

BENEFIT EXCLUSIONS AND LIMITATIONS

Any services which are not described as covered in the Benefit Summary, Services and Benefits section, or in an attached rider, or are specifically excluded in the Services and Benefits section benefit language or an attached rider, are not covered under this Agreement.

Benefit Exclusions

In addition, the following are specifically excluded Services:

1. Care for health conditions which has not been provided by Your Primary Care Physician, provided by Referral from Your Primary Care Physician or authorized by Your Primary Care Physician or the Cigna Medical Director, except for immediate treatment of a Medical Emergency/Emergency Medical Condition
2. Services received before the Effective Date of coverage.
3. Services received after coverage under this Agreement ends.
4. Care, services or supplies for health conditions 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 Member's home, or that person's employer;
 - c. a person who is related to the Member by blood, marriage or adoption, or that person's employer.
5. Care for health conditions that are required by state or local law to be treated in a public facility.
6. Care required by state or federal law to be supplied by a public schools system or school district.
7. Care for military service disabilities treatable through governmental services if the Member is legally entitled to such treatment and facilities are reasonably available.
8. Treatment of an Illness or Injury which is due to war, declared or undeclared.
9. 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 Agreement.
10. 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.
11. 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 Agreement.
12. Cosmetic surgery, therapy or surgical procedures primarily for the purpose of altering 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 Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance. 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.

13. The following services are excluded from coverage regardless of clinical indications;
 - a. Macromastia or Gynecomastia Surgeries;
 - b. Surgical treatment of varicose veins;
 - c. Abdominoplasty;
 - d. Panniculectomy;
 - e. Rhinoplasty;
 - f. Blepharoplasty;
 - g. Redundant skin surgery;
 - h. Removal of skin tags;
 - i. Acupressure;
 - j. Craniosacral/cranial therapy;
 - k. Dance therapy, movement therapy;
 - l. Applied kinesiology;
 - m. Rolfing;
 - n. Prolotherapy; and
 - o. Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
14. 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. However, Charges made for services or supplies provided for or in connection with a fractured jaw, or an accidental injury to sound natural teeth are covered. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch, except for pediatric dental services.
15. Any medical and surgical services for the treatment or control of obesity that are not included under the "Services and Benefits" section of this Agreement
16. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons including, employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
17. Court ordered treatment or hospitalization, unless such treatment is being sought by a Participating Physician or otherwise covered under "Services and Benefits."
18. 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.

19. Reversal of male and female voluntary sterilization procedures.
20. Procedures, surgery or treatments to change characteristics of the body to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.
21. Any treatment, prescription drug, service or supply **to treat sexual dysfunction**, enhance sexual performance or increase sexual desire
22. 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.
23. Medical and hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Agreement.
24. 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 as specifically stated in this Agreement.
25. 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 Agreement.
26. 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; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnotism; 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 "Rehabilitative Therapy" and "Habilitative Therapy" are not subject to this exclusion.
27. 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.
28. 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.
29. Educational services except for Diabetes Self-Management Training; treatment for autism; 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) or and as specifically provided or arranged by Cigna.

30. 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", 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, Durable Medical Equipment items that are not covered, include but are not limited to those listed below:
 - a. Hygienic or self-help items or equipment;
 - b. 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;
 - c. Environmental control equipment, such as air purifiers, humidifiers and electrostatic machines;
 - d. Institutional equipment, such as air fluidized beds and diathermy machines;
 - e. Equipment used for the purpose of participation in sports or other recreational activities including, but not limited to, braces and splints;
 - f. 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;
 - g. Items which under normal use would constitute a fixture to real property, such as lifts, ramps, railings, and grab bars; and
 - h. Hearing aid batteries (except those for cochlear implants) and chargers.
31. Private hospital rooms and/or private duty nursing except as provided in the "Home Health Services" or "Hospice 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.
32. 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.
33. Orthopedic shoes (except when joined to braces), shoe inserts, foot orthotic devices except as required by law for diabetic patients.
34. 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 Agreement.
35. 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.

36. 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).
37. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy, except for pediatric vision.
38. Treatment by acupuncture.
39. 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; 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 Service Agreement.
40. 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.
41. 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.
42. Membership costs or fees associated with health clubs and weight loss programs.
43. 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.
44. Dental implants for any condition.
45. 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.
46. Blood administration for the purpose of general improvement in physical condition.
47. Cost of biologicals that are immunizations or medications for purposes of travel, except anti-malarial drugs, or to protect against occupational hazards and risks unless Medically Necessary or indicated.
48. Cosmetics, dietary supplements and health and beauty aids.
49. All nutritional supplements and formulae are excluded, except for infant formula needed for the treatment of inborn errors of metabolism.

50. 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).
51. 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.
52. Massage therapy.
53. 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.
54. 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 do not consist exclusively of Covered Services.
55. In addition to the provisions of this "Exclusions and Limitations" section, You are subject to the conditions set forth in the “Other Sources of Payment for Services and Supplies.”

56. The following mental health and substance use disorder services are specifically excluded from coverage under this plan:
 - a. 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 Agreement;
 - b. Treatment of mental disorders that have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain.
 - c. Treatment of chronic conditions not subject to favorable modification according to generally accepted standards of medical practice;
 - d. Developmental disorders, including but not limited to, developmental reading disorders, developmental arithmetic disorders, developmental language disorders or developmental articulation disorders.
 - e. Counseling for activities of an educational nature.
 - f. Counseling for borderline intellectual functioning.
 - g. Counseling for occupational problems.
 - h. Counseling related to consciousness raising.
 - i. Vocational or religious counseling.
 - j. I.Q. testing.
 - k. Residential treatment (unless associated with chemical or alcohol dependency as described in the Residential Substance Use Disorder Residential Treatment provisions);
 - l. 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.

- m. marriage counseling;
- n. Custodial Care, including but not limited to geriatric day care.
- o. Psychological testing on children requested by or for a school system
- p. Occupational/recreational therapy programs even if combined with supportive therapy for age-related cognitive decline; and
- q. Biofeedback is not covered for reasons other than pain management.

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."

Benefit Limitations

Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision require prior authorization. Infusion and Injectable Specialty drugs include, but are not limited to, hemophilia factor and supplies, enzyme replacements and intravenous immunoglobulin