



HEALTHCARE COOPERATIVE

## EXCLUSIONS AND LIMITATIONS

We want you to understand what is not included in CGHC plans. Below is a summary of services that are not covered, but please know it is not a full list. 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](http://www.commongroundhealthcare.org) or by calling 877.514.2442.

### The following services are not covered under your plan:

#### 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

#### 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; Home or intentional out of Hospital deliveries

#### MENTAL HEALTH AND SUBSTANCE USE DISORDERS

- Services performed for certain non-classified conditions or adjustment (v-code) conditions as identified by the American Psychiatric Assn.
- Treatments for the primary diagnoses of sleep, sexual dysfunction, feeding, or neurological disorders; or those with a known physical basis
- 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

- Please see Certificate of Coverage for a complete list.

#### PHYSICAL APPEARANCE

- Cosmetic Procedures, such as skin abrasion procedures and botox; liposuction; treatment for spider veins; hair removal or replacement; 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 (NOT A FULL LIST- SEE CERTIFICATE)

- 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

#### REPRODUCTION

- Health services and associated expenses for infertility treatments, including assisted reproductive technology and in vitro fertilization

#### REPRODUCTION (Cont.)

- 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