

Coventry Health and Life insurance Company

CoventryOne

EXCLUSIONS and LIMITATIONS

Pre-existing Condition Limitations

Pre-existing conditions will not be covered until twenty-four (24) months from the Covered Person's Effective Date. Genetic information may not be treated as a condition in the absence of a diagnosis of the Condition related to such information.

A Pre-existing Condition is a condition that during the twenty-four (24) month period immediately preceding the Covered Person's effective date of coverage had manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care, or treatment was recommended or received; or a pregnancy existing on the Covered Person's Effective Date of coverage.

Credit will be given for the time a Covered Person was covered under previous coverage if the previous coverage was similar to or exceeded the coverage provided under this *Policy* and the previous coverage was continuous to a date not more than sixty-two (62) days before the Covered Person's Effective Date of coverage under this *Policy*.

Proof of prior coverage will be necessary in the form of a Certificate of Creditable Coverage provided by Your most recent health benefits carrier.

Exclusions and Limitations

Any and all services not specifically listed as a Covered Service in this *Policy* or in any rider, unless such services are required by applicable state or federal law, are excluded. In addition to certain exclusions and limitations already described in this *Policy*, benefits will not be provided under this *Policy* if they fall within any of the below-listed categories, unless provided for by a separate rider or amendment. In addition, Coventry does not cover any service or supply that is not a Covered Service or that is directly or indirectly a result of receiving a non-Covered Service. Coventry does not cover any service or supply that is not Medically Necessary.

The fact that a Provider prescribes, recommends, approves or furnishes a service or supply does not, of itself, make it Medically Necessary or a Covered Service, under this *Policy*, even though the service or supply is not specifically listed as an exclusion.

In addition, the following services are specifically excluded:

Abdominoplasty and/or Panniculectomy	
Abortion	Benefits are not available unless the service is necessary to preserve the life or health of the mother, or in the instance that the pregnancy resulted from rape or incest.
Acupuncture Services	
Alcoholism or Substance Abuse	Benefits are not available for treatment, services or supplies.
Alternative Medicine	Benefits are not available for services, testing, equipment, or supplies associated with alternative Modalities of care including, but not limited to acupuncture, hypnosis, hypnotic anesthesia, naturopathy, homeopathy, massage therapy, and aromatherapy.
Ambulance Services	Benefits are not available for ambulance services obtained for a non-emergency, or if the service is determined by Coventry to be for the convenience of the Covered Person, except those services specifically provided for in the Covered Services Section.
Arch Supports	Benefits are not available for orthopedic shoes, sneakers, support hose, or similar type therapeutic devices/appliances regardless of intended use.

Athletic Event-Related	Benefits are not available for care and treatment for Injuries sustained by a Covered Person in the course of any athletic event, or while training for such athletic event, for which the Covered Person is to receive remuneration in cash or in kind.
Autopsy or Post Mortem Examination Services	
Biofeedback	Benefits are not available for services and other forms of self-care or self-help training or educational programs and any related diagnostic testing, meditation, pain control, pain management therapies (except for authorized medically-related conditions).
Breast Reduction Mammoplasty	Benefits are not available for breast reduction mammoplasty.
Childbirth and Surrogate Parenting Classes	
Complications of Non-Covered Services	Benefits are not available for medical or surgical complications, such as wound infections, during or as a result of a non-covered surgical procedure or service including, but not limited to services rendered for cosmetic purposes including any body piercing and tattooing, gastric bypasses, gastric stapling, breast reductions, breast implants, hypertrophic scars, breast asymmetry.
Contraceptives	Benefits are not available for over-the-counter contraceptives.
Cosmetic Surgery	Benefits are not available for: <ol style="list-style-type: none"> 1. Any service or supply to improve a Covered Person's appearance or self-perception, including but not limited to, electrolysis, procedures or supplies to correct baldness or the appearance of skin, face lifts, scar reduction (except as related to surgery that has received Prior Authorization), or ear lobe repair. 2. Any professional services and/or hospitalization in connection with elective cosmetic surgery, including but not limited to, body piercing and tattooing, tattoo removal, rhinoplasty, liposuction, varicose vein injections, removal or injection of skin tags, of cherry angiomas, telangiectasias, spider angiomas. 3. Diagnosis and treatment of any medical complications as a result of previous elective cosmetic surgery, regardless of how long ago such services were performed. 4. Removal of breast implants related to Cosmetic Surgery; surgery to remove excess skin; and treatment of complications arising from surgery to remove breast implants.
Costs rendered for Sickness and Injury	Benefits are not available for: <ol style="list-style-type: none"> 1. Health care services resulting from accidental bodily injuries arising out of a motor vehicle accident to the extent such services are payable under any medical expense provision of any automobile insurance policy. 2. Telephone consultations, failure to keep a scheduled appointment, or completion of any form and/or medical information.
Counseling	Benefits are not available for marriage or relationship counseling, services or adoption agencies, pastoral counseling, family counseling, social, occupational, religious, or other social maladjustment's; Chronic behavior disorders; codependency; impulse control disorders; organic disorders; learning disabilities; hyperkinetic syndromes. This exclusion includes any prescription medications prescribed for treatment associated with any of the above conditions.
Court-Ordered Services	Benefits are not available for court-ordered care or treatment, unless otherwise listed as Covered Services.
Criminal Activities	Benefits are not available for: <ol style="list-style-type: none"> 1. Care and treatment incurred in connection with Injuries which occurred during a crime committed by a Covered Person or which the Covered Person tries to commit including, without limitation, treatment and care for any Injuries sustained when the Covered Person's blood alcohol content is in excess of the legal limit whether or not the Covered Person is charged

	<p>with or convicted of any criminal offenses.</p> <p>2. Care and treatment for injuries sustained while the Covered Person is under the influence of any illegal or illicit drug, or any controlled or legend drug or substance if the drug or substance is not then subject to a valid prescription issued in the name of the Covered Person by a Provider and being administered to treat a current episode of illness.</p>
Custodial Care (Residential Care)	Benefits are not available for any service or supply of a custodial nature primarily intended to assist the Covered Person in the activities of daily living. This includes rest homes, home health aides (sitters), home mothers, domestic maid services, and health resorts and spas and respite care. This includes services provided by a non-eligible institution and which is primarily a place of rest or for the aged or similar institution.
Dental Care	<p>Benefits are not available for routine dental procedures including, but not limited to:</p> <ol style="list-style-type: none"> 1. extraction of teeth, 2. restoration of teeth with fillings, 3. crowns or other materials, 4. bridges, 5. cleaning of teeth, 6. dental implants, 7. dentures, 8. periodontal or endodontic procedures, gingivitis, 9. orthodontic treatment including palatal expansion devices, 10. bruxism appliances, 11. dental x-rays, 12. routine intra-oral surgical procedures, 13. orthodontics and fixed and removable prosthetics, and 14. services related to an Injury occurring while, and as a result of biting or chewing <p>except as otherwise specifically referenced in this <i>Policy</i> as a Covered Service.</p> <p>Benefits are not available for diagnosis or treatment of dental disease, or the services of the dentist or oral surgeon except as specifically provided in the Covered Services section, nor are the services set forth in this provision covered if provided in a dental office.</p>
Diagnostic Admissions	Benefits are not available for diagnostic services that could have been provided in a Provider's office, an outpatient department of a Hospital, or some other setting without adversely affecting the Covered Person's condition.
Dietary Regimens	Benefits are not available for dietary regimens, treatments, food, food substitutes or vitamins.
Disposable Medical Supplies and Personal Convenience	Benefits are not available for supplies, equipment, or personal convenience items such as, but not limited to, combs, lotions, bandages, alcohol pads, incontinence pads, surgical face masks, common first-aid supplies, disposable sheets and bags or the use of telephones or television while an inpatient.
Durable Medical Equipment	<p>Benefits are not available for the following:</p> <ol style="list-style-type: none"> 1. Devices and equipment used for environmental control, convenience functions or physical fitness. 2. Lost, abused or improperly cared for equipment. 3. Customized equipment. 4. Deluxe or motorized equipment. 5. Wheelchair lifts or ramps. 6. Support hose and compression hose.
Educational Materials and Supplies	Benefits are not available for educational materials and supplies commonly available for purchase, except in the treatment of diabetes.
Experimental and/or Investigational Treatments, Services, and Procedures	
Eye Care	Benefits are not available for:

	<ol style="list-style-type: none"> 1. Eyeglasses and/or contact lenses unless indicated on the Schedule of Benefits. 2. Training or orthoptics, including eye exercises. 3. Prescription inserts for diving masks or other protective eyewear. 4. Nonstandard items for lenses including tinting and blending. Refractive eye surgery to correct visual acuity problems.
Family Planning Services	Benefits are not available for any service other than those specified in the Covered Services Section of this <i>Policy</i> .
Foot Care (routine)	Benefits are not available for any service or supply in connection with foot care in the absence of Disease, Injury, or accident. This exclusion includes, but is not limited to, clipping of nails, soaking the feet, removing calluses, treatment of flat feet, fallen arches, Chronic foot strain and weak feet.
Gastric Bypass, Gastric Stapling, Gastric Balloon and Cylastic Bands	Benefits are not available regardless of medical or psychological condition.
Gene Testing	
Gene Therapy	
Genetic Counseling	
Government Hospital	Benefits are not available for care in any Hospital or other institution which is owned, operated or maintained by the federal government, a state government, or any local government, unless for an Emergency Medical Condition.
Government Programs	Benefits are not available for any service that is received and payment made on behalf of the Covered Person, under any federal, state or local government program.
Health Care Services Received While Incarcerated	Benefits are not available for consultations, treatment or services or supplies received at a penal facility or outside a penal facility while a Covered Person is incarcerated.
Hearing	Benefits are not available for hearing aids (external and implantable), and services related to the fitting or provision of hearing aids, including tinnitus maskers. Benefits are not available for cochlear implants.
Home Hemodialysis	Benefits are not available for any furniture, plumbing, electrical or other fixtures needed to perform dialysis treatments at home.
Hypnotism or Hypnotic Anesthesia	
Illegal Actions	Benefits are not available for treatment of a Condition resulting from participation in any act which would constitute a riot or rebellion, or commission of a crime punishable as a felony; includes care and treatment incurred in connection with Injuries suffered in a fight in which the Covered Person is the aggressor or while the Covered Person is under the use of an illegal substance.
Immediate Relatives and Self Imposed Treatment	<p>Benefits are not available for charges for Providers' services provided by an immediate relative, even if the bill or claim is submitted by another individual or by an entity such as a partnership or a professional corporation. This exclusion also precludes a Covered Person that is also a Provider from treating himself or herself and submitting claims to Coventry for such coverage. For the purpose of this exclusion, "Immediate Relative" means any of the following:</p> <ol style="list-style-type: none"> 1. Husband or wife; 2. Natural or adoptive parent, child or sibling; 3. Stepparent, stepchild, stepbrother or stepsister; 4. Father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law; 5. Grandparent or grandchild; 6. Spouse of grandparent or grandchild.
Immunizations	Benefits are not available for immunizations and autogenous vaccines related to foreign travel.
Impotence Treatment	Benefits are not available for penile prosthesis, medications such as Viagra, and other devices except as specifically provided for in the Prescription Drug

	Benefit Rider to this <i>Policy</i> .
Infertility	Benefits are not available including diagnosis, testing, treatment and supplies.
Learning Disorders	Benefits are not available for non-medical conditions related to hyperkinetic syndromes and learning disabilities (including ADD and ADHD disorders), mental retardation, developmental delay, and adult onset of attention deficit disorder.
Maternity Services	
Medical Care or Surgery not prescribed	
Mental Health Treatment	Benefits are not available for treatment, services and supplies for mental health conditions.
Military-Related	Benefits are not available for military service-related medical care, for which the Covered Person is legally entitled to service from military or government facilities and for which facilities are reasonably accessible.
Non-Prescription Drugs	Benefits are not available for any non-prescription medicine, remedy, vaccine, biological product, pharmaceuticals or chemical compounds, vitamin or mineral supplements, appetite suppressants, fluoride products, or health foods.
Oral Surgery	Benefits are not available for coverage for care or treatment of the teeth or gums, temporomandibular joint (TMJ) or craniomandibular (CMJ) disorders, intra-oral prosthetic devices, or for surgical procedures for cosmetic purposes.
Orthognathic Surgery	Benefits are not available for: <ol style="list-style-type: none"> 1. care of treatment of the teeth or gums, 2. temporomandibular disorders; 3. for intra-oral prosthetic devices; or 4. surgical procedures for cosmetic purposes.
Orthomolecular Therapy	Benefits are not available for therapy including nutrients, vitamins, and food supplements.
Personal Comfort, Hygiene or Convenience Items	Benefits are not available for services and supplies not directly related to the care of the Covered Person including, but not limited to, beauty and barber services, radio and television, guest meals and accommodations, telephone charges, take-home supplies, massages, allergenic pillows or mattresses or waterbeds, physical fitness equipment, travel expenses other than authorized ambulance services that are specifically provided for under the Covered Services section.
Physical Examinations	Benefits are not available for physical examinations required specifically for obtaining or continuing employment or required for travel, immigration, insurance, government licensing or premarital purposes.
Prosthetic Devices	Benefits are not available for: <ol style="list-style-type: none"> 1. Deluxe equipment. 2. Devices related to erectile dysfunction except if due to an organic cause. This includes, but is not limited to penile implants.
Rehabilitation	Benefits are not available for: <ol style="list-style-type: none"> 1. Services that maintain rather than improve a level of physical function, or where it has been determined that the services will not result in significant improvement in the Covered Person's Condition within a sixty (60) day period. 2. Long-term therapy.
Self-Inflicted/Suicide	Benefits are not available for treatment for a condition resulting from intentionally self-inflicted injuries, suicide or attempted suicide, without regard to the mental state of the Covered Person.
Services or Supplies	Benefits are not available for services or supplies received prior to a Covered Person's effective date or received on or after the date a Covered Person's coverage terminates under the Contract.
Sexual Dysfunction	Benefits are not available for sex therapy and drug therapies except certain injectable drugs approved by Us and only to treat erectile dysfunction due to an organic cause.
Sexual Reassignment (gender transformation) or Modification Services	Benefits are not available for any services or supplies related to such treatment including psychiatric services.

Sleep Services	Benefits are not available for sleep services which included but are not limited to diagnostic purposes and treatment for obstructive sleep apnea (OSA) which includes continuous positive airway pressure (CPAP) machine. Benefits are also not available for insomnia, and/or narcolepsy, treatment, services and supplies for the purpose of treating or diagnosing sleep disorders or any related Condition thereof, medical or surgical treatment for snoring.
Smoking Cessation	Benefits are not available for smoking cessation programs, including any service or supply to eliminate or reduce the dependency on or addiction to tobacco; including, but not limited to, nicotine withdrawal programs and treatments such as Nicorette gum or patch.
Specific Therapies and Treatments as follows	Benefits are not available for hypnotherapy, biofeedback, acupuncture, behavioral training, and hair analysis, unless used as a diagnostic tool for heavy metal poisoning.
Sterilization and Sterilization Reversals	Benefits are not available for sterilizations or for the reversal of voluntary, surgically induced sterility, including the reversal of tubal ligations and vasectomies and complications thereof.
Substance Abuse	Benefits are not available for expenses for care and treatment of substance abuse dependency.
Transplantation	Benefits are not available for: <ol style="list-style-type: none"> 1. The services related to the transplantation of any nonhuman organ or tissue; 2. The service related to the donation or acquisition of an organ for a recipient who is not covered by Coventry; 3. Services, follow-up care and immunosuppressive drugs, for non-covered transplants and complications from such transplants; 4. Artificial heart devices.
Transportation Services	Benefits are not available for non-emergency transportation between institutional care facilities, and/or to and from the Covered Person's residence unless Pre-Authorized by Us.
Treatment of Obesity	Benefits are not available for weight control and weight loss programs; including, but not limited to dietary supplements, appetite suppressants, dietary regimens or treatments, exercise programs or equipment, laboratory testing, examinations and prescription drugs. Gastric stapling, gastric balloon, gastric bypass, liposuction and related procedures, or reversal thereof including treatment of the complications resulting from surgical treatment; regardless of associated medical or psychological conditions.
Vocational Rehabilitation	Benefits are not available for training and educational programs.
War-Related Treatment	Benefits are not available for treatment of a condition resulting, from war or an act of war, whether declared or not.
Wigs or Cranial Prosthesis	Benefits are not available except when related to restoration after cancer or brain tumor treatment with a \$250 limit per Benefit Year.
Workers' Compensation	Benefits are not available for care and treatment of any Injury, illness, or Condition which arises out of, or in the course of, any occupation for wage or for-profit, any Injury, illness, or Condition for which the Covered Person is paid or receives benefits under any Workers' Compensation policy law, employer's liability policy, or any similar policy.