

My Health Alliance HMO Plan

WHAT IS NOT COVERED (Exclusions & Limitations)

The following services are excluded from coverage under this Policy unless documented in any Amendments and/or Riders.

Care from Physicians or Providers other than Participating Providers or in Hospitals not associated with Health Alliance, other than Emergency Services, is not covered.

Abortion

Charges for and in connection with an abortion, unless the life or physical health of the mother is in imminent danger, are not covered.

Acupuncture, Acupressure and Hypnotherapy

Charges for treatment and services related to acupuncture, acupressure and hypnotherapy are not covered.

Blood Processing

Costs related to the processing and storage of blood and its components from a person designated as a donor are not covered.

Circumstances Beyond the Control of Health Alliance

To the extent that a natural disaster, war, riot, civil insurrection, epidemic or any other emergency or similar event not within the control of Health Alliance results in the facilities, personnel or financial resources of Health Alliance and/or any of its Participating Providers being unavailable to provide or arrange for the provision of a covered service in accordance with the requirements of this subsection, Health Alliance is required only to make a good-faith effort to provide or arrange for the provision of the service, taking into account the impact of the event.

Contraceptive Drugs, Devices and Services

Contraceptive drugs, treatments, injections, injectables, devices and services are not covered, unless otherwise specified in an Outpatient Prescription Drug Rider attached to this Policy.

Convenience or Comfort Items

Convenience or comfort items are not covered. These items include, but are not limited to, grab bars, tub transfers, seat lifts, raised toilet seats, telephones and televisions.

Cosmetic Surgery

Surgery for cosmetic purposes and not primarily for reasons of Medical Necessity is not covered. This includes, but is not limited to, rhinoplasties, breast reductions, blepharoplasties, liposuction and removal of skin tags and lipomas when not done primarily because of Medical Necessity.

Counseling

Charges for social counseling or marital counseling are not covered.

Custodial Care or Convalescent Care

Custodial Care or convalescent care in an acute general Hospital, Skilled Care Facility or in the home is not covered.

Dental Services

Unless provided by a Dental Benefit Rider attached to this Policy, dental services are not covered. Surgical removal of wisdom teeth and services related to Injuries caused by or arising out of the act of chewing are also not covered. Hospitalizations for dental work are not covered unless the hospitalization is necessary due to a medical condition. (See "Dental Services" and "Oral Surgery" under "What Is Covered".)

Disposable Items

Self-administered dressings and other disposable supplies are not covered. (See "Durable Medical Equipment" under "What Is Covered".)

Durable Medical Equipment, Orthopedic Appliances and Devices

The following corrective and orthopedic appliances and devices are not covered: earmolds, shoes, heel cups, arch supports, gloves, lifts and wedges. Wheelchairs (manual or electric) and lift chairs are not covered unless you would be bed or chair confined without such equipment. This includes any dispensing fees incurred in obtaining these items.

Experimental Treatments/Procedures/Drugs/Devices/Transplants

Unless otherwise stated in this Policy, such as coverage for "Cancer Chemotherapy, Chemotherapeutics and Biologicals," the Plan does not pay benefits for any charges incurred for or related to any medical treatment, procedure, drug, device or transplant that is determined by a Medical Director to meet one or more of the following standards or conditions:

- The medical treatment, procedure, drug, device or transplant is the subject of on-going phase I, II or III clinical trials or is otherwise under study to determine its safety, efficacy or its efficacy as compared with the standard means of treatment or diagnosis for the Member's condition, disease or illness.
- The consensus of opinion among experts regarding the medical treatment, procedure, drug, device or transplant is that further studies or clinical trials are necessary to determine its safety, efficacy or its efficacy as compared with the standard means of treatment or diagnosis for the Member's condition, disease or illness.
- The drug or device cannot be lawfully marketed for your condition, disease or illness without the approval of the U.S. Food and Drug Administration, and approval for marketing has not been given at the time the drug or device is prescribed or furnished.
- The medical treatment, procedure, drug, device or transplant for the treatment or diagnosis of your condition, disease or illness does not conform with standards of good medical practice and not uniformly recognized and professionally endorsed by the general medical community at the time it is to be provided.
- The medical treatment, procedure, drug, device or transplant for the treatment or diagnosis of your condition, disease or illness is determined by a Medical Director to be experimental or investigational.

In making his or her determination that a medical treatment, procedure, drug, device or transplant for the treatment or diagnosis of your condition, disease or illness is excluded from coverage under this subsection, a Medical Director will use current medical literature, discussion with medical experts and other technological assessment bodies designated by Health Alliance. Each review will be on a case-by-case basis regarding coverage of a requested medical treatment, procedure, drug, device or transplant for the treatment or diagnosis of your condition, disease or illness.

Fitness

Any program designed for overall physical fitness or membership to fitness facilities for the same purpose is not covered. Not included in this exclusion is rehabilitative therapy.

Governmental Responsibility

Care for disabilities connected to military service for which you are legally entitled to and for which facilities are reasonably available to you, or for conditions that state or local laws require be treated in a public facility, unless legal liability exists, are not covered.

Hearing Aids

Hearing aids, their fittings or testing for the purpose of using a hearing aid are not covered. Any service, supply or treatment for the rehabilitation of hearing impairment is also not covered.

Illegal Activities

Charges for any service, supply or treatment that arose out of or occurred while you were engaged in an illegal occupation or in the commission of or attempt to commit a felony are not covered.

Emergency or other medical, Hospital or surgical expenses incurred as a result of and related to an Injury acquired while intoxicated or under the influence of any narcotic is covered.

Infertility Services

Infertility services are not covered.

Institutional Care

Institutional care for the primary purpose of controlling or changing your environment, or is maintenance care, Custodial Care, domiciliary care, convalescent care or rest cures are not covered.

Obesity

Charges for special formulas, food supplements, special diets, minerals, vitamins or Physician and Non-Physician supervised weight loss programs are not covered. Treatment or products for obesity, food addiction or weight reduction are not covered. (See "Bariatric Surgery for Severe Obesity" under "What Is Covered.")

Outpatient Prescription Drugs

Outpatient prescription drugs are not covered unless otherwise specified in an Outpatient Prescription Drug Rider attached to this Policy.

Reversal of Sterilization

A surgical procedure to reverse voluntary sterilization and any resulting infertility services are not covered.

Services That Are Not Medically Necessary

Physical examinations for obtaining or continuing employment, for governmental licensing or for securing insurance coverage are not covered.

Vocational rehabilitation services or other services or supplies, other than Basic Health Care Services, which are not Medically Necessary for the treatment, maintenance or improvement of your health are not covered.

Care ordered or directed by individuals other than a Physician or registered clinical psychologist, court-ordered evaluations or treatment, care in lieu of detention or correctional placement, family retreats or marriage counseling are not covered.

Services that are not primarily medical in nature, including but not limited to, traditional mattresses, air filters, Jacuzzis/spas, swimming pools, exercise equipment, gym memberships, air conditioners, adaptive device/filters for residential heating and air conditioning systems, car seats and educational services unless specified elsewhere in the Policy, are not covered.

Sex Changes and Sex Therapy

Charges for any service, supply or treatment for a sex change or sex therapy are not covered.

Skin Lesions

Skin lesion removal primarily for cosmetic reasons rather than for Medical Necessity is not covered.

Supplemental Drinks/Vitamins/Weight Gain Products

Over-the-counter supplies or products taken to supplement caloric intake, not primarily medical in nature and not used as the sole source of nutrition, are not covered.

Temporomandibular Joint Treatment (TMJ)

Any service, supply or treatment connected with TMJ pain dysfunction syndrome (TMJ-PDS) is not covered. Appliances and appliance adjustments are also not covered.

Vision Care

Unless provided by a Vision Benefit Rider attached to this Policy, vision care, including but not limited to eyeglasses, contact lenses, contact lens evaluations and fittings, refractive eye surgery, refractive keratectomy, radial keratotomy, laser in-situ keratomileusis (LASIK) surgery and vision screening are not covered.

Other Non-Covered Items

- Any service, supply or treatment that is not prescribed by a Physician or a qualified Provider.
- Any service, supply, treatment, diagnosis or advice for which you are not legally required to pay.
- Any service, supply or treatment prohibited by the laws of the United States or the state where the expense was incurred.
- Any care, treatment, service or supply furnished by a facility owned or operated by a state or national government. Charges are covered if you have a legal obligation to pay for the care or treatment or if the United States has the authority to recover or collect the reasonable cost of such care or service.
- Any Injury or illness arising out of or occurring in the course of your job for wage or profit and which is covered by Worker's Compensation or similar law.
- Charges for appointments scheduled and not kept (missed appointments).
- Charges incurred before you became covered under the Plan or after you terminate from the Plan.
- Complications arising directly from rightfully excluded conditions.
- Services provided by a non-licensed professional.
- Services furnished or billed by a Provider that has been disbarred by the Federal Government.
- Any service, supply or treatment received outside of the United States of America, other than Emergency Services or Urgent Care.