

# What the Plans Do Not Cover

Every health plan has exclusions and limitations—what the plans do not cover. This is a representative listing of major exclusions and limitations. A more detailed listing can be found in the Combined Evidence of Coverage and Disclosure Form.

## **Exclusions and Limitations**

- ▶ Any amounts in excess of the maximum amounts as stated in the Combined Evidence of Coverage and Disclosure Form.
- ▶ Services not specifically listed in the Combined Evidence of Coverage and Disclosure Form as covered services.
- ▶ Services or supplies determined by Blue Cross not to be medically necessary.
- ▶ Services that are experimental or investigational in nature.
- ▶ Services received before your effective date.
- ▶ Services received after your coverage ends.
- ▶ Services for which you are not legally obligated to pay or services for which no charge is made to you in the absence of insurance coverage.
- ▶ Any conditions for which benefits are recovered or can be recovered either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if you do not claim those benefits.
- ▶ Services provided by a local, state or federal government agency, except when payment is expressly required by federal or state law.
- ▶ Preexisting conditions, except as specifically stated in the Combined Evidence of Coverage and Disclosure Form.
- ▶ Any services to the extent you are entitled to receive Medicare benefits for those services without payment of additional premium for Medicare coverage. For parts of Medicare requiring additional premium payment, services are excluded for those parts of Medicare the member has enrolled in.
- ▶ Custodial care.
- ▶ Inpatient or outpatient services of a private duty nurse, except as specifically stated under the benefits section of the Combined Evidence of Coverage and Disclosure Form.
- ▶ Professional services received from a person who lives in the member's home or who is related to the member by blood, marriage or adoption.
- ▶ Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests that could have been performed safely on an outpatient basis.
- ▶ Treatment of mental or nervous disorders and substance abuse (including nicotine use) or psychological testing except as specifically stated under the benefits section of the Combined Evidence of Coverage and Disclosure Form.
- ▶ All dental services, including diagnostic, preventive, x-rays, dentures, bridges, crowns, caps, orthodontic services, braces and other orthodontic appliances and supplies, dental implants and related procedures, except as specifically stated in the Combined Evidence of Coverage and Disclosure Form.
- ▶ Hearing aids.
- ▶ Routine hearing exams, except as specifically listed in the Combined Evidence of Coverage and Disclosure Form.
- ▶ Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses and eye refractions, except as specifically stated in the Combined Evidence of Coverage and Disclosure Form.
- ▶ Eye surgeries performed solely for the purpose of correcting refractive defects such as near-sightedness (myopia), astigmatism and far-sightedness (presbyopia).
- ▶ Cosmetic surgery or other services that are performed to alter or reshape normal structures of the body in order to improve appearance.
- ▶ Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to sex changes.
- ▶ Sterilization reversal and any other services for infertility except as specifically stated in the Combined Evidence of Coverage and Disclosure Form. Any amounts in excess of the lifetime maximum for infertility services.

- ▶ Services primarily for weight reduction or treatment of obesity or any care that involves weight reduction as the main method of treatment, except medically necessary treatment of morbid obesity with Blue Cross prior authorization.
- ▶ Routine physical exams, except as specifically stated in the Combined Evidence of Coverage and Disclosure Form.
- ▶ Consultations provided by telephone or facsimile machines.
- ▶ Items which are furnished primarily for personal comfort or convenience including, but not limited to air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, shoes, spas, elevators, hairpieces, diapers and supplies for hygiene or beautification.
- ▶ Educational services, except as specifically provided or arranged by Blue Cross.
- ▶ Nutritional counseling, except as specifically provided or arranged by Blue Cross.
- ▶ Health club memberships.
- ▶ Food or dietary supplements except for formulas and special food products that are prescribed by a physician in consultation with a metabolic disease specialist if it is deemed medically necessary to prevent complications of phenylketonuria (PKU).
- ▶ Care and treatment furnished in a Non-Contracting Hospital, except for medical emergencies or as specifically stated in the Combined Evidence of Coverage and Disclosure Form.
- ▶ Oral contraceptive drugs.
- ▶ Contraceptive devices, unless your physician determines that oral contraceptive drugs are not medically appropriate.
- ▶ Replacement of prosthetics and durable medical equipment when lost, stolen or damaged.
- ▶ Immunizations for travel outside the United States.
- ▶ Services or supplies furnished and billed by a provider outside the U.S., unless for medical emergencies.
- ▶ Charges in excess of the limited fee schedule and reasonable and customary amounts determined by Blue Cross.

