

**ROCKY MOUNTAIN HEALTH PLANS**  
**2007 LIMITATIONS AND EXCLUSIONS**  
**SOLO PPO SELECT**  
**Underwritten by Rocky Mountain HealthCare Options, Inc**

**A. Limitations and Exclusions**

**(1) Limitations:**

**(a) Preexisting Condition Limitation**

- (i) Preexisting Condition Exclusion Imposed.** RMHCO will not provide Benefits for services or supplies received by a Member in connection with a Preexisting Condition during a Preexisting Condition Limitation Period.
- (ii) Duration of Preexisting Condition Limitation Period.** The Preexisting Condition Limitation Period shall be the twelve (12) month period starting on the Member's effective date of coverage under this Contract.
- (iii) Reduction of Preexisting Condition Limitation Period for Creditable Coverage.** The Preexisting Condition Period shall be reduced by the period of time the Member was covered by Creditable Coverage, if such Creditable Coverage was continuous to a date not more than ninety (90) days prior to the effective date of coverage under this Contract.
- (iv) Adopted Children.** Dependent Children who are adopted or placed for adoption prior to their eighteenth (18<sup>th</sup>) birthday are not subject to the limitation for Preexisting Conditions.

**(b) Failure to Reside in the Service Area**

Except for Dependent Children, a Member who does not reside in the Service Area is not eligible to receive any Benefits under this Contract, including, but not limited to, Benefits for Medical Emergencies.

**(2) General Exclusions:** The following are excluded from Health Care Services for which Benefits are provided under this Contract:

- (a)** Any services or supplies not listed in the Schedule of Health Care Services, not Medically Necessary as defined by the

Contract, or not required in accordance with the accepted standards of medical, surgical or psychiatric practice in the community where such services or supplies are to be rendered. Examples of such services are:

- Home delivery for childbirth;
  - Amniocentesis for sex determination; or
  - Procedures, services and supplies relating to sex transformation.
- (b) Personal comfort or convenience items such as lumbar support pillows, in-hospital television, telephone, private room (except as Medically Necessary).
- (c) Housekeeping, homemaker, and meal services as part of Home Health Services.
- (d) Services arranged for a Member through RMHCO but not provided for in the Contract.
- (e) Treatment for Injury or Sickness contracted while on duty with any military, naval or air force of any country or international organization.
- (f) Surrounding services and supplies used in connection with any service or supply that is not listed as a Health Care Service in the Schedule of Health Care Services. The phrase “in connection with” includes, but is not limited to, services and supplies that are an integral part of, derived from, or supportive of, a service which is not a Health Care Service listed in the Schedule of Health Care Services.
- (g) Confinement, treatment, services or supplies:
- not recommended and approved by a Health Care Provider;
  - received while not under the care and treatment of a Health Care Provider;
  - received outside the United States that are not of the type and nature of confinement, treatment, services, or supplies available in the United States;
  - received where care is provided at government expense. This does not apply if there is a legal obligation for the Member to pay for such treatment or service in the absence of coverage, or payment is required by law; or
  - that are required only for insurance, travel, employment, school, camp, or similar purposes.

- (h) Treatment, services or supplies provided to the Member by the Subscriber, his or her spouse, a child, sibling or parent of the Subscriber or of the Subscriber's spouse, or any other person who resides in the Member's home for which the Member would ordinarily have no obligation to pay in the absence of health care coverage.
- (i) Any services or benefits subject to coverage by a primary Policy where coverage under such Policy was not provided by reason of the Member's failure to comply with conditions and requirements of coverage under such Policy, including, but not limited to, filing claims, providing notice and obtaining treatment by an approved provider, panel or facility.
- (j) Charges in excess of the Maximum Benefit Allowance.
- (k) Services, drugs, supplies or products that are experimental or investigational. Whether a service, drug, supply or product is experimental or investigational may be determined by RMHCO either before or after a Member requests that RMHCO provide such service. Such determination will be based on a review of local, community standards as well as consideration of national or state standards which RMHCO finds are applicable to making the determination. RMHCO may review information from available resources, including, but not limited to, the United States Food and Drug Administration, the National Institutes of Health, the American Medical Association, Hayes Technology Assessment, National Library of Medicine, Medline, the Cochrane Library, and the Centers for Medicare and Medicaid Services.
- (l) Treatment for work-related illnesses and injuries, except for those individuals whose employers are not required to maintain or to provide workers' compensation insurance for the individual as determined by workers' compensation laws. If a workers' compensation policy is in place, although not required by state law, the workers' compensation policy and not RMHCO is responsible for medical benefits for work-related illnesses and injuries. "Work-related illnesses and injuries" include, but are not limited to, work-related aggravations of existing illnesses and injuries.
- (m) Treatment for services received while the Member is incarcerated or confined in any federal, state or local correctional facility or institution.

(3) **Specific Exclusions:** The following are excluded from Health Care Services for which Benefits are provided under this Contract:

- (a) Services for or related to pregnancy, unless this Contract includes the Maternity Services Supplement, except treatment for Complications of Pregnancy as provided in the Schedule of Health Care Services.
- (b) Services for treatment of alcohol or substance abuse and detoxification.
- (c) Transportation, except as listed in the Schedule of Health Care Services.
- (d) Reversal of voluntary sterilization and services and procedures to determine the success of reversal of voluntary sterilization.
- (e) Treatment, services and supplies for infertility or for the purpose of causing pregnancy, including, but not limited to, testing, medical advice, prescription drugs, artificial insemination, in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT) and embryo transplants.
- (f) Custodial, nursing home and domiciliary care.
- (g) Care which RMHCO determines is custodial. Custodial care is care:
  - (i) which is furnished mainly to assist a person in the activities of daily living; and
  - (ii) for which professional skill or training is not required.

Such care includes, among other things, help in eating, getting out of bed, bathing, dressing, toileting and supervision in taking medications.
- (h) Confinement or treatment that is not completed in accordance with the attending Physician's orders.
- (i) Private Duty Nursing.
- (j) Blood and blood derivatives, when not provided as part of a Health Care Service for which Benefits are provided under this Contract.

- (k) Hearing and eye exams not due to or associated with an Injury or Sickness.
- (l) Eyeglasses and contact lenses.
- (m) Vision therapy, including but not limited to, the use of lenses and/or prisms for the treatment of traumatic brain injury, learning disabilities and dyslexia.
- (n) Cochlear implants and equipment and devices related to cochlear implants, including, but not limited to, internal receivers/stimulators, transmitters and speech processors.
- (o) Hearing aids and the fitting thereof.
- (p) Dental splints, dental implants, dental prostheses, treatment for periodontal disease, or any treatment on or to the teeth, gums or jaws and other services customarily provided for by a dentist or oral surgeon.
- (q) Treatment of pain or infection known or thought to be due to a dental cause and in close proximity to the teeth or jaw, unless failure to treat such an infection may result in a severe systemic illness.
- (r) Services, including related orthodontic treatment, to repair or replace teeth.
- (s) Surgical correction of malocclusion, and services, supplies or appliances provided in connection with treatment to alter, correct, fix, improve, remove, replace, reposition, restore or treat the jaw, or any jaw implant (except for cleft lip and cleft palate services and reconstructive surgery services as described in the Schedule of Health Care Services).
- (t) Maxillofacial and/or mandibular orthognathic surgery, oral surgery, orthodontia treatment and procedures involving osteotomy of the jaw, including Hospital outpatient and related costs resulting from these services unless determined by RMHCO to not relate to a dental condition.
- (u) Treatment of craniomandibular and temporomandibular joint (TMJ) disorders by use of orthodontic appliances and treatment, crowns, bridges or dentures, except to the extent that TMJ Services are a Health Care Service as provided in the Schedule of Health Care Services.

- (v) Cosmetic surgery, services or supplies, except to the extent such surgery, services or supplies are provided for reconstructive breast surgery and cleft lip or cleft palate, as provided in the Schedule of Health Care Services.
- (w) Reconstructive surgery primarily for cosmetic reasons or for the primary purpose of improving or correcting a psychological or other non-physical condition.
- (x) Sex transformation, or surgery or treatment related to sexual dysfunction.
- (y) Charges for appointments with Health Care Providers that are not kept.
- (z) Third-party physical and/or psychological examinations for employment, licensing, insurance, adoption or any other nonmedical purposes unless such examination is the only physical examination obtained during the Calendar Year.
- (aa) Third party testing, such as laboratory and x-rays not normally considered part of recommended screening or routine physicals; expenses for medical reports, including presentations and preparation.
- (bb) Examination or treatment ordered by a court, unless provided in compliance with this Contract.
- (cc) Behavior modification programs, including but not limited to, weight loss programs and any related medical service.
- (dd) Smoking cessation programs and any related medical service, unless such services are provided by a licensed Health Care Provider.
- (ee) Educational testing, learning disability assessments, developmental testing and any services or supplies related to this testing.
- (ff) Treatment for intractable pain.
- (gg) Surgical treatment for obesity or for any related co-morbid conditions associated with obesity.
- (hh) Transplants or procedures commonly referred to in medical literature as “transplants” not listed as a Health Care Service in the Schedule of Health Care Services.

- (ii) Costs relating to maintenance of a cadaver donor for organ retrieval.
- (jj) Autologous or allogeneic bone marrow harvest and transplant and autologous or allogeneic peripheral stem cell removal and reintroduction, whether alone or in combination with high dose chemotherapy, except to the extent such harvest and transplant or removal and reintroduction are listed as a Health Care Service in the Schedule of Health Care Services.
- (kk) Multiple organ transplants, except as provided in the Schedule of Health Care Services.
- (ll) High dose chemotherapy except if the chemotherapy is a necessary part of or is used in conjunction with or is supported by a procedure or service which is listed as a Health Care Service in the Schedule of Health Care Services.
- (mm) Services performed by a direct-entry or lay midwife.
- (nn) Treatment and services at a bloodless surgery center or religious science center, holistic medicine or other religion-oriented treatment program.
- (oo) Outpatient enteral nutrition products, including, but not limited to, medical foods, and outpatient total parenteral nutrition and therapeutic formulas, except as provided in the Schedule of Health Care Services.
- (pp) Nonprescription drugs or medicines, vitamins, nutrients and food supplements even if prescribed or administered by a Physician, except as provided in the Schedule of Health Care Services.
- (qq) Equipment, supplies and drugs that are not approved by the Food and Drug Administration for medical purposes.
- (rr) Routine foot care, such as trimming of corns and calluses; treatment of flat feet or partial dislocations in the feet and any non-surgical routine foot care.
- (ss) Supportive devices for the feet except those orthotic devices listed in the Schedule of Health Care Services.
- (tt) Modifications and alterations to homes, places of residence and automobiles to accommodate physical handicaps or disabilities, including, but not limited to, home modification devices and equipment.

- (uu) Air filters, purifiers and/or humidifiers.
- (vv) Wigs, artificial hairpieces, hair transplants or implants.
- (ww) Multiphasic screening tests and checkups not associated with any disease, injury or illness except as stated in the Schedule of Health Care Services.
- (xx) Special education, counseling, therapy or other services for learning deficiencies or behavioral problems.
- (yy) Psychological testing.
- (zz) Therapies, self-help programs and other services not specifically covered under the Contract, including, but not limited to:
  - Recreational, sex, primal scream, sleep and Z therapies.
  - Self-help and stress management programs.
  - Transactional analysis, encounter groups, and transcendental meditation.
  - Sensitivity or assertiveness training.
  - Rolfing.
  - Religious counseling.
  - Holistic medicine and other wellness programs.
  - Educational programs such as diabetic instruction, cardiac class or arthritis class.
  - Orthomolecular medicine.
  - Environmental medicine.
  - Chelation therapy, unless Medically Necessary for treatment of metal poisoning.
  - Cytotoxin testing.
  - Gene manipulation therapy.
  - Naturopathic medicine.
  - Megavitamin therapy.
  - School-based therapy of any kind.
  - Acupuncture.
  - Pain clinic services.
  - Hypnotherapy.
  - Educotherapy.
  - Reflexology.
  - Hair analysis.
  - Pool therapy and submersion therapy.
  - Massage therapy.
  - Physical therapy not provided by a licensed physical therapist.
  - Group physical therapy.



- Exercise programs in general.
  - Isometric exercise.
  - Phase III cardiac rehabilitation.
  - Health club fees or other similar fees.
  - High colonics.
  - Anodyne therapy.
  - Extracorporeal shock wave treatment for purposes other than removal of kidney stones.
- (aaa) Weekend admission charges for nonemergency services. This exclusion applies only to Friday through Sunday, inclusive.
- (bbb) Treatment for sexual dysfunction, including, but not limited to, testing, therapy, Physician services, medical services, surgical treatment, injectables and prescription drugs, and any treatment for impotency.
- (ccc) Refractive keratoplasty, including, but not limited to, radial and laser keratotomy, and any procedure to correct a visual refractive defect.
- (ddd) All services provided by a residential treatment center, including, but not limited to, rehabilitation, treatment for alcoholism and mental health services.
- (eee) Bereavement counseling, except as provided under "Hospice Services" in the Schedule of Health Care Services.
- (fff) Services and supplies for a condition that is not a Medical Emergency when provided in an emergency room.
- (ggg) Home exercise equipment.
- (hhh) Services of professional trainers.
- (iii) Electron beam computed tomography or spiral computed tomography to detect coronary artery calcium deposits (coronary atherosclerosis) or to screen for coronary heart disease.
- (jjj) Nutritional counseling, except as provided in the Schedule of Health Care Services.
- (kkk) Marriage counseling.
- (lll) Fees and costs that are not for Health Care Services, such as copying charges, file set up charges, financing charges and interest and other billing charges imposed by providers. This

exclusion shall not apply to copying charges for records requested by RMHCO, or to interest and late fees that RMHCO is required by law to pay.

- (mmm) Biofeedback, except for biofeedback to treat urinary stress incontinence.
- (nnn) Clinical ecology services and services for treatment of multiple chemical sensitivity and idiopathic environmental illness.
- (ooo) Injectable drugs, medications and immunizations set forth on the SOLO Injectable/Infusion Exclusions List.
- (ppp) Skilled Nursing Facility services, except as provided under "Hospice Services" in the Schedule of Health Care Services.
- (qqq) Orthotic devices, except as provided in the Schedule of Health Care Services.