

29. NON-COVERED SERVICES/ITEMS/EXCLUSIONS

The following section indicates items or services which are excluded from coverage. This information is provided as a guide to identify certain common items or services which may be mistaken as covered services. This is a guide and is no way a limitation upon, or complete listing of, items or services considered not to be covered. We have final authority for determining if services or supplies are medically necessary and appropriate and covered services. The Health Plan's final authority is subject to any appeal process.

Non-covered services include, but are not limited to the following:

1. Hospital and medical services, or items that are not medically necessary and/or appropriate as determined by The Health Plan. Non-medical treatment, special education and training for dyslexia and global developmental delay.
2. Dental treatment, regardless of origin or cause, except as specified elsewhere in this certificate. Dental treatment includes preventive care, diagnosis, and treatment of or related to the teeth, jawbones (except medically related TMD/CMD) or gums. Extraction, restoration, and replacement of teeth. Medical or surgical treatments of dental conditions. Services to improve dental clinical outcomes. Dental implants and braces. Treatment of congenitally missing, malpositioned, or super numerary teeth, even if part of a congenital anomaly. Dental x- rays, supplies and appliances and all associated expenses, including hospitalization and anesthesia, except as required by law or specifically stated as a covered service. The only exceptions are:
 - Transplant preparation;
 - Initiation of immunosuppressives;
 - Direct treatment of acute traumatic injury, cancer, or cleft palate.
3. Treatment or services for:
 - Custodial care, convalescent care or rest cures;
 - Care provided or billed by a hotel, health resort, convalescent home, rest home, nursing home or other extended care facility home for the aged, infirmary, school infirmary, supervised living or halfway house, or any similar facility or institution;
 - Services or care provided or billed by a school, custodial care center for the developmentally disabled;
 - Wilderness camps.
4. Items or medical and hospital services deemed to be investigational or experimental by The Health Plan in conjunction with its specialty consultants, appropriate governmental agencies and other regulatory agencies as interpreted by The Health Plan. If medically acceptable and conventional techniques or treatment are available, new ones may not be covered. At such time as these new procedures, techniques, or treatments become non-experimental or investigational and are medically necessary and appropriate, then they may be covered. The fact that a service is the only available treatment for a condition will not make it eligible for coverage if we deem it to be experimental or investigational.
5. If otherwise standard treatment items such as human tissues, anatomic structures, and blood or blood derivatives are prohibited in the treatment of an individual based only by non- medical considerations (e.g., relating to religious restrictions or personal preferences) the alternative products used as substitutes are not a covered benefit.
6. Private rooms except when medically appropriate and authorized by The Health Plan. Personal or comfort items and services (e.g., guest meals and lodging, radio, television, and phone) unless specifically stated otherwise in this certificate.
7. Benefits provided by any governmental unit unless otherwise required by law or regulation.

8. Any condition, disease, defect, ailment, or injury arising out of and in the course of employment if benefits are available under any Workers' Compensation Act or other similar law. If Workers' Compensation Act benefits are not available to you, then this exclusion does not apply. This exclusion applies if you receive the benefits in whole or part. This exclusion also applies whether or not you claim the benefits or compensation. It also applies whether or not you recover from any third party.
9. Reversal of voluntary sterilization and associated services and/or expenses.
10. Services and supplies related to male or female sexual or erectile dysfunctions or inadequacies, regardless of origin or cause. This exclusion includes sexual therapy and counseling, penile prostheses or implants and vascular or artificial reconstruction, prescription drugs, and all other procedures and equipment developed for or used in the treatment of impotency, and all related diagnostic testing.
11. Services not provided, arranged, or authorized by your physician, except in an emergency or when allowed in this certificate.
12. Elective pre-surgery testing on an inpatient basis without the authorization of The Health Plan's Medical Director.
13. Physical, psychiatric, or psychological exams, testing, or treatments when such services are as follows:
 - Related to employment or school;
 - To obtain or maintain insurance;
 - Needed for marriage or adoption proceedings;
 - Related to judicial or administrative proceedings or orders;
 - Conducted for purposes of medical research;
 - To obtain or maintain a license or official document of any type;
 - To participate in sports.

Exceptions are exams, testing, or treatments that are covered under "Preventive Care Services."

14. Services such as: in-vitro fertilization and gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), embryo transport, donor semen, sperm washing, artificial insemination, drugs (oral, topical or injectable), and experimental services are not covered.
15. Maintenance therapy, which is treatment given when no additional progress is apparent or expected to occur. Maintenance therapy includes treatment that preserves your present level of functioning and prevents loss of that functioning, but which does not result in any additional improvement.
16. Acupressure, electrolysis, Christian Science treatment, and autopsy. Lamaze classes, paternity testing, and vision therapy.
17. Liposuction, panniculectomies, abdominoplasty (e.g., surgical removal of fatty tissue).
18. Work hardening programs including functional capacity evaluations.
19. Marriage counseling.
20. Weight loss services and associated expenses (e.g., wiring of the jaw, weight control programs, weight control drugs or products and nutritional products or supplements) whether or not they are pursued under medical or physician supervision. Exceptions are obesity counseling and interventions covered under "Preventive Care Services."
21. Safety devices. Devices used specifically for safety or to affect performance including sports-related activities.

22. Hepatitis B vaccine coverage limited to "direct exposure" defined as transmission that occurs through inadvertent percutaneous inoculation, mucosal absorption, or sexual contact with a source currently infected with acute Hepatitis B virus. Vaccines when related to occupation or occupational, professional, and educational requirements and dependent immunizations beyond their 21st birthday. Injections and immunizations required for travel outside the U.S. and associated with natural disasters (including Hepatitis A).
23. Non-medical ancillary services and long-term rehabilitation services for the treatment of chemical dependency.
24. Court ordered services and/or supplies or those required as a condition of parole, probation, release or because of any legal proceeding.
25. Other limitations that are specifically stated in the "Schedule of Benefits" of this document.
26. Most over the counter medications including, but not limited to, laxatives, antacids, and vaginal yeast products. Exceptions are over the counter medications covered under "Preventive Care Services."
27. Any services for which the member has no legal obligation to pay in the absence of this or similar coverage.
28. Services received from, rendered, or prescribed by a provider with the same legal residence as a covered person or who is a member of the covered person's family. This includes spouse, brothers, sisters, parents, or children. Services received or rendered by a provider to themselves.
29. Services rendered outside the scope of a provider's license.
30. Any illness or injury that occurs while serving in the armed forces, including as a result of any act of war, declared or undeclared.
31. Services or supplies primarily for educational, vocational, training purposes or cognitive in nature except as otherwise specified herein.
32. Non-medical services related to the treatment of Temporomandibular Joint Dysfunction (TMD), Craniomandibular Joint Dysfunction (CMD), and stylomandibular ligament including; but not limited to, braces, non-invasive conditions, experimental procedures, splints, or other appliances.
33. Services that in the judgment of your physician are not medically appropriate or not required by accepted standards of medical practice or Health Plan rules governing services.
34. Hearing exams unless there is a medical condition that requires such an exam. Exceptions are exams covered under "Preventive Care Services."
35. Hearing aids, exams and fittings except for bone anchored or Cochlear implants.
36. Nutritional and/or dietary supplements, except as covered in this certificate or required under "Preventive Care Services" or other law. This includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed Pharmacist.
37. Services performed after your physician has advised that further services are not medically appropriate or not covered services.
38. Non-emergency care when traveling outside the U.S.
39. Services related to Cloning. Other types of artificial or surgical means of conception including drugs administered in connection with these procedures, diagnostic testing, or treatment. Services or supplies to a person not covered under this certificate in connection with surrogate pregnancy including the bearing of a child by another woman for an infertile couple.
40. Long-term/custodial nursing home care.

41. Routine foot care. Cutting or removal of corns and calluses. Nail trimming, cutting or debriding. Hygienic and preventive maintenance foot care including cleaning and soaking the feet, applying skin cream in order to maintain skin tone. Other services that are performed when there is not a localized illness, injury, or symptom involving the foot, cosmetic foot care.
42. [Acupuncture.] Services or supplies related to alternative or complementary medicine. Examples of services in this category include: [acupuncture,] holistic medicine, homeopathy, hypnosis, aroma therapy, massage therapy, reiki therapy, herbal, vitamin (not to include prenatal vitamins) or dietary products or therapies. Naturopathy, thermograph, orthomolecular therapy, contact reflux analysis, bioenergetic synchronization technique (BEST), iridology study of the iris, auditory integration therapy (AIT), colonic irrigation, magnetic innervations therapy, electromagnetic therapy, and neurofeedback.
43. Equipment, supplies or devices and personal hygiene, environmental control or convenience items of the following types;
 - Humidifiers, air purifiers;
 - Charges for non-medical self-care except as otherwise stated;
 - Purchase or rental of supplies for common household use, such as water purifiers;
 - Allergenic pillows, cervical neck pillows, mattresses, or waterbeds;
 - Exercise equipment (e.g., treadmills and exercycles);
 - Hydraulic van or car lifts, lift chairs, stair lifts;
 - Nutritional products or supplements, dietary supplements and enterals except as provided in this certificate;
 - Professional medical equipment (e.g., blood pressure kits or stethoscopes);
 - Q-tips/swabs, diapers, gauze.
44. Benefits payable under Medicare Parts A, B, and/or D or would have been payable if a member had applied for Parts A, B, and/or D. For the purpose of the calculation of benefits, if the member has not enrolled in Medicare Part B, we will calculate benefits as if they had enrolled.
45. For a condition resulting from direct participation in a riot, civil disobedience, nuclear explosion, or nuclear accident.
46. Charges for:
 - Physician or other providers' charges for consulting with members by phone, fax, electronic mails systems or other consultation or medical management service not involving direct (face-to-face) care with the member except as otherwise stated in this certificate;
 - Surcharges for furnishing and/or receiving medical records and reports;
 - Charges for doing research with providers not directly responsible for your care;
 - Charges that are not documented in provider records;
 - Charges from an outside laboratory or shop for services in connection with an order involving devices (e.g., prosthetics, orthotics) which are manufactured by that laboratory or shop, but which are designed to be fitted and adjusted by the attending physician;
 - Membership, administrative, or access fees charged by physicians or other providers. Examples of administration fees are fees charged for educational brochures or calling a patient to provide their test results.
47. Services received from a dental or medical department maintained by or on behalf of an employer, labor union, trust or similar person or group.
48. Missed or cancelled appointments.

49. Completions of claim forms or charges for medical records or reports unless otherwise required by law.
50. Services incurred prior to your effective date.
51. Services incurred after the termination date of this coverage.
52. Procedures, services, equipment, or supplies provided in connection with cosmetic services. Cosmetic services are primarily intended to preserve, change or improve your appearance or are furnished for psychiatric or psychological reasons. No benefits are available for surgery or treatments to change the texture or appearance of your skin or to change the size, shape or appearance of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts). Complications directly related to non-covered cosmetic services, treatment, or surgery. "Directly related" means that the treatment or surgery occurred as a result of the non-covered cosmetic services, treatment, or surgery. This exclusion does not apply to conditions including but not limited to: myocardial infarction, pulmonary embolism, thrombophlebitis, and exacerbation of co-morbid conditions.
53. Surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet, tarsalgia; metatarsalgia; hyperkeratosis.
54. Health club memberships, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment, or facilities used for developing or maintaining physical fitness, even if ordered by a physician. The exclusion also applied to health spas.
55. Phone consultations or consultations via electronic mail or internet/website, except as required by law, authorized by The Health Plan, or as otherwise described in this certificate.
56. Care received in an emergency room that is not emergency care. Suture removal in an emergency room.
57. Eye surgery to correct errors of refraction, such as near-sightedness, including without limitation LASIK, radial keratotomy or keratomileusis or excimer laser refractive keratectomy, unless otherwise specified in this certificate.
58. Self-help training and other forms of non-medical self-care, except as otherwise specified in this certificate.
59. Treatment of telangiectatic dermal veins (spider veins) by any method.
60. Sclerotherapy for the treatment of varicose veins of the lower extremities including ultrasonic guidance for needle and/or catheter placement and subsequent sequential ultrasound studies to assess the results of ongoing treatment of varicose veins of the lower extremities with sclerotherapy.
61. Reconstructive services except as specifically stated in the "Covered Services/Items" section of this certificate or as required by law.
62. Surgical treatment of gynecomastia.
63. Treatment of hyperhidrosis (excessive sweating).
64. Human growth hormone for children born small for gestational age. It is only a covered service in other situations when allowed by The Health Plan through prior authorization.
65. For devices, products, or supplies with over the counter equivalents and any devices, products, or supplies that are therapeutically comparable to an over the counter drug, device, product, or supply. Exceptions are over the counter devices, products, or supplies covered under "Preventive Care Services."
66. Examinations relating to research screenings.
67. Stand-by charges of a physician.

68. Private Duty Nursing services rendered in a hospital or Skilled Nursing Facility. Private Duty Nursing services are covered only when provided through the home care services benefit as specifically stated in the "Covered Services/Items" section.
69. Maternity services for a covered member who is pregnant for the purpose of serving as a Surrogate Parent.
70. Services or supplies in excess of any maximum limits or benefits.
71. Services excluded elsewhere in this agreement.
72. Defective Services or Supplies.
73. Non-therapeutic abortions.
74. Not Medically Necessary and Appropriate.
75. Services outside generally accepted medical standards and practices.
76. Inter-facility air or ground transport that is not deemed medically necessary and appropriate by The Health Plan.
77. Physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, for licensing, or for other purposes, unless covered under "Preventive Care Services."
78. Services that The Health Plan determines are not medically necessary or do not meet The Health Plan medical policy, clinical coverage guidelines, or benefit policy guidelines.