

No benefit shall be payable for any of the following services, products or conditions or injuries resulting from:-

1. Plastic/Cosmetic surgery or treatment including (but not limited to) for e.g. double eyelids, acne, keloids, scars, skin tags, gynaecomastia, diffused alopecia / hair loss, etc., or treatment of their complications.
2. Care and treatment that is experimental, investigative or unproven services and not according to accepted professional standards and / or is not medically necessitated. This exclusion includes (but is not limited to) treatments such as:
 - (i) stem cell treatment, related workout and any complications arising thereafter
 - (ii) blood surety,
 - (iii) Hormone therapy and hormone replacement therapy except for surgically induced menopause.
 - (iv) surgical treatment specifically for weight reduction or gain.
3. Treatment for injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind altering substance, or suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
4. Any treatment, services and supplies for smoking cessation programs and the treatment for or arising from substance abuse such as alcohol, narcotics, etc.
5. Private nursing care, custodial care in any setting or house calls engaged by Covered Member or services for rest cure provided by rest / nursing home purely for recuperative purposes.
6. Mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Sexual dysfunction and tests or treatment related to impotence or sterilization.
7. Investigation and treatment relating to pregnancy including childbirth, Ectopic Pregnancy and Vesicular Mole and all complications arising therefrom. However this exclusion does not apply to any miscarriage of below twenty-eight (28) weeks due to accidental causes under the Basic Certificate coverage but is subject to its limitations for such coverage. If however, a Covered Member has Maternity Benefit coverage, it shall be subject to its respective benefit limitations.
8. Sex transformation surgery and sex hormone therapy related to such surgery.
9. Circumcision unless medically necessary for treatment of a disease.
10. Conditions related to sexually transmitted diseases, AIDS and AIDS Related Complex or its sequelae, and any communicable diseases requiring quarantine by law.
11. Alternative therapies such as (but not limited to) Acupuncture, Acupressure, Chiropractic, Osteopathy, Reflexology, Bonesetting, Massage, Aroma Therapy, Herbal, Podiatric, Dietetic consultation and treatment, education services/therapies & Traditional Complimentary Medicine etc.
12. Vitamins/Supplements, Herbal Cures, Anti-Obesity / Weight Reducing Agents, Eye Lubricants and any over the counter purchases of supplements, medicines or outpatient prescribed and non-prescribed medical supplies.
13. Soaps, Shampoos, Cleansers, Vitamin Creams, Vitamin Ointment, Moisturizers, Lubricants, Anti-Aging, Fairness Treatment and any product with similar effect.
14. Psychotic, mental or nervous disorders and behavioral conditions including any neurosis and their physiological or psychosomatic manifestations.

15. Any treatment or assessment for Congenital Conditions, hereditary or developmental aliements, deformities and any Disability or complications arising therefrom inclusive of but not restricted to such as dermoid cycts, childhood hernias / hydrocele (all hernia up to age of six is not covered), clubfoot, Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Thalassemia, Squint, Haemangioma, Traditional Complimentary Medicine etc.
16. Diseases or disabilities of a newborn child contracted prior to or during birth or within the first fourteen (14) days thereafter.
17. Allergy testing - blood / topical including patch test.
18. Hospitalisation primarily for investigatory purposes, routine physical examinations, health check-ups, preventive treatments and diagnostic tests not incidental to treatment or diagnosis of a covered Disability.
19. Speech and Occupational therapy when not part of a rehabilitation program following hospitalisation due to trauma, unless it is a follow-up to an inpatient Disability and subject to its limitations.
20. Any corrective treatment for refractive errors inclusive of but not limited to the following such as Orthoptics, Visual stimulation, Radial Keratotomy, Lasik, Intralase, Xyoptics, phacik IOL implant or intra-ocular lenses replacement surgery
21. All corrective glasses or contact lenses, except monofocal intraocular lenses in cataract surgery.
22. Dental conditions including:-
 - (i) Dental care / treatment or oral surgery except as necessitated by Accidental Injuries. However to exclude the replacement of natural teeth, placement of denture and prosthetic services such as bridges & crowns of their replacement for Accidental Injury cases.
 - (ii) Upper and lower jawbone surgery except for direct treatment of acute traumatic Injury or cancer.
 - (iii) Orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.

Otherwise a Covered Member must have Dental Benefit coverage, subject to its limitations
23. Use or acquisition of all appliances (e.g. artificial limbs, hearing aids, aero chambers and equipment for nebulising, Continous positive airway pressure (CPAP), Continous ambulatory peritoneal dialysis(CAPD), orthopedic pads) and the rental charges of such devices except during hospital confinement under the Basic Certificate coverage but is subject to its limitation for such coverage. If however, a Covered Member has Major Medical Benefit coverage, it shall be subject to its respective benefit limitations.
24. Effects from radiation or contamination by radioactivity from any source.
25. War, riot, rebellions, insurrection, civil commotion, explosion of war weapons, terrorism related activity, active duty in any armed forces, direct participation in strikes, nuclear war, biological and chemical warfare/activities.
26. Services of a non-medical nature provided by a hospital such as television, telephone, fax, radio or similar facilities. Admission kit/pack and other ineligible non-medical items (except for registration fees incurred during hospitalization only). Charges for these services must be paid by the Covered Member prior to discharge from hospital or daycare centre unless otherwise specified.
27. Out-Patient physical therapy or physiotherapy is not covered and cannot be referred at GP level. This service would only be covered when referred by a Specialist and treatment must be provided by a registered physiotherapist provided that a Covered Member is confined for the first time as an in-patient in a Hospital for the said treatment, under the Certificate coverage, subject to its limitations.

28. Outpatient rehabilitation therapy, chemotherapy, radiation therapy, immunotherapy, photodynamic therapy, kidney dialysis and other selected medically necessary treatment protocols, unless a Covered Member is confined for the first time as an in-patient in a Hospital for the said treatment, under the Certificate coverage, subject to its respective benefit limitations.
29. Preventive vaccinations except those stated under the guideline of Ministry of Health Malaysia that are applicable to eligible children only (subject to Out-Patient benefit limit, if any).
30. Expenses incurred for donation of any body organ by a Covered Member and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
31. Investigation and treatment of sleep and snoring disorders.
32. Expenses incurred for contact lens, use of cosmetic topically / orally / surgical procedures and any complications arising therefrom.
33. Sickness or injury from illegal activities, playing professional sports, racing of any kind (except foot racing) or hazardous sports such as but not limited to sky diving, base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, water skiing, scuba diving to depth of more than ten (10) meters, trekking to a height of over two thousands five hundreds (2,500) meters, bungee jumping, canyoning, handliding, paragliding or microlighting, parachuting, potholing, skiing of piste or any other winter sports activity carried out off piste.
34. Any treatment which only offers temporary relief of symptoms on any long term illness and disease rather than dealing with the underlying medical condition.
35. More than one (1) Outpatient Consultation per day to a General Practitioner.
36. Chronic Illness such as Diabetes, High Blood Pressure, Asthma, Hepatitis B and C carriers, nerve disorders or degenerative Disease, endometriosis, transverse myelitis and conditions arising therefrom or associated therewith.