Starkar Health

General Exclusion

The following services, treatments, and expenses are expressly excluded from coverage under this Insurance Policy. These exclusions apply regardless of whether costs are incurred directly or indirectly, and include, but are not limited to, the following:

1. **Pre-existing Conditions**
   Any medical condition, injury, or illness that existed before the policy start date and was not disclosed or declared at the time of enrollment.

2. **Cosmetic and Aesthetic Procedures**
   Treatments, surgeries, or procedures performed for cosmetic or aesthetic purposes, including but not limited to facelifts, liposuction, breast augmentation, and hair transplants, unless medically necessary.

3. **Self-inflicted Injuries**
   Injuries or health conditions resulting from intentional self-harm, suicide attempts, or deliberate self-inflicted actions.

4. **Substance Abuse**
   Treatment for conditions arising from the abuse of alcohol, drugs, or controlled substances, including rehabilitation and detoxification programs.

5. **War and Terrorism**
   Injuries or illnesses resulting from acts of war, invasion, civil unrest, terrorism, or participation in military operations.

6. **Nuclear or Radioactive Exposure**
   Health issues arising from exposure to nuclear weapons, radiation, or radioactive contamination.

7. **Experimental or Investigational Treatments**
   Medical procedures, drugs, or treatments that are considered experimental, investigational, or not yet approved by relevant health authorities.

8. **Non-emergency Treatment While Traveling**
   Medical treatments obtained while traveling abroad that are not classified as emergencies, unless specifically covered under international coverage provisions.

9. **Dental Care**
   Routine dental care, orthodontics, and dental procedures unless resulting from an accident or unless specifically included in the policy.

10. **Vision Care**
    Routine eye examinations, prescription eyeglasses, contact lenses, and corrective eye surgery (such as LASIK) unless medically necessary.

11. **Hearing Aids**
    Purchase and fitting of hearing aids and related devices unless specifically covered.

12. **Infertility Treatments**
    Treatments and procedures related to infertility, including in-vitro fertilization (IVF), artificial insemination, and fertility drugs.

13. **Sex Change Operations**
    Gender reassignment surgeries and related treatments.

14. **Weight Loss Programs**

Weight reduction programs, dietary supplements, and bariatric surgery unless medically necessary and pre-approved.

15. **Vitamins and Supplements**
Vitamins, nutritional supplements, and herbal remedies unless prescribed as part of a covered treatment plan.

16. **Sleep Disorders**
Treatment for sleep disorders such as sleep apnea and insomnia, unless specifically covered.

17. **Learning Disabilities**
Educational and behavioral therapy for learning disabilities and developmental delays.

18. **Congenital Abnormalities**
Birth defects and congenital abnormalities present at birth, unless specifically covered under maternity benefits.

19. **Genetic Testing**
Genetic screening and testing unless medically necessary for diagnosis or treatment of a covered condition.

20. **Mental Health Conditions**
Treatment for mental health disorders, psychiatric conditions, and psychological therapy unless specifically included in the policy.

21. **Alternative Medicine**
Acupuncture, homeopathy, naturopathy, and other alternative or complementary medicine treatments.

22. **Sports Injuries**
Injuries sustained while participating in professional sports, extreme sports, or high-risk activities such as skydiving, bungee jumping, or motor racing.

23. **Occupational Hazards**
Injuries or illnesses arising from occupational hazards or employment-related activities that are covered under workers' compensation.

24. **Complications Due to Non-covered Treatments**
Medical complications arising from treatments or procedures that are not covered under the policy.

25. **Custodial Care**
Long-term custodial care, assisted living facilities, and nursing home care.

26. **Rest Cures**
Hospitalization or treatment for rest, recuperation, or convalescence not related to acute medical conditions.

27. **Rehabilitation and Physiotherapy**
Extended rehabilitation and physiotherapy beyond the covered limit or when not medically necessary.

28. **Hair Loss Treatment**
Treatment for hair loss or baldness, including hair restoration procedures and medications.

29. **Sexually Transmitted Diseases**
Treatment for sexually transmitted diseases (STDs) and infections unless specifically covered.

30. **Pregnancy Complications in Excluded Conditions**
Pregnancy and childbirth complications if maternity coverage is not included in the policy.

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31. **Organ Transplants**
    Organ and tissue transplants unless specifically covered and pre-approved by the insurance provider.

32. **Robotic Surgery**
    Advanced robotic-assisted surgeries that are not deemed medically necessary or are considered experimental.

33. **Second Opinions**
    Costs associated with obtaining second or third medical opinions unless required and authorized by the insurer.

34. **Personal Comfort Items**
    Hospital charges for personal comfort items such as television, telephone, guest meals, and private nursing.

35. **Non-medical Services**
    Services of a non-medical nature, including social, educational, and vocational services.

36. **Travel Vaccinations**
    Immunizations and vaccinations required for international travel.

37. **Smoking Cessation Programs**
    Programs and medications for smoking cessation unless specifically covered.

38. **Preventive Care Beyond Covered Limits**
    Preventive care and routine health screenings that exceed the limits specified in the policy.

39. **Medical Equipment for Home Use**
    Durable medical equipment, prosthetics, and orthotics for home use unless specifically covered.

40. **Out-of-Network Providers**
    Treatment received from healthcare providers outside the insurer's approved network, unless in emergency situations.

41. **Elective Procedures**
    Elective medical procedures and surgeries that are not medically necessary.

42. **Growth Hormone Treatment**
    Growth hormone therapy for non-medical purposes or for height enhancement.

43. **Complications from Illegal Activities**
    Injuries or conditions resulting from participation in illegal activities or criminal acts.

44. **Hazardous Occupations**
    Injuries arising from employment in hazardous occupations such as mining, deep-sea diving, or aviation unless specifically covered.

45. **Duplicate Coverage**
    Medical expenses already covered by another insurance policy or third-party liability.

46. **Unauthorized Treatments**
    Treatments or procedures undertaken without prior authorization or approval from the insurance provider when required.

47. **Non-prescription Drugs**
    Over-the-counter medications and drugs that do not require a prescription.

48. Administrative and Processing Fees

Hospital administrative charges, medical record processing fees, and other non-medical administrative costs.