

Exclusions

Group Hospitalisation & Surgical Benefits

- Pre-existing illness;
- Any medical or physical conditions arising within the Waiting Period;
- Specified illnesses occurring within the first 120 days from the Effective Date;
- Plastic/cosmetic surgery, circumcision, eye examination, glasses, lens (except monofocal intraocular lenses in cataract surgery) and refraction or surgical correction of near sightedness and far sightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof;
- Dental conditions including dental treatment or oral surgery, except as necessitated by Injury to sound natural teeth occurring in any Certificate Year and performed by Dentist. In addition, expenses arising from placement of denture and prosthetic services such as bridges, implants and crowns or their replacement will not be payable;
- Private nursing, rest cures or sanatoria care, illegal drugs, intoxication (including but not limited to alcohol and drugs), sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV (Human Immunodeficiency Virus) related diseases, and any communicable diseases required quarantine by law;
- Any treatment or surgical operation for Congenital Conditions or deformities including hereditary conditions;

Exclusions

Group Hospitalisation & Surgical Benefits (Cont'd)

- Pregnancy and its complication, child birth (including surgical delivery and any surgical or non surgical procedure of the female reproductive system during surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization. However, this exclusion does not apply to any miscarriage of below 28 weeks due to accidental causes under this Certificate but it is subject to its limitations for such coverage. If however, a Covered Member has Maternity Benefit coverage, it shall be subject to its respective benefit limitations;
- Hospitalisation primarily for investigatory purposes, diagnosis, x-ray examination, general physical 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, and treatments specifically for weight reduction or gain;
- 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 or insane;
- War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection;

Exclusions

Group Hospitalisation & Surgical Benefits (Cont'd)

- Ionising radiation or contamination by radio activity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
- Expenses incurred for donation of any body organ by a Person Covered and cost of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications;
- Investigations and treatment of sleep and snoring disorders, hyperhidrosis treatment, hormone replacement therapy, and alternative therapy such as treatment, medical service or supplies, including but not limited to chiro practice services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage, hyperbaric oxygen therapy or aromatherapy or other alternative treatment;
- Care or treatment for which payment is not required or to the extent which is payable by any other Takaful Operator / family takaful or indemnity covering the Person Covered and disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contractor from either sources in respect of Injury or Illness or Disease for which the claim is made;
- Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);
- Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, broad band services, electricity bills for handphone charging, radios or similar facilities, admission kit/pack and other ineligible non-medical items;

Exclusions

Group Hospitalisation & Surgical Benefits (Cont'd)

- Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports or activities that involve speed, height, high level of physical exertion, highly specialized gear or spectacular stunts such as but not limited to parachuting, sky-diving, scuba-diving, bungee jumping, water skiing, under water activities requiring breathing apparatus, winter sports, Professional Sports and illegal activities. For the avoidance of doubt, “Professional Sports” means engaging in any physical activity in a professional capacity or where the Person Covered would or could earn income or remuneration from engaging in such activity;
- Engaging in aerial flights other than as a crew member or as a fare-paying passenger of an International Airline operating on a regular scheduled route;
- Expenses incurred for sex change;
- Any Outpatient treatment not related to Inpatient treatment, except as provided under this plan;
- Charges which are not Reasonable and Customary Charges, or any surgery or treatment which is not Medically Necessary, or charges in excess of Reasonable and Customary Charges, or charges which are incurred for Hospitalisation, pre-hospitalisation and/or post-hospitalisation after the end of Period of Coverage;
- Any medical treatment outside Malaysia, if you reside or travel outside Malaysia for more than 90 consecutive days.

Exclusions

Group Outpatient Clinical Benefits

- Physical examination, health check-ups or tests, unless the same is recommended by the Physician in connection with the treatment or diagnosis of a covered disability.
- Cosmetic treatment/surgery or its complications (inclusive of double eyelids, acne, etc) except as necessitated by Injury.
- Contraceptive medication and device, sterilization procedure, treatment for complication, reversal of such procedure and the work up or treatment of sexual dysfunction or infertility.
- Usage of any preventive vaccination.
- Usage of any vitamin, food supplement, herbal cure and anti obesity/weight reducing agents including any of the other counter medication.
- Services or products in non-medically nature as provided by Hospital that are included but not limited to soap, shampoo, vitamin creams, vitamin ointment, television, telephone, fax, radio or similar facilities.
- Medical care or treatment which is of an experimental or investigative nature and not according to accepted professional standards or medical care or treatment which is not Medically Necessary.
- Private nursing care engaged by the Covered Member or services for rest cure provided by rest/nursing home for purely recuperative purposes and house calls by doctors for any reason.

Exclusions

Group Outpatient Clinical Benefits (Con't)

- Out-patient kidney dialysis, rehabilitation therapy, chemotherapy, radiation therapy, physical therapy or physiotherapy. Any alternative therapy which include but are not limited to acupuncture, chiropractic, osteopathy and reflexology.
- Any blood and topical allergy test.
- Any dental or its related treatment or surgery.

Extended Benefits

- Death during the first certificate year as a result of suicide, while sane or insane.
- TPD resulting from self-inflicted injuries, while sane or insane.
- Terminal Illness resulted directly or indirectly by self inflicted injuries (except in an attempt to save human life), while sane or insane.

Note:

This list is non-exhaustive. Please refer to the Group Certificate for the full list of limitations and exclusions.



Important Notes

Any medical costs exceeding the benefit limit provided by EMGS will be borne by the student/member.

For scheduled appointments, kindly arrange for Guarantee Letter 1 or 2 days in advance by emailing referral letter to **callcenter@micaresvc.com**

Claims must be submitted to GETB's within 30 days from the date of consultation or service. Please refer to the GETB's Procedures.

Chronic illnesses not covered:

- 1) Diabetes
- 2) High Blood Pressure
- 3) Asthma
- 4) Hepatitis B & C carriers
- 5) Nerve disorders or degenerative Disease
- 6) Endometriosis
- 7) Transverse myelitis
- 8) Conditions arising there from or associated therewith.