

Limitations and Exclusions

The primary limitations and exclusions for these medical insurance plans are listed below. Please take a few moments to review this information. These listings are an overview only. A more detailed list of each plan's limitations and exclusions can be found in the applicable Plan Booklet.

Limitations & Exclusions for the UniCare Consumer Choice PPO \$1000, \$2000 and \$5000 Plans:

Exclusions

These plans do not provide benefits for:

- Services for any condition for which benefits are excluded by a waiver.
- Any amounts in excess of maximum amounts of covered expenses stated in this plan.
- Services not specifically listed in this plan as covered services.
- Services or supplies that are not medically necessary, experimental, or investigative as defined by UniCare.
- Services received before the effective date of coverage or during an inpatient stay that began before that effective date.
- Services received after coverage ends.
- Services for which you have no legal obligation to pay or for which no charge would be made if you did not have a health plan or insurance coverage.
- Any condition covered by workers' compensation or similar laws.
- Any intentionally self-inflicted injury or illness.
- Conditions caused by or contributed by: (a) an act of war; (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) an insured person participating in the military service of any country; (d) an insured person participating in an insurrection, rebellion, or riot; (e) services received for any condition caused by an insured person's commission of, or attempt to commit a felony; or (f) an insured person, age 19 or older, being under the influence of illegal narcotics or nonprescribed controlled substances unless administered on the advice of a physician.
- Any services for which payment may be obtained from any local, state, or federal government agency, except when payment under this plan is expressly required by federal or state law.
- Any services for which you are entitled to receive Medicare benefits. Veterans Administration hospitals and military treatment facilities will be considered for payment according to current legislation.
- Professional services received from or supplies purchased from a person who lives in your home or who is related to you by blood, marriage, or adoption, or is your employer.
- Inpatient or outpatient services of a private duty nurse.
- Inpatient room and board charges in connection with a hospital stay primarily for environmental change, physical therapy, treatment of chronic pain, custodial care, rest cures, or for diagnostic tests which could have been performed safely on an outpatient basis.

- Services provided by a rest home, a home for the aged, a nursing home, or any similar facility service.
- Treatment of mental, emotional, or functional nervous disorders (including a smoking cessation program) including any mental, emotional, or functional nervous disorder with demonstrable organic disease, or psychological testing.
- Treatment of drug, alcohol, or other substance addiction or abuse.
- Dental services, including dental services for temporomandibular joint dysfunction.
- Orthodontic services, braces, and other orthodontic appliances, including orthodontic services for temporomandibular joint dysfunction.
- Dental implants or any associated procedures.
- Hearing aids.
- Routine hearing tests except as specifically stated in the plan.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions.
- Certain eye surgeries, including those solely for the purpose of correcting refractive defects.
- Any drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in this plan.
- Cosmetic surgery or other services for beautification. This exclusion does not apply to medically necessary reconstructive surgery to restore a bodily function or to correct a deformity caused by injury or congenital defect of a newborn child, to breast reconstruction performed to restore or achieve breast symmetry incident to a mastectomy and abnormal craniofacial structure caused by congenital defects.
- Sex change operations or related treatment and study.
- Treatment of sexual dysfunction, impotence, and/or inadequacy.
- All services related to the evaluation or treatment of fertility and/or infertility.
- All contraceptive services and supplies including but not limited to all consultations, examinations, evaluations, medications, medical, laboratory, devices, prescription drugs or surgical procedures.
- Charges for pregnancy and maternity care including, but not limited to, normal delivery, Cesarean sections and elective abortions except as specifically stated in the plan.
- Cryopreservation of sperm or eggs.
- Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for weight reduction or treatment of obesity, including morbid obesity.
- Charges by a provider for telephone consultations or for telemedicine or telehealth services.

- Items which are furnished primarily for your personal comfort or convenience.
- Educational services, except for diabetes self-management training program and as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements, except for formulas necessary for the treatment of phenylketonuria.
- Any services received within 12 months of the effective date of coverage if they are related to a pre-existing condition.
- All foreign country provider charges, except as specifically stated in the plan.
- Growth hormone treatment.
- Routine foot care.
- Charges for which we are unable to determine our liability because you or an insured person failed, within 90 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.
- Charges for the services of a standby physician.
- Charges for animal-to-human organ transplants.
- Charges for any smoking cessation program or pharmaceuticals related to smoking cessation.
- Self-administered injectable drugs, except as stated in the prescription drug benefits section of the plan.
- Syringes, except as stated in the prescription drug benefits section of the plan.