

General Exclusions

- Services provided or charges incurred prior to the effective date of coverage under the Plan
- Care or treatment as a result of being engaged in an illegal occupation or commission of, or attempted commission of, a felony or assault
- Charges or services for which you or your covered dependent are not legally required to pay, or that would not have been made if coverage had not existed
- Charges for missed appointments, telephone consultations, or the completion of medical reports or certification services
- Services and drugs not prescribed or authorized by your primary care physician (PCP) or a specialist to whom you were referred
- Services provided or received after the date your coverage terminated under the Plan
- Services not considered medically necessary for your diagnosis and treatment, or services that are experimental/investigational or are of a research nature
- Any services provided for education, employment, licensing, immigration, elective travel, or other administrative reasons
- Complications due to a non-approved or non-covered procedure

Some Specific Exclusions (This is not all-inclusive.)

- Acupuncture and acupressure
- Artificial insemination (and other therapies including drug therapy) to induce pregnancy
- Autopsy and postmortem
- Aversion therapy in connection with alcoholism
- Bed wetting correctional devices
- Breast implants for cosmetic services or removal of breast implants if obtained for augmentation or cosmetic reasons
- Chiropractic services
- Cosmetic, plastic, or reconstructive surgery not connected to medical treatment
- Custodial or convalescent care (nursing homes)
- Dental X-rays and services, dentures and orthodontia
- Electrolysis
- Eyeglasses, frames and contact lenses
- Food, food substitute, supplements, and vitamins consumed outside a hospital, except for home parenteral nutrition therapy
- Foot care, except in connection with medical treatment (routine foot care is covered only for enrollees with specific medical conditions, such as diabetes)
- Genetic tests not ordered by a Plan PCP and under certain other conditions
- Hearing aids
- Hearing examinations, except in connection with medical or surgical treatment of a covered illness or injury
- Immunizations for elective travel
- Learning disorder treatments, including dyslexia
- Massage therapy
- Megavitamins and orthomolecular psychiatric therapy
- Mind expansion or elective psychotherapy
- Naturopathic service
- Organ transplants considered experimental
- Orthopedic shoes and arch supports, except when part of a brace
- Over-the-counter drugs or vitamins or food supplements
- Private hospital rooms, unless ordered by the attending physician for medical reasons, or if a semiprivate room is not available
- Radial keratotomy
- Respite care
- Retirement homes or nursing homes
- Sex change procedures
- Sterilization reversals
- Telephone services or advice including remote monitoring and consultation, except for trans-telephonic monitoring of pacemakers
- Transportation for convenience
- Visual training
- Weight control or weight reduction services and supplies