

CoventryOne Exclusions and Limitations Summary

Services not covered include, but are not limited to: services that are not Medically Necessary; personal or convenience items; over-the-counter drugs and medications not requiring a prescription; custodial services and surgery; Experimental procedures and treatments; and food or food supplements. This listing is provided as a brief summary. A complete listing of Exclusions and Limitations can be found in Your Evidence of Coverage. Please consult Your *CoventryOne* Open Choice Point-of-Service Evidence of Coverage to determine the exact terms, conditions and scope of Coverage.

No benefits are provided for the following, unless covered in a Rider or Your Schedule of Benefits:

Any service, supply, equipment, drug or procedure that is not provided or arranged and coordinated through Providers in accordance with Our utilization management policies and procedures, except that Emergency Services shall be Covered in accordance with the terms and conditions set forth in the Evidence of Coverage Agreement;

Any service, supply, equipment, drug, or procedure that is not Medically Necessary;

Any service, supply, equipment, drug, or procedure that is not a Covered Service or that is directly or indirectly a result of receiving a non-Covered Service;

Any service, supply, equipment, drug, or procedure for the treatment of smoking cessation;

Any service, supply, equipment, drug, or procedure furnished under or as part of a study, grant, or research program or that we determine, in our sole and absolute discretion to be Experimental or Investigational;

Any service, supply, equipment, drug, or procedure rendered or utilized as a result of injuries sustained during the commission of an illegal act;

Court-ordered services (unless Medically Necessary) or services that are a condition of probation or parole;

Acupuncture and alternative therapies;

Alternative therapies;

Ambulance service for non-emergencies, unless prior authorization by CoventryOne;

Any item or technology requiring federal or other government agency approval that has not been granted at the time services are rendered;

Any portion of the cost for unauthorized services;

Any services to the extent that payment for such services is, by law, covered by any governmental agency as a primary plan;

Behavior modification;

Biofeedback;

Braces and supports needed for athletic participation or employment;

Breast augmentation and reduction;

Breast reconstruction which is not associated with the Women's Health and Cancer Rights Act;

Breast pumps;

Care rendered to You by a relative;

Charges resulting from Your failure to appropriately cancel a scheduled appointment;

Cochlear Implants;

Cosmetic Services and Surgery and the complications incurred as a result of those services and surgeries;

Custodial and domiciliary care, residential care, protective and supportive care including, but not limited to, educational services, rest cures, convalescent care, and respite care;

Day care;

Dental care, appliances, implants, crowns, bridges, dentures, or other prosthetic devices, dental restorative care, periodontal care, treatment of impacted wisdom teeth, orthodontics, treatment for temporomandibular joint dysfunction (TMJ), orthognathic surgery, or X-rays, including, but not limited to, any Physician services or X-ray examinations involving one or more teeth, the tissue or structure around them, or the alveolar process of the gums;

Disposable items;

Dynamic Orthotic Cranioplasty (DOC) Bands, Cranial Orthosis, Molding Helmet Therapy, or surgical treatment of deformational plagiocephaly;

Educational testing or psychological testing, unless part of a treatment program for Covered Services;

Elective Sterilizations ;

Emergency room services for non-emergencies;

Exams for employment, school, camp, sports, licensing, insurance, adoption, or marriage;

Exercise equipment, rental or purchase;

Eye examinations for refractive correction;

Eye exercises and therapy; fitting or cost of visual aids'

Eye glasses, corrective lenses and sunglasses, except as necessary for the initial placement of corrective or contact lenses following cataract surgery performed while a Member of the Plan;

Food and food supplements, including but not limited to, infant formulas;

Foot orthotics (e.g., shoe inserts, special shoes);

Genetic counseling and genetic studies that are not required for diagnosis or treatment of genetic abnormalities;

Hair analysis, hair prostheses, wigs and hair transplants;

Health services resulting from war or an act of war;

Hearing aids and associated audiometric services (including the cost of fitting);

Home services to help meet personal, family, or domestic needs; such as but not limited to, help in walking, getting in and out of bed, bathing, dressing, shopping, eating and preparing meals, performing general household services or taking medications;

Humidifiers, de-humidifiers, air-conditioners, space heaters, or any other equipment or service used in altering air quality or temperature;

Immunizations for travel or employment;

Infertility, diagnosis, testing, and treatment including services, supplies, equipment, procedures and drugs;

Learning disabilities treatment;

Long-term care and all services provided by such facilities;

Marriage or relationship counseling, family counseling, vocational or employment counseling, sex therapy, and sex counseling;

Maternity services, except for complications arising from pregnancy;

Mental health services (unless listed on the Schedule of Benefits or a separate Rider);

Newborn home delivery and birthing centers;

Oral Surgery if 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;

Orthodontia, orthodontic braces and related services;

Over-the-counter supplies and drugs such as, but not limited to, ACE wraps, elastic supports, finger splints, wrist splints and orthotics;

Patient lifts, including but not limited to chair lifts, seat lifts, vehicle lifts and bed lifts;

Penile prostheses;

Personal comfort and convenience items such as but not limited to, television, telephone, tissue, razor, toothbrush, toothpaste, air mattress, corsets and clothing;

Pregnancy, elective termination;

Prescription drugs;

Private duty nursing;

Private inpatient room, unless Medically Necessary or if a semi-private room is unavailable;

Psychiatric evaluation or therapy when related to judicial or administrative proceedings or orders, when employer requested, or when required for school;

Psychoanalysis;

Radial keratotomy, laser eye surgery or similar surgery done to treat myopia;

Removal of skin lesions, unless lesions interfere with normal bodily functions, or a malignancy is suspected;

Retroactive Authorizations are Excluded for Participating Providers; Retroactive Authorizations for Non-Participation Providers are subject to Financial Penalties as stated in Your Schedule of Benefits;

Routine foot care, removal or reduction of corns and calluses, clipping of the nails, treatment of flat feet, fallen arches, and chronic foot strain;

Self-Administered Injectable Drugs;

Services that are paid by, or recovered amounts specifically for, medical expenses from a third party or insurance carrier;

Services the Member is entitled to under Medicare even if the Member is not enrolled;

Sex transformation procedures, treatments, or studies;

Short-term therapy that exceeds the limits listed in the Schedule of Benefits as defined within this document or otherwise listed on the Schedule of Benefits;

Sleep Studies, as well as, C-PAP, BiPAP, Auto-PAP, other devices and surgical intervention used to treat obstructive sleep apnea (OSA);

Sterilization reversal and any service, supply, equipment, drug, diagnosis, testing or procedure related to surrogate childbirth, egg or sperm donation, cryo-preservation, in vitro fertilization, artificial insemination, and storage of sperm, eggs and embryos;

Surgery performed solely to address psychological or emotional factors;

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;

Take-home drugs;

Transplant services, screening tests, and any related conditions or complications related to organ donation when a Member is donating an organ or tissue to a non-covered individual;

Travel expenses (except as provided in Section 5.6, Transplant Services);

Treatment for behavioral conditions not attributable to a Mental Disorder described in the Diagnostic and Statistical Manual Published by the American Psychiatric Association as "V" codes, such as but not limited to, relational problems, anti-social behavior, academic problems and phase-of-life problems;

Treatment of mental retardation;

Treatment for disorders relating to: learning, motor skills, communication, pervasive developmental conditions such as, but not limited to, autism, feeding and eating in infancy and early childhood;

Treatment for substance abuse;

Vision care and optometric services;

Vocational therapy;

War related sickness, injury, and services for military services-connected disabilities and conditions for which You are legally entitled to Veteran Administration services and for which facilities are reasonably accessible to You;

Weight reduction supplies, services, equipment, drugs, therapy and procedures, including but not limited to, diet programs, tests, examinations or services and medical or surgical treatments such as intestinal bypass surgery, gastric bypass surgery, stomach stapling, balloon dilation, wiring of the jaw and other procedures of a similar nature;

Whole blood and blood products replacement to a blood bank;

Work hardening programs; and

Work related injuries or illnesses for which benefits are provided under any workers' compensation occupational disease, employer's liability or similar law.

This is not a complete list of exclusions; please refer to your Agreement for the complete list of exclusions and limitations.