



We do not cover healthcare providers' and/or service providers' accounts related to any medical procedure and/or treatment, nor hospitalisation, illness, disease, loss, damage, death, bodily injury and/or liability for:

1. events that you want to claim for, but you were not an insured person at the time of the event.
2. events that occur during your policy's waiting period(s), unless you claim for an accidental event and/or a medical emergency, where applicable.
3. events where your policy's benefit limit(s) and/or policy limit(s) have been reached.
4. events where your policy does not provide an appropriate benefit for you to claim from.
5. events where you did not obtain pre-authorisation, or where an appropriate healthcare provider referral was not obtained.
6. events where the healthcare and/or service providers utilised do not form part of the provider network, unless a benefit specifically makes provision for cover.
7. healthcare services, procedures and/or medication that do not form part of our list of approved tariff codes and/or formularies, where applicable.
8. for out-patient consultations with allied healthcare providers, such as physiotherapists and speech therapists, under our **SPECIALIST CONSULTATION BENEFIT**.
9. eye care, other than an eye test, a frame and spectacle lenses covered under our **EYE CARE BENEFIT**.
10. in-patient and/or out-patient hospital and/or casualty admissions where the medical event was not due to an accidental event or an emergency, where applicable.
11. medical procedures performed as part of in-patient stabilisation, except for the cost of stabilisation required in the event of an emergency where the medical event is the result of a sudden, and at the time unexpected onset of a medical condition that requires immediate medical treatment, where applicable.
12. MRI or CT scans that are not required due to an accidental event, where applicable.
13. physiotherapy and/or occupational therapy for physical rehabilitation:
 - a. not due to an accidental event; and/or
 - b. not provided within 3 months after discharge from hospital, where applicable.
14. costs incurred for the voluntary stay at a private facility after stabilisation for a medical emergency, where applicable.
15. costs that, in the opinion of the Underwriting Manager's clinical review team:
 - a. are not medically necessary or are clinically inappropriate;
 - b. do not meet the healthcare needs of the insured person; and/or
 - c. are not consistent in type, frequency and/or duration of treatment.
16. reconstructive cosmetic and/or maxillo-facial surgery, including related medical conditions and/or procedures that do not form part of an authorised hospital event due to an accident.
17. obesity or its sequel, cosmetic surgery and/or surgery directly or indirectly caused by, related to or in consequence of cosmetic surgery, unless a benefit specifically makes provision for cover.
18. external prosthetic devices and/or external medical items, such as artificial limbs and/or wheelchairs.
19. artificial insemination, infertility treatment and/or contraceptives.
20. robotic surgery, specialised mechanical and/or computerised appliances and/or equipment.
21. routine physical, procedure of a purely diagnostic nature and/or any other examination where there are no objective indications of impairment in normal health, including laboratory diagnostic and/or x-ray examinations, except in the case of a medical condition or disability established by prior call or attendance of a medical practitioner.
22. riots, wars, political acts, public disorder, terrorism, civil commotions, labour disturbances, strikes, lock-out, or any attempted such acts.
23. a deliberate criminal and/or fraudulent act, or any illegal activity conducted by you and/or a member of your household which directly or indirectly results in loss, damage and/or injury.
24. attempted suicide, intentional self-injury and/or deliberate exposure to exceptional danger unless in an attempt to save a human life.
25. events where the use of drugs and/or alcohol is involved with an alcohol content exceeding 0.5 milligrams per one hundred millilitres of blood, or the insured person suffering from alcoholism.
26. participation in:
 - a. active military, police and/or police reservist duty;
 - b. aviation, other than as a passenger;
 - c. hazardous, competitive and/or professional sports and/or activities involving an official and/or practice, event, race and/or contest; and/or
 - d. any form of race and/or speed test, except on foot or involving any non-mechanically propelled vehicle, vessel, craft and/or aircraft.
27. nuclear weapons material, ionising radiations and/or contamination by radioactivity from any nuclear fuel, nuclear waste or from the combustion of nuclear fuel that includes any self-sustaining process of nuclear fission.
28. events that occur for which the actual damage is provided for by legislation, including contractual liability and consequential loss.
29. non-disclosure of material information that is likely to affect the assessment or acceptance of risk.
30. dual insurance where cover is provided by more than one health insurance policy through different insurers, or through the same insurer.