

Abu Dhabi National Takaful Standard Exclusions (Abu Dhabi Thiqa Top Up Product):

Except as may be specifically provided in the Health Insurance Law and the Regulations, cover for the costs of Healthcare Services and associated expenses in respect of the following events or causes, medical conditions, items, supplies, procedures and all their related or consequential expenses shall be excluded from the requirements to obtain health insurance cover under the Health Insurance Scheme:

1. Health Services, which are not medically necessary.
2. In case a medical underwriting has been applied, all Pre-Existing Conditions unless they have been declared by the Primary Insured and/or Dependent on the application form in the health declaration section and accepted by the Company in writing, on or before to the Effective Date, as detailed in the Policy or in another Amendment of the Company.
3. In case a medical underwriting has been applied, all Specific Exclusions agreed expressly with the Primary Insured and/or Dependent as detailed in the Policy or in another Amendment of the Company.
4. All expenses relating to dental treatment, unless otherwise specified in Letter of Acceptance, Schedule of Benefits.
5. All costs relating to below hazardous activities:
 - Participation in any kind of power-vehicle race, rally or competition;
 - Climbing activities (mountaineering, rock-climbing, pot holing, abseiling);
 - Any professional sports activities.
6. Growth hormone therapy unless medically necessary.
7. All expenses related to hearing and sight correction tests, audiovisual aids and optometry unless otherwise specified in Letter of Acceptance, Schedule of Benefits.
8. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like
9. Wars and circumstances comparable with a state of war, invasion, act by a foreign enemy, hostilities and warlike events (with or without a declaration of war), civil war, riot, mutiny, revolution, confiscation or nationalization by order of any public or local government or authority; any act of a person acting in the name of or in connection with any organization whose activities aim to overturn a de jure or de facto government violently
10. Nuclear risks: e.g. exposure to nuclear energy (nuclear reactions, radiation, contamination) or nuclear waste of any type or chemical contamination
11. Natural perils such as but not limited to avalanches, earthquake, volcanic eruptions, tsunamis, hurricanes, tornados or any other kind of natural hazard
12. Any act of terrorism. For the purpose of this endorsement an act of terrorism means an act, including but not limited to the force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear
13. Criminal act of a covered person, violation or attempted violation of law and resistance to lawful arrest or any resultant imprisonment
14. Mental Health diseases, including pharmaceuticals, in-patient and out-patient treatments, unless it is a transient mental disorder or an acute reaction to stress or as specified otherwise in Letter of Acceptance, Schedule of Benefits
15. Services rendered by a Provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child.
16. Services and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, or for muscle stimulation by any means (except treatment of fractures and dislocations of the extremities) unless otherwise specified in Letter of Acceptance, Schedule of Benefits.
17. Health Services and associated expenses for In-Vitro Fertilization (IVF), gamete Intra-Fallopian Transfer (GIFT) procedures, and zygote Intrafallopian Transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation.
18. Elective non-accident related surgery for correction of refraction errors and/or Improvement of vision (quantitative or qualitative) such as but not restricted to radial keratotomy, photokeratectomy or laser surgery unless otherwise specified in Letter of Acceptance, Schedule of Benefits.
19. All chronic conditions requiring hemodialysis or peritoneal dialysis and related test/treatment or procedure, unless otherwise specified in Letter of Acceptance, Schedule of Benefits
20. Any Health Services and associated expenses for HIV, AIDS and all related medical conditions.



21. All cases related to viral hepatitis & the complication except hepatitis A., unless otherwise specified in Letter of Acceptance, Schedule of Benefits.
22. All cases resulting from alcoholism, use of drugs & hallucinatory substances.
23. Senile dementia and Alzheimer's disease.
24. Air ambulance transportation and terrestrial transportation in non-emergency cases or by non-licensed ambulance services.
25. All cases related to Maternity in respect of unmarried females.
26. All cases requiring non-emergency In-Hospital treatment/services, which have not been approved by the Company prior to admission.
27. All cases requiring emergency In-Hospital treatment/services, which have not been notified to the Company within 48 hours from admission.
28. Lesions resulting from attempted suicides or self-infliction.
29. Officially (WHO and/or national law) recognized epidemics/pandemics.
30. Complications directly arising from services not covered.
31. Treatment of venereal diseases transmitted by intercourse as medically accepted.
Transplants of any organ or tissue when:
 - the Covered Person is a donor for a third party;
 - the transplant is an Experimental, Investigational or Unproven Service and/or for research or study purposes ;
 - the need for a transplant arises as a consequence of alcoholic liver cirrhosis;
 - the organ or tissue is of transgenic, animal, mechanical or transitory nature.

DENTAL (APPLICABLE ONLY FOR DENTAL COVER)

1. Normal check-up and examinations
2. Any preventive treatment
3. All kinds of bridgework and false teeth
4. Tooth adjustment
5. General anesthesia
6. All surgeries, Treatment of gingivitis
7. Orthodontics and cosmetic services