EXCLUSIONS

Extract from full policy document

1. DENTAL BENEFITS

- The Insurer will not pay more than the maximum limit per claim as specified in the Schedule of Benefits and Limits and as per specific Rules. The Insurer will also not pay for any claims received for procedures done by NON-network practitioners. Only procedures that are completed by NETWORK practitioners will qualify for cover.
- The waiting periods are specified in the Schedule of Benefits and Limits.
- 3. The first month is a registration month. The registration month will be part of the specified waiting periods.
- 4. Cosmetic dental procedures are not covered under any circumstances.
- 5. The Administrator holds the right to request any information from any dentist in order to approve any claim. The Administrator will have the final decision on any procedure benefit.

Pre-existing Conditions Exclusions apply in the following instances only:

- In cases of trauma the date of the trauma or accident must be within the period of Insurance on one of the products available, for the incident to be covered.
- Implants are only covered for loss of teeth during the period that the Insured Member holds a valid paid-up policy with AGS Dental Insurance. The Administrator must have the extraction on record as paid for cover to be granted for an implant. The replacement of missing teeth in these instances where the tooth was lost/extracted will only be covered by dentures or bridges and not the implant benefit.

Additional exclusions:

Once we have received the mandatory panoramic scan on the BRONZE, SILVER and GOLD options, we will identify all missing teeth, existing crowns, existing implants and existing temporary crowns. Existing crowns, existing implants and existing temporary crowns will be ruled as pre-existing conditions and will have an additional waiting period applied to them for a period of 5 (five) years. After the additional period of 5 years is completed, the policy holder may apply to have these procedures redone.

2. ACCIDENT, ILLNESS, DREADED DISEASE & OPERATIONS COVER

General Exclusions And Limitations

- 2.1 A Member (Insured Person) may **not be covered for more than one Policy** under this insurance category.
- If at the time of any Insured Event, giving rise to a Medical Expenses claim under this policy an Insurance or Medical Aid Scheme exists with any other Insurers or Medical Aid covering the Insured Person against the defined events, the Insurer shall be liable to make good only a rateable proportion of the amount payable by or to or on behalf of the Insured Person in respect of such Insured Event.
- 2.3 The Policyholder will not be entitled to any benefits if admission is required for the purposes of investigative procedures or any other investigation only, unless specifically provided for in this agreement.
- 2.4 This policy does not cover any admission to hospital which is a result or relate to **complications or conditions arising as a result of pregnancy** or during childbirth during the **first 9 (nine) months** from the Commencement Date or any Reinstatement Date. Admission to hospital which is a result or relate to complications or conditions arising as a result of pregnancy will be part of the **maternity benefit** and will be subject to the maximum limit as set out on the maternity benefit.

- 2.5 The Insurer will **not be liable for any claims**:
 - 1. **caused by suicide or attempted thereat or self-inflicted injury** or wilful exposure to danger (unless in an attempt to save human life);
 - 2. In respect of expenses arising out of **routine physical or other examinations** where there is no objective indications or impairment in normal health;
 - 3. in respect of **obesity**, **elective cosmetic or plastic**, **corrective optical and laser** surgery or treatment and costs resulting there from except in the case of bodily reconstruction as a direct result of an Injury sustained in an Accident;
 - 4. in respect of **premature childbirth** unless the expected date of birth is **later than 9 (nine) consecutive months** after inception of insurance;
 - 5. the new born baby born in the first twelve months, except where the new born will be covered after the **baby has been discharged** with a clean bill of health:
 - 6. resulting from a Member refusing medical treatment recommended by a physician or medical practitioner;
 - 7. resulting from a Member unreasonably or wilfully neglecting or **failing to seek and remain under the care of a medical practitioner**;
 - 8. resulting from, whilst **in Hospital at the Insured Person's own choosing** which has no connection with any Injury, Illness or Dread Disease or other than by recommendation by a qualified physician;
 - 9. resulting from, whilst in Hospital for the investigation of pain and pain related conditions and **treatment in this context including** bed rest, traction, physiotherapy, spinal blocks, medication or intravenous medication;
 - 10. where the Member did not take all reasonable **precautions to prevent Accidents** and do not comply with all statutory requirements and regulations;
 - 11. was caused by, or as a result of, the **influence of alcohol, drugs or narcotics** upon such Member (Insured Person) unless administered by, or prescribed by, and taken in accordance with the instructions of a member of the medical profession (other than himself);
 - 12. was caused by the use of **nuclear, biological, chemical or explosive weapons** or arising from exposure to, or contamination by, atomic energy and/or nuclear fission or reaction;
 - 13. was caused whilst **travelling by air other than as a passenger** and not as a member of the crew nor for the purpose of any trade or technical operation thereon or therein;
 - 14. was caused whilst participating in a hazardous or Professional Sport/activity;
 - 15. was caused by any **mental illness, mental disability, mental impairment and psychopathic disorders**, all forms of depression, major affective disorders, psychotic and neurotic conditions, as well as all stress and anxiety related disorders, other than those caused by Accident as defined in this Insurance;
 - 16. while it was caused by **mountaineering or rock climbing** necessitating the use of ropes or guides, potholing, **hang gliding, sky diving, riding or driving in a race or rally, quad biking, off-road motorcycle riding, underwater activities** involving the use of artificial breathing apparatus unless the Insured Person has an open water diving certificate or is diving with a qualified instructor to a depth no greater than 30 meters and/or similar activities, unless agreed by the Insurer;
 - 17. was caused whilst the Member (Insured Person) is perpetrating an intentional unlawful act in terms of South African Law;
 - 18. was caused by any gradually operating cause which include, but not limited to the following conditions:
 - 18.1 Cataracts
 - 18.2 Carpel Tunnel Syndrome
 - 18.3 Conditions related to arthritis
 - 18.4 Parkinson's
 - 18.5 Motor Neuron disease
 - 18.6 Glaucoma
 - 18.7 Meniere's disease
 - 19. was caused by, directly or indirectly arising from, **treatment of infertility or the artificial insemination** of a person as defined in the Human Tissues Act (Act 65 of 1983) or any amendment thereto or replacement thereof;
- 2.6 If the consequences of an Accident shall be aggravated by any condition or physical disability of the Insured Person which existed before the Accident occurred, the amount of any compensation payable under this Insurance shall be the amount which it is reasonably considered would have been payable if such consequences had not been so aggravated.

- 2.7 In addition to the above, qualified medical advice shall be sought and followed promptly on the occurrence of any Bodily Injury, Dread Disease or Illness and the Insurer shall not be liable for any part of any claim which in the opinion of the medical adviser arises from the unreasonable or wilful neglect or failure of a Member (Insured Person) to seek and remain under the care of a qualified member of the medical profession.
- 2.8 With regards to **Dread Disease:** Upon payment of **100%** of the **Compensation for any one claim** under Dread Disease in respect of any Insured Person, all **cover provided shall be terminated** and cannot be reinstated in respect of the Dread Disease Benefit that has been paid for that Insured Person. Compensation under Dread Disease shall not be in addition to any other benefit covered under this policy.
- 2.9 With regards to an **Illness:** A recurrence of any Illness will only be considered a separate Illness if 6 (six) months have elapsed from the date of onset of the preceding Illness and which has a definite diagnosis and treatment plan.
- 2.10 The following conditions are **excluded from any Illness and hospitalisation benefit**:
 - 2.10.1 Kaposi's Sarcoma;
 - 2.10.2 Pneumocystis carinii;
 - 2.10.3 Tuberculosis;
 - 2.10.4 CMV;
 - 2.10.5 Cryptococcal meningitis;
 - 2.10.6 Cryptosporidium;
 - 2.10.7 Disseminated Herpes / Shingles.
 - 2.10.8 All congenital conditions.
- 2.11 If an Insured Person has been Insured under this Policy for a period of 24 (twenty-four) consecutive months, any Pre-Existing Condition shall no longer apply.
- 2.12 All eye operations are not covered under any part of this policy.
- 2.13 No claim will be admitted in terms of this Scheme if the event giving rise to the claim is caused directly or indirectly by or is in any way attributable to any of the following:
 - 2.13.1 The willing participation by the Principal Insured and such other insured persons under this Scheme, in any of the following:
 - 2.13.1.1 any act of war (whether war is declared or not);
 - 2.13.1.2 military action;
 - 2.13.1.3 riot;
 - 2.13.1.4 insurrection;
 - 2.13.1.5 civil commotion;
 - 2.13.1.6 usurpation of power;
 - 2.13.1.7 martial law;
 - 2.13.1.8 terrorism;
 - 2.13.1.9 any usage of nuclear, chemical and biological weapons, device or agent;
 - 2.13.1.10 disease, epidemic or pandemic
- Any act or deed by the Principal Insured deliberately committed in violation of any law as well as any other insured person under the Individual Policy including but not limited to a minor child, where his/her parent and/or legal guardian knowingly allows such child to participate in any act which constitutes a violation of any law.
- 2.15 Self-inflicted injury or self-inflicted illness, whether intended or not, or voluntary exposure to danger or obvious risk of injury. Any injury or disease which is caused partly by the actions or omissions of the insured, but in conjunction with the action or omission of some other party of some other contributory factor, will fall outside the ambit of the above exclusion.
- 2.16 Taking or absorbing, accidentally or otherwise, any drug, medicine, sedative or poison, except as prescribed by a licensed medical practitioner, who is not the Insured.