

EXCLUSIONS INPATIENT

- i) Cosmetic surgery or treatment including (but not limited to) eg. Double eyelids, acne, hair loss or treatment of their complications except as medically necessitated by accidental injuries.
- ii) Any corrective treatment including glasses or contact lenses for refractive errors, except mono-focal intraocular lenses up to a maximum reimbursement amount of One Thousand Ringgit Malaysia in cataract surgery.
- iii) Use or acquisition of all appliances (e.g. artificial limbs, pacemakers, hearing aids, aero chambers).
- iv) Equipment for nebulizer, Continuous positive airway pressure (CPAP), Continuous ambulatory peritoneal dialysis (CAPD), orthopedic pads and the rental of such devices except during hospital confinement.
- v) Dental treatment or oral surgery except as necessitated by an accidental injury to sound natural teeth occurring wholly during the period of Takaful.
- vi) Private nursing care or house calls engaged by Person Covered or services for rest cure provided by nursing home purely for recuperative purposes.
- vii) Conditions related to sexually transmitted diseases, AIDS and AIDS Related Complex or its sequelae, and any communicable diseases requiring quarantine by Malaysian Law.
- viii) Treatment arising from injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind altering substance or injuries which are self-inflicted while sane or insane.
- ix) Any treatment or surgical operation for congenital abnormalities or deformities including hereditary and developmental conditions.
- x) Hyperhidrosis.
- xi) Contraceptive medications and devices, sterilization procedures or treatment for its complications, reversal of such procedures and the workup or treatment of sexual dysfunction or infertility, sex transformation surgery and sex hormone therapy.
- xii) Allergy testing – blood /topical including patch test.
- xiii) Investigation and treatment relating to pregnancy including childbirth, Ectopic Pregnancy and Vesicular Mole and all complications arising therefrom.
- xiv) Care and treatment that is experimental, investigative or diagnostic /examination which are non-medically necessary or incidental to treatment or diagnosis of a covered Disability.
- xv) Stem Cell Therapy except haemopoietic blood disorders.

- xvi) Vitamins, Food Supplements, Herbal Cures and Anti- Obesity / WeightReducing Agents including any of the counter medications.
- xvii) Any circumcision unless medically indicated.
- xviii) War, direct or indirect participation in riots, rebellions. Insurrection or military, civil commotion, explosion of war weapons, revolution, act of foreign enemy or hostilities.
- xix) Any treatment directly or indirectly arising from exposure to radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- xx) Expenses incurred for donation of any body organ by a Person Covered and costs of acquisition of the organ including all costs incurred by the donor during organ transplant.
- xxi) Investigation and treatment of sleep and snoring disorders and alternativetherapy such as (but not limited to) to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, Osteopathy, Podiatric, Dietetic consultation.
- xxii) Psychotic, mental or nervous disorders and behavioral conditions including any neuroses and their physiological or psychosomatic manifestations and sleep disorder.
- xxiii) Services of a non-medical nature provided by the Hospital such as television, telephones, telex services, radios or similar facilities.
- xxiv) Illnesses or injury sustained during air travel except as a fare paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes

EXCLUSIONS OUTPATIENT

Exclusions	<p>This Supplementary Contract does not cover any Out-patient, Surgery or charges caused directly or indirectly, wholly or partly, by any of the following occurrences:-</p> <ul style="list-style-type: none"> a) Plastic/Cosmetic surgery or treatment including (but not limited to) for e.g. double eyelids, acne, keloids, scars, skin tags, gynaecomastia, diffused alopecia/hair loss, etc., or treatment of their complications. b) Dental conditions including:- <ul style="list-style-type: none"> i) Dental care/treatment or oral surgery except as necessitated by Accidental injuries. However to exclude the replacement of natural teeth, placement of denture and prosthetic services such as bridges and crowns of their replacement for Accidental Injury cases. ii) Upper and lower jawbone surgery except for direct treatment of acute traumatic injury or cancer. iii) Orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint. c) Allergy testing – blood/topical including patch test. d) Investigation and treatment relating to pregnancy including childbirth, Ectopic Pregnancy and Vesicular Mole and all complications arising therefrom. e) Conditions related to sexually transmitted diseases, AIDS and AIDS Related Complex or its Sequela. f) Mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Sexual dysfunction and tests or treatment related to impotence or sterilization. g) Circumcision unless Medically Necessary for treatment of a disease. h) Sex transformation surgery and sex hormone therapy related to such surgery. i) Psychotic, mental or nervous disorders and behavioral conditions including any neurosis and their physiological or psychosomatic manifestations. j) Any treatment or assessment for congenital, hereditary or developmental ailments, deformities and any Disability or complications arising therefrom inclusive of but restricted to such as dermoid cysts, childhood hernias/hydrocele (all hernia up to age of six is no covered), clubfoot, Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Thalassemia, Squint, Haemangioma, Traditional Complimentary Medicine etc. k) Care and treatment that is experimental, investigate or unproven services and not accepted professional standards and/or is not medically necessitated. This inclusion includes (but is not limited to) treatments such as: <ul style="list-style-type: none"> i) Stem cell treatment, related workout and any complications arising thereafter, ii) Blood surety, iii) Hormone therapy and hormone replacement therapy except for surgically induced menopause, iv) Surgical treatment specifically for weight reduction or gain
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	<p>l) Alternative therapies such as (but not limited to) Acupuncture, Acupressure, Chiropractic, Osteopathy, Reflexology, Bone setting, Massage, Aroma Therapy, Herbal, Podiatric, Dietetic consultation and treatment, education services/therapies & Traditional Complimentary Medicine etc.</p> <p>m) All corrective glasses or contact lenses, except monofocal intraocular lenses in cataract surgery.</p> <p>n) Use or acquisition of all appliances (e.g. artificial limbs, hearing aids, aero chambers and equipment for nebulizing, Continuous positive airway pressure (CPAP), Continuous ambulatory peritoneal dialysis (CAPD), orthopedic pads) and the rental charges of such devices.</p> <p>o) Vitamins/Supplements, Herbal Cures, Anti-Obesity/Weight Reducing Agents, eye Lubricants and any over the counter purchases of supplements, medicines or outpatient prescribed and non-prescribed medical supplies.</p> <p>p) Soaps, Shampoos, Cleansers, Vitamin Creams, Vitamin Ointment, Moisturizers, Lubricants, Anti-Aging, Fairness Treatment and any product with similar effect.</p> <p>q) Treatment for injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind altering substance, or suicide, attempted suicide or intentionally self-inflicted injury while sane.</p> <p>r) Preventive vaccinations except those stated under the guideline of Ministry of Health Malaysia that are applicable to eligible Dependent only. <ul style="list-style-type: none"> i. Bacillus Calmette-Guérin (BCG)(Booster); ii. Hepatitis B (Dependent up to one (1) year old); iii. Triple Antigen (Dependent up to one (1) year old); iv. Double Antigen (Dependent up to tow (2) years old); v. Oral Polio; vi. Measles, Mumps and Rubella (German Measles); vii. Meningitis (Dependent up to one (1) year old). </p> <p>s) Any treatment, services and supplies for smoking cessation programs and the treatment for or arising from substance abuse such as alcohol, narcotics, etc.</p> <p>t) Diseases or disabilities of a newborn child contracted prior to or during birth or within the first 14 days thereafter.</p> <p>u) Any corrective treatment for refractive errors inclusive of but not limited to the following such as Orthoptics, Visual stimulation, Radial Keratotomy, Lasik, Intralase, Xyoptics, phakic IOL implant or intra-ocular lenses, replacement surgery.</p> <p>v) Effects from radiation or contamination by radioactivity from any source.</p> <p>w) War, riot, rebellions, insurrection, civil commotion, explosion of war weapons, terrorism related activity, active duly in any armed forces, direct participation in strikes, nuclear war, biological and chemical warfare/activities.</p>
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	<ul style="list-style-type: none"> x) Out-patient physical therapy or physiotherapy is not covered and cannot be referred at GP level. This service would only be covered when referred by a Specialist and treatment must be provided by a registered physiotherapist. y) Expenses incurred for donation of any body organ by Person Covered and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications. z) Investigation and treatment of sleep and snoring disorder, hormone therapy and hormone replacement therapy (except for surgically induced menopause), surgical treatment specifically for weight reduction of gain, hyperhidrosis. aa) Pacemakers, implantable cardiac defibrillator (ICD) and cochlear implants; bb) Cost/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities and other ineligible non-medical items; cc) Sickness or injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities, winter sports, professional sports and illegal activities; dd) Speech and Occupational therapy; ee) Treatment/dispense of medication which are not consistent with diagnosis; and ff) Any treatment received purely for investigation purposes, health screening, check-ups, test or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any Preventive Treatments, preventive medicines or examinations carried out by a Physician or Specialist, except for benefit payable under Diagnostic Lab/X-ray Procedure and Pap Smear Examination as stipulated herein.
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