

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 Policy can be found in the Policy 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).
- Amounts in excess of maximum amounts of Covered Expenses stated in the Policy.
- Services not specifically listed in the Policy as covered services.
- Services or supplies that are not medically necessary.
- Services or supplies UniCare considers to be experimental or investigative procedures.
- Services received before the effective date of coverage or during an inpatient stay that began before your 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.
- Conditions covered by workers' compensation or similar laws.
- Any intentionally self-inflicted injury or illness.
- Conditions arising from (a) an act of war, (b) the inadvertent release of nuclear energy when government funds are available for treatment, (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 as a direct result of an insured person's commission of, or attempt to commit a felony or as a direct result of the insured person being engaged in an illegal occupation, (f) an insured person, being under the influence of illegal narcotics or non-prescribed controlled substances, possession of which would constitute a felony, unless administered on the advice of a physician.
- Any services provided by a local, state or federal government agency except when expressly required by federal or state law.
- Any services covered by Medicare under parts A or B.
- Professional services received or supplies purchased from Yourself, a person who lives in your home or who is related to you by blood, marriage or adoption or any of the insured person's employers.
- Inpatient room and board charges in connection with a hospital stay primarily for environmental change, physical therapy or treatment of chronic pain.
- 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 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 or psychological testing except as specifically stated in the Policy.
- Treatment of drug, or other substance addiction or abuse (except for the inpatient treatment of alcohol abuse as specifically stated in the Policy).
- Dental services and dental implants.
- Orthodontic services.
- Hearing aids.
- Routine hearing tests except as provided under 'Well Baby and Well Child Care.'
- Optometric services and eye surgery to correct refractive defects.
- Drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in the Policy.
- Cosmetic surgery except for medically necessary reconstructive surgery.
- Sex change operations or related treatment.
- Treatment of sexual dysfunction, impotence and/or inadequacy.
- All services related to the evaluation or treatment of fertility and/or infertility, including all tests, consultations, examinations, medications, surgical, medical or lab procedures and sterilization reversals.
- Cryopreservation of sperm or eggs.
- All contraceptive services and supplies including consultations, examinations, evaluations, medications, medical, laboratory, devices, prescription drugs, or surgical procedures.
- Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for weight reduction or treatment of obesity including morbid obesity or any care which involves weight reduction as a main method for treatment.
- Routine physical exams or tests that do not directly treat an actual illness, injury or condition.
- Charges by a provider for telephone consultations.
- Items which are furnished primarily for your personal comfort or convenience (air conditioners, exercise equipment, and supplies for hygiene or beautification, etc.).
- Educational services except as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements.
- Any services received if they are related to a Pre-existing Condition.
- Smoking cessation programs and medications.
- Routine foot care.
- Charges for which we are unable to determine our liability because you failed, within 60 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 or other insurance coverage.

- Charges for animal to human organ transplants.
- Charges for normal pregnancy or maternity care, except for services due to complications of pregnancy.
- Foreign country provider charges except as specifically stated in the Policy.
- Growth Hormone Treatment except as specifically stated in the Policy.