

GENERAL EXCLUSIONS – Individual/Family Health Insurance

No payment shall be made for any Disability, treatment or service arising directly or indirectly due to:

A)

Injury or sickness caused directly or indirectly, wholly or partially by:

1. Self-destruction or intentionally self-inflicted injury or any attempt thereat, while sane or insane.
2. War, whether declared or undeclared, strikes, riots, civil commotion, hostilities, mutiny, terrorist activities (including biological weapons & chemical warfare), rebellion, insurrection, conspiracy, civil war, revolutions or any warlike operation.
3. Military or Naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public orders.
4. Any violation or attempted violation of the law or resistance to arrest.
5. Professional sports injuries or hazardous sports injuries including but not limited to A) Any form of aerial flight (except as paying passenger or crew member travelling in a fully licensed standard type of aircraft and operated by a recognized airline over an established route), ballooning, hand gliding, parachuting or bungee jumping. B) Competitive winter sports, ice hockey, power boat racing, water ski jumping, skin diving involving the use of breathing apparatus. C) Hunting on horseback, show jumping, polo or competitive horse racing. D) Pot holing, rock climbing or mountaineering normally involving the use of ropes or guides. E) Riding or driving in any kind of race, rally or competition other than on foot. F) Judo, boxing, karate, wrestling and other martial arts of any kind.
6. Pollution, contamination or other damage from any nuclear or radioactive source, including nuclear processes, military activities, scientific activities, nuclear fuels or waste
7. **Pre-existing condition: Bodily injuries or medical conditions relating to accidents and or illness which occurred/declared/diagnosed/treated prior to commencement of the initial policy of the member, unless and otherwise specified in the Table of Benefits.**
8. **Chronic Condition: A disease, illness or injury (including a mental condition) which has at least one of the following characteristics:**
 - a) **has no known cure, or recurs**
 - b) **leads to permanent disability**
 - c) **is caused by changes to your body which cannot be reversed**
 - d) **requires you to be specially trained or rehabilitated**
 - e) **needs prolonged supervision, monitoring or treatment.**

Exception: Acute condition arising out a non- pre-existing Chronic condition necessitating admission in hospital will be covered.

B)

1. Mental or Nervous disorders; Psychiatric, Psychological or Psycho-neurotic illness and treatment; Treatment arising from or connected with Alcohol, Drug or substance abuse/addiction.
2. Senility related conditions including Alzheimer
3. Pulmonary Tuberculosis after diagnosis as such, rest cures, custodial, Isolator, Quarantine Sanitarium Care
4. Cosmetic Treatment or Cosmetic Surgery unless due to injury/accident

5. Routine medical examinations, General check-up, Screening, Convalescence or rest care.
 6. Treatments in health hydro, spas, nature care clinics and the like.
 7. Treatment with alternative medicines and pathies like acupuncture, acupressure, homeopath, ayurvedic, osteopath, chiropractic, reflexology, aromatherapy and like.
 8. Overseas Treatment outside the Geographical Limits.
 9. **Routine Optical Treatment including Eye checkups, Routine Sight Testing unless this benefit option is exercised and covers explicitly stated so in the Table Of Benefits. If routine optical cover is not shown in the Table of Benefits, then it is totally excluded.**
 10. Eye Surgeries for the sole purpose of correcting refractive errors.
 11. **Routine Dental care treatment or surgery (unless due to accident) over and above the amount if any, as stated in the Table Of Benefits. If Routine Dental Cover is not reflected in the Table Of Benefits, then it is totally excluded.**
 12. Cosmetic dental treatment, all medical and / or surgical expenses incurred for prosthetic reasons.
 13. Prostheses, corrective devices, equipment and medical appliances including optical aids (such as glasses, frames, lenses- external or implanted) hearing aids, walking aids, supports, braces, artificial limbs, syringes, slings, bandages, breast pumps, nebulizers, air chambers, etc.
 14. Sexually transmitted diseases/Venereal diseases and conditions including syphilis, gonorrhea, genital virus. Sexual dysfunction, Fertility, Sterility and the like (Treatment or investigation of cause)
 15. Routine or Preventive Treatment, Vaccine, Gammaglobulin, Immunoglobulin, Interferon.
 16. Menopause and Hormone replacement therapy, Growth failure and Growth hormone replacement therapy, Allergen testing.
 17. Expenses of donor in organ transplant/implantation or any kind of organ transplant where insured member is donating an organ.
 18. **Pregnancy, Miscarriage and Childbirth unless maternity benefit coverage option is exercised and explicitly specified in the Table of Benefits.**
- C)
1. Any medical consultation, prescription or treatment related to :
 2. Special diet, Vitamins other than in conjunction with antibiotics, Food supplements of all kinds, Children's food, Baby supplies.
 3. Depression, Anxiety, Fatigue.
 4. Hair fall including alopecia and Dandruff, Scalp treatment, Artificial Hairs
 5. Acupuncture, Chiropractic.
 6. Birth control (Devices, Pills, sterilization, etc.) and its complications thereof,
 7. Cosmetic skin treatment, Acne, Warts and Corns.
 8. Treatment for losing or gaining of weight, Obesity, Loss of Appetite, Anorexia, Bulimia and other such eating disorders.
 9. Consultation, treatment or operation whose primary purpose is to correct Congenital Malformation and/or Congenital Anomalies or hereditary conditions including neurological

diseases, attention deficit disorder, development delay and learning difficulties. Circumcision and/or Repair of Circumcision.

10. Vaccination such as B.C.G., Triple Vaccine, Poliomyelitis etc. Vaccination against communicable diseases such as Meningitis, Cholera, Hepatitis, Tuberculosis etc.

D)

1. Medical expenses relative to work and/or school entries and/or residence permits and/or medical reports and alike.
2. Drugs without Doctor's prescription. Products / substances not considered as medicines, cosmetic related products, products not considered as prescription drugs by Ministry of Health such as but not restricted to mouthwash, toothpaste, lozenges, antiseptic solutions, milk formulas, skin care products and diapers.
3. Transportation other than in local licensed ambulances. Hotel Accommodation charges.
4. Companion Charges and Expenses except for companion with child under 16 years of age
5. Any treatment or test which is not related to a specific symptom and/or disease.
6. Any treatment or test which in the opinion of both the treating physician and Company's Medical doctor are not medically necessary.
7. Any treatment or test for which the required prior approval of Company has not been obtained.
8. Amounts in excess of UAE reasonable and customary charges for inpatient/daycare/outpatient admission/procedure for treatment by visiting doctors from overseas.

E) Any investigation, test or treatment which directly or indirectly, results from or is related to:

- * Infection by which includes Sero-Positivity to any Human Immune Deficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or any similar or related condition or Syndrome.

Or

- * Any conditions or illness directly or indirectly arising from any such Infection, Condition or Syndrome.

F) Nor shall payment be made for any part of Disability, treatment or service:

1. Due to injury or sickness arising out of or in the course of any employment for wage or profit, which sickness or injury is covered by a Workmen's Compensation Act or other similar legislation.

SPECIFIC EXCLUSIONS:

In Hospital Benefits

In addition to the Standard General Exclusion, the following cases, causes, Surgery, Services, tests, medicines, consumables, accessory and prostheses are excluded from coverage until the expiration of the waiting period when applicable (waiting period "Not Applicable" means excluded for life time).

Cases	Waiting Period
Hernia	12 months

Hemorrhoids and fissures	12 months
Tonsils, adenoids, deviated septum	12 months
Varicose	12 months
Thyroids	12 months
Uterine Fibroids, hysterectomy, endometriosis	12 months
Variocoeles, hydroceles	12 months
Elective non-accident related knee surgery and/or treatment	12 months
Elective non-accident related back surgery and /or treatment	12 months
Elective non-accident related plastic surgery	N/A
Elective non-accident related surgery for correction of refraction errors	N/A
Elective non-accident related Dental or Gum Surgery	N/A