

Exclusions & Limitations

Medical Exclusions:

- 1) **Acts of War, Disasters, or Nuclear Accidents:** In the event of a major disaster, epidemic, war, or other event beyond our control, we will make a good faith effort to give you Covered Services. We will not be responsible for any delay or failure to give services due to lack of available Facilities or staff.

Benefits will not be given for any illness or injury that is a result of war, service in the armed forces, a nuclear explosion, nuclear accident, release of nuclear energy, a riot, or civil disobedience.

- 2) **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.
- 3) **Alternative / Complementary Medicine:** Services or supplies for alternative or complementary medicine. This includes, but is not limited to acupuncture, holistic medicine, homeopathic medicine, hypnosis, aroma therapy, massage and massage therapy, reiki therapy, herbal, vitamin or dietary products or therapies, naturopathy, thermography, orthomolecular therapy, contact reflex analysis, bioenergetic synchronization technique (best), iridology-study of the iris, auditory integration therapy (AIT), colonic irrigation, magnetic innervation therapy, electromagnetic therapy, neurofeedback / biofeedback.
- 4) **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.
- 5) **Charges Over the Maximum Allowed Amount:** Charges over the Maximum Allowed Amount for Covered Services.
- 6) **Charges Not Supported by Medical Records:** Charges for services not described in your medical records.
- 7) **Complications of Non-Covered Services:** Care for problems directly related to a service that is not covered by this Plan. Directly related means that the care took place as a direct result of the non-Covered Service and would not have taken place without the non-Covered Service.
- 8) **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 psychiatric, psychological, or 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 or to surgery to correct congenital defects and birth abnormalities
- 9) **Court Ordered Testing:** Court ordered testing or care unless Medically Necessary.
- 10) **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.

- 11) **Custodial Care:** Custodial Care, convalescent care or rest cures. This Exclusion does not apply to Hospice services.
- 12) **Dental Treatment:** Dental treatment, except as listed below.

Excluded treatment includes but is not limited to preventive care and fluoride treatments; dental X-rays, supplies, appliances and all associated costs; and diagnosis and treatment for the teeth, jaw or gums such as removing, restoring, or replacing teeth; medical care or surgery for dental problems (unless listed as a Covered Service in this Booklet); services to help dental clinical outcomes.

Dental treatment for injuries that are a result of biting or chewing is also excluded.

This Exclusion does not apply to services that we must cover by law.
- 13) **Educational Services:** Services or supplies for teaching, vocational, or self-training purposes, except as listed in this Booklet.
- 14) **Experimental or Investigational Services:** Services or supplies that we find are Experimental / Investigational. This also 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.
- 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) **Eye Exercises:** Orthoptics and vision therapy.
- 17) **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.
- 18) **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.
- 19) **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.
- 20) **Foot Orthotics:** Foot orthotics, orthopedic shoes or footwear or support items unless used for an illness affecting the lower limbs, such as severe diabetes.
- 21) **Foot Surgery:** Surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalgia; metatarsalgia; hyperkeratoses.

- 22) **Free Care:** Services you would not have to pay for if you didn't have this Plan. This includes, but is not limited to government programs, services during a jail or prison sentence, services you get from Workers Compensation, and services from free clinics.

If Workers' Compensation benefits are not available to you, this Exclusion does not apply. This Exclusion will apply if you get the benefits in whole or in part. This Exclusion also applies whether or not you claim the benefits or compensation, and whether or not you get payments from any third party.

- 23) **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.
- 24) **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; private duty nursing; food, housing, homemaker services and home delivered meals.
- 25) **Infertility Treatment:** Testing or treatment related to infertility.
- 26) **Maintenance Therapy:** Treatment given when no further gains 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.
- 27) **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.
- 28) **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." If you do not enroll in Medicare Part B, We will calculate benefits as if you had enrolled. You should sign up for Medicare Part B as soon as possible to avoid large out of pocket costs.
- 29) **Missed or Cancelled Appointments:** Charges for missed or cancelled appointments.
- 30) **Non-Medically Necessary Services:** Services we conclude are not Medically Necessary. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.
- 31) **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.
- 32) **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.

- 33) **Personal Care and Convenience:** Items for personal comfort, convenience, protection, cleanliness such as air conditioners, humidifiers, 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); 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).
- 34) **Private Duty Nursing:** Private Duty Nursing Services.
- 35) **Prosthetics:** Prosthetics for sports or cosmetic purposes. This includes wigs and scalp hair prosthetics.
- 36) **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.
- 37) **Sex Change:** Services and supplies for a sex change and/or the reversal of a sex change.
- 38) **Sexual Dysfunction:** Services or supplies for male or female sexual problems.
- 39) **Stand-By Charges:** Stand-by charges of a Doctor or other Provider.
- 40) **Sterilization:** Services to reverse an elective sterilization.
- 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:** Vision services for Members age 19 or older, unless listed as covered in this Booklet; Safety glasses and accompanying frames; for two pairs of glasses in lieu of bifocals; plano lenses (lenses that have no refractive power); lost or broken lenses or frames if the Member has already received benefits during a Benefit Period; vision services not listed as covered in this Booklet; cosmetic lenses or options; blended lenses; oversize lenses; sunglasses and accompanying frames; for services or supplies combined with any other offer, coupon or in-store advertisement; for Members through age 18, no benefits are available for frames not on the Anthem formulary; certain frames in which the manufacturer imposes a no discount policy.
- 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.

- 47) **Weight Loss Surgery:** Bariatric surgery. This includes but is not limited to Roux-en-Y (RNY), Laparoscopic gastric bypass surgery or other gastric bypass surgery (surgeries lower stomach capacity and divert partly digested food from the duodenum to the jejunum, the section of the small intestine extending from the duodenum), or Gastroplasty, (surgeries that reduce stomach size), or gastric banding procedures.

Pharmacy Exclusions:

1. **Administration Charges:** Charges for the administration of any Drug except for covered immunizations as approved by us or the PBM.
2. **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.
3. **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.
4. **Delivery Charges:** Charges for delivery of Prescription Drugs.
5. **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.
6. **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. 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.
7. **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.
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 set by us.
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. **Fluoride Treatments:** Topical and oral fluoride treatments.
11. **Infertility Drugs:** Drugs used in assisted reproductive technology procedures to achieve conception (e.g., IVF, ZIFT, GIFT.)
12. **Items Covered as Durable Medical Equipment (DME):** Therapeutic DME, devices and supplies except peak flow meters, spacers, and blood glucose monitors. 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.

13. **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.
14. **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.
15. **Lost or Stolen Drugs:** Refills of lost or stolen Drugs.
16. **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.
17. **Non-approved Drugs:** Drugs not approved by the FDA.
18. **Off label use:** Off label use, unless we must cover the use by law or if we, or the PBM, approve it.
19. **Onychomycosis Drugs:** Drugs for Onychomycosis (toenail fungus) except when we allow it to treat Members who are immuno-compromised or diabetic.
20. **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.
21. **Sex Change Drugs:** Drugs for sex change surgery.
22. **Sexual Dysfunction Drugs:** Drugs to treat sexual or erectile problems.
23. **Syringes:** Hypodermic syringes except when given for use with insulin and other covered self-injectable Drugs and medicine.
24. **Weight Loss Drugs:** Any Drug mainly used for weight loss.