

The following services, treatments, and expenses are expressly excluded from coverage under this Insurance Policy. These exclusions apply regardless of whether costs are incurred directly or indirectly, and include, but are not limited to, the following:

1. Pre-existing Conditions

Any medical condition, injury, or illness that existed before the policy start date and was not disclosed or declared at the time of enrollment.

2. Cosmetic and Aesthetic Procedures

Treatments, surgeries, or procedures performed for cosmetic or aesthetic purposes, including but not limited to facelifts, liposuction, breast augmentation, and hair transplants, unless medically necessary.

3. Self-inflicted Injuries

Injuries or health conditions resulting from intentional self-harm, suicide attempts, or deliberate self-inflicted actions.

4. Substance Abuse

Treatment for conditions arising from the abuse of alcohol, drugs, or controlled substances, including rehabilitation and detoxification programs.

5. War and Terrorism

Injuries or illnesses resulting from acts of war, invasion, civil unrest, terrorism, or participation in military operations.

6. Nuclear or Radioactive Exposure

Health issues arising from exposure to nuclear weapons, radiation, or radioactive contamination.

7. Experimental or Investigational Treatments

Medical procedures, drugs, or treatments that are considered experimental, investigational, or not yet approved by relevant health authorities.

8. Non-emergency Treatment While Traveling

Medical treatments obtained while traveling abroad that are not classified as emergencies, unless specifically covered under international coverage provisions.

9. Dental Care

Routine dental care, orthodontics, and dental procedures unless resulting from an accident or unless specifically included in the policy.

10. Vision Care

Routine eye examinations, prescription eyeglasses, contact lenses, and corrective eye surgery (such as LASIK) unless medically necessary.

11. Hearing Aids

Purchase and fitting of hearing aids and related devices unless specifically covered.

12. Infertility Treatments

Treatments and procedures related to infertility, including in-vitro fertilization (IVF), artificial insemination, and fertility drugs.

13. Sex Change Operations

Gender reassignment surgeries and related treatments.

14. Weight Loss Programs

Weight reduction programs, dietary supplements, and bariatric surgery unless medically necessary and pre-approved.

15. Vitamins and Supplements

Vitamins, nutritional supplements, and herbal remedies unless prescribed as part of a covered treatment plan.

16. Sleep Disorders

Treatment for sleep disorders such as sleep apnea and insomnia, unless specifically covered.

17. Learning Disabilities

Educational and behavioral therapy for learning disabilities and developmental delays.

18. Congenital Abnormalities

Birth defects and congenital abnormalities present at birth, unless specifically covered under maternity benefits.

19. Genetic Testing

Genetic screening and testing unless medically necessary for diagnosis or treatment of a covered condition.

20. Mental Health Conditions

Treatment for mental health disorders, psychiatric conditions, and psychological therapy unless specifically included in the policy.

21. Alternative Medicine

Acupuncture, homeopathy, naturopathy, and other alternative or complementary medicine treatments.

22. Sports Injuries

Injuries sustained while participating in professional sports, extreme sports, or high-risk activities such as skydiving, bungee jumping, or motor racing.

23. Occupational Hazards

Injuries or illnesses arising from occupational hazards or employment-related activities that are covered under workers' compensation.

24. Complications Due to Non-covered Treatments

Medical complications arising from treatments or procedures that are not covered under the policy.

25. Custodial Care

Long-term custodial care, assisted living facilities, and nursing home care.

26. Rest Cures

Hospitalization or treatment for rest, recuperation, or convalescence not related to acute medical conditions.

27. Rehabilitation and Physiotherapy

Extended rehabilitation and physiotherapy beyond the covered limit or when not medically necessary.

28. Hair Loss Treatment

Treatment for hair loss or baldness, including hair restoration procedures and medications.

29. Sexually Transmitted Diseases

Treatment for sexually transmitted diseases (STDs) and infections unless specifically covered.

30. Pregnancy Complications in Excluded Conditions

Pregnancy and childbirth complications if maternity coverage is not included in the policy.

31. Organ Transplants

Organ and tissue transplants unless specifically covered and pre-approved by the insurance provider.

32. Robotic Surgery

Advanced robotic-assisted surgeries that are not deemed medically necessary or are considered experimental.

33. Second Opinions

Costs associated with obtaining second or third medical opinions unless required and authorized by the insurer.

34. Personal Comfort Items

Hospital charges for personal comfort items such as television, telephone, guest meals, and private nursing.

35. Non-medical Services

Services of a non-medical nature, including social, educational, and vocational services.

36. Travel Vaccinations

Immunizations and vaccinations required for international travel.

37. Smoking Cessation Programs

Programs and medications for smoking cessation unless specifically covered.

38. Preventive Care Beyond Covered Limits

Preventive care and routine health screenings that exceed the limits specified in the policy.

39. Medical Equipment for Home Use

Durable medical equipment, prosthetics, and orthotics for home use unless specifically covered.

40. Out-of-Network Providers

Treatment received from healthcare providers outside the insurer's approved network, unless in emergency situations.

41. Elective Procedures

Elective medical procedures and surgeries that are not medically necessary.

42. Growth Hormone Treatment

Growth hormone therapy for non-medical purposes or for height enhancement.

43. Complications from Illegal Activities

Injuries or conditions resulting from participation in illegal activities or criminal acts.

44. Hazardous Occupations

Injuries arising from employment in hazardous occupations such as mining, deep-sea diving, or aviation unless specifically covered.

45. Duplicate Coverage

Medical expenses already covered by another insurance policy or third-party liability.

46. Unauthorized Treatments

Treatments or procedures undertaken without prior authorization or approval from the insurance provider when required.

47. Non-prescription Drugs

Over-the-counter medications and drugs that do not require a prescription.

48. Administrative and Processing Fees

Hospital administrative charges, medical record processing fees, and other non-medical administrative costs.