

BOC Worldwide Medical Insurance Plan

Major Exclusions (For details, please refer to the policy):

1. Purchase of drugs, treatment or tests which are not Medically Necessary; or are not prescribed; or not performed by a Physician.
2. Confinement solely for the purpose of general checkup; diagnostic X-ray; advanced imaging; laboratory tests; genetic testing; counselling or physiotherapy.
3. Treatment for congenital condition, heredity condition and developmental condition, pre-existing conditions (except as otherwise provided in “Pre-existing Conditions Benefit” or complications arising therefrom).
4. Except as otherwise provided in the Plan for “HIV/AIDS Treatment Benefit”, expenses directly or indirectly arising from HIV and its related medical condition, including AIDS and/or any mutations, derivation or variations thereof, consequential upon an HIV infection.
5. Treatment or medical condition directly or indirectly arising from or consequent upon the abuse of drugs or alcohol, self-inflicted injuries or attempted suicide, illegal activity, or driving whilst exceeding the prescribed alcohol limit, or venereal and sexually transmitted disease or its sequelae.
6. Except as otherwise provided in the Plan for “Reconstructive Surgery Benefit”, any charges in respect of services for beautification purposes; including related and associated medical conditions arising therefrom, hearing tests, routine blood tests, general checkups, vaccinations or inoculations.
7. Except as otherwise provided in the Plan for “Emergency Dental” or “Optional Dental Benefits”, dental treatment and oral surgery except for emergency treatment arising from an accident received during Confinement. Follow up treatment from such hospital confinement relating to dental treatment or oral surgery shall not be covered.
8. Except as otherwise provided in the Plan for “Pregnancy Complications Benefit”, all investigation, treatment and counselling services, genetic testing relating to maternity and its complications, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation of either sex; infertility, etc.
9. Except as otherwise provided in the Plan for “Miscellaneous Hospital Expenses Benefit”, “Medical Appliances”, “Reconstructive Surgery Benefit” or “Stroke Rehabilitation Benefit”, purchase of prosthetic devices, durable medical equipment or appliances including but not limited to the purchase or rental of wheelchairs, hospital beds, CPAP machine, exercise equipment, spectacles, hearing aids, special braces, crutches, over-the-counter drugs, air purifiers or conditioners, heat appliances or modifications made to the Insured Person’s home.

10. Except as otherwise provided in the Plan for “Psychiatric Treatment”, treatment or medical condition directly or indirectly arising from any psychotic, psychological, or psychiatric condition of any and all kinds, and any physiological or psychosomatic manifestations thereof.
11. Treatment of obesity (including morbid obesity), weight control programs or bariatric surgery.
12. Treatment or medical condition directly or indirectly arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, strikes, riots, rebellion, revolution, insurrection or military or usurped power.