



PPO

LIMITATIONS & EXCLUSIONS

LIMITATIONS

- CHL reserves the right to include only one manufacturer's product on the CHL formulary when the same or similar drug (that is, a drug with the same active ingredient), supply, or equipment is made by two or more different manufacturers. The product or products not listed on the CHL formulary will be excluded from coverage.
- CHL reserves the right to include only one dosage or form of a drug on the CHL formulary when the same drug is available in different dosages or forms (for example, dissolvable tablets, capsules, etc.), from the same or different manufacturers. The product or products in other forms or dosages that are not listed on the CHL formulary will be excluded from coverage.
- Implantable contraceptive capsules such as Implanon are limited to one implantation and removal during the maximum implantation period of the product, as determined by the product manufacturer.
- Neuropsychological evaluation and treatment is limited to those services that diagnose or treat an underlying medical condition and is covered only when there is clinically significant brain dysfunction.
- A determination by CHL that a service is infertility-related may be based on medical records or other documented evidence, and is not dependent on whether CHL actually receives a claim with a diagnosis of infertility.
- Certain medications, including those that are administered by a medical professional, are covered only when they are purchased through specialty pharmacies. To obtain a current list of these medications, visit the CHL website at www.chcnevada.com or call Customer Service.

GENERAL LIMITATIONS AND EXCLUSIONS

Claims After One Year

Claims are denied if submitted to CHL more than one year after services were rendered unless you can show that notice was given or proof of loss was filed as soon as reasonably possible. Adjustments or corrections to claims are denied if submitted to CHL more than one year after claims were first processed unless you can show that the additional information relating to the claim was filed as soon as reasonably possible. When this policy is secondary coverage, coordination of benefits claims will be denied if submitted to CHL more than one year after the date the claim was first processed by the primary carrier, unless you show that notice was given or proof of loss was filed as soon as reasonably possible.

Out-of-Network Rate for Non-Participating Providers

The Out-of-Network Rate (ONR) is the maximum amount allowed by CHL for charges billed by non-participating providers. The ONR is based on a percentage of what Medicare would pay the same provider for the same service. If the amount a non-participating provider bills you exceeds the ONR, you are responsible for the excess amount, in addition to your copayment, deductible, and/or coinsurance.

Limited Benefits

Normally covered services that exceed benefit limits specified on the Benefit Categories and Cost Sharing table (e.g., days, visits, etc.) are excluded and not applied to out-of-pocket maximums. This includes, but is not limited to, services exceeding benefit limits for skilled nursing facilities, rehabilitation therapy, home health care, etc.

Medically Unnecessary Services and Supplies

Medically unnecessary services and supplies, as determined by CHL, are excluded.

Non-Covered Services & Complications

Expenses related to non-covered services, including pre- and post-operative evaluation, diagnostic testing, and complications resulting from non-covered services, supplies, and/or medications are excluded. When a non-covered procedure is performed as part of the same operation or process as a covered service, only eligible medical expenses relating to the covered service will be eligible for benefits. The allowed amount may be calculated to exclude any charges related to the non-covered service.

Non-Participating Providers

This plan includes coverage for services received through both participating and non-participating providers. Refer to the Benefit Categories and Cost Sharing table for details.

No Presumption of Coverage

There is no presumption of coverage. Services not specified as covered are excluded.

Services Outside of the United States

Services provided outside of the United States of America and its territories are excluded, except as required for an emergency or urgent condition.

EXCLUDED SERVICES

Unless noted otherwise in the Benefit Categories and Cost Sharing table, the following services are excluded:

- Abortions – certain situations
- Acupuncture or Acupressure
- Administrative charges, examinations and services for non-medical purposes
- Alternative and Complementary Medicine (CAM)
- Biofeedback and Neurofeedback
- Complications of non-covered services
- Custodial care, domiciliary care, rest cures, and independent living training
- Dental services, except as described for children under age 19
- Elective home delivery
- Exercise equipment and fitness training
- Experimental or investigational treatment, services and/or medications
- Food supplements, nutritional supplements, vitamins
- Gene therapy
- Illegal activity
- Immunizations for non-medical purposes
- Infertility Treatment and Services, other than office visit evaluations, lab studies, diagnostic procedures, and limited artificial insemination services
- Methadone services
- Physiotherapy (speech, occupational, physical) for psychosocial or developmental delays, except medically necessary services to help a member keep, learn, or improve skills and functioning for daily living
- Reconstructive, corrective and cosmetic services, except to improve functioning, when necessary due to injury, or following medically necessary mastectomy
- Refractive eye surgery
- Selected Prescription Drugs, Injectable Drugs and Specialty Medications
- Sexual Dysfunction
- Telephone and email consultations
- Orthognathic surgery and related services
- Travel related expenses
- War related services, terrorism or nuclear release