

## Standard Medclaim Exclusions

1. The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect.
2. Such diseases which have been in existence at the time of proposing this insurance . Pre-existing condition means any injury which existed prior to the effective date of this insurance. Pre-existence condition also means any sickness or its symptoms which existed prior to the effective date of this insurance, whether or not the insured person had knowledge that the symptoms were relating to the sickness. Complications arising from pr-existing disease will be considered part of that pre-existing condition.
3. Any expenses on any disease/injury incurred during first 30 days of commencement of insurance cover except in case of injury arising out or accident.
4. During the first year of the operation of the policy the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus, Piles, Sinusitis and related disorders are not payable. If these diseases are pre-existing at the time of proposal they will not be covered even during subsequent period of renewal too.
5. Expenses on vitamins and tonics unless forming part or treatment for injury or disease as certified by the attending Physician.
6. Injury or Disease directly or indirectly caused by or contributed to be nuclear weapons/materials.
7. Treatment arising from or traceable to pregnancy, childbirth including caesarian section.
8. Injury on Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (Whether war be declared or not).
9. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
10. The cost of spectacles and contact lenses, hearing aids. Dental treatment or surgery of any kind unless requiring hospitalisation.
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12. Convalescence, general debility, 'Run-down' condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs/alcohol.
13. All expenses arising out or any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or variations

Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

14. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home or at Home under Domiciliary Hospitalisation as defined.
15. Voluntary medical termination during first 12 weeks from the date of conception. ( Exclusion 14 will stand deleted where policy is extended to cover Maternity Benefits).
16. Naturopathy treatment.