

Services and benefits not covered

AmeriHealth IHC PPO



As with all health insurance plans, AmeriHealth coverage excludes certain services. Those not covered by AmeriHealth include, but are not limited to, the following:

- services or supplies furnished in connection with any procedures to enhance fertility;
- completion of claim forms;
- cosmetic surgery, except as stated in this policy; complications of cosmetic surgery; drugs prescribed for cosmetic purposes;
- services related to custodial care or domiciliary care;
- dental care or treatment, including appliances and dental implants, except otherwise stated in the policy;
- dose-intensive chemotherapy, except as otherwise stated in this policy;
- experimental or investigational treatments, procedures, hospitalizations, drugs, biological products or medical devices, except as otherwise stated in this policy;
- extraction of teeth, except for bony impacted teeth;
- services and supplies, unless stated in this policy for exams to determine the need or change of eyeglasses, eyeglass lenses of any type, except initial replacements for the loss of a lens; or eye surgery for lasik surgery, myopia, hyperopia, or astigmatism;
- services or supplies related to hearing aids and hearing exams to determine the need for the hearing aids or the need to adjust them, except as stated in the newborn hearing screening provision;
- marriage, career or financial counseling, sex therapy or family therapy, except as otherwise stated in the policy;
- private-duty nursing, except as provided for under home health care;
- self-administered services such as: biofeedback, patient-controlled analgesia, related diagnostic testing, self-care and self-help training;
- sterilization reversal;
- surgery, sex hormones, and related medical, psychological and psychiatric services to change your sex; services and supplies arising from complications of sex transformation;
- transplants, unless otherwise listed in this policy;
- services or supplies which are not medically necessary and appropriate except as otherwise stated in this policy.

This summary represents only a partial listing of the benefits and exclusions of the PPO program described in this summary. If you purchase another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. This managed care plan may not cover all of your health care expenses. Read your benefit booklet carefully to determine which health care services are covered. If you need more information please call 1-800-877-9829.