

# Exclusions and limitations

**All Exclusions & Limitations are subject to regulatory review and approval.**

## HMO Exclusions

In this section you will find a review of items that are not covered by your Plan. This section is only meant to be an aid to point out certain items that may be misunderstood as Covered Services. This section is not meant to be a complete list of all the items that are excluded by your Plan. Please check your Plan for a complete list of exclusions and limitations.

### 1. Administrative Charges

- Charges to complete claim forms,
- Charges to get medical records or reports,
- Membership, administrative, or access fees charged by Doctors or other Providers. Examples include, but are not limited to, fees for educational brochures or calling you to give you test results.

### 2. Alternative/Complementary Medicine

Services or supplies for alternative or complementary medicine. This includes, but is not limited to:

### 3. Before Effective Date or After Termination Date

Charges for care you get before your Effective Date or after your coverage ends, except as written in this Plan.

### 4. Charges Not Supported by Medical Records

Charges for services not described in your medical records.

### 5. Charges Over the Reasonable and Customary Value

Charges over the Reasonable and Customary Value as described in this Booklet.

### 6. Cosmetic Services

Treatments, services, Prescription Drugs, equipment, or supplies given for Cosmetic Services. Cosmetic Services are meant to preserve, change, or improve how you look or are given for social reasons. No benefits are available for surgery or treatments to change the texture or look of your skin or to change the size, shape or look of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts). This Exclusion does not apply to reconstructive surgery for breast symmetry after a mastectomy, surgery to correct birth defects and birth abnormalities, or any surgery to correct deformities caused by congenital or developmental abnormalities, illness, or injury for the purpose of improving bodily function or symptomology or creating a normal appearance.

### 7. Court Ordered Testing

Court ordered testing or care unless Medically Necessary.

### 8. Crime

Treatment of an injury or illness that results from a crime you committed, or tried to commit. This Exclusion does not apply if you were the victim of a crime, including domestic violence.

### 9. Custodial Care

Custodial Care, convalescent care or rest cures. This Exclusion does not apply to Hospice services.

### 10. Dental Services

Dental services except as specifically stated in your Booklet.

This Exclusion does not apply to services that we must cover by law.

### 11. Educational Services

Services or supplies for teaching, vocational, or self-training purposes, except as listed in this Booklet. This Exclusion does not apply to the Medically Necessary treatment of Pervasive Developmental Disorder or autism, to the extent stated in the "Pervasive Developmental Disorder or Autism" section under "What's Covered."

### 12. Experimental or Investigational Services

Services or supplies that we find are Experimental/Investigational, except as specifically stated under Clinical Trials in the section "What's Covered." This Exclusion applies to services related to Experimental/Investigational services, whether you get them before, during, or after you get the Experimental/Investigational service or supply.

The fact that a service or supply is the only available treatment will not make it Covered Service if we conclude it is Experimental/Investigational.

If a Member has a life-threatening or seriously debilitating condition and Anthem determines that requested treatment is not a Covered Service because it is Experimental or Investigational, the Member may request an Independent Medical Review. See the "Grievance and External Review Procedures" section for further details.

### 13. Eye Exercises

Orthoptics and vision therapy.

### 14. Eye Surgery

Eye surgery to fix errors of refraction, such as near-sightedness. This includes, but is not limited to, LASIK, radial keratotomy or keratomileusis, and excimer laser refractive keratectomy.

### 15. Eyeglasses and Contact Lenses

Eyeglasses and contact lenses to correct your eyesight unless listed as covered in this Booklet. This Exclusion does not apply to lenses needed after a covered eye surgery.

### 16. Family Members

Services prescribed, ordered, referred by or given by a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.

### 17. Foot Care

Routine foot care unless Medically Necessary. This Exclusion applies to cutting or removing corns and calluses; trimming nails; cleaning and preventive foot care, including but not limited to:

- Cleaning and soaking the feet.
- Applying skin creams to care for skin tone.
- Other services that are given when there is not an illness, injury or symptom involving the foot.

### 18. Foot Orthotics

Foot orthotics, orthopedic shoes or footwear or support items except as covered under Durable Medical Equipment and Medical Devices, Special Footwear, Orthotics, Prosthetics, and Medical Surgical Supplies or used for an illness affecting the lower limbs, such as severe diabetes.

### 19. Health Club Memberships and Fitness Services

Health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a Doctor. This Exclusion also applies to health spas.

### 20. Hearing Aids

Hearing aids or exams to prescribe or fit hearing aids, unless listed as covered in this Booklet. This Exclusion does not apply to cochlear implants.

### 21. Home Care

- Services given by registered nurses and other health workers who are not employees of or working under an approved arrangement with a Home Health Care Provider.
- Food, housing, homemaker services and home delivered meals.

### 22. Infertility Treatment

Infertility procedures not specified in this Booklet. Costs associated with the storage of sperm, eggs, embryos and ovarian tissue.

### 23. Maintenance Therapy

Treatment or care that is provided when no further gains or improvements in your current level of function are clear or likely to occur. Maintenance therapy includes care that helps you keep your current level of function and prevents loss of that function, but does not result in any change for the better.

### 24. Medical Equipment and Supplies

- Replacement or repair of purchased or rental equipment because of misuse, abuse, or loss/theft.
- Surgical supports, corsets, or articles of clothing unless needed to recover from surgery or injury.
- Non-Medically Necessary enhancements to standard equipment and devices.

### 25. Medicare

For which benefits are payable under Medicare Parts A, B, and/or D, or would have been payable if you had applied for Parts A and/or B, except as listed in this Booklet or as required by federal law, as described in the section titled "Medicare" in "General Provisions." This Exclusion applies to all Parts of Medicare in which you can enroll without paying additional premium. However, if you have to pay an additional premium to enroll in Part A, B, C or D of Medicare, this Exclusion will apply to that particular Part(s) of Medicare for which you must pay only if you have enrolled in that Part. You should sign up for Medicare Part B as soon as possible. For Medicare Part D no Prescription Drug benefits will be covered under this Plan unless you have enrolled in Part D.

### 26. Missed or Cancelled Appointments

Charges for missed or cancelled appointments.

### 27. Non-Medically Necessary Services

Any services or supplies that are not Medically Necessary as defined. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.

### 28. Nutritional or Dietary Supplements

Nutritional and/or dietary supplements, except as described in this Booklet or that we must cover by law. This Exclusion includes, but is not limited to, nutritional formulas and dietary supplements that you can buy over the counter and those you can get without a written Prescription or from a licensed pharmacist.

### 29. Oral Surgery

Extraction of teeth, surgery for impacted teeth and other oral surgeries for to treat the teeth or bones and gums directly supporting the teeth, except as listed in this Booklet.

### 30. Out-of-Network Care

Services from a Provider that is not in our network. This does not apply to Emergency Care, Urgent Care, or Authorized Services.

### 31. Personal Care and Convenience

- Items for personal comfort, convenience, protection, cleanliness or beautification such as air conditioners, humidifiers, air or water purifiers, sports helmets, raised toilet seats and shower chairs.
- First aid supplies and other items kept in the home for general use (bandages, cotton-tipped applicators, thermometers, petroleum jelly, tape, non-sterile gloves, heating pads, disposable sheaths and supplies).
- Home workout or therapy equipment, including treadmills and home gyms.
- Pools, whirlpools, spas, or hydrotherapy equipment.
- Hypo-allergenic pillows, mattresses, or waterbeds.
- Residential, auto, or place of business structural changes (ramps, lifts, elevator chairs, escalators, elevators, stair glides, emergency alert equipment, handrails).

### 32. Private Duty Nursing

Private Duty Nursing Services except as listed in this Booklet.

### 33. Prosthetics

Prosthetics for sports or cosmetic purposes. This includes wigs and scalp hair prosthetics.

### 34. Providers

Services you get from a non-covered Provider, as defined in this Booklet. Examples of non-covered Providers include, but are not limited to, masseurs or masseuses (massage therapists), physical therapist technicians, and athletic trainers.

### 35. Services You Receive for Which You Have No Legal Obligation to Pay

Services you actually receive for which you have no legal obligation to pay or for which no charge would be made if you did not have health plan or insurance coverage, except services received at a non-governmental charitable research Hospital. Such a Hospital must meet the following guidelines: a) it must be internationally known as being devoted mainly to medical research, and b) at least ten percent of its yearly budget must be spent on research not directly related to patient care, and c) at least one-third of its gross income must come from donations or grants other than gifts or payments for patient care, and d) it must accept patients who are unable to pay, and e) two-thirds of its patients must have conditions directly related to the Hospital research.

### 36. Sexual Dysfunction

Services or supplies for male or female sexual problems.

### 37. Smoking Cessation Programs

Programs to help you stop smoking if the program is not affiliated with Anthem.

### 38. Stand-By Charges

Stand-by charges of a Doctor or other Provider.

### 39. Sterilization Services

to reverse elective sterilization. Alternate sterilization exclusion for groups that exclude all sterilizations

### 40. due to moral objection & who qualify for Women's Health opt out.

### 41. Surrogate Mother Services

Services or supplies for a person not covered under this Plan for a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

### 42. Temporomandibular Joint Treatment

Fixed or removable appliances which move or reposition the teeth, fillings, or prosthetics (crowns, bridges, dentures).

### 43. Travel Costs

Mileage, lodging, meals, and other Member-related travel costs except as described in this Plan.

### 44. Vein Treatment

Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes.

### 45. Vision services

except as specifically stated as covered in your Booklet.

### 46. Weight Loss Programs

Programs, whether or not under medical supervision, unless listed as covered in this Booklet. This Exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.

## All Exclusions & Limitations are subject to regulatory review and approval.

### What's Not Covered Under Your Prescription Drug Retail or Home Delivery (Mail Order) Pharmacy Benefit

In addition to the above Exclusions, certain items are not covered under the Prescription Drug Retail or Home Delivery (Mail Order) Pharmacy benefit:

- Administration Charges** Charges for the administration of any Drug except for covered immunizations as approved by us or the PBM.
- Clinically-Equivalent Alternatives** Certain Prescription Drugs may not be covered if you could use a clinically equivalent Drug, unless required by law. "Clinically equivalent" means Drugs that for most Members, will give you similar results for a disease or condition. If you have questions about whether a certain Drug is covered and which Drugs fall into this group, please call the number on the back of your Identification Card, or visit our website at [anthem.com/ca](http://anthem.com/ca).  
If you or your Doctor believes you need to use a different Prescription Drug, please have your Doctor or pharmacist get in touch with us. We will cover the other Prescription Drug only if we agree that it is Medically Necessary and appropriate over the clinically equivalent Drug. We will review benefits for the Prescription Drug from time to time to make sure the Drug is still Medically Necessary.
- Compound Drugs** Compound Drugs unless there is at least one ingredient that you need a prescription for, and the Drug is not essentially a copy of a commercially available Drug product.
- Contrary to Approved Medical and Professional Standards** Drugs given to you or prescribed in a way that is against approved medical and professional standards of practice.
- Delivery Charges** Charges for delivery of Prescription Drugs.
- Drugs Given at the Provider's Office/Facility** Drugs you take at the time and place where you are given them or where the Prescription Order is issued. This includes samples given by a Doctor. This Exclusion does not apply to Drugs used with a diagnostic service, Drugs given during chemotherapy in the office as described in the "Prescription Drugs Administered by a Medical Provider" section, or Drugs covered under the "Medical and Surgical Supplies" benefit - they are Covered Services.
- Drugs Not on the (Anthem Prescription Drug List (a formulary)).** You can get a copy of the list by calling us or visiting our website at [www.anthem.com/ca](http://www.anthem.com/ca).
- Drugs Over Quantity or Age Limits** Drugs in quantities which are over the limits set by the Plan, or which are over any age limits.
- Drugs Over the Quantity Prescribed or Refills After One Year** Drugs in amounts over the quantity prescribed, or for any refill given more than one year after the date of the original Prescription Order.
- Drugs prescribed for cosmetic purposes.**
- Drugs That Do Not Need a Prescription** Drugs that do not need a prescription by federal law (including Drugs that need a prescription by state law, but not by federal law), except for injectable insulin.
- Fluoride Treatments** Topical and oral fluoride treatments.
- Infertility Drugs** Drugs used in assisted reproductive technology procedures to achieve conception (e.g., IVF, ZIFT, GIFT).

- Items Covered as Durable Medical Equipment (DME)** Therapeutic DME, devices and supplies except as described in this Booklet or that we must cover by law, including peak flow meters, spacers, and blood glucose monitors, and other diabetes supplies. See the "Diabetes Equipment, Education, and Supplies" section for more information. Items not covered under the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" benefit may be covered under the "Durable Medical Equipment and Medical Devices" benefit. Please see that section for details.
- Items Covered as Medical Supplies** Oral immunizations and biologicals, even if they are federal legend Drugs, are covered as medical supplies based on where you get the service or item. Over the counter Drugs, devices or products, are not Covered Services, unless we must cover them under federal law.
- Items Covered Under the "Allergy Services" Benefit** Allergy desensitization products or allergy serum. While not covered under the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" benefit, these items may be covered under the "Allergy Services" benefit. Please see that section for details.
- Lost or Stolen Drugs** Refills of lost or stolen Drugs.
- Mail Order Providers other than the PBM's Home Delivery Mail Order Provider** Prescription Drugs dispensed by any Mail Order Provider other than the PBM's Home Delivery Mail Order Provider, unless we must cover them by law.
- Non-approved Drugs** Drugs not approved by the FDA. If Anthem determines that the requested drug is not covered because it is Investigational or prescribed for Experimental indications, the Member may request an Independent Medical Review. See the "Grievance and External Review Procedures" section for further details.
- Off label use** Off label use, unless we must cover the use by law or if we, or the PBM, approve it.
- Onychomycosis Drugs** Drugs for Onychomycosis (toenail fungus) except when we allow it to treat Members who are immuno-compromised or diabetic.
- Over-the-Counter Items** Drugs, devices and products, or Prescription Legend Drugs with over the counter equivalents and any Drugs, devices or products that are therapeutically comparable to an over the counter Drug, device, or product. This includes Prescription Legend Drugs when any version or strength becomes available over the counter.  
This Exclusion does not apply to over-the-counter products that we must cover under federal law with a Prescription.
- Sexual Dysfunction Drugs** Drugs to treat sexual or erectile problems unless Medically Necessary. Documentation of a confirmed diagnosis of erectile dysfunction must be submitted to us for review.
- Syringes** Hypodermic syringes except when given for use with insulin and other covered self-injectable Drugs and medicine.
- Weight Loss Drugs** Any Drug mainly used for weight loss, except for the Medically Necessary treatment of morbid obesity.

### PPO Exclusions

In this section you will find a review of items that are not covered by your Plan. This section is only meant to be an aid to point out certain items that may be misunderstood as Covered Services. This section is not meant to be a complete list of all the items that are excluded by your Plan. Please check your Plan for a complete list of exclusions and limitations.

- Administrative Charges**
  - Charges to complete claim forms,
  - Charges to get medical records or reports,
  - Membership, administrative, or access fees charged by Doctors or other Providers. Examples include, but are not limited to, fees for educational brochures or calling you to give you test results.
- Alternative/Complementary Medicine** Services or supplies for alternative or complementary medicine. This includes, but is not limited to:
- Before Effective Date or After Termination Date** Charges for care you get before your Effective Date or after your coverage ends, except as written in this Plan.
- Charges Not Supported by Medical Records** Charges for services not described in your medical records.
- Charges Over the Reasonable and Customary Value** Charges over the Reasonable and Customary Value as described in this Booklet.
- Cosmetic Services** Treatments, services, Prescription Drugs, equipment, or supplies given for Cosmetic Services. Cosmetic Services are meant to preserve, change, or improve how you look or are given for social reasons. No benefits are available for surgery or treatments to change the texture or look of your skin or to change the size, shape or look of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts).  
This Exclusion does not apply to reconstructive surgery for breast symmetry after a mastectomy, surgery to correct birth defects and birth abnormalities, or any surgery to correct deformities caused by congenital or developmental abnormalities, illness, or injury for the purpose of improving bodily function or symptomology or creating a normal appearance.
- Court Ordered Testing** Court ordered testing or care unless Medically Necessary.
- Crime** Treatment of an injury or illness that results from a crime you committed, or tried to commit. This Exclusion does not apply if you were the victim of a crime, including domestic violence.
- Custodial Care** Custodial Care, convalescent care or rest cures. This Exclusion does not apply to Hospice services.
- Dental Services** Dental services except as specifically stated in your booklet.  
This Exclusion does not apply to services that we must cover by law.
- Educational Services** Services or supplies for teaching, vocational, or self-training purposes, except as listed in this Booklet. This Exclusion does not apply to the Medically Necessary treatment of Pervasive Developmental Disorder or autism, to the extent stated in the "Pervasive Developmental Disorder or Autism" section under "What's Covered."
- Experimental or Investigational Services** Services or supplies that we find are Experimental/Investigational, except as specifically stated under Clinical Trials in the section "What's Covered." This Exclusion applies to services related to Experimental/Investigational services, whether you get them before, during, or after you get the Experimental/Investigational service or supply.  
The fact that a service or supply is the only available treatment will not make it Covered Service if we conclude it is Experimental/Investigational.  
If a Member has a life-threatening or seriously debilitating condition and Anthem determines that requested treatment is not a Covered Service because it is Experimental or Investigational, the Member may request an Independent Medical Review. See the "Grievance and External Review Procedures" section for further details.
- Eye Exercises** Orthoptics and vision therapy.
- Eye Surgery** Eye surgery to fix errors of refraction, such as near-sightedness. This includes, but is not limited to, LASIK, radial keratotomy or keratomileusis, and excimer laser refractive keratectomy.
- Eyeglasses and Contact Lenses** Eyeglasses and contact lenses to correct your eyesight unless listed as covered in this Booklet. This Exclusion does not apply to lenses needed after a covered eye surgery.
- Family Members** Services prescribed, ordered, referred by or given by a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
- Foot Care** Routine foot care unless Medically Necessary. This Exclusion applies to cutting or removing corns and calluses; trimming nails; cleaning and preventive foot care, including but not limited to:
  - Cleaning and soaking the feet.
  - Applying skin creams to care for skin tone.
  - Other services that are given when there is not an illness, injury or symptom involving the foot.
- Foot Orthotics** Foot orthotics, orthopedic shoes or footwear or support items except as covered under Durable Medical Equipment and Medical Devices, Special Footwear, Orthotics, Prosthetics, and Medical Surgical Supplies or used for an illness affecting the lower limbs, such as severe diabetes.
- Health Club Memberships and Fitness Services** Health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a Doctor. This Exclusion also applies to health spas.
- Hearing Aids** Hearing aids or exams to prescribe or fit hearing aids, unless listed as covered in this Booklet. This Exclusion does not apply to cochlear implants.
- Home Care**
  - Services given by registered nurses and other health workers who are not employees of or working under an approved arrangement with a Home Health Care Provider.
  - Food, housing, homemaker services and home delivered meals.
- Infertility Treatment** Infertility procedures not specified in this Booklet. Costs associated with the storage of sperm, eggs, embryos and ovarian tissue.

**All Exclusions & Limitations are subject to regulatory review and approval.**

23. **Maintenance Therapy** Treatment or care that is provided when no further gains or improvements in your current level of function are clear or likely to occur. Maintenance therapy includes care that helps you keep your current level of function and prevents loss of that function, but does not result in any change for the better.
24. **Medical Equipment and Supplies**
  - a. Replacement or repair of purchased or rental equipment because of misuse, abuse, or loss/theft.
  - b. Surgical supports, corsets, or articles of clothing unless needed to recover from surgery or injury.
  - c. Non-Medically Necessary enhancements to standard equipment and devices.
25. **Medicare** For which benefits are payable under Medicare Parts A, B, and/or D, or would have been payable if you had applied for Parts A and/or B, except as listed in this Booklet or as required by federal law, as described in the section titled "Medicare" in "General Provisions." This Exclusion applies to all Parts of Medicare in which you can enroll without paying additional premium. However, if you have to pay an additional premium to enroll in Part A, B, C or D of Medicare, this Exclusion will apply to that particular Part(s) of Medicare for which you must pay only if you have enrolled in that Part. You should sign up for Medicare Part B as soon as possible. For Medicare Part D no Prescription Drug benefits will be covered under this Plan unless you have enrolled in Part D.
26. **Missed or Cancelled Appointments** Charges for missed or cancelled appointments.
27. **Non-Medically Necessary Services** Any services or supplies that are not Medically Necessary as defined. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.
28. **Nutritional or Dietary Supplements** Nutritional and/or dietary supplements, except as described in this Booklet or that we must cover by law. This Exclusion includes, but is not limited to, nutritional formulas and dietary supplements that you can buy over the counter and those you can get without a written Prescription or from a licensed pharmacist.
29. **Oral Surgery** Extraction of teeth, surgery for impacted teeth and other oral surgeries for to treat the teeth or bones and gums directly supporting the teeth, except as listed in this Booklet.
30. **Out-of-Network Care** Services from a Provider that is not in our network. This does not apply to Emergency Care, Urgent Care, or Authorized Services.
31. **Personal Care and Convenience**
  - a. Items for personal comfort, convenience, protection, cleanliness or beautification such as air conditioners, humidifiers, air or water purifiers, sports helmets, raised toilet seats and shower chairs.
  - b. First aid supplies and other items kept in the home for general use (bandages, cotton-tipped applicators, thermometers, petroleum jelly, tape, non-sterile gloves, heating pads, disposable sheaths and supplies).
  - c. Home workout or therapy equipment, including treadmills and home gyms.
  - d. Pools, whirlpools, spas, or hydrotherapy equipment.
  - e. Hypo-allergenic pillows, mattresses, or waterbeds.
  - f. Residential, auto, or place of business structural changes (ramps, lifts, elevator chairs, escalators, elevators, stair glides, emergency alert equipment, handrails).
32. **Private Duty Nursing** Private Duty Nursing Services except as listed in this Booklet.
33. **Prosthetics** Prosthetics for sports or cosmetic purposes. This includes wigs and scalp hair prosthetics.
34. **Providers** Services you get from a non-covered Provider, as defined in this Booklet. Examples of non-covered Providers include, but are not limited to, masseurs or masseuses (massage therapists), physical therapist technicians, and athletic trainers.
35. **Services You Receive for Which You Have No Legal Obligation to Pay** Services you actually receive for which you have no legal obligation to pay or for which no charge would be made if you did not have health plan or insurance coverage, except services received at a non-governmental charitable research Hospital. Such a Hospital must meet the following guidelines: a) it must be internationally known as being devoted mainly to medical research, and b) at least ten percent of its yearly budget must be spent on research not directly related to patient care, and c) at least one-third of its gross income must come from donations or grants other than gifts or payments for patient care, and d) it must accept patients who are unable to pay, and e) two-thirds of its patients must have conditions directly related to the Hospital research.
36. **Sexual Dysfunction** Services or supplies for male or female sexual problems.
37. **Smoking Cessation Programs** Programs to help you stop smoking if the program is not affiliated with Anthem.
38. **Stand-By Charges** Stand-by charges of a Doctor or other Provider.
39. **Sterilization** Services to reverse elective sterilization. Alternate sterilization exclusion for groups that exclude all sterilizations due to moral objection & who qualify for Women's Health opt out.
40. **Surrogate Mother** Services or supplies for a person not covered under this Plan for a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).
41. **Temporomandibular Joint Treatment** Fixed or removable appliances which move or reposition the teeth, fillings, or prosthetics (crowns, bridges, dentures).
42. **Travel Costs** Mileage, lodging, meals, and other Member-related travel costs except as described in this Plan.
43. **Vein Treatment** Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes.
44. **Vision Services** Vision services except as specifically stated as covered in your Booklet.
45. **Weight Loss Programs** Programs, whether or not under medical supervision, unless listed as covered in this Booklet. This Exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.

**What's Not Covered Under Your Prescription Drug Retail or Home Delivery (Mail Order) Pharmacy Benefit**

In addition to the above Exclusions, certain items are not covered under the Prescription Drug Retail or Home Delivery (Mail Order) Pharmacy benefit:

1. **Administration Charges** Charges for the administration of any Drug except for covered immunizations as approved by us or the PBM.
2. **Clinically-Equivalent Alternatives** Certain Prescription Drugs may not be covered if you could use a clinically equivalent Drug, unless required by law. "Clinically equivalent" means Drugs that for most Members, will give you similar results for a disease or condition. If you have questions about whether a certain Drug is covered and which Drugs fall into this group, please call the number on the back of your Identification Card, or visit our website at [anthem.com/ca](http://anthem.com/ca).  
  
If you or your Doctor believes you need to use a different Prescription Drug, please have your Doctor or pharmacist get in touch with us. We will cover the other Prescription Drug only if we agree that it is Medically Necessary and appropriate over the clinically equivalent Drug. We will review benefits for the Prescription Drug from time to time to make sure the Drug is still Medically Necessary.
3. **Compound Drugs** Compound Drugs unless there is at least one ingredient that you need a prescription for, and the Drug is not essentially a copy of a commercially available Drug product.
4. **Contrary to Approved Medical and Professional Standards** Drugs given to you or prescribed in a way that is against approved medical and professional standards of practice.
5. **Delivery Charges** Charges for delivery of Prescription Drugs.
6. **Drugs Given at the Provider's Office/Facility** Drugs you take at the time and place where you are given them or where the Prescription Order is issued. This includes samples given by a Doctor. This Exclusion does not apply to Drugs used with a diagnostic service, Drugs given during chemotherapy in the office as described in the "Prescription Drugs Administered by a Medical Provider" section, or Drugs covered under the "Medical and Surgical Supplies" benefit - they are Covered Services.
7. **Drugs Not on the Anthem Prescription Drug List (a formulary).** You can get a copy of the list by calling us or visiting our website at [anthem.com/ca](http://anthem.com/ca).
8. **Drugs Over Quantity or Age Limits** Drugs in quantities which are over the limits set by the Plan, or which are over any age limits.
9. **Drugs Over the Quantity Prescribed or Refills After One Year** Drugs in amounts over the quantity prescribed, or for any refill given more than one year after the date of the original Prescription Order.
10. **Drugs prescribed for cosmetic purposes.**
11. **Drugs That Do Not Need a Prescription** Drugs that do not need a prescription by federal law (including Drugs that need a prescription by state law, but not by federal law), except for injectable insulin.
12. **Fluoride Treatments** Topical and oral fluoride treatments.
13. **Infertility Drugs** Drugs used in assisted reproductive technology procedures to achieve conception (e.g., IVF, ZIFT, GIFT.)

14. **Items Covered as Durable Medical Equipment (DME)** Therapeutic DME, devices and supplies except as described in this Booklet or that we must cover by law, including peak flow meters, spacers, and blood glucose monitors, and other diabetes supplies. See the "Diabetes Equipment, Education, and Supplies" section for more information. Items not covered under the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" benefit may be covered under the "Durable Medical Equipment and Medical Devices" benefit. Please see that section for details.
15. **Items Covered as Medical Supplies** Oral immunizations and biologicals, even if they are federal legend Drugs, are covered as medical supplies based on where you get the service or item. Over the counter Drugs, devices or products, are not Covered Services, unless we must cover them under federal law.
16. **Items Covered Under the "Allergy Services" Benefit** Allergy desensitization products or allergy serum. While not covered under the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" benefit, these items may be covered under the "Allergy Services" benefit. Please see that section for details.
17. **Lost or Stolen Drugs** Refills of lost or stolen Drugs.
18. **Mail Order Providers other than the PBM's Home Delivery Mail Order Provider** Prescription Drugs dispensed by any Mail Order Provider other than the PBM's Home Delivery Mail Order Provider, unless we must cover them by law.
19. **Non-approved Drugs** Drugs not approved by the FDA. If Anthem determines that the requested drug is not covered because it is Investigational or prescribed for Experimental indications, the Member may request an Independent Medical Review. See the "Grievance and External Review Procedures" section for further details.
20. **Off label use** Off label use, unless we must cover the use by law or if we, or the PBM, approve it.
21. **Onychomycosis Drugs** Drugs for Onychomycosis (toenail fungus) except when we allow it to treat Members who are immuno-compromised or diabetic.
22. **Over-the-Counter Items** Drugs, devices and products, or Prescription Legend Drugs with over the counter equivalents and any Drugs, devices or products that are therapeutically comparable to an over the counter Drug, device, or product. This includes Prescription Legend Drugs when any version or strength becomes available over the counter.  
  
This Exclusion does not apply to over-the-counter products that we must cover under federal law with a Prescription.
23. **Sexual Dysfunction Drugs** Drugs to treat sexual or erectile problems unless Medically Necessary. Documentation of a confirmed diagnosis of erectile dysfunction must be submitted to us for review.
24. **Syringes** Hypodermic syringes except when given for use with insulin and other covered self-injectable Drugs and medicine.
25. **Weight Loss Drugs** Any Drug mainly used for weight loss, except for the Medically Necessary treatment of morbid obesity.