

## Texas Connect Exclusions and Limitations (Medical)

### **PLAN EXCLUSIONS AND LIMITATIONS**

#### **Exclusions**

Any services which are not described as covered in the Schedule of Benefits, Services and Benefits section, or in an attached amendment, or are specifically excluded in the Services and Benefits section or attached amendment, are not covered under this Plan.

In addition, the following are specifically excluded Services:

1. Care for health conditions that has not been provided by, or provided by referral from, Your PCP or has not been authorized by Your PCP or the Cigna Medical Director, except for immediate treatment of a Medical Emergency/Emergency Medical Condition.
2. Care or Services received before the effective date of Your coverage under this Plan, except as approved under the Continuity of Care provision.
3. Care or Services received after the date Your coverage under this Plan ends.
4. Care or Services that are not Medically Necessary;
5. Care for health conditions that are required by state or local law to be treated in a public facility.
6. Any services provided by a local, state or federal **government agency**, except (a) when payment under this Plan is expressly required by federal or state law; or (b) services provided for the treatment of mental or nervous disorders by a tax supported institution of the State of Texas.
7. Care required by state or federal law to be supplied by a public schools system or school district.
8. 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.
9. Conditions caused by: (a) an **act of war (declared or un-declared)**; (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) a Member participating in the **military service** of any country; (d) a Member participating in an **insurrection, rebellion, or riot**; (e) services received as a direct result of an Insured Person's commission of, or attempt to commit a **felony** (whether or not charged) **or as a direct result of the Member being engaged in an illegal occupation.**
10. Any condition 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 the Member does not claim those benefits.
11. 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, except to the extent that the availability of insurance or health plan coverage may be considered by a tax supported institution of the State of Texas providing treatment of mental Illness or mental retardation to determine if a patient is non-indigent, as provided in Article 3196a of Vernon's Texas Civil Statutes.
12. Charges for which you are not obligated to pay or for which you are not billed or would not have been billed except that you were covered under this Plan.
13. Custodial care.
14. Assistance in the activities of daily living, including, but not limited to, eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.

15. Care, services, supplies or treatment for health conditions 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 Member's home, or that person's employer;
- a person who is related to the Member by blood, marriage or adoption, or that person's employer.

This does not apply to covered dental services provided by a dentist licensed in the state of Texas and operating within the scope of his or her licensure.

16. Any services and supplies for or in connection with Experimental, Investigational or Unproven services. Experimental, investigational or unproven services do not include routine patient care costs related to qualified clinical trials as described in your Plan document.

17. Cosmetic surgery, therapy or surgical procedures primarily for the purpose of altering appearance (except as provided in the definition of Reconstructive Surgery or the description of the Reconstructive Surgery benefit in this Plan); The exclusions include surgical excision or reformation of any sagging skin on any part of the body, including, the eyelids, face, neck, abdomen, arms, legs or buttocks; and services performed in connection with the enlargement, reduction, implantation, or change in appearance of portion of the body, including, the breast, face, lips, jaw, chin, nose, ears or genital; hair transplantation; chemical face peels or abrasion of the skin; electrolysis diplation; or any other surgical or non-surgical procedures which are primarily for the purpose of altering appearance. This does not exclude services or benefits that are primarily for the purpose of restoring normal bodily function, or surgery, which is medically necessary.

18. The following services, regardless of clinical indications;

- macromastia or gynecomastia surgeries;
- abdominoplasty;
- panniculectomy;
- rhinoplasty;
- blepharoplasty;
- redundant skin surgery;
- removal of skin tags;
- acupressure;
- craniosacral/cranial therapy;
- dance therapy, movement therapy;
- applied kinesiology;
- rolfing;
- prolotherapy; and
- extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.

19. Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition.

20. Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan under "Pediatric Vision".

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

22. Any medical and surgical services for the treatment or control of obesity that are not included under the "Services and Benefits" section of this Plan;
23. Procedures, surgery or treatments to change characteristics of the body to those of the opposite sex including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery unless such services are Medically Necessary or for which coverage would otherwise be available (subject to applicable exclusions and limitations for any other Member.
24. Unless specifically covered under "Services and Benefits," reports, evaluations, physical examinations, or hospitalization not required for health reasons including, employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
25. Court ordered treatment or hospitalization, unless such treatment is being sought by a Participating Physician or otherwise specifically covered under "Services and Benefits."
26. All services related to infertility once diagnosed, including but not limited to, infertility services, infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees); Cryopreservation of donor sperm and eggs are also excluded from coverage.
27. Reversal of male and female voluntary sterilization procedures.
28. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia, and premature ejaculation.
29. Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Plan.
30. The following are not covered for treatment of Mental Health or Substance Use Disorder: Any court-ordered treatment or therapy or any treatment or therapy ordered as a condition of parole, probation or custody or visitation evaluations unless medically necessary and otherwise covered under this Plan; Special education, including but not limited to, school tuition; Treatment of mental disorders that have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain or of chronic conditions not subject to favorable modification according to generally accepted standards of medical practice; Developmental disorders, including but not limited to, developmental reading disorders, developmental arithmetic disorders, developmental language disorders or developmental articulation disorders; Counseling for borderline intellectual functioning, or related to consciousness-raising or of an educational, vocational or religious nature; I.Q. testing; Wilderness programs, animal therapy programs; Residential treatment (unless associated with a Substance Use Disorder as defined by this Plan; marriage counseling; Custodial Care, including but not limited to geriatric day care; Psychological testing on children requested by or for a school system; Occupational/recreational therapy programs even if combined with supportive therapy for age-related cognitive decline; Biofeedback.
31. Non-medical counseling or ancillary services including, but not limited to Custodial Services, 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, developmental delays, or mental retardation, except otherwise specifically covered in this Plan.
32. 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 which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected, except as specifically stated in this Plan.

33. 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; music therapy; meditation; visualization; acupuncture; acupressure, reflexology, light therapy, aromatherapy, energy-balancing; 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.
34. Any services or supplies 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.
35. Educational services except for Diabetes Self-Management Training; counseling/ educational services for breastfeeding; physician counseling regarding alcohol misuse, preventive medication, obesity, nutrition, tobacco cessation and depression; preventive counseling and educational services specifically required under Patient Protection and Affordable Care Act (PPACA) and as specifically provided or arranged by Cigna.
36. Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Inpatient Hospital Services", "Outpatient Facility Services", "Home Health Services", "Diabetic Services and Supplies", or "Breast Reconstruction and Breast Prostheses" sections of the "Services and Benefits" section. Unless covered in connection with the services described in the "Inpatient Services at Other Participating Health Care Facilities" or "Home Health Services" provisions, the following are specifically excluded:
  - 1) Hygienic or self-help items or equipment;
  - 2) Items or equipment primarily used for comfort or convenience such as bathtub chairs, safety grab bars, stair gliders or elevators, over-the-bed tables, saunas or exercise equipment;
  - 3) Environmental control equipment, such as air purifiers, humidifiers and electrostatic machines;
  - 4) Institutional equipment, such as air fluidized beds and diathermy machines;
  - 5) Elastic stockings and wigs;
  - 6) Equipment used for the purpose of participation in sports or other recreational activities including, but not limited to, braces and splints;
  - 7) Items, such as auto tilt chairs, paraffin bath units and whirlpool baths, which are not generally accepted by the medical profession as being therapeutically effective;
  - 8) Items which under normal use would constitute a fixture to real property, such as lifts, ramps, railings, and grab bars; and
  - 9) Hearing aid batteries (except those for cochlear implants) and chargers.
37. Private hospital rooms and/or private duty nursing except as provided in the "Home Health Services" section of "Services and Benefits.", or when deemed medically appropriate by Us. Private duty nursing will not be excluded in an inpatient setting, if skilled nursing is not available.
38. Personal or comfort items such as personal care kits provided on admission to a hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of illness or injury.
39. Orthopedic shoes (except when joined to braces), shoe inserts, foot orthotic devices except as required by law for diabetic patients.
40. Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, orthotics, elastic stockings, garter belts, corsets, dentures and wigs, except as provided in "Services and Benefits" section of the Plan.

41. Aids or devices that assist with non-verbal communications, including, but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
42. Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post-cataract surgery and pediatric vision).
43. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy, except for pediatric vision.
44. Treatment by acupuncture.
45. Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
46. 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.).
47. Genetic screening or pre-implantation 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.
48. Dental implants for any condition.
49. 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 Plan.
50. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the Cigna Medical Director's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
51. Blood administration for the purpose of general improvement in physical condition.
52. All nutritional supplements and formulas are excluded, except for infant formula needed for the treatment of inborn errors of metabolism or amino-acid based formulas as stated under "Nutritional Formulas" in this EOC.
53. All vitamins and medications and contraceptives available without a prescription ("over-the-counter") except for those covered under mandate of the 2010 Patient Protection and Affordable Care Act (PPACA).
54. Expenses incurred for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
55. Massage therapy.
56. 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-administered Injectable" drugs) that do not require Physician supervision;
57. All non-injectable Prescription Drugs, Injectable Drugs that do not require Physician supervision and are typically considered Self-administered Injectable Drugs, non-prescription drugs, and investigational and experimental drugs, and Self-administered injectable Drugs, except as stated in the Schedule of Benefits and in the Prescription Drug section of this Plan.
58. Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.

59. Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision, except as otherwise stated in this Plan, if not provided by an approved Participating Provider specifically designated to supply that specialty prescription. Infusion and Injectable Specialty drugs include, but are not limited to, hemophilia factor and supplies, enzyme replacements and intravenous immunoglobulin.
60. 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 Member's condition. Growth hormone treatment for idiopathic short stature, or improved athletic performance is not covered under any circumstances.
61. **Charges for which We are unable to determine Our liability** because the Member 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.
62. Charges for the services of a **standby Physician**.
63. Charges for **animal to human organ transplants**.
64. Claims received by Cigna after 15 months from the date service was rendered, except in the event of a legal incapacity.
65. In addition to the provisions of this "Exclusions and Limitations" section, You will be responsible for payments on a fee-for-service basis for Service and Supplies under the conditions described in the "Reimbursement" provision of "Other Sources of Payment for Services and Supplies."