

§ 7 EXCLUSIONS OF THE EXPAT SERIES ME - DHA COMPLIANT

1. Unless expressly covered, there shall be no obligation to pay a **claimed** benefit arising from, described by or in relation to one or more of the following:

a) On account of such illnesses, including their consequences, or as the consequence of such accidents and deaths attributable to, active participation in events of war or civil disturbance, terrorism, rebellion, revolution, violence or such as are recognised as war injuries typically arising from participation in war or political violence of any form and are not explicitly included in the insurance cover.

For illnesses and **accidents**, as well as their respective consequences, and death attributable to nuclear, chemical or biological weapons.

b) On account of illnesses and **accidents** wilfully self-inflicted, caused by intent by the **policyholder** or **insured person** and their consequences, including a suicide attempt, or on account of **treatment** for alcoholism, drug or substance abuse and any illness or injury arising directly from such abuse or addiction withdrawal measures including courses of withdrawal **treatment**.

c) As a consequence of accommodation attributable to the need for permanent care or custody.

d) For medical conditions or any related condition which existed or for which symptoms were apparent or which the **policyholder** or **insured person** was aware of prior to the inception date of the insurance cover, but did not declare, irrespective of whether any medical **treatment** or advice was sought (pre-existing conditions). Any such condition or any related condition, about which the **policyholder** or **insured person** could reasonably have been assumed to have known, will be deemed to be pre-existing.

e) For the **treatment** for **psychiatric illness**, mental stress, disharmony, emotional disturbances or disorder of the mind and cost of any psychotherapist, psychologist, family therapist or counsellor.

f) For **treatment** by doctors, dentists, **medical practitioners** or in licensed hospitals or any other providers which the **insurer** has excluded from the **network provider list** according to the insured person's chosen plan as referred to in § 4 (2.), provided that the **claim** occurs after the **policyholder** or **insured person** has been notified of the **network provider list**. If at the time of the notification a **claim** is pending, no obligation to pay the **claimed** benefit shall exist for expenses incurred after the expiry of 90 days from the time of notification of such exclusion.

g) In respect of a stay in a spa or health resort, even if this involves a stay in hospital. This exclusion will not apply in circumstances where the **policyholder** or **insured person** has his/her permanent place of **residence** there or if he/she during a temporary stay/visit becomes unable to return home (based on independent medical opinion) as a result of a sickness independent of the purpose of his/ her visit or as a result of an **accident** that has occurred there. This exclusion shall not apply if and to the extent that the **insurer** has given written consent to the benefit being paid before the start of the stay.

h) For the **treatment** by spouses, parents, children or persons living together in an immediate domestic circle. The evidenced costs of materials used in such **treatment** will however be reimbursed according to the chosen plan and Benefits Schedule.

i) For **treatment** costs, procedures and consequences that may be required or necessary as a result of medical malpractice.

j) For **treatment** outside the geographical area of cover, unless for emergencies or authorised by the **insurer**.

k) Health services and associated expenses including but not limited to In-Vitro Fertilization (IVF), Gamete Intra-Fallopian Transfer (GIFT) procedures, and Zygote Intrafallopian Transfer (ZIFT) procedures, and any related prescription medication **treatment**; embryo transport; donor ovum and semen and related costs, including collection and preparation.

l) **Treatment** directly or indirectly arising from or required in connection with male and female birth control including insertion, removal of contraceptive devices and all other contraceptives, even if prescribed for any other medical reasons including surgical procedures.

m) Termination of pregnancy, except in the event of danger to the life of the pregnant woman.

n) Any **treatment** carried out by a plastic surgeon, whether or not for medical/ psychological purposes and any cosmetic or aesthetic **treatment** to improve your physical appearance, even when medically prescribed. The only exception is re-constructive surgery necessary to restore function or appearance after a disfiguring **accident**, or as a result of surgery for cancer, if the **accident** or surgery occurs during your policy period and you have obtained our written consent before the commencement of the **treatment**.

- o) For over the counter medications and supplies that can be purchased without a doctor's prescription.
- p) For developmental disorder, if a child has not attained developmental milestones expected for a child of that age in one or more of the following areas: cognitive, physical (including vision and hearing), language (communication), social-emotional or adaptive development, behavioural problems, including attention deficit hyperactivity disorder or problems related to physical development or morphological development.
- q) For ageing and puberty disorders, **treatment** for symptoms, illness, conditions caused by ageing, puberty or other physiological cause and all senility related conditions.
- r) **Treatment** directly related to surrogacy whether you are acting as surrogate, or are the intended parent.
- s) Any expenses incurred due to travelling to and from the medical facility.
- t) Lasik Eye Surgery, **treatment** to change the refraction of one or both eyes (laser eye correction).
- u) Any **treatment** related to sleep disorder (including insomnia) or sleep apnea syndrome.
- v) Health services and associated expenses for the surgical **treatment** and non-surgical, medical **treatment** of obesity, even when medically prescribed.
- w) Orthomolecular **treatment** which aims to restore the optimum ecological environment for the body's cells by correcting deficiencies on the molecular level based on individual biochemistry.
- x) Genetic testing, to determine whether you or your offspring may be genetically likely to develop a medical condition, except for DNA tests when directly linked to an eligible amniocentesis i.e. in the case of women aged 35 or over.
- y) Food supplements, products classified as vitamins or minerals, and other nutritional or dietary supplements.
- z) **Treatment** costs for transplants of any organ or tissue for the following cases:
I. The organ or tissue is of transgenic, animal, mechanical or transitory nature.
II. The removal of a donor organ from a donor.
III. The harvesting and storage of stem cells to eliminate future possible diseases or illness and umbilical cord blood storage.
IV. Expenses for the acquisition of an organ including, but not limited to, donor search, transport and administration costs.
V. Transplants of any organ or tissue when the transplant is an experimental, investigational or unproven service and/or for research or study purposes.
- aa) Preventive **treatment** including, but not limited to health screening, neonatal screening including routine health checks for early detection of illness or disease.
- bb) Experimental **treatment** and procedures. Any drug, device, medical **treatment** or procedure may be considered experimental or investigative if:
I. in our reasonable opinion considered experimental or investigative based on generally accepted medical practice, which means that the majority of the medical community does not support the use of this drug, device, medical **treatment** or procedure; or
II. the usage may have been shown to be unsafe and/or of no or questionable value as reported by current scientific literature and/or regulatory agencies; or
III. the research may be so limited that an evaluation of safety and efficacy cannot be made; or
IV. it is currently under study in a clinical trial, an experimental study, or otherwise under study to determine safety and efficacy to current standards of care; or
V. has not been approved as appropriate/effective by any recognized medical body in the country of service.
- cc) For illnesses and **accidents**, as well as their respective consequences, and death as a consequence of, professional participation in sporting competitions organized by sporting federations and associations or preparatory measures related to these.

2. Benefits for any **treatment**, procedure, services and/or supplies should not exceed the amount ordinarily charged by most providers for comparable services and supplies in the locality where the **treatment**, procedure, services or supplies are received. **Usual customary and reasonable charges** (UCR charges) refer to the base amount that is treated as the standard or most common charge for a particular medical service when rendered in a particular geographic area. If the medical **treatment** or other measure for which the benefit has been agreed exceeds what is **medically necessary**, or if the remuneration **claimed** is not proportionate to the ordinary cost of such medical **treatment**, the **insurer** may reduce the benefit to a reasonable level.