

MAJOR MEDICAL OUTLINE OF COVERAGE

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member's condition, as determined by Altius.

- Implantable contraceptive capsules such as Norplant and Implanon are limited to one implantation and removal during the maximum implantation period of the product, as determined by the product manufacturer.
- Neuropsychological evaluation and treatment is limited to those services that diagnose or treat an underlying medical condition.
- Accident-related dental services are covered only when required as a result of an accidental injury to sound, natural teeth that occurs while coverage is in force. Dental services must be received within two years following the accidental injury, and the member must be continuously covered from the date of the accidental injury through the date the dental services are provided.
- Dental anesthesia will be covered only for those members who meet all of the following criteria: member is five years old or younger; dental work involves three or more teeth; and dental procedures are restoration or extraction for rampant decay. However, any member who does not meet the criteria above may still have coverage for dental anesthesia if that member has a non-dental physical condition or limitation that makes general anesthesia for dental care medically necessary.
- A determination by Altius that a service is infertility-related may be based on medical records or other documented evidence, and is not dependent on whether Altius actually receives a claim with a diagnosis of infertility.
- Certain injectable medications, including those that are administered by a medical professional, are covered only when they are purchased through designated vendors. To obtain a current list of these medications and vendors, visit the Altius website or call customer service.

General Limitations and Exclusions

Accepted Medical Practice

Services determined by Altius to be inconsistent with accepted medical practice or illegal are excluded. This includes any service which is not generally recognized by the U.S. medical community as conforming to accepted medical practice, and any service for which required government approval has not been granted at the time the service is provided, including services which are investigational, experimental, or research in nature. Procedures, devices, drugs, or "biologics" for which there is insufficient evidence to determine their likely effect on patients' health outcomes, are also excluded.

Claims After One Year

Claims are denied if submitted to Altius more than one year after services were rendered unless you can show that notice was given or proof of loss was filed as soon as reasonably possible. Adjustments or corrections to claims are denied if submitted to Altius more than one year after claims were first processed unless you can show that the additional information relating to the claim was filed as soon as reasonably possible. When this policy is secondary coverage, coordination of benefits claims will be denied if submitted to Altius more than one year after the date the claim was first processed by the primary carrier, unless you show that notice was given or proof of loss was filed as soon as reasonably possible.

Excess Charges

Amounts exceeding eligible medical expenses are excluded. You are not responsible for excess charges for covered services from participating providers. However, you are responsible for excess charges for covered services from non-participating providers.

Limited Benefits

Normally covered services that exceed benefit limits specified on the Altius One QHDHP Benefits Summary (e.g., dollars, days, visits, etc.) are excluded and not applied to

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out-of-pocket maximums. This includes, but is not limited to, services exceeding benefit limits for skilled nursing facilities, rehabilitation therapy, transplants, etc.

Medically Unnecessary Services

Medically unnecessary services and supplies, as determined by Altius, are excluded.

Non-Covered Services & Complications

Expenses related to non-covered services, including pre- and post-operative evaluation, diagnostic testing, and complications resulting from non-covered services, supplies, and/or medications are excluded. When a non-covered procedure is performed as part of the same operation or process as a covered service, only eligible medical expenses relating to the covered service will be eligible for benefits. Eligible medical expenses may be calculated to exclude any charges related to the non-covered service.

No Presumption of Coverage

There is no presumption of coverage. Services not specified as covered are excluded.

Services Outside of the United States

Services provided outside of the United States of America and its territories are excluded, except as required for an emergency or urgent condition.

Excluded Services

Unless noted otherwise in the medical benefits brochure in your policy, the following services are excluded:

- Services rendered by providers or facilities that, at the time of service, are not participating in the member's network. This exclusion does not apply to: (1) emergency care; (2) out-of-area urgent care; (3) professional services such as lab, radiology, and anesthesia when otherwise covered and related to a service that Altius determines to be payable; or (4) providers or facilities that Altius (or designee) has authorized in advance to render services.
- New procedures, services, supplies, and medications until they are reviewed for safety, efficacy, and cost effectiveness and approved by Altius.
- Experimental or investigational treatment, procedures, tests, equipment, or facilities, or any health care service which is still undergoing evaluation and review and is not accepted as standard treatment in the medical community.
- Services, drugs, and supplies that are not medically necessary, as determined by Altius.
- Experimental medications; medications for non-approved FDA indications or non-approved indications determined by Altius Health Plans; over-the-counter medications and products, except those specifically listed in the Altius formulary and those for which coverage is required by law; medications for athletic and mental performance; compounding fees; non-covered ingredients used in a compounded medication; medications for cosmetic indications; hair growth products and medications; homeopathic medications; hypodermic needles; medications for the treatment of sexual dysfunction and/or impotence; medications for the treatment of infertility; skin patches for motion sickness; medications for the treatment of nail fungus; progesterone cream and suppositories; smoking cessation products including any medications prescribed for smoking cessation; medications required exclusively for foreign travel; oral vitamins (except prescription prenatal vitamins); medications or nutritional supplements for weight loss, or for weight gain for non-medical conditions.
- Replacement of lost, stolen, or damaged prescription drugs.
- The following specific medications: Aggrenox, omeprazole, Picovir, Potaba, ranitidine capsules, Sarafem, Subutex, Symbyax, Syntest, and Zegerid.
- Nasal spray immunizations, such as FluMist.

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- Immunizations required exclusively for foreign travel.
- Food supplements, food substitutes, medical foods, and formulas when taken orally, except when related to inborn errors of amino acid or urea cycle metabolism.
- Infertility treatment.
- In-vitro fertilization, GIFT, ZIFT, artificial insemination, and similar services. This includes any related services such as prescription medications, embryo transport, collection, and preparation costs.
- Reversal of elective sterilization.
- Amniocentesis and ultrasonography for sex determination.
- Predictive genetic testing.
- Predictive diagnostic testing and screenings, and other preventive services performed in the absence of illness or injury, other than those procedures or tests specifically recommended by Altius, the United States Preventive Services Task Force (USPSTF), the American Academy of Pediatrics (AAP), the Centers for Disease Control (CDC), and local government public health authorities. Preventive services performed more often than, or outside of the guidelines of Altius, the USPSTF, AAP, CDC, and local government health authorities, are excluded.
- Maternity care for any member other than the subscriber or the subscriber's spouse.
- Elective home delivery for childbirth.
- Procedures, services, drugs, and supplies related to elective abortions, except when the life of the woman would be endangered if the fetus were carried to term or when the pregnancy is the result of an act of rape or incest, or to prevent the birth of a child that would be born with grave defects.
- Surgical treatment for obesity (including morbid obesity) and/or complications therefrom, including a reversal of these surgeries.
- Sex change operations or related health care services.
- Treatment, services, devices, and supplies related to sexual dysfunction. This exclusion does not apply to implantation of a penile prosthesis or use of an external device for impotence caused by an organic disease such as diabetes mellitus or hypertension, or caused by surgery for genitourinary cancer.
- Services, supplies, or treatment in connection with cosmetic or reconstructive procedures which alter appearance but do not restore or improve impaired physical function, or which are performed for psychological or emotional purposes. This exclusion does not apply to: (1) reconstructive surgery resulting from trauma, or infection; (2) circumcision for a newborn child; or (3) reconstruction of the breast(s) following a medically necessary mastectomy.
- Treatment of hyperhidrosis.
- Autopsy procedures.
- Health education services not closely related to the care and treatment of an illness or injury.
- Telephone consultations, electronic mail communication, and communication services that do not require direct face-to-face contact between the patient and the provider.
- Charges for failure to keep a scheduled appointment.
- Interest or finance charges, except as specifically required by law.
- Prolotherapy (the use of injections to strengthen tendons and ligaments).
- Services for crossmatching and/or harvesting organs when the organ recipient is not an Altius member.
- Transplants other than those herein provided.
- Routine foot care. This exclusion does not apply to patients with severe diabetes.
- Treatment of weak, strained or imbalanced feet.
- Foot orthotics, wedges or shoe inserts, unless herein provided. This exclusion does not apply to foot orthotics or shoe inserts for members with severe diabetes.
- Corrective appliances, prostheses, artificial aids and durable medical equipment, including supplies and accessories, are

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- excluded when determined to be primarily for convenience, comfort, non-therapeutic purposes, or in the absence of illness or injury.
- Routine periodic servicing, such as cleaning and regulating, of durable medical equipment, corrective appliances, and prostheses is not covered. Replacement is not covered unless the existing device has become inoperable through normal wear and tear and cannot be repaired, or replacement is prescribed by a physician because of a change in the member's physical condition.
 - All shipping, handling, or postage charges, except as incidentally provided without a separate charge.
 - Any devices used to aid hearing, including, but not limited to, hearing aids and cochlear implants, including the fitting of such devices and related hearing examinations.
 - Visual training aids.
 - Routine periodic servicing, repairs, batteries and accessories for any hearing aid devices.
 - Eyeglasses, contact lenses, and examination for contact lenses. This exclusion does not apply to: (1) the first pair of contact lenses or eyeglasses following the initial diagnosis of aphakia or the surgical removal or surgical replacement of an organic lens; or (2) hydrophilic contact lenses used as a corneal bandage to treat conditions involving the cornea.
 - Eye surgeries performed primarily to correct refractive errors. Examples include, but are not limited to: PRK (photorefractive keratectomy), LASIK (laser-assisted in-situ keratomileusis), RL (refractive lensectomy), ICRS (intracorneal ring segments), phakic intraocular lenses (unless related to post-cataract surgery), and astigmatism correction (Limbal Relaxing Procedure). This exclusion does not apply to cornea transplants.
 - Non-emergency follow-up care provided in an emergency room.
 - Charges for transportation, including ambulance, unless determined medically necessary by Altius.
 - Travel expenses, including hotel, motel and other non-medical room and board.
 - Private hospital rooms, unless medically necessary.
 - Hospital take-home drugs and personal, comfort, or convenience items.
 - Private duty nursing.
 - Custodial care, domiciliary care, rest cures, and independent living training.
 - Home health services requested for the convenience of the patient or family that do not require the training and technical skills of a nurse.
 - Hospice services that are not reasonable and necessary for palliation or management of a terminal illness.
 - Vocational testing and treatment.
 - Speech therapy services for psychosocial and/or developmental delays, such as but not limited to, childhood stuttering.
 - Mental health services and substance abuse services.
 - Evaluation, testing, and treatment provided by public or private schools.
 - Charges in connection with a work-related injury or sickness for which coverage is provided or would be provided under any workers' compensation, employer's liability, or occupational disease law. When the employer is required by law to have such coverage, this exclusion applies whether or not such coverage is in effect. This exclusion does not apply to 24 hour coverage.
 - Services, supplies, or treatment for which coverage is provided under any motor vehicle no-fault plan. When the member is required by law to have no-fault insurance, this exclusion applies to charges up to the minimum coverage required by law whether or not such coverage is in effect.

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- Expenses for which the member has no legal responsibility to pay or for which the member would not ordinarily be charged in the absence of coverage under this policy.
- Care for military service connected disability to which the member is legally entitled, and for which facilities are reasonably available to the member.
- Care or treatment of an illness or injury caused by war or any act of war (whether declared or undeclared), hostilities, or active participation in a riot or civil insurrection.
- Care for conditions which state or local law requires to be treated in a public facility.
- Services and treatments provided in connection with, or to comply with, involuntary admissions, police detentions, and similar arrangements.
- Examinations and services obtained for administrative purposes, such as treatment, care, reports or appearances obtained for, or pursuant to, legal proceedings, court orders, employment, continuing or obtaining insurance coverage, governmental licensure, travel, or military services.
- Oral surgery, including but not limited to orthognathic surgery, and any services related to the treatment of Temporomandibular Joint Syndrome (TMJ), unless determined medically necessary by Altius for direct treatment of an invasive tumor or acute traumatic injury. This exclusion does not apply to diagnosis and evaluation of TMJ dysfunction.
- Dental or orthodontic splints or dental prostheses, unless necessitated by accidental injury.
- Services related to the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth, including dental splints and dental prostheses, unless necessitated by accidental injury that occurs while coverage is in force.
- Acupuncture or acupressure.
- Holistic and homeopathic treatments.
- Alternative medicine programs such as hypnosis, massage therapy and biofeedback.
- Injury or illness sustained when in the act of an illegal activity.
- Intentionally self-inflicted injuries or illnesses.
- Services for which a provider waives the member's copay, coinsurance, and/or deductible.
- Pre-existing conditions during the pre-existing condition waiting period, when applicable.
- Services provided by a member of the patient's immediate family or household.
- Expenses related to non-covered services, including pre- and post-operative evaluation, diagnostic testing, and complications resulting from non-covered services, supplies, and/or medications. When a non-covered procedure is performed as part of the same operation or process as a covered service, then only eligible charges relating to the covered service will be covered.
- Benefits and services not specified as covered in this Outline of Coverage or in the Policy.

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