

Expenses and treatments not covered by the plan

- Dental or oral treatment except for those covered by dental cover to the extent set out in Note 3e.
- Non prescribed medical treatments/non prescribed drugs.
- Food products, dietetic products, baby food, mineral waters, tonics, cosmetic products etc.
- Contraceptive and birth control drugs, even if prescribed by a physician.
- Surgical procedures costs related to corrective eye surgery (keratectomy and keratotomy, including LASIK- and LASEK-procedures) are excluded from coverage, except in case of keratoconus, in which case covered as any other surgical expenses.
- Treatment for corns, calluses, or thickened or misshapen nails.
- Treatment for sleep-related breathing disorders excluding sleep apnoea.
- Investigations into and treatment for obesity.
- Treatment relating to any speech disorders due to developmental problems.
- Spa cures, rejuvenation treatments.
- Cosmetic/aesthetic treatment or treatment undergone for psychological reasons except restorative treatment following an accident.
- Remedial teaching (learning difficulties, behavioral and developmental problems).
- Supplying or fitting of physical aids and devices to the extent set out in note 2g in the Table of Benefits.
- Treatment for chronic conditions except to the extent set out in note 1 a and note 3b in the table of benefits.
- Preventive treatment. We pay for vaccinations.
- Consequences of drug-addiction and alcoholism.
- Treatment for symptoms of bodily changes not due to underlying disease, illness or injury, such as but not limited to puberty and menopause.
- Conditions related to hormonal treatment (e.g. menopause) are covered under Hormon Replacement Therapy-Benefit.
- Treatment which is, in the reasonable opinion of you, experimental, or not proven as effective, based on established medical practice.
- Costs of out-patient drugs and dressings that are freely available for purchase and/or self-administration without the prescription and/or supervision of a doctor.
- Convalescence, hospice and general nursing care.
- Treatment arising out of complications caused by disease, illness, injury or treatment for which you are not covered under the scheme.
- Treatment for sexual problems, infertility and sex changes.
- Expenses related to sterilization.
- Costs related to abortion except in case of absolute medical necessity.
- Elective caesarean delivery expenses.
- Treatment for congenital conditions which is received on or after the 28th day after birth. Exception: we will pay for treatment of a congenital condition if the treatment is received within 28 days of birth. However, we will not continue to pay for such treatment received on or after the 29th days of birth except for a surgical operation carried out as day-case or in-patient treatment for a congenital condition of one of the following organs: heart, lungs, brain or kidneys. In order to assess the eligibility of a congenital condition, the newborn child must be registered as a dependant as of his/her date of birth.
- Treatment for or arising from deafness caused by a congenital abnormality, maturing or ageing.
- Treatment for or related to AIDS or HIV.
- Treatment for Genital Warts, Syphilis, Gonorrhea, Genital Herpes, Chlamydia, Pubic Lice or Trichomoniasis.

- Any travel costs you incur when travelling to receive treatment except for travel by ambulance to the extent set out in Note 3a and Note 4 to the Table of Benefits.
- Consequences of voluntary, of intentional acts, of hazardous competitions, bets and challenges, and motor vehicle races.
- Consequences of riots, insurrections, brawls in case of your active participation.
- Consequences of participation in crimes or misdemeanors.
- Nuclear risks.
- Aviation risks if you are a member of the crew (including piloting an aircraft).
- With respect to the risk of war and terrorism, all consequences of your active participation in operations of war and terrorism are explicitly excluded from coverage. If you are victim of activities of war and terrorism without any active involvement in these activities, you are covered (within the limits and ceilings of the coverage).
- We will not reimburse expenses incurred in the USA and Canada, except for temporary visits (up to 28 days) to the USA and Canada whether for work or pleasure. This exclusion will also not apply to treatment received in the USA or Canada required as the result of an unexpected illness, or injury, which affects the person requiring the treatment during a temporary visit (up to 28 days) to the USA or Canada. However, the benefit will not be payable in any of the following circumstances:
 - The person concerned travelled abroad contrary to medical advice.
 - They had been told they were suffering from terminal illness before going to the USA or Canada.
 - They went to the USA or Canada to receive treatment, whether this was the main reason for the visit or not.
 - The need for treatment was reasonably foreseeable. Treatment will be regarded as 'reasonably foreseeable' if the treatment results directly, or indirectly, from an illness or injury the person concerned either knew that they were suffering from and that it might at some time result in treatment being needed or that they had experienced related symptoms of.