



## EXCLUSIONS

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

1. 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 except as medically necessitated by accidental injuries within six months from primary treatment. For the purposes of this exclusion “primary treatment” means the first treatment receives in treating an accidental injury
2. Care and treatment that is experimental, investigative and not according to accepted professional standards and / or is not medically necessitated. This exclusion includes (but is not limited to) treatments such as:
  - stem cell treatment, related workout and any complications arising thereafter,
  - blood surety,
  - treatment for [menopause](#) disorders, except for surgically induced [menopause](#).
3. Treatment for injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind altering substance or injuries which are self inflicted while sane or insane.
4. Any treatment for or arising from substance abuse such as alcohol, narcotics, etc.
5. Private nursing care or house calls engaged by Insured Person or services for rest cure provided by rest / nursing home purely for recuperative purposes.
6. Contraceptive medications and devices, sterilization procedures or treatment for its complications, reversal of such procedures and the work up or treatment of sexual dysfunction or infertility
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 28 weeks due to accidental causes under the Basic Group Health Plan coverage but is subject to its limitations for such [coverage](#). If however, an Insured Person 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, etc.
12. Vitamins, Food Supplements, Herbal Cures, Anti Obesity / Weight Reducing Agents, Eye Lubricants and any off the counter purchases of supplements or medicines.
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, hereditary or developmental ailments, deformities and any disability or complications arising therefrom inclusive of but not restricted to such as dermoid cysts, 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 15 days thereafter.
17. Allergy testing - blood / topical including patch test.
18. 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 hospitalization 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. Any dental treatment or surgery except when required due to an injury sustained in an accident under Basic Group Health Plan coverage, subject to its limitations. Otherwise an Insured Person must have Dental Benefit coverage, subject to its limitations.
23. Use or acquisition of all external appliances (e.g. artificial limbs, hearing aids, aero chambers and equipment for nebulising, Continuous positive airway pressure (CPAP), Continuous ambulatory peritoneal dialysis(CAPD), orthopedic pads) and the rental charges of such devices except during hospital confinement under the Basic Group Health Plan coverage but is subject to its limitation for such coverage. If however, an Insured Person 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, nuclear war, biological and chemical warfare/activities.
26. Illness or injury sustained during air travel except as a fare paying passenger on a recognized airline operating on scheduled air routes and air travel by any chartered aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports.
27. Services of a non-medical nature provided by a hospital such as television, telephone, fax, radio or similar facilities. Charges for these services must be paid by the Insured Person prior to discharge from hospital or daycare centre unless otherwise specified.
28. 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. An Insured Person must have Basic Group Health Plan coverage, subject to its limitations.
29. Outpatient rehabilitation therapy, chemotherapy, radiation therapy, immunotherapy, photodynamic therapy, kidney dialysis and other selected treatment protocols (e.g antiviral / interferon therapy for hepatitis / multiple sclerosis, Lucrin injections for endometriosis, intra articular injections, etc), unless an Insured Person has the basic Group Health Plan coverage, subject to its respective benefit limitations.

30. Preventive vaccinations except for the following that are applicable to eligible children only (subject to Out-Patient benefit limit, if any): -
- BCG (booster);
  - Hepatitis B (infants up to 1 year old);
  - Triple Antigen & TetrAct Hib (infants up to 1 year old);
  - Double Antigen (booster), including Oral Polio;
  - MMR;
  - Rubella.
31. Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
32. Investigation and treatment of sleep and snoring disorders.
33. Expenses incurred for contact lens, use of cosmetic topically / orally / surgical procedures and any complications arising therefrom.

**(THE FOLLOWING EXCLUSION IS ONLY APPLICABLE TO OUT-PATIENT CLINICAL BENEFIT (GP & SP) STAND ALONE POLICY)**

34. **Out-Patient surgical procedures** as per the Insurer's Surgical Schedule (as per Attachment 1) are not covered for Members with Out-Patient GP Care only or Out-Patient GP Care and Specialist Care Only.