

General Exclusions

These exclusions apply to the whole of this insurance. Each section also has its own exclusions.

- 1 Any **medical condition** or related condition for which **you** have received **medical treatment**, had symptoms (whether investigated or not) or sought **advice** prior to **your date of entry** (pre-existing **medical condition**). However, after a continuous period of 2 years as an **insured person**, all pre-existing conditions will become eligible for benefit provided **you** have not:
 - a. consulted a **medical practitioner** or **specialist** for **medical treatment** or **advice**; or
 - b. suffered symptoms; or
 - c. taken **medication** (including drugs, medicines, special diets or injections) for that condition for a continuous period of two years after the **date of entry**.
- 2 Hereditary or **congenital anomalies**, genetic deformities, **birth injuries** or birth defects.
- 3 **Treatment** for, or arising from, deafness caused by a **congenital abnormality** or ageing.
- 4 Experimental, unlicensed or unproven **treatment**, regardless of whether they are medically recommended or prescribed.
- 5 **Treatment** when performed by a **medical practitioner** or **specialist** who is in any way related to the **insured person**.
- 6 **Treatment** received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a **hospital** where the **hospital** has effectively become the **insured person's** home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
- 7 Cosmetic **treatment**, obesity, removal of fat or other surplus tissue from any part of the body, whether or not for medical or psychological purposes, and any associated **treatment** costs consequent of such **treatment**.
- 8 Costs of providing or fitting any external prostheses, corrective devices or appliances.
- 9 **Treatment** for any illness, diseases or injuries arising from ear or body piercing and tattooing.
- 10 **Treatment** for cryopreservation, implantation or reimplantation of living cells or living tissue, whether autologous or provided by a donor.
- 11 Routine physical examinations (other than those covered within the 'Routine Health Management' included under Prima Premier **Out-patient** benefit if selected), including gynaecological investigations and tests, inoculations, vaccinations and other preventative medicines and tests. Routine hearing tests and the provision of hearing aids. However, we will pay for corrective sight surgery consequent of an **accident**.
- 12 **Treatment** to change the refraction of one or both eyes (laser eye correction) including refractive keratectomy (RK) and photorefractive keratectomy (PRK).
- 13 Claims for any supplements or substances which are available naturally. This includes, but is not limited to: vitamins, minerals and organic substances except where prescribed under **complementary treatment**.
- 14 Investigations, diagnostics and **treatment** directly or indirectly arising from or connected with male or female birth control, infertility and any form of assisted reproduction.
- 15 Investigations, diagnostics and **treatment** of impotence, sexual dysfunction or any consequence thereof, **treatment** for sterilisation or fertilisation, vasectomy or other sexually related conditions or gender reassignment.
- 16 **Treatment** directly or indirectly associated with sexually transmitted diseases.
- 17 We do not cover **treatment** for conditions such as conduct disorder, attention deficit hyperactivity disorder, autism spectrum disorder, oppositional defiant disorder, antisocial behaviour, obsessive-compulsive disorder, attachment disorder, adjustment disorders, as well as all **treatments** that encourage positive social-emotional relationships, such as communication therapies, floor time and family therapy.
- 18 Speech therapy is only eligible for reimbursement in the context of a diagnosed physical impairment, such as, but not limited to, nasal obstruction, neurogenic impairment (e.g. lingual paresis, brain injury) or articulation disorders involving the oral structure (e.g. cleft palate). We do not pay for speech therapy related to developmental delay, dyslexia, dyspraxia or expressive language disorder.
- 19 Any **treatment** of, or related to, or caused by, eating disorders of any kind. This includes but is not limited to the **treatment** of conditions such as anorexia nervosa, bulimia, bariatrics, and any **treatment** required for any condition caused as a result of these conditions.
- 20 Suicide or attempted suicide, bodily injury or illness, which is wilfully self-inflicted or due to negligent or reckless behaviour and any consequences thereof.
- 21 **Treatment** for dependency on or abuse of alcohol, drugs or any other addictive substances and any injury or illness arising directly or indirectly from such abuse or addiction.
- 22 Any **treatment** arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act.
- 23 Self-exposure to needless danger, except in an attempt to save a human life.
- 24 **Treatment** directly or indirectly arising from or required as a consequence of war, invasions, acts of foreign enemy, hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any acts of terrorism, unless the **insured person** sustains bodily injury whilst an innocent bystander.
- 25 **Treatment** directly or indirectly arising from or required as a result of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or any related condition.
- 26 Costs directly or indirectly resulting from the release of weapon(s) of mass destruction, whether such involves an explosive sequence(s) or not.
- 27 **Treatment** required as a result of failure to seek or follow medical advice.
- 28 Costs and expenses incurred where an **insured person** has travelled against medical advice.
- 29 Travel costs to and from medical facilities (including parking costs) for eligible **treatment**, except any travel costs covered under transportation, **Evacuation & Repatriation** benefit.
- 30 Any costs incurred outside the **area of cover**, other than eligible emergency **treatment** costs covered under the **In-patient & day-patient** benefit.
- 31 **Treatment** costs which are incurred outside of the **period of cover** or after termination of the **policy** for whatever reason, including non-renewal and non-payment of premium.
- 32 Losses not incurred within the **period of cover** and claims submitted later than 6 months after the end of the **period of cover**.
- 33 **Medical practitioner** fees for the completion of a Claim Form or other administration charges.