

# HEALTHNET HEALTHCARE INSURANCE

## GROUP MEDICAL INSURANCE POLICY CONDITIONS

### INTRODUCTION

In recognition of the payment of the PREMIUM WE undertake to reimburse MEDICAL TREATMENT CHARGES for MEDICAL TREATMENT incurred during the POLICY YEAR.

YOUR cover is governed by the following documents all of which must be read together.

The Application Form and any associated declarations.  
The Policy Conditions when YOUR POLICY begins or is renewed.  
The Schedule of Benefits when YOUR POLICY begins or is renewed.  
The Endorsements.  
The Certificate of Insurance.  
The Premium Table.

Any word explained in the definitions section will have the same meaning throughout. Such words are shown in capital letters for ease of recognition.

A Certificate of Insurance will be issued only when YOU have completed an Application Form, this has been accepted by US and the PREMIUM has been paid. Any Certificate of Insurance replaces any other Certificate previously issued to cover the same Insurance.

Any Cover not shown on the Schedule of Benefits is not provided.

### DEFINITIONS

#### **Accident**

Any sudden and unforeseen event occurring during the POLICY YEAR, resulting in bodily injury, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control.

#### **Acupuncture**

Therapy of a MEDICAL CONDITION by needles or laser provided by or ordered by a licensed PHYSICIAN.

#### **Active Service**

An EMPLOYEE will be considered in Active Service on any day if they are performing in the customary manner all the regular duties of their employment as performed, or where capable of being performed, on the last regularly scheduled work day.

**Benefit/s**

A benefit that WE will pay under this POLICY for MEDICAL TREATMENT CHARGES incurred during the POLICY YEAR. Only those Benefits stated on the Schedule of Benefits are covered.

**Compulsory Plan**

A plan where all eligible persons must be included.

**Day Patient**

A patient who occupies a HOSPITAL bed or is charged for HOSPITAL accommodation in the course of MEDICAL TREATMENT but does not remain overnight.

**Dependant**

The spouse of the INSURED PERSON (but excluding those legally separated), and/or unmarried children, step-children, foster children and legally adopted children, who are dependent on the INSURED PERSON for support. Provided that such children are not less than 15 days and not more than 18 years old at the date of enrolment in the Plan, (or 24 years old provided it can be proved that the child is dependent upon the parents for financial support, and in full time education within the United Arab Emirates.

The DEPENDANTS of the INSURED PERSON must be recognised as such in the records of the EMPLOYER.

**Deductible**

The contribution that YOU must pay towards MEDICAL TREATMENT CHARGES.

**Due Date**

The date of commencement or renewal of cover as shown on the Certificate of Insurance, or the date on which any subsequent installment of premium falls due.

**Emergency Dental Treatment**

Emergency MEDICAL TREATMENT necessary to restore or replace sound natural teeth lost or damaged in an ACCIDENT and for which MEDICAL TREATMENT is provided within 48 hours following the ACCIDENT.

**Emergency Medical Evacuation**

The medically necessary expense of emergency transportation and medical care en route to move an INSURED PERSON who has a critical MEDICAL CONDITION to the nearest HOSPITAL where appropriate care and facilities are available.

Reasonable transportation costs only of one other person accompanying the patient on an EMERGENCY MEDICAL EVACUATION when this is deemed necessary.

In the event of an approved EMERGENCY MEDICAL EVACUATION WE will pay the cost of an economy air ticket back to the United Arab emirates.

This BENEFIT does not apply within the United Arab Emirates or in the event of maternity.

### **Emergency Medical Repatriation**

Evacuation costs of an INSURED PERSON (including one other person necessarily having to travel, remain with or escort the INSURED PERSON) in the event of in-patient treatment not being readily available in the Country of Residence or country of incident (if different) to an appropriate facility in the home country of the insured person on the certified instructions of a Medical Practitioner or Specialist and only upon receipt of written agreement from the appointed assistance provider prior to travel.

The appointed assistance provider will decide whether such evacuation requires an air ambulance or whether a commercial flight is appropriate.

### **Emergency Ward Services following Accident**

Services performed in a HOSPITAL casualty ward or emergency room immediately following an ACCIDENT.

### **Employee**

An INSURED PERSON who is in ACTIVE SERVICE on a full-time basis with the EMPLOYER under a written contract of employment. Persons in casual employment with the EMPLOYER are not included. Sole Proprietors, Partners or Directors of the EMPLOYER can be included.

### **Employer**

The EMPLOYER of the INSURED PERSON or, in the case of non employee groups accepted by US, the Sponsoring organisation through which the plan is offered, effected or administered and to whom the MASTER POLICY is issued.

### **General Outpatient Services**

OUTPATIENT SERVICES provided by or ordered by a PHYSICIAN who is licensed as a General Practitioner.

### **Geographical Area**

The Geographical Area stated in the POLICY for which the appropriate premium has been paid. MEDICAL TREATMENT for a MEDICAL CONDITION will only be reimbursed under this POLICY if the MEDICAL TREATMENT was performed in a country specified under the Geographical Area in the POLICY.

**Group**

Membership of a Group Plan accepted by US. It comprises a group of EMPLOYEES employed by an EMPLOYER or Members of a Trade Union or Members of any Association and their Dependants or Members of any other Institution accepted by US and considered to be a group for the purposes of this contract.

**Hospital Cash Benefit**

The cash payment by us of the amount mentioned in the Schedule of Benefits when the INSURED PERSON is admitted in one of the hospitals stated in Schedule of Benefits for inpatient treatment.

**Healthnet Network**

Is the group of Medical Service Providers including hospitals which have contracted with US to provide MEDICAL TREATMENT to YOU.

**Hospital**

Any institution which is legally licensed as a medical or surgical Hospital in the country in which it is located and whose main activities are not those of a rehabilitation centre, spa, hydroclinic, sanatorium, nursing home, or home for the aged. It must be under the constant supervision of a resident PHYSICIAN.

**Hospital Services**

Accommodation, nursing, operating theatres, drugs, dressings, diagnostic procedures and any other necessary services rendered by the HOSPITAL for MEDICAL TREATMENT as an IN-PATIENT.

**In-Patient**

A patient who occupies a HOSPITAL bed for more than 24 hours for MEDICAL TREATMENT.

**Insured Person****(You/Your)**

Any person listed as an insured person on any Certificate of Insurance or Schedule.

**Laboratory and X-ray Services**

Laboratory testing, radiographic and nuclear medicine procedures used to diagnose and treat MEDICAL CONDITIONS. Laboratory and X-ray Services must be provided by or ordered by a PHYSICIAN.

**Local Ambulance Services**

The necessary medical transportation by road ambulance to a local HOSPITAL.

**Master Policy**

The Contract of Insurance which is issued to the EMPLOYER or the Sponsoring organisation as defined.

**Maternity Care**

Maternity Care, where included, shall mean pre-natal, childbirth and post-natal treatment for YOU up to the limit specified and subject to any co-insurance per pregnancy. Where this benefit is included, it will only apply to pregnancies beginning at least 10 calendar months after the date of enrollment of the Insured Person.

**Medical Condition**

Any illness, disease or injury not excluded under this POLICY.

**Medical Emergency**

Any Medical Condition or serious accident which require urgent and immediate Medical Treatment and which cannot be delayed.

**Medical Treatment**

Medical or Surgical procedures performed with the sole purpose to cure or relieve a MEDICAL CONDITION.

**Medical Treatment Charges**

Reasonable, customary and necessary charges for:

- 1) HOSPITAL SERVICES
- 2) OUT PATIENT SERVICES
- 3) POST HOSPITALISATION TREATMENT
- 4) EMERGENCY WARD SERVICES
- 5) NURSING AT HOME
- 6) SPECIALIST HERBAL TREATMENT
- 7) ACUPUNCTURE
- 8) MATERNITY CARE
- 9) GENERAL OUTPATIENT SERVICES
- 10) SPECIALIST OUTPATIENT SERVICES

**Nursing at Home**

Medical services of a government licensed nurse in YOUR home when prescribed by a PHYSICIAN and related directly to a MEDICAL CONDITION for which YOU have received or are receiving treatment covered under the terms and conditions of this POLICY.

**Organ Transplantation**

MEDICAL TREATMENT costs incurred in respect of kidney, heart and liver transplants. **This BENEFIT does not cover the cost of acquiring the organ or any expenses whatsoever incurred by the donor.**

**Overall Limits**

Are the total aggregate BENEFITS that may be claimed in any one POLICY YEAR by an INSURED PERSON. Such limits will be shown in the Schedule of Benefits on the Certificate.

**Out Patient Services**

MEDICAL TREATMENT provided to an INSURED PERSON when not a DAY PATIENT or IN PATIENT. These may include:

GENERAL OUTPATIENT SERVICES  
SPECIALIST OUTPATIENT SERVICES  
LABORATORY AND X-RAY SERVICES  
PRESCRIBED DRUGS  
SPECIALIST HERBAL TREATMENT  
ACUPUNCTURE

**Parent Accompanying Child**

Charges made by a HOSPITAL for one parent to accompany a child aged 15 years or under when treated as an IN-PATIENT

**Physician**

Is a legally licensed medical practitioner recognised by the law of the country where treatment is provided and who, in rendering such treatment, is practising within the scope of his licensing and training.

**Physiotherapy and Chiropractic**

Consultation and procedures conduct by physiotherapist physician subject to prior referral of specialist orthopedician or Neurosurgeon only.

**Policy**

YOUR application forms, declaration, definitions, conditions, exclusions, including the table of benefits, certificate of insurance and any endorsements and the premium table.

**Policy Year**

The annual period of insurance from one Due Date to the next anniversary of the Due Date as specified in the Certificate of Insurance.

**Post Hospitalisation Treatment**

Is all MEDICAL TREATMENT provided within three months immediately following discharge from HOSPITAL provided by or ordered by a PHYSICIAN which directly results from a MEDICAL CONDITION for which the INSURED PERSON has been treated as an INPATIENT. Such treatment may include:

GENERAL OUTPATIENT SERVICES  
SPECIALIST OUTPATIENT SERVICES

LABORATORY AND X-RAY SERVICES  
PRESCRIBED DRUGS  
SPECIALIST HERBAL TREATMENT  
ACUPUNCTURE

**Pre-Authorised**

Planned IN-PATIENT or DAY PATIENT treatment or SPECIALIST OUTPATIENT SERVICES that YOU have informed US about prior to admission or treatment that WE have checked against YOUR POLICY cover and agreed.

**Pre-authorisation Code**

Is a code number issued by US to YOU or directly to a PHYSICIAN or HOSPITAL prior to certain types of MEDICAL TREATMENT taking place.

**Prescribed Drugs**

Medications whose sale and use are legally restricted to the order of a PHYSICIAN and do not include items that may be purchased without a PHYSICIAN'S prescription.

**Reasonable and customary charges**

The average amount charged in respect of a valid services or Treatment costs, as determined by Our experience in any particular country, area or region and substantiated by an independent third party, being a practicing Surgeon/Specialist or Government Health Department.

**Repatriation of Mortal Remains from outside U.A.E. or Local Burial**

The expense of preparation and the air transportation of the mortal remains of an INSURED PERSON from the place of death either to the United Arab Emirates or to the HOME COUNTRY, or the preparation and Local Burial of the mortal remains of an INSURED PERSON. This BENEFIT is excluded where death occurs in the HOME COUNTRY.

**Repatriation of Mortal Remains from within the U.A.E.**

The expense of preparation and the air transportation of the mortal remains of an INSURED PERSON from the U.A.E. to the HOME COUNTRY where death occurs within the U.A.E.

**Specialist Herbal Treatment**

Means internal and/or external application of herbs provided or ordered by a specialist.

**Specialist Outpatient Services**

Outpatient Services provided by or ordered by a specialist or consultant to whom the Insured Person has been referred by another PHYSICIAN.

**The Insurer is**  
**NATIONAL GENERAL INSURANCE Co. (P.S.C.)**

**Utilisation Review**

OUR right, in consultation with your treating PHYSICIAN, to review any course of MEDICAL TREATMENT and to recommend alternatives.

**WE/US/OUR**  
**NATIONAL GENERAL INSURANCE Co. (P.S.C.)**

**Work Related Accident/Illness**

Any ACCIDENT or MEDICAL CONDITION incurred as a result of an EMPLOYEES occupation.

**YOU/YOUR INSURED PERSONS**

Any person listed as an INSURED PERSON on any Certificate of Insurance or Schedule or listed in Staff census which YOU have given to US and which has been accepted by US.

Administration

**Additions/Deletions**

Additions/ Deletions will be on a pro-rata premium basis.

For new additions passport copies showing stamped visa page, photograph, addition & deletions form and duly filled in application forms if applicable should be submitted.

The company reserves the right to vary the premium rates, if there is a change in the total number of insured members above or below 25% during the policy year.

**Application**

All policies are subject to the completion of the appropriate application form and medical underwriting. WE retain the right to decline any application.

**Arbitration**

Any differences in respect of medical opinion will be settled between two medical experts one appointed by each of the two parties to the dispute in writing. Any differences of opinion between the two medical experts shall be referred to an umpire who shall have been appointed in writing at the outset by the two medical experts.

**Cancellation**

WE may cancel this MASTER POLICY if:

- The premium has not been paid.
- The EMPLOYER fails to observe the terms of the POLICY or fails to act with utmost good faith.

Cancellation of the MASTER POLICY will automatically cancel all cover for all persons insured under the MASTER POLICY.

**Cessation of Coverage**

Cover will cease automatically at the first DUE DATE following the 65<sup>th</sup> birthday of any INSURED PERSON covered hereunder or if any INSURED PERSON ceases to fulfil the requirements for ELIGIBILITY.

**Claims**

In the event of a claim under the policy we will only pay BENEFIT if:

1. YOU have contacted US and received PRE-AUTHORISATION of any costs to be incurred as either a DAY-PATIENT or an IN-PATIENT or as a result of SPECIALIST OUTPATIENT SERVICES (other than Gynaecological or Paediatric Consultations). In an emergency when WE can not be contacted in advance then the admission to HOSPITAL must be reported as soon as possible and in any event not later than 2 working days after admission and.
2. Premiums have been paid for the POLICY YEAR and MEDICAL TREATMENT is received during the POLICY YEAR and
3. WE can ask for medical information including pre-admission certification and concurrent review reports, from any PHYSICIAN as often as WE require and if necessary examine YOU and
4. WE are told of any circumstances that may lead to a claim against a third party or any other insurance and
5. MEDICAL TREATMENT is carried out within the "HEALTHNET" NETWORK. Treatment received outside of the "HEALTHNET" NETWORK will be subject to 20% coinsurance after deductible and treatment will be on a reimbursement basis and reasonable and customary charges will prevail.

6. Where MEDICAL TREATMENT is carried out outside of the "HEALTHNET" NETWORK written details of the claim have been sent to US as soon as possible and in any event not later than 90 days from the start of MEDICAL TREATMENT. All documentation relating to the claim must be originals and not copies.

### **Eligibility**

This Insurance is available only to United Arab Emirates Nationals and persons holding a valid current full residence status visa for the United Arab Emirates and who are ordinarily resident in the United Arab Emirates. Only EMPLOYEES aged under 65 currently in ACTIVE SERVICE of the EMPLOYER and their DEPENDANTS aged under 65 at the date of entry into the coverage are eligible. Newly born children shall be eligible for insurance 15 days after the date of birth or 15 days after discharge from the HOSPITAL where the birth took place, whichever is the later.

### **Emergency Medical Evacuation**

In the event of EMERGENCY MEDICAL EVACUATION WE retain the right to decide where YOU are transported to. Any portion of YOUR travel ticket which is unused after the provision of EMERGENCY MEDICAL EVACUATION SERVICES shall be surrendered to US.

### **Fraud**

If any claim shall in any respect be false or fraudulent or if fraudulent means or devices are used by the INSURED PERSON or anyone acting on his behalf to obtain BENEFIT hereunder then the coverage in respect of such person and insured dependants shall be cancelled immediately and all BENEFITS and premium forfeited.

### **Legal Proceedings**

No Legal proceedings shall be commenced until 60 days after a claim has been correctly submitted with all documentation required by US and no such action shall be brought unless commenced within 6 years from the first date of treatment.

This POLICY is governed by the Law of the United Arab Emirates and any dispute arising out this POLICY shall be settled in the Courts of Dubai.

### **Lost Card**

For Lost or stolen cards a cost of Dhs. 25 will be levied.

### **Material Changes**

WE must be advised as soon as possible of any material change effecting any INSURED PERSONS. WE retain the right to alter the terms of the POLICY or cancel the POLICY in the event of material change.

**Other Insurance**

WE will not pay for MEDICAL TREATMENT CHARGES if there is or may be any other insurance or indemnity that may cover those charges. If the other insurance or indemnity does not cover all MEDICAL TREATMENT CHARGES. WE will pay the balance subject to the limitations of this policy.

WE have full rights of Subrogation.

**Payment of Benefits**

We will make payment directly to a provider of MEDICAL TREATMENT which is a member of the HEALTHNET NETWORK subject to receiving satisfactory proof of the MEDICAL TREATMENT provided. WE will make payment to YOU for MEDICAL TREATMENT received outside the HEALTHNET NETWORK subject to receiving satisfactory proof of the MEDICAL TREATMENT received.

**Payment of Deductible**

YOU must make payment directly to any provider of MEDICAL TREATMENT for the amount of any DEDUCTIBLE applicable as specified in the Certificate of Insurance.

**Payment of Premium**

Premiums are payable in advance of the DUE DATE. If payment is not made on or before the DUE DATE the insurance will be cancelled from the DUE DATE.

**Renewal**

This plan is an annual contract and YOUR cover ends on the last day of the POLICY YEAR. It may be renewed if renewal is invited by us and the premium has been paid.

### Exclusions

WE will not pay for the following treatments, conditions, activities, items or their consequences or any related expenses.

**Acne and Hirsutism**

Acne and Primary Hirsutism or related medical conditions.

**Aids**

Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by and/or related to the virus HIV positive including any treatment for the purpose of preventing or retarding the development of the virus HIV positive.

**Alcohol, Drug or Substance Abuse**

MEDICAL TREATMENT for alcoholism; alcohol, drug or substance abuse or addictions or conditions that may be attributed to alcoholism; alcohol, drug or substance abuse or addictions.

**Appliances**

Prostheses, corrective devices and medical appliances which are not required intra-operatively including glasses, contact lenses, hearing aids, dentures or dental appliances.

**Auto therapy**

MEDICAL TREATMENT by a family member and any auto therapy including prescription of drugs.

**Birth Control**

MEDICAL TREATMENT for contraceptive measures whether procedures or medicines and related conditions.

**Birth Defects**

MEDICAL TREATMENT relating to birth defects and congenital illnesses. Birth defects are deemed to include hereditary conditions, manifested at any age.

**Care of the Aged**

MEDICAL TREATMENT in any establishment for care of the aged.

**Circumcision**

Circumcision for any reason

**Cosmetic Treatment**

Elective cosmetic surgical or non-surgical procedures, whether or not for psychological reasons including non-complicated varicose veins either symptomatic or not, deviated nasal septum, uvuloplasty for any reason and any treatment or procedure of navi which are not proved malignant.

**Cryo preservation**

All expenses of any cryo preservation and implantation or re-implantation of living cells.

**Deductible**

The amount of the deductible stated in the Certificate of Insurance.

**Dental**

All dental treatment which is not EMERGENCY DENTAL TREATMENT unless ROUTINE DENTAL TREATMENT is specifically included in the coverage.

**Dietician Consultation**

Consulting a Dietician for any reason.

**Dialysis**

Regular or long-term kidney dialysis in chronic or end-stage kidney failure.

**Emergency Medical Evacuation/ Emergency Medical Repatriation (Refer Schedule of benefits)**

All EMERGENCY MEDICAL EVACUATION/ EMERGENCY MEDICAL REPATRIATION benefits are excluded unless specifically included in the coverage.

All EMERGENCY MEDICAL EVACUATION/ EMERGENCY MEDICAL REPATRIATION costs not approved in advance by the appointed Assistance Center and Emergency Medical Evacuation/ Emergency Medical Repatriation costs where :

1. YOU were under MEDICAL TREATMENT at the time of commencing a journey and the costs incurred were relevant to that treatment, or if the journey was undertaken against a PHYSICIAN'S orders or advice.
2. A journey was specifically undertaken with the intention of obtaining MEDICAL TREATMENT.
3. YOU were exercising any form of hazardous work in connection with any business, trade or profession.
4. YOU were engaging in any form of aerial flight except as a fare paying passenger on a regular scheduled airline or licensed charter aircraft over an established route.
5. YOU were engaging in any potentially hazardous sports including Winter Sports.
6. Any expenses incurred as result of pre-existing conditions.
7. More than one emergency evacuation and/or repatriation for any single medical condition of a INSURED PERSON during the term of the insurance policy, subject to a maximum of one year.
8. Any expenses for medical evacuation or repatriation if the INSURED PERSON is not suffering from a serious Medical Condition, and/or in the opinion of the SOS physician, the INSURED PERSON can be adequately treated locally, or treatment can be reasonably delayed until the INSURED PERSON return to the United Arab Emirates.
9. Any expenses for medical evacuation or repatriation where the INSURED PERSON, in the opinion of the SOS physician, can travel as an ordinary passenger without medical escort.

10. Any expenses related to accident or injury occurring while the INSURED PERSON is engaged in caving, mountaineering or rock climbing necessitating the use of guides or ropes potholing, skydiving, parachuting, bungee-jumping, ballooning, hang gliding, deep sea diving utilizing hard helmet with air hose attachments, martial arts, rallying, racing of any kind other than on foot, and any organized sports undertaken on a professional or sponsored basis.
11. Any expenses incurred for emotional, mental or psychiatric illness.
12. Any expenses incurred as result of a self- inflicted injury, suicide, drug addiction or abuse, alcohol abuse, sexually transmitted diseases.
13. Any expenses incurred as a result of Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or disease.
14. Any expenses related to the INSURED PERSON engaging in any form of aerial flight except as a passenger on a scheduled airline flight or licensed charter aircraft over any established route.
15. Any expenses related to the INSURED PERSON engaging in the commission of, or the attempt to commit, an unlawful act.
16. Any expenses related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.
17. Any expenses incurred as a result of the INSURED PERSON engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection.
18. Any expenses which is a direct result of nuclear reaction or radiation.
19. Any expenses incurred for or as a result of any activity required from or on a ship or oil-rig platform, or at a similar off-shore location.

**Flight Risks**

Any form of ariel flight except as a fare paying passenger on a regular, scheduled airline or licensed charter aircraft over an established route.

**Growth and development disorder:**

All illness of developmental and constitutional nature either of physical or non-physical origin.

**Hazardous/Professional Sports**

MEDICAL CONDITIONS arising from:

- ANY PROFESSIONAL SPORTS.
- MOTOR CYCLING APART FROM ON ROADWAYS DESIGNED FOR MOTOR TRAFFIC.
- ABSAILING, CLIMBING AND MOUNTAINEERING NORMALLY REQUIRING THE USE OF ROPES AND/OR PITONS.
- POLO AND STEEPLE CHASING.
- RACING OF ANY KIND OTHER THAN ON FOOT.
- DIVING INVOLVING THE USE OF BREATHING APPARATUS
- BUNGEE JUMPING
- CAVING
- PARACHUTING
- WEIGHT LIFTING
- WATER AND ICE SPORTS
- DESERT SAFARI SPORTS

**Hormonal replacement therapy**

All kinds of treatment which are needed to replace any hormonal deficiency of the body.

**Hospital Costs and Specialist Outpatient Services**

Costs incurred as a DAY-PATIENT or IN-PATIENT unless PRE-AUTHORISED by US in advance except in the case of a medical emergency.

**Impotence**

Medical treatment for impotence whether physical or psychological in origin

**Infertility**

Cost of tests or treatment relating to infertility or the inability to conceive, assisted reproduction and invitro fertilisation.

**Maternity**

1. All maternity care unless specifically included in the coverage.
2. Cost of tests or treatment relating to infertility or the inability to conceive.
3. Assisted reproduction including invitro fertilisation.
4. Termination of pregnancy for any reason unless medically necessary due to a life threatening condition of the mother.
5. Any EMERGENCY MEDICAL EVACUATION costs.
6. Any illegal pregnancy.

**Medicine**

General items, Cosmetic items and supplementary vitamins either prescribed by physician or not as well as the following specific medicine: Interferon injections, Viagra and all weight reducing medicine and regime.

**Menopause**

Cost of tests or treatment relating to menopause and Peri-menopausal symptoms include hormonal replacement therapy

**Mental or Psychiatric**

MEDICAL TREATMENT of mental illness, psychiatric and psychological disorders.

**Ophthalmology**

Medical Treatment and measurements for the correction of error of refraction.

**Organ Transplantation**

All Organ, any tissue or cells Transplantations except heart, kidneys and liver.

Acquisition of the Organ itself and expenses incurred by the donor.

Costs for acquisition and implantation of artificial heart and mono or bi-ventricular devices.

**Outside Geographical Area**

Any costs incurred outside the selected GEOGRAPHICAL AREA.

**Outside Policy Period**

Any costs incurred outside of YOUR POLICY YEAR or during any period for which the appropriate premium has not been paid.

**Palliative therapy:** Any treatment or procedure which is not curative but is palliating the medical condition of the insured.

**Polycystic ovarian syndrome and related conditions.****Prophylactic Medicine**

Medical treatment and tests include vaccination (therapeutic, prophylactic), allergy skin patch tests, RAST test and desensitization therapy.

**Pre Existing Conditions**

MEDICAL TREATMENT of any MEDICAL CONDITION including its consequences from which YOU were already suffering or which was foreseeable at the time YOUR Coverage under the POLICY began unless such MEDICAL condition was declared to and accepted by US. This includes any previous MEDICAL CONDITION or its consequences which recurs. "Foreseeable" means that YOU knew or reasonably should have known that the MEDICAL CONDITION existed, whether or not any PHYSICIAN had been consulted. Or any MEDICAL CONDITION which is in context of natural course of this condition should be manifested or symptomatic at the time of the insurance and this is decided by the opinion of Medicine and independent medical consultant.

**Radioactivity**

MEDICAL CONDITIONS caused by, or attributed to radioactive contamination.

**Rehabilitation**

Services or treatment in any long term care facility, rehabilitation centre, spa, hydroclinic, sanatorium, nursing home or home for the aged, including all physiotherapeutic procedures which exceed one month after commencement of the treatment.

**Routine Examinations**

Routine medical examination, including ear and eye examination, vaccinations, the issue of medical certificates and attestations, and examinations as to suitability for employment or travel.

**Self-inflicted**

Costs resulting from wilfully self inflicted MEDICAL CONDITIONS.

**Sexually transmitted diseases**

Any MEDICAL TREATMENT of sexually transmitted diseases.

**Terrorism Exclusion**

Notwithstanding any provision to the contrary within this policy or any endorsement thereto it is agreed that this policy excludes, loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this exclusion an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This policy also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.

If WE allege that by reason of this exclusion any loss, damage, cost or expense is not covered by this policy the burden of proving the contrary shall be upon YOU.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

**Transportation Costs**

All transportation costs except as defined under LOCAL AMBULANCE SERVICES .

**Treatment outside the Healthnet Network**

20% of the cost incurred (after deductible) of any MEDICAL TREATMENT outside the HEALTHNET Network even when PRE-AUTHORISED by US in advance.

**Unconventional Medical Treatment**

Unconventional alternatives of surgical or non-surgical procedures, except if approved by NGI on case by case basis.

**Unproven Treatment**

MEDICAL TREATMENT that is not Scientifically proven or recognised.

**War**

Treatment of MEDICAL CONDITIONS resulting from participation in war, riot, civil commotion the commission of or the attempt to commit any criminal act, including resultant imprisonment.

**Work Related Accident/Illness**

Any ACCIDENT or MEDICAL CONDITION incurred as a result of an EMPLOYEES occupation.