

BENEFIT EXCLUSIONS AND LIMITATIONS

Benefit Exclusions

The following are specifically excluded from coverage under this Agreement:

1. Any services for health conditions which have not been provided by a Primary Care Physician, or provided by Referral from a Primary Care Physician or authorized by the Cigna Medical Director, except for immediate treatment of an Emergency Medical Condition.
2. Services obtained from a Non-Participating (Out-of-Network) Provider, except as stated under "Special Circumstances" in the "Introduction section of this Agreement. Services received before the Effective Date of coverage under this Agreement.
3. Services received after coverage under this Agreement ends.
4. Custodial Care, including but not limited to rest cures; infant, child, or adult day care, including geriatric day care.
5. 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 Member's home, or that person's employer;
 - c. 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.
6. Any services required by state or federal law to be supplied by a public schools system or school district.
7. Any amounts in excess of the maximum benefit limitations of Covered Expenses stated in this Agreement.
8. Services that are not Medically Necessary.
9. Services not specifically listed as Covered Services in this Agreement.
10. 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.
11. Any services provided by a local, state or federal government agency, except when payment under this Agreement is expressly required by federal or state law.
12. 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.
13. Treatment of an Illness or Injury caused by: (a) an **act of war (declared or undeclared)**; (b) a Member **participating in the military service of any country**.
14. Charges for which you have no legal obligation to pay or for which no charge which would be made if you did not have a health plan or insurance coverage.
15. Services of a Hospital emergency room for any condition that is not an Emergency Medical Condition as defined in this Agreement.

16. 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.
17. Any services and supplies for or in connection with Experimental, Investigational or Unproven services.
18. 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.
19. 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. Craniosacral/cranial therapy;
 - j. Applied kinesiology;
 - k. Prolotherapy; and
 - l. Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
20. Dental treatment of the teeth, gums or structures directly supporting the teeth, including but not limited to dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition, and dental implants for any condition. This does not apply to dental treatment covered under the "Dental Confinement and Anesthesia" benefit in this Agreement. Any medical and surgical services for the treatment or control of obesity except as otherwise stated under the "Services and Benefits" section of this Agreement

21. 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.
22. Court ordered treatment or hospitalization, unless such treatment is being sought by a Participating Physician or otherwise covered under "Services and Benefits."
23. 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.
24. Reversal of male and female voluntary sterilization procedures.
25. 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.
26. Any treatment, prescription drug, service or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire
27. 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.
28. Medical and hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Agreement.
29. Charges for animal to human organ transplants.
30. 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, developmental delays, or mental retardation, except as specifically stated in this Agreement.
31. 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.
32. 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; movement therapy; sleep therapy; hypnotism; rolfing; 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.

33. 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.
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; 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.
36. All Foreign Country Provider services, except as stated in this Agreement under "Covered Services and Benefits".
37. External and internal power enhancements or power controls for prosthetic limbs and terminal devices; and myoelectric prostheses peripheral nerve stimulators. Electronic prosthetic limbs or appliances are not covered unless Medically Necessary, when a less-costly alternative is not sufficient. Cranial banding/cranial orthoses/other similar devices, except when used postoperatively for synostotic plagiocephaly. Orthosis shoes, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers; orthoses primarily used for cosmetic rather than functional reasons; and prefabricated foot orthoses; orthopedic shoes (except when joined to braces), shoe inserts; foot orthotic devices except as required by law for diabetic patients. Non-foot Orthoses, except only the following non-foot orthoses are covered when Medically Necessary:
 - a. Rigid and semi-rigid custom fabricated Orthoses;
 - b. Semi-rigid pre-fabricated and flexible Orthoses; and
 - c. Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
38. 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.
39. 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.
40. Personal or comfort items such as television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of illness or injury.
41. Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, orthotics, elastic stockings, garter belts, corsets, and dentures and wigs, except as provided in "Services and Benefits" section of the Agreement.
42. 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.
43. 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).
44. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy, except for pediatric vision.
45. 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 Experimental, Investigational and Unproven drugs, except as provided in "Services and Benefits."
46. 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.
47. Membership costs or fees associated with health clubs and weight loss programs.
48. 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.
49. 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.
50. Blood administration for the purpose of general improvement in physical condition.

51. 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.
52. Cosmetics, dietary supplements and health and beauty aids.
53. All nutritional supplements and formulae are excluded, except for infant formula needed for the treatment of inborn errors of metabolism.
54. 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).
55. 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.
56. 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."
57. 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;
58. Treatment of mental disorders that have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain.
59. Treatment of chronic conditions not subject to favorable modification according to generally accepted standards of medical practice;
60. Developmental disorders, including but not limited to, developmental reading disorders, developmental arithmetic disorders, developmental language disorders or developmental articulation disorders.
61. Counseling for activities of an educational nature for borderline intellectual functioning, for occupational problems, related to consciousness raising, marriage counseling and vocational or religious counseling.
62. I.Q. testing.
63. Residential treatment, except as otherwise stated under "Mental Health and Substance Use Disorders Services" in the "Covered Services and Benefits" section.
64. Psychological testing on children requested by or for a school system.
65. Occupational/recreational therapy programs even if combined with supportive therapy for age-related cognitive decline;
66. Claims received by Cigna after 15 months from the date service was rendered, except in the event of a legal incapacity.

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.