We want you to understand what is not included in your plan. Below is a summary of services that are not covered by your plan. A full listing of exclusions and limitations can be found in your certificate of coverage.

DENTAL
- Dental care (including dental X-rays, supplies and appliances and all associated expenses).
- Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums
- Dental implants, bone grafts and other implant-related procedures.
- Dental braces (orthodontics).
- Treatment of congenitally missing, malpositioned or supernumerary teeth

MATERNITY SERVICES
- Elective abortions excluded except when performed to save the life/health of the mother and in instances of rape or incest.
- Birthing classes.
- Treatment, services, or supplies for a third party or nonmember traditional surrogate or gestational carrier.

MENTAL HEALTH
- Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.
- Treatment for a primary diagnosis of insomnia and other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a known physical basis.
- Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders and paraphilias, and other Mental Illnesses that will not substantially improve beyond the current level of functioning, or that are not subject to favorable modification or management according to prevailing national standards of clinical practices.
- Treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements.

PHYSICAL APPEARANCE
- Cosmetic Procedures.
- Treatment of benign gynecomastia (abnormal breast enlargement in males).
- Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility and diversion or general motivation.
- Botox (Botulinum toxin) as a treatment of skin wrinkles or other cosmetic indications.

PROCEDURES AND TREATMENTS
- Excision or elimination of hanging skin on any part of the body.
- Gender reassignment operations and related services.
- Surgical and non-surgical treatment of obesity.
- Breast reduction surgery except as coverage is required by the Women’s Health and Cancer Rights Act of 1998.

REPRODUCTION
- Health services and associated expenses for infertility treatments, including assisted reproductive technology.
- Surrogate parenting, donor eggs, donor sperm and host uterus.
- Storage and retrieval of all reproductive materials.
- The reversal of voluntary sterilization and related procedures.

SERVICES PROVIDED UNDER ANOTHER PLAN
- Health services for which other coverage is required by Federal, state or local law to be purchased or provided through other arrangements. Examples include coverage required by workers’ compensation, no-fault auto insurance, or similar legislation.
- Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you.
- Health services while on active military duty.

SUBSTANCE USE DISORDERS
- Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.
- Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents.
- Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning.
- Treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements.

ALL OTHER EXCLUSIONS
- Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments that are otherwise covered under the Policy when:
  - Required solely for purposes of school, sports or camp, travel, career or employment, insurance, marriage or adoption.
  - Related to judicial or administrative proceedings or orders
  - Conducted for purposes of medical research.
  - Required to obtain or maintain a license of any type.
- Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
- Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Policy.

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