

## Additional Information Sheet – Group Out-Patient Clinical

This document serves to provide additional product information, complementing the Quotation and Product Disclosure Sheet.

### Your Coverage/Benefits

This plan provides **insurance coverage** upon Insured Member's visit to **General Practitioner and/or Specialist for Medically Necessary Out-Patient treatment, where Hospitalisation is not required** during the coverage period of the Rider.

#### 1. What are the major exclusions and limitations under this plan?

- (i) This plan shall not pay any benefit arising from or accelerated by directly or indirectly, wholly or partly, any 1 of the following:
  - i. plastic/ cosmetic Surgery or treatment including but not limited to double eyelids, acne, keloids, scars, skin tags, gynaecomastia, diffused alopecia/ hair loss, or treatment of their complications; or
  - ii. circumcision unless Medically Necessary for the treatment of a Disease; or
  - iii. any corrective treatment for refractive errors including but not limited to Orthoptics, Visual Stimulation, Radial Keratotomy, Lasik, Intralase, Zyoptics, Phakic IOL implant or intraocular lenses replacement Surgery; or
  - iv. all corrective glasses or contact lenses, except monofocal intraocular lenses in cataract Surgery. Expenses incurred for contact lenses, use of cosmetic topically/ orally/ surgical procedures and any complications arising therefrom; or
  - v. the use or acquisition of all types of external prosthetic, external appliances, or corrective devices, including but not limited to artificial limbs, hearing aids, pacemakers, braces, aero chambers and equipment for nebulising, Continuous Positive Airway Pressure (CPAP), Continuous Ambulatory Peritoneal Dialysis (CAPD), orthopedic pads, implantable cardiac defibrillator (ICD), cochlear implants, and any prescriptions thereof or therefor, except for the rental of such equipment, devices or appliances provided by the Hospital or registered clinic for use during Out-Patient treatment only subject to the limits as specified in the Schedule of Benefits; or
  - vi. any dental conditions including but not limited to dental treatment, oral Surgery, orthodontics and orthognathic Surgery; temporo-mandibular joint disorder; or
  - vii. private nursing, rest cures or sanitarium care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related diseases or its sequelae, and any communicable diseases requiring quarantine by law; or
  - viii. any treatment or assessment for Congenital Conditions, hereditary or developmental conditions, deformities and any Disability or complications arising therefrom including but not limited to childhood hernias/ hydrocele (all hernias up to Age of six (6) are not covered), clubfoot, Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Thalassaemia, Squint, Haemangioma, etc; or
  - ix. pregnancy, childbirth (including surgical delivery), miscarriage (except any miscarriage of below twenty-eight (28) weeks due to Accidental causes under this Policy coverage), voluntary abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility and erectile dysfunction and tests or treatment related to impotence or sterilisation; or
  - x. any care or diagnostic test or treatment which is not Medically Necessary, has not been established as being effective or which is experimental or treatment which have not been recognized and approved by Ministry of Health of Malaysia. This exclusion includes but is not limited to stem cell treatment, related workout and any complications arising thereafter and blood surety; or
  - xi. any treatment received purely for investigation purposes, health screening, check-ups, tests or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any Preventive Treatments, preventive medicines or examinations carried out by a Physician or Specialist, except for benefit payable under diagnostic services and pap smear examination as stipulated herein; or
  - xii. treatment for Bodily Injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind-altering substance, or suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane; or
  - xiii. war, riot, rebellion, insurrection, civil commotion, explosion of war weapons, terrorism related activity, active duty in any armed forces, direct participation in strikes, nuclear war, biological and chemical warfare/ activities; or
  - xiv. effects from radiation or contamination by radioactivity from any source; or

- xv. expenses incurred for donation of any body organs by the Insured Member and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications; or
- xvi. investigation and treatment of sleep and snoring disorders, hormone therapy and hormone replacement therapy (except for surgically induced menopause), surgical treatment specifically for weight reduction or gain, hyperhidrosis, etc.; or
- xvii. alternative therapy comprising alternative treatment, medical services or supplies, including but not limited to Chiropractic, Chiropody, Homeopathy, Osteopathy, Acupuncture, Acupressure, Reflexology, Bone Setting, Massage, Aroma Therapy, Herbal, Podiatric, Dietetic consultation and treatment, education services/ therapies and Traditional Complementary Medicine, etc.; or
- xviii. care or treatment for which payment is not required or which is payable to an extent by any other insurance or indemnity covering the Insured Member and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract; or
- xix. psychotic, psychiatric, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations); or
- xx. costs/ expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities and other ineligible non-medical items; or
- xxi. Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities, winter sports, professional sports and illegal activities; or
- xxii. private flying other than in any commercial scheduled airlines licensed to carry passengers over established routes; or
- xxiii. expenses incurred for sex changes; or
- xxiv. speech and occupational therapy; or
- xxv. any preventive supplements/ supplies including but not limited to the following:
  - a. vitamins/ supplements, herbal cures and anti-obesity/ weight reducing agents, eye lubricants and any over the counter purchases except prescribed medicines; and
  - b. soaps, shampoos, cleansers, vitamin creams, vitamin ointment, moisturisers, lubricants, anti-aging, fairness treatment and any other product having similar effects; or
- xxvi. Disabilities of a newborn child contracted prior to or during birth or within the first fourteen (14) days thereafter; or
- xxvii. blood and topical allergy testing; or
- xxviii. Out-Patient physical therapy or Physiotherapy, Out-Patient rehabilitation therapy, chemotherapy, radiation therapy and kidney dialysis, chronic illness e.g. Hepatitis B and C carriers, nerve disorders/ degenerative diseases, endometriosis, transverse myelitis, etc.; or
- xxix. preventive Vaccinations except those stated under Mandatory Child Immunisation Clause only; or
- xxx. treatment/medication which are not consistent with diagnosis; or
- xxxi. house calls or home visits by Physicians for any reason.

**Note: This list is non-exhaustive. Please refer to the Supplementary Contract for the complete terms and conditions under this plan.**