

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.
- 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, including Maternity Services and any other treatment, services or supplies for a Covered Person's surrogate, sperm or other insemination, 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*, or for which a provider, pharmaceutical manufacturer, or similar entity pays a portion of the charge. Such amounts will not be credited to your deductible, coinsurance, or maximum out of pocket.

- Health services for which billing is not received by us within 15 months of the date of service.
- Charges for which liability cannot be determined due to not receiving information requested within 30 days of a request, including authorization to release medical records, pending claims and other coverage information, network repricing information, complete and accurate information and any examination requested.
- In the event a Non-Network Provider waives Copayments, Coinsurance and / or any Deductible for a particular health service, no Benefits are provided for the health service for which the Copayments, Coinsurance and/or Deductible are waived.