EXCLUSIONS AND LIMITATIONS LIST

FOR INFORMATIONAL PURPOSE ONLY

PLEASE BE ADVISED THAT THIS EXCLUSIONS AND LIMITATIONS LIST (THIS "LIST") IS BEING PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND IS NOT INTENDED TO BE AN INCLUSIVE LIST OF ALL EXCLUSIONS AND LIMITATIONS THAT MAY APPLY UNDER A PARTICIULAR COVENTRY*ONE* HEALTH PLAN. EACH BROKER AND MEMBER MUST REVIEW THE APPLICABLE COVENTRY*ONE* INDIVIDUAL MEMBER CONTRACT (THE "CONTRACT") FOR A FULL AND COMPLETE EXPLANATION OF THE EXCLUSIONS AND LIMITATIONS SET FORTH THEREIN. THIS LIST MAY BE AMENDED FROM TIME TO TIME AND IS NOT INTENDED TO BE AN OFFER OF COVERAGE. EACH CONTRACT IS SUBJECT TO MEDICAL UNDERWRITING AND REVIEW.

There are services and supplies that may not be covered under the Contract, except as specifically set forth therein. Exclusions and limitations may include, but may not be limited to:

1. Any service or supply that is not in accordance with Coventry Health Care of Georgia, Inc.'s ("CHCGA") utilization management program, except that emergency services are covered in accordance with the terms and conditions set forth in the Contract.
2. Any care incurred while an individual is not covered under the Contract.
3. Any services rendered by persons not specified elsewhere as licensed providers of health care.
4. Any services or supplies provided which are not within the scope of licensure or certification of the provider.
5. Any service or supply that is not medically necessary.
6. Any service or supply that is not a covered service or that is directly or indirectly a result of receiving a non-covered service.
7. Any service or supply for which an individual has no financial liability or that was provided at no charge; and any services and supplies furnished under or as part of a study, grant or research program.
8. Non-emergency services provided at an emergency facility.
9. Procedures and treatments that CHCGA determines, in its sole and absolute discretion, to be experimental or investigational.
10. Services and or supplies rendered as a result of injuries sustained during the commission of an illegal act, unless the individual covered under the Contract is the victim.
11. Court-ordered services or services that are a condition of probation or parole.
12. Out-of-Network services will not be approved at the HMO coverage option benefit level when such services are available in-network.
13. Any cost in excess of the out-of-network rate for charges incurred at a non-participating provider.
14. Services rendered outside the United States, unless they are considered an emergency.
15. Any administrative or overhead fees, clinic charges, or charges associated with ownership and/or operation of the facility of any provider practice.
16. Out-of-network provider claims that contain billing for services or procedures that, based on nationally accepted claim billing rules, are considered inappropriate for reimbursement, such as but not limited to:
    - Services and/or procedures that are incidental or mutually exclusive with other services rendered;
    - Professional fees attached to a service that has no professional component indicated;
    - Services that are considered part of the global reimbursement; and
    - Fees for after-hours care billed by 24-hour facilities.

Specifically excluded services may include, but may not be limited to:

1. Acupuncture.
2. Ambulance service, except as outlined in the Contract.
3. Any services to the extent that payment for such services is, by law, covered by any governmental agency as a primary plan.
4. Artificial insemination.
5. Audiometric testing and expenses for the purpose of the provision of hearing aids and tinnitus maskers, except as otherwise provided in the Contract.
6. Behavior modification.
7. Biofeedback.
8. Care rendered or prescribed to an individual covered under the Contract by a relative or himself.
9. Charges resulting from the failure of an individual covered under the Contract to appropriately cancel a scheduled appointment.

10. Cognitive rehabilitation.
11. Cosmetic services and surgery and the complications incurred as a result of those services and surgeries, except for services to correct a congenital defect for covered newborn and adoptive children. Cosmetic surgery means surgery to change the texture or appearance of the skin or the relative size or position of any part of the body when such surgery is performed primarily for psychological purposes and is not needed to correct or substantially improve a bodily function. Removal of skin lesions is considered cosmetic unless lesions interfere with normal body functions or malignancy is suspected. Breast reduction that does not meet CHCGA's criteria for medical necessity is considered cosmetic surgery. Panniculectomy and abdominalplasty are excluded.
12. Cranial molding helmets.
13. Crime-related injuries unless an individual covered under the Contract is the victim, and care received while incarcerated.
14. Custodial and domiciliary care, residential care, protective and supportive care including, but not limited to, educational services, rest cures, and convalescent care. This also includes assistance in the home with activities of daily living such as bathing, dressing, eating and preparing meals, shopping, performing general household services, and taking medication.
15. Dental care, unless covered under a rider.
16. Dentures; dental appliances, implants, supports for implants such as posts, or x-rays, including any physician services or X-ray examinations involving one or more teeth, the tissue or structure around them, the alveolar process or the gums.
17. Driving tests or exams.
18. Disposable or consumable outpatient supplies, such as sheaths, bags, elastic garments, bandages, incontinence pads, syringes, needles, blood or urine testing supplies (unless otherwise specified as covered, such as for diabetes treatment), home testing kits, vitamins, dietary supplements and replacements, and special food items, unless they are specified as covered.
19. Durable medical equipment, including, but not limited to: comfort or convenience items; bed boards; bath and toilet lifts; chairs and rails, chair lifts; over-bed tables; wheelchair trays and flotation devices; air purifiers; exercise equipment; stethoscopes; blood pressure gauges; breast pumps; orthopedic shoes; shoe inserts and arch supports, abduction bars, heel lifts, cups and pads, elastic support stockings; light box therapy and lymphedema sleeves (unless covered in the Contract). Any item or device commonly available without a prescription is excluded.
20. Educational testing or psychological testing, unless part of a treatment program for covered services.
21. Elective sterilization (male and female).
22. Environmental controls, including, but not limited to: equipment or services for use in altering air quality or temperature; water purifiers; protective bed coverings for dust mite allergies or enuresis.
23. Exams for employment, school, camp, sports, licensing, insurance, adoption, marriage or those ordered by a third party.
24. Exercise equipment.
25. Experimental or Investigational treatments, procedures, injectables or devices.
26. External prosthetic items and devices, except for those items specified as covered such as breast prostheses and lymphedema sleeves prescribed following a mastectomy for breast cancer or breast disease. Examples of prosthetic items and devices which CHCGA does not cover include but are not limited to: cosmetic prostheses, orthopedic shoes and other supportive devices for the feet; splints and braces unless they are used instead of casts for fractures; prosthetics specifically intended for sports or occupational purposes; penile prostheses or sexual aids; repair or replacement due to inappropriate use or maintenance of the device by an individual covered under the Contract; replacement required because the device is lost, misplaced or stolen. CHCGA does not cover the replacement, repair or maintenance of any prosthetic item or device that is not covered.
27. Eye exercises and therapy.
28. Eye glasses, contact and corrective lenses. An exception is made for the first pair of corrective lenses following cataract surgery or to treat eye conditions such as keratoconus.
29. Food or food supplements, including formula and enteral feedings.
30. Foot care that is routine, such as removal or reduction of corns and calluses, clipping of the nails, treatment of flat feet, fallen arches and chronic foot strain except for patients with diabetes or ischemic vascular disease.
31. Foot orthotics, except orthotics for treatment of patients with diabetes and/or ischemic foot disease.
32. Gastric bypass surgeries (both laparascopic or open) including but not limited to: Roux en-Y procedures, jejunoileal bypass, gastric banding, biliopancreatic bypass, gastroplasy, and gastric balloon.
33. Genetic counseling and genetic studies that are not needed for diagnosis in order to establish a plan of treatment of genetic abnormalities.
34. Growth hormones, except if deemed medically necessary for FDA approved therapy.
35. Hair analysis, wigs and hair transplants.
36. Hearing aids and devices.
37. Home services to help meet personal, family, and/or domestic needs, including but not limited to, home health aids.
38. Hypnotherapy.
39. Immunizations for travel or employment.
40. Infertility treatment including but not limited to: diagnostic services; egg or sperm donation; in vitro and in vivo fertilization which includes gamete intrafallopian transfer (GIFT) and zamete intrafallopian tube transfer (ZIFT) procedures; cryopreservation and storage of sperm, eggs and embryos; supplies, surgery, drug therapies and drugs.
41. Marriage or relationship counseling; family counseling; vocational or employment counseling; and sex therapy.

42. Massage therapy.
43. Maternity services, including but not limited to prenatal services, delivery of the newborn, and postnatal/postpartum services.
44. Mental health services, unless covered under a rider.
45. Motorized scooters except when determined to be medically necessary by CHCGA for severe debilitating neuromuscular disorders such as late stage multiple sclerosis or amyotrophic lateral sclerosis (ALS or Lou Gehrig's Disease).
46. Naturopathy.
47. Newborn home delivery including but not limited to midwives; water-birthing.
48. Oral Surgery required as part of an orthodontic treatment program, required for correction of an occlusal defect, encompassing orthognathic or prognathic surgical procedures, involving removal of symptomatic bony impacted third molars, wisdom teeth and associated services, except as specified in the Contract.
49. Orthodontia and related services.
50. Over-the-counter medications, splints, braces and supplies such as ACE wraps/elastic supports/finger splints, and relief bands for motion sickness.
51. Penile prostheses.
52. Personal comfort and convenience items, including but not limited to, televisions and telephones.
53. Pharmacy services and prescription drugs, unless covered by a rider.
54. Phone consultations.
55. Private duty nursing.
56. Private inpatient room, unless medically necessary.
57. Psychiatric evaluation or therapy when related to judicial or administrative proceedings or orders, when employer requested, or when required for school.
58. Radial keratotomy and laser eye surgery to correct refractive errors.
59. Rehabilitation therapies (physical therapy, occupational therapy and speech therapy) are excluded for developmental delay, sensory integration disorder or maintenance therapy.
60. Self-administered Injectables and high-cost medications, unless covered under a rider.
61. Services and supplies for students which schools are required to provide by law.
62. Services for diagnosis and treatment for disorders relating to learning, feeding, motor skills, communication (except for autism), pervasive developmental conditions, and sensory integration disorder.
63. Sex transformation procedures, treatments, or studies.
64. Sexual dysfunction aids and treatment.
65. Sleep therapy.
66. Smoking cessation aids.
67. Sterilization (voluntary) reversal.
68. Substance abuse services, unless covered under a rider.
69. Surgery performed solely to address psychological or emotional factors.
70. Surrogate motherhood services and supplies, including, but not limited to, all services and supplies relating to the conception and pregnancy of a Member acting as a surrogate mother.
71. Telephone, facsimile transmissions, unsecured electronic mail, or a combination thereof, do not constitute telemedicine services and are excluded from coverage.
72. Transplant services not authorized and obtained at a CHCGA transplant network facility determined by CHCGA; donor screening tests; experimental or investigational procedures; travel and lodging expenses incurred by an individual covered under the Contract who resides less than one hundred fifty (150) miles from the CHCGA transplant network facility; and any related conditions or complications related to organ donation when an individual covered under the Contract is donating organ or tissue to a non-covered individual.
73. Travel, other than medically necessary transportation authorized by CHCGA and ambulance service in a medical emergency.
74. Treatment of mental retardation, unless covered as a biologically-based mental illness.
75. Vax-D therapy.
76. Vocational therapy.
77. War related sickness or injury, or services or care for military services connected disabilities and conditions.
78. Weight reduction therapy, supplies and services, including but not limited to diet programs, tests, examinations or services and medical or surgical treatments such as; balloon dilation, wiring of the jaw and other procedures of a similar nature.
79. Work hardening programs.
80. Work related injuries or illnesses eligible for coverage by Workers' Compensation.

Exclusion of Coverage for Pre-Existing Conditions. CHCGA may exclude coverage for pre-existing conditions if provided for in the Contract, schedule of benefits, and/or a rider, amendment or endorsement. A pre-existing condition exclusion applies only to a condition for which medical advice, diagnosis, care, or treatment was recommended by, or received from, an individual licensed or similarly authorized to provide such services under applicable state law within the twelve (12) month period prior to the effective date of the Contract.