

## Exclusions

The following services, supplies and associated expenses are not covered under this plan. This is not a complete list. Please consult the policy for more detail.

### GENERAL EXCLUSIONS

1. Services that are not medically necessary. This includes but is not limited to services inconsistent with the medical standards and accepted practice parameters of the community and services inappropriate — in terms of type, frequency, level, setting, and duration — to the diagnosis or condition.
2. Services or drugs used to treat conditions that are cosmetic in nature, unless otherwise determined to be reconstructive.
3. A drug, device or medical treatment or procedure that is investigative.
4. Services for genetic screening and testing except when:
  - a. Recommended by a genetic counselor as predictive of a disease process, and treatment standards of care exist for the disease process; or
  - b. Reproductive choices would be made based on the test findings.
5. Nutritional and electrolyte substances.
6. Physical or occupational or speech therapy when there is no reasonable expectation that the condition will improve over a predictable period of time.
7. Neuropsychological evaluations/cognitive testing, except for the diagnosis or treatment of a medical illness or injury.
8. Custodial care, unskilled nursing or unskilled rehabilitation services.
9. Respite or rest care except for Hospice Services.
10. Services for which benefits have been paid under worker's compensation, employer liability, or any similar law.
11. Services received before coverage under this Policy becomes effective.
12. Services received after coverage under this Policy ends.
13. Services prohibited by law or regulation, or illegal under South Dakota law.
14. Services to treat injuries that occur while on military duty, and any services received as a result of war, or any act of war (whether declared or undeclared).
15. Exams, other evaluations or other services for employment, insurance, or licensure, unless otherwise covered by MIC.
16. Exams, other evaluations or other services for judicial or administrative proceedings or research, except emergency examination of a child ordered by judicial authorities, or which MIC determines is medically necessary, or as otherwise covered by MIC under this Policy.
17. Services not received from or under the direction of a physician.
18. Services for or related to intensive behavior therapy treatment programs for the treatment of autism spectrum disorders. Examples of such services include, but are not limited to, Intensive Early Intervention Behavior Therapy Services (IEIBTS), Intensive Behavioral Intervention (IBI), and Lovaas therapy.
19. Infertility services and services and drugs for or related to assisted reproductive technology (ART), artificial insemination or in vitro fertilization.
20. Charges for services by a non-network provider in excess of the non-network provider reimbursement amount.
21. Maternity care services during the first 18 months following your enrollment date.
22. Implants for the purpose of contraception.
23. Therapeutic acupuncture.
24. Services billed by acupuncturist.
25. Growth hormone.
26. Services to treat a pre-existing condition.
27. Services and supplies to the extent paid or payable under Medicare.
28. Services provided to your dependents if you have subscriber coverage only.
29. Charges that are eligible, paid, or payable under any medical payment, personal injury protection, automobile or other coverage that is payable without regard to fault, including charges that are applied toward any deductible, or coinsurance requirement of such coverage.
30. Services for private-duty nursing.
31. Functional capacity evaluations and related services for vocational purposes or for determination of disability or pension benefits.
32. Services for chemotherapy, supplies, drugs, and aftercare in connection with a human organ transplant that is not covered.
33. Services for or in connection with fetal tissue transplantation.
34. Services which are not within the scope of licensure or certification of the provider.
35. Services received outside the United States.
36. Charges for giving injections which can be self-administered.
37. Services for a mental illness that is not a biologically-based mental illness.
38. Relationship counseling beyond initial evaluation and brief intervention services.

