

COVENTRYONE SELECT NETWORK HMO PLANS
EXCLUSIONS and LIMITATIONS

1. Services/Items Not Covered

The following Services/Items are not Covered under CoventryOne Select Network HMO Plans, Unless Covered in a Rider:

- 1.1** Any service rendered while You were not Covered under this Agreement;
- 1.2** Any service, supply, equipment, drug or procedure that is not provided or arranged and coordinated through Your PCP in accordance with the Plan's policies and procedures, including utilization management, except that Emergency Services shall be Covered in accordance with the terms and conditions set forth in the Certificate;
- 1.3** Any service, supply, equipment, drug, or procedure that is not Medically Necessary;
- 1.4** Any service, supply, equipment, drug, or procedure that is not a Covered Service or that is directly or indirectly a result of receiving a non-Covered Service; Complications of a non-Covered procedure;
- 1.5** Any service, supply, equipment, drug, or procedure for smoking cessation, except as set forth and covered under Section 6, "Preventive Care" of the Certificate;
- 1.6** Any service, supply, equipment, drug, or procedure for which You have no financial liability or that was provided at no charge;
- 1.7** Any service, supply, equipment, drug, or procedure furnished under or as part of a study, grant, or research program or that We determine, in Our sole and absolute discretion to be Experimental or Investigational, except as set forth and covered under Section 6, "Clinical Trials: Cancer and Chronic Fatigue Syndrome" of the Certificate;
- 1.8** Any service, supply, equipment, drug, or procedure rendered or utilized as a result of injuries sustained during the commission of or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation; and
- 1.9** Court-ordered services (unless Medically Necessary) or services that are a condition of probation or parole.

2. Specifically Excluded Services/Items

The following Services/Items are not Covered under CoventryOne Select Network HMO Plans, Unless Covered in a Rider or Your Schedule of Payments:

- 2.1** Acupuncture, acupressure;
- 2.2** Alternative therapies;
- 2.3** Ambulance service for non-emergencies, unless Prior Authorized by Us;
- 2.4** Any item or technology requiring federal or other government agency approval that has not been granted at the time services are rendered;

2.5 Any services to the extent that payment for such services is, by law, Covered by any governmental agency as a Primary Plan;

2.6 Behavior modification;

2.7 Biofeedback;

2.8 Braces and supports needed for athletic participation or employment;

2.9 Breast augmentation and reduction, including implantation, removal, or correction of breast implants implanted for cosmetic reasons;

2.10 Breast reconstruction which is not associated with the Women's Health and Cancer Rights Act;

2.11 Breast pumps;

2.12 Care rendered to You by a relative;

2.13 Charges for shipping, handling, packaging, postage charges, and/or sales tax, except as incidentally provided without a separate charge;

2.14 Cochlear implants;

2.15 Complications that result from not following the course of treatment prescribed by a treating Provider;

2.16 Cosmetic Services and Surgery and the complications incurred as a result of those services and surgeries. Cosmetic procedures include, but are not limited to, pharmacological regimens, plastic surgery, blepharoplasty, salabrasion, chemosurgery, laser surgery or other skin abrasion procedures associated with the removal of scars, tattoos, or actinic changes, and non-Medically Necessary dermatological procedures and Reconstructive Surgery. Cosmetic procedures are those procedures that improve physical appearance, but do not correct or materially improve a patho-physiological function and are not Medically Necessary except when the procedure is needed for prompt repair of accidental Injury or to significantly improve the function of a congenital anomaly.;

2.17 Custodial and domiciliary care, residential care, protective and supportive care including, but not limited to, educational services, rest cures, convalescent care, and respite care;

2.18 Day care;

2.19 Dental care, appliances, implants, crowns, bridges, dentures, or other prosthetic devices, dental restorative care, periodontal care, treatment of impacted wisdom teeth, orthodontics, orthognathic surgery, or X-rays, including, but not limited to, any Physician services or X-ray examinations involving one or more teeth, the tissue or structure around them, or the alveolar process of the gums, unless covered by an attached Rider;

2.20 Disposable items;

- 2.21** Dynamic Orthotic Cranioplasty (DOC) Bands, Cranial Orthosis or Molding Helmet Therapy, unless the congenital defect of the skull adversely affects normal brain, auditory, visual or central nervous system development; or surgical treatment of deformational plagiocephaly;
- 2.22** Educational testing or psychological testing, unless part of a treatment program for Covered Services;
- 2.23** Elective Sterilizations and Elective Abortions, unless the life of the mother is endangered;
- 2.24** Emergency room services for non-emergencies;
- 2.25** Exams for employment, school, camp, sports, licensing, insurance, adoption, or marriage;
- 2.26** Exercise equipment, rental or purchase; Exercise programs;
- 2.27** Eye examinations for refractive correction, unless covered by an attached Rider;
- 2.28** Eye exercises and therapy; fitting or cost of visual aids;
- 2.29** Eye glasses and frames (including deluxe frames), corrective lenses and lens extras (such as tints, coatings, etc.) and sunglasses, except as necessary for the initial placement of corrective or contact lenses following cataract surgery performed while an Insured of CoventryOne;
- 2.30** Family Planning such as counseling, treatment and follow-up;
- 2.31** Food and food supplements, including but not limited to, infant formulas and vitamins, except as set forth and Covered under Section 6, "Metabolic Disease Treatment" of the Certificate;
- 2.32** Foot orthotics (e.g., shoe inserts, special shoes);
- 2.33** Genetic counseling and genetic studies that are not required for diagnosis or treatment of genetic abnormalities;
- 2.34** Hair analysis, hair prostheses, wigs and hair transplants;
- 2.35** Health services resulting from war or an act of war;
- 2.36** Hearing aids and associated audiometric services (including the cost and fitting); Services for hearing therapy and any related diagnostic hearing tests, except as provided in Section **Error! Reference source not found. (Error! Reference source not found.)** of the Certificate;
- 2.37** Home services to help meet personal, family, or domestic needs; such as but not limited to, help in walking, getting in and out of bed, bathing, dressing, shopping, eating and preparing meals, performing general household services or taking medications;
- 2.38** Humidifiers, de-humidifiers, air-conditioners, space heaters, or any other equipment or service used in altering air quality or temperature;
- 2.39** Immunizations for travel or employment;

- 2.40** Infertility diagnosis, testing, and treatment including services, supplies, equipment, procedures, and drugs; Including but not limited to any attempt to induce fertilization, including reversal of sterilization, treatment of recurrent abortion, in vitro fertilization, embryo transplants, artificial insemination, or similar procedures whether Insured is the donor, recipient, or surrogate;
- 2.41** Learning disabilities treatment;
- 2.42** Long-term care and all services provided by such facilities;
- 2.43** Marriage or relationship counseling, family counseling, vocational or employment counseling, massage therapy, sex therapy, and sex counseling;
- 2.44** Maternity services, except for complications arising from pregnancy, unless additional coverage is outlined in Your Schedule of Payments;
- 2.45** Mental health services, except those for Severe Mental Illness, as required by state law;
- 2.46** Newborn home delivery and birthing centers;
- 2.47** Oral Surgery if required as part of an orthodontic treatment program, required for correction of an occlusal defect, encompassing orthognathic or prognathic surgical procedures, involving removal of symptomatic bony impacted third molars;
- 2.48** Orthodontia, orthodontic braces and related services;
- 2.49** Over-the-counter supplies and drugs such as, but not limited to, ACE wraps, elastic supports, finger splints, wrist splints and orthotics;
- 2.50** Patient lifts, including but not limited to chair lifts, seat lifts, vehicle lifts and bed lifts;
- 2.51** Penile prostheses;
- 2.52** Personal comfort and convenience items such as but not limited to, television, telephone, tissue, razor, toothbrush, toothpaste, air mattress, corsets and clothing;
- 2.53** Pregnancy, elective termination, unless the life of the mother is endangered;
- 2.54** Private duty nursing;
- 2.55** Private inpatient room, unless Medically Necessary or if a semi-private room is unavailable;
- 2.56** Provider Appointments – charges for failure to keep or cancel a scheduled appointment;
- 2.57** Psychiatric evaluation or therapy when related to judicial or administrative proceedings or orders, when employer requested, or when required for school;
- 2.58** Psychoanalysis;
- 2.59** Radial keratotomy, laser eye surgery or similar surgery done to treat myopia;
- 2.60** Removal of skin lesions or skin tags, unless lesions interfere with normal bodily functions, or a malignancy is suspected;
- 2.61** Routine foot care, removal or reduction of corns and calluses, clipping of the nails, treatment of flat feet, fallen arches, and chronic foot strain;

- 2.62** Self-Administered Injectable Drugs, except as set forth in Section 6.4 of the Certificate;
- 2.63** Services the Insured is entitled to under Medicare, if Enrolled in Medicare;
- 2.64** Sex transformation procedures, treatments, or studies; Sexual identification and any treatment for sexual dysfunction or disorder and complications thereof;
- 2.65** Short-Term Therapy that exceeds the limits of this Agreement, as defined within this document or otherwise listed on the Schedule of Payments;
- 2.66** Sleep Studies, as well as, C-PAP, BiPAP, Auto-PAP, other devices and surgical intervention used to treat obstructive sleep apnea (OSA);
- 2.67** Sterilization reversal and any service, supply, equipment, drug, diagnosis, testing or procedure related to surrogate, donor, or recipient such as surrogate childbirth, egg or sperm donation, cryopreservation, in vitro fertilization, artificial insemination, and storage of sperm, eggs and embryos, and recurrent abortion;
- 2.68** Surgery performed solely to address psychological or emotional factors;
- 2.69** Surrogate motherhood services and supplies, including, but not limited to, all services and supplies relating to the conception and pregnancy of an Insured acting as a surrogate mother;
- 2.70** Take-home drugs;
- 2.71** Transplant services, except as set forth in Section 6 “Organ Transplants” of the Certificate. Donor services are not Covered, including transplant services, screening tests, and any related conditions or complications related to organ donation, except as set forth in Section 6 “Organ Transplants” of the Certificate;
- 2.72** Travel expenses, except for covered ambulance services and transportation in connection with Covered Organ Transplant procedures;
- 2.73** Treatment for behavioral conditions not attributable to a Severe Mental Illness described in the Diagnostic and Statistical Manual Published by the American Psychiatric Association as “V” codes, such as but not limited to, relational problems, anti-social behavior, academic problems and phase-of-life problems;
- 2.74** Treatment for delirium, dementia, amnesia or cognitive disorders with psychiatric manifestations or conditions;
- 2.75** Treatment of mental retardation;
- 2.76** Treatment for disorders relating to: learning, motor skills, communication, pervasive developmental conditions such as, but not limited to, autism, feeding and eating in infancy and early childhood, unless covered by an attached Rider;
- 2.77** Vision care and optometric services, unless covered by an attached Rider;
- 2.78** Vocational therapy;
- 2.79** Injuries resulting from war or act(s) of war, war related sickness, injury, and services for military services-connected disabilities and conditions for which You are legally entitled to Veteran Administration services and for which facilities are reasonably accessible to You;

2.80 Weight reduction supplies, services, equipment, drugs, programs, therapy and procedures, including but not limited to, diet programs, tests, examinations or services and medical or surgical treatments such as liposuction, lipectomy, wiring of the jaw and other procedures of a similar nature except as Covered under Obesity Services/Gastric Bypass in Section 6 of this Certificate; plasty of skin or subcutaneous tissue;

2.81 Whole blood and blood products replacement to a blood bank;

2.82 Work hardening programs; and

2.83 Work related injuries or illnesses for which benefits are provided under any workers' compensation occupational disease, employer's liability or similar law.