

# What We do not cover

The following treatment items, conditions, activities and their related or consequential expenses are excluded from the policy and The Company will not be liable for them:

- 1.** The cost of medical reports, completion of claim forms, administration charges or any reports unless confirmed by Us.
- 2.** Pre-Existing Conditions as defined unless otherwise declared on the Application Form and expressly confirmed acceptance by Us. If You have been accepted on an MHD basis this exclusion does not apply.
- 3.** Treatment which is not medically necessary or which may be considered a matter of personal choice.
- 4.** Routine medical examinations or check-ups (except when such benefit is covered under the well being benefit), routine eye examinations, any treatment to correct problems of vision such as but not limited to long/short sightedness and astigmatism, routine ear examinations, medical certificates, examinations for employment or travel, spectacles, contact lenses, cosmetic treatments and plastic surgery or tests and treatment as a result of cosmetic treatments or plastic surgery, all dental treatment or oral surgery related to teeth (except when such dental benefits are being covered under the policy), rest cures and services or treatment in any home, spa, hydroclinic, sanatorium or long term care facility even if it is registered as a Hospital.
- 5.** Treatment for developmental delay or behavioural problems in children whether physical or psychological or learning difficulties for more than the first 3 months following diagnosis and only once in the members lifetime
- 6.** Test or treatment related to infertility, assisted conception, contraception, sterilisation or its reversal, impotence, sexual dysfunction, birth defects, Congenital illnesses unless as part of newborn benefit or listed as a separate benefit on Your benefit table, umbilical blood or stem cell storage or collection, hereditary conditions or any abortion performed due to psychological or social reasons and consequences thereof.
- 7.** Pregnancy or childbirth except when such benefits are shown in the Policy Schedule.
- 8.** Any Emergency Medical Evacuation expense:
  - related to pregnancy or childbirth (except abnormal pregnancy or vital complication of pregnancy occurring within the first six (6) months of pregnancy which endangers the life of the Insured Person and/or any of her unborn children)
  - any evacuation expense related to pregnancy or childbirth or miscarriage after the first six (6) months of pregnancy.
- 9.** Cost of drugs prescribed by family doctor or Specialist except when such benefits are stated in the benefit table.
- 10.** Standard toiletries such as, but not limited to, shampoos, soaps, toothpastes, contraceptives, proprietary headache and cold cures, vitamins (even if prescribed), supplements (even if prescribed), dietary medicines, herbal products, cosmetic creams, weight control medicines, etc. which may be bought over the counter, with or without prescription, at a local pharmacy or similar.
- 11.** Costs incurred for or related to any kind of bariatric surgery, regardless of the reason surgery is needed this includes but is not limited to the fitting of a gastric band or creation of gastric sleeve.
- 12.** The removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons (including but not limited to breast reduction).
- 13.** Any costs relating to orthodontic treatment and related services.
- 14.** Prosthesis, corrective devices and medical appliances which are not surgically required.
- 15.** Treatment by a family member.
- 16.** Treatment that is not scientifically recognised by Western European or North American standards except as defined and covered under Prescribed Alternative Medicine.
- 17.** All costs relating to cornea, muscular, skeletal or human organ or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation (except as defined under the Organ Transplantation Benefit).
- 18.** Treatment of self-inflicted injury, suicide or attempted suicide, or affray; in respect of affray We will only consider claims where there is clear evidence in a official police report that the member was not the aggressor, abuse of alcohol, drug addiction or substance abuse (whether or not related to psychiatric disorders) and sexually transmitted diseases such as but not limited to Chlamydia, genital herpes, HPV, syphilis, gonorrhoea or any consequences thereof.
- 19.** Treatment related to sexual or gender reassignment or which arises from or is directly or indirectly made necessary by sexual or gender reassignment.
- 20.** Any treatment or test in connection with Human Immunodeficiency Virus (HIV) Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or diseases unless the Insured Member has been continuously insured under this Policy for five (5) consecutive years. If the condition is not pre-existing and has not been contracted within the first five (5) years of the Insured Member's coverage under this Policy, We will reimburse up to US\$1,000 per Policy Year and maximum US\$10,000 per life time.
- 21.** Treatment which the Insured Person has elected to receive outside the Area of Cover except when it is for an Emergency Medical Complaint.
- 22.** Treatment which has not been established as being effective or which is experimental. However, We will pay if, before treatment begins, it is established that the treatment is recognised as appropriate by an authoritative medical body and We have agreed with the medical practitioner what the fees will be. What constitutes experimental treatment will be determined by AXA's Clinical Panel in the United Kingdom. The panel will base its decision on the recommendations of the with reference to other authoritative bodies around the world. The decision of the

Clinical Panel will be binding in all cases. It is recommended that You contact Us before undergoing any treatment which may fall into this category to ensure that it will be covered by Your plan. In respect of Drugs the drug must be used within the terms of its licence.

**23.** Genetic or screening tests and treatment including preventative treatment, such as:

preventative mastectomy; or routine preventative examinations and check-ups (unless noted under the wellbeing benefit and this is available on your cover) or tests to check whether: you have a risk of developing a medical condition in the future; or there is a risk of you passing on a medical condition; tests where the result of the test wouldn't change the course of treatment. This might be because the course of eligible treatment for your symptoms will be the same regardless of the test result or what medical condition has caused them; or preventative treatment or screening tests that are unproven or where they are used to direct treatment that is not established as being effective or is unproven; or any other preventative screening or treatment to see if you have a medical condition if you do not have symptoms.

**24.** Second opinions in respect of medical conditions which have already been diagnosed and/or treated at the date such second opinions are obtained unless considered by Our medical advisers to be reasonable and necessary having regard to the medical facts and circumstances.

**25.** Additional fees billed by a referring Physician for treatment given after the date on which an Insured Person has been referred to another Physician or Specialist.

**26.** Injury or illness while serving as a full-time member of a police or military unit and treatment resulting from participation in war, riot, civil commotion or any illegal act including resultant imprisonment.

**27.** Injury or illness sustained while the Insured Person has resided outside the pre-defined Area of Cover for more than forty-five (45) consecutive days during the Policy Year.

**28.** Out-patient services except as defined under the Out-patient Benefits.

**29.** Hospital in-patient treatment if the Insured Person could have been properly treated for the condition as an out-patient. This includes rehabilitation.

**30.** We will only cover hormone replacement therapy (HRT) that is required following a medical intervention. We will pay for the medical practitioner's consultations and the cost of HRT implants, patches or tablets for a maximum of 18 months following the intervention. Patches and tablets are subject to Your out-patient drugs and dressings limit.

**31.** We do not cover investigations (including diagnosing hair loss type), management or advice for, or treatment for hair loss. We will only provide cover for the investigation and treatment of an underlying medical condition.

**32.** Travel costs in respect of trips made specifically for the purpose of obtaining medical treatment unless in the course of an approved Emergency Medical Evacuation, and all Emergency Medical Evacuation costs which are not approved in advance by Us or Our appointed 24-hour Emergency Assistance Centre.

**33.** Hotel or non-Hospital accommodation costs except as provided for in the Policy.

**34.** We do not cover treatment of injuries that are as a result of training for or taking part in any sport for which You:

- are paid
- receive a grant or sponsorship (We do not count travel costs in this), or
- are competing for prize money.

We do not cover treatment of injuries that are sustained when taking part in the following sports and activities:

- base jumping
- cliff diving
- flying in an unlicensed aircraft
- free climbing
- scuba diving to a depth of more than 10 metres, or to a depth of more than 30 metres if You hold an appropriate diving qualification or You are being instructed by an appropriately qualified diving instructor, for example an instructor recognised by PADI (Professional Association of Diving Instructors)
- any activity at a height of over 5,000 metres above sea level
- canyoning
- skiing off piste, or any other winter sports activity carried out off piste without an instructor with the appropriate qualifications.

**35.** Costs or treatment after a renewal date (Due Date) arising from Accident, Illness or death occurring during the previous Policy Year unless stated otherwise in this Policy or in any written communication from Us to You.

**36.** Costs or benefits payable under any legislation or corresponding insurance cover relating to occupational death, Injury, Illness or disease.

**37.** Costs arising under any legislation which increases the cost of medical treatment and services received by the Insured Person above charge levels which would be considered Reasonable and Customary in the absence of such legislation.

**38.** The cost of transporting an Insured Person by means of Your own or leased watercraft or aircraft or the cost of medical treatment given by the following parties unless We agree in writing to meet such costs:

- Your personnel or at Your medical facilities
- by a third party under a contract between that third party and You.

**39.** Costs arising out of any litigation or dispute between the Insured Person and any medical person or establishment from whom treatment has been sought or given, or any other costs not directly and specifically related to the payment of the medical expenses covered by the Policy.

**40.** Any loss or damage, cost or expense of whatever nature directly or indirectly caused by, resulting from or in connection with any of the following even though some other cause or event may contribute at the same time or in any other sequence to the loss:

- a. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel

- b.** the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component
- c.** any weapon of war employing atomic or nuclear fission and/or fusion or other like reaction of radioactive force or matter.

**41.** Death, disability, loss, damage, destruction, any legal liabilities, cost or expense including consequential loss of every type which is, directly or indirectly caused by, resulting from or in connection with any of the following even though some other cause or event may contribute at the same time or in any other sequence to the loss unless incurred as an innocent bystander and relevant benefits detailed on the Table of Benefits.

- a.** war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not), active involvement in criminal activity, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
- b.** any act of terrorism including but not limited to:
  - i.** the use or threat of force, violence and/or
  - ii.** harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents, by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise, and/or to put the public or any section of the public in fear; or
  - iii.** any action taken in controlling, preventing, suppressing or in any way relating to (a) or (b) above. If We say that because of this exclusion, any loss, damage, cost or expense is not covered by this Policy the burden is on You to prove otherwise.

**42.** Advanced therapies

There are a complex set of advanced therapies, including gene therapies and CAR-T treatment for cancer. They are known by different names across the world, for example Advanced therapy medicinal products (ATMPs), Cellular and gene therapy products (CGTPs) or Regenerative medicine advanced therapy (RMAT).

We only cover a small number of ATMPs/CGTPs/RMATS under your policy. You must call us before you start your treatment to make sure its covered.

Therapy name Where licenced and used within the terms of that licence published and in operation on 01 April 2023 we cover for:

Yescarta Diffuse large B-cell lymphoma (DLBCL) and primary mediastinal large B-cell lymphoma (PMBCL) in adults

Kymriah B-cell acute lymphoblastic leukaemia (ALL) in children and young adults and diffuse large B-cell lymphoma (DLBCL) in adults

Tecartus Mantle cell lymphoma (MCL) in adults

Abecma Multiple myeloma in adults

Imlygic Malignant melanoma (a skin cancer) in adults

Alofisel Complex perianal fistula problems in Crohn's disease in adults

Holocar Limbal stem cell deficiency in adults following physical or chemical burns of the eye

We don't cover any ATMPs/CGTPs/RMATS that aren't on the list at the time you need the treatment, including any associated hospital or specialist costs. The list is subject to change so you should always check and call us before you start any treatment.

**43.** Evacuations involving moving you from a ship, oil-rig platform or similar off-shore location.

## Renewal of Your Policy

Your Policy will remain in force for a period of 12 months from the commencement date of Your Policy, provided that all premiums due have been paid and that the Policy has not been terminated under Clause 10 of the General Conditions.

As the anniversary of Your Policy approaches, We will write to You with the terms of the next period of coverage and the premiums due. If it is necessary to make changes to Your Policy, they will only apply from Your renewal date.