

## General policy exclusions

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The following are not **covered services** under your policy:

### Abortion

Services and supplies provided for an abortion except when the pregnancy is the result of rape or incest or if it places the woman's life in serious danger

### Abortion drugs

Drugs used for elective termination of pregnancy except when the pregnancy is the result of rape or incest or if it places the woman's life in serious danger

### Acupuncture

- Acupuncture
- Acupressure

### Blood, blood plasma, synthetic blood, blood derivatives or substitutes

Examples of these are:

- The provision of donated blood to the **hospital**, other than blood derived clotting factors
- Any related services for donated blood including processing, storage or replacement expenses
- The service of blood donors, including yourself, apheresis or plasmapheresis
- The blood you donate for your own use, excluding administration and processing expenses

This exclusion does not apply:

- If services are **medically necessary** and you incur a charge for the expense
- For treatment of hemophilia and congenital bleeding disorders and infusion therapy, see the *Hemophilia and congenital bleeding disorders* and *Infusion therapy* sections for more information.

### Cosmetic services and plastic surgery

Any treatment, **surgery** (cosmetic or plastic), service or supply to alter, improve or enhance the shape or appearance of the body, except as described in the *Reconstructive breast surgery and supplies* and *Reconstructive surgery and supplies* provisions under the *Coverage and exclusions* section

### Court-ordered testing

Court-ordered testing or care unless **medically necessary**

### Custodial care

Except for services covered under *Hospice care*, examples of these are:

- Routine patient care such as changing dressings, periodic turning and positioning in bed
- Administering oral medications
- Care of stable tracheostomy (including intermittent suctioning)
- Care of a stable colostomy/ileostomy
- Care of stable gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings
- Care of a bladder catheter, including emptying or changing containers and clamping tubing
- Watching or protecting you

- Respite care, adult or child day care, or convalescent care
- Institutional care, including **room and board** for rest cures, adult day care and convalescent care
- Help with walking, grooming, bathing, dressing, getting in or out of bed, going to the bathroom, eating or preparing foods
- Any other services that a person without medical or paramedical training could be trained to perform
- For behavioral health (mental health treatment and **substance related disorder** treatment):
  - Service provided when you have reached the greatest level of function expected with the current level of care, for a specific diagnosis
  - Services given mainly to:
    - Provide a place free from conditions that could make your physical or mental state worse

## Educational services

Examples of these are:

- Any service or supply for education, training or retraining services or testing. This includes:
  - Special education
  - Remedial education
  - Wilderness treatment programs (whether or not the program is part of a **residential treatment facility** or otherwise licensed institution). This exclusion does not include therapy by a licensed therapist for behavioral health services if provided on an outpatient basis as part of a wilderness treatment program.
  - Job training
  - Job hardening programs
- Educational services, schooling or any such related or similar program, including therapeutic programs within a school setting.

This exclusion does not include educational services as described under *Behavioral health, Diabetic services, supplies, equipment, and self-care programs*, and *Lymphedema* provisions.

## Examinations

Except as covered under *Preventive care* [and *Pediatric dental care*], any health or dental examinations needed:

- Because a third party requires the exam. Examples include examinations to get or keep a job, and examinations required under a labor agreement or other contract.
- To buy insurance or to get or keep a license.
- To travel.
- To go to a school, camp, sporting event, or to join in a sport or other recreational activity.

## Experimental or investigational

**Experimental or investigational** drugs, devices, treatments or procedures unless otherwise covered under clinical trials

## Foot care

Services and supplies for:

- Routine foot care unless **medically necessary**
- The treatment of bunions (except for capsular or bone **surgery**), hammertoes, fallen arches

- The treatment of corns, calluses, and care of toenails unless **medically necessary** – also see *Diabetic services, supplies, equipment, and self-care programs*
- The treatment of weak feet, chronic foot pain or conditions caused by routine activities, such as walking, running, working or wearing shoes
- Supplies (including orthopedic shoes), foot orthotics, arch supports, shoe inserts, ankle braces, guards, protectors, creams, ointments and other equipment, devices and supplies

## Growth/height care

Unless there is evidence that the member meets one or more clinical criteria detailed in our **precertification** and clinical policies:

- A treatment, device, drug, service or supply to increase or decrease height or alter the rate of growth
- **Surgical procedures**, devices and growth hormones to stimulate growth

## Hearing aids

- Tests, appliances and devices to:
  - Improve your hearing
  - Enhance other forms of communication to make up for hearing loss or devices that simulate speech

This exclusion does not apply to cochlear implants, diagnostic hearing tests or hearing aids for minors.

## Maintenance care

Care made up of services and supplies that maintain, rather than improve, a level of physical or mental function, except for habilitation therapy services

## Medical supplies – outpatient disposable over-the-counter items

- Any outpatient disposable supply or device. Examples of these include:
  - Sheaths
  - Bags
  - Elastic garments
  - Support hose
  - Bandages
  - Bedpans
  - Home test kits not related to diabetic testing
  - Splints
  - Neck braces
  - Compresses
  - Over-the-counter convenience and hygienic items

## Non-medically necessary services

Services we determine are not **medically necessary**. This includes services that do not meet our clinical policy bulletin guidelines.

## Missed appointments

Any cost resulting from a canceled or missed appointment

## **Obesity (bariatric) surgery and services**

Weight management treatment or drugs intended to decrease body weight, control weight or treat obesity, including morbid obesity except as described in the *Coverage and exclusions* section, including preventive services for obesity screening and weight management interventions. This is regardless of the existence of other medical conditions. Examples of these are:

- Liposuction, banding, gastric stapling, gastric by-pass and other forms of bariatric **surgery**
- **Surgical procedures**, medical treatments and weight control/loss programs primarily intended to treat, or are related to the treatment of obesity, including morbid obesity
- Drugs, stimulants, preparations, foods or diet supplements, dietary regimens and supplements, food supplements, appetite suppressants and other medications
- Hypnosis, or other forms of therapy
- Exercise programs, exercise equipment, membership to health or fitness clubs, recreational therapy or other forms of activity or activity enhancement

This exclusion does not include preventive services for obesity screening, counseling and weight management interventions as described under the *Preventive care* section.

## **Other non-covered services**

- Services you have no legal obligation to pay
- Services that would not otherwise be charged if you did not have the coverage under the policy

## **Other primary payer**

Payment for a portion of the charges that Medicare is responsible for as the primary payer. This exclusion does not apply to laws that make the government program the secondary payer after benefits under this policy have been paid.

## **Personal care, comfort or convenience items**

Any service or supply primarily for your convenience and personal comfort or that of a third party

## **Services not permitted by law**

Some laws restrict the range of health care services a **provider** may perform under certain circumstances or in a particular state. When this happens, the services are not covered by the plan.

## **Services provided by a family member**

Services provided by an immediate family member.

## **Services, supplies and drugs received outside of the United States**

Non-emergency medical services, outpatient **prescription** drugs or supplies received outside of the United States. They are not covered even if they are covered in the United States under this policy.

## **Sexual dysfunction and enhancement**

Any treatment, **prescription** drug, or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire, including:

- **Surgery, prescription** drugs, implants, devices or preparations to correct or enhance erectile function, enhance sensitivity or alter the shape of a sex organ
- Sex therapy, sex counseling, marriage counseling, or other counseling or advisory services

## Strength and performance

Health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, services, devices, supplies or facilities used for physical fitness, even if ordered by a **physician**.

## Therapies and tests

- Full body CT scans unless **medically necessary**
- Hair analysis
- Hypnosis and hypnotherapy
- Massage therapy, except when used for physical therapy treatment
- Sensory or hearing and sound integration therapy

## Treatment in a federal, state, or governmental entity

Any care in a **hospital** or other facility owned or operated by any federal, state or other governmental entity except Medicaid, unless coverage is required by applicable laws

## Vision care for adults

- Routine vision exam provided by an ophthalmologist or optometrist including refraction and glaucoma testing
- Any vision care services and supplies, except as described under the *Physician services, Preventive care and Vision correction after surgery or for an illness or accident* provisions

## Wilderness treatment programs

See *Educational services* in this section

## Work related illness or injuries

Coverage available to you under workers' compensation or a similar program under local, state or federal law for any illness or injury related to employment or self-employment

### **Important note:**

A source of coverage or reimbursement is considered available to you even if you waived your right to payment from that source. You may also be covered under a workers' compensation law or similar law. If you submit proof that you are not covered for a particular illness or injury under such law, then that illness or injury will be considered "non-occupational" regardless of cause.