

2012 PIC INDIVIDUAL CONTRACT EXCLUSIONS

1. Services or supplies that PIC determines are not medically necessary, including counseling, studies, services or confinements, unless PIC determines such services are medically necessary and consistent with applicable law.
2. Services that PIC determines are investigative, including associated expenses.
3. Services or supplies not directly related to your care.
4. Personal comfort or convenience items.
5. Services, including non-emergency ambulance services, transfers and admissions to hospitals, performed only for convenience.
6. Private room, except when medically necessary, or if it is the only option available at the admitted facility.
7. Services for, or related to, rehabilitation services, therapy provided in your home for convenience; services that do not meet the PIC Medical Policy standards; conditions that are self correcting; voice training and voice therapy absent of a medical condition; investigational therapies for the treatment of autism, such as secretin infusion therapies. Sensory integration therapy when used for a reason other than the treatment of feeding disorders.
8. Services for educational classes, programs or seminars (including smoking cessation and commercial weight loss); custodial or maintenance care provided for comfort reasons; vocational, educational, self-help or recreational therapy (such as, but not limited to, health club memberships or exercise equipment), except as described in the Contract.
9. Any service, drug or supply provided by your family or a relative (i.e. your spouse, parent, brother, sister or child) or person who shares your legal residence.
10. Respite or rest care, except as described in the Contract.
11. Vision therapy/orthoptics. Contact lenses, and their related fittings, except when prescribed as medically necessary for the treatment of keratoconus. Eyeglasses, frames and their related fittings.
12. Services provided by an audiologist (that are not provided in an office setting); hearing aids (except as specifically described in the Contract), devices to improve hearing and related fittings; cochlear implants, except for members up to age 18 when hearing loss is not correctable by other covered procedures.
13. Professional sign language and foreign language interpreter services in a physician's office, except as provided in the Continuity of Care provision of the Contract.
14. Medications available over-the-counter (OTC) that by federal or state law do not require a prescription order and any medication that is equivalent or similar to an OTC medication, except as provided in the Contract; drugs and associated expenses and devices not approved by the FDA for a particular use, except as required by law; drugs for self-administration when dispensed by a physician; weight loss drugs except when medically necessary to treat obesity; drugs for smoking cessation, except as provided in the Contract; unit dose packaging; prescription drugs for the treatment of infertility; prescriptions written by a dentist or dental specialist; replacement of a prescription drug due to loss, damage, or theft; Topical and oral acne treatments for *members* age 19 and over and associated lab and office charges; non-FDA approved route of administration (e.g., drug that is FDA approved for oral use, but is being applied topically); drugs that are given or administered as part of a drug manufacturer's study; prescription drugs if purchased by mail order through a program not administered by PIC's pharmacy vendor; prescription drugs for the treatment of erectile dysfunction. Off label use of specialty drugs; Certain combination or other drugs, regardless of formulary status, will not be covered according to the PIC pharmacy policy titled "Cost Benefit Program". Compounded drugs that are being used for bio-identical hormone replacement therapy, unless otherwise covered; Drugs and medical devices that are only approved for compassionate use by the United States Food & Drug Administration; Prescription drugs in the same classification of drugs as the following:
 1. Non-Sedating Antihistamines (NSAs).
 2. Non-steroidal Anti-Inflammatory drugs (NSAIDs).
 3. H2-antagonists (H2As).
 4. Proton Pump Inhibitors (PPIs).

15. Procedures that are generally cosmetic, or for convenience or comfort reasons, including preoperative procedures and any medical or surgical complications arising therefrom; as listed on PIC's Cosmetic Procedures Policy. This policy may be obtained by calling PIC Customer Service; Services and/or drugs to treat conditions that are cosmetic in nature, including preoperative procedures and any medical or surgical complications arising therefrom.
16. Services prohibited by law or regulation or illegal under applicable laws.
17. Autopsies.
18. Exams, other evaluations and/or services solely for employment, insurance, licensure, judicial, or administrative proceedings or research purposes, except as otherwise covered in the Contract.
19. Travel, transportation (other than ambulance transportation), or living expenses.
20. Services received before your PIC coverage begins or after your PIC coverage under the Contract ends.
21. Charges for duplicating and obtaining medical records from non-participating providers, unless requested by PIC.
22. Hospitalization, transportation, supplies, or medical services, including physicians' services furnished by the United States Government or by an institution operated by the United States Government, unless payment is required in accordance with applicable law.
23. Diagnosis or treatment of substance abuse related services, except as provided by amendment (if applicable).
24. Diagnosis or treatment of mental health related services.
25. Diagnosis or treatment of chiropractic related services.
26. Charges for bariatric surgery, including preoperative procedures and any medical or surgical complications arising therefrom.
27. Any durable medical equipment or supplies not listed as eligible on PIC's durable medical equipment list, or as determined by PIC.
28. Organ and bone marrow transplants and stem cell support procedures or peripheral stem cell support procedures for a condition considered investigative. Services, chemotherapy, radiation therapy (or any therapy that damages the bone marrow, except in cases involving a bone marrow transplant), supplies, drugs, and aftercare for or related to artificial or non-human organ implants. Services, chemotherapy, supplies, drugs, and aftercare for or related to human organ transplants not specifically approved by PIC's medical director or its designee. Treatment of medical complications to a donor after procurement of a transplanted organ. Computer search for organs. Private collection and storage of blood and umbilical cord/umbilical cord blood, unless related to scheduled future covered services. Travel expenses related to a covered transplant. Services for or in connection with fetal tissue transplantation, except for non-investigative stem cell transplants.
29. Charges for sales tax, mailing, interest, and delivery.
30. Financial or legal counseling services.
31. Diagnosis or treatment of infertility related services.
32. Services, surgery, drugs and associated expenses for gender reassignment. These services and associated expenses will be reviewed on a case by case basis and, if medically necessary, must be received at a PIC designated treatment center.
33. Homeopathic and holistic medicine, hypnosis, biofeedback, acupuncture, except for treatment in a chronic pain program and rendered by a licensed acupuncture practitioner or a *provider* licensed or trained in acupuncture, and chelation therapy (except for medically necessary treatment of heavy metal poisoning).
34. Routine foot care, custom foot molds, and orthopedic shoes, except if you are blind or have diabetes or peripheral vascular disease.

35. Charges for services that are eligible for payment under auto insurance or under a Workers' Compensation law, employer liability law, or any similar law.
36. Genetic testing and associated services, except as described in the Contract.
37. Charges for treatment of cleft lip and cleft palate, except as described in the Contract.
38. Charges for services determined to be duplicate services by PIC.
39. Services or supplies, not rendered in the most cost-efficient setting or methodology appropriate for the condition based on medical standards and accepted practice parameters of the community, or provided at a frequency other than that accepted by the medical community as medically appropriate.
40. Charges for services performed by certified surgical technicians, surgical technicians, or certified operating room technicians.
41. Elective abortions.
42. Charges that exceed the PIC non-participating provider reimbursement value for services received from non-participating providers, including non-participating pharmacies.
43. Telephone or electronic consultations.
44. Dental services, including the surgical extraction of impacted wisdom teeth, orthodontia and all associated expenses, except as required by law; dental services covered under your dental plan; services for cracked or broken teeth that result from biting, chewing, disease or decay; dental implants; services related to periodontal disease.
45. Nutritional counseling, except when provided during a confinement or for the diagnosis and treatment of diabetes, or you have been diagnosed with a chronic medical condition by a physician. In all cases, except confinement, must be provided in a physician's office, clinic system or hospital setting; Treatment of eating disorders in a behavioral health provider setting.
46. Services or supplies through a non-participating provider ordered or rendered by providers that are unlicensed or not certified by the appropriate state regulatory agency.
47. Preventive medical services, such as but not limited to, cholesterol testing, glucose testing and mammograms, that are not ordered by a physician.
48. Home health services provided as a substitute for a primary caregiver in the home; home health services that can be performed by a non-medical person or self-administered; home health aides; home health services at any site other than your home.
49. Non-emergency services received in an emergency room.
50. All services, except emergency services, for members when outside the United States.
51. Sexual devices, services, prescription drugs or supplies for the treatment of sexual dysfunction.
52. Services provided by massage therapists, doulas and personal trainers.
53. Providers who have not completed professional level education and licensure as determined by PIC.
54. Light-based treatments for acne.
55. Charges that are paid under any medical payment, automobile or other coverage that is payable without regard to fault, including charges that are applied toward any coinsurance requirement of such a policy.
56. Maternity related services and supplies during the first 18 months of coverage under the Contract for persons age 19 or older.
57. PIC shall not be liable for any loss to which a contributing cause was the member's commission of or attempt to commit a felony or to which a contributing cause was the member's being engaged in an illegal occupation.

- 58. Massage therapy.
- 59. Orthognathic surgery.
- 60. Implantable and injectable drug delivery devices for contraceptive therapy. Includes associated *physician* charges.
- 61. Sterilization, unless the *member* has been covered under the *contract* for 12 months prior to the date of the sterilization procedure.
- 62. Sterilization reversals.
- 63. Services, drugs and supplies including facility charges performed in a non-participating provider free-standing birth center unattached to a hospital facility.