

## **Exclusions and Limitations:**

### **What the UniCare Short-Term Plans Do Not Cover**

Every health plan has exclusions and limitations. Those listed below are an overview only. A comprehensive description of what is covered and what is not covered under the Plan can be found in the Plan booklet. Only the actual Plan provisions apply. The Short-Term Plans do not provide benefits for:

- Surgical procedures for sterilization (i.e., vasectomy, and/or tubal ligations).
- Any amount in excess of maximum amount 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 as defined by UniCare.
- Services or supplies that UniCare considers to be experimental procedures or investigative procedures.
- 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 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.
- 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 you do not claim those benefits.
- 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, (f) an insured person, age 19 or older, being under the influence of illegal narcotics or non-prescribed 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: (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.
- Any services to the extent that you receive Medicare benefits for those services. 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.

- Professional services received or supplies purchased from yourself, a person who lives in the insured person's home or who is related to the insured person by blood, marriage or adoption, or the insured person's 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 or treatment of chronic pain; custodial care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
- Treatment of mental, emotional or functional nervous disorders (including a smoking cessation program) or psychological testing except as specifically stated in this plan. However, medical conditions that are caused by behavior of the insured person and that may be associated with these mental conditions are not subject to these limitations.
- Treatment of drug, alcohol, or other substance addiction or abuse.
- Dental services
- Orthodontic services.
- Dental implants or any associated procedure.
- Hearing aids.
- Routine hearing tests except as provided under well baby and well child care and newborn hearing benefits.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this plan.
- An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or far sightedness (presbyopia).
- Outpatient speech therapy.
- Any drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in this Plan. This includes, but is not limited to, items dispensed by a physician.
- Cosmetic surgery or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. 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, or to breast reconstruction performed to restore or achieve breast symmetry incident to a mastectomy and abnormal craniofacial structure caused by congenital defects.
- Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to sex change.
- Treatment of sexual dysfunction, impotence and/or inadequacy.

- All services related to the evaluation or treatment of fertility and/or infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals, except as specifically stated under comprehensive benefits.
- All non-prescription contraceptive drugs, devices and supplies, and non-FDA approved prescription contraceptive drugs, devices and supplies. Prescription contraceptive drugs or devices are covered under the prescription drug benefit of the plan.
- Charges for pregnancy and maternity care including, but not limited to, normal delivery, elective cesarean sections, and elective abortions, except as specifically stated in this plan under comprehensive benefits, complications of pregnancy.
- Cryopreservation of sperm or eggs.
- Orthopedic shoes or shoe inserts, including orthotics (except when joined to braces or therapeutic footwear for the prevention of complications associated with diabetes).
- Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care that involves weight reduction as a main method of treatment.
- Routine physical exams or tests that do not directly treat an actual illness, injury or condition, including those required by employment or government authority, except specifically stated under the plan.
- Charges by a provider for telephone consultations. (Note: a Telemedicine Medical Service or Telehealth Service will not be excluded solely because the service is not provided through a face to face consultation.)
- Items that are furnished primarily for your personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, etc.).
- Educational services except for diabetes self-management training programs, and as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements, except for formulas necessary for the treatment of phenylketonuria and medical nutrition care for diabetes.
- Durable medical equipment not specifically listed as covered services in the covered services or infusion therapy sections of the plan.
- No benefits will be provided for any services received for a pre-existing condition.
- Physical and/or occupational therapy/medicine, except when provided during an inpatient hospital confinement or as specifically provided under the benefits for physical and/or occupational therapy/medicine.
- All incidental supplies used by a provider in the administration of infusion Compounding fees are excluded under the plan except where specifically stated under infusion therapy.
- All infusion therapy together with any associated supplies, drugs or professional services are excluded except as specifically provided under the benefit for infusion therapy described in this plan.

- All Foreign Country Provider charges, except as specified 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.
- Smoking cessation programs and medications.
- Services received from a hospice.
- Removal or treatment of hernia except for strangulated or incarcerated hernia.
- Treatment of varicose veins.
- Organ and tissue transplants.
- 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.