

The following is a list of services and supplies that are not covered by HealthPass health plans.

- ◆ Services or supplies received prior to coverage beginning or subsequent to ending
- ◆ Services or supplies not medically necessary as determined by health plan, except for preventive health services as listed under the Medical Services Section of this certificate of coverage
- ◆ Services provided by non-participating or unlicensed providers not covered (not recognized), except where required by law
- ◆ Out-of-area services (non-emergency) except as noted for out-of-area dependents and employees
- ◆ All other services which are deemed to be experimental and/or investigational by carrier or which are not specifically included in this certificate of coverage
- ◆ Injuries or illness due to acts of war (declared or not)
- ◆ Injuries or illness for which the patient is entitled to receive workers' compensation coverage
- ◆ Injuries from a motor vehicle accident if payable under any provision of an automobile insurance policy
- ◆ Biofeedback services
- ◆ Chelation therapy (for mineral, lead, etc. poisoning)
- ◆ Compulsive behavior disorder
- ◆ Cosmetic surgery, unless medically necessary or as may be required to approximate the member's previous external appearance following mastectomy. Cosmetic surgery is defined as surgery done to change the texture, configuration or relationship with contiguous structures of any feature of the human body. Examples of non-covered services include cosmetic rhinoplasty and cosmetic septoplasty. Breast augmentation and breast reduction are also not covered except following a mastectomy for the breast on which the mastectomy has been performed and for the other breast to produce a symmetrical appearance.
- ◆ Services rendered for bed rest, custodial care, or convenience reasons
- ◆ Dental services, including but not limited to, treatment of cavities, extractions including impacted wisdom teeth, dentures and repair of dentures, orthodontia, periodontia, and endodontia. Dental care will be provided in the case of accidental to sound, natural teeth within 12 months of the accident.
- ◆ Dietary regimens other than for treatment of PKU or if medically necessary
- ◆ Donor fees and transportation costs in connection with non-experimental organ transplants
- ◆ Eye surgery to alter the refractive character of the eye including radial keratotomy
- ◆ Eyeglasses
- ◆ Fertility services, except for initial diagnosis, including testing, counseling and reversal of sterilization
- ◆ Routine foot care including the diagnosis and cutting or removing of corns, calluses, or trimming of nails (unless member has diabetes, peripheral vascular disease or periphaneuritis), arch supports, and corrective shoes (unless shoes are attached to a bar or brace). Treatment for fallen arches, weak, strained or flat feet is not covered. Foot orthotics are not covered.

List of Major Exclusions

(continued)

- ◆ Glasses or contacts and hearing aids
- ◆ Homeopathy
- ◆ Hypnosis or hypnotherapy
- ◆ Massage or massage therapy, except as part of a Physical Therapy regimen
- ◆ Non-surgical treatment for malocclusion of the jaw, including TMJ and orthodontics
- ◆ Naturopathy
- ◆ Services provided for obesity or weight reduction are not covered except when Medically Necessary and Prior Authorized by carrier. This exclusion includes specialized medical programs and surgical programs (including the excision of fatty tissue) for controlling obesity as a risk factor of other medical conditions.
- ◆ Occupational or cognitive therapy unless needed to treat accidental head injuries
- ◆ Orthognathic surgery, unless medically necessary and required as a result of neoplasm or trauma. Surgery to reposition the maxilla and/or mandible is otherwise not covered.
- ◆ Personal or comfort items, including but not limited to air conditioners or purifiers, humidifiers, whirlpools, saunas and related apparatus, van and van lifts, stair and chair lifts, exercise bicycles and other types of exercise equipment, scales, bath or shower benches.
- ◆ Physical exercise programs
- ◆ Retin A – Covered for acne only with Prior Approval and only for members under age 35
- ◆ Surrogate pregnancy
- ◆ Trans-sexual surgery and related charges
- ◆ Smoking cessation programs, devices, or services
- ◆ Drugs that may be purchased without a prescription (non legend drugs), including prescription drugs that are also available without a prescription
- ◆ Adaptational, functional, educational or vocational testing or rehabilitation