

**SECTION 8**  
**EXCLUSIONS AND LIMITATIONS**

The following items are excluded from Coverage both In-Network and Out-of-Network:

Any service or supply that is not Medically Necessary;

Any service or supply that is not a Covered service or that is directly or indirectly a result of receiving a non-Covered Service;

Any service or supply for which You have no financial liability or that was provided at no charge; those Health Services for which the Member has no legal obligation to pay or for which a charge would not ordinarily be made in the absence of Coverage under the Agreement;

Procedures and treatments that the Plan determines, in the Plan's sole and absolute discretion to be Experimental or Investigational as defined in Section 1.39;

Court-ordered services or services that are a condition of probation or parole;

Those Health Services otherwise Covered under the Agreement related to a specific condition when a Member has refused to comply with, or has terminated the scheduled service or treatment against the advice of a Your Provider or the Mental Health/Substance Abuse Designee;

Those Health Services otherwise Covered under the Agreement, but rendered after the date individual Coverage under the Agreement terminates, including Health Services for medical conditions arising prior to the date individual Coverage under the Agreement terminates; and

Those Health Services rendered outside the scope of a Participating or Non-Participating Provider's license, rendered by a Provider with the same legal residence as a Member, or rendered by a person who is a member of a Member's family, including spouse, brother, sister, parent, step-parent, child or step-child.

Specifically excluded services include, but are not limited to, the following:

- 1) Abortion-Elective Abortion;Acupuncture-Those acupuncture services and associated expenses which include, but are not limited to, the treatment of certain painful conditions or for anesthesia purposes;Allergy Services Those non-Physician allergy services or associated expenses relating to an allergic condition including, but not limited to, installation of air filters, air purifiers, or air ventilation system cleaning;Alternative Therapies-Alternative therapies, including, but not limited to, recreational, educational, music or sleep therapies and any related diagnostic testing, massageAmbulance Service - Ambulance transportation due to the absence of other transportation on the part of the Member is excluded. Non Medical Emergency ambulance services are excluded regardless of who requested the services;Augmentative Communication Devices, including but not limited to devices utilizing word processing software and voice recognition software;

- 34) Foot Care - Foot care in connection with corns, calluses, flat feet, fallen arches or chronic foot strain. Medical or surgical treatment of onychomycosis (nail fungus). Nail debridement and clipping (except diabetic members) is also excluded; Growth Hormone – Growth hormone therapy for any condition, except in children less than 18 years of age which have been appropriately diagnosed to have a documented growth hormone deficiency. However, this exclusion does not apply to growth hormone therapy for the treatment of Turner’s Syndrome or to HIV wasting syndrome;
- 36) Hair analysis, wigs, and hair transplants – Those services related to the analysis of hair unless used as a diagnostic tool to determine poisoning. Also excluded are hairstyling, wigs, hairpieces and hair prostheses;
- 37) Health and Athletic Club Membership Equipment – Any cost of enrollment in a health, athletic or similar club is not Covered;
- 38) Hearing Services and Supplies Those services and associated expenses for cochlear implants, hearing therapy and any related diagnostic hearing tests except as provided in Section 6 (Covered Services) or attached Rider;
- 39) Home services to help meet personal, family, or domestic needs;
- 40) Household Equipment and Fixtures- Purchase or rental of household equipment, such as, but not limited to, fitness equipment, air purifiers, central or unit air conditioners, humidifiers, dehumidifiers, water purifiers, hypo-allergenic pillows, power assist chairs, mattresses or waterbeds and electronic communication devices; Hypnotherapy is not Covered;
- 42) Implant – Health Services and associated expenses for implants are excluded, except as specifically stated in Section 6 “Covered Services” of this COC. There is no Coverage for repair or replacement for any otherwise Covered implant and Health Services related to repair or replacement, except when necessitated due to a change in Member’s medical condition. Penile implants for the treatment of impotence having a psychological origin are not Covered. Dental implants are not Covered;
- 43) Immunizations for travel or employment;
- 44) Infertility Services - Those Health Services and associated expenses for the treatment of Infertility including, but not limited to, artificial insemination, ICSI (intracytoplasmic sperm injection), in vitro or in vivo fertilization, gamete intrafallopian transfer (GIFT) procedures, zygote intrafallopian transfer (ZIFT) procedures, embryo transport, reversal of voluntary sterilization, surrogate parenting, selective reduction, cryo preservation, travel costs, donor eggs or semen and related costs including collection and preparation, non-Medically Necessary amniocentesis, and any Infertility treatment deemed Experimental or Investigational. Additionally, pharmaceutical agents used for the purpose of treating Infertility are not Covered, unless Covered by a Rider;
- 45) Lesions – The removal or destruction of skin tags are not Covered. Benign pigmented nevi, sebaceous cysts and seborrheic keratosis that cause no functional impairment;
- 46) Maintenance Therapy - There is no Coverage for Maintenance Therapy;
- 47) Maternity care, including term, premature labor and delivery, cesarean sections, abortions, and prenatal and postnatal services. Complications of pregnancy however are covered.
- 48) Medical Record Costs
- 49) Medical Complications – Complications arising directly or indirectly from a non-Covered Service;

- 22) Durable Medical Equipment ("DME"), Repairs or Replacement - Those repairs or replacement costs for any otherwise Covered DME; maintenance due to normal wear and tear of items owned by the Member; personal comfort items including, but not limited to air conditioners, humidifiers and dehumidifiers, bathtub assistive devices, wheelchair lifts; athletic equipment. There is also no Coverage for the equipment, device, or appliance if the Member is non-compliant with its' use as prescribed by the Member's Physician.
- 23) Educational Services Those services for remedial education including, but not limited to, evaluation or treatment of learning disabilities, minimal brain dysfunction, cerebral palsy, mental retardation, developmental and learning disorders and behavioral training; Equipment or services for use in altering air quality or temperature;
- 24) Educational testing or psychological testing, unless part of a treatment program for Covered services;
- 25) Elective or Voluntary Enhancement Elective or voluntary enhancement procedures, services, and medications (growth hormone and testosterone), including, but not limited to: weight loss, hair growth, sexual performance, athletic performance, Cosmetic purposes, anti-aging, mental performance, salabrasion, chemosurgery, laser surgery or other skin abrasion procedures associated with the removal of scars, tattoos, or actinic changes. In addition, service performed for the treatment of acne, even when the medical or surgical treatment has been provided by the Plan for the condition resulting in the scar, are not Covered; Eligible Expenses Any otherwise Eligible Expenses that exceed the maximum allowance or benefit limit; Enteral Feeding Food Supplement The cost of outpatient enteral tube feedings or formula and supplies except when used for Phenylketonuria (PKU) or any other amino and organic acid inherited disease is not Covered, except as defined as a Covered Service;
- 28) Examinations Those physical, psychiatric or psychological examinations or testing, vaccinations, immunizations or treatments when such services are for purposes of obtaining, maintaining or otherwise relating to career, camp, sports, education, travel, employment, insurance, marriage or adoption. Also excluded are services relating to judicial or administrative proceedings or orders or which are conducted for purposes of medical research or to obtain or maintain a license of any type; Experimental Services Those Health Services, associated expenses, or complications resulting from Experimental, Investigational, controversial, or unproven Services, treatments, devices and pharmacological regimens, including, but not limited to methadone treatment. The fact that an Experimental, Investigational or unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or unproven in the treatment of that particular condition. Also excluded are those Health Services and associated expenses for clinical trials that are not deemed to be automatically qualified to receive Medicare coverage except as applicable to state law; Exercise equipment;
- 31) Eye Glasses and Contact Lenses - Those charges incurred in connection with the provision or fitting of eye glasses or contact lenses, except for initial placement immediately after cataract surgery; Eye Services Those Health Services and associated expenses for orthoptics, eye exercises, blepharoplasty, radial keratotomy, LASIK and other refractive eye surgery; Food or food supplements;

- 7) Autopsy-Those services and associated expenses related to the performance of autopsies to the extent that payment for such services is, by law, covered by any governmental agency as a primary plan;Behavior modification Those behavioral or educational disorder services and associated expenses related to confirmation of diagnosis, progress, staging or treatment of behavioral (conduct) problems, ADD, Oppositional Defiant Disorder, learning disabilities, developmental delays, mental retardation, anoxic birth injuries, birth defects, cerebral Injury, non-acute head injuries, or cerebral palsy;
- 9) Biofeedback;
- 10) Blood Storage - Those services and associated expenses related to personal blood storage, unless associated with a scheduled surgery. Additionally, fetal cord blood harvesting and storage is not a Covered service;
- 11) Bone marrow transplants, unless Covered by a Supplemental Rider;
- 12) Braces and supports needed for athletic participation or employment;
- 13) Care rendered to You by a relative;
- 14) Charges resulting from Your failure to appropriately cancel a scheduled appointment;
- 15) Christian Science Practitioners - Christian Science Practitioners' services are excluded with the exception of the Medicare certified Religious Non Medical Health Care Institutions (RNHCIs) Services. The services and supplies provided by a naturopath are also excluded;
- 16) Cochlear Implants and related services;
- 17) Cosmetic Services and Surgery - Those Health Services, associated expenses, or complications resulting from Cosmetic Surgery are not Covered. Cosmetic procedures include, but are not limited to, pharmacological regimens, plastic surgery, blepharoplasty, 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 significantly improve the function of a congenital anomaly. Breast reconstruction following a Medically Necessary mastectomy is not considered Cosmetic and is a Covered Service;
- 18) Counselingvices and treatment related to religious counseling, marital/relationship counseling, vocational or employment counseling, and sex therapy are not Covered Services;Custodial Care, domiciliary care, private duty nursing, respite care or rest care. This includes care that assists Members in the activities of daily living like walking, getting in and out of bed, bathing, dressing, feeding and using the toilet; preparation of special diets and supervision of medication that is usually self-administered. Custodial Care also includes any health-related services that do not seek to cure, are provided during periods when the medical condition of the patient is not changing or that do not require continued administration by trained medical personnel;
- 20) Dental Services - Those dental services provided by a Doctor of Dental Surgery, "D.D.S.," a Doctor of Medical Dentistry "D.M.D." or a Physician licensed to perform dental related oral surgical procedures (including services for overbite or underbite,) whether the services are considered to be medical or dental in nature except as provided in Section 6 "Covered Services" of this COC. Dental x-rays, supplies and appliances (including occlusal splints and orthodontia Removal of dentiginous cysts, mandibular tori and odontiod cysts are excluded as they are dental in origin;
- 21) Dental Surgery and Implants - Dental implants are excluded. Removal of dentiginous cysts, mandibular tori, and odontoid cysts are excluded as they are dental in origin. Removal of teeth as a complication of radionecrosis or to prevent systemic infection is not a Covered Service;

Military Health Services – Those Health Services for treatment of military service-related disabilities when the Member is legally entitled to other Coverage and for which facilities are reasonably available to the Member; or those Health Services for any otherwise Eligible Employee or Dependent who is on active military duty except as required by the Uniformed Services Employment and Reemployment Rights Act; or Health Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country..

- 51) Miscellaneous Service Charges - Telephone consultations, charges for failure to keep a scheduled appointment or any late payment charge; Nanometrics – There is no Coverage for Nanometrics implants;
- 53) No legal obligation to pay - Services are excluded for Injuries and Illnesses for which the Plan has no legal obligation to pay (e.g., free clinics, free government programs, court-ordered care, expenses for which a voluntary contribution is requested) or for that portion of any charge which would not be made but for the availability of benefits from the Plan, or for work-related injuries and Illness. Health Services and supplies furnished under, or as part of a study, grant, or research program are excluded;
- 54) Non-Prescription Drugs – Over-the-counter drugs and medications incidental to outpatient care and Urgent Care Services are excluded. Take home drugs and medications resulting from an Emergency visit or Hospital stay are Covered;
- 55) Nutritional-based Therapy – Nutritional-based therapies except for treatment of phenylketonuria (PKU) and for nutritional deficiencies due to short bowel syndrome and HIV. Oral supplements and/or enteral feedings, either by mouth or by tube, are also excluded;
- 56) Obesity Services Those Health Services and associated expenses for procedures intended primarily for the treatment of obesity and morbid obesity including, but not limited to, gastric bypasses, gastric balloons, stomach stapling, jejunal bypasses, wiring of the jaw, removal of excess skin, including pannus, and Health Services of a similar nature are not Covered. Health Services and associated expenses for weight loss programs, nutritional supplements, appetite suppressants, and supplies of a similar nature are not Covered;
- 57) Occupational Injury- Those Health Services and associated expenses related to the treatment of an Occupational Injury or Illness for which the Member is eligible to receive treatment under any Workers' Compensation or Occupational disease laws or benefit plans;
- 58) Oral Surgery Supplies – Those supplies required as part of an orthodontic treatment program, required for correction of an occlusal defect, encompassing orthogonathic or prognathic surgical procedures, or removal of symptomatic bony impacted teeth;
- 59) Orthodontia and related services;
- 60) Orthotic Appliances and Prosthetic Devices and Repairs – No Coverage is provided for repair, or duplicates nor is Coverage provided for Health Services related to any repair. Over the counter braces, splints and Orthotics are not Covered. Advanced versions of devices are not Covered. Orthopedic shoes are not Covered. Cranial helmets are not Covered, unless the congenital defect of the skull adversely effects normal brain, auditory, visual or central nervous system development. Shoe inserts are not Covered unless the Member has diabetes with demonstrated peripheral neuropathy or the insert is needed for a shoe that is part of a brace;
- 61) Other Coverage Services – Those Health Services for which other Coverage is required by federal, state, or local law to be purchased or provided through other arrangements, including, but not limited to, Coverage required by workers' compensation, no-fault automobile insurance or other similar legislation;
- 62) Over-the-counter supplies such as ACE wraps, elastic supports, finger splints, Orthotics, and braces;
- 63) Personal Comfort - Those personal comfort and convenience items or services such as television, telephone, barber or beauty service, guest service and similar incidental services and supplies;

- 64) Physical, Psychiatric, or Psychological Examinations or Testing, Etc. Those physical, psychiatric, neuropsychological, or psychological examinations or testing, or vaccinations, immunizations, or treatments and associated expenses, when such services are for purposes of obtaining, maintaining or otherwise related to education, employment, insurance, travel, marriage or adoption, senile dementia and Alzheimer's, or relating to judicial or administrative proceeds or orders, or which are conducted for purposes of medical research, or to obtain or maintain a license or official document of any type;
- 65) Prescription Medication Those prescription medications for outpatient treatment, except as Covered under a Prescription Rider to the Agreement. Specifically excluded from Coverage are:
- Non-prescription contraceptive devices (e.g., condoms, spermicidal agents);
  - Any outpatient prescription drug which is to be administered, in whole or in part, while a Member is in a Hospital, medical office or other health care facility;
  - Compounded prescriptions whose ingredients do not require a prescription;
  - Cost for packaging required for drugs dispensed in nursing homes;
  - Dietary supplements, appetite suppressants, and other drugs used to treat obesity or assist in weight reduction;
  - Drugs and products for smoking cessation (e.g., Nicorette gum and smoking cessation skin patches);
  - Drugs and products used for Cosmetic purposes;
  - Drugs and products used for fertility;
  - Drugs and products used to enhance athletic performance including testosterone gel, and growth hormones;
  - Drugs used primarily for hair restoration;
  - Experimental products, or drugs prescribed for Experimental indications, including those labeled "Caution – Limited by Federal Law to Investigational Use";
  - Injectable and self-injectable medications, except those designated by the Plan;
  - Over-the-counter (OTC) products not requiring a prescription to be dispensed (e.g., aspirin, antacids, herbal products, oxygen, medicated soaps, food supplements, and bandages);
  - Legend drugs for which there is a non-Prescription Drug alternative (e.g., OTC);
  - Prescription Drugs related to a non-Covered Service;
  - Products not approved by the FDA, medications with no FDA approved indications;
  - Vitamins and minerals (both OTC and legend), except legend prenatal vitamins for pregnant or nursing females, liquid or chewable legend pediatric vitamins for children;
  - Prescription Medications taken for travel;
  - Replacement prescriptions resulting from loss or theft;
  - Any non-FDA approved medication usage, including, but not limited to medical condition, dosage, age limitations, or route of administration;
- 66) Private Duty Nursing - Private duty nursing services, nursing care on a full-time basis in Your home, or home health aides;

- 67) Private inpatient room, unless Medically Necessary or if a Semi-private room is unavailable;
- 68) Radial keratotomy, LASIK, and blepharoplasty;
- 69) Reduction or Augmentation Mammoplasty - Reduction or augmentation mammoplasty is excluded unless associated with Reconstructive Surgery following a Medically Necessary mastectomy. Breast reduction for male physiologic gynecomastia is also excluded;
- 70) Rehabilitative Services – Maintenance therapy and those rehabilitative services and associated expenses which are not short-term rehabilitative services;
- 71) Robotics;
- 72) Sex Transformation Services – Health Services and associated expenses for sex transformation operations regardless of any diagnosis of gender role disorientation or psychosexual orientation, including any treatment or studies related to sex transformation. Also excluded is hormonal support for sex transformation;
- 73) Sexual Dysfunction – Self-administered prescription medication and penile prostheses for the treatment of sexual dysfunction, including erectile dysfunction, impotence and anorgasmia;
- 74) Skin Abrasion, Etc. Salabrasion, chemosurgery, laser surgery or other such skin abrasion procedures associated with the removal of scars, tattoos, actinic changes and/or which are performed as a treatment for acne even when the medical or surgical treatment has been provided by the Plan for the condition resulting in the scar;
- 75) Skin tags;
- 76) Smoking Cessation Those services and supplies for smoking cessation programs and treatment of nicotine addiction;
- 77) Speech Therapy - Health Services for the diagnosis and treatment of chronic brain Injury, including augmentative communication devices, developmental delay, mental retardation or cerebral palsy are not Covered, except as provided in Section 6 (Covered Services) or attached Rider ;
- 78) Sports Related Services – Those services or devices used specifically as safety items or to affect performance primarily in sports-related activities, and all expenses related to physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation; personal trainers; braces and Orthotics (including protective braces and devices);
- 79) Stem cell transplants unless Covered by a Supplemental Rider;
- 80) Sterilization Services – Those Health Services and associated expenses related to voluntary sterilizations and the reversal of voluntary sterilizations;
- 81) Surgery performed solely to address psychological or emotional factors;
- 82) 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;
- 83) Syringes - Disposable syringes (except for insulin syringes);
- 84) Third Party Liability - Services for which a third party has liability are excluded, including services Covered by federal, state, and other laws, except as they may apply to federal and state medical assistance programs;
- 85) Transplant Organ Removal – Those Health Services and associated expenses for removal of an organ for the purposes or transplantation from a donor who is not a Member unless the recipient is a Member and the donor's medical Coverage excludes reimbursement for organ harvesting. Also excluded are Health Services and associated expenses for transplants involving mechanical or animal organs;
- 86) Transplant services, screening tests, and any related conditions or complications related to organ donation when a Member is donating organ or tissue to a non-Covered individual;

- 87) Travel Expenses - Travel or transportation expenses, except ambulance service as specifically described in this Plan, even though prescribed by a Participating Provider, except as specified in Section 6;
- 88) Treatment for disorders relating to learning, motor skills, communication, and pervasive developmental conditions such as, cerebral palsy and ADD;
- 89) Varicose Veins;
- 90) Vision Aids, Associated Services Expenses incurred for eyeglasses, lenses or frames; fitting of lenses or frames; orthoptics or vision training; biomicroscopy; field charting or aniseikonia investigation; devices to correct vision; LASIK, radial keratotomy low vision aids and services or other refractive surgery; any service or material not provided by the Plan's Designated Vision Provider, except as provided in a Vision Rider;
- 91) Vision care and optometry services, except as provided in Section 6;
- 92) Vocational therapy;
- 93) War related Illness, Injury, services or care for military services-connected disabilities and conditions for which You are legally entitled to Veteran's Administration services and for which facilities are reasonably accessible to You;
- 94) Health Services resulting from war or an act of war;
- 95) Work hardening programs;

Workers' Compensation Health Services - Payment for services or supplies for an Illness or Injury eligible for, or Covered by, any Federal, State or local Government Workers' Compensation Act, Occupational Disease law or other legislation of similar purpose, unless the employer is not required by law to provide such coverage;

The following limitations apply:

- 96) Any services, Hospital, professional or otherwise that are not performed by a Participating Provider will be covered at the Out-of-Network benefit level. This limitation shall not apply for Medical Emergencies or Urgent Care Services rendered at an urgent care center or after hour's facility. In the event that specific Health Services cannot be provided by or through a Participating Provider, You may be eligible for Coverage of Eligible Expenses at the In-Network level for Medically Necessary Health Services obtained through non-Participating Providers if Authorized in advance through the Plan.
- 97) Benefits will be reduced as follows when a Member does not participate in our Utilization Management Program:

If a Member elects not to request Prior Authorization and Continued Stay Review for inpatient Hospital services or fails to act within the required time limits, a \$1,000 penalty will be assessed. Any penalty is not applicable to the Out-of-Pocket Maximum.

If other services which require Prior Authorization as stipulated in Section 2.3 are performed without a Prior Authorization, Coverage of those Covered Services will be reduced by 20%, subject to any applicable Deductible and Coinsurance. Any payment due to a reduction of benefits does not apply to the Out-of-Pocket Maximum. Any Deductible will be applied prior to a reduction in benefits.