



MetLife

I. EXCLUSIONS - COMPREHENSIVE MAJOR MEDICAL

This Rider does not insure and no benefits shall be payable for or on account of the below except as set forth under Item (c) - Insurance Coverage of the Rider Specifications or unless specifically provided for by an endorsement:

A. Limitations:

1. The Insurance Company shall be entitled to all rights of recovery for the reasonable value of services and benefits provided by the Insurance Company to any Insured Member, from any third party or entity that either provides or is obligated to provide benefits or payments to the Insured Member. The Insured Member agrees to execute and deliver such documents (including a written confirmation of assignment, and consents to release medical reports), and provide such help as may be reasonably requested by the Insurance Company.
2. All benefit in relation to pregnancy, childbirth and any complications thereof shall be payable under clause 9 if provided for.

B. Exclusions:

This Rider does not insure and no benefits shall be payable for or on account of the below except as set forth under Item (c) - Insurance Coverage of the Rider Specifications or unless specifically provided for by an endorsement:

a. This Schedule sets out the non-basic (excluded) healthcare services:

1. Healthcare Services, which are not medically necessary.
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Custodial care includes:
 - (1) Non-medical treatment services; or
 - (2) Health related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
4. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
5. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
6. Healthcare Services and associated expenses for replacement of an existing breast implant. Cosmetic operations which improve physical appearance and which are related to an Injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body. Breast reconstruction following a mastectomy for cancer is covered.
7. Medically non-approved experimental, research, investigational healthcare services, treatments, devices and pharmacological regimens.
8. Healthcare Services that are not performed by Authorized Healthcare Service Providers, apart from Healthcare Services rendered in a Medical Emergency.
9. Healthcare services, treatments & associated expenses for alopecia, baldness, hair falling, dandruff or wigs.
10. Supplies, Treatment and services for smoking cessation programs and the treatment of nicotine addiction.
11. Non-medically necessary Amniocentesis.
12. Treatment and services related to fertility / sterility (treatment including but not limited to varicocele / polycystic ovary / ovarian cyst / hormonal disturbances / sexual dysfunction).
13. Treatment and services for contraception.
14. Prosthetic devices and consumed medical equipment's, unless approved by the insurance company.
15. Growth hormone therapy.
16. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
17. Mental Health diseases, in-patient and out-patient treatments, unless the condition is a transient mental disorder or an acute reaction to stress.
18. Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency).
19. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment); any physical, psychiatric or psychological examinations or investigations during these examinations.
20. Services rendered by any medical provider relevant of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent or child.
21. Healthcare services for adjustment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, by any means, except treatment of fractures and dislocations of the extremities.
22. All Healthcare services & Treatments for in-vitro fertilization (IVF), embryo transport; ovum and male sperms transport.
23. Elective diagnostic services and medical treatment for correction of vision.

24. Nasal septum deviation and nasal concha resection unless medically necessary.
25. Any services related to Birth defects, Congenital diseases for newborn &/or Deformities unless life-threatening.
26. Healthcare services for Senile dementia and Alzheimer's disease.
27. Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation services.
28. Any test or treatment, for purpose other than medical such as tests related for employment, travel, licensing or insurance purposes.
29. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions) and all equipment not primarily intended to improve a medical condition or injury, including but not limited to air conditioners or air purifying systems, arch supports, convenience items / options, exercise equipment and sanitary supplies.
30. More than one consultation or follow up with a medical specialist in a single day unless referred by a physician.
31. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during treatment.
32. Treatments and services related to viral hepatitis C and associated complications.
33. Inpatient treatment received without prior approval from the insurance company including cases of Medical Emergency which were not notified within 24 hours from the date of admission.
34. Any inpatient treatment, tests and other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
35. Services and educational program for handicaps.
36. Services which do not require continuous administration by specialized medical personnel.
37. Domiciliary care; private nursing care; care for the sake of travelling.
38. Organ acquisition or donation costs, cost of body organs, blood and cost of medical treatment; However, Health services and associated expenses for organ and tissue transplants, is covered for both the recipient and the donor.
39. Healthcare services and treatments) by acupuncture; acupressure, hypnotism, Rolfing, massage therapy, aromatherapy, homeopathic treatments, and all forms of treatment by alternative medicine.

b. Healthcare Services outside the Scope of Health Insurance:

- 1) Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
- 2) Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
- 3) Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
- 4) Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other type of natural disaster.
- 5) Injuries resulting from criminal acts or resisting authority by the Insured Person.
- 6) Injuries resulting from a road traffic accident.
- 7) Healthcare services for work related illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, and applicable laws in this respect.
- 8) All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances.
- 9) Any investigation or treatment not prescribed by a doctor.
- 10) Injuries resulting from attempted suicide or self-inflicted injuries.
- 11) Diagnosis and treatment services for complications of exempted illnesses.
- 12) All healthcare services for internationally and/or locally recognized epidemics.
- 13) Healthcare services for patients suffering from (and related to the diagnosis and treatment of) HIV – AIDS and its complications and all types of hepatitis except virus A and C hepatitis.

II. EXCLUSIONS - GROUP LIFE & BODY REPATRIATION

1. If any Insured commits suicide, while sane or insane, within one year from the date his coverage under this Rider commences, no benefits shall be payable.