Connecticut Open Access Exclusions and Limitations (Medical)

Exclusions And Limitations: What Is Not Covered By This Policy

Excluded Services

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

- Any amounts in excess of maximum amounts of Covered Expenses stated in this Policy.
- Services not specifically listed as Covered Services in this Policy.
- Services for treatment of complications of non-covered procedures or services.
- Services or supplies that are not Medically Necessary or state or federally mandated.
- Services or supplies that Cigna considers to be for Experimental Procedures or Investigative Procedures, except as described in this Policy.
- Services received before the Effective Date of coverage.
- Services received after coverage under this Policy ends.
- 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.
- For or in connection with an Injury or Illness arising out of, or in the course of, any employment for wage or profit. 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.
- Any services required by state or federal law to be supplied by a public school system or school district.
- Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Professional services or supplies received or purchased directly or on Your behalf by anyone, including a Physician, from any of the following:
  - Yourself or Your employer;
  - a person who lives in the Insured Person's home, or that person's employer;
  - a person who is related to the Insured Person by blood, marriage or adoption, or that person's employer.
- Custodial Care, except as specifically stated and provided under the benefit for “Extended Day Treatment Programs” in this Policy.
- Inpatient or outpatient services of a private duty nurse. Except as specifically stated under Home Health Care in the section of this Policy titled “Comprehensive Benefits What the Policy Pays For”.
- Inpatient room and board charges in connection with a Hospital stay primarily for environmental change or physical therapy; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
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.

Services which are self-directed to a free-standing or Hospital based diagnostic facility.

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:

- Has not been actively involved in your medical care prior to ordering the service, or
- Is not actively involved in your medical care after the service is received.

This exclusion does not apply to mammography.

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; acupuncture; 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. This exclusion does not apply to chiropractic, naturopathic, optometric, podiatric, short term rehabilitative or habilitative services that are covered under this Policy.

Assistance in activities of daily living, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care, except as specifically stated and provided under the benefit for “Extended Day Treatment Programs” in this Policy.

Services performed by unlicensed practitioners or services which do not require licensure to perform, for example mediation, breathing exercises, guided visualization.

Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.

Dental services, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.

Orthodontic Services, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction, except as described in this Policy.

Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.

Hearing aids except as specifically provided in this Policy, limited to the least expensive professionally adequate device. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.

Routine hearing tests except as specifically provided in this Policy under Preventive Care and Newborn Hearing Benefits.

Genetic screening or pre-implantations genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision.

An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).

Outpatient speech therapy, except as specifically stated in this Policy.

Private duty nursing except when provided as part of the Home Health Care Services or Hospice Services benefit in this Policy.

Cosmetic surgery or other services for beautification, to improve or alter appearance or self esteem or to treat psychological or psychosocial complaints regarding one’s appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy. Cosmetic surgery and therapy does not include gender reassignment services consistent with World Professional Association for Transgender Health (WPATH) recommendations.

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, except as specifically stated in this Policy.

Non-Medical counseling or ancillary services, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, except those related to covered services for Early Intervention Services, Autism Services and Services for Mental Health and Substance Use Disorder Services.

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.

Services and procedures for redundant skin surgery including abdominoplasty/panniculectomy, removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty, blepharoplasty and; orthognathic surgeries regardless of clinical indications.

Any treatment, prescription drug, service or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire. Reversal of male or female voluntary Sterilization.

Infertility services such as Donor charges and services; Gestational carriers and surrogate parenting arrangements; and experimental, investigational or unproven infertility procedures or therapies.

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; Injectable drugs ("self-injectable medications) that do not require Physician supervision; All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, and Self-administered Injectable
Drugs, and **Self-administered Injectable Drugs**, except as stated in the Benefit Schedule and in the Prescription Drug Benefits section of this Policy.

- **Any Infusion or Injectable Specialty Prescription Drugs** that require Physician supervision, except as otherwise stated in this Policy. Infusion and Injectable Specialty drugs include, but are not limited to, hemophilia factor and supplies, enzyme replacements and intravenous immunoglobulin.

- **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).

- 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.

- Blood administration for the purpose of general improvement in physical condition.

- **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics, except for Insured’s with the diagnosis of diabetes.

- Services primarily for **weight reduction or treatment of obesity including morbid obesity**, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.

- **Routine physical exams or tests**, that do not directly treat an actual illness, injury or condition, including those required by employment or government authority, physical exams required for or by an employer, or for school, or sports physicals, except as otherwise specifically stated in this Plan.

- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.

- 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 except as specifically provided in the treatment of cancer, etc.).

- **Massage therapy**.

- **Educational services** except for Diabetes Self-Management Training Program, and as specifically provided or arranged by Cigna.

- **Nutritional counseling or food supplements**, except as stated in this Policy.

- **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: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.

- **Physical, Occupational and/or Speech Therapy/Medicine** and Habilitative Services except when provided during an inpatient Hospital confinement or as specifically stated in the Benefit Schedule.
and under ‘Services for Short Term Rehabilitation Therapy’ or ‘Habilitative Services’ in the section of this Policy titled “Comprehensive Benefits What the Policy Pays For”.

- **Any Drugs, medications, or other substances dispensed or administered in any outpatient setting** except as specifically stated in this Policy. This includes, but is not limited to, items dispensed by a Physician.

- **Syringes, except as stated in this Policy.**

- **All Foreign Country Provider charges** are excluded under this Policy except as specifically stated under “Treatment received from Foreign Country Providers” in the section of this Policy titled “Comprehensive Benefits What the Policy Pays For”.

- **Growth Hormone Treatment** except when such treatment is medically proven 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 clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person’s condition. Growth hormone treatment for idiopathic short stature or improved athletic performance is not covered under any circumstances.

- **Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet, except for the treatment of diabetes.

- **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.

- Charges for the services of a **standby Physician**.

- Charges for **animal to human organ transplants**.

- Charges for **elective abortions**.

- **Claims received by Cigna after 15 months from the date service was rendered**, except in the event of a legal incapacity.