

EXCLUSIONS

This contract does not cover any hospitalization, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

1. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
2. Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the period of insurance.
3. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases requiring quarantine by law.
4. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
5. Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
6. Hospitalization primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
7. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
8. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
9. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
10. 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.
11. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, massage or aroma therapy or other alternative treatment.
12. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
13. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
14. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
15. Sickness or Injury arising from racing of any kind (except foot racing), hazardous spots such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
16. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
17. Expenses incurred for sex changes.
18. Chronic Illness such as Diabetes, High Blood Pressure, Asthma, Hepatitis B and C carries, Nerve Disorders or Degenerative Disease, Endometriosis, Transverse Myelitis and conditions arising therefrom or associated therewith.

OUTPATIENT GP TREATMENT

This Policy does not cover any claim arising directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

1. More than one (1) Outpatient Consultation per day to a General Practitioner.
2. Consultation made on the day of surgical operation or during convalescence therefrom, if cover for such operation is available under a Hospital & Surgical Insurance Policy.
3. Drugs or medicine purchased without doctor's prescription and X-Ray Examination or Laboratory Tests without doctor's recommendation.
4. Private nursing care and house calls by Doctors for any reasons.
5. Plastic/Cosmetic Surgery or treatment, or treatment of their complications (inclusive of double eyelids, acne, keloids etc).
6. Care and treatment that is experimental, investigative and not according to accepted professional standards and care that is not Medically Necessary.
7. 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.
8. Any treatment for or arising from substance abuse such as alcohol, narcotics, etc.
9. Private nursing care engaged by Insured Person or services for rest cures or sanatoria care provided by rest/nursing home for purely recuperative purposes.
10. Contraceptive medications and devices, sterilisation procedures, treatment for complications, reversal of such procedures and the work up or treatment of sexual dysfunction or infertility.
11. Investigation and treatment relating to pregnancy including prenatal, childbirth, postnatal, abortion or miscarriage and all complications arising therefrom.
12. Hormone therapy
13. Any circumcision unless Medically Necessary.
14. Conditions related to sexually transmitted Disease, AIDS and AIDS Related Complex or its sequelae.
15. Alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.

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16. Vitamins, Food Supplement, Herbal Cures, Anti-Obesity/Weight Reducing Agents including off the counter medications.
17. Soaps, shampoos, vitamin creams and vitamin ointment.
18. Psychotic, mental, nervous disorders and behavioral conditions including neurosis, physiological or psychosomatic manifestations.
19. Treatment, therapy for congenital or hereditary Diseases, deformities and Disabilities and any medical or surgical complication arising therefrom e.g. childhood hernias, clubfoot, Ventricular Septal Defect, Atrial Septal Defect, Thalassemia etc.
20. Diseases or Disabilities of a newborn Child contracted prior to or during birth of within the first 30 days hereafter.
21. Blood and topical allergy testing.
22. Routine physical examination, health check-ups or tests not incidental to treatment or diagnosis of a covered Disability.
23. Speech and Occupational Therapy.
24. Any process solely for the determination of eye refraction, lazy eye and the correction of the same by radial keratotomy, orthoptic or visual training or by any other means.
25. Supply of corrective glasses or contact lens or any associated material for the correction of visual acuity.
26. Any dental treatment or Surgery except when required due to an Injury sustained in an Accident.
27. Investigation and treatment of sleep and snoring disorders.
28. Outpatient physical therapy or physiotherapy is not covered and cannot be referred by General Practitioner level. This service would only be covered when referred by a Specialist and treatment must be provided by a registered physiotherapist.
29. Outpatient rehabilitation therapy, chemotherapy, radiation therapy, immunotherapy, photodynamic therapy and kidney dialysis.
30. Preventive Vaccinations / Immunisations except for the mandatory vaccinations stated under the guidelines of the Ministry of Health Malaysia that are applicable to eligible Children only.
31. Expenses incurred for sex changes.
32. Any treatment directed towards developmental delays and/or learning disabilities in Insured Children.
33. Any communicable diseases requiring quarantine by law.
34. Chronic Illness such as Diabetes, High Blood Pressure, Asthma, Hepatitis B and C carries, Nerve Disorders or Degenerative Disease, Endometriosis, Transverse Myelitis and conditions arising therefrom or associated therewith.

EMERGENCY MEDICAL EVACUATION / REPATRIATION

This Policy does not cover any claim arising directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

1. Any event occurring when the Insured Person is within the territory of Malaysia or is in the Place of Residence in Malaysia.
2. Any expense, if the Insured Person is not suffering from a Serious Medical Condition or if the treatment can be reasonably delayed until the Insured Person returns to Malaysia or his/her Place of Residence within Malaysia.
3. Any expense, if the emergency assistance is not provided by the Approved Assistance Provider.
4. An Insured Person who is physically able to return to his/her country of residence as a seated passenger and without medical escort (unless excepted by the Approved Assistance Provider's duty doctor).
5. Any expense, if the Insured Person is travelling outside Malaysia or travelling from the Place of Residence within Malaysia contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident or illness.

Note: Exclusions Number 1 to 5 are applicable only for Emergency Medical Evacuation.

6. Any treatment or expense related to childbirth, pregnancy, (except abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn children) and in any event childbirth, miscarriage (spontaneous abortion) or pregnancy after sixth (6th) month thereof.
7. Any expense incurred for emotional, mental illness and psychiatric disorder as opposed to physical and strictly medical reason.
8. Self-inflicted injury, suicide, drug addiction or abuse, alcohol abuse, sexually transmitted diseases, acquired immune deficiency syndrome (AIDS) or any AIDS related conditions or diseases.
9. Any expense resulting from participation in war, riot or civil commotion, strikes, rebellion or any illegal act resulting in imprisonment or while engaging in or participating in any police, naval, military or air force operations of an offensive nature planned or conducted by the Civil or Military Authorities against bandits, terrorist, or other elements.
10. Any expense in respect of the Insured Person who is more than sixty (60) years old next birthday at the date of the intervention unless otherwise agreed by endorsement in the Policy Schedule.
11. Any expense in respect of an Insured Person who is under the influence of drugs other than those prescribed by a doctor as well as consequence of alcohol abuse.
12. Any expense related to accident or injury occurring while the Insured Person is engaged in mountaineering or rock climbing necessitating the use of guides or ropes, potholing, skydiving, parachuting, ballooning, hang-gliding, deep sea diving utilising hard helmet with air hose attachments, racing of any kind other than on foot and all professional sports unless otherwise agreed by endorsement in the Policy Schedule.
13. Any expense incurred in the conduct of a burial.
14. Direct or indirect effects of nuclear reactions.