

## Exclusions and Limitations on Services of all CoventryOne Plans

Services not covered include, but are not limited to: services that are not Medically Necessary; personal or convenience items; over-the-counter drugs and medications not requiring a prescription; custodial services and surgery; Experimental procedures and treatments; and food or food supplements. This listing is provided as a brief summary. A complete listing of Exclusions and Limitations can be found in Your Evidence of Coverage. Please consult Your *CoventryOne* Open Choice Point-of-Service Evidence of Coverage to determine the exact terms, conditions and scope of Coverage.

The Health Plan does not Cover the following items unless specifically Covered in a Rider or Schedule of Benefits:

- Abortions, except when the life of the mother would be endangered if the fetus were carried to term;
- Acupuncture, acupressure;
- Alternative therapies;
- Ambulance service for non-emergencies unless Prior Authorized by Us;
- Any service, supply, equipment, drug or procedure that is not provided or arranged and coordinated through Providers in accordance with Our utilization management policies and procedures, except that Emergency Services shall be Covered in accordance with the terms and conditions set forth in the Evidence of Coverage Agreement;
- Any service, supply, equipment, drug, or procedure that is not Medically Necessary;
- 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;
- Any service, supply, equipment, drug, or procedure for the treatment of smoking cessation;
- 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;
- Any service, supply, equipment, drug, or procedure rendered or utilized as a result of injuries sustained during the commission of an illegal act;
- Any item or technology requiring federal or other government agency approval that has not been granted at the time services are rendered;
- Any portion of the cost of unauthorized services;
- Any portion of the cost in excess of usual and customary global charges for unauthorized services;
- Any services to the extent that payment for such services is, by law, Covered by any governmental agency as a primary plan;
- Court-ordered services (unless Medically Necessary) or services that are a condition of probation or parole;
- Audiometric testing;
- Behavior modification;
- Biofeedback;
- Bionics, special shoes, sunglasses, corsets, clothing;
- Braces and supports needed for employment or athletic participation;
- Breast pumps;
- Care rendered to You by a relative;
- Charges resulting from Your failure to appropriately cancel a scheduled appointment;
- Cochlear implants, including follow-up care, such as speech therapy, related to an implant procedure;
- Complications that result from not following the course of treatment prescribed by a treating Provider;
- Cognitive rehabilitation;
- Cosmetic services and surgery and the complications incurred as a result of those services and surgeries, including breast augmentation or reduction not associated with cancer of the breast

and removal of skin lesions, unless the lesions interfere with normal body functions or malignancy is suspected;

- Court-ordered services or services that are a condition of probation or parole;
- Custodial and domiciliary care, residential care, protective and supportive care including, but not limited to, educational services, rest cures, convalescent care, respite care;
- Day care;
- Dental care, appliances, implants, crowns, bridges, dentures, or other prosthetic devices, dental restorative care, periodontal care, treatment of impacted wisdom teeth, orthodontics, treatment for temporomandibular joint dysfunction (TMJ), 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, the alveolar process or the gums; Routine Dental care may be Covered if a Supplemental Dental Rider has been purchased; Treatment for TMJ may be Covered if a Supplemental Rider has been purchased;
- Disposable take home items or consumable outpatient supplies, such as sheaths, bags, elastic garments and bandages, syringes, needles, blood or urine testing supplies, home testing kits, vitamins, dietary supplements and replacements, food, food supplements, and food replacements, and special food items, unless they are specified as Covered;
- Driving tests or exams;
- Durable Medical Equipment, that do not qualify as Medically Necessary, such as: bed boards; Patient lifts, including but not limited to chair lifts, seat lifts, toilet lifts and bed lifts; chairs and rails; over-bed tables; wheelchair trays and flotation devices; stethoscopes; blood pressure gauges; orthotics; orthopedic shoes; shoe inserts and arch supports; heel lifts, cups and pads; braces and supports used to return to athletic competition or recreational sporting activities; and batteries for all devices including wheelchairs;
- Dynamic Orthotic Cranioplasty (DOC) Bands, Cranial Orthosis, Molding Helmet Therapy, or surgical treatment of deformational plagiocephaly;
- Educational testing or psychological testing, unless part of a treatment program for Covered Services;
- Elective Sterilizations;
- Emergency room services for non-emergencies;
- Exams for employment, school, camp, sports, licensing, insurance, adoption, marriage, or functional capacity;
- Exercise equipment, rental or purchase;
- Eye examinations for refractive correction;
- Eye exercises and therapy; fitting or cost of visual aids;
- Eye glasses, corrective lenses and sunglasses, except as necessary for the initial placement of corrective or contact lenses following cataract surgery performed while a Member of the Plan;
- Feeding and eating disorders of early childhood;
- Food supplements, including but not limited to, infant formulas;
- Foot care, including but not limited to removal or reduction of corns and calluses, clipping of the nails, treatment of flat feet, fallen arches, foot orthotics, chronic foot strain except in the case of diabetics;
- Gastric bypass surgeries (both laparoscopic and open), including but not limited to: Roux en-Y procedures, jejunioleal bypass, gastric banding, biliopancreatic bypass, gastroplasty, and gastric balloon;
- Genetic counseling and genetic studies that are not required for diagnosis or treatment of genetic abnormalities;
- Hair analysis such as evaluation of alopecia or age-related hair loss, hair prostheses, wigs and transplants;
- Health services resulting from war or an act of war;
- Hearing aids and associated audiometric services, including the cost of fitting;
- 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;

- Humidifiers, de-humidifiers, air-conditioners, space heaters, or any other equipment or service used in altering air quality or temperature;
- Hypnotherapy;
- Infertility services, supplies, equipment, procedures and drugs relating to: artificial insemination with donor semen; the conception and pregnancy of surrogate mothers; surrogate childbirth, egg or sperm donation, cryopreservation, in vitro fertilization, and storage of sperm, eggs and embryos; sterilization reversal;
- Learning disabilities treatment;
- Long-term care and all services provided by such facilities;
- Maintenance treatment or therapy that is not part of an active treatment plan intended to or reasonably expected to improve the Member's Sickness, Injury, or functional ability;
- Marriage or relationship counseling; family counseling; vocational or employment counseling; sex therapy; and sex counseling;
- Massage therapy;
- Maternity services except for complications arising from pregnancy;
- Maternity services outside the Service Area within three (3) weeks of the estimated date of delivery unless authorized by the Health Plan;
- Medications or Immunizations for travel, employment, or post high school education;
- Mental health services unless listed on the Schedule of Benefits or provided in a Supplemental Benefit Rider;
- Newborn home delivery;
- Motorized scooters, except when determined to be Medically Necessary by Us;
- Naturopathy;
- Non-emergency services provided outside the Service Area, including but not limited to elective care, obstetrical services after 37 weeks of pregnancy, follow-up care of an illness or Injury, or care required as a result of circumstances that could have been reasonably foreseen by You before leaving the Service Area;
- Non-Prescription Drugs and Medications/ Over-the-counter drugs and medications incidental to outpatient care and Urgent Care Services are excluded unless specifically stated as Covered in the Covered Services Section of this EOC or as specifically provided in an optional Prescription Rider;
- Oral Surgery: 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; orthodontia and related services;
- Over-the-counter (OTC) supplies such as ACE wraps, elastic supports, finger splints, Orthotics, and braces; also OTC products not requiring a prescription to be dispensed (e.g., aspirin, antacids, cervical collars and pillows, herbal products, oxygen, medicated soaps, food supplements, and bandages) are excluded unless specifically stated as Covered in the Covered Services Section of this EOC or as specifically provided in an optional Prescription Rider;
- Penile prostheses;
- Personal comfort and convenience items such as but not limited to, television, telephone, tissue, razor, toothbrush, toothpaste;
- Phone consultations;
- Prescription Drugs and Medications—Prescription drugs and medications that require a prescription and are dispensed at a Pharmacy for outpatient treatment, except as specifically Covered in the Covered Services Section of this EOC or as specifically provided in an optional Prescription Drug Rider to the Agreement;
- Prosthetic items and devices, except for those items specified as Covered. Examples of prosthetic items and devices which We do not cover include, but are not limited to: Cosmetic prostheses (except for breast prostheses prescribed following a mastectomy for breast cancer or breast disease); cranial molding helmets, banding, and anything that changes the shape of the head, mechanical organ replacement devices (such as mechanical hearts or left ventricular assist devices); repair or replacement required due to Your inappropriate use or maintenance of the device; Experimental or Investigational devices; orthopedic shoes and other supportive devices

for the feet; dentures or eyeglasses; splints and braces (unless they are used instead of casts); replacement required because the device is lost, misplaced or stolen; hearing aids or devices; or prosthetics specifically intended for sports or occupational purposes. We do not cover the replacement, repair or maintenance of any prosthetic item or device that is not Covered;

- Private duty nursing;
- Private inpatient room, unless Medically Necessary or if a semi-private room is unavailable;
- Procedures and treatments that We determine, in Our sole and absolute discretion, to be Experimental or Investigational, and treatment of complications resulting from such procedures and treatments;
- Psychiatric evaluation or therapy when related to judicial or administrative proceedings or orders, when employer requested, or when required for school;
- Purchase or rental of common household items;
- Radial keratotomy, laser eye surgery or similar surgery done to treat myopia;
- Retroactive Referrals;
- Self-Administered Injectable Drugs;
- Services that are paid by, or recovered amounts specifically for, medical expenses from a third party or insurance carrier;
- Services the Member is entitled to under Medicare even if the Member is not enrolled;
- Sexual dysfunction aids and treatment, unless specifically Covered under a Prescription Drug Rider;
- Sexual transformation procedures, treatments, service, supply, equipment, or drugs;
- Short-term therapy that exceeds the limits listed in the Schedule of Benefits;
- Sleep studies, as well as, C-PAP, BiPAP, Auto-PAP, other devices and surgical intervention used to treat obstructive sleep apnea (OSA);
- Sleep therapy not meeting criteria at time of Prior Authorization;
- Surgery performed solely to address psychological or emotional factors;
- Surrogate motherhood services and supplies, including, but not limited to all services and supplies relating to the conception and pregnancy of a Member acting as a surrogate mother;
- Take-home drugs;
- Transplant services, and any related conditions or complications, for a Member who is donating an organ or tissue when the recipient is not a Member;
- Travel expenses, other than Medically Necessary transportation authorized for Coverage by Us;
- Treatment for behavioral conditions not attributable to a Mental Disorder described in the Diagnostic and Statistical Manual Published by the American Psychiatric Association as "V" codes, which are used when some circumstance or problem that influences the Member's health status is present, but is not by itself, a current illness or Injury. Such conditions include, but are not limited to, relational problems, anti-social behavior, academic problems and phase-of-life problems;
- Treatment for delirium, dementia, amnesia or cognitive disorders with psychiatric manifestations or conditions;
- Treatment for mental retardation and 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;
- Treatment for substance abuse unless Covered under a Supplemental Benefit Rider;
- Vax-D therapy;
- Vision care and optometric services, including eye examinations for refractive correction not listed in the Schedule of Benefits or provided in a Supplemental Benefit Rider; Eye exercises and therapy; fitting or cost of visual aids; and eye glasses and corrective lenses, except as necessary for the initial placement of corrective or contact lenses following cataract surgery or corneal transplant performed while a Member of the Plan;
- Vocational therapy;
- War related sickness, Injury, and services or care 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;

- Weight reduction supplies, services, equipment, drugs, therapy and procedures, including but not limited to, diet programs, tests, examinations or services and medical or surgical treatments such as intestinal bypass surgery, stomach stapling, balloon dilation, wiring of the jaw and other procedures of a similar nature;
- Work hardening programs; and
- Work related injuries or illnesses for which benefits are provided under any worker's compensation occupational disease, employer's liability or similar law.