

Exclusions And Limitations: What The Policy Does Not Cover

Excluded Services

In addition to any other exclusions and limitations described in this Policy, there are no benefits provided for the following:

1. Any **amounts in excess of maximum amounts of Covered Expenses** stated in this Policy.
2. Services or supplies that are not Medically Necessary, except for voluntary family planning and preventive care services or treatment.
3. Services or supplies for **Experimental Procedures or Investigative Procedures**.
4. Services received **before the Effective Date** of coverage.
5. Services received **after coverage under this Policy ends**.
6. Services 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.
7. Any services provided by a local, state or federal **government agency**, except when payment under this Policy is expressly required by federal or state law.
8. If the Insured Person is eligible for **Medicare** part A or B or D, Cigna will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount Cigna would have paid if it were the sole insurance carrier.
9. Services received during **an inpatient stay when the stay is primarily related to** behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of mental health.
10. Services for which there is no Physician's order and for which You refer Yourself to a free-standing or Hospital based diagnostic facility.
11. Services ordered by a Physician or other provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider:
 - a. Has not been actively involved in your medical care prior to ordering the service, or
 - b. is not actively involved in your medical care after the service is received.This exclusion does not apply to mammography.
12. Complementary and alternative medicine services, including but not limited to: massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupressure; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under "Short Term Rehabilitative Therapy" and "Habilitative Therapy" are not subject to this exclusion.

13. Any services provided by or at a place for the aged, a nursing home, or any facility a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
14. Services performed by unlicensed practitioners or services which do not require licensure to perform, for example mediation, breathing exercises, guided visualization.
15. Private duty nursing except when provided as part of the Home Health Care Services or Hospice Services benefits in this Policy.
16. Any services for which payment may be obtained from any local, state or federal **government agency** (except Medi-Cal). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
17. Professional **services or supplies received or purchased directly or on Your behalf by anyone, including a Physician from** any of the following:
 - a. Yourself or Your employer;
 - b. a person who lives in the Insured Person's home, or that person's employer;
 - c. a person who is related to the Insured Person by blood, marriage or adoption, or that person's employer.
18. **Physical exams** and other services required on court order or required for parole or probation. This exclusion does not apply to medically necessary services.
19. **Assistance with activities of daily living** (for example: walking, getting in and out of bed, bathing, dressing, feeding, toileting, and taking medicine). This exclusion does not apply to assistance with activities of daily living that is provided as part of covered Hospice, Skilled Nursing Facility, or inpatient Hospital care.
20. Inpatient or outpatient services of a **private duty nurse**. Cigna excludes private duty nursing for the following reasons: a) When an Insured Person is confined to a Hospital or other covered facility, the facility provides 24-hour nursing care, b) When an Insured Person is home and requires nursing care, licensed nurses are covered to provide Home Health Care benefits. In-home private duty nursing includes care that is not covered, such as assistance with activities of daily living, and an Insured Person who requires 24-hour nursing care is normally admitted to a facility appropriate to the level of care required.
21. Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed on an outpatient basis, unless the Hospital stay is Medically Necessary.
22. **Dental services for adults age 19 and over**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as otherwise stated in this Policy under "Dental Care".
23. **Orthodontic Services for adults age 19 and over**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction. However, Orthodontic Services which are an integral part of reconstructive surgery for Cleft Palate are covered.
24. **Dental Implants for adults age 19 and over** unless they are an integral part of reconstructive surgery for Cleft Palate, Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
25. **Hearing aids** except for internally-implanted devices. A hearing aid is any device that amplifies sound.

26. Routine hearing tests except as provided under Preventive Care.
27. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, and eye exams for refraction for adults age 19 and over.
28. An **eye surgery** for Insured Persons age 19 and above solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
29. **Cosmetic Services**: Services that are intended primarily to change or maintain one's appearance. The exclusion shall not apply to any of the following: Reconstructive Surgery (Please see page 19: "Definitions – Cosmetic and Reconstructive Surgery") or Mastectomy (Please see page 60: "Mastectomy and Related Procedures"); Durable Medical Equipment, Prosthetics, and Orthotic devices incident to a reconstructive surgery or mastectomy, including testicular implants implanted as part of a covered reconstructive surgery, breast prostheses needed after a mastectomy, and prostheses to replace all or part of an external facial body part.
30. **Aids or devices** that assist with nonverbal communication, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
31. **Non-Medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, employment counseling, back school, return to work services, work hardening programs, driving safety.
32. Services and procedures including panniculectomy, macromastia or gynecomastia; varicose veins; rhinoplasty, blepharoplasty and; orthognathic surgeries unless Medically Necessary.
33. Services and procedures for redundant skin surgery including abdominoplasty, removal of skin tags, carinosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions regardless of clinical indications, unless Medically Necessary.
34. Any treatment, service or supply to treat **sexual dysfunction except as medically necessary**
35. Any treatment, service, or supply to enhance sexual performance or increase sexual desire.
36. All services related to the evaluation or treatment of **fertility and/or Infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization.
37. **Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision**, if not provided by a Participating Provider.
38. All **non-prescription** Drugs, devices and/or supplies, except drugs designated as preventive by the Patient Protection and Affordable Care Act (PPACA), that are available over the counter or without a prescription.
39. **Cryopreservation** of sperm or eggs.
40. Fees associated with the **collection or donation of blood or blood products**, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
41. **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics except for diabetic shoes and inserts, including off-the-shelf depth-inlay shoes, custom-molded shoes, custom-molded multiple density inserts, fitting, modification, and follow-up care for podiatric

- devices. Coverage will include fitting and adjustment, repair or replacement (but not for loss or misuse), and services to determine whether an insured needs a prosthetic or orthotic device.
42. Items which are furnished primarily for **personal comfort** or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs, etc.).
 43. Services primarily for **weight reduction** or treatment of obesity except morbid obesity, or any care which involves weight reduction as a main method for treatment, except as otherwise stated in this Policy under "Preventive Care" or "Bariatric Surgery".
 44. **Educational services** except for Bariatric surgery related health education, health education for tobacco cessation and stress management, chemical dependency and substance use disorder, preventive dental, post-natal, preventive health, Diabetes Self-Management Training Program, Pediatric Asthma Training, and as specifically provided or arranged by Cigna.
 45. **Outpatient oral nutrition**, such as dietary supplements, herbal supplements, weight loss aids, formulas, and food, except for oral nutrition for such conditions as PKU and other metabolic disorders, as stated in the Policy.
 46. **Durable medical equipment** not specifically listed as Covered Services in the Covered Services section of this Policy. Excluded durable medical equipment includes, but is not limited to: shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; correction appliances or support appliances and supplies such as stockings, disposable supplies as follows: Bandages, gauze, tape, antiseptics, dressings, Ace-type bandages, and diapers, underpads, and other incontinence supplies. This exclusion shall not apply to disposable supplies covered as "Durable Medical Equipment," "Home Health Care," "Hospice Care," "Ostomy and Urological Supplies," and "Prescription Drug Benefits".
 47. All **Foreign Country Provider charges** other than emergency or urgent care services.
 48. **Growth Hormone Treatment**, except when such treatment is Medically Necessary to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be Medically Necessary and effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition.
 49. **Routine foot care**, such as nail clipping or corn removal that is not Medically Necessary.
 50. **Charges for which We are unable to determine Our liability** because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
 51. **Claims** received by Cigna after 15 months from the date service was rendered, except in the event of a legal incapacity.