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# Medi-Select Advantage<sup>®</sup>

## MEDICAL GUIDELINES

2013-2014 EDITION

OCTOBER 2013

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### A PRACTICAL GUIDE TO COMPLETING THE APPLICATION AGE 55 OR OVER

This guide is designed to assist applicants to complete the medical questions on the Application and to answer frequently asked questions. This guide must never replace a physician's answer to clarify a patient's medical condition. When in doubt about their health or medications, applicants should always refer to their physician for further clarification and understanding of their medical condition. If this guide does not provide an answer to your question, please contact an agent at David Cummings Insurance Services Ltd. who in turn will submit your question to an RSA representative.

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# MEDI-SELECT ADVANTAGE APPLICATION AGE 55 OR OVER MEDICAL GUIDELINES

## **ARE YOU ELIGIBLE?**

<p><b>Q:</b> An applicant has been diagnosed with an <b>INCURABLE DISEASE</b> of which he will eventually die. Is this to be considered a “terminal illness”?</p>	<p><b>A:</b> <b>YES. TERMINAL ILLNESS</b> means that an applicant has a medical condition that causes a physician to estimate that he has <b>less than six months to live or for which he has received palliative care.</b></p> <p>No coverage is available for applicants diagnosed with a Terminal Illness.</p>
<p><b>Q:</b> What is <b>METASTATIC CANCER</b>?</p>	<p><b>A:</b> Metastatic cancer, sometimes abbreviated as <b>mets</b>, is the spread of a cancer from its primary site (of the part of the body in which it developed) to other parts of the body. Only malignant tumour cells have the established capacity to metastasize; when tumour cells metastasize, the new tumour is called a <i>secondary</i> or <i>metastatic</i> tumour, and its cells are like those in the primary tumour. The most common places for the metastases to occur are in the lungs, liver, brain, and bones.</p> <p>No coverage is available for applicants diagnosed with Metastatic Cancer.</p>
<p><b>Q:</b> What is kidney dialysis?</p>	<p><b>A:</b> Kidney dialysis is a process for removing waste and excess water from the blood and is primarily used to provide an artificial replacement for lost kidney function in people with renal failure.</p> <p>2 primary types of kidney dialysis:</p> <ul style="list-style-type: none"> <li>- Hemodialysis - blood is pumped through the blood compartment of a dialyzer (machine)</li> <li>- Peritoneal - a sterile solution is run through a tube into the abdominal body cavity around the intestine, where the peritoneal membrane acts as a semi permeable membrane.</li> </ul> <p><b>No coverage is available for applicants having a disease requiring dialysis.</b></p>
<p><b>Q:</b> How is <b>HOME OXYGEN</b> defined?</p>	<p><b>A:</b> <b>HOME OXYGEN</b> is defined as any oxygen that is used outside of a hospital.</p> <p>No coverage is available for applicants who have been treated with <b>HOME OXYGEN</b> in the 12 months prior to the effective date.</p>

Customized Medical Underwriting allows applicants who do not meet the eligibility requirements or do not have the necessary stability requirements, the opportunity to obtain coverage. When an application is submitted, the following risk factors are taken into consideration: age, medical conditions, stability, medications, trip duration and trip destination. Under certain circumstances, exclusions or benefit limitations may apply for coverage through Customized Medical Underwriting. If the applicant requires Customized Medical Underwriting, Medical Underwriting Form 1 must be filled out by his/her doctor, not more than 90 days prior to the scheduled departure date.

**DO YOU REQUIRE CUSTOMIZED MEDICAL UNDERWRITING?**

**CARDIOVASCULAR**

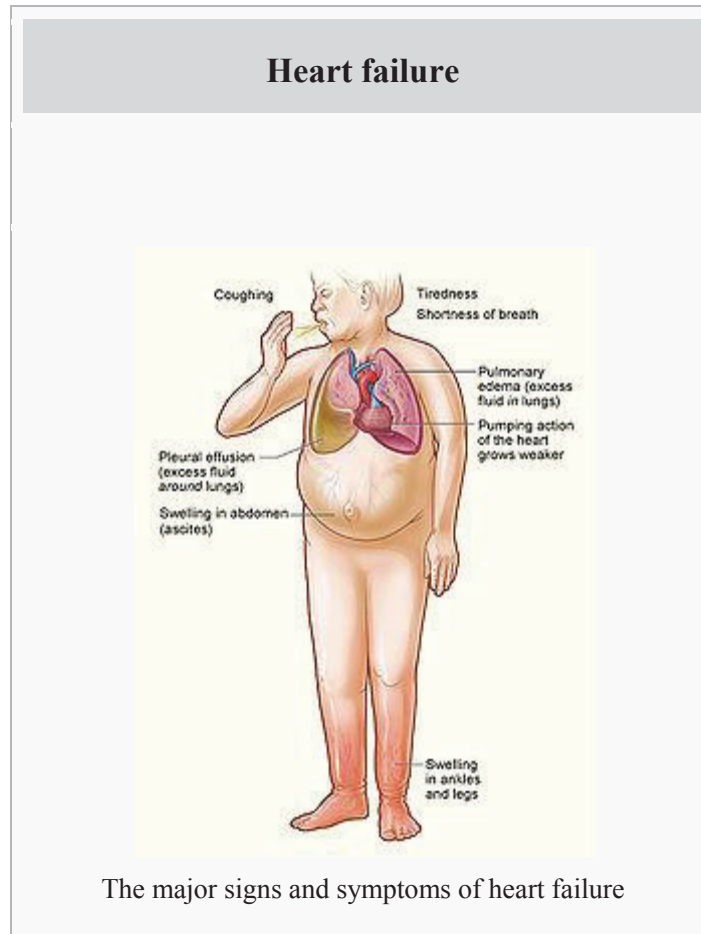
<p><b>Q:</b> Is an applicant eligible to purchase the regular plan if he underwent a <b>HEART BYPASS SURGERY/ CORONARY ARTERY BYPASS GRAFT (CABG) or HEART ANGIOPLASTY</b> 15 years ago and had a second one 5 years ago and is currently taking heart medication?</p>	<p><b>A: YES.</b> The applicant may qualify for the regular plan since we take the <u>most recent</u> <b>HEART BYPASS SURGERY/CORONARY ARTERY BYPASS GRAFT (CABG) or HEART ANGIOPLASTY</b> into consideration to determine the applicant's eligibility to be placed into one of our predetermined risk categories.</p>
<p><b>Q:</b> Is an applicant eligible to purchase the regular plan if he underwent a <b>HEART BYPASS SURGERY/CORONARY ARTERY BYPASS GRAFT (CABG) or HEART ANGIOPLASTY</b> more than 10 years ago and is taking <b>ASPIRIN</b> only or no medication at all?</p>	<p><b>A: NO.</b> An applicant who underwent a <b>HEART BYPASS SURGERY/CORONARY ARTERY BYPASS GRAFT (CABG) or HEART ANGIOPLASTY</b> more than 10 years ago is not eligible for the regular plan and must apply for customized Medical Underwriting.</p>
<p><b>Q:</b> Is an applicant who is taking <b>LASIX OR FUROSEMIDE</b> for <b>HIGH BLOOD PRESSURE (HYPERTENSION)</b> only eligible for the regular plan?</p>	<p><b>A: NO.</b> An applicant is not eligible for the regular plan regardless of what condition they are taking <b>LASIX OR FUROSEMIDE</b> for and must apply for customized Medical Underwriting.</p> <p><i><b>NOTE:</b> Other names for Lasix or Furosemide include Apo-furosemide and Novosemide.</i></p>
<p><b>Q:</b> Is an applicant eligible to purchase the regular plan if he has a diagnosis of <b>CONGESTIVE HEART FAILURE</b>?</p>	<p><b>A: NO.</b> An applicant diagnosed with <b>CONGESTIVE HEART FAILURE</b> is not eligible for the regular plan and must apply for customized Medical Underwriting.</p>

**Definition:** **Congestive Heart failure (CHF)** is generally defined as inability of the heart to supply sufficient blood flow to meet the body's needs.

The most common causes of heart failure are hypertension (high blood pressure) and coronary artery disease (for example, a patient has had a heart attack). Other structural or functional causes of heart failure include the following:

- Valvular heart disease
- Congenital heart disease
- Dilated cardiomyopathy
- Lung disease
- Heart tumour

Heart failure can cause a large variety of symptoms such as shortness of breath (typically worse when lying flat, which is called orthopnea), coughing, ankle swelling and exercise intolerance.



Treatment commonly consists of lifestyle measures (such as decreased salt intake) and medications.

**EXAMPLES of MEDICATION TREATING CONGESTIVE HEART FAILURE (CHF):** The applicants will often be treated with drugs such as **Coreg, Lasix or Furosemide**.

Other medications which can be given to treat CHF are vasodilators (e.g., Capoten/Captopril, Lisinopril/Zexril/Prinivil, **Lanoxin/Digoxin**, Enalapril/Vasotec). These medications can be given to treat other conditions such as angina or hypertension. When an applicant mentions one of these medications, please make sure to clarify what condition the applicant is treated for. In case of doubt, you must refer the applicant back to his physician for clarification of his medical condition.

**Definition: CABG (Coronary Artery Bypass Graft):** Is an open heart surgery that involves bypassing a blocked artery with a graft (vein or artery).

**Angioplasty:** Angioplasty is a medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the heart (coronary arteries) or the legs (PVD) or the kidney arteries. It can be used as an alternative to open heart surgery.

**Stent:** In medicine, a stent is a man-made 'tube' inserted into a natural passage/conduit in the body to prevent, or counteract, a disease-induced, localized flow constriction.

## PULMONARY

<p><b>Q:</b> Is an applicant who was diagnosed and treated for <b>CANCER OF THE LUNG</b> 7 months ago eligible to purchase a regular plan?</p>	<p><b>A: YES.</b> If an applicant was diagnosed or treated for cancer of the lung (excluding metastatic cancer), he is eligible for a regular plan. The pre-existing medical condition exclusion of the plan type he qualifies for will apply.</p> <p>However, if an applicant required the use home oxygen as a result of his cancer of the lung, no coverage is available.</p>
<p><b>Q:</b> Does an applicant have to answer “<b>YES</b>” to Question 7b (“Do you require customized Medical Underwriting?”) if he was prescribed a <b>PUFFER WITH A STEROID COMPONENT</b> for a <b>LUNG CONDITION</b>?</p>	<p><b>A: NO.</b> An applicant can answer “<b>NO</b>” to Question 7b as it refers to Prednisone <b>pills</b> only (or other generics such as Deltasone or Prednisolone). He is eligible for the regular plan.</p>

**Definitions:** **Respiratory Condition** means chronic obstructive pulmonary disease (COPD), asthma (excluding asthma and seasonal allergies NOT treated with prednisone or a generic), chronic bronchitis, emphysema or any other respiratory condition requiring the use of corticosteroids.

**Acute respiratory condition** means of sudden onset and short duration.

**Chronic respiratory condition** means the condition is ongoing or recurring. With chronic respiratory conditions there is recurring inflammation that can badly damage the lung and make the lung more susceptible to acute infections. A person with chronic respiratory conditions can also have acute infections on top of their chronic conditions.

**Chronic Obstructive Pulmonary Disease** means a non-reversible lung disease that is a combination of emphysema and chronic bronchitis; usually patients have been heavy cigarette smokers.

**Chronic bronchitis** is defined as a chronic cough and sputum production for at least 3 months a year for 2 consecutive years.

**Emphysema** means a condition in which the air sacs of the lungs are damaged and enlarged, causing breathlessness.

**EXAMPLES of ACUTE RESPIRATORY CONDITIONS:** pneumonia, bronchitis, rhinitis (common cold), acute sinusitis, strep throat, mononucleosis, laryngitis, pharyngitis, etc.

**EXAMPLES of CHRONIC RESPIRATORY CONDITIONS:** asthma, bronchiolitis, bronchiectasis, cystic fibrosis, chronic bronchitis, COPD, interstitial lung disease, pulmonary fibrosis, sarcoidosis, reactive airway disease, emphysema, etc.

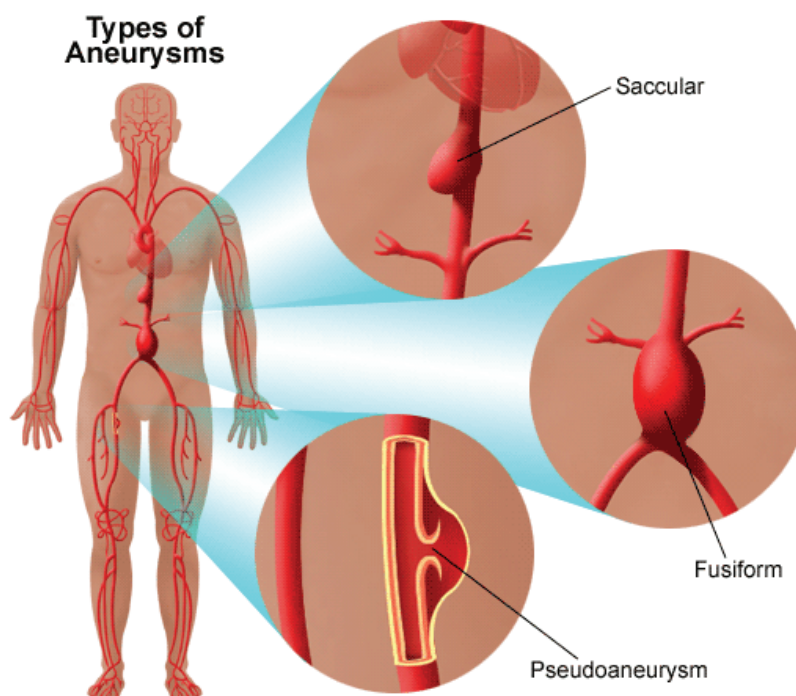
**EXAMPLES of GENERIC PREDNISONE PILLS:** Prednisolone, Deltasone, Dexamethasone, Methylprednisolone

## MISCELLANEOUS

<p><b>Q:</b> Does an applicant have to answer “YES” to Question 4 pertaining to <b>ORGAN TRANSPLANTS</b> if he has undergone <b>ANY KIND OF TRANSPLANT</b>?</p>	<p><b>A:</b> <b>NO.</b> The question targets <b>MAJOR ORGAN and BONE MARROW transplants</b>. Cornea, skin and eardrum transplants are excluded, as are sex change procedures.</p>
<p><b>Q:</b> Does an applicant who has an <b>ANEURYSM</b> of 3.0 cm which remains surgically untreated have to answer “YES” to Question 5 of the “<b>Do you require customized Medical Underwriting?</b>” section?</p>	<p><b>A:</b> <b>NO.</b> An applicant who has an <b>ANEURYSM</b> that is 3.0 cm is not required to answer “YES” to Question 5 of the “<b>Do you require customized Medical Underwriting?</b>” section, which targets unrepaired aneurysms of 3.5 cm or more. The applicant is eligible for the regular plan.</p>

**Definitions: Aneurysm:** An aneurysm is an abnormal widening or ballooning of a portion of an artery, related to weakness in the wall of the blood vessel. Some common locations for aneurysms include: aorta (the major artery from the heart), brain (cerebral aneurysm), leg (popliteal artery aneurysm), intestine (mesenteric artery aneurysm), and splenic artery aneurysm.

**Pseudoaneurysm:** Is known as a *false aneurysm*, this is a hematoma that forms as the result of a leaking hole in an artery. Note that the hematoma forms outside the arterial wall, so it is contained by the surrounding tissues. Also it must continue to communicate with the artery to be considered a pseudoaneurysm. A pseudoaneurysm is usually as a result of trauma (previous surgery for instance) whereas an aneurysm is usually from a congenital defect.



**Types of abdominal aneurysm repair:** There are two approaches to abdominal aortic aneurysm repair. The standard surgical procedure for AAA repair is called the open repair. A newer procedure is the endovascular aneurysm repair (EVAR).

**Abdominal aortic aneurysm open repair:** Open repair of an abdominal aortic aneurysm involves an incision of the abdomen to directly visualize the aortic aneurysm. The procedure is performed in an operating room under general anesthesia. The surgeon will make an incision in the abdomen either lengthwise from below the breastbone to just below the navel or across the abdomen and down the center. Once the abdomen is opened, the aneurysm will be repaired by the use of a long cylinder-like tube called a graft. Grafts are made of various materials, such as Dacron (textile polyester synthetic graft) or polytetrafluoroethylene (PTFE, a non-textile synthetic graft). The graft is sutured to the aorta connecting one end of the aorta at the site of the aneurysm to the other end of the aorta. Open repair remains the standard procedure for an abdominal aortic aneurysm repair.

Endovascular aneurysm repair (EVAR) is a minimally-invasive (without a large abdominal incision) procedure performed to repair an abdominal aortic aneurysm. EVAR may be performed in an operating room, radiology department, or a catheterization laboratory. The physician may use general anesthesia or regional anesthesia (epidural or spinal anesthesia). The physician will make a small incision in each groin to visualize the femoral arteries in each leg. With the use of special endovascular instruments, along with x-ray images for guidance, a stent-graft will be inserted through the femoral artery and advanced up into the aorta to the site of the aneurysm. A stent-graft is a long cylinder-like tube made of a thin metal framework (stent), while the graft portion is made of various materials such as Dacron or polytetrafluoroethylene (PTFE) and may cover the stent. The stent helps to hold the graft in place. The stent-graft is inserted into the aorta in a collapsed position and placed at the aneurysm site. Once in place, the stent-graft will be expanded (in a spring-like fashion), attaching to the wall of the aorta to support the wall of the aorta. The aneurysm will eventually shrink down onto the stent-graft.

## WHICH PLAN DO YOU QUALIFY FOR?

### CEREBROVASCULAR & PERIPHERAL VASCULAR DISEASES

<p><b>Q:</b> Is an applicant who has been diagnosed with outside of the timeframe of the question <b>CARDIOVASCULAR, CEREBROVASCULAR OR PERIPHERAL VASCULAR CONDITION</b> (e.g., MI, stroke, TIA, carotid artery disease, Amaurosis Fugax, etc.) and is only taking <b>ASPIRIN/ENTROPHEN</b> or <b>BABY ASPIRIN</b> for a preventative reason (prescribed or not), considered being treated for that condition? For example, an applicant had a TIA 6 years ago with no treatment, and started taking Aspirin 2 years later after hearing that it would be good for him.</p>	<p><b>A:</b> <b>NO.</b> The medical team does not consider taking Aspirin/Entrophen, or any other generic form of Aspirin, as being treatment for a diagnosis or history of cardiovascular or cerebrovascular conditions and of peripheral vascular disease.</p> <p><b>NOTE:</b> if the cardiovascular, cerebrovascular or peripheral vascular condition was diagnosed within the timeframe of the question, the applicant <b>MUST</b> answer “<b>YES</b>” regardless of taking Aspirin/Entrophen or baby Aspirin.</p>
<p><b>Q:</b> Does an applicant who has been diagnosed with, treated or hospitalized for, has been prescribed or taken medication for an <b>ANEURYSM</b>, a <b>STROKE (CVA)</b>, or a <b>MINI-STROKE (TIA)</b>, have to answer “<b>YES</b>” to the question concerning <b>PERIPHERAL VASCULAR DISEASE (PVD)</b>?</p>	<p><b>A:</b> <b>NO.</b> The medical team <b>does not</b> refer to aortic aneurysms (central and not peripheral) as <b>PVD</b>. We <b>do not</b> refer to the presence or absence of conditions such as <b>CVAs</b> or <b>TIAs</b> as <b>PVD</b>, although these may occur as a result of carotid artery disease. We also <b>do not</b> refer to venous problems of the legs, such as thrombophlebitis, deep vein thrombosis (<b>DVT</b>) or varicose veins as <b>PVD</b>.</p> <p><b>NOTE:</b> <i>The presence of conditions such as CVA or TIA will be identified and captured under their own respective questions within the application.</i></p>
<p><b>Q:</b> Does an applicant who has been diagnosed with an Amaurosis Fugax have to answer “<b>YES</b>” to <b>TIA</b>?</p>	<p><b>A:</b> <b>YES.</b> An applicant who has been diagnosed with an Amaurosis Fugax must answer “<b>YES</b>” to the questions pertaining to <b>TIA</b>.</p> <p><i>Refer to the definition below.</i></p>

**Definitions: Cerebrovascular:** Of or relating to the blood vessels that supply the brain. In regards to the medical questionnaire, Cerebrovascular refers to Cerebrovascular accident (CVA), stroke, transient ischemic attack (TIA), or mini-stroke.

**CVA (Stroke):** A stroke is an interruption of the blood supply to any part of the brain. A stroke is sometimes called a "brain attack." There are two kinds of strokes:

1. A blood vessel carrying blood to the brain is blocked by a blood clot. This is called an ischemic stroke.
2. A blood vessel breaks open, causing blood to leak into the brain. This is a hemorrhagic stroke.

**TIA (Mini-Stroke):** A transient ischemic attack is a "mini-stroke" caused by temporary disturbance of blood supply to an area of the brain, resulting in a sudden, brief decrease in brain function. It lasts less than 24 hours; usually less than one hour.

**PVD (peripheral vascular disease):** This refers to diseases of blood vessels outside the heart and brain.

**Amaurosis Fugax (AF):** Amaurosis fugax is loss of vision in one eye due to a temporary lack of blood flow to the retina. Amaurosis fugax is thought to occur when a piece of plaque in the carotid artery breaks off and travels to the retinal artery in the eye. Plaque is a hard substance that forms when fat, cholesterol, and other substances build up in the walls of arteries. Pieces of plaque can travel through the bloodstream. Vision loss occurs as long as the blood supply to the artery is blocked



## CARDIOVASCULAR

<p><b>Q:</b> Is a <b>HEART MURMUR</b> considered to be a <b>HEART CONDITION</b>?</p>	<p><b>A:</b> <b>YES. However</b>, an applicant with a heart murmur may answer “<b>NO</b>” to the relevant questions <u>ONLY IF</u> he meets ALL of the following conditions:</p> <ol style="list-style-type: none"> <li>1. His heart murmur was not diagnosed in the applicable period prior to the application date; and</li> <li>2. He has not been treated, hospitalized, been prescribed and/or taken medication (excluding Aspirin/Entrophen) in the applicable period prior to the application date for his heart murmur; and</li> <li>3. His heart murmur did not require monitoring, follow-up visit(s) or consultation with a specialist in the applicable period prior to the application date.</li> </ol> <p><b>NOTE:</b> <i>A heart murmur is considered a heart condition and if the applicant has been diagnosed with, been treated for, been prescribed and/or taken medication or been hospitalized for a heart murmur in the applicable period prior to the application date, he must answer “YES” to the relevant questions.</i></p>
<p><b>Q:</b> Is a <b>MITRAL VALVE PROLAPSE</b> considered to be a <b>HEART CONDITION</b>?</p>	<p><b>A:</b> <b>YES. However</b>, an applicant with a mitral valve prolapse may answer “<b>NO</b>” to the relevant questions ONLY IF he meets ALL of the following conditions:</p> <ol style="list-style-type: none"> <li>1. His mitral valve prolapse was not diagnosed in the applicable period prior to the application date; and</li> <li>2. He has not been treated, hospitalized, been prescribed and/or taken medication (excluding Aspirin/Entrophen and preventative antibiotic treatment prior to any dentist consultation) in the applicable period prior to the application date for his mitral valve prolapse; and</li> <li>3. His mitral valve prolapse did not require monitoring, follow up visit(s) or consultation with a specialist in the applicable period prior to the application date.</li> </ol> <p><b>NOTE:</b> <i>A mitral valve prolapse is considered a heart condition and if the applicant has been diagnosed with, been treated for, been prescribed and/or taken medication or been hospitalized for a mitral valve prolapse in the applicable period prior to the application date he must answer “YES” to the relevant questions.</i></p> <p><i>If the applicant suffers from symptomatic Valvular Heart Disease, secondary to mitral valve prolapse, this condition is considered a heart condition and he must answer “YES” to the relevant questions.</i></p>
<p><b>Q:</b> Are <b>PACEMAKERS, DEFIBRILLATORS, STENTS, SHUNTS AND ARTIFICIAL VALVES</b> considered continuous forms of treatment?</p>	<p><b>A:</b> <b>YES.</b> An applicant who has had a stent, pacemaker, defibrillator, shunt or artificial valve inserted is considered as being under treatment for the medical condition and must answer “<b>YES</b>” to the relevant questions.</p> <p><b>NOTE:</b> <i>Artificial hips and joints are NOT considered continuous forms of treatment.</i></p>

<p><b>Q:</b> Is an applicant who undergoes <b>ROUTINE UPKEEP</b> (change in battery/generator) of a <b>PACEMAKER</b> or <b>IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)</b> considered to have an <b>UNSTABLE HEART CONDITION</b>?</p>	<p><b>A: NO.</b> The battery of a Pacemaker or ICD is an integral part of the circuitry and therefore the entire device is replaced. This is a standard procedure in which the pacemaker or ICD leads that extend into the heart are disconnected from the old generator and connected to the new generator. Provided that the applicant's condition is otherwise stable, this would <b>NOT</b> be considered as an <b>UNSTABLE HEART CONDITION</b>.</p>
<p><b>Q:</b> Does an applicant who has been diagnosed with <b>HIGH BLOOD PRESSURE</b> (Hypertension) <b>AND A HEART CONDITION</b> and is only taking medication for high blood pressure have to answer <b>"YES"</b> to questions pertaining to treated <b>HEART CONDITIONS</b>?</p>	<p><b>A: YES.</b> The medical team assumes that the applicant is being treated for both conditions. If the applicant opposes, he must submit documentation from his physician explaining that the medication is prescribed for hypertension only. Upon reviewing this information, the medical team will determine the appropriate coverage.</p>

**Examples of various Heart Conditions:**

Angina (chest pain), Myocardial infarction (heart attack), Atrial fibrillation, Arrhythmia (irregular heartbeat), Congestive heart failure, Valvular heart disease, Mitral valve replacement, Coronary artery disease, Sick sinus syndrome, Aortic sclerosis, Endocarditis, etc.

## PULMONARY

<p><b>Q:</b> Does an applicant who has been diagnosed with <b>ASTHMA</b> 11 years ago and has continuously been prescribed a <b>PUFFER</b>, yet states that he <b>NEVER USES IT</b>, have to answer “<b>YES</b>” to questions pertaining to treated <b>LUNG CONDITIONS</b>?</p>	<p><b>A: YES.</b> Puffers are often prescribed on an “as needed” basis; therefore, if an applicant is <u>prescribed</u> a medication, he is considered to be <b>treated</b> even though he may not use it.</p>
<p><b>Q:</b> Does an applicant who has been prescribed a <b>PUFFER FOR ALLERGIES ONLY</b> have to answer “<b>YES</b>” to questions pertaining to treated <b>LUNG CONDITIONS</b>?</p>	<p><b>A: YES.</b> The medical team considers “allergies” as being allergy induced asthma, which is a <b>LUNG CONDITION</b>.</p>
<p><b>Q:</b> Does an applicant who has suffered a <b>PULMONARY EMBOLISM</b> have to answer “<b>YES</b>” to questions pertaining to <b>LUNG CONDITIONS</b>?</p>	<p><b>A: NO. PULMONARY EMBOLISM</b> is a condition that occurs when one or more arteries in the lungs become blocked. In most cases, pulmonary embolism is caused by blood clots that travel to the lungs from another part of the body — most commonly, the legs.</p> <p><b>NOTE:</b> <i>There is no question on the Application for which an applicant with a Pulmonary Embolism would be required to answer “YES”.</i></p>
<p><b>Q:</b> If an applicant who <b>DOES NOT HAVE</b> an underlying <b>LUNG CONDITION</b> but is prescribed puffers and/or antibiotics for a <b>LUNG CONDITION</b> for less than 15 days, does not require a follow up visit to a physician, hospitalization and/or referral to a specialist, and the treatment is completed more than 30 days prior to departure, have to answer “<b>YES</b>” to the question pertaining to <b>LUNG CONDITIONS</b>?</p>	<p><b>A: NO.</b> The condition is considered to meet the definition of a <b>MINOR AILMENT</b>.</p>
<p><b>Q:</b> If an applicant who <b>DOES HAVE</b> an underlying <b>LUNG CONDITION</b> is prescribed puffers and/or antibiotics for a lung condition for less than 15 days, but does not require a follow up visit to a physician, hospitalization and/or referral to a specialist, and the treatment is completed more than 30 days prior to departure, have to answer “<b>YES</b>” to the question pertaining to <b>LUNG CONDITIONS</b>?</p>	<p><b>A: YES.</b> If an applicant who is already being treated for or had a diagnosis of a chronic <b>LUNG CONDITION</b>, develops an acute infection (e.g., pneumonia) above their chronic condition, or if they have an aggravation (flare-up) of their chronic condition, they must to answer “<b>YES</b>” to a change in condition and treatment. <b>Because of their chronic lung disease, the applicant will never be considered to have a minor ailment with regard to their lungs.</b></p>
<p><b>Q:</b> Does an applicant who has been diagnosed with <b>CANCER</b> of the <b>LUNG</b> have to answer “<b>YES</b>” to Question 11d, pertaining to <b>LUNG CONDITIONS</b>?</p>	<p><b>A: NO.</b> An applicant who has been diagnosed with <b>CANCER</b> of the <b>LUNG</b> does not need to answer “<b>YES</b>” to question 11d, pertaining to <b>LUNG CONDITIONS</b>. The applicant would however be required to answer YES to any questions pertaining to <b>CANCER</b>, if the diagnosis occurred within the timeframe of the question.</p>

**Definitions:** **Minor ailment** means any sickness or injury which does not require: the use of medication for a period of greater than 15 days; more than one follow up visit to a physician, hospitalization, surgical intervention or referral to a specialist; and which ends at least 30 consecutive days prior to the departure date of each trip. However, a chronic condition or complications of a chronic condition are not considered a minor ailment.

**Stable** means any medical condition (other than a minor ailment) for which all the following statements are true:

- a. There has been no new diagnosis, treatment or prescribed medication.
- b. There has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type.

Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (provided that the dosage is not modified);

- c. There have been no new symptoms, more frequent symptoms or more severe symptoms.
- d. There have been no test results showing deterioration.
- e. There has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting the results of further investigations for that medical condition.

**Treated** means that you have been hospitalized, have been prescribed medication (including prescribed as needed), have taken or are currently taking medication or have undergone a medical or surgical procedure. Note that Aspirin/Entrophen is not considered treatment.

## DIABETES

<p><b>Q:</b> Does an applicant who is <b>CURRENTLY</b> being treated for <b>DIABETES</b> with an oral medication or insulin have to answer “<b>YES</b>” to Question 11a, pertaining to <b>DIABETES</b>?</p>	<p><b>A:</b> <b>YES.</b> An applicant with <b>DIABETES</b> treated with oral medication or insulin is required to answer Question 11a.</p>
<p><b>Q:</b> If an applicant is only following a <b>DIET TO TREAT DIABETES</b>, does he have to answer “<b>YES</b>” to the Question 11a?</p>	<p><b>A:</b> <b>YES.</b> An applicant with <b>DIABETES</b> treated only with diet must answer “<b>YES</b>” to Question 11a.</p>
<p><b>Q:</b> Does the applicant qualify for the same plan if he is a diabetic treated <b>WITH ORAL MEDICATION OR WITH INJECTABLE TREATMENT</b> (i.e., Insulin)?</p>	<p><b>A:</b> An applicant qualifies for the <b>SAME PLAN</b> whether he is taking oral medication or injectable medication.</p>
<p><b>Q:</b> If an applicant’s diabetic hypoglycemic agent is <b>CHANGED FROM ORAL</b> (i.e., Diabeta or Glucophage) <b>TO INJECTABLE</b> (Insulin) treatment, is the condition <b>CONSIDERED STABLE</b>?</p>	<p><b>A:</b> <b>NO.</b> This is considered as a change in medication and therefore the condition is <b>NOT</b> considered <b>STABLE</b>.</p>
<p><b>Q:</b> If the <b>INJECTABLE DIABETIC MEDICATION</b> (i.e., Insulin) is decreased or increased in dosage, is the condition considered <b>STABLE</b>?</p>	<p><b>A:</b> <b>YES.</b> Regulation of injectable diabetic medication is not considered a change in medication. <b>However</b>, if a <b>NEW INJECTABLE INSULIN</b> is added, this is considered as a change in medication and therefore <b>NOT</b> considered <b>STABLE</b>.</p>
<p><b>Q:</b> If an <b>ORAL DIABETIC MEDICATION</b> (i.e., Diabeta, Metformin, etc.) is decreased or increased or if there is a new oral diabetic medication added, is it considered <b>STABLE</b>?</p>	<p><b>A:</b> <b>YES.</b> A change in oral <b>DIABETIC MEDICATION DOSAGE</b> is <b>NOT</b> considered a change in medication. <b>However</b>, if a <b>NEW ORAL MEDICATION</b> is added, this is considered as a change in medication and therefore <b>NOT</b> considered <b>STABLE</b>.</p>
<p><b>Q:</b> Does an applicant who has Diabetes and who has been prescribed <b>ALTACE</b> as a <b>PREVENTATIVE MEASURE</b> for cardiovascular or kidney protection have to answer “<b>YES</b>” to questions pertaining to <b>HEART CONDITIONS</b> and <b>KIDNEY DISEASE</b>?</p>	<p><b>A:</b> <b>NO.</b> An applicant with <b>DIABETES</b> who is prescribed Altace and has <b>NO PRIOR HISTORY</b> of <b>HEART CONDITIONS</b> or <b>KIDNEY DISEASE</b> can consider Altace as a prevention in the development of these 2 conditions and not as treatment. <b>However</b>, if an applicant has any prior history of a <b>HEART CONDITION</b> or <b>KIDNEY DISEASE</b>, or of any other condition that would require the use of Altace, the medication will <b>NOT</b> be considered as preventative.</p>
<p><b>Q:</b> Does an applicant with a diagnosis of <b>DIABETES</b> in the last 5 years which is only treated with diet have to answer “<b>YES</b>” to Question 11a, <b>DIABETES</b>?</p>	<p><b>A:</b> <b>Yes.</b> If an applicant has a diagnosis of <b>DIABETES</b> in the last 5 years and is only treated with diet, he must answer “<b>YES</b>” to Question 11a as the diagnosis of <b>DIABETES</b> was made within the 5 year timeframe of the question and his Diabetes is treated with diet.</p>
<p><b>Q:</b> Does an applicant with a diagnosis of <b>DIABETES</b> 7 years prior to the application date, which is treated with diet only, have to answer “<b>YES</b>” to Question 11a, <b>DIABETES</b>?</p>	<p><b>A:</b> <b>Yes.</b> Although the diagnosis was made outside of the timeframe of the question, the <b>DIABETES</b> is still being controlled by diet, which is considered as treatment.</p>
<p><b>Q:</b> Does an applicant who has been diagnosed with <b>GLUCOSE INTOLERANCE</b> have to answer “<b>YES</b>” to any question on the application?</p>	<p><b>A:</b> <b>YES.</b> If an applicant has been diagnosed with glucose intolerance he must answer “<b>YES</b>” to Question 11a pertaining to <b>DIABETES</b> and <b>GLUCOSE INTOLERANCE</b>.</p>

**Definitions:** **Glucose Intolerance:** Pre-diabetes or glucose intolerance is a condition where blood glucose (blood sugar) levels are higher than normal but are not high enough to be called **Diabetes**. Pre-diabetes or glucose intolerance can lead to Type 2 diabetes, heart disease and stroke.

## GASTROINTESTINAL

<p><b>Q:</b> Is a <b>POLYP REMOVAL</b> considered <b>BOWEL SURGERY</b>?</p>	<p><b>A:</b> <b>NO.</b> Polyp removal is not considered bowel surgery, nor is it considered a <b>CHRONIC BOWEL DISEASE</b>.</p> <p><b>However</b>, if the polyp(s) caused <b>GASTROINTESTINAL BLEEDING</b>, an applicant must answer <b>YES</b> to t Question 9 OR if the polyp(s) was found to be <b>CANCEROUS</b>, the applicant must answer “<b>YES</b>” to Questions pertaining to <b>CANCER</b> if the diagnosis/treatment occurred within the timeframe of the question.</p>
<p><b>Q:</b> Does an applicant who refers to a “<b>CRISE DE FOIE</b>” have to answer “<b>YES</b>” to questions pertaining to <b>LIVER DISEASE</b>?</p>	<p><b>A:</b> <b>NO.</b> “<b>CRISE DE FOIE</b>” is a <b>GALLBLADDER ATTACK</b>, not a liver condition., If he has been diagnosed or treated for the condition he must answer “<b>YES</b>” to Question 9 pertaining to treated <b>GALLBLADDER DISEASE</b> if the diagnosis/treatment occurred within the timeframe of the question.</p>
<p><b>Q:</b> Does an applicant who was treated for or diagnosed with <b>DIVERTICULOSIS OR DIVERTICULITIS</b> have to answer “<b>YES</b>” to <b>CHRONIC BOWEL DISEASE</b>?</p>	<p><b>A:</b> As it relates to the medical questions on the application, <b>DIVERTICULOSIS AND DIVERTICULITIS</b> are <b>NOT</b> considered <b>CHRONIC BOWEL DISEASES</b>. Therefore, an applicant can answer “<b>NO</b>” to the question pertaining to treated <b>CHRONIC BOWEL DISEASES</b>.</p> <p><b>However</b>, it is possible that severe cases of Diverticular Disease can result in <b>GASTROINTESTINAL BLEEDING, BOWEL OBSTRUCTION or BOWEL SURGERY</b>. In such cases, an applicant must answer “<b>YES</b>” to the relevant question.</p>
<p><b>Q:</b> Does an applicant who is treated for or diagnosed with <b>IRRITABLE BOWEL SYNDROME (IBS)</b> have to answer “<b>YES</b>” to <b>CHRONIC BOWEL DISEASE</b>?</p>	<p><b>A:</b> <b>NO.</b> As it relates to the medical questions on the application, <b>IRRITABLE BOWEL SYNDROME</b> is <b>NOT</b> considered a <b>CHRONIC BOWEL DISEASE</b>. An applicant can answer “<b>NO</b>” to the question pertaining to treated <b>CHRONIC BOWEL DISEASES</b>.</p> <p><b>However</b>, it is possible that severe cases of IBS can result in <b>GASTROINTESTINAL BLEEDING, BOWEL OBSTRUCTION or BOWEL SURGERY</b> In such cases, an applicant must answer “<b>YES</b>” to the relevant question.</p>
<p><b>Q:</b> Does an applicant who had <b>HEPATITIS</b> have to answer “<b>YES</b>” to a <b>LIVER DISEASE</b>?</p>	<p><b>A:</b> <b>YES.</b> Hepatitis is a liver disease and therefore, an applicant must answer “<b>YES</b>” to the questions pertaining to <b>LIVER DISEASE</b>.</p>
<p><b>Q:</b> Does an applicant who has common bile duct stones after having his gallbladder removed have to answer “<b>YES</b>” to <b>GALLBLADDER DISEASE</b>?</p>	<p><b>A:</b> <b>NO.</b> If an applicant has an episode of stones following the removal of his gallbladder then he can answer “<b>NO</b>” to the question.</p>

**Definition:** **Bowel Obstruction:** Involves a partial or complete blockage of the bowel that results in the failure of the intestinal contents to pass through.

**Examples of CHRONIC BOWEL DISEASES:** Crohn’s disease, Ulcerative Colitis, etc.

**Examples of CAUSES FOR GASTROINTESTINAL BLEEDING:** Any of the chronic bowel diseases listed above, as well as polyps, stomach ulcers, esophageal varices or cancer of the intestines.

## CANCER

<p><b>Q:</b> Does an applicant who had a <b>LUMPECTOMY OR MASTECTOMY</b> (resection) and was also treated with Tamoxifen, Femara or Arimidex have to answer “<b>YES</b>” to question pertaining to <b>CANCER</b>?</p>	<p><b>A: YES.</b> An applicant must answer “<b>YES</b>” to the question pertaining to treated <b>CANCER</b> if the surgical treatment occurred within the timeframe of the question.</p> <p>If the surgical treatment occurred outside of the timeframe of the question and was solely treated with Tamoxifen, Femara or Arimidex only within the timeframe of the question, the applicant may answer “<b>NO</b>”.</p>
<p><b>Q:</b> Is an applicant who is taking an <b>ANTI-CANCER DRUG</b> to prevent recurrence of the cancer considered as being treated for that condition?</p>	<p><b>A: YES.</b> If the applicant has been treated for the condition, including treated with <b>ANTI-CANCER DRUGS</b> (excluding Breast Cancer treated only with Tamoxifen, Femara or Arimidex during the timeframe of the question), he must answer “<b>YES</b>” to the questions pertaining to treated <b>CANCER</b>.</p>
<p><b>Q:</b> Does an applicant who has been diagnosed with cancer of the bowel or kidney or pancreas or liver have to answer “<b>YES</b>” to Question 9?</p>	<p><b>A: NO.</b> An applicant who has been diagnosed with cancer of the bowel or kidney or pancreas or liver is required only to answer “<b>YES</b>” to question 11 f. pertaining to <b>CANCER</b>. Regardless of the location of the cancer, the applicant is only required to answer “<b>YES</b>” to the <b>CANCER</b> question, 11f.</p>

**Definitions: Cancer treatment:** The three most common types of cancer treatment are surgery, radiotherapy and chemotherapy. Treatment is aimed at removing the cancer cells or destroying them in the body with medicines or other agents.

**Surgery** is performed if the tumour is localized and can be safely "cut out", but it may not be possible if the cancer has spread to other areas of the body or if the tumour cannot be removed without damaging vital organs.

**Radiotherapy** uses radiation in the forms of a special kind of x-ray, gamma rays or electrons to damage cancer cells so that they cannot multiply.

**Chemotherapy** uses medicines to attack the cancer cells.

These three types of cancer treatment are often done in combination; for example, surgical removal of a tumour followed up with radiotherapy or chemotherapy.

## MISCELLANEOUS

<p><b>Q:</b> When is an <b>INFECTION</b> considered to be a condition?</p>	<p><b>A:</b> <b>An infection is always a condition.</b> Every diagnosis in medicine is a condition. What is important is to determine whether or not the condition meets the definition of a minor ailment as outlined in the policy.</p>
<p><b>Q:</b> Does an applicant have to answer “<b>YES</b>” to any question if he only takes <b>CHOLESTEROL MEDICATION</b>?</p>	<p><b>A:</b> <b>YES.</b> An applicant must answer “<b>YES</b>” to question 14b as elevated cholesterol (Hyperlipidemia) is considered a medical condition.</p>
<p><b>Q:</b> If an applicant does not meet the stability requirement of his plan due to a <b>CHANGE IN CHOLESTEROL MEDICATION</b>, is coverage for cardiovascular and cerebrovascular conditions affected?</p>	<p><b>A:</b> An applicant with a pre-existing cholesterol condition that was not stable, as defined in the policy, during the pre-existing stability period required by the corresponding plan would NOT have coverage for losses or expenses incurred as a result of, in connection with or in any way associated with cholesterol.</p> <p>If a claim arises due to a new or previously stable <b>HEART CONDITION</b> or <b>STROKE</b>, unstable cholesterol would only affect the coverage if it was a contributing cause to the <b>HEART CONDITION</b> or <b>STROKE</b> and there would be no coverage.</p> <p>If the unstable cholesterol did not contribute to the new or previously stable <b>HEART CONDITION</b> or <b>STROKE</b>, it would not be used as a basis to deny coverage.</p>
<p><b>Q:</b> If an applicant does not meet the stability requirement of his plan due to a <b>CHANGE IN HIGH BLOOD PRESSURE (Hypertension) MEDICATION</b>, is coverage for cardiovascular and cerebrovascular conditions affected?</p>	<p><b>A:</b> An applicant with pre-existing high blood pressure that was not stable, as defined in the policy, during the pre-existing stability period required by the corresponding plan would NOT have coverage for losses or expenses incurred as a result of, in connection with or in any way associated with high blood pressure.</p> <p>If a claim arises due to a new or previously stable <b>HEART CONDITION</b> or <b>STROKE</b>, unstable high blood pressure would only affect the coverage if it was a contributing cause to the <b>HEART CONDITION</b> or <b>STROKE</b> and there would be no coverage.</p> <p>If the unstable high blood pressure did not contribute to the new or previously stable <b>HEART CONDITION</b> or <b>STROKE</b>, it would not be used as a basis to deny coverage.</p>
<p><b>Q:</b> Does an applicant have to answer “<b>YES</b>” to the questions pertaining to smoking cigarettes if he has <b>SMOKED CIGARS, A PIPE, MARIJUANA OR IF HE HAS CHEWED TOBACCO</b> in the applicable period?</p>	<p><b>A:</b> <b>NO.</b> The question targets cigarette smokers only.</p>



<p><b>Q:</b> Why do we TARGET <b>CIGARETTE SMOKERS ONLY</b> rather than users of other tobacco products as well?</p>	<p><b>A:</b> The Medical Team targets cigarette smokers only because cigarette smoking has a strong association with the development of many of the major critical illnesses such as but not limited to heart disease, hypertension, stroke, mini-stroke, and peripheral vascular disease.</p>
<p><b>Q:</b> If an applicant’s medication is changed from twice a day to once a day with no change in total dosage amount, is this considered a change in medication affecting his stability? (e.g., an applicant taking 2 caplets of 20 mg daily had his prescription modified to 1 caplet of 40 mg daily)</p>	<p><b>A: NO.</b> A change in medication with the intent to combine various doses of medication into one unique dose, while maintaining the same medication and prescription, is not considered a change in medication and the applicant would still be considered stable.</p>
<p><b>Q:</b> Is an applicant who is taking an <b>EXPERIMENTAL DRUG</b> for a condition considered as being treated for that condition?</p>	<p><b>A: YES. EXPERIMENTAL DRUGS</b> are considered as treatment and an applicant who has taken an <b>EXPERIMENTAL DRUG</b> within the timeframe of any questions pertaining to the condition for which he has taken the <b>EXPERIMENTAL DRUG</b> must answer “<b>YES</b>” to those questions.</p>

**Definitions: Experimental Treatment:** To be part of a study for a drug not yet licensed for general use.

**Carotid Artery Stenosis:** Narrowing of the carotid arteries. These are the main arteries in the neck that supply blood to the brain

**Smoker:** The Medical Team defines a smoker as someone who smokes one or more cigarettes per week.

**Alzheimer’s Disease:** Accounting for 60% to 70% of senile dementias, Alzheimer’s disease is a progressive mental deterioration manifested by loss of memory, inability to calculate, deterioration of visual-spatial orientation, confusion and disorientation.

**Dementia:** Dementia is a deterioration of cognitive abilities that impairs the previously successful performance of activities of daily living. The signs and symptoms that may be seen are: memory problems and disorientation, aggression, sleep disturbance, incontinence, constipation, wandering and falls, communication difficulties, depression, psychotic features, failure to recognize family members and familiar surroundings and malnutrition. With patients with dementia, infections, especially urinary tract infections and chest infections, tend to cause rapid worsening of confusion.

**Sleep Apnea:** Sleep apnea is a sleep disorder characterized by pauses in breathing during sleep. Each episode, called apneas, lasts long enough so that one or more breaths are missed, and occurs repeatedly throughout sleep.

**CPAP (continuous positive airway pressure):** A CPAP machine is used mainly by patients for the treatment of sleep apnea at home. The CPAP machine delivers a stream of compressed air via a hose to a nasal pillow, nose mask or full-face mask, splinting the airway (keeping it open under air pressure) so that unobstructed breathing becomes possible, reducing and/or preventing apneas.

**Regular check-up:** Is any standard or customary medical examination unrelated to any specific medical condition and is carried out for the purpose of screening, health monitoring or preventive care and may include routine medical tests and investigations.