

# CoventryOne Exclusions

## CoventryOne Exclusions Included in the Certificate

**Unless otherwise stated in the CoventryOne Certificate or any applicable Riders attached to the Certificate, the following items are excluded from Coverage. For more information regarding any terms used in the exclusions presented below, please see the defined terms section of the CoventryOne Certificate.**

1. Any service rendered while You were not Covered under this Agreement.
2. Any service, supply, equipment, drug or procedure that is not provided or arranged and coordinated through Providers in accordance with Our utilization management policies and procedures, except that Emergency Services shall be Covered in accordance with the terms and conditions set forth in this Agreement;
3. Any service, supply, equipment, drug, or procedure that is not Medically Necessary;
4. Any service, supply, equipment, drug, or procedure that is not a Covered Service or that is directly or a non-Covered Service; Complications of a non-Covered procedure;
5. Any service, supply, equipment, drug, or procedure for smoking cessation;
6. Any service, supply, equipment, drug, or procedure for which You have no financial liability or that was provided at no charge;
7. Any service, supply, equipment, drug, or procedure furnished under or as part of a study, grant, or research program or that We determine, in Our sole and absolute discretion to be Experimental or Investigational; except for specific covered clinical trails.
8. Any service, supply, equipment, drug, or procedure rendered or utilized as a result of injuries sustained during the commission of an illegal act;
9. Court-ordered services (unless Medically Necessary) or services that are a condition of probation or parole.

## Specifically excluded services include the following:

1. **Acupuncture** – Acupuncture services and associated expenses that include, but are not limited to, the treatment of certain painful conditions or for anesthesia purposes;
2. **Ambulance** - Ambulance service for non-emergencies, unless, Prior Authorized by Us;
3. **Alternative Therapies** – Those alternative therapies and associated expenses including, but not limited to, aquatic, recreational, wilderness, educational, music or sleep therapies and any related diagnostic testing; hypnotherapy and hypnosis; or massage therapy;
4. **Any item or technology** - requiring federal or other government agency approval that has not been greater at the time services are rendered;
5. **Autopsy** – Those services and associated expenses related to the performance of autopsies, or post-mortem genetic studies;
6. **Communication and Hearing Services and Supplies** – Augmentative communication devices, including but not limited to, those used to assist hearing impaired, or physically or developmentally disabled; services and associated expenses for prescribing and fitting hearing aids, cochlear implants, digital and programmable hearing devices, hearing therapy and any related diagnostic hearing tests; speech therapy or voice training when prescribed for stuttering or hoarseness;

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7. **Behavior Modification** – Those services and associated expenses related to behavior modification, including but not limited to biofeedback;
8. **Biofeedback**;
9. **Blood and Blood Products** – The cost of whole blood and blood products replacement to a blood bank; expenses related to personal blood storage, unless associated with a scheduled surgery; additionally, fetal cord blood harvesting and storage is not a Covered service;
10. **Braces** - Braces and supports needed for athletic participation or employment
11. **Breast Health** – Breast augmentation and reduction, including implantation, removal, or correction of breast implants implanted for cosmetic reasons. Breast reconstruction which is not associated with the Women’s Health and Cancer Right Act;
12. **Care** rendered to You by a relative;
13. **Counseling Services** – Expenses incurred related to religious counseling, marital/relationship counseling, vocational or employment counseling, and sex therapy are not Covered Services;
14. **Day Care** – Day Care Services
15. **Developmental Delay and Educational Services** – Medical services and expenses incurred for learning disabilities, developmental delays, mental retardation and autistic disorders; educational services for remedial education including, but not limited to, evaluation or treatment of learning disabilities, minimal brain dysfunction, cerebral palsy, mental retardation, learning disorders and behavioral training; Educational testing or psychological testing, unless part of a treatment program for Covered Services;
16. **Disposable items** - Disposable items;
17. **Dynamic Orthotic Cranioplasty (DOC) Supplies** – Dynamic Orthotic Cranioplasty (DOC) Bands, Cranial Orthosis, Modling Helmet Therapy, or surgical treatment of deformational plagiocephaly;
18. **Durable Medical Equipment (“DME”)** – Electronically controlled cooling compression therapy devices (such as polar ice packs, Ice Man Cool Therapy, or Cryo-cuff); home blood pressure monitoring devices; home traction units; replacement for changes due to obesity; preventive or routine maintenance due to normal wear and tear or negligence of items owned by the Insured; personal comfort items, including breast pumps, air conditioners, humidifiers and dehumidifiers, even though prescribed by a Physician, unless defined as Covered Services;
19. **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 scarring, even when the medical or surgical treatment has been provided by the Certificate;
20. **Elective Sterilization and Abortions** - Elective Sterilizations and Elective Abortions, unless the life of the mother is endangered;
21. **Emergency Room Services** - Emergency room services for non-emergencies;
22. **Enteral Feeding Food Supplements** – The cost of outpatient enteral tube feedings or formula and supplies is not Covered, except as defined as a Covered Service; Food or food supplements; Nutritional-based therapies except for treatment of nutritional deficiencies due to short bowel syndrome and HIV. Oral supplements and/or enteral feedings, either by mouth or by tube, are also excluded;
23. **Eye Exercises** – Eye Exercises and therapy; fitting or cost of visual aids;
24. **Family Planning** - Family Planning such as counseling, treatment and follow-up
25. **Genetic Counseling** - Genetic counseling and genetic studies that are not required for diagnosis or treatment of genetic abnormalities;
26. **Growth Hormone** – Growth hormone therapy for any condition;
27. **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, hairpieces and hair prostheses, including those ordered by a Provider;
28. **Health services resulting from war or an act of war**;
29. **Immunizations** for travel, employment or education unless otherwise Covered under the Covered Services Section, including, but not limited to, anthrax and Lyme disease vaccines

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30. **Infertility Services** – All diagnostic studies, non-diagnostic services, and certain surgical procedures that are related to diagnosing and/or treating Infertility. Also excluded are expenses incurred for the promotion of conception including, but not limited to, artificial insemination, intracytoplasmic sperm injection (“ICSI”), in vitro or in vivo fertilization, gamete intrafallopian transfer (“GIFT”) procedures, zygote intrafallopian transfer (“ZIFT”) procedures, embryo transport, egg harvesting (collection, storage, preparation), reversal of voluntary sterilization, surrogate parenting, selective reduction, cryo preservation, travel costs, donor eggs or semen and related costs including collection, preparation and storage, non-Medically Necessary amniocentesis (for example, determining sex), other forms of assisted reproductive technology and any Infertility treatment deemed Experimental or Investigational. Surrogate motherhood services and supplies, including, but not limited to, all services and supplies relating to the conception and pregnancy of an Insured acting as a surrogate mother. Additionally, pharmaceutical agents used for the purpose of treating Infertility are not Covered under the terms of the Certificate
31. **Maintenance Therapy** – Once the maximum therapeutic benefit has been achieved for a given condition, ongoing Maintenance Therapy is not considered Medically Necessary;
32. **Male Gynecomastia** – Those services and associated expenses for treatment of male gynecomastia.
33. **Medical Complications** arising directly or indirectly from a non-Covered Service;
34. **Mental Health Services** - Mental health services, except Severe Mental Illness, as required by state law;
35. **Mental Retardation** - Treatment of mental retardation
36. **Miscellaneous Service Charges** – Telephone consultations, charges for failure to keep a scheduled appointment (unless the scheduled appointment was for a Mental Health service), any late payment charge, or other non-medical charges; devices used specifically as safety items or to affect performance primarily in sports-related activities;
37. **Non-Prescription Drugs and Medications** – Over-the-counter (“OTC”) drugs and medications incidental to outpatient care and Urgent Care Services are excluded unless specifically stated as Covered in the Covered Services Section of this Certificate or as specifically provided in an optional pharmacy Rider;
38. **Obesity Services** – Those 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 services of a similar nature. Services and associated expenses for weight loss programs, nutritional supplements, dietary counseling, appetite suppressants, and supplies of a similar nature;
39. **Orthotic Appliances, Prosthetic Devices, Repairs or Replacement** – The replacement costs for any otherwise Covered device including, but not limited to, changes due to obesity; routine maintenance due to normal wear and tear or negligence of items owned by the Insured; Also excluded are foot or shoe inserts, arch supports, special orthopedic shoes, heel lifts, heel or sole wedges, heel pads, or insoles whether custom-made or prefabricated; cranial (head) remodeling band for the treatment of positional non-synostotic plagiocephaly; and other protective head gear;
40. **Over-the-Counter Supplies** – Such as ACE wraps, elastic supports, finger splints, Orthotics, and braces; also OTC products not requiring a prescription to be dispensed (e.g., aspirin, antacids, cervical collars and pillows, lumbar-sacral supports, back braces, ankle supports, positioning wedges/pillows, herbal products, oxygen, medicated soaps, food supplements, and bandages) are excluded unless specifically stated as Covered in the Covered Services Section of this Certificate or as specifically provided in an optional pharmacy Rider;
41. **Personal Comfort and Convenience Items** – Services such as television, telephone, barber or beauty service, or similar incidental services and supplies; equipment or services for use in altering air quality or temperature; exercise equipment, hot tubs and pools; home services to help meet personal, family, or domestic needs; any costs of enrollment or memberships in a health, athletic or similar club; 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;
42. **Pregnancy/Maternity** – Pregnancy, maternity care except for complications, elective termination; newborn home delivery and birthing centers;
43. **Prescription Drugs and Medications** – Prescription drugs and medications that require a prescription and are dispensed at a Pharmacy for outpatient treatment, except as specifically provided in an optional pharmacy Rider to the Certificate.

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44. **Private Duty Nursing** – Private duty nursing services, nursing care on a full-time basis in Your home, or home health aides;
45. **Reduction or Augmentation Mammoplasty** – Reduction or augmentation mammoplasty is excluded unless associated with breast reconstruction surgery following a Medically Necessary mastectomy resulting from cancer;
46. **Sex Transformation Services** – Services and associated expenses, including hormonal support, for sex transformation operations regardless of any diagnosis of gender role disorientation or psychosexual orientation;
47. **Sexual Dysfunction** – Any device, implant or self-administered prescription medication for the treatment of sexual dysfunction, including erectile dysfunction, impotence and anorgasmy;
48. **Sleep Studies** – Sleep studies, as well as, C-PAP, PiPAP, Auto-PAP, other devices and surgical intervention used to treat obstructive sleep apnea (OSA);
49. **Smoking Cessation** – Those services and supplies for smoking cessation programs and treatment of nicotine addiction;
50. **Transplant Organ Removal** – Those services and associated expenses for removal of an organ for the purposes of transplantation from a donor who is not an Insured unless the recipient is an Insured and the donor's medical Coverage excludes reimbursement for organ harvesting; transplant services, screening tests, and any related conditions or complications related to organ donation when an Insured is donating organ or tissue to a non-Insured; and transplant services and associated expenses involving temporary or permanent mechanical or animal organs;
51. **Vision Aids, Associated Services** – Those services and associated expenses for orthopedics or vision training, field charting, eye exercises, radial keratotomy, LASIK or other refractive eye surgery, low vision aids and services.