



## Exclusions and Limitations

### No benefits will be paid for the following:

1. Services provided by an Out-of-Network Provider except as expressly provided in this EOC.
2. Services incurred before the Effective Date or after the termination date of your coverage or this Plan.
3. Services performed in connection with a non-Covered Benefit.
4. Care for health conditions that are required by state or local law to be treated in a public facility.
5. Care for military service disabilities treatable through governmental services if the Member is legally entitled to such Treatment and Facilities are reasonably available.
6. Treatment of an illness or Injury which is due to war, declared or undeclared.
7. Charges for which the Member is: (a) not obligated to pay; or (b) not billed or would not have been billed except that he or she was covered under this Plan.
8. Assistance in the activities of daily living, including, but not limited to: (a) eating; (b) bathing; (c) dressing; or (d) other custodial or self-care activities; (e) homemaker services; and (f) services primarily for: (1) rest; or (2) domiciliary or convalescent care other than as specifically stated in this EOC.
9. Services and Supplies which are: (a) Experimental; (b) Investigational; or (c) unproven other than as specifically stated in this EOC. These services may be related to: (a) medical; (b) surgical; (c) diagnostic; (d) psychiatric; (e) Substance Abuse; or (f) other health care: (1) technologies; (2) supplies; (3) Treatments; (4) procedures; (5) drug therapies; or (6) devices
10. Services and Supplies which are not approved by the U.S. Food and Drug Administration (FDA): (1) to be lawfully marketed for the proposed use; and (2) not recognized for the Treatment of the particular indication in one of the standard reference compendia (the United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations; or the American Hospital Formulary Service Drug Information) or in medical literature. "Medical literature" means scientific studies published in a peer-reviewed national professional medical journal.
11. Services and Supplies which are the subject of review or approval by and Institutional Review Board or subject of an ongoing Clinical Trial that meets the definition of a phase I, II or III Clinical Trial as set forth in the FDA regulations, regardless of whether the trial is subject to FDA oversight (except as set forth in the Clinical Trials provision of this EOC in the *Covered Benefits* section, which covers routine covered patient care).
12. Services and Supplies which are not demonstrated, through existing peer reviewed literature to be safe and effective for treating or diagnosing the condition or Illness for which its use is proposed.
13. Cosmetic Surgery or Surgical procedures primarily for the purpose of altering appearance, except for necessary care and Treatment of medically diagnosed congenital defects and birth abnormalities and for breast reconstruction after a mastectomy, as stated in the *Reconstructive Surgery* section of this EOC. The exclusions include: (a) surgical excision or reformation of any sagging skin on any part of the body, including: (1) the eyelids; (2) face; (3) neck; (4) abdomen; (5) arms; (6) legs; or (7) buttocks; and (b) services performed in connection with: (1) the enlargement; (2) reduction; (3) implantation; or (4) change in appearance of portion of the body, including: (i) breast; (ii) face; (iii) lips; (iv) jaw; (v) chin; (vi) nose; (vii) ears; or (viii) genital; (ix) hair transplantation; (x) chemical face peels or abrasion of the skin; (xi) electrolysis depilation; or (xii) any other surgical or non-surgical procedures which are primarily for the purpose of altering appearance. Non-life threatening complications of a non-covered Cosmetic Surgery are not covered. This includes, but is not limited to subsequent Surgery for: (a) reversal; (b) revision; or (c) repair related to the procedure.

14. Circumcision.
15. The following bariatric procedures are excluded: (a) open vertical banded gastroplasty; (b) laparoscopic vertical banded gastroplasty; (c) open sleeve gastrectomy; (d) laparoscopic sleeve gastrectomy; and (e) open adjustable gastric banding.
16. Unless otherwise included as Covered Benefit: (a) reports; (b) physical examinations as required for employment, school admission, athletic participation; or (c) Hospitalization not required for health reasons including, but not limited to: (1) employment; (2) insurance or government licenses; and (3) court ordered, forensic, or custodial evaluations.
17. Charges for alternative medicine, including medical diagnosis, Treatment and therapy. Alternative medicine services includes, but is not limited to:
  - Acupressure
  - Acupuncture
  - Aromatherapy
  - Ayurveda
  - Faith healing
  - Guided mental imagery
  - Herbal medicine
  - Holistic medicine
  - Homeopathy
  - Hypnosis macrobiotic
  - Massage therapy
  - Naturopathy
  - Ozone therapy
  - Reflexotherapy or Reflexology
  - Relaxation response
  - Rolfing
  - Shiatsu
  - Yoga
18. Charges for services that are primarily and customarily used for a non-medical purpose or used for environmental control or enhancement (whether or not prescribed by a healthcare practitioner) including but not limited to:
  - Common household items such as air conditioners, air purifiers, water purifiers, vacuum cleaners, waterbeds, hypoallergenic mattresses or pillows, or exercise equipment
  - Scooters or motorized transportation equipment, escalators, elevators, ramps, modifications or additions to living/working quarters or transportation vehicles
  - Personal comfort items including cervical pillows, gravity lumbar reduction chairs, swimming pools, whirlpools or spas or saunas
  - Medical equipment including blood pressure monitoring devices, electric breast pumps, PUVA lights and stethoscopes
  - Communication system, telephone, television or computer systems and related equipment or similar items or equipment



- Communication devices except after surgical removal of the larynx or a diagnosis of permanent lack of function of the larynx.
19. Reversal of sterilization procedures
  20. Pregnancy terminations unless they meet Federal and Arizona state guidelines which allow for saving the life of the woman having the abortion or averting substantial and irreversible impairment of a major bodily function of the woman having the abortion.
  21. Transsexual Surgery including: (a) medical or psychological counseling; and (b) hormonal therapy in preparation for, or subsequent to, any such Surgery.
  22. Treatment of: (a) erectile dysfunction; and (b) sexual dysfunction.
  23. Medical and Hospital care and costs for the infant child of a Dependent, unless this infant Child is otherwise an Eligible Dependent as stated in this EOC.
  24. Non-medical ancillary services including, but not limited to: (a) vocational rehabilitation; (b) behavioral training; (c) sleep therapy; (d) employment counseling; (e) driving safety; and (f) services, training or educational therapy for: (1) learning disabilities; (2) developmental delays; and (3) mental retardation.
  25. Therapy to improve general physical condition including, but not limited to, routine long term care.
  26. Disposable or consumable medical supplies, including but not limited to Bandages, other disposable medical supplies, skin preparations and test strips; except as specified in the *Inpatient Hospital Services, Outpatient Facility Services, Home Health Care Services, Diabetic Equipment and Supplies, or Reconstructive Surgery* sections in this EOC.
  27. Inpatient stays in Private Rooms and/or private duty nursing unless determined to be Medically Appropriate. Private duty nursing is available only in an Inpatient setting when skilled nursing is not available from the Facility. Custodial Nursing is not a Covered Benefit.
  28. Personal or comfort items such as: (a) television; (b) telephone; (c) newborn infant photographs; (d) complimentary meals; (e) birth announcements; and (f) other items which are not for the specific Treatment of Illness or Injury.
  29. Foot Orthotics, corrective orthopedic shoes, and arch supports unless provided under other provisions in this EOC.
  30. Supplies including: (a) elastic/compression stockings; (b) garter belts; corsets; (d) dentures; (c) wigs; (d) hair pieces; (e) hair transplants; and (f) Treatment of alopecia or hair loss.
  31. Routine foot care, including: (a) the paring and removing of corns and calluses; or (b) trimming of nails, unless medically necessary for the Treatment of Diabetes.
  32. Membership costs or fees associated with: (a) health clubs; and (b) weight loss programs.
  33. Nutritional services for the purpose of diet control and weight reduction are not covered unless required by a specifically identified condition of disease etiology. Services not covered include but are not limited to
    - Intra-oral wiring
    - Gastric balloons
    - Dietary formulae
    - Hypnosis
    - Cosmetics
    - Health and beauty aids
    - Gastric Surgery, except as described in the *Bariatric Surgery* section of this EOC
  34. Amniocentesis, ultrasound, or any other procedures requested solely for gender determination of a fetus,

unless Medically Appropriate to determine the existence of a gender-linked genetic disorder.

35. Services rendered by a midwife for the purpose of home delivery.
36. Genetic testing and therapy including germ line and somatic unless determined Medically Appropriate by the Plan for the purpose of making Treatment decisions, except for BRCA risk assessment and genetic counseling/testing as provided by the USPSTF A and B recommendations. See Preventive Health Medications under *Prescription Drug Benefit* section of this EOC for more information.
37. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in our opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to Surgery.
38. Blood administration for the purpose of general improvement in physical condition.
39. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks, except as otherwise referenced as covered in this EOC.
40. Cosmetics, dietary supplements, nutritional formula (except for Treatment of malabsorption syndromes), and health and beauty aids.
41. Phase 3 Cardiac rehabilitation.
42. Charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military service-connected Illness or Injury.
43. To the extent of the exclusions and limitations imposed by any Prior Authorization.
44. Charges for supplies, care, Treatment or Surgery which is not considered essential for the necessary care and Treatment of an Injury or Illness, as determined by Our Utilization Review management program.
45. Charges made by an assistant surgeon or co-surgeon in excess of Our Network contracted rate.
46. Charges made by any Participating Provider who is a member of the Member's family.
47. Chiropractic care and spinal manipulations performed under anesthesia; not performed in an office setting; or that are maintenance or preventive Treatment consisting of routine, long-term or not Medically Appropriate care provided to prevent reoccurrences or to maintain the Member's current status.
48. Services performed by a chiropractor or osteopath which are not within his or her scope of practice, as defined by state law, or by an Out-of-Network Provider.
49. Surgery for correction of Hyperhidrosis.
50. Biofeedback except for pain management under the *Mental Health and Substance Abuse Services benefit*.
51. Any medical Treatment and/or prescription medication related to infertility, once diagnosed.
52. Sensory Integration, LOVAAS Therapy, and Music Therapy for the Treatment of Autism Spectrum Disorder.
53. Breast pumps and supplies for Members who are male.
54. Costs for services while traveling outside the United States.
55. The following services with regard to mental health and substance abuse services:
  - Treatment of mental disorders that have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain
  - Treatment of Chronic conditions not subject to favorable modification according to generally accepted standards of medical practice
  - Developmental disorders, including but not limited to:
    - Developmental reading disorders

- Developmental arithmetic disorders
- Developmental language disorders
- Articulation disorders
- Counseling for activities of an educational nature
- Counseling for borderline intellectual functioning
- Counseling for occupational problems
- Counseling related to consciousness raising
- Vocational or religious counseling
- I.Q. testing
- Residential Treatment; (unless associated with chemical or alcohol dependency as described in the Inpatient (Residential) Substance Abuse Treatment provision)
- Marriage counseling
- Custodial care, including but not limited to geriatric day care
- Psychological testing on Children requested by or for a school system
- Occupational/recreational therapy programs even if combined with supportive therapy for age-related cognitive decline
- Biofeedback is not covered for reasons other than pain management.

56. The following drugs and medications:

- Drugs which are not included on the Pharmacy drug list (formulary) unless prior authorization has been approved based on medical necessity and formulary exception criteria.
- Bulk powders
- Drugs designated as DESI (lacking evidence of effectiveness), please ask your pharmacist
- Non FDA drug products
- Erectile and Sexual dysfunction drugs (e.g. Viagra, Osphenia)
- Infertility agents
- Nutritional or dietary products, minerals, herbs and vitamins, except prenatal vitamins or other supplements listed as preventive services by the USPSTF A & B recommendation. These exceptions require a prescription for coverage.
- Drugs used for investigation or experimental or for research purposes
- Allergens, under the Prescription Drug Benefit
- Anabolic steroids
- Anorectic or any drug used for the purpose of weight control
- Abortifacients (drugs used to induce abortions)
- Drugs used for cosmetic purposes, e.g. hair growth stimulants, wrinkles, pigment modifying agents
- Specialty drugs for greater than 30 day supply
- Any prescription or refill for drugs, medicines or medications that are lost, stolen, spilled, spoiled or damaged greater than once per 365 days
- Any prescription or refill for controlled substance drugs, medicines or medications that are lost, stolen, spilled, spoiled or damaged
- Any amount the covered person paid for a prescription that has been filled, regardless of whether the prescription is revoked or changed due to adverse reaction or change in dosage or prescription
- Prescription drugs filled at a non-network pharmacy unless an Emergency.

57. The following Prostheses services:
- Any biomechanical devices. Biomechanical devices are any external Prosthetics operated through or in conjunction with nerve conduction or other electrical impulses
  - Replacement of external Prosthetic appliances due to loss or theft
  - Replacement of external Prosthetic appliances is covered only if necessitated by normal anatomical growth or as a result of normal wear and tear.
58. Cochlear implants.
59. Purchase or rental of Durable Medical Equipment and Prosthetics due to misuse, damage and replacement when lost.
60. Insulin pumps are limited to one (1) pump for each warranty period.
61. Durable Medical Equipment of the types below, unless covered in connection with the Benefits described in the *Inpatient Hospital Services* section of this EOC:
- Hygienic or self-help items or equipment
  - Items or equipment primarily used for comfort or convenience such as:
    - Bathtub/. shower chairs
    - Safety grab bars
    - Stair gliders or elevators
    - Over-the-bed tables
    - Bedside commodes
    - Transfer equipment or supplies
    - Saunas or exercise equipment
  - Environmental control equipment, such as:
    - Air purifiers
    - Humidifiers
    - Electrostatic machines
  - Institutional equipment, such as
    - Air fluidized beds
    - Diathermy machines;
  - Elastic stockings and wigs
  - Equipment used for the purpose of participation in sports or other recreational activities including, but not limited to, braces and splints
  - Items, such as:
    - Auto tilt chairs
    - Paraffin bath units
    - Whirlpool baths, which are not generally accepted by the medical profession as being therapeutically effective
  - Items which under normal use would constitute a fixture to real property, such as:
    - Lifts
    - Ramps
    - Railings
    - Grab bars
  - Hearing aid batteries (except those for cochlear implants) and chargers, including



- Repair or replacement due to misuse or damage
  - Replacement when lost
62. Eyeglass lenses and frames and contact lenses (except for the first pair of contacts for Treatment of keratoconus or post-cataract Surgery); routine refraction; and eye exercises and surgical Treatment for the correction of a refractive error, including radial keratotomy, except as provided for Pediatric Vision Care in this EOC.
63. Pediatric Vision Care benefit for:
- Services provided by an Out-of-Network Provider
  - The purchase of two pairs of glasses instead of bifocals. Only one pair of glasses are payable under the Vision Care benefit per Calendar Year
  - Replacement of lenses, frames or contacts
  - Orthoptics or vision training and any associated supplemental testing; plano lenses (less than  $\pm$  .50 diopter power)
  - Replacement of lenses and frames furnished under this Plan which are lost or broken except at the normal intervals when services are otherwise available
  - Corrective vision Treatment of an Experimental nature
  - Costs for services and/or materials above the benefits payable for the Covered Vision Care services
  - Services or materials not indicated as Covered Vision Care benefit