

# Individual and Family Plans

## GEORGIA

### EXCLUSIONS AND LIMITATIONS

- Conditions which are **pre-existing** as defined in the Definitions section.
- Any **amounts in excess of maximum amounts of Covered Expenses** stated in this Policy.
- Services or supplies **not specifically listed as Covered Expenses** in the section "Benefits: What the Policy Pays For".
- Services or supplies that are **not Medically Necessary**.
- Services or supplies that are **Experimental or Investigational**, except as outlined in the section "Benefits: What the Policy Pays For".
- Services received **before the Effective Date** of coverage.
- Services received **after coverage ends unless provided under Continuation**.
- Services for which You have **no legal obligation to pay** or for which no charge would be made if You did not have health plan or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by any workers' compensation law, employer's liability law or work related disease law.
- Conditions caused by: (a) an **act of war**; (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the **military service** of any country; (d) an Insured Person participating in an **insurrection, rebellion, or riot**.
- Any services provided by a local, state or federal **government agency (except Medicaid)**, except (a) when payment under this Policy is expressly required by federal or state law.
- **Professional services or supplies received or purchased** directly or on Your behalf by anyone including a Physician, from any of the following:
  - Yourself or Your employer;
  - A person who lives in the Insured Person's home, or that person's employer;
  - A person who is related to the Insured Person by blood, marriage or adoption, or that person's employer
- **Non-Duplication of Medicare:** Any services for which Medicare benefits are actually paid. Any services for which payment may be obtained from any local, state or federal government agency. Veteran's Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- **Custodial Care.**
- Inpatient or outpatient services of a **private duty nurse**.



- Inpatient room and board charges in connection with a **Hospital stay primarily for environmental change or physical therapy**; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Assistance in activities of daily living, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
- Inpatient room and board charges in connection with a Hospital stay primarily for **diagnostic tests** which could have been performed safely on an outpatient basis.
- Treatment of **Mental, Emotional or Functional Nervous Disorders** or psychological testing except as specifically provided in this Policy. However, medical conditions that are caused by behavior of the Insured Person and that may be associated with these mental conditions are not subject to these limitations.
- **Smoking cessation** programs.
- Treatment of **substance abuse**.
- **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
- **Orthodontic Services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
- **Dental Implants**: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
- **Hearing aids**.
- Routine **hearing tests** except as provided under Well Baby and Well Child Care.
- **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy.
- An **eye surgery** solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
- Outpatient **speech therapy**, except as specifically provided in this Policy.
- **Cosmetic surgery** or other services for beautification, to improve or alter appearance or self esteem or to treat psychological or psychosocial complaints regarding one's appearance including macromastia or gynecomastia surgeries; surgical treatment of varicose veins; abdominoplasty/panniculectomy; rhinoplasty. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy.
- **Aids or devices** that assist with nonverbal communication, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- **Non-Medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy,



employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays.

- Services for **redundant skin surgery**, removal of skin tags, acupressure, carinosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, pryotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to **sex change**.
- Treatment of **sexual dysfunction** impotence and/or inadequacy except if this is a result of an Accidental Injury, organic cause, trauma, infection, or congenital disease or anomalies.
- All services related to the treatment of **fertility and/or Infertility**, including, but not limited to, all tests, examinations, (except for tests and examinations required for the diagnosis of infertility), medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization, except as specifically stated in this Policy.
- All **non-prescription** Drugs, devices and/or supplies that are available over the counter or without a prescription,
- **Cryopreservation** of sperm or eggs.
- **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for **weight reduction** or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
- **Routine physical exams** or tests required by employment or government authority, including physical exams required for or by an employer, or for school, or sports physicals, except as otherwise specifically stated in this Plan.
- Charges by a provider for **telephone or email consultations**.
- Items which are furnished primarily for **personal comfort** or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, swimming pools, elevators and supplies for hygiene or beautification, including wigs etc.).
- **Educational services** except for Diabetes Self-Management Training Program, and as specifically provided or arranged by CIGNA.
- **Nutritional counseling** or food supplements, except as stated in this Policy.
- **Durable medical equipment** not meeting the criteria outlined in the Benefits: What the Policy Pays For" section of this Policy. Examples include: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; swimming pools; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings.



- **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically provided under the benefits for Physical and/or Occupational Therapy/Medicine.
- **Self-administered Injectable Drugs**, except as stated in the Prescription Drug Benefits section of this Policy.
- **Injectable drugs (“self-injectable medications) that do not require Physician supervision** are covered under the prescription Drug benefits of this Policy.
- **All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs**, nonprescription drugs, and investigational and experimental drugs, except as provided in the Prescription Drug benefits of this Policy.
- **Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision, except as otherwise stated in this Policy**, if not provided by an approved Participating Provider specifically designated to supply that specialty prescription. Infusion and Injectable Specialty drugs included, but are not limited to, hemophilia factor and supplies, enzyme replacements and intravenous immunoglobulin.
- **Syringes**, except as stated in the Policy.
- **All Foreign Country Provider** charges are excluded under this Policy except as specifically stated under Treatment received from Foreign Country Providers in the Benefits section of this Policy.
- **Growth Hormone Treatment** except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition.
- Routine **foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet.
- **Charges for which We are unable to determine Our liability** because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
- Charges for the services of a **standby Physician**.
- Charges for **animal to human organ transplants**.
- Charges for **Normal Pregnancy or Maternity Care**, including normal delivery, elective abortions or elective/non-emergency cesarean sections except as specifically stated under ‘Complications of Pregnancy’ in the "Benefits: What the Policy Pays For" section of this Policy.
- **Claims** received by CIGNA after 15 months from the date service was rendered, except in the event of a legal incapacity.

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