Exclusions

In addition to any items marked as “Not Covered” in the Table of Benefits, the following Treatments, Services, or Provisions are excluded unless expressly stated as Covered. This includes those that are, are for, or are related to the following:

1) Not Medically Necessary.
2) Cosmetic.
3) Preventive.
4) Custodial care.
5) Obesity and weight control.
6) Experimental or investigative.
7) Unauthorised Providers or Practitioners.
8) Hair loss and baldness.
9) Drug or substance abuse, addiction or addiction cessation.
10) Birth control and related complications.
11) Gender confirmation, sterility, infertility or sexual dysfunction.
12) Sleep related disorders.
13) Participation professionally in sports or hazardous activities.
14) Self-administered or family-provided.
15) Infertility and assisted reproduction.
16) Developmental Disorders.
17) Active participation in war or civil disturbance, political violence or terrorism.
18) Exposure to nuclear, chemical or biological weapons.
19) Participation in criminal, illegal or unlawful acts.
20) Complications of excluded Treatments and illnesses.