

## **Exclusions and Limitations for Freedom Health Plans**

### **No benefits shall be payable under the policy for (may vary by state):**

1. Expenses incurred by or for a covered person in connection with a pre-existing condition for twelve (12) months after the effective date as shown on the validation page for that covered person. No claim for Covered Charges incurred more than twelve (12) months after a covered person's effective date will be reduced or denied solely on the grounds that the charge is due to a pre-existing condition, unless the condition is excluded or limited by name or specific description in an amendatory endorsement that is attached to the policy. This limitation shall not apply to a dependent child who is adopted or placed for adoption before age eighteen (18); however, expenses incurred before adoption or placement for adoption will not be covered.
2. Any confinement, treatment, service, supply or prescription which is: (a) not necessitated by a bodily injury or sickness; (b) not authorized by a physician; (c) not medically necessary; (d) not necessary, reasonable, and customary; or (e) not incurred while coverage is in force.
3. Pregnancy, including freestanding birthing center services, certified nurse midwives, certified nurse anesthetist, midwives licensed pursuant to state law and state licensed birth centers.
4. Experimental or investigational medical treatment.
5. Voluntary abortions.
6. Benefits will not be provided for services or injuries or diseases related to work to the extent that they are covered or are required to be covered by Workers' Compensation law. Upon entering a settlement, all rights to recover future medical benefits under a Workers' Compensation law are forfeited, the policy will not pay those medical benefits that would have been payable in the absence of that settlement.
7. Any confinement, treatment, service or supply provided by a government owned or operated facility, unless the covered person is legally required to pay the charges incurred.
8. Bodily injury or sickness resulting from war or any act of war (declared or undeclared).
9. Charges incurred while on active duty with any military, naval or air force of any country or international organization.
10. Newborn nursery care.
11. Routine well baby care, other than routine and necessary immunizations unless covered by the Optional Wellness Benefit Rider.
12. Services and supplies for treatment of: (a) the teeth; and (b) the gums other than for tumors; and (c) any other associated structures primarily in connection with the treatment or replacement of natural teeth; and (d) prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids, unless due to an injury which occurs while covered under the policy to sound natural teeth, provided that such treatment is received within ninety (90) days following the date of injury. However, coverage is provided for anesthesia and medical care facility charges for dental care for a dependent child under age 6, a covered person who is severely disabled or a covered person who has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided.
13. Treatment or surgery as the result of prognathism, retrognathism, micrognathism, or any treatment or surgery to reposition the maxilla (upper jaw), mandible (lower jaw), or both maxilla and mandible, unless due to an injury, which occurs while covered under the policy to sound natural teeth, provided that such treatment is received within ninety (90) days following the date of injury.
14. Charges for treatment of temporomandibular joint (TMJ) dysfunction.
15. Services or supplies to improve the appearance or self perception of a covered person, which does not restore a bodily function, including without limitation; cosmetic or plastic surgery, hair loss; or skin wrinkling.
16. Routine eye exams, glasses, visual therapy, or contact lenses, except for the first pair of glasses or lenses for use after cataract surgery.
17. Hearing aids or the fitting thereof.
18. Charges incurred as a result of participation in a riot or insurrection or the commission of a felony or while imprisoned.
19. Charges for radial keratotomy and radial keratectomy or other similar procedures, including laser-based procedures, that are performed on the eyes.
20. Meridian therapy (acupuncture), except when used in lieu of an anesthetic.

21. Routine physical examinations, immunizations, except those provided for a Covered Dependent child from birth to seventy-two (72) months of age; use of prophylactic injections including gammaglobulins; flu shots; unless covered by the Optional Wellness Benefit Rider.
22. Charges for treatment, paring or removal of corns, calluses or toenails (other than partial or complete removal of nail roots), except when prescribed by an attending physician who is treating the covered person for a metabolic disease, such as diabetes mellitus or a peripheral-vascular disease such as arteriosclerosis, or treatment of the feet by posting or strapping, or range of motion studies, or orthotics.
23. Treatments made in connection with obesity or weight reduction including wiring of the teeth and all forms of intestinal bypass surgery.
24. Charges for services rendered by a physician, nurse or other provider if such person: (a) is a close relative of the covered person, or (b) lives in the same household as the covered person, or (c) is the employer of the covered person, except for charges rendered while a hospital inpatient.
25. Charges incurred as the result of attempted suicide or intentionally self-inflicted bodily injury or sickness while sane or insane.
26. Treatment for mental, nervous or chemical dependency disorders, except as provided under the Limited Major Medical benefits section of the policy.
27. Charges related to or in connection with: (a) procedures to restore or enhance fertility; (b) reversal of sterilization; (c) penile implants; and (d) fertility and sterility studies.
28. Impregnation techniques such as: (a) artificial insemination, or (b) invitro fertilization, including but not limited to: artificial insemination; invitro fertilization, invitro zygote, intra-fallopian transfers, gamete intra-fallopian transfer; genetic counseling; and all related charges.
29. Hospital and physician charges for weekend hospital admissions occurring between Noon on any Friday and Noon the following Sunday for non-emergency procedures, unless medically necessary or unless surgery is scheduled for the next day.
30. Congenital conditions, except with respect to children covered from birth.
31. Sexual reassignments or sexual dysfunctions or inadequacies.
32. Custodial care, regardless of who prescribes or renders such care.
33. Services or supplies for which no charge is made or for which the covered person is not required to pay.
34. Services received or supplies purchased outside the United States unless the charges are incurred while traveling on business or for pleasure not to exceed 90 days, provided the procedure or treatment is approved for use in the United States.
35. Charges related to or in connection with human organ or tissue transplants or high dose chemotherapy administered in connection therewith except as provided under the Limited Major Medical benefits section of the policy.
36. Any education or training materials including, but not limited to: pain management; the management of asthma, heart disorders and other medical disorders; pre-natal screening education, unless such programs or materials are offered through our health care coordination in conjunction with a disease management program.
37. Equipment, other than durable medical equipment, including, but not limited to: modifications to motor vehicles or homes such as to wheelchair lifts or ramps; water therapy device, such as whirlpools or hot tubs; and exercise equipment.
38. Any service or supply to eliminate or reduce a dependency or an addiction to tobacco, including but not limited to: nicotine withdrawal programs; nicotine products, such as transdermal patches and gums; hypnotism or goal-oriented behavioral modification.
39. Any surgical removal of an organ or tissue unless medically necessary.
40. Treatment for Home Health Care Services, except as provided in the Limited Major Medical benefits.
41. Treatment for Hospice Care Services except as provided in the Limited Major Medical benefits section of the policy.
42. Non-Surgical Back Treatment, except as provided under the Limited Major Medical benefits section of the policy.
43. Any service or supply in connection with the implant of an artificial organ; including the implant of an artificial organ.

44. Personal convenience services or supplies including without limitation: beauty or barber services; radio and television; non-therapeutic massages; telephone charges; take home supplies and guest meals; and motel accommodations.
45. For High Deductible Health Plans with prescription drug coverage the same as any other illness: Any non-prescriptive medication or prescription medication that is deemed not medically necessary. For Choice PPO plan with the copay prescription drug option: Any non-prescriptive medication. For plans with no outpatient prescription drug coverage: Any outpatient prescription medication and any non-prescriptive medication.
46. Charges for voice training for a lisp.
47. Breast reduction surgery unless such surgery was performed as part of a mastectomy due to breast cancer.
48. For Choice PPO plan with a copay prescription option, outpatient prescription drug exclusions include:
- a. Contraceptive devices or injectables.
  - b. Over-the-counter drugs and products.
  - c. Fertility agents.
  - d. Sexual performance enhancement drugs (e.g. Viagra).
  - e. Vitamins (other than pre-natal).
  - f. Anti-smoking aids (e.g. Nicorette, Nicaderm, Habitrol).
  - g. Hair loss medications (e.g. Rogaine, Minoxidil).
  - h. Immunization agents, biological sera, blood or blood plasma.
  - i. Investigational use or experimental drugs.
  - j. Any charge for administration of injectable insulin.
  - k. Drugs covered under Workers' Compensation.
  - l. Anorectic drugs for diet control.
  - m. Medication taken, prescribed or administered while an inpatient at a hospital, rest home, sanitarium, skilled nursing facility, convalescent hospital, nursing home or similar institution which operates a facility for dispensing pharmaceuticals.
  - n. Therapeutic devices or appliances, support garments and other non-medicinal substances regardless of intended use.
  - o. Homeopathic medications.
  - p. Any drugs purchased outside the United States of America.
  - q. Any drug which requires pre-certification which is not pre-certified as described.