



**Note:** Before applying for this Policy, please read carefully the terms and conditions of this Policy, especially the **exclusions** highlighted in boldface. If you have any query, please contact our salespersons or call 4008208858.

## INTRODUCTION

The extent of coverage under the Policy is determined by reading this Policy together with the most recent Benefits Schedule issued to the Policyholder or Insured Person(s). It is important to note that any Benefit mentioned in the Policy but which is not shown on the Benefits Schedule is not covered for the Insured Person(s) to whom the Benefits Schedule relates. Please examine the Policy and the Benefits Schedule(s) carefully to make sure that the required protection has been provided.

The information provided to the Company by the Policyholder or any Insured Person(s) on or in connection with the application form is the basis of this contract and is deemed to be incorporated herein.

In this Policy, where the context admits, words imputing the masculine gender shall include the feminine gender and words imputing the singular number shall include the plural number and vice versa.

## DEFINITIONS AND SPECIFIC CONDITIONS

**The following Definitions and Specific Conditions apply to the Policy, and have the same meaning wherever they are used in the Policy, Benefits Schedule(s) or Endorsements.**

### Accident or Accidental

Means a sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place.

### AIDS/HIV Coverage

Where specifically stated on the Benefits Schedule means treatment of Human Immunodeficiency Virus ("HIV") related illnesses including Acquired Immune Deficiency Syndrome ("AIDS"), AIDS Related Complex and/or any mutation, derivation, or variation thereof which occurs during the Period of Insurance for an Insured Person under this Policy or any subsequent renewal of this Policy and manifests itself at any time after five (5) years of continuous coverage with the Company from the Initial Effective Date of the Insured Person under this Policy.

### Area of Cover

Means the geographical area as listed on the Benefits Schedule and for which the appropriate premium has been paid, otherwise world-wide.

### Assisted Conception

Means the use of medical technology to increase the number of eggs during ovulation or to bring a human sperm and an egg, or eggs, close together, thereby increasing the chance of conception. This includes but is not limited to Intra-uterine insemination (IUI), In vitro fertilization (IVF), Intracytoplasmic sperm injection (ICSI) or the use of any form of treatment to induce or increase ovulation.

### Bodily Injury

Means identifiable physical injury to an Insured Person's body which is caused by an Accident solely and independently of any other causes and does not result from an Illness.

### Benefits Schedule(s)

Means the schedule(s) which sets out the benefits extended to the Insured Person(s) under this Policy, and the sum insured in respect of the benefits.

### Co-insurance

Means the portion of Covered Charges the Company will pay, usually expressed as a percentage, after application of any Deductible.

### Company

Means the insurance company specified on the Policy Schedule.

### Complementary Medicine

Where specifically stated on the Benefits Schedule means services provided by a physiotherapist, chiropractor, acupuncturist, bonesetter, clinical dietician, speech therapist, osteopath, podiatrist, homoeopath, or Chinese medicine practitioner other than a relative of any Insured Person by blood, marriage or adoption, who is fully trained, legally qualified, registered and licensed to practice.

### Complications of Pregnancy

Are conditions whose diagnoses are distinct from pregnancy but are adversely affected or caused by pregnancy, such as: acute nephritis, nephrosis, cardiac decompensation, missed abortion, ectopic pregnancy, puerperal infection, eclampsia, toxemia and similar medical and surgical conditions of comparable severity which require Confinement.

### Confinement

Means a continuous period of not less than 18 hours as a registered bed patient in a Hospital.

### Congenital Condition

Means a physical or mental abnormality classified as a congenital anomaly in the International Classification of Diseases (ICD).

### Cosmetic Treatment

Means cutting, thermal destruction, cyro, light, or chemical treatment of tissue performed to reshape or modify structures of the body or physical appearance.

### Covered Charge

Means an expense for a Medically Necessary service.



## Custodial or Maintenance Care

Means care provided mainly for personal needs, comfort or convenience that could be provided by persons without specialized medical training or skills. It also means care furnished mainly to maintain, rather than improve a physical or mental function, or to provide a protected environment.

## Date of Service

Means the date on which a medical service is rendered or the first day of a Confinement, whichever is earlier.

## Deductible

Means an amount as stipulated in the Benefits Schedule which shall be deducted from any Covered Charges.

## Dependant

Means the Insured Person's spouse and each unmarried child of the Insured Person who is chiefly dependant on the Insured Person for support and maintenance. The term "child" includes a stepchild, or an adopted child.

## Developmental Abnormality

Means symptoms concerning nutrition metabolism and development as classified in the International Classification of Diseases (ICD)

## Disability

Means an Illness or Bodily Injury and any symptoms, sequelae, or complications thereof. In the case of Bodily Injury, it means all injuries arising from the same event or series of contiguous events.

## Effective Date

Means the date specified on the Namelist as the date on which the Period of Insurance commences under this Policy for an Insured Person.

## Eligible Person(s)

Means a person who meets the requirements set forth in the Administration & General Condition section governing Eligibility.

## Emergency

Means a sudden change in a person's health which requires urgent medical or surgical intervention to avoid permanent damage to life or health.

## Employment Class

Is defined as follows:

**Class I** Very Light Occupational Hazards: Professional and administrative duties and neither superintending nor engaging in manual labor, that is, persons generally engaged in professional, administrative, managerial and clerical positions.

**Class II** Light Occupational Hazards: Superintending but not engaging in manual labor, engaging in wholesale or retail trade, or involvement in frequent travelling in connection with professional or business purposes.

**Class III** Medium Occupational Hazards: Engaging in some light manual work but not the use of equipment or machinery, such as persons generally engaged in skilled trades such as plumbing, light carpentry, dry cleaning, and food service.

**Class IV** and above: all other hazardous occupations.

## Home Country

Means the country of which the Insured Person holds a passport. Where the Insured Person holds more than one passport the Home Country will be taken to mean the country whose passport number is listed on the application form. For a dependant child holding more than one passport, the Home Country will be taken to mean the Home Country of the Insured Person's parent who is the Policyholder.

## Hospice/Palliative Treatment

Means the services, where specifically mentioned in the Benefits Schedule and prescribed by the attending Physician, of an institution duly constituted and registered to provide a centralized program of palliative and supportive services to dying persons in the form of physical, psychological, social and spiritual care.

## Hospital

Means an establishment duly constituted and registered as a facility for the care and treatment of sick and injured persons as paying bed patients and which

- i) has full facilities for diagnosis and surgical procedures,
- ii) provides 24 hour a day nursing services by registered graduate nurses,
- iii) is supervised by a staff of Physicians, and
- iv) is not primarily a clinic, a nursing rest, or convalescent home, a home for the aged, or a place for alcoholics or drug addicts.

## Hospital Room

For the purpose of this policy, and where indicated on the Benefits Schedule, hospital accommodation levels are defined as below. Where a Hospital has more than one type of room in an accommodation level, reimbursement will be based on the type of room within that accommodation level of which the Hospital has the greatest number:

**Private** – A class of room having one patient bed per room.

**Semiprivate** – A class of room having two patient beds per room, whether both beds are occupied or not.

**Ward** – A class of room having three or more patient beds per room, whether all beds are occupied or not.

**Intensive Care Unit** – A class of room dedicated to the constant, close monitoring of the vital body functions of critically ill patients, which provides a high ratio of nursing staff to patients, and which has full facilities for the resuscitation of patients. This definition also includes a coronary care unit which has facilities not less comprehensive than those described above.



## Illness

Means a physical condition marked by a pathological deviation from the normal healthy state.

## Initial Effective Date

Means the first Effective Date the Insured Person is enrolled in a benefit plan under this Policy and any consecutive renewals thereof.

## Insured Person

Means an Eligible Person who has completed or whose name is included on an application form for the Policy and in respect of whom commencement of coverage has been confirmed in writing by the Company or its authorized agents.

## Kidney Dialysis

Means hemodialysis. Kidney Dialysis costs may only be claimed under this section of the Policy when the benefit is included on the Benefits Schedule. No other type of benefit under this Policy provides coverage in connection with Kidney Dialysis.

## Medically Necessary

Means possessing an identifiable relationship to either a covered Disability or symptom(s) suggestive of a Disability which if existing would be covered under the Policy. For therapeutic services, the patient must have a Disability and the service must be required to prevent permanent damage to life or health. For diagnostic services, the patient must have active symptomatology of unknown etiology and suggestive of a Disability, and the services must be necessary to determine whether therapeutic services are required.

## Medicines and Drugs

Are those for which a Physician's prescription is required for purchase, which have been prescribed by a Physician for treatment of a covered Disability, and which have been dispensed by a Physician's office or by a licensed pharmacist.

## Mental and Nervous Condition

Means a psychiatric, psychological, affective, mental, or behavioral disorder, irrespective of whether a physiologic cause is known or suspected. It includes any condition listed in the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV) published by the American Psychiatric Association.

## Namelist

Means a list identifying the Insured Person(s) covered under the Policy and the Period of Insurance, the benefit plan type and the required premium for the Insured Person(s). Such list shall constitute a part of the Policy Schedule.

## Newborn

Means a baby who is within the first 120 days of its life following delivery.

## Newborn Accommodation

Means standard nursery accommodation costs for a Newborn to accompany its mother, who must be an Insured Person, when the

mother is confined to a Hospital for a covered Disability.

## North America and the Caribbean

Means Canada, Mexico, the United States (including its territories and possessions), Anguilla, Antigua & Barbuda, Aruba, Bahamas, Belize, Bermuda, Bonaire, Cayman Islands, Costa Rica, Curacao, Dominica, Dominican Republic, El Salvador, Grenada, Guadeloupe, Guatemala, Haiti, Honduras, Jamaica, Martinique, Nicaragua, Panama, Puerto Rico, St. Lucia, St. Vincent, Trinidad & Tobago, Venezuela, and the Virgin Islands.

## Organ Transplantation

Means the cost of operations and all related treatments and testing involved with the transplantation of kidneys, heart, liver, lung, cornea or bone marrow from a human donor. The Policy does not cover the costs of acquisition of the organ or expenses incurred by the donor except for direct costs of surgery to remove such organ for transplantation but not to exceed 30% of the total treatment costs. Transplantation costs may only be claimed under this section of the Policy when the benefit is included on the Benefits Schedule. No other type of benefit under this Policy provides coverage in connection with Organ Transplantation.

## Parental Accommodation

Means costs for an additional bed in the same room for a parent or legal guardian staying with an Insured Person who is under 18 years or younger and is admitted as an inpatient in a Hospital for treatment of a covered Disability.

## Period of Insurance

Means the dates of coverage set out on the Namelist or any endorsements to the Policy.

## Physician

Means a properly qualified medical practitioner other than a relative of any Insured Person by blood, marriage or adoption, who is licensed by the competent medical authorities of the country in which treatment is provided, and who in rendering such treatment is practicing within the scope of his or her licensing and training.

## Policy Year

Means the time between 00:00 a.m. on the first day of the period of insurance shown on the Policy Schedule (or renewal endorsement if any) and 24:00pm on the last day of the period of insurance. All times are calculated according to standard Beijing time.

## Policyholder

Means the natural person with full civil capacity specified on the Policy Schedule who has an insurable interest on an Insured Person.

## Post Hospitalization Benefits

Where specifically mentioned in the Benefits Schedule shall mean medical services immediately following a covered Confinement in a Hospital which are provided by or ordered by a Physician and used as a direct consequence of the covered Disability which necessitated such Confinement but not services which can be safely rendered locally but for which an Insured Person has traveled abroad, nor services which can be delayed without risk of permanent damage to life or health.



## Preceding Policy

Means a health insurance policy covering Illness and/or Bodily Injury which terminates no later than the day prior to the Initial Effective Date in respect of an Insured Person, and a copy of which has been provided to the Company upon application. It includes neither a travel policy which covers only Illness and/or Bodily Injury arising during the journey, nor a travel policy which is subject to limitation on the length of a journey.

## Pre-existing Condition

Means any Disability:

- which existed before the Initial Effective Date of insurance in respect of an Insured Person, which presented signs or symptoms of which the Insured Person was aware or should reasonably have been aware, or
- for which treatment, or medication, or advice, or diagnosis has been sought or received during the two years prior to the Initial Effective Date of insurance in respect of an Insured Person, or
- which was known by the Insured Person to exist prior to the Initial Effective Date of insurance whether or not treatment, or medication, or advice, or diagnosis was sought or received.

## Pre-Hospitalization Benefits

Where specifically mentioned in the Benefits Schedule shall mean medical services provided or ordered by a Physician and used prior to a covered Confinement in a Hospital as a direct consequence of the covered Disability which led to Confinement.

## Reasonable and Customary Charges

Means charges which do not exceed the general level of fees levied for comparable services by others of similar professional standing in the same locality, for a person of similar sex and age, and for a similar Disability, and irrespective of ability to pay or availability or adequacy of insurance.

## Reconstructive Surgery

Means cutting or thermal destruction of tissue performed on abnormal structures of the body, whether caused by Congenital Conditions or Developmental Abnormalities, performed to improve function or approximate a normal appearance.

## Surgical Schedule

(If specified in the Benefits Schedule) means the schedule attached to the Policy showing the percentage of the surgeon's fee limit up to which the Policy will pay according to the type of surgical procedure undertaken.

## Usual Country of Residence

Means the country in which the Insured Person works or lives for the majority of the year before the Initial Effective Date of the Insured Person under the policy. For Insured Persons who travel for a majority of the year, it means the country in which the Insured Person maintains his primary residence or in which the Insured Person's last fixed residence was located.

## Venereal Disease

Means an Illness classified as a venereal disease in the International Classification of Diseases (ICD).

## War

Means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve

economic, geographic, nationalistic, political, racial, religious or other ends.

## ADMINISTRATION & GENERAL CONDITIONS

### Policy, Schedule, Application, and Endorsements as One Contract

This Policy, the application form, and all schedules including the Benefits Schedules and Endorsements attached thereto form the whole contract. Any change in this Policy must be approved by an authorized signatory of the Company and no change will be effective except by endorsement to this Policy. If a special meaning is attached to any word or expression in this Policy it will continue to bear such meaning throughout this contract.

### Eligibility

Those who may become Insured Persons are the Policyholder and any Dependants. A child who has attained his or her 18th birthday (23rd birthday if a full time student) may continue his or her insurance by payment of the adult premium in effect at the time of the next premium anniversary. No person shall be included for coverage under this Policy who has not yet attained the age of 15 days or who has reached the age of 66 years unless accepted in writing by the Company.

Applicants who are not eligible may not be enrolled in the Policy. No coverage for an applicant is in force until confirmed by the issuance of a Policy or endorsement.

### Additions

A child born while either parent is an Insured Person will become an eligible person 15 days after date of birth or 15 days after discharge in a normal healthy condition from Hospital, whichever is the latter.

Such child shall be covered until the expiry date of the current Policy Year for Disabilities which commence after the date the Company approves the Policyholder's written request to add the child to the Policy. For such a child, coverage for special care or treatment of Congenital Conditions, birth anomalies, or premature birth is not included.

The level of benefits for the child shall be the same as that of the Insured Person, excluding any optional benefits. If both parents are Insured Persons and are insured for different levels of benefits, then the level of benefits for the child shall be the lower of the two. Coverage for the child upon renewal of the Policy (if renewed) shall be subject to the payment of the appropriate premium.

Any other Eligible Person will become an Insured Person when the Company accepts the Policyholder's written request in accordance with its then current underwriting rules and once the additional premium is duly paid.

### Take-over Policies

If an Insured Person shall have been covered by a Preceding Policy and that Insured Person shall have been afflicted with a Disability at the time this Policy commenced (and for which benefits would have been available to him under the Preceding Policy had it remained in force) such Insured Person shall continue to be covered for the existing Disability under the provisions of this Policy, but not to exceed the limits which would have been obtainable to him under the provisions of the Preceding Policy or the provisions of this Policy, whichever shall be the lesser, provided the Company has been notified of said Disability in writing upon application.



## Qualifying Period

Eligibility for benefits commences 30 days after an Insured Person has been included in this Policy, except when necessitated by a Bodily Injury occurring wholly after the Initial Effective Date of this insurance. No Qualifying Period will be applicable to renewal policies or to coverage for an Insured Person who was covered by a Preceding Policy.

## Waiting Period for Maternity

Where maternity benefits are specifically provided for on the Benefits Schedule and only one Insured Person over the age of 19 is enrolled in the plan containing maternity benefits, the maternity benefits shall be limited to Covered Charges incurred 24 months after the Initial Effective Date and subsequent renewal. Where maternity benefits are specifically provided for on the Benefits Schedule and two or more Insured Persons over the age of 19 are enrolled in the plan containing maternity benefits, the maternity benefits shall be limited to Covered Charges incurred 12 months after the Initial Effective Date.

## Cancellation and Short Period Rates

The Policyholder may cancel this Policy at any time by notifying the Company of such intent in the form of a registered letter addressed to the Company. The Company shall refund the premium received after deduction of short term premium for covered period. The monthly short term premium rate is 10% of annual premium. Incomputed at the event that the covered period is less than a full month, the premium shall be calculated on a full month basis. following table of Short-Period rates:

- i) For period not exceeding one month: 20% of annual premium
- ii) For period not exceeding nine months, each succeeding month: 10% of annual premium
- iii) For period exceeding nine months: 100% of annual premium

In the case that claims have been paid under the Policy, the total claim amount due shall be deducted from the premium refund calculated.

In the event that the geographical nature of the risks covered increases substantially, the Company may, while the Policy is in force, cancel the Policy by giving the Policyholder a thirty (30) days prior written notice. In this event, the Policy will be terminated at 24:00 of the date shown in the written notice. The written notice will be delivered in person, by registered mail or other similar mails to the Policyholder address of domicile or correspondence. A pro-rata unearned premium will be returned.

## Termination of Benefits

The benefits for an Insured Person under this Policy shall terminate at such time as the benefits endorsed on the Benefits Schedule shall have been exhausted, at midnight on the last day of this Policy, or at midnight on the last day of Period of Insurance, whichever is earliest.

## Commencement and Renewal

The period of insurance is stated in the Policy Schedule. The Policy may be renewed thereafter by mutual agreement. Premium must be received by the Company before the insurance is in force.

## Change of Residence

As a condition precedent to liability under the Policy, the Company must be informed immediately in writing of any change in the Insured Person's Usual Country of Residence. A change in the Usual Country of Residence shall be deemed to mean the Insured Person's ceasing to maintain a residence in his current Usual Country of Residence, or establishing or intending to establish a residence in another country for a period in excess of three consecutive months. The Company must be informed of the location of any Dependents whose Usual Country of Residence is different from that declared for the Insured Person in the application form, and The Company reserves the right to decline to cover such Dependents under the Policy. The Company reserves the right to decline to offer renewal to any Insured Person whose Usual Country of Residence has changed during the Policy Year.

## Reasonable Precautions and Material Changes

The Insured Person shall take all reasonable precautions to prevent and minimize any Accident, Bodily Injury, Illness or expense and the Company must be informed immediately in writing of any material information or change of circumstances whether relating to job occupation, avocation, sporting activity or otherwise which may increase the possibility or likely magnitude of a claim under the Policy. The Company shall have the right to continue coverage on terms and conditions it considers appropriate to such changes in material information or circumstances or to decline to continue coverage under the Policy. No claim arising from or related to such change shall be met until and unless the Company has been advised of such change, and has agreed to continue coverage.

## Notification of Claim

All claims must be submitted to the Company within ninety (90) days of the Date of Service. Failure to give proof within such time will not affect any claim if it was not reasonably possible to give proof within such time but in any event, not more than 365 days after the Date of Service. All certificates, information and evidence required by the Company shall be furnished in English at the expense of the Insured Person. An Insured Person shall, at the request and expense of the Company, submit to a medical examination whenever such is deemed necessary. In addition the Company shall have the right to require a post mortem, where this is not forbidden by law.

## Proof of Claim

Original documentation and receipts together with a fully completed Claim Form signed by the treating Physician must be submitted to the Company within the time limits defined above. Photocopies are not acceptable. If the Company considers that the evidence is insufficient, the Insurer shall have one chance to notify the Insured Person in a timely manner to request additional information or documents. The Company shall provide the Insured Person with its usual forms for filing proof of claim. Upon receipt of notice of claim, the Company shall provide any additional forms as required. If such forms are not provided within thirty (30) days after receipt of such notice, the claimant need only submit, in the time fixed in the Policy for filing proof of claim, written proof as to the nature and extent of the claim.



Claims are not deemed complete and eligible benefits are not payable unless all bills, certificates, information, and evidence as may reasonably be required by the Company in respect of such claims and could be provided by the Insured Person have been submitted and agreed upon by the Company. Only actual costs incurred shall be considered for reimbursement.

In case of any loss under the Policy, the Company shall, after receiving the completed claim materials from the Insured Person, adjust the claim in time. If the claim can not be adjusted within the statutory period under complex circumstances, the both parties agree to extend the period but the extended period shall not exceed 30 days.

## Payment of Benefits

If an Insured Person incurs Covered Charges during the Period of Insurance, the Company will pay a benefit in accordance with the Benefits Schedule. In Benefits Schedules providing for Deductible or Coinsurance amounts, the Company will pay Covered Charges in excess of any stipulated Deductible, multiplied by any coinsurance percentage that may apply. Benefits are payable to the Insured Person or to the Estate of the Insured Person. The Company may at its sole discretion pay benefits to an Insured Person or provider of services at the written request of the Insured Person. The Company may appoint independent administrators to settle claims on its behalf.

All benefit payments shall be made in the same currency as the policy is issued.

## Right of Recovery

In the event authorization of payment and/or payment is made by the Company for a claim which is not covered under this Policy or when the limit of liability of this insurance is exceeded, the Company reserves the right to recover the said sum or excess from the Insured Person.

## Other Insurance

All persons insured by any other medical or accident insurance policy shall inform the Company of and provide the Company with a copy of the Policy including the Benefit Schedules.

## Conditions Precedent to any Liability

Unless otherwise provided by law, any liability of the Company to the Insured Person shall be wholly dependent upon:

- i) The Company being furnished with all the reasonably required statements and declarations to be provided by the claimant or Insured Person (parent or duly appointed guardian if the Insured Person is a minor) on an application or enrolment form provided by the Company and the complete truth of all such statements and declarations.
- ii) Subject to Clause 3.25 below, the complete truth of all statements and declarations made in respect to any claim made against the Company by the claimant or any Insured Person under the provisions of this Policy.

## Applicable Law

The laws of the People Republic of China shall govern and control in the event of any conflict or dispute between the parties with regard to the Policy.

## Settlement of Disputes

In the event that the related parties fail to reach an agreement on any dispute during the implementation of the Policy or its riders, the parties may choose any of the followings to seek a resolution in accordance with the agreement of the Policy:

- i) submit the dispute to the Arbitration Commission agreed by both parties if an attempt is made to resolve the dispute arose from the implementation of the Policy by negotiation but fails;
- ii) file a suit with the court within People's Republic of China for legal proceeding if attempt is made to resolve the dispute arose from the implementation of the Policy or by negotiation but fails.

## Premium subject to change

Premiums for each Period of Insurance are based on the age of each Insured Person on the first day of the Period of Insurance, the table of rates then in effect, and other factors which may materially affect the risks insured. The Company has the right to change the table of rates on a class basis for all similar policies on this same form.

## Grace Period

Where the premium is paid in installments as agreed, a grace period of 30 days shall be allowed on all premium payments after the first installment. During the days of grace period the Policy will remain in force.

## 30-Day Free Look Privilege

The Policyholder has 30 days from the receipt of the Policy to examine the terms and conditions of the Policy and may cancel the Policy within the foregoing 30-day period by written request to the Company in which case premiums paid will be refunded. If the Policy is sent by post, it is deemed to have been delivered in the ordinary course of post. Where the Policy is so cancelled, the Company shall have no liability whatsoever under the cancelled Policy.

## Conditionally Renewable

The Company may refuse to continue this Policy as of the end of any Period of Insurance, or offer renewal subject to such new or additional terms as it may deem appropriate.

## Alterations and Non-Waiver

No alterations in the terms of this Policy, its attachments or endorsements shall be considered valid unless these are signed or initialed by an officer or authorized representative of the Company.

## In the Event of Fraud

The Company shall have a right to immediately cancel the Policy without any premium refund if an Insured Person makes a claim under the Policy knowing that an insured incident actually never occurs, or intentionally fabricate an insured incident. The Company shall decline the claim payment for the false an Insured Person fabricates the cause of incident or exaggerate the degree of damage by forging or altering the relevant documents, materials or any other evidence part.



## EXCLUSIONS

The following treatments, items, conditions, activities and their related, associated or consequential expenses are excluded from the Policy and the Company shall not be liable for:

1. Pre-Existing Conditions or any related, associated or consequential Disabilities, unless disclosed to and accepted in writing by the Company.
2. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person(s) including legislation or insurance coverage relating to occupational death, Bodily Injury, Illness or disease.
3. Routine medical examinations or check-ups, examinations for employment or travel, routine eye or ear examinations, vitamins, nutritional supplements, vaccinations, medical certificates, hearing aids, chelation therapy except for heavy metal poisoning, hydro colon therapy, counselling, Custodial or Maintenance Care, rest cures, and services or treatment at home or while a bed patient at any facility that is not a Hospital unless specifically stated on the Benefits Schedule.
4. Dentistry, except that which is explicitly stated in the optional dental plan Benefits Schedule as being covered by the Policy, Cosmetic Treatment, and Reconstructive Surgery except for charges for the prompt repair of a Bodily Injury. In the case of Bodily Injury to teeth, the teeth repaired must have been sound and natural, the Bodily Injury must occur while the person is an Insured Person and the Bodily Injury must not be directly or indirectly caused by biting or chewing.
5. Illness, tests or treatment related to fertility, Assisted Conception, impotence or erectile dysfunction, contraception, sterilization, birth defects, Congenital Conditions, Developmental Abnormalities or any abortion performed due to psychological or social reasons, and consequences thereof.
6. Pregnancy or childbirth including pre-natal and post-natal care, except where Maternity Benefits are stated on the Benefits Schedule as being covered by the Policy.
7. Corrective devices and durable medical equipment. Treatment that is either not part of Western (allopathic) medicine, except where Complementary Medicine benefits are stated on the Benefits Schedule as being covered by the Policy, or which is not Medically Necessary, or complications or Disabilities consequential thereupon.
8. All costs relating to human cornea, bone marrow, muscular, skeletal or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to Organ Transplantation (including conditions requiring or likely to require transplantation and status-post transplantation) except as provided by the Organ Transplantation Benefit when this benefit is stated on the Benefits Schedule as being covered by the Policy.
9. Tests or treatment of psychiatric, psychological, Mental and Nervous Conditions, and any physiological or psychosomatic causes or manifestations thereof unless specifically stated on the Benefits Schedule, self-inflicted Bodily Injury, suicide or attempted suicide, deliberate exposure to exceptional danger except in an effort to save human life, excessive consumption of alcohol or narcotics or similar drugs or agents, sleep disorders, learning difficulties, behavioral disorders, or Venereal Disease.
10. Any treatment or test in connection with Human Immunodeficiency Virus (HIV) related Illness including Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and/or any mutation, derivation, or variation thereof except when AIDS/HIV Benefits are stated on the Benefits Schedule as being covered by the Policy.
11. Experimental or pioneering medical and surgery techniques except with the Company's prior approval in writing.
12. Services which are not recommended and prescribed by the Insured Person's attending Physician except for a second opinion prior to surgery and continuity of fees from a referring Physician after the date on which an Insured Person has been referred to another Physician or specialist.
13. Refractive defects of the eye, such as nearsightedness and astigmatism, spectacles, monacles or contact lenses.
14. Disabilities as a result of duties of employment or profession in Employment Class III or IV, participation in any professional sport, or aviation or aeronautics other than as a fare paying passenger on a duly licensed commercial aircraft unless disclosed to and accepted by the Company.
15. Disabilities while serving as a member of a police or military unit of any country or international authority, or participation in War, civil war, invasion, insurrection, revolution, use of military power, usurpation of government or military power, any known or suspected Terrorist Act, or any illegal act. Any medical services rendered to an Insured Person while he is confined in a prison, jail, any other correctional facility including halfway houses or similar facilities, or any mental institution. Exposure to ionizing radiation or radioactive contamination of any kind.
16. Hospital inpatient treatment for convalescence, rehabilitation, supervision or conditions which in the opinion of the Company's medical adviser(s) can be properly treated as an outpatient.
17. Transportation 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 not approved in advance by the Company or its appointed 24-hour emergency medical assistance center.
18. Charges, or portions of charges, which are not Reasonable and Customary Charges. Costs arising under any legislation which seeks to increase the cost of medical treatment and services actually received above charge levels which would be considered Reasonable and Customary in the absence of such legislation.
19. Any costs incurred for treatment outside of the Period of Insurance.
20. Any Covered Charge incurred or any Disability suffered in Cuba, Burma, Iran or Sudan.
21. This Policy will not cover any loss, Disability, damage or legal liability suffered or sustained directly or indirectly by the Insured Person if the Insured Person is:
  - 1) a terrorist;
  - 2) a member of a terrorist organisation;
  - 3) a narcotics trafficker; or
  - 4) a purveyor of nuclear, chemical or biological weapons.