

GENERAL EXCLUSIONS

Standard General Exclusions are services this Insurance Policy does not cover, but not limited to, amongst other things, expenses arising directly or indirectly from the following:

1. Any Medical Services that are not performed by Authorized Healthcare Service Providers. That is to say, all services should start by an authorized Doctor, otherwise, the services are void.
2. All cosmetic & Plastic services and all related conditions and complications.
3. Services rendered by any medical provider relevant to a patient, for example, the Insured person and the Insured member's family, including spouse, brother, sister, parent, or child.
4. Any inpatient treatment, tests, and other procedures that can be carried out on an outpatient basis without jeopardizing the Insured Person's health.
5. All medications that are not registered, or registered and related to an excluded illness or not related to the main diagnosis.
6. Any test or treatment for purposes other than medical, such as tests related to employment, travel, licensing, or insurance purposes, and annually arranged check-ups.
7. Healthcare Services that are not medically necessary and/or not related to a specific disease or symptoms.
8. Healthcare services, treatments & associated expenses for alopecia, acne, baldness, hair falling, dandruff, or wigs.
9. Mental Health diseases, in-patient and out-patient treatments.
10. All expenses relating to optical (frames and Lenses) and dental treatment, dental prostheses, and orthodontic treatments, unless specified in the Table of Benefits.
11. Domiciliary care; private nursing care; care for the sake of traveling.
12. Custodial care includes non-medical treatment services or health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient. Personal comfort and convenience items (television, barber or beauty service, guest service, and similar incidental services and supplies).
13. Healthcare services and associated expenses for breast implants.
14. Surgical and non-surgical treatment for obesity (including morbid obesity) and any other weight control programs, services, or supplies.

15. Medically non-approved experimental, research, investigational healthcare services, treatments, devices, and pharmacological regimens.
16. Supplies, treatment, and services for smoking cessation/alcohol cessation programs and the treatment of nicotine addiction.
17. Non-medically necessary Amniocentesis.
18. Treatment, services, and surgeries for sex transformation, sterility, and sterilization.
19. Treatment and services related to fertility/sterility (including varicocele, polycystic ovary, ovarian cyst, hormonal disturbances, and sexual dysfunction).
20. Assistant Prosthetic devices and consumed medical equipment such as wheelchairs, walkers, and prosthetics, unless specified in the Table of Benefits.
21. Treatments and services arising as a result of hazardous activities, including but not limited to aerial flight, any kind of power-vehicle race, water sports, horse riding, mountaineering, violent sports such as judo, boxing, wrestling, bungee jumping, and any professional sports activities.
22. Costs associated with hearing tests, vision corrections, prosthetic devices, or hearing and vision aids.
23. Undeclared pre-existing conditions. (Not applied for Foreign Resident Policy).
24. Medical supplies (including elastic stockings, bandages, gauze, syringes, diabetic test strips, and similar products; non-prescription drugs and treatments, except if such supplies are required as a result of healthcare services rendered during a medical emergency).
25. Preventive services, including vaccinations, immunizations, desensitization, or any psychiatric or psychological examinations or testing during these examinations, unless specified in the Table of Benefits.
26. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during treatment for in-patient cases covered under the policy.
27. Healthcare services and treatments using acupuncture, acupressure, hypnotism, massage therapy, aromatherapy, homeopathic treatments, and all forms of alternative medicine, unless specified in the Table of Benefits.
28. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transport, ovum, and male sperm transport.

29. Elective diagnostic services and medical treatment for the correction of vision and hearing.
30. Rhino-septoplasty.
31. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related tests, treatments, or procedures.
32. Birth defects and congenital diseases, unless for newborns during the policy period and added from the date of birth (notification must be done directly after the mother's discharge and within the first 10 days).
33. Healthcare services for senile dementia and Alzheimer's disease.
34. All supplies that are not considered medical treatments, including but not limited to mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos, and vitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions that should be evidenced by lab/radiological means) and all equipment not primarily intended to improve a medical condition or injury, including but not limited to air conditioners, air purifying systems, arch supports, exercise equipment, and sanitary supplies.
35. Cost of organ and tissue transplants.
36. Injuries or illnesses suffered by the Insured Person as a result of military operations of any type.
37. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of any type.
38. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
39. Injuries resulting from natural disasters (including but not limited to earthquakes, tornadoes, and any other type of natural disaster).
40. Injuries resulting from criminal acts or resisting authority by the Insured Person.
41. Any services for patients with AIDS and its complications.
42. Healthcare services for work illnesses and injuries unless not covered by a third party.
43. All cases resulting from the use of alcohol, drugs, and hallucinatory substances.

44. Any health service (diagnostic or therapeutic) not prescribed by a doctor, not documented on the SOAP (if applicable), or not related to specific symptoms and diseases.
45. Injuries resulting from attempted suicide or self-inflicted injuries.
46. Diagnosis and treatment services for complications of excluded illnesses.
47. Venereal sexually transmitted diseases.
48. Eating disorders such as bulimia and anorexia nervosa.
49. Undeclared pre-existing conditions. (Not applied for Foreign Resident Policy).