ANNEX C: GENERAL EXCLUSIONS

C1. Applies to Inpatient Benefits only

Pre-existing Conditions requiring in-patient medical treatment which have existed during the twelve (12) months from the commencement of duty date, whether known or unknown to the faculty.

C2. Applies to both Inpatient and Outpatient Benefits

The list below states certain conditions which are permanently excluded, no benefits will be payable. These are stated as exclusions in the Policy

a) Pre-existing cancer treatment and kidney dialysis are permanently excluded

b) Investigation and treatment of psychological, emotional and mental and behavioral conditions; alcoholism or drug addiction, counseling sessions. Injuries due to insanity or self-infliction; conditions related to functional disorders of the mind (e.g. psychiatric); rest care or sanitaria care (e.g. neurasthenia, anxiety state, anemia) and treatment for sleep disorders. If diagnosed as Obstructive Sleep Apnea, it will be claimable,

c) Injuries arising from direct participation in a strike, riot, insurrection or war, declared or undeclared.

d) Special nursing care, preventive check-up, malaria chemoprophylaxis, experimental treatment and procedures under investigation and general physical or medical check-up or tests not incidental to treatment or diagnosis of an actual Sickness or Injury; treatment which is not medically necessary or treatment of an optional nature; treatment with respect to weight management; immunization, vaccination or inoculation; non-prescribed medication.

e) Procurement or use of special braces, any appliances, any machines, any equipment or prosthetic devices including but not limited to spectacles, contact lenses, fixing of glasses and optical reason, splints, insoles, hot or cold packs, guards and braces, hearing aids, and artificial limbs due to medical, surgical, and orthopedic aids or the fitting of the same. Non-medical services such as government taxes, television, telephone and the like.

f) Any eye examination/treatment; surgical procedure for correction of eye refraction; any expenses incurred in relation to dental and oral care/treatment including braces, bridges, crowns, root canals and implants, unless necessitated by damage to sound natural teeth as a result of an accident occurring during the period of insurance or cosmetic procedure or plastic surgery/treatment except to the extent that such surgery is necessary for the repair or damage caused solely by accidental bodily injuries covered under the Policy.

g) Any investigation, treatment or surgical operation for congenital anomalies or complications arising from such congenital anomalies, or physical defects present at and existing from the time of birth regardless of the time of discovery or the time of such treatment or surgical treatment. Any expenses incurred in relation to congenital anomalies, physical defects or hereditary conditions and disorders.
h) Birth control measures, investigation or treatment pertaining to infertility, treatment occasioned by or resulting from pregnancy, childbirth, post delivery confinement, miscarriage, abortion or relating to birth control, sterilization of either sex, or infertility, sex change operation, except ectopic pregnancy and non-elective miscarriage due to medical reason; treatment or surgical procedures required or recommended subsequent to consultations at Fertility clinics, In-Vitro Fertilisation clinics, Reproductive assistance clinics or centres, clinics or centres for Reproductive Medicine.

i) Any expenses incurred in relation to cosmetic nature including but not limited to plastic surgery, acne treatment, skin peeling and pigmentation.

j) Any expenses incurred for skincare products and eyes lubricants regardless whether it is prescribed by the Registered Medical Practitioner and treatment of hair loss, treatment of an optional nature (eg. Anorexia, hyperhydrosis, obesity, weight reduction and/or weight improvement) and all forms of aesthetic procedures.

k) Any expenses incurred in relation to health food, supplements, vitamins and minerals in the absence of specific deficiencies, and alternative treatments, regardless whether it is prescribed by the Registered Medical Practitioner.

l) Acupuncture, acupressure, bonesetting, herbalist treatment, hypnotism, massage therapy, aroma therapy and other forms of alternative treatments; treatments by podiatrist, chiropractors and traditional Chinese medicine practitioners.

m) Rest cures, hospice care, home or outpatient nursing or palliative care, convalescent care in convalescent, nursing homes, sanatoria or similar establishments; outpatient rehabilitation services, such as speech therapy (except physiotherapy and Hormone Replacement Therapy, unless due to severe osteoporosis or surgical induced menopause) or dialysis or acupuncture, heat therapy; counseling; alternative or complementary treatments, such as Traditional Chinese Medicine (TCM); stay in any healthcare establishment for social or non—medical reasons; confinement, isolation or quarantine for infectious diseases unless treatment is necessary.

n) Special or private duty nursing care; clinical home care; custodial care in any setting; day care; hospice; respite care.

o) Any expenses incurred in relation to illness or disablement arising from sexually transmitted disease, HIV infection and AIDS, unless occupationally acquired, or any illness caused by the misconduct or negligence of the Insured Members. Acquired Immuno-Deficiency Syndrome (AIDS) or any HIV infection. For the purpose of this Policy:

a. The definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition; and
b. Infection by HIV shall be deemed to have occurred where blood tests indicate in the opinion of the Company either the presence of any HIV or antibodies to such virus.

p) Any expenses, including investigations, incurred in relation to illness and disablement during or in the course of employment which constitutes a valid claim under the Employee’s Compensation Legislation.

q) Any surcharge incurred due to visits outside the normal operating hours of the clinic and house calls.

r) Drugs purchased without doctor’s prescription (except NUS and NUHS clinicians and their dependant(s)).

s) Specialist consultation, x-ray or laboratory test not recommended by a Registered Medical Practitioner for the diagnosis of Sickness or Injury (except NUS and NUHS clinicians and their dependant(s)).