

Exclusions & Limitations

For plans effective May 1, 2009

Benefit plans typically have exclusions and limitations—what the plans do not cover. The following are general exclusions and limitations for Premera Blue Cross Blue Shield of Alaska benefit plans.

What is not covered

Benefits are not provided for treatment, surgery, services, drugs or supplies for any of the following:

- Any disease, ailment or condition excluded by rider
- Complications of noncovered services
- Conditions arising from acts of war, or service in the military
- Conditions arising from the enrollee's commission of a felony or act of terrorism
- Cosmetic or reconstructive surgery (except as specifically provided)
- Dental services (except as specifically provided)
- Experimental or investigative services
- Infertility
- Learning disorders
- Maternity or obstetrical care for dependent children, except for complications of pregnancy.
- Maternity care not covered on Value Care 25 plan
- Mental or psychiatric conditions
- Neurodevelopmental disabilities
- Obesity/morbid obesity
- Orthognathic surgery
- Orthotics, except for treatment of diabetes
- Over-the-counter or non-prescription drugs
- Prescription drugs not covered on Alaska HSA 20 or Alaska Value Care 25 plans
- Private room charges
- Reversal of sterilization
- Services in excess of specified benefit maximums
- Services payable by other types of insurance coverage
- Services received when you are not covered by this program
- Sexual dysfunction
- Temporomandibular joint (TMJ) disorder
- Vision exams and eyewear
- Work-related conditions for which you are eligible for benefits from other sources

Pre-Existing Condition Waiting periods

There is a 12-month waiting period for pre-existing conditions. A pre-existing condition is a medical condition that was diagnosed, or for which care, treatment or advice was received or recommended in the 12 months prior to your effective date on your Premera plan.

Benefit Exclusion Periods

Benefits for maternity care and transplant services are subject to a benefit exclusion period and are not available until you have been covered under this contract for 12 consecutive months. Benefit exclusion period means a period during which specified treatment or services are excluded from coverage under this plan. The benefit exclusion period begins on your effective date coverage. After the benefit exclusion period is satisfied, services may be eligible for benefits, subject to the specific terms and conditions of the plan contract, including deductibles, coinsurance and benefit maximum limits.

Please note that this is only an overview of the exclusions and limitations for Premera Blue Cross Blue Shield of Alaska plans. The complete terms of coverage are determined by the contract. If you would like a sample contract, please contact your broker, agent or Premera Blue Cross Blue Shield of Alaska sales representative.