophageal fistula or esophageal atresia	<p>Congenital esophageal atresia (EA) means a failure of the esophagus to develop as a continuous passage. Instead, it ends as a blind pouch.</p> <p>Tracheo-esophageal fistula (TEF) means an abnormal opening between the trachea and esophagus. EA and TEF can occur separately or together.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist and supported by an echocardiogram. Surgery must have been performed to correct the condition.</p>

Congenital Illnesses benefit	Definition
Transposition of the great vessels	<p>A congenital disorder in which the aorta arises entirely from the right ventricle and the pulmonary artery from the left ventricle so the venous return from the peripheral circulation is re-circulated by the right ventricle via the aorta to the systemic circulation without being oxygenated by lungs.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist and supported by an echocardiogram. Invasive surgery must be performed to correct the condition.</p>
Truncus arteriosus	<p>A congenital disorder characterised by a single great vessel (truncus) which arises over a ventricular septal defect.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist and supported by an echocardiogram. Invasive surgery must be performed to correct the condition.</p>
Ventricular septal defect	<p>An abnormal opening in the inter-ventricular septum that allows free communication of blood between the right and left ventricle.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist and surgery must be performed to correct the condition.</p>

Hospital Care benefit	Definition
Bronchitis (including other lower respiratory tract infection)	<p>The insured child is admitted into an intensive care unit (ICU) or high dependency unit (HDU) in a hospital for at least 24 consecutive hours as a result of bronchitis (including other lower respiratory tract infection).</p> <p>The diagnosis must be confirmed by an appropriate medical specialist.</p>
Dengue haemorrhagic fever	<p>The insured child is admitted into an intensive care unit (ICU) or high dependency unit (HDU) in a hospital as a result of severe type of dengue virus infection characterised by high fever, haemorrhagic phenomena, hepatomegaly and circulatory failure.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist.</p> <p>Non-haemorrhagic dengue fever is excluded.</p>

Hospital Care benefit	Definition
<p>Hand, foot and mouth disease</p>	<p>The insured child is admitted into an intensive care unit (ICU) or high dependency unit (HDU) in a hospital as a result of a viral syndrome associated with exanthem- enanthem caused by coxsackie A17 and entenovirus 71.</p> <p>For the purpose of this contract, only severe hand, foot and mouth disease associated with encephalitis or, myocarditis will be covered.</p> <p>Positive isolation of the causative virus to support the diagnosis has to be provided with documented evidence of the presence of encephalitis or, myocarditis.</p> <p>A claim for this benefit will only be made with evidence of neurological deficit at least 30 days after the event.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist.</p>
<p>Incubation immediately after birth for more than 3 consecutive days</p>	<p>Medically necessary confinement incubation of the insured child for more than three consecutive days following birth.</p> <p>Incubator refers to an apparatus in which a newborn is placed where the environment conditions, including but not limited to, temperature, humidity and oxygen concentration can be controlled.</p>

Hospital Care benefit	Definition
<p>Phototherapy or blood transfusion for severe neonatal jaundice</p>	<p>Severe neonatal jaundice refers to cases where there are medical indications for requiring hospitalisation for at least three consecutive days for treatment with phototherapy or blood transfusion within 30 days after birth.</p> <p>All of the following conditions must be met and the diagnosis must be confirmed by an appropriate medical specialist:</p> <ul style="list-style-type: none"> • The presence of neonatal jaundice must be confirmed and supported with relevant diagnostic testing, blood tests results showing total serum bilirubin level for a term infant, at or greater than 37 weeks gestational age: <ul style="list-style-type: none"> – 25 to 72 hours after birth: 260 to 310 μ mol/L (micromol/litre) – more than 72 hours after birth: 290 to 340 μ mol/L (micromol/litre) • For pre-mature infants, at less than 37 weeks gestational age, if relevant testing, blood tests results showing total serum bilirubin level less than the above-stated level, phototherapy or blood transfusion must be confirmed medically necessary by a paediatrician. <p>The treating paediatrician must confirm the requirement of phototherapy or blood transfusion as medically necessary.</p>
<p>Pneumonia</p>	<p>The insured child is admitted into an intensive care unit (ICU) or high dependency unit (HDU) in a hospital for at least 24 consecutive hours as a result of pneumonia.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist.</p>
<p>Premature birth</p>	<p>The birth of the insured child with a gestation period shorter than 37 weeks and birth weight less than 1,800 gm requiring medically necessary confinement in a neonatal intensive care unit (NICU) or high dependency unit (HDU) in a hospital.</p> <p>The diagnosis must be confirmed by an appropriate medical specialist.</p>

Outpatient phototherapy benefit	Definition
<p>Phototherapy treatment due to severe neonatal jaundice</p>	<p>Severe neonatal jaundice refers to cases where there are medical indications for requiring outpatient phototherapy treatments within 30 days after birth.</p> <p>All of the following conditions must be met and the diagnosis must be confirmed by an appropriate medical specialist:</p> <ul style="list-style-type: none"> • The presence of neonatal jaundice must be confirmed and supported with relevant diagnostic testing, blood tests results showing total serum bilirubin level for a term infant, at or greater than 37 weeks gestational age: <ul style="list-style-type: none"> - 25 to 72 hours after birth: 260 to 310 μ mol/L (micromol/litre) - more than 72 hours after birth: 290 to 340 μ mol/L (micromol/litre) • For pre-mature infants, at less than 37 weeks gestational age, if relevant testing, blood tests results showing total serum bilirubin level less than the above-stated level, phototherapy or blood transfusion must be confirmed medically necessary by a paediatrician. <p>The treating paediatrician must confirm the requirement of phototherapy or blood transfusion as medically necessary.</p>