We want you to understand what is not included in our plan. Below is a brief summary of services that are not covered by this plan. A full listing of exclusions and limitations, including additional details, can be found in the certificate of coverage, which is available online at www commongroundhealthcare org or by calling 877.514.2442.

OUT-OF-NETWORK SERVICES
- Out-of-network services, except for emergency and urgent care, and other limited circumstances
- Urgent Care Services received by a Non-Network Provider located in the CGHC Service Area
- Out-of-network follow-up care for emergency and urgent services

DENTAL
- Pediatric dental care mandated by the Affordable Care Act
- Dental care unless related to trauma

DEVICES, APPLIANCES PROSTHETICS/ MEDICAL SUPPLIES, EQUIPMENT
- See certificate of coverage for a full list of those that are not covered

FOOT CARE
- Routine foot care, including the cutting or removal of corns and calluses hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet (some exceptions)
- Hygienic and preventive maintenance foot care (some exceptions), such as treatment of flat feet; shoes; shoe orthotics; shoe inserts; and arch supports

MAMMOTH SERVICES
- Elective abortions excluded except when performed to save the life/health of the mother and in instances of rape or incest
- Birthing classes; Home or intentional out of Hospital deliveries

MENTAL HEALTH AND SUBSTANCE USE DISORDERS
- Services performed for certain non-classified conditions or V-code conditions
- Services for a primary diagnosis of disorder of sleep, sexual dysfunction, feeding, or neurological
- Tuition for or services that are school-based for children and adolescents
- Learning, motor skills and primary communication disorders
- Room and Board at Transitional Care facilities

NUTRITION
- Enteral feedings, even if the sole source of nutrition
- Infant formula and donor breast milk

PERSONAL CARE, COMFORT OR CONVENIENCE
- See certificate for a complete list.

PHYSICAL APPEARANCE
- Cosmetic Procedures, such as skin abrasion procedures and botox; liposuction; treatment for spider veins; hair removal or replacement; removal of warts, skin tags and other benign skin lesions
- Treatment of benign abnormal breast enlargement in males
- Weight loss programs even when under medical supervision
- Wigs for hair loss or any other reason

PROCEDURES AND TREATMENTS
- Excision or elimination of hanging skin on any part of the body
- Medical and surgical treatment of excessive sweating (hyperhidrosis) or snoring
- Gender reassignment operations and related services
- Upper and lower jawbone surgery, orthognathic surgery, and jaw alignment
- Surgical and non-surgical treatment of obesity
- Breast reduction surgery

REPRODUCTION
- Health services and associated expenses for infertility treatments, including assisted reproductive technology and in vitro fertilization
- 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 through other arrangements
- Health services while on active military duty or for treatment of military service-related disabilities when you are legally entitled to other coverage and facilities are reasonably available to you

TRAVEL
- Health services provided in a foreign country, unless required as Emergency Health Services
- Travel or transportation expenses, even when prescribed

TYPES OF CARE/PROVIDERS
- Services performed by a Provider who is a family member by birth or marriage or at your same residence
- Multi-disciplinary pain management programs provided on an inpatient basis for acute pain
- Custodial Care or maintenance care or therapy, domiciliary care, or Private Duty Nursing
- Respite care (some exceptions), rest cures, services of personal care attendants, or work hardening

VISION AND HEARING
- Routine visions expenses, eyeglasses and contact lenses, implantable lenses used to correct a refractive error, adult eye exams without eye disease, surgery that is intended to allow you to see better without glasses or other vision correction
- Bone anchored hearing aids (some exceptions)

OTHER EXCLUSIONS (NOT A FULL LIST- SEE CERTIFICATE)
- Health services and supplies that do not meet the definition of a Covered Health Service, including those that are not medically necessary or experimental, investigational or alternative
- Health services for which you have no legal responsibility to pay, for which a charge would not ordinarily be made in the absence of coverage under this Policy, or for which a Provider, pharmaceutical manufacturer or similar entity pays any portion of the charge
• Health services for which billing is not received by us within 15 months of the date of service
• Coverage for Prescription Drug Products for the amount dispensed which exceeds the supply limit; or is dispensed outside the US
• Charges for non-listed drugs or compounded medications
• Over-the-counter drugs, including vitamins (some exceptions)
• New Prescription Drug Products and/or new dosage forms until the date they are assigned to a tier by us
• Prescription Drug Products administered in a Physician’s office or other outpatient setting that can be safely and effectively delivered in the home setting, either orally or by self-injection
• Charges for drugs used to treat quality of life or lifestyle concerns including but not limited to: weight; growth; morbid obesity; sexual function; pigmentation; phobias; aging; memory; daytime drowsiness, dry mouth; cognitive enhancement; or hyperhidrosis