

## 2018 COMPREHENSIVE AND EXTENDED MEDICAL PLAN EXCLUSIONS

**Note: All exclusions related to Prescription Drugs are shown in the Prescription Drug Plan Exclusions list.**

**For all Medical Benefits shown in the Schedule of Medical Benefits or Medical Plan Covered Services sections of the Summary Plan Description, a charge for the following is not covered:**

1. **Abortion.** Charges for elective induced abortions, except for in the cases of rape, incest or maternal endangerment.
2. **Alcohol or Substance Impairment.** Services, supplies, care or treatment to a Covered Person for Injury or Sickness resulting from that Covered Person's voluntary taking of or being under the influence of alcohol or other substances causing impairment. Expenses will be covered for Injured Covered Persons other than the person using alcohol or substances causing impairment. This exclusion does not apply if the Injury resulted from an act of domestic violence or a medical (including both physical and mental health) condition.
3. **Biofeedback.**
4. **Breast or penile implants.** Coverage for breast or penile implants except for reconstructive surgery following mastectomy.
5. **Complications of non-covered treatments.** Care, services or treatment required as a result of complications from a treatment not covered under the Plan are not covered.
6. **Cosmetic Procedures.** Any surgery or procedure, the primary purpose of which is to improve or change the appearance of any portion of the body, but which does not restore bodily function, correct a disease state, or improve a physiological function. Cosmetic Procedures include cosmetic surgery, reconstructive surgery, pharmacological services, nutritional regimens or other services for beautification, tattoos or body piercings or removals of such items (including complications from either the applying or removing of such items), or treatment relating to the consequences of, or as a result of, Cosmetic Surgery (including reimplantation). This exclusion includes, but is not limited to, surgery to correct gynecomastia and breast augmentation procedures, and otoplasties. This exclusion does not apply to surgery to restore function if the body area has been altered by Injury, disease, trauma, congenital/developmental anomalies, or previous covered therapeutic processes.
7. **Custodial care.** Services or supplies of a custodial care or domiciliary nature such as those normally provided at health resorts, rest homes, nursing homes, health spas, and convalescent centers. Also, services that are primarily educational in nature or any maintenance-type care which is not reasonably expected to improve the patient's condition (except Hospice care as specified).
8. **Dental.** Services, supplies, care or treatment of dental or oral charges. Charges will be covered only to the extent specifically set forth in the Medical Plan Covered Services section of the Summary Plan Description and only within the Gulf Coast Provider

Network. Dental extractions are not covered unless approved by the Medical Directors and member is active participant in Chronic Disease Case Management.

9. **Educational or vocational testing.** Services for educational or vocational testing or training.
10. **Exercise programs.** Exercise programs for treatment of any condition, except for Physician-supervised cardiac rehabilitation, occupational or physical therapy if covered by this Plan.
11. **Experimental or not Medically Necessary.** Care and treatment that is either Experimental/Investigational or not Medically Necessary. This exclusion shall not apply to the extent that the charge is for routine patient care of costs a Qualified Individual who is a participant in an approved clinical trial. Charges will be covered only to the extent specifically set forth in the Medical Plan Covered Services section of the Summary Plan Description and only within the Gulf Coast Provider Network.
12. **Eye care.** Radial keratotomy or other eye surgery to correct refractive disorders. Also, routine eye examinations, including refractions, lenses for the eyes and exams for their fitting. This exclusion does not apply to aphakic patients and soft lenses or sclera shells intended for use as corneal bandages.
13. **Foot care.** Treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions (except open cutting operations), and treatment of corns, calluses or toenails (unless needed in treatment of a metabolic or peripheral-vascular disease).
14. **Foreign travel.** Care, treatment or supplies out of the U.S. if travel is for the sole purpose of obtaining medical services.
15. **Gene Therapy.** Care, treatment, or supplies for gene therapy or genetic testing and fetal treatment except to the extent specifically set forth in the Medical Plan Covered Services section of the Summary Plan Description or per Health Plan Medical Directors.
16. **Government coverage.** Care, treatment or supplies furnished by a program or agency funded by any government. This exclusion does not apply to Medicaid or when otherwise prohibited by applicable law.
17. **Hair loss.** Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician, except for wigs after chemotherapy up to the limit shown in the Medical Plan Covered Services section of the Summary Plan Description.
18. **Hazardous Hobby or Activity.** Care and treatment of an Injury or Sickness that results from engaging in a Hazardous Hobby or Activity. A hobby or activity is hazardous if it is an activity which is characterized by a constant threat of danger or risk of bodily harm. Examples of , but not limited to, hazardous hobbies or activities are skydiving, auto or motor cross racing, motorcycle riding without a helmet, boat racing, hang gliding, parasailing, or bungee jumping.
19. **Hearing related evaluations or treatments.** Charges for services or supplies in connection with hearing aids or exams for their fitting, including but not limited to,

cochlear implants or any surgical procedure for hearing unless approved by Medical Directors and member is active participant in Chronic Disease Case Management.

20. **Hypnotherapy.** Charges for service or supplies in connection with hypnotherapy or hypnotism or any type of goal-oriented or behavior modification therapy, such as to quit smoking or lose weight.
21. **Illegal acts.** Charges for services received as a result of Injury or Sickness occurring directly or indirectly, as a result of a Serious Illegal Act, or a riot or public disturbance. For purposes of this exclusion, the term "Serious Illegal Act" shall mean any act or series of acts that, if prosecuted as a criminal offense, a sentence to a term of imprisonment in excess of one year could be imposed. It is not necessary that criminal charges be filed, or, if filed, that a conviction result, or that a sentence of imprisonment for a term in excess of one year be imposed for this exclusion to apply. Proof beyond a reasonable doubt is not required. This exclusion does not apply if the Injury or Sickness resulted from an act of domestic violence or a medical (including both physical and mental health) condition.
22. **Illegal drugs or medications.** Services, supplies, care or treatment to a Covered Person for Injury or Sickness resulting from that Covered Person's voluntary taking of or being under the influence of any controlled substance, drug, hallucinogen or narcotic not administered on the advice of a Physician. Expenses will be covered for Injured Covered Persons other than the person using controlled substances. This exclusion does not apply if the Injury resulted from an act of domestic violence or a medical (including both physical and mental health) condition.
23. **Infertility.** Charges or supplies for artificial insemination; in-vitro fertilization procedures or drugs, GIFT (Gamete IntraFallopian Transfer) procedures, studies, or drugs related to the treatment of infertility. Also excludes any charges relating to surrogacy, including, but not limited to, delivery charges.
24. **No charge.** Care and treatment for which there would not have been a charge if no coverage had been in force.
25. **Non-compliance.** All charges in connection with treatments or medications where the patient either is in non-compliance with or is discharged from a Hospital or Skilled Nursing Facility against medical advice.
26. **Emergency treatment for non-emergent conditions.** Emergency care and treatment billed by a Hospital or Facility for non-emergent conditions.
27. **No obligation to pay.** Charges incurred for which the Plan has no legal obligation to pay.
28. **No Physician recommendation.** Care, treatment, services or supplies not recommended and approved by a Physician; or treatment, services or supplies when the Covered Person is not under the regular care of a Physician. Regular care means ongoing medical supervision or treatment which is appropriate care for the Injury or Sickness.

29. **Not specified as covered.** Non-traditional medical services, treatments and supplies which are not specified as covered under this Plan.
30. **Obesity.** Screening and counseling for obesity will be covered to the extent required under Standard Preventive Care. Other care and treatment of obesity, weight loss or dietary control whether or not it is, in any case, a part of the treatment plan for another Sickness is excluded. Also excluded is removal of excess skin due to weight loss or excision of fat removal, unless pre-approved by Medical Directors.
31. **Occupational.** Care and treatment of an Injury or Sickness that is occupational -- that is, arises from work for wage or profit including self-employment.
32. **Occupational Therapy.** Charges for occupational therapy, except as specified in the Medical Plan Covered Services section of the Summary Plan Description.
33. **Personal comfort items.** Personal comfort items or other equipment, such as, but not limited to, air conditioners, air-purification units, humidifiers, electric heating units, orthopedic mattresses, blood pressure instruments, scales, elastic bandages or stockings, non-prescription drugs and medicines, and first-aid supplies and non-hospital adjustable beds.
34. **Plan design exclusions.** Charges excluded by the Plan design as mentioned in this document.
35. **Relative giving services.** Professional services performed by a person who ordinarily resides in the Covered Person's home or is related to the Covered Person as a Spouse, parent, child, brother or sister, whether the relationship is by blood or exists in law.
36. **Replacement braces.** Replacement of braces of the leg, arm, back, neck, or artificial arms or legs, unless there is sufficient change in the Covered Person's physical condition to make the original device no longer functional or the device is no longer functional.
37. **Routine care.** Charges for routine or periodic examinations, screening examinations, evaluation procedures, preventive medical care, or treatment or services not directly related to the diagnosis or treatment of a specific Injury, Sickness or Pregnancy-related condition which is known or reasonably suspected, unless such care is specifically covered in the Schedule of Medical Benefits or required by applicable law.
38. **Self-Inflicted.** Any loss due to an intentionally self-inflicted Injury. This exclusion does not apply if the Injury resulted from an act of domestic violence or a medical (including both physical and mental health) condition.
39. **Services before or after coverage.** Care, treatment or supplies for which a charge was incurred before a person was covered under this Plan or after coverage ceased under this Plan.
40. **Sex changes.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change. This exclusion includes medications, implants, hormone therapy, surgery, medical or psychiatric treatment.

41. **Skin removal.** Removal of excess skin due to excision of fat removal, unless pre-approved by Medical Directors.
42. **Sleep disorders.** Care and treatment for sleep disorders unless deemed Medically Necessary.
43. **Speech Therapy.** Charges for speech therapy, except as specified in the Medical Plan Covered Services section of the Summary Plan Description.
44. **Sports.** Functional improvements for athletics, including, but not limited to, surgery, devices, or injections for improved athletic performance.
45. **Surgical sterilization reversal.** Care and treatment for reversal of surgical sterilization.
46. **Tobacco cessation.** Care and treatment for tobacco cessation programs shall be covered to the extent required under the Affordable Care Act, including smoking deterrent products, but not including electronic cigarettes.
47. **Travel or accommodations.** Charges for travel or accommodations, whether or not recommended by a Physician, except for ambulance charges as defined as a Covered Charge. Also excludes charges for, but not limited to, convenience items related to travel that would not be necessary in similar situations within your own home, such as travel-size cpap or oxygen machines.
48. **Video or Teleconference.**
49. **Vision Therapy.** Charges for vision therapy, except as specified in the Medical Plan Covered Services section of the Summary Plan Description or approved by Medical Directors and member is active participant in Chronic Disease Case Management.
50. **War or Bioterrorism.** Any loss that is due to a declared or undeclared act of war or bioterrorist prevention, such as but not limited to, immunizations, medications, supplies or other related services.
51. **Weight Loss Surgery.** Weight loss surgery, unless pre-approved by Medical Directors.