

BENEFIT EXCLUSIONS AND LIMITATIONS

Exclusions

Any services which are not described as covered in the Benefit Schedule, Covered 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 EOC.

Benefit Exclusions

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 an Emergency Medical Condition.
2. Services received before the Effective Date of coverage.
3. Services received after coverage under this EOC ends.
4. 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 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.
 - A facility or health care professional that provides remuneration to You, directly or indirectly, or to an organization from which you receive, directly or indirectly, remuneration.
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 EOC.
10. Services of a Hospital emergency room for any condition that is not an Emergency Medical Condition as defined by this EOC.
11. 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.
12. Any services and supplies for or in connection with Experimental, Investigational or Unproven Procedures. Experimental, Investigational or Unproven Procedures do not include routine patient care costs related to qualified clinical trials as described in your EOC document.
13. 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 EOC); 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.

The following services are excluded from coverage regardless of clinical indications;

- macromastia or gynecomastia surgeries;
 - Surgical treatment of varicose veins;
 - 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.
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. Any medical and surgical services for the treatment or control of obesity that are not included under the "Covered Services and Benefits" section of this EOC;
 15. Unless otherwise covered under "Covered 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.
 16. Court ordered treatment or hospitalization, unless such treatment is being sought by a Participating Physician or otherwise specifically covered under "Covered Services and Benefits."
 17. Reversal of male and female voluntary sterilization procedures.
 18. 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.

19. Any treatment, prescription drug, service or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire.
20. Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the EOC.
21. Charges for animal to human organ transplants.
22. Non-medical counseling or ancillary services including, but not limited to Custodial Services, education, training, vocational rehabilitation, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return-to-work services, work hardening programs, driving safety and services, training, except otherwise specifically covered in this EOC.
23. 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 EOC.
24. Complementary and alternative medicine services, including but not limited to: 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
25. 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.
26. 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) and as specifically provided or arranged by Cigna.
27. 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 "Covered 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:
 - Hygienic or self-help items or equipment;
 - 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;
 - Environmental control equipment, such as air purifiers, humidifiers and electrostatic machines;
 - Institutional equipment, such as air fluidized beds and diathermy machines;
 - Elastic stockings and wigs;

- Equipment used for the purpose of participation in sports or other recreational activities including, but not limited to, braces and Splints;
 - 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;
 - Items which under normal use would constitute a fixture to real property, such as lifts, ramps, railings, and grab bars; and
 - Hearing aid batteries (except those for cochlear implants) and chargers.
28. Private hospital rooms and/or private duty nursing except as provided in the “Home Health Services” or “Hospice Services” section of “Covered Services and Benefits.”, or when deemed medically appropriate by Us.
 29. 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.
 30. Orthopedic shoes (except when joined to braces), shoe inserts, foot orthotic devices except as required by law for diabetic patients.
 31. 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 “Covered Services and Benefits” section of the EOC.
 32. 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.
 33. 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).
 34. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy, except for pediatric vision.
 35. Treatment by acupuncture.
 36. All non-injectable prescription drugs, injectable prescription drugs that do not require physician supervision and are typically considered self-administered drugs, non-prescription drugs, Experimental, Investigational and Unproven drugs, except as provided in "Covered Services and Benefits."
 37. 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 as part of another Covered Service.
 38. Membership costs or fees associated with health clubs and weight loss programs.
 39. 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.
 40. Dental implants for any condition.
 41. 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.
 42. Blood administration for the purpose of general improvement in physical condition.

43. Cost of biologicals that are immunizations or medications for purposes of travel, or to protect against occupational hazards and risks unless Medically Necessary or indicated.
44. Cosmetics, dietary supplements and health and beauty aids.
45. All nutritional supplements and formulae are excluded, except for infant formula needed for the treatment of inborn errors of metabolism.
46. 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).
47. 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.
48. The following mental health and substance use disorder services are specifically excluded from coverage under this EOC:
 - 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 EOC;
 - Treatment of mental disorders that have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain.
 - Treatment 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 activities of an educational nature.
 - Counseling for borderline intellectual functioning.
 - Counseling for occupational problems.
 - Counseling related to consciousness raising.
 - Vocational or religious counseling.
 - I.Q. testing.
 - Residential treatment (unless associated with Mental Health or chemical or alcohol dependency as described in the Mental Health Residential Treatment Services or the Substance Use Disorder Residential Treatment provisions);
 - 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; and
 - Biofeedback is not covered for reasons other than pain management.