

SAMPLE OF HEALTH PLAN EXCLUSIONS

Below is an example of the exclusions section of an Advantage Health Solutions contract with an employer group (also called a Certificate of Benefits).

SECTION 7: OTHER EXCLUSIONS AND LIMITATIONS ON BENEFITS

The following section indicates the items that are excluded from benefit consideration and are not considered covered services under this Certificate and are thus your financial responsibility. This information is provided as an aid to identify certain common items that may be misconstrued as covered services but is in no way a limitation upon, or a complete listing of, such items considered not to be covered services.

1. Services and supplies that are not performed, arranged, authorized or approved in advance by your primary care provider, except as specifically stated in this Certificate;
2. Services and supplies that are not medically necessary and not specifically listed as covered services;
3. Services not within the scope of the provider's license; furnished by a government plan, hospital or institution, unless you are legally required to pay for the service; provided prior to your effective date of coverage or after your coverage is terminated; or incurred after you leave a program of inpatient care for the same condition, against the medical advice of your physician;
4. Services and supplies that would have been provided at no cost if you did not have coverage under Advantage;
5. Services and supplies that are covered, or would have been covered, under any worker's compensation or occupational disease act or law;
6. Except when required by law, services and supplies provided to treat an illness or injury caused by: any act of declared war; service in the military forces of any country, including non-military units supporting such forces; the commission or attempt to commit a civil or criminal battery or felony; or taking part in a riot ("taking part in a riot" means the use or threat to use force or violence without authority of law, by four or more persons);
7. All treatments, procedures, facilities, equipment, drugs, devices, services or supplies that are considered experimental;
8. Except for services covered in accordance with the Women's Health and Cancer Act of 1998, cosmetic or reconstructive procedures, and any related services or supplies, that alter appearance but do not restore or improve impaired physical function;
9. Services and supplies provided to treat hair loss, promote hair growth or remove hair. However, you are entitled to access Advantage's discount for such drugs through a participating pharmacy;
10. Services and supplies related to narcotic maintenance treatment for opiate addiction;
11. Storage of blood products, when not medically necessary or not provided in conjunction with a scheduled covered surgery, and blood products when replaced by donation;
12. Items or devices primarily used for comfort, including but not limited to air purifiers, humidifiers, dehumidifiers, whirlpools, air conditioning, waterbeds, exercise equipment and ultraviolet lighting;
13. Non-skilled care, rest cures, respite care or domiciliary care, regardless of the setting;
14. Services and supplies provided by your family or someone who lives with you;
15. Private duty nursing services provided for your convenience or the convenience of your family (for example, bathing, feeding, exercising, moving the patient, giving oral medication or acting as a companion or sitter);
16. Room and board services while you are permitted to temporarily leave a hospital, skilled nursing facility or hospice facility;
17. Orthodontia and other dental services, except as expressly provided for in this Certificate;

18. Refractive surgery performed to treat myopia or hyperopia;
19. Physical exams and related X-ray and lab expenses, when provided for employment, school, sports' programs, travel, immigration or insurance purposes. Pre-marital tests or exams. Other services and/or supplies that are not, in the judgment of your participating physician, medically necessary for the maintenance or improvement of your health;
20. Services and supplies for the treatment of: adult hyperkinetic syndrome, learning disabilities, mental retardation, behavioral disorders, developmental delay or disorder, or senile deterioration, beyond the period necessary to diagnose the condition;
21. Marriage counseling, personal growth therapy, or sex counseling or therapy;
22. Hypnotherapy, behavioral modification or milieu therapy, when used to treat conditions that are not recognized as mental disorders by the American Psychiatric Association;
23. Except as otherwise listed in this Certificate, services and supplies unrelated to mental health for the treatment of co-dependency or nicotine or caffeine addiction. Self-help training and other related forms of non-medical self care, which are unrelated to mental health;
24. Immunizations provided for the purpose of travel;
25. Supportive devices of the feet, care of planter fasciitis, flat feet, fallen arches, weak feet, chronic foot strain and toenails, and treatment of corns, bunions and calluses. However, care of corns, bunions, calluses or toenails are covered when medically necessary because of diabetes or circulatory problems;
26. Telephone consultants or charges for completion of claim forms;
27. Fees the provider may charge you if you miss scheduled appointments without canceling with reasonable notice;
28. Court-ordered services, unless appropriate, medically necessary and authorized by the primary care provider;
29. Travel or hospitalization for environmental change, or physician services connected with prescribing environmental changes;
30. Naturopathic medicine or Christian Science medicine;
31. Acupuncture, except where administered by a participating provider and used as an anesthetic agent for covered surgery;
32. Preparation of special medical records or court-ordered appearances for hearings or proceedings;
33. Medical care provided outside the United States, unless provided in an emergency situation;
34. Except as expressly provided for in this Certificate, chiropractic services;
35. Except for physician-supervised programs referred by primary care providers and authorized by Advantage, services, drugs and supplies for weight loss, diet, health or exercise programs, health clubs dues, or weight reduction clinics. However, you are entitled to access Advantage's discount for such drugs through a participating pharmacy;
36. Except when Vision Option is indicated in the Benefit Summary section of this Certificate, vision examinations, eyeglasses and their fitting are excluded unless medically necessary following cataract surgery. Vision therapy, including eye exercises, is also excluded;
37. Unless outpatient Prescription Drug Option is indicated in the Benefit Summary section of this Certificate, prescription drugs are excluded, except when used during an inpatient admission or outpatient hospital services. However, you are entitled to access Advantage's discount on such drugs through a participating pharmacy;
38. Services or supplies for, or related to:
 - a. sex change operations or reversal, except for congenital deficiency;
 - b. artificial insemination;
 - c. gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), or in-vitro or in-vivo fertilization;
 - d. treatment or medication for the primary purpose of achieving conception; however, you are entitled to access Advantage's discount for such drugs through a contracting pharmacy.

- e. testing after diagnosis of infertility, and treatment or testing of impotency;
 - f. abortion;
 - g. voluntary sterilization or reversal of sterilization;
 - h. birth control drugs, supplies or devices; however, you are entitled to access Advantage's discount for such drugs through a contracting pharmacy;
 - i. use of a surrogate for any reason;
39. Hearing exams, except as expressly provided for in this Certificate, hearing aids, hearing therapy, or cochlear implants and their fitting;
 40. Treatment of temporomandibular joint (TMJ) disorder;
 41. Extensive long-term neuromuscular rehabilitation, e.g., physical, speech or occupational therapy, is excluded. Rehabilitation that the physician reasonably believes will require in excess of 60 visits per each distinct condition or episode, beginning with the first rehabilitation treatment for that condition, will be considered "long-term" and is not covered. (When you undergo a rehabilitative treatment for a specific and distinct condition, that visit constitutes one treatment.) Advantage reserves the right to extend covered services through a formal medical management regimen;
 42. Personal comfort items, including but not limited to services and supplies not directly related to your care, such as guest meals and accommodations, private rooms (unless medically necessary), personal hygiene products, telephone charges, travel expenses (other than approved ambulance services as provided in the basic health services), take-home supplies including prescription drugs and similar items;
 43. Mental health services, except as otherwise described as covered services in this Certificate and Advantage's Agreement with your employer;
 44. Substance abuse benefits except as otherwise described as covered services in this Certificate and Advantage's Agreement with your employer;
 45. Medical or hospital services for treatment of alcoholism or drug addiction except as otherwise described as covered services in this Certificate and Advantage's Agreement with your employer;
 46. Durable medical equipment, unless provided under option elected in this Certificate;
 47. Non-durable medical supplies for use outside the hospital or physician office;
 48. Service obtained by a member from physicians, hospitals or other providers not associated with Advantage, either within the service area or outside the service area (except emergency services or upon proper referral by a participating physician);
 49. Recreational or educational therapy;
 50. Treatment and testing for adolescents and children, which are state-mandated services by or of the school system, unless therapy is deemed medically necessary by a participating provider;
 51. Court-ordered therapy, unless appropriate, medically necessary and authorized by your participating behavioral health provider;
 52. Vocational therapy, including work hardening programs;
 53. Newborn deliveries performed by a midwife in the home and any charges, including but not limited to supplies and equipment as a result of such deliveries;
 54. Treatment or services related to pre-existing medical conditions that are incurred during the pre-existing exclusion period as defined in this Certificate;
 55. Growth hormones;
 56. Orthoptic therapy.