PLAN EXCLUSIONS

The Plan will not reimburse you for charges that are not specifically listed as covered charges in this SPD or in the Benefit Summary, including, but not limited to, charges incurred in connection with the following (even if there was an authorization obtained):

(1) **Abortion.** Services, supplies, care or treatment in connection with an abortion unless the life of the mother is endangered by the continued pregnancy or the pregnancy is the result of rape or incest.

(2) **Alcohol.** Services, supplies, care or treatment to a Plan Participant for an Injury or Sickness which occurred as a result of the Plan Participant's illegal use of alcohol. The arresting officer's determination of inebriation will be sufficient for this exclusion. Expenses will be covered for Injured Plan Participants other than the Plan Participant who illegally consumed alcohol and expenses will be covered for Substance Abuse treatment as specified in this SPD and the Benefit Summary.

(3) **Complication of non-covered treatments.** Care, services or treatment required as a result of complications from a treatment not covered under the Plan, except complications from an abortion for a Plan Participant or dependent are not covered.

(4) **Custodial care.** Services or supplies provided mainly as a rest cure, maintenance or Custodial Care.

(5) **Educational or vocational testing.** Services for educational or vocational testing or training.

(6) **Excess charges.** The part of an expense for care and treatment of an Injury or Sickness that is in excess of the Usual and Reasonable Charge.

(7) **Exercise programs.** Exercise programs for treatment of any condition, except for physician-supervised cardiac rehabilitation and occupational or physical therapy covered by this Plan.

(8) **Experimental and/or Investigational or not Medically Necessary.** Care and treatment that is either Experimental and/or Investigational or not Medically Necessary.

(9) **Eye care.** Radial keratotomy or other eye surgery to correct near-sightedness. This exclusion does not apply to aphakic patients and soft lenses or sclera shells intended for use as corneal bandages.

(10) **Foot Care.** Treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions (except open cutting operations), and treatment of corns, calluses or toenails (unless needed in treatment of a metabolic or peripheral-vascular disease).

(11) **Foreign travel.** Care, treatment or supplies out of the U.S. if travel is for the sole purpose of obtaining medical services.

(12) **Government coverage.** Care, treatment or supplies furnished by a program or agency funded by any government. This does not apply to Medicaid or when otherwise prohibited by law.

(13) **Hair loss.** Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a physician.
(14) **Hazardous Hobby or Activity.** Care and treatment of an Injury or Sickness that results from engaging in a hazardous hobby or activity. A hobby or activity is hazardous if it is an unusual activity, which is characterized by a constant threat of danger or risk of bodily harm. Examples of hazardous hobbies or activities include, but are not limited to, skydiving, auto racing, hang gliding, jet ski operating, bungee jumping, etc.

(15) **Hearing aids and exams.** Charges for services or supplies in connection with hearing aids or exams for their fitting. Hearing loss screenings are covered for newborns, in accordance with the USPSTF A and B recommendations.

(16) **Hospital employees.** Professional services billed by a physician or nurse who is an employee of a Hospital or Skilled Nursing Facility and paid by the Hospital or facility for the service.

(17) **Illegal acts.** Charges for services received as a result of Injury or Sickness caused by or contributed to by engaging in an illegal act or occupation; by committing or attempting to commit any crime, criminal act, assault or other felonious behavior; or by participating in a riot or public disturbance.

(18) **Illegal drugs or medications.** Services, supplies, care or treatment to a Plan Participant for Injury or Sickness resulting from that Plan Participant’s voluntary taking of or being under the influence of any controlled substance, drug, hallucinogen or narcotic not administered on the advice of a physician. Expenses will be covered for Injured Plan Participants other than the person using controlled substances and expenses will be covered for Substance Abuse treatment as specified in this SPD and Benefit Summary.

(19) **Impotence.** Care, treatment, services, supplies or medication in connection with treatment for impotence.

(20) **Infertility.** Care and treatment for infertility, artificial insemination or in vitro fertilization.

(21) **Non-Medical Emergency Hospital admissions.** Care and treatment billed by a Hospital for non-Medical Emergency admissions. This does not apply if surgery is performed within 24 hours of admission. Non-Medical Emergency admissions that are preauthorized and deemed medically necessary will be covered.

(22) **No obligation to pay.** Charges incurred for which the Plan has no legal obligation to pay.

(23) **No Physician recommendation.** Care, treatment services or supplies not recommended and approved by a physician, or treatment, services or supplies when the Plan Participant is not under the regular care of a physician. Regular care means ongoing medical supervision or treatment which is appropriate care for the Injury or Sickness.

(24) **Obesity.** Care and treatment of obesity, weight loss, gastroplasties (weight reduction procedures such as stapling the stomach) or dietary control whether or not the care and treatment is a part of the treatment plan for another Sickness. Life threatening/Medically Necessary charges for Morbid Obesity will be covered. Obesity screening and counseling will be covered, in accordance with the USPSTF A and B recommendations.

(25) **Occupational.** Care and treatment of an Injury or Sickness that arises from work for wage or profit including self-employment.
(26) **Personal comfort items.** Personal comfort items or other equipment, including, but not limited to, air conditioners, air-purification units, humidifiers, electric heating units, orthopedic mattresses, blood pressure instruments, scales, elastic bandages or stockings, nonprescription drugs and medicines, first-aid supplies and non-Hospital adjustable beds.

(27) **Penalties.** Charges refused by another plan due to noncompliance with that plan’s rules and regulations.

(28) **Private duty nursing.** Charges in connection with care, treatment or services of a private duty nurse.

(29) **Relative providing services.** Professional services performed by a person who ordinarily resides in the Plan Participant’s home or is related to the Plan Participant as a Spouse, parent, child, brother or sister, whether the relationship is by blood or not.

(30) **Replacement braces.** Replacement of braces of the leg, arm, back, neck, or artificial arms or legs, unless there is sufficient change in the Plan Participant’s physical condition to make the original device no longer functional.

(31) **Self-Inflicted.** Any loss due to an intentionally self-inflicted Injury, while sane or insane.

(32) **Services before or after coverage.** Care, treatment or supplies for which a charge was incurred before a person was covered under this Plan or after coverage ceased under this Plan.

(33) **Sex changes.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change. This exclusion includes medications, implants, hormone therapy, surgery and medical and psychiatric treatment.

(34) **Sleep disorders.** Care and treatment for sleep disorders unless deemed Life Threatening.

(35) **Smoking cessation.** Care and treatment for smoking cessation programs, including smoking deterrent patches, unless Medically Necessary due to a severe active lung illness such as emphysema or asthma.

(36) **Suicide.** Injuries sustained or Sickness contracted while committing or attempting to commit suicide while sane or insane.

(37) **Surgical sterilization.** Care and treatment for surgical sterilizations or their reversal (women’s FDA-approved sterilization procedures are covered).

(38) **Travel or accommodations.** Charges for travel or accommodations, whether or not recommended by a physician, except for ambulance charges as defined as a covered expense.

(39) **War.** Any loss that is due to a declared or undeclared act of war.

(40) **Plastic Surgery & Procedures including, but not limited, breast reductions, circumcisions and lasik vision procedures for any reason.**

(41) **Long-Term Physical, Occupational Therapy & Rehabilitation.**
(42) Some Organ Tissue Transplants.
(43) Disposable & Consumable Outpatient Supplies.
(44) Charges for normal delivery of a baby outside of your plan.
(45) Most external prosthetic devices.
(46) Long-Term Speech, hearing and educational testing and therapy (including hearing aids).
(47) Treatments for evaluations required by employers, schools, insurers, camps, courts, licensing authorities and other third parties.
(48) Acupuncture, Naturopathy and Hypnotherapy.
(49) Mechanical Organ Replacement Devices.
(50) Physician phone charges.
(51) Private Room Accommodations.
(52) Transportation, except for an ambulance in a Medical Emergency.
(53) Dental care except for certain treatments for covered dependents, as provided for by the American Academy of Pediatrics and in the comprehensive guidelines supported by the HRSA.
(54) Charges for missed appointments.
(55) Preservation and storage of sperm, eggs or embryos.
(56) Surrogate parenting.
(57) Prescription Drugs out-of-network.
(58) Periodontal Services.
(59) Radial Xerototemin.
(60) Services out of the USA.
(61) Specific Drugs & Substances.
(62) Limit $1,500 per calendar year for jaw & joint disorders.
(63) Vision therapy. Vision or visual acuity training, orthoptics and pleoptics for adults and children older than five (5) years old.
(64) Residential/group homes for handicapped individuals and/or individuals requiring psychiatric care.

Please also refer to the Benefit Summary for other exclusions that may apply to you.