

Exclusions: Services Not Covered

This list of services and supplies is excluded from coverage and will not be covered in any case. Anthem HealthKeepers plans offered by HealthKeepers, Inc., Peninsula Health Care, Inc., and Priority Health Care, Inc., do not provide benefits for the following:

- Acupuncture.
- Services received which are not authorized in advance by the HMO and pre-arranged by the PCP, unless otherwise specified in the Evidence of Coverage.
- Biofeedback therapy
- Over-the-counter convenience and hygienic items. These include, but are not limited to, adhesive removers, cleansers, underpads, diapers, and ice bags.
- Cosmetic surgeries or procedures, including complications that directly result from such surgeries and/or procedures. Cosmetic surgeries and procedures are performed mainly to improve or alter a person's appearance, including body piercing and tattooing. However, a cosmetic surgery or procedure does not include a surgery or procedure to correct deformity caused by disease, trauma or a previous therapeutic process. Cosmetic surgeries and/or procedures also do not include surgeries or procedures to correct congenital abnormalities that cause functional impairment. The HMO will not consider the patient's mental state in deciding if the surgery is cosmetic.
- Benefits for the following dental or oral surgery services: shortening or lengthening of the mandible or maxillae for cosmetic purposes; surgical correction of malocclusion or mandibular retrognathia unless such condition creates significant functional impairment that cannot be corrected with orthodontic services; dental appliances required to treat TMJ pain dysfunction syndrome or correct malocclusion or mandibular retrognathia; medications to treat periodontal disease; treatment of natural teeth due to diseases or treatment of natural teeth due to accidental injury for which a treatment plan was not submitted to the HMO within 60 days of the date of injury; biting and chewing related injuries; restorative services and supplies necessary to promptly repair, remove, or replace sound natural teeth; extraction of either erupted or impacted wisdom teeth; and anesthesia and hospitalization for dental procedures and services except for children under age 5 or those with conditions that put them at great risk.
- Donor searches for organ or tissue transplants, including compatibility testing of potential donors who are not immediate blood-related family members (parent, child, sibling).
- Educational or teacher services, except in limited circumstances, as specified in the Evidence of Coverage.
- Examinations required specifically for insurance, employment, school, sports or camp. Members do not have coverage for the cost of court-ordered examinations or care, including, but not limited to, drug testing, unless such examinations or care are covered without a court order.
- Experimental/investigative procedures as well as services related to or complications that directly result from such procedures except for clinical trials for cancer services as described by the National Cancer Institute. Nothing in this exclusion will prevent a member from appealing our decision that a service is experimental/investigative.
- The following family planning services: non-prescription contraceptive devices; services for interruption of pregnancy including medications to induce abortions; vasectomies; tubal ligations; infertility services including services for artificial insemination, in vitro fertilization, or any other types of artificial or surgical means of conception; drugs used to treat infertility; or reversals of sterilization and complications incidental to such procedures.
- Services for palliative or cosmetic foot care including: flat foot conditions; support devices, arch supports, foot inserts, orthopedic and corrective shoes that are not part of a leg brace and fittings, castings and other services related to devices of the feet; foot orthotics; subluxations of the foot; corns (except as treatment for patients with diabetes or vascular disease); bunions (except capsular or bone surgery); calluses (except as treatment for patients with diabetes or vascular disease); care of toenails (except as treatment for patients with diabetes or vascular disease); fallen arches; weak feet; chronic foot strain; or symptomatic complaints of the feet.
- Routine hearing care or hearing aids or exams for these devices except as outlined in the Evidence of Coverage.
- The following home care services: homemaker services (except as rendered as part of Hospice care); maintenance therapy; food and home delivered meals; or custodial care and services.
- The following hospital services: guest meals, telephones, televisions, and any other convenience items received as part of an inpatient stay; care by interns, residents, house physicians, or other facility employees that are billed separately from the facility; and a private room unless it is medically necessary and approved by the HMO.
- Immunizations required for travel and work, unless such services are received as part of the covered preventive care services.
- Medical equipment (durable), appliances, devices, and supplies that have both a non-therapeutic and therapeutic use. These include but are not limited to: exercise equipment; air conditioners, dehumidifiers, humidifiers, and purifiers; hypoallergenic bed linens, bed boards; whirlpool baths; handrails, ramps, elevators, and stair glides; telephones; adjustments made to a vehicle; foot orthotics; changes made to a home or place of business; or repair or replacement of equipment you lose or damage through neglect; medical equipment (durable) that is not appropriate for use in the home.
- Services deemed not medically necessary as determined by the HMO at its sole discretion. Notwithstanding this exclusion, all wellness services and hospice care services described in the Evidence of Coverage are covered. This exclusion shall not apply to services you receive on any day of inpatient care that is determined by the HMO to be not medically necessary if such services are received from a professional provider who does not control whether you are treated on

an inpatient basis or as an outpatient, such as a pathologist, radiologist, anesthesiologist or consulting physician. Additionally, this exclusion shall not apply to inpatient services rendered by your admitting or attending physician other than inpatient evaluation and management services provided to you notwithstanding this exclusion. Inpatient evaluation and management services include routine visits by your admitting or attending physician for purposes such as reviewing patient status, test results, and patient medical records. Inpatient evaluation and management visits do not include surgical, diagnostic, or therapeutic services performed by your admitting or attending physician. Also, this exclusion shall not apply to the services rendered by a pathologists, radiologists, or anesthesiologists in an (i) outpatient hospital setting (ii) emergency room or (iii) ambulatory surgery setting. However, this exception does not apply if and when any such pathologist, radiologist or anesthesiologist assumes the role of attending physician. Nothing in this exclusion shall prevent a member from appealing the HMO's decision that a service is not medically necessary.

- The following mental health services and substance abuse services: inpatient stays for environmental changes; cognitive rehabilitation therapy; educational therapy; vocational and recreational activities; coma stimulation therapy; services for sexual deviation and dysfunction; treatment of social maladjustment without signs of a psychiatric disorder; remedial or special education services; or inpatient mental health treatments that meet the following criteria: more than 2 hours of psychotherapy during a 24-hour period in addition to the psychotherapy being provided pursuant to the inpatient treatment program of the hospital; group psychotherapy when there are more than 8 patients with a single therapist; group psychotherapy when there are more than 12 patients with two therapists; more than 12 convulsive therapy treatments during a single admission; or psychotherapy provided on the same day of convulsive therapy.
- Services administered by non-HMO providers, except for emergencies or when authorized, in advance by the Anthem HealthKeepers Medical Director. (This exclusion does not apply for the Point of Service plans.)
- Nutrition counseling and related services, except when provided as part of diabetes education.
- Care of obesity or services related to weight loss or dietary control, including complications that directly result from such surgeries and/or procedures. This includes weight reduction therapies/activities, even if there is a related medical problem. Notwithstanding provisions of other exclusions involving cosmetic surgery to the contrary, services rendered to improve appearance (such as abdominoplasties, panniculectomies, and lipectomies), are not covered services even though the services may be required to correct deformity after a previous therapeutic process involving gastric bypass surgery. Coverage for morbid obesity is available only through an optional coverage rider at extra cost. Details on request.
- Certain organ or tissue transplants or transfusions are considered experimental/investigative or not medically necessary. Coverage for organ and tissue transplants and transfusions is determined through the pre-authorization process.
- Paternity testing.

The prescription drug benefit does not cover: over the counter drugs; any per unit, per month quantity over the specified limit; drugs used mainly for cosmetic purposes; drugs that are experimental, investigational, or not approved by the FDA; cost of medicine that exceeds the allowable charge for that prescription; drugs for weight loss; stop smoking aids; therapeutic devices or appliances; injectable prescription drugs that are supplied by a provider other than a pharmacy; charges to inject or administer drugs; drugs not dispensed by a licensed pharmacy; drugs not prescribed by a licensed provider; any refill dispensed after one year from the date of the original prescription order; infertility medications; prescription contraceptives unrelated to a medical condition; medications used to treat sexual dysfunction; medicine covered by workers' compensation, Occupational Disease Law, state or government agencies; or medicine furnished by any other drug or medical service.

- Rest cures, custodial, residential, or domiciliary care and services. Whether care is considered residential will be determined based on factors such as whether the member receives active 24-hour skilled professional nursing care, daily physician visits, daily assessments, and structured therapeutic services. Care from institutions and facilities that are licensed solely as residential treatment centers, intermediate care facilities, or other non-skilled sub-acute inpatient settings.

Services, supplies, or devices if they are: not listed as covered; not prescribed, performed, or directed by a provider licensed to do so; received before the effective date or after a member's coverage ends; or telephone consultations, charges for not keeping appointments, charges for completing claim forms, or other such charges.

- Services or supplies if they are provided or available to a member: under a U.S. government program or a program for which the federal or state government pays all or part of the cost. This exclusion does not apply to health benefit plans offered to either civilian employees or retired civilian employees of the federal or state government; under the Medicare program or under any similar program authorized by state or local laws or regulations or any future amendments to them. This exclusion does not apply to those laws or regulations which make the government program the secondary payor after benefits under this plan have been paid. This exclusion applies whether or not the member waives his or her rights under these laws, amendments, programs or terms of employment. However, we will provide the covered services specified when benefits under these programs have been exhausted.
- Services for which a charge is not usually made. This includes services for which you would not have been charged if you did not have health care coverage. Services or benefits for: amounts above the allowable charge for a service; self-administered services or self-care including self-administered injections; penile implants; self-help training; or neurofeedback and related diagnostic tests.
- Services for sex transformation or sexual dysfunction. This includes medical and mental health

services. • Skilled nursing facility stays: custodial care; treatment of psychiatric conditions and senile deterioration; or facility services during a temporary leave of absence from the facility. • Services related to smoking cessation, including stop smoking aids or services of stop smoking clinics. • Spinal manipulations. • Coverage does not include benefits for the following therapies: physical therapy, occupational therapy, or speech therapy to maintain or preserve current functions if there is no chance of improvement or reversal except for children under age 3 who qualify for Early Intervention services; group speech therapy; group or individual exercise classes or personal training sessions; or recreation therapy. This includes, but is not limited to, sleep, dance, arts, crafts, aquatic, gambling, and nature therapy. • The following vision services: vision services or supplies unless needed due to eye surgery or accidental injury; routine vision care except as outlined in the Evidence of Coverage; services for radial keratotomy and other surgical procedures to correct nearsightedness and or farsightedness. This type of surgery includes keratoplasty and Lasik procedure.; services for vision training and orthoptics; tests associated with the fitting of contact lenses unless the contact lenses are needed due to eye surgery or to treat accidental injury; sunglasses of any type; services needed for employment or given by a medical department, clinic, or similar service provided or maintained by the employer; or any other vision services not specifically listed as covered. • Coverage does not include benefits for services or supplies if they are for work-related injuries or diseases, when the employer must provide benefits by federal, state, or local law or when that person has been paid by the employer. Services will not be covered if the member could have received benefits for the injury or disease if the member had complied with applicable laws and regulations. This exclusion applies even if the member waives his or her right to payment under these laws and regulations or fail to comply with the employer's procedures to receive the benefits. It also applies whether or not the member reaches a settlement with his or her employer or the employer's insurer or self insurance association because of the injury or disease.

Coverage Limitations for Anthem HealthKeepers Plans

All health care plans cover certain services up to a preset limit. For example, visits with a health care provider may be limited by the number of visits, or services may be limited by a maximum dollar amount. Once a member reaches the preset limit on a service, the policy will not pay benefits for that service for the rest of the calendar year. (A calendar year runs from January 1 to December 31.)

Benefits with Yearly Limits

- Short-term speech, physical and occupational therapy on an inpatient or outpatient basis is covered for up to 90 days maximum per member from initiation of treatment per illness or condition.
- Up to 100 days maximum per member per illness or condition for skilled nursing home provided by an HMO provider skilled nursing facility, including skilled nursing beds in an HMO provider hospital.
- For durable medical equipment, there is a \$2,000 maximum benefit per member per calendar year. Insulin pumps, prosthetics, oxygen, and their related supplies, do not count toward this maximum.

Limitations for Out-of-Pocket Expenses

The following do not count toward the calendar year payment limit. You will still need to pay:

- The costs associated with vision benefits
- The cost of prescription drugs
- The cost of dental benefits
- The cost of chiropractic care

This information is not a contract or policy. It is a summary and partial description of benefits available through Anthem HealthKeepers plans offered by HealthKeepers, Inc., Peninsula Health Care, Inc., and Priority Health Care, Inc. If there are any differences between this information and the Evidence of Coverage, Summaries of Benefits and related Amendments, the provisions of the Evidence of Coverage, Summaries of Benefits and related Amendments will govern.

About Anthem HealthKeepers products offered by HealthKeepers, Inc. Benefits, exclusions and limitations for Anthem HealthKeepers plans can be found in the following materials: HK-GEA (1/05); H-INTRO-HK (1/04); H-TOC (7/04); H-SB-HMO (1/05); H-SB-POS (1/05); H-WORKS (7/04); H-COVERED-HK (1/05); H-EXCL (1/05); H-CLAIMS-HK (1/05); H-COB (1/04); H-ENR (1/05); H-ENDS (1/05); H-INFO-HK (1/04); H-RIGHTS (7/04); H-DEF-HK (1/05); H-EXH-A (7/04); H-INDEX (7/04); H-FAMILY (1/05).

About Anthem HealthKeepers products offered by Peninsula Health Care, Inc.: Benefits, exclusions and limitations for Anthem HealthKeepers plans can be found in the following materials: PHC-GEA (1/05); H-INTRO-PHC (1/04); H-TOC (7/04); H-SB-HMO (1/05); H-SB-POS (1/05); H-WORKS (7/04); H-COVERED-PHC (1/05);

H-EXCL (1/05); H-CLAIMS-PHC (1/05); H-COB (1/04); H-ENR (1/05); H-ENDS (1/05); H-INFO-PHC (1/04); H-RIGHTS (7/04); H-DEF-PHC (1/05); H-EXH-A (7/04); H-INDEX (7/04); H-FAMILY (1/05).

About Anthem HealthKeepers products offered by Priority Health Care, Inc.: Benefits, exclusions and limitations for Anthem HealthKeepers plans can be found in the following materials: PRI-GEA (1/05); H-INTRO-PRI (1/04); H-TOC (7/04); H-SB-HMO (1/05); H-SB-POS (1/05); H-WORKS (7/04); H-COVERED-PRI (1/05); H-EXCL (1/05); H-CLAIMS-PRI (1/05); H-COB (1/04); H-ENR (1/05); H-ENDS (1/05); H-INFO-PRI (1/04); H-RIGHTS (7/04); H-DEF-PRI (1/05); H-EXH-A (7/04); H-INDEX (7/04); H-FAMILY (1/05).

Anthem HealthKeepers plans offered by HealthKeepers, Inc., Peninsula Health Care, Inc., and Priority Health Care, Inc., are not available in all areas of Virginia.

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