

WellPath Select, Inc.
CoventryOneSM
Summary of Limitations and Exclusions



Limitations and Exclusions

It is important for you to understand that certain medical services are not covered by WellPath Select, Inc. (“WellPath”). A summary is provided here. **This represents a partial list. See your Certificate of Coverage for a complete list. Many of the terms contained in this summary are defined in the official Coverage documents mentioned above.**

The following services, supplies and devices are not covered::

- Routine maternity care, elective abortions and routine pre- and post-natal care
- Mental health or chemical dependency treatment
- Diagnosis, care, and treatment for infertility or sexual dysfunction
- Artificial insemination
- Donation, preservation and storage of sperm, eggs, or embryos
- Surrogate parenting
- Drug treatments for stimulating ovulation
- In-vitro fertilization
- Donor costs, including sperm for artificial insemination
- Reversal of voluntary sterilization
- Penile or testicular prosthesis
- Cosmetic procedures and resulting complications except for reconstructive breast surgery following a mastectomy and certain corrections of congenital defects
- Custodial care (inpatient or outpatient)
- Long-term physical therapy and rehabilitation
- Long-term speech therapy,
- Hearing and educational, and psychological testing and therapy, including hearing aids and cochlear implants
- Some organ and tissue transplants and some donor expenses when the donee is covered by WellPath
- Mechanical organ replacement devices
- Televisions, telephones, guest beds, and other items for your comfort or convenience
- Private room accommodations, unless medically necessary
- Special duty nursing
- Experimental or investigational treatments
- Pharmacy services and prescription drugs (unless covered by a Rider)
- Growth hormones except to treat a congenital anomaly such as Turner’s Syndrome
- Disposable or consumable outpatient supplies (except for diabetic supplies)
- External prosthetic devices, other than those specified as covered
- Cranial molding helmets
- Durable medical equipment, other than that specified as covered
- Transportation, except for an ambulance in a medical emergency or when approved by WellPath
- Treatments and evaluations required by employers, insurers, schools, camps, courts, licensing authorities and other third parties
- Treatment for certain work-related injuries or illnesses paid under North Carolina Worker’s Compensation laws.
- Acupuncture, biofeedback, naturopathy, sleep therapy and hypnotherapy
- Routine foot care
- Nutritional counseling, food and food supplements and services related to weight gain or loss
- Gastric bypass surgery
- Dental care and oral surgical services
- Eyeglasses and contact lenses, except for the first pair of eyeglasses or contacts prescribed as a result of cataract surgery
- Radial keratotomy, keratoplasty and similar surgeries or procedures for the correction of eyesight
- Sex-change surgery
- Care rendered by a relative
- Cost in excess of the Out-of-Network Rate

- Hair transplants
- Immunizations for work or travel
- Respite care
- Cognitive therapy
- Orthodontia and related services
- Care and treatment for which you have no legal obligation to pay
- Non-Emergency services related to a noncovered service and non-emergency services in an emergency facility
- Charges for missed appointments and Physician telephone consultations
- Costs for medical records for claims payment, prior approval or appeals
- Any condition suffered as a result of any act of war or while on active or reserve military duty
- War or acts of war
- Treatment of mental retardation or developmental delay

To be covered, services must be medically necessary, specifically included by the Coverage documents, and obtained in accordance with WellPath guidelines and procedures, including any requirement to obtain prior approval of coverage from WellPath.

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