

### Personal Comp Maryland: EXCLUSIONS/LIMITATIONS

No benefits will be provided for services, supplies or charges:

1. Which are not prescribed or administered by a **practitioner**, or that are not **medically necessary** for the diagnosis or treatment of an injury or illness (Preventive Service and Hospice Care benefits are provided regardless of medical necessity.);
2. Which are **experimental or investigative** in nature as determined by CareFirst;
3. **Covered services** which are provided for or received at no charge to the **insured** in any federal **hospital** or facility, or through any federal, state or local governmental agency or department, not including Medicaid. (This exclusion does not apply to care received in a Veteran's **hospital** or facility unless the care is rendered for a condition that is a result of the **insured's** military service.)
4. Which are rendered to treat an illness or injury to the extent that benefits are payable under any Worker's Compensation or Occupational Disease Act or Law, or employer's liability law, or any other legislation of similar purposes, regardless of whether:
  - a. The **insured** elects to claim such benefits;
  - b. The employer is in compliance with the Act; or,
  - c. The cost of such services may be recoverable by or on the behalf of the **insured** in any action at law and in compromise in settlement of any claims against any other party other than an insurer of the **insured**.
5. For any illness suffered as a result of an act of war, declared or not declared, or an act of terrorism;
6. For services made without charge, not including Medicaid, or where only **insured** persons are charged;
7. Received from a dental or medical department maintained by, or on behalf of, an employer, a mutual benefit association, labor union, trust, or similar person or group;
8. for **cosmetic surgery** as determined by CareFirst;
9. Rendered by a **practitioner** who is a member of the **insured's** family (parents, spouse, brothers, sisters, children);
10. Rendered prior to the **insured's** effective date;
11. For personal hygiene, cosmetic and convenience items such as, but not limited to wigs, air conditioners, humidifiers, exercise equipment, elevators or ramps, unless allowed under the Individual Care Management Program;
12. For telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form or medical statement;
13. For admissions or any period of a stay in any facility which is primarily for diagnostic studies or observation unless the **hospitalization** is allowed under the Individual Care Management Program;
14. For services mainly for **custodial care** or rest cures;
15. For palliative or cosmetic foot care including flat foot conditions, the treatment of subluxations of the foot, care of corns, bunions, (except capsular or bone surgery), calluses, toe nails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
16. For routine or periodic physical examinations and diagnostic services for screening except for those

covered under Preventive Benefits, Section IV.J.;

17. For routine care of the teeth, dental structures, alveolar processes, dental caries, extractions, corrections of impactions, gingivitis, orthodontia and prostheses, and gums; except as covered under Dental Benefits Related to Accidental Injury, Section IV.D.;
18. For routine eyeglasses or contact lenses and the vision examination for prescribing or fitting eyeglasses or contact lenses; and, for or related to radial keratotomy; myopic keratomileusis; and, surgery which involves corneal tissue for the purpose of: altering; modifying; or, correcting: myopia; hyperopia; or, stigmatic error; and related services;
19. For routine hearing aids or examinations for the prescription or fitting of hearing aids except as rendered for the treatment of Cleft Lip or Cleft Palate conditions;
20. For admissions or any period of a stay in any facility which is primarily for physical and/or occupational therapy, **cosmetic surgery**, **habilitation** or **rehabilitation** of any kind except for **Covered services** related to the treatment of alcohol abuse or drug abuse;
21. For any condition or complications arising from a condition that is identified in a signed exclusionary amendment;
22. For any treatment leading to or in connection with transsexual surgery;
23. For milieu care or invivotherapy;
24. For administrative charges related to oral chemotherapeutic drugs;
25. For travel, whether or not recommended by a **practitioner** except as covered under "Organ Transplants," Section IV.U.;
26. For supplies for contraceptive purposes, for example diaphragms and IUDs;
27. For treatment of any kind for obesity, weight reduction or dietary control;
28. For medical or non-medical self care or self help training; and, all outpatient **rehabilitation** and **habilitation** not specifically mentioned as a covered service in this Policy;
29. For separate billings for services or supplies furnished by an employee of a **hospital** or **practitioner** which are normally included in the **hospital's** or **practitioner's** charges and billed for by them, for example, inpatient laboratory components;
30. For services rendered to treat an illness or injury that is related to or caused by the **insured's** participation in or attempt to commit a felony;
31. For private duty nursing;
32. For care furnished by or received from a health care entity as a result of a **practitioner** referral that is prohibited by law;
33. For care of any kind other than care specifically mentioned as a covered service in this Policy;
34. For the cost of **Covered services** above the allowed benefit;
35. For any complication caused, directly related to, or arising out of any of the conditions that are excluded from coverage under this Policy, except for the removal of breast implants after a determination that their removal is **medically necessary**.