

Medical Plan Limitations & Exclusions

Some of the limitations and exclusions for these plans are listed below. Please take a few moments to review them. These listings are an overview only. A more comprehensive list of each plan's limitations and exclusions can be found in the specific Certificate of Coverage. Only the actual terms of the applicable Certificate of Coverage will apply.

Limitations & Exclusions for the UniCare Premier No Deductible, UniCare 500, 1000, 1500, 2000, 3000, and 5000, and UniCare Saver 2000 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 the Certificate of Coverage.
- Services not specifically listed in the Certificate of Coverage as covered services.
- Services or supplies that are not medically necessary, experimental, or investigative, as determined 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.
- Services received for any condition caused by or contributed by: (a) an act of war; (b) the inadvertent release of nuclear energy when government funds are available for treatment; (c) an insured person's participation in the military of any country; participation in an insurrection, rebellion, or riot; commission of, or attempt to commit, a felony, or (d) an insured person being under the influence of illegal narcotics or nonprescribed controlled substances.
- Any services for which payment may be obtained from or provided by any local, state, or federal government agency except when payment under the Certificate of Coverage is expressly required by federal or state law. Veterans Administration hospitals and military treatment facilities will be considered for payment according to current legislation.
- If you are eligible for Medicare, any services covered by Medicare under Parts A or B.
- Professional services received from, or supplies purchased from, yourself, a person who lives in your home or who is related to you by blood, marriage, or adoption, or is the insured person's employer.
- 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, 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 drug or other substance addiction or abuse except as stated in the Certificate of Coverage.
- Treatment of mental, emotional, or functional nervous disorders (including a smoking cessation program) or psychological testing, except as specifically stated in the Certificate of Coverage.
- Dental services.
- Orthodontic services, braces, and other orthodontic appliances.
- Dental implants or any associated procedures.
- Hearing aids.
- Routine hearing tests, except as provided under Well Baby and Well Child Care.
- Optometric services, except as specifically stated in the Certificate of Coverage.
- Certain eye surgeries, including those solely for the purpose of correcting refractive defects.
- Outpatient speech therapy.
- Any drugs, medications, or other substances dispensed or administered in any outpatient setting, except as specifically stated in the Certificate of Coverage.
- Cosmetic surgery or other services for beautification. This exclusion does not apply to medically necessary reconstructive surgery to restore a bodily function, 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.
- Sex change operations or related treatment and study.
- Treatment of sexual dysfunction, impotence, and/or inadequacy, except as stated under comprehensive benefits.
- All services related to the evaluation or treatment of fertility and/or infertility.
- Cryopreservation of sperm or eggs.
- Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
- Routine foot care.
- Services primarily for weight reduction or treatment of obesity (including morbid obesity).
- Routine physical exams or tests, including those required by employment or government authority, except as specifically stated in the Certificate of Coverage.
- Charges by a provider for telephone consultations.
- Items which are furnished primarily for your personal comfort or convenience.
- Educational services except as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements.
- Durable medical equipment not specifically listed as covered services in the covered services or infusion therapy sections of the Certificate of Coverage.

- Any services received within 12 months after the effective date of coverage if they are related to a pre-existing condition.
- Physical and/or occupational therapy/ medicine, and/or acupuncture/acupressure, except when provided during an inpatient hospital confinement or as specifically stated in the Certificate of Coverage.
- Foreign country provider charges, except as specified in the Certificate of Coverage.
- Charges for which we are unable to determine our liability because you or an insured person 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.
- All nonprescription contraceptive drugs, devices, and supplies and non-FDA approved prescription contraceptive drugs, devices, and supplies.
- Charges for pregnancy or maternity care, including normal delivery, elective abortions, or elective/nonemergency cesarean sections.
- All incidental supplies used by a provider in the administration of infusion therapy.
- Self-administered injectable drugs and syringes except as stated in the Prescription Drug benefits section of the Certificate of Coverage.
- Growth hormone treatment, except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use, and such treatment must be likely to result in a significant improvement of the insured's condition.

Additional Limitations & Exclusions for the UniCare Saver 2000 Plan

- Any services of a physician, except as specifically stated under limited professional and other services.
- Surgical procedures for sterilization.
- Acupuncture/acupressure.
- Durable medical equipment.
- Physical and/or occupational therapy/ medicine, except when provided during an inpatient hospital confinement.
- Charges for any smoking cessation program or pharmaceuticals related to smoking cessation.