



Exclusions

Depending on the healthcare program chosen by the policyholder, please see below the list of the main exclusions:

- ▶ treatment performed by any person who is not legally licensed to carry out the said treatment;
 - ▶ any/all medical treatment that are not ordered by a doctor or that are not a medical necessity ;
 - ▶ medical or dental care that is not up to the professional standards of the country where they were provided;
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- ▶ treatment for which the insured did not obtain prior approval or for which such approval was denied;
 - ▶ aesthetic treatment and cosmetic surgery of any type or nature, except following an accident (that occurs while this policy is in effect), with prior approval from the insurer and according to the terms, conditions and limitations as stipulated by the contract;
 - ▶ non-emergency surgery for which no prior approval was given;
 - ▶ charges for services or supplies ordered or received prior to the effective date of coverage or after the termination of coverage;
 - ▶ para-pharmaceutical items such as cotton, rubbing alcohol, sunscreen, etc...
 - ▶ in the event of hospitalization, personal expenses such as telephone calls and television rental;
 - ▶ expenses considered as unusual and excessive with respect to the country in which they were incurred;
 - ▶ treatment against obesity or anorexia;
 - ▶ treatment for infertility (IVF);
 - ▶ travel and accommodation expenses in relation with medical care;
 - ▶ laser refractive surgery / radial keratotomy (myopia surgery);
 - ▶ periodontics;
 - ▶ dental prostheses (Diamond and Platinum included);
 - ▶ orthodontic treatment (Diamond and Platinum included);
 - ▶ alternative medicine treatment when unrelated to an illness or accident
 - ▶ Spas and thermal cure;
 - ▶ in-patient prescribed psychiatric treatment (Diamond included);
 - ▶ all other psychiatric treatment, prescribed or non-prescribed;
 - ▶ detoxification treatment;
 - ▶ pre-operative care;
 - ▶ surgical prostheses not required intra-operatively;
 - ▶ chronic or end-stage kidney failure which has required regular or long-term dialysis;
 - ▶ expenses reimbursed or likely to be reimbursed by any other health plan or accident coverage ;
 - ▶ medical care given in nursing homes or old-age homes or resulting from help provided to people in their everyday life, even if those people are suffering from permanent or temporary disability;
 - ▶ treatment considered as experimental;
 - ▶ all type of genetic testing;
 - ▶ room & board, treatment in a specialized establishment after aspa;
 - ▶ room & board, treatment in a physical therapy or rehabilitation facility;
 - ▶ speech or oculomotor or occupational therapies;
 - ▶ non prescribed inoculations or travel related inoculations;
 - ▶ pre-existing conditions are not covered or limited refund as stated in plan details and general conditions;
 - ▶ chronic conditions are not covered or limited refund as stated in plan details and general conditions;
 - ▶ hormone replacement therapy when considered as not a medical necessity or for gender re-alignment;
 - ▶ long term care for chronic conditions & for disability are covered up to the maximum of the chronic conditions benefit;
 - ▶ Any Claim arising from:
 - self-inflicted Injury (including suicide or attempted suicide);
 - needless self-exposure to peril (except in an attempt to save human life);
 - travel undertaken against medical advice.

For any further information please refer to the General Conditions or contact the Plan Administrator.