



The following is an overview of the benefits and services not covered under this policy:

1. Services which are not medically necessary except those that are provided within the Policy for preventive care or as are mandated by law.
2. Any services in connection with or required by a non-covered procedure or benefit, except as necessitated by subsequent complications.
3. Services in excess of any benefit maximum as stated in Section SB – Schedule of Benefits.
4. Charges for services or supplies incurred prior to the effective date.
5. Charges for services or supplies incurred after the date of termination of your coverage, except as provided in Section TC – Termination of Coverage, Subsection B of the policy.
6. With the exception of charges for emergency services provided by non-preferred providers, charges which exceed the allowable charge.
7. Services or supplies obtained by or on behalf of you without required pre-certification, except as described in Section CC – Care Coordination.
8. Services or supplies which are not prescribed, performed or directed by a provider licensed to do so.
9. Services which Blue Cross of Northeastern Pennsylvania and Highmark Blue Shield determine are experimental or investigative; the fact that a treatment, procedure, equipment, drug, device or supply is the only available treatment for a particular condition will not result in coverage if the service is considered to be experimental or investigative. Coverage will not be provided for services related to medical research.
10. Loss sustained or expenses incurred while on active duty as a member of the armed forces of any nation; or losses sustained or expenses incurred as a result of an act of war, whether declared or undeclared.
11. Treatment or services received as a result of your participation in a riot or insurrection.
12. Services as a result of injuries sustained during your commission of or attempt to commit a felony.
13. Services you would have no legal obligation to pay.
14. Cosmetic or reconstructive procedure/surgery to improve the appearance or performed for psychological or psychosocial reasons, unless required for correction of a condition directly resulting from accidental injury; for a newborn to correct a congenital birth defect; when reconstruction is pursuant to breast reconstruction following a mastectomy; or for the treatment of complications resulting from surgery.
15. The following procedures are not covered: removal of skintags; treatment of alopecia; dermabrasion; diastasis recti repair; ear or body piercing; electrolysis for hirsutism; excision or treatment of decorative or self-induced tattoos; salabrasion; chemosurgery and other such skin abrasion procedures associated with the removal of scars; hairplasty; lipectomy; panniculectomy; otoplasty; rhytidectomy; blepharoplasty; actinic changes; chemical peels; surgical treatment of acne; removal of port wine lesions, except when involving the visible portion of the face; augmentation mammoplasty, except to establish symmetry following surgery for breast disease; removal, repair or replacement for an implant, except when reconstruction and implant are pursuant to breast reconstruction following mastectomy; reduction mammoplasty, except to establish symmetry following mastectomy; gynecomastia, except when mandated for breast disease; echosclerotherapy for treatment of varicose veins; non-invasive laser treatment of superficial small veins, and treatment of spider veins or superficial telangiectasias.
16. All dental services including preventive dental care, regardless where or by whom performed, related to the care, filling, removal or replacement of natural teeth, dentures or bridges and treatment of diseases of the teeth or gums including, but not limited to: treatment of dental cavities, periodontics, endodontics, orthodontics, and orthognathic surgery, except as required for correction of a condition caused by accidental bodily injury, for hospital and anesthesia charges associated with medically-necessary dental procedures requiring sedation, other than the removal of bony impacted teeth which cannot be safely or adequately performed on an outpatient basis for children under the age of eighteen (18) and for adults with mental retardation, upon authorization of Blue Cross of Northeastern Pennsylvania and Highmark Blue Shield's Medical Director, and for dental services for baby bottle syndrome prior to age four (4), once per life time.
Treatment of temporomandibular joint (TMJ) or myofascial pain dysfunction (MPD) or craniomandibular (CMD) pain syndrome, including surgical and non-surgical exams, invasive and non-invasive procedures and tests, and all related medical and surgical services. Examples of non-covered services include, but are not limited to: physiotherapy, therapeutic muscle exercises, occlusal appliances or other oral prosthetic devices and their adjustments, braces, crowns or bridgework.
17. Oral surgery for the removal of bony impacted teeth, including any and all hospital and anesthesia charges.
18. Routine and cosmetic foot care, except care provided as a result of diabetes.
19. The repair and replacement of orthoses, except if the orthosis was provided as a result of diabetes.
20. Services and associated expenses for the surgical treatment and non-surgical medical treatment of obesity (including morbid obesity) including, but not limited to: gastric bypass, stomach stapling, laparoscopic gastric banding, duodenal switch, gastric balloons, jejunal bypass, supplies or dietary supplements for weight reduction.
21. Treatment in connection with transsexual surgery, except for treatment resulting from a complication of such transsexual surgery.
22. Assisted fertilization techniques such as, but not limited to artificial insemination, In Vitro Fertilization (IVF) of any kind, including the office visits, drugs, diagnostic monitoring (ultrasound) and other services and supplies related to these procedures, including, but not limited to: oral or injectable prescription medication treatment, embryo acquisition, storage and transport, human chorionotropin, urofollitropin, menotropins or derivatives, donor ovum and semen and related costs, including collection, preparation, preservation or storage.
23. Adult circumcision in the absence of disease.
24. Surgical procedures for sterilization and surgery performed for the reversal of voluntary sterilization.
25. Charges in connection with penile implants.
26. Abortions, except services which are necessary to avert the death of the woman and services to terminate pregnancies caused by rape or incest will be covered.
27. The purchase of organs which are sold rather than donated to transplant recipients, and charges for organ donor searches are also excluded from coverage.
28. Charges for the procurement of blood or for blood storage, or the cost of securing the services of professional blood donors; cord blood collection, preparation or storage.

29. Corneal surgery to change the shape of the cornea to correct vision problems, except for accidental injury or medically-necessary conditions resulting from corneal surgery.
 30. Routine eye examinations, refractions for eyeglasses or contact lenses, all services associated with eyeglasses or contact lenses, including related diagnostic tests such as, but not limited to: visual fields testing, orthoptics, syntonics, optometric therapy, vision augmentation devices and vision enhancement systems.
 31. Sports medicine treatment plans, corrective appliances or artificial aids primarily intended to enhance athletic functions, or work hardening programs.
 32. Services or supplies for personal hygiene, physical fitness or convenience items, whether or not prescribed by a physician, such as, but not limited to allergen filtration systems, including allergy products.
 33. Hearing aids or examinations for the prescription, fitting or adjustment of hearing aids.
 34. Charges for telephone calls or telephone consultations, for failure to keep a scheduled visit, for completion of forms, transfer or copying of records or generation of correspondence.
 35. Travel or transportation expenses, even though prescribed by a physician, except ambulance service as outlined in Section DB – Description of Benefits, Subsection Y, Ambulance.
 36. Charges for a private room when a semi-private room is available.
 37. Long-term residential care.
 38. Custodial care, domiciliary care, convalescent care or rest cures, private duty nursing or specialized nursing care.
 39. Physical, psychiatric or psychological examinations, testing, reports, vaccinations, immunizations or treatments, when such services are: (a) for purposes of obtaining, maintaining or otherwise relating to career, education, sports or camp, travel, employment, insurance, marriage or adoption; (b) relating to judicial or administrative proceedings or orders; (c) conducted for purposes of medical research; or (d) to obtain or maintain a license of any type.
 40. Therapy and devices to correct stuttering or pre-speech deficiencies or to improve speech skills that are not fully developed.
 41. Vitamin, mineral and electrolyte supplements, food, special diets, and feedings for adults, children and infants, except those providing at least thirty-five (35) percent of daily caloric requirements given enterally through an in-dwelling gastrointestinal tract tube necessitated by the inability to take nutrition by mouth, or in conditions of gastrointestinal tract impairment, parenterally through an intravenous catheter. Infant formulas, including those prescribed for reasons of fat malabsorption, lactose intolerance, milk protein intolerance and/or milk allergies. Metabolic formulas, except those that are mandated to be covered by law for the therapeutic treatment of phenylketonuria (PKU), branched-chain ketonuria, galactosemia and homocystinuria.
 42. Treatment of pervasive developmental disorders, such as autism or mental retardation, defects, deficiencies and learning disabilities. This exclusion does not apply to medical treatment in accordance with the benefits provided in Section DB—Description of Benefits.
 43. Mental health care services for the treatment of mental or nervous disorders or serious mental illness, except mental health care services as outlined in Section DB—Description of Benefits, Subsection DD, Mental Health Care Services.
 44. Biofeedback/neurofeedback.
 45. Suicide or intentionally self-inflicted injuries.
 46. Charges incurred as a result of illness or bodily injury covered by any Workmen's Compensation Act or Occupational Disease Law or by United States Longshoreman's Harbor Workers' Compensation Act and first party valid and collectible claims covered by a motor vehicle policy issued or renewed pursuant to the Pennsylvania Motor Vehicle Financial Responsibility Law.
 47. Alternative and complementary medicine, including but not limited to: aromatherapy, music therapy, acupuncture and reflexology.
 48. Charges to the extent payment has been made under Medicare when Medicare is the primary carrier.
 49. Outpatient cognitive rehabilitation services have been determined by Blue Cross of Northeastern Pennsylvania and Highmark Blue Shield not to be medically necessary and appropriate for the treatment of brain injury and are not covered by this policy.
 50. Services performed by a provider with the same legal residence as you, who is a family member, including spouse, brother, sister, parent or child.
 51. Charges for services, use of facilities or supplies that neither you nor any other covered person is legally obligated to pay.
 52. Educational classes, support groups and disease management programs, unless sponsored or provided by Blue Cross of Northeastern Pennsylvania and Highmark Blue Shield, except as required for diabetes education services.
 53. Alcohol or drug abuse treatment.
 54. Durable medical equipment, orthoses or prostheses, except for diabetic equipment and supplies and initial and subsequent prosthetic devices to replace the removed breast or portions thereof, due to a mastectomy, and as provided in Subsection S, Home Health Care and Subsection U – Hospice Care of Section DB – Description of Benefits.
 55. Charges for any prescription drug or supply which is not medically necessary and appropriate based on one or more of the following reasons:
 - a) The indication and/or use is of a cosmetic nature or to enhance physical appearance; to enhance athletic performance; or for weight loss.
 - b) Based on the pharmacist's professional judgment that the prescription should not be dispensed.
 - c) The prescription drug or supply is subject to prior authorization and has not been authorized as an exception (based on, and supported by, medical justification from the prescriber) for the following reason:
 - (i.) The use of the prescription drug or supply is contraindicated due to: overutilization, drug-drug interaction, drug-disease interaction, therapeutic duplication, adverse reaction or drug allergy.
 - (ii.) The use of the prescription drug or supply is subject by Blue Cross of Northeastern Pennsylvania and Highmark Blue Shield to utilization review criteria.
- Charges for any prescription drug or supply, unless authorized in accordance with Section GP – General Provisions, Subsection B of this Policy, which are:
- a) Experimental or investigative.
 - b) Not approved for use by the Food and Drug Administration.
 - c) Not approved for the specific indication by the Food and Drug Administration.
- Unless specifically included in Section DB – Description of Benefits, the following are excluded: (1) drugs which do not require a prescription, including take-home drugs dispensed by a facility provider or professional provider; (2) drugs which cannot be self-administered; (3) medical supplies, devices and equipment, (4) test agents and devices, except those used for diabetes; (5) smoking-cessation aids, including nicotine patches, gums and nasal sprays, except prescription drugs specifically designated by Blue Cross of Northeastern Pennsylvania and Highmark Blue Shield which are covered for one treatment period per lifetime; (6) multiple vitamins, except those used for pregnancy and multiple vitamins with fluoride for the prevention of dental caries in children under the age of sixteen (16); (7) injectable drugs used to treat infertility; (8) the additional charge for a brand-name drug for which there is a generic equivalent drug available; (9) drugs for impotence in excess of four doses per month; (10) allergy extracts for allergen immunotherapy; (11) administration or injection of any drugs; (12) replacement of lost, stolen or damaged drugs.