

authorized by our Medical Affairs Division.

4. Any experimental or investigational transplant or any other transplant-like technology not listed.

5. Any resulting complications from these and any services and supplies related to such experimental or investigational transplantation or complications, including, but not limited to: high dose chemotherapy, radiation therapy, or immunosuppressive drugs.

6. Transplants involving non-human or artificial organs.

## General Exclusions and Limitations

**You Pay 100%**

1. Acupuncture, dry needling and prolotherapy.
2. Autopsy.
3. Chelation therapy for atherosclerosis, except as prior authorized by our Medical Affairs Division.
4. Coma Stimulation programs.
5. Court ordered care, unless medically necessary and otherwise covered under this Plan.
6. Cytotoxic testing and sublingual antigens in conjunction with allergy testing.
7. Dental or dental-related services, treatments, or procedures not specifically covered under the "Dental, Accidental Injury to Teeth, Oral Surgery Services and TMD" subsection of this Policy.
8. Services required for employment, licensing, insurance, adoption, participation in athletics.
9. Experimental or investigational services, treatments or procedures, and any related complications as determined by our Medical Affairs Division, unless coverage is required by state or federal law.
10. Services provided by members of the subscriber's immediate family or any person residing with the subscriber.
11. Holistic medicine and any other form of alternative medicine.
12. Lyme disease vaccination.
13. Massage therapy.
14. Swim or pool therapy.
15. Services and supplies furnished by a government plan, hospital, or institution unless by law you must pay.
16. Items or services required as a result of war or any act of war, insurrection, riot, terrorism or sustained while performing military service.
17. Podiatry services or routine foot care rendered in the absence of localized illness, injury, or symptoms in connection with, but not limited to: (a) the examination, treatment or removal of all or part of corns, calluses, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet; (b) the cutting, trimming or other non-operative partial removal of toenails; (c) the treatment of flexible flat feet; or (d) for any treatment or services in connection with any of these.
18. Any services to the extent a member receives or is entitled to receive any benefits, settlement, award or damages for any reason of, or following any claim under, any Workers' Compensation Act, employer's liability insurance plan or similar law or act. "Entitled" means the member is actually insured under Workers' Compensation.
19. Treatment, services, and supplies provided in connection with any illness or injury caused by: (a) a member's engaging in an illegal occupation or (b) a member's commission of, or an attempt to commit, a felony.
20. Treatment, services, and supplies provided to a member while the member is held or detained in custody of law enforcement officials, or imprisoned in a local, state or federal penal or correctional institution.
21. Hair analysis (unless lead or arsenic poisoning is suspected).
22. Obesity-related services, including any weight loss method, unless specifically covered under this

Policy.

23. All services or supplies provided in conjunction with the treatment of sexual dysfunction or sexual transformation, including, but not limited to, medications, surgical treatment, and injections.
24. Any hospital service or medical care not listed in this Policy.
25. Outpatient prescription drugs, except those prescriptions otherwise covered under this Policy.
26. Services and supplies rendered outside the scope of the provider's license, not recommended or approved by a provider, or services and supplies not medically necessary.
27. An expense incurred before the supply or service is actually provided unless prior authorized by the Medical Affairs Division.
28. Services or supplies for, or in connection with, a non-covered procedure or service, including complications, regardless of when a non-covered procedure or service is or was performed; a denied referral or prior authorization; or a denied admission.
29. Services provided in conjunction with the diagnosis and treatment of infertility.
30. Maternity services and prenatal and postpartum care, including services directly related to deliveries, Cesarean sections, medically necessary abortions and miscarriages. (This does not include complications of pregnancy as required by Wisconsin law.)
31. Treatment, services or supplies for a non-member traditional surrogate or gestational carrier.
32. All charges or costs exceeding a benefit maximum.
33. Collection and storage of sperm and eggs outside the course of treatment for, and diagnosis of, infertility.
34. Oral Nutrition: Oral nutrition is not considered a medical item. Dean does not cover nutritional support that is taken orally (i.e., by mouth), unless mandated by state law or covered under a Dean medical policy for a specific condition. Examples include, but are not limited to, over-the-counter nutritional supplements, infant formula, and donor breast milk.
35. All charges or costs related to internet and phone consultations.
36. Low Level Light Therapy.
37. Travel immunizations.

**End of Section III.**