

PLAN EXCLUSIONS

Below is a partial list of benefit exclusions. For a complete explanation and list of benefit exclusions, please refer to the contract.

Benefits will not be provided for the following:

- Services or supplies not prescribed or performed by a physician or other professional provider.
- Services or supplies which the administrator determines are investigational or are not medically necessary and medically appropriate.
- Services provided before the member's coverage begins or after this coverage is terminated. Services for pre-existing conditions during the pre-existing condition waiting period.
- Any work related illness or injury (unless resulting from selfemployment not subject to Workers Compensation insurance requirements).
- Self-treatment or services provided by any person related to a member by blood or marriage or any person who resides in the member's immediate household. A Pharmacist may not be you or a member of your immediate household.
- Services paid under any other group, blanket, or franchise insurance coverage; any other BlueCross or BlueShield group contract, other health insurance plan, union welfare plan, or labor management trust plan.
- Personal, physical fitness, recreational or convenience items.
- Telephone and e-mail consultations; charges incurred due to failure to keep a scheduled appointment; charges to complete forms or to provide requested medical information or records; writing or calling in a prescription.
- Routine foot care including, but not limited to, trimming of toe nails, except for diabetic patients. Foot orthotics, shoe inserts and custom made shoes except for diabetic patients or as part of a leg brace.
- Routine physical examinations and screening examinations, immunizations and vaccinations and shots for traveling outside the United States.
- Services or supplies for dental care.
- Eyeglasses, contact lenses, and examinations for and the fitting of eyeglasses and contact lenses;
- Hearing aids and examinations for prescribing or fitting of hearing aids.
- Habilitative services of any kind (services to achieve a level of functioning that the member has never attained).

Rehabilitative services including, but not limited to, aquatic therapy, hydrotherapy, educational therapy, occupational therapy, speech therapy, recreational therapy, massage therapy, fluidotherapy, craniosacral therapy, vision exercise therapy, neuromuscular

reeducation, cognitive rehabilitation, nutrition therapy, dietary supplements (vitamins) and acupuncture, unless otherwise specified in the contract;

- Surgery to change sex and related services.
- Services or supplies that are designed to medically enhance a Member's level of fertility in the absence of a disease state, create a pregnancy, or improve conception quality.
- Services, surgeries, or supplies to detect or correct refractive errors of the eye.
- Charges in excess of the maximum allowable charge for a service or supply.
- Services or supplies for inpatient treatment of bulimia, anorexia, or other eating disorders.
- Any treatment, service or supply including, but not limited to, surgical procedures for the treatment of obesity or morbid obesity.
- Any charges for services and supplies rendered to a Member which require prior authorization, where such prior authorization is not given, except as otherwise specified in the contract.
- Services or expenses for treatment of illness or injury sustained in the commission of a crime or for treatment while confined in a prison, jail or other penal institution or while in the custody of any government or law enforcement entity.
- Dental appliances, including those used for correction of jaw malformations, except where prescribed as part of a surgical procedure necessary to restore a major bodily function or except as otherwise specified in the contract.
- Inpatient private duty nursing in an acute care hospital.
- Over-the-counter drugs (not requiring a prescription), unless required by law or specifically designated as covered under this plan.
- Any treatment, services or supplies required as a result of attempted suicide or an intentionally self-inflicted illness or injury whether sane or insane.
- Services or supplies for the reversal of sterilization.
- An artificial heart or any other artificial organ, or any associated expense.
- Maintenance medications for substance abuse disorders (such as methadone and bupreorphine).
- Treatment of sexual dysfunction.
- Services or expenses in connection with a surrogate birth.
- Speech devices and examinations for prescribing or fitting of speech devices, including but not limited to Dynavox.
- Any medical treatment, services or supplies required as a result of taking an illegal drug or substance.
- Genetic testing and genetic counseling for preventive services.
- Nicotine replacement therapy and aids to smoking cessation.
- Services not listed in the contract as a covered service.