



FINANCIAL ASSISTANCE PROGRAM EXCLUSIONS - ATTACHMENT A

Abortion. Charges for abortion procedures, unless **medically necessary** due to rape, incest or when the mother's life is endangered if carried to term. Complications from a non-covered abortion are covered.

Acupuncture and Acupressure. Shiatsu, electrical stimulation to the periosteum, chelation therapy, immunoaugmentive therapy (IAT), thermography, joint reconstruction therapy, joint sclerotherapy, prothoery, or ligamentous injections with sclerosing agents, Osteopathic manipulative treatment, spinal manipulative treatment and kebiozen.

Alcohol. Charges incurred as a result of **illness** or **injury** that occurred as a result of a **covered individual's** illegal use of alcohol. The arresting officer's determination of inebriation will be sufficient for this exclusion. Expenses will be covered for an injured **covered individual** other than the person illegally using alcohol. Expenses will be covered for Substance Abuse treatment as specified in this plan. This exclusion does not apply if the **injury** resulted from an act of domestic violence or a medical (including both physical and mental health) condition.

Amniocentesis. Amniocentesis to determine the gender of the newborn or in the absence of known risk factors including but not limited to, maternal age, previous child with chromosomal disorder, or family history or other documented risk of a detectable, single gene disorder.

Biofeedback. Charges related to biofeedback training.

Convenience Items. Convenience items such as telephones, televisions, guest meals, guest beds, haircuts, manicures, etc.

Cosmetic Procedures. Cosmetic procedures are not covered unless necessary for one or more of the following reasons:

- To improve the function of a part of the body, or
- As the result of an **injury** or **illness** and performed within one year of the **illness** or **injury**, unless there is a medical reason to delay the repair, or
- Due to post-mastectomy breast reconstruction, or
- To treat a **congenital defect** and performed within one year, unless there is a medical reason to delay the repair, or
- For scar revision as a result of **illness** or **injury** and performed within one year of the **illness** or **injury**, unless there is a medical reason to delay the repair.

Custodial care. Charges/confinements for custodial care (services which primarily help and individual perform daily living activities), unless specifically provided.

Dental treatment. Routine dental treatment, unless medically necessary due to a serious medical condition or an accidental injury.

Dietary Supplements. Charges for oral dietary supplements that contain a dietary ingredient intended to supplement the diet.

Educational Training/Testing. Educational testing and training, except as otherwise provided or when **medically necessary**.

Environmental Control Equipment. This plan does not pay benefits for equipment such as air conditioners, air filters, humidifiers, vaporizers, etc.

Experimental/Investigational. Care and treatment that is either Experimental/Investigational or not Medically Necessary.

Felony. Charges incurred as a result of committing, or attempting to commit, an assault or felony, unless the **illness or injury** is a result of a physical or mental condition.

Fertility Expenses. Treatment, counseling or any procedure to correct **infertility** or to bring about or enhance the probability of conception.

Foot care. Charges for foot care, including treatment (other than **surgery**) of corns, bunions, toenails, calluses, flat feet, fallen arches, weak feet and chronic foot strain when performed in the absence of a localized illness, injury or symptoms involving the foot.

Hair Analysis. Charges for hair analysis

Health Club Membership. Membership costs included, but not limited to health clubs and weight loss programs, except as otherwise provided.

Hearing Expenses. Charges for:

- Hearing aids, devices, implants, cochlear implants, unless loss of hearing was due to an accidental **injury or illness** or congenital permanent childhood hearing impairment.
- Treatment for degenerative hearing loss
- Earwax removal, unless medically necessary
- Routine hearing testing, unless the testing is specifically provided under the **required preventive care** benefit.

Home Testing. Charges for home testing kits.

Homemaker Services. Charges for homemaker or housekeeping services.

Homeopathic Care. Herbal medicines, holistic or homeopathic care, including drugs.

Hospice. Charges for bereavement counseling, funeral arrangements, pastoral counseling, financial/legal counseling, sitter or companion services, maintenance of the house or voluntary services.

Hypnotherapy. This plan does not pay benefits for hypnotherapy.

Illegal Activity. Charges incurred as a result of **illness or injury** occurring directly or indirectly, as a result of a Serious Illegal Act or a riot or public disturbance. For purposes of this exclusion, the term "Serious Illegal Act" shall mean any act or series of acts that, if prosecuted as a criminal offense, a sentence to a term of imprisonment in excess of one year could be imposed. It is not necessary that criminal charges be filed, or, if filed, that a conviction result, or that a sentence of imprisonment for a term in excess of one year be imposed for this exclusion to apply. Proof beyond a reasonable doubt is not required. This exclusion does not apply if the **illness or injury** resulted from an act of domestic violence or a medical (including both physical and mental health) condition.

Illegal Drugs or Medications. Charges incurred as a result of **illness or injury** occurring from a **covered individual'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 **covered individuals** other than the person using controlled substances. Expenses will be covered for substance abuse treatment as specified in this plan. This exclusion does not apply if the **injury** resulted from an act of domestic violence or a medical (including both physical and mental health) condition.

Injections. Charges for:

- Vitamin injections, unless the injections are for a diagnosed medical condition or when substitution with over-the-counter medication would endanger the patient's well being.
- Travel or employment purposes.

In-Vitro. Artificial insemination, in-vitro fertilization and embryo transfer.

Marital Counseling.

Massage Therapy. Services from a masseur, physical culturist, physical education instructor, or health club attendant.

Medical Equipment. Rental charges that exceed the purchase price of the equipment.

Medical Supplies. Charges for exercise equipment, blood pressure kits, diet scales, cotton balls, adhesive tape, etc.

Medical Treatment outside the United States or Canada. Expenses incurred for medical expenses if the **covered individual** traveled outside the United States or Canada for the sole purpose of receiving medical treatment.

Military Services. Treatment or services resulting from or prolonged as a result of performing a duty as a member of the military service of any state or country.

Not Required to Pay. Charges that you would not be required to pay if you did not have group health coverage.

Occupational Therapy – Outpatient. Supplies used in occupational therapy.

Orthodontic Appliances. Expenses for dental guards, orthodontic braces and similar appliances.

Paternity. Charges for paternity testing.

Physical Exams and Other Expenses for Marriage, Employment, Licensing or Regulatory Purpose. Physical exams and other expenses for pre-employment, premarital, or any examinations required by licensing, regulatory or other such purpose.

Pregnancy Related Expenses. Pregnancy related expenses for the following:

- Confinement of the mother in excess of the normal recovery period, due solely to a medical condition affecting the baby.
- Confinement of the baby in excess of the normal recovery period, due solely to a medical condition affecting the mother.
- Fetal **surgery** and related charges.

Private Duty Nursing. Charges for nursing:

- Services rendered at home, unless it is part of home health care program.
- Care on a 24-hour shift basis is not covered.

Recreational, Music, and Remedial Reading Therapy.

Sexual Conversion. Surgical and other related medical charges associated with sexual conversion, gender reassignment, or disturbance of gender identification.

Sexual Dysfunction. Expenses relating to the care and treatment of sexual dysfunction.

Sleep disorders. Care and treatment for sleep disorders unless deemed Medically Necessary.

Skilled Nursing Facility. Confinements for custodial care.

Standby Physician. Charges for a standby **physician**, except when required because of a **hospital** policy or state law or ordered by the delivering **physician** or surgeon.

Sterilization of a Dependent Male Child. Sterilization of a male **dependent** child.

Sterilization Reversal. Sterilization reversal and all related charges.

Surrogacy. Any service associated with any type of surrogacy agreement or arrangement, including traditional surrogacy, artificial insemination related to a surrogacy agreement or arrangement or gestational or in-vitro fertilization surrogacy. See also *Wage or Profit*

Thermography. Charges for thermography, thermogram, or thermoscribe.

Travel. Any type of travel whether or not recommended by a **physician**, except in connection with covered ambulance and transplants.

Travel and Transportation. The plan does not pay benefits for anything other than professional ambulance transportation charges, such as:

- Travel charges for regularly scheduled plane or train transportation,
- Transportation for the convenience of the patient, and
- Transportation by other than a professional ambulance service.

Vision. Charges for

- Routine eye exams
- Eyeglasses and contact lenses
- Testing to determine errors in refraction, unless due to an **injury** or following a covered **surgery**.
- Radial keratotomy, LASIK, refractive keratoplasty or similar procedures.

Wage or profit. Expenses relating to an illness or injury when the covered individual receives a profit or wage (other than employer based disability payments), such as surrogate pregnancy. See also *Surrogacy*

War. Services for an illness or injury incurred by a patient who sustains that illness or injury while participating in war, whether declared or undeclared, civil war, insurrection, rebellion, or revolution, or to any act or condition incident to any of the foregoing.

Worker's Compensation. Services rendered for treatment of any **injury** or **illness** that is occupational – that is, arises from work for wage or profit including self-employment. This exclusion applies even though the **covered individual** waives or fails to assert his/her right under the Laws or expenses resulting from wage or profit. One example of this is if the individual is self-employed and experiences an **injury** or **illness**, which arises out of or in the course of that employment, the charges will not be covered by the plan if the self-employed individual elected not to participate in a Worker's Compensation program, as consistent with any applicable State or Federal law.

Plan's Right To Request A Physical Examination

This plan, at its own expense, will have the right and opportunity to have an individual whose medical or dental treatment is the basis of a claim under this plan, examined by a physician designated by this plan as often as it may be reasonably required, during the review of a claim under this plan.