

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 Insurance 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:

1. Pre-existing conditions or diseases, except for congenital anomalies of a covered dependent child;
2. Mental or emotional disorders, alcoholism and drug addiction;
3. Normal pregnancy and childbirth;
4. Illness, accident, treatment or medical condition arising out of war or act of war (whether declared or undeclared); participation on a felony, riot or insurrection; service in the armed forces or units auxiliary thereto;
5. Cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect;
6. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet;
7. Treatment provided in a governmental hospital (except hospital confinement policy); benefits provided under Medicare or other governmental program, (except Medicaid), any state or federal worker’s compensation, employers liability or occupational disease law, any motor vehicle no-fault law, services rendered by employees of hospitals, laboratories or other institutions; services performed by a member of the covered person’s immediate family; and services for which no charge is normally made in the absence of insurance;
8. Dental care or treatment;
9. Eye glasses, hearing aids and examination for the prescription or fitting thereof; and
10. Rest cures, custodial care and transportation.

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.