SWAN

PROTECT HEALTH INSURANCE POLICY

WHAT IS NOT COVERED

This Policy does not cover any *Treatment* or procedure or expense or any adverse consequence, in connection with or attributable to or caused by:

1) ***Pre-existing Conditions*;**

2) **Costs incurred for *Treatment* undergone outside the *Geographical Treatment Limits* of cover, unless pre-authorised by *Us*;**

3) **Investigations and/or *Treatments* and/or costs incurred in respect of obesity such as weight-management programs, special diets, liposuction, weight-loss medicines, weight-loss devices, bariatric surgery;**

4) **Cost for the following items:**
   a. **Products classified as vitamins, minerals or boosters (except during pregnancy or to treat diagnosed, clinically significant vitamin and minerals deficiency syndromes, for which results must be provided), unless this benefit has been included in the Schedule of Benefits;**
   b. **Nutritional or dietary consultations and supplements, including, but not limited to, special infant formula;**
   c. **Creams, soap alternatives and medication regarded as cosmetic products, even if medically recommended or prescribed or acknowledged as having therapeutic effects, sun screen products, dental floss, mouthwash, dental waterpik, toothpastes even if prescribed by a *Dentist*, all medications which are not related to the *Doctor's* diagnosis;**
   d. **Traditional medicine, herbal, ayurvedic and similar products.**

5) **Costs incurred following:**
   a. **Any cosmetic *Treatment* and/or any *Treatment* carried out by a plastic surgeon unless** he/she satisfies the Eligibility for Plastic Surgeon Reimbursement (Condition 2(I)), **whether or not for medical/physical/physiological/psychological purposes.**
   b. **Any cosmetic *Treatment* and/or any reconstructive surgery carried out, whether or not for medical/physical/physiological/psychological purposes where the surgery is done to improve appearance, self-esteem, recorrect a previous cosmetic procedure or is regarded by a *Medical Practitioner*/plastic surgeon appointed by *Us* to be for cosmetic reasons. The only exception is reconstructive surgery necessary to restore function or appearance after a disfiguring *Accident* or following *Treatment* for another insured *Illness/Disease* that has altered function or appearance. The insured *Illness/Disease* should have incurred while insured under this Policy.**

6) Removal of fat or other surplus tissue from any part of the body, whether or not it is carried out for medical, physical or psychological reasons;

7) Costs incurred in health hydros, nature cure *Clinics*, bath centres, spa, health resorts, rehabilitation or recovery centre even if the stay is medically prescribed;

8) Ear and any part of face and body piercing, tattoos on any part of the body, keloids of ear lobes;

9) Operation to correct short or long sight or astigmatism;

10) Costs incurred in relation to:
   a. Prescriptions and *Treatments* by any person other than a Registered *Medical Practitioner* except when referred to the *Health Therapist* by a Registered *Medical Practitioner* and the *Treatment* is not excluded under this Policy;
   b. Drug therapy, which is in our reasonable opinion, is experimental or unproven based on generally accepted medical practice and/or falls outside the manufacturer's therapeutic indications, prescribed in doses above or duration beyond the recommended guidelines for the stated diagnosis. This includes medication prescribed by the *Doctor*, which do not correspond to or are not indicated for the treatment of the stated complaints and/or diagnosis;
   c. Any package therapy in a specialized centre unless prior approval has been obtained from *Us*;

11) Failure to seek or follow medical advice. This includes seeking a second opinion soon after initial consultation;

12) Any stay in *Hospital*/*Clinic* for reasons other than in accordance with the treating *Doctor*'s diagnosis;

13) Male or female birth control, infertility (and all investigations, treatments and procedures related to and with a view of improving fertility), contraception, sexual dysfunction, sterilisation or its reversal and *Treatment* of impotence, unless this benefit has been included in the Schedule of Benefits;

14) Surrogacy, whether you are acting as a surrogate or are the intended parent;

15) Sex change operations and related *Treatment*;

16) Mental *Illness*, *Disease* or disorder including depression, anxiety, panic attacks, stress, anorexia, bulimia, psychological, psychiatric, or psychogeriatric *Illness*, condition or disorder, and/or Neurodegenerative disorders including but not limited to Dementia, Alzheimer's disease, Parkinson's disease, related conditions, all complications and sequelae, unless this benefit has been included in the Schedule of Benefits;

17) Sleep disorders, including insomnia, except sleep apnoea;

18) Intentionally caused *Diseases* or self-inflicted injuries, including a suicide attempt;

19) Developmental delay in which a child is lagging in cognitive and/or physical development. ;

20) Conduct disorder, attention deficit hyperactivity disorder, autism spectrum disorder, oppositional defiant disorder, antisocial behaviour, obsessive-compulsive disorder, attachment disorders, adjustment disorders, eating disorders or *Treatments* that encourage positive social-emotional relationships, such as communication therapies, floor time and family therapy;

21) Speech therapy only in relation to developmental delay, dyslexia, dyspraxia or expressive language disorder;

22) Conditions directly or indirectly related to alcohol intake be it chronic or isolated episodes of alcohol consumption, all events provoked, aggravated or occurring under influence of alcohol intake, irrespective of whether alcohol test was conducted or not in suspected cases;

23) All forms of Cirrhosis Of Liver And Complications Including But Not Limited To Portal Hypertension, Ascites and/or Oedema, Splenomegaly, Bleeding and/or Coagulation Disorders, Gastritis, Oesophageal Varices and other varices with or without bleeding and related therapeutic measures, Hepatorenal Syndrome, Hepatic Failure, Hepatic Encephalopathy, Hepatocellular Carcinoma /Liver Cancer;

24) Solvent abuse, drug abuse or addictive conditions of any kind and any complications resulting from these;

25) Loss of hair for persons aged over 45 years;

26) Hair replacement and hair grafting;

27) Orthomolecular *Treatment*;

28) *Oculomotor Therapy*;

29) Routine preventive *Vaccinations* falling within the National Immunisation program to provide acquired immunity to various infectious diseases, unless this benefit has been included in the Schedule of Benefits. The only exception is for vaccines forming part of therapeutic regimen for certain specific preventive conditions;

30) **Preventive *Treatment* and Routine health checks including consultations such as but not limited to gynaecological check-ups, cardiac check-ups and any investigations used as general screening and that are not specific to any one suspected *Illness* even if these check-ups have been prescribed by the *Doctor* and are medically appropriate for preventative and screening process; unless this benefit has been included in the Schedule of Benefits;**

31) **Rehabilitation *Treatment*;**

32) **Consultations and tests performed, as well as any drugs or *Treatments* prescribed, by *You*, *Your* spouse, parents or children, unless *Your* spouse or *Your* parent or *Your* child is a registered *Medical Practitioner*;**

33) **Air Travel other than as a passenger in an aircraft duly licensed for the carriage of passengers;**

34) **Medical evacuations and repatriation of mortal remains;**

35) **Pre and post-natal classes;**

36) **All tests and/or investigations aimed at detecting possible foetal abnormalities such as Triple/Bart's, Quadruple or Spina Bifida tests, except for women aged 35 or over;**

37) **All consultations, investigations and/or treatments to Human Immunodeficiency Virus (HIV), or the mutants, derivatives or variants thereof, including Acquired Immuno Deficiency Syndrome (AIDS) and AIDS-Related Complex (ARC);**

38) **Venereal *Diseases* or any other sexually transmitted *Disease* including but not limited to Chlamydia, Genital Herpes, Gonorrhea, Human Papilloma Virus (HPV), Syphilis, Trichomoniasis, Hepatitis;**

39) **Hepatitis B and Hepatitis C and all related conditions and complications including but not limited to Acute Or Chronic Hepatitis, Relapses, Hepatic Failure, Cirrhosis Of Liver , Hepatocellular Carcinoma, all complications and sequelae.**

40) **Replacement or maintenance of special braces, appliances or equipment such as artificial limbs and the like including medical appliances or aids;**

41) Costs incurred following injury or sickness due to any sport or sporting activities that presents a high level of inherent danger (i.e. involve a high level of expertise, exceptional physical, exertion, highly specialized gear or stunts) or exposure to unnecessary perils. This includes but is not limited to:
   i. Professional sports
   ii. Big wave surfing
   iii. Canoeing down rapids
   iv. Cliff/bungee jumping
   v. Zipline
   vi. Horse jumping and equestrian vaulting
   vii. Horse racing
   viii. Ultra-marathons
   ix. Biathlons
   x. Triathlons and Stunt riding
   xi. Mountaineering with the use of ropes and guides
   xii. Scuba diving
   xiii. Sky diving
   xiv. Skiing
   xv. Tobogganing, Bobsleighing, and skijoring,
   xvi. Parachuting, Parasailing
   xvii. Participation in races of any kind (other than athletics)
   xviii. Participating in speed and endurance test
   xix. Sailing except within 10 miles from the coast of Mauritius;

42) Supply of any medicine and drug in respect of any one *Illness, Disease*, disorder and/or an allergic condition for more than 6 months;

43) On-going medication given to manage any *Chronic* or permanent medical condition, unless this benefit has been included in the Schedule of Benefits;

44) Orthodontics for persons above 25 years old;

45) Epidemics and/or pandemics, unless this benefit has been included in the Schedule of Benefits;

46) Sunglasses and contact lenses used for cosmetic purposes;

47) Loss, breakage, wear and tear, scratching, repairs or replacement of spectacles, frames and contact lenses.

48) Costs under *In-Patient* Cover and Medical & Surgical Catastrophe Cover for Dental implants and Dental *Treatment* and injuries sustained following intake of food except for disfigurement following an *Accident*;

49) All forms of renal replacement dialysis *Treatments* for both acute and chronic /end stage renal failure;

50) Costs incurred to locate a replacement organ or any cost incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs;

51) Termination of pregnancy, except as legally permitted by the law and where the termination has been recommended by two specialists in obstetrics and gynaecology;

52) Genetic testing, except for DNA tests when directly linked to an eligible amniocentesis, i.e. in the case of women aged 35 or over;

53) Costs incurred directly caused by an *Illness*, injury or *Treatment* for which cover is excluded or limited under this Policy;

54) *Treatment* services or charges that are not covered under the Schedule of Benefits. We also do not pay for the costs in excess of the Limits specified in the Schedule of Benefits and any fees exceeding the *Scale of Cost*.

55) *Palliative Treatment*, *Nursing/Convalescent Home* unless this benefit has been included in the Schedule of Benefits;

56) Experimental, medical trials or pioneering medicines or medical/surgical techniques not commonly available which the *Insured Person* chooses to receive even though *Treatment* usually and customarily provided for the medical condition concerned is available within the region of cover of the Policy.

57) Infectious screening test <u>except</u> if mandatory for *In-Patient* admission;

58) Costs of quarantine or any mandatory isolation imposed to an *Insured Person* by government or any legislation or authority.