



General Exclusions

Except when specifically noted in the group policy, the following services are not covered. If you receive services for these items, Significa will not pay for the services and you will have to pay for any and all costs for the care.

- 1.** Services that are not medically necessary.
- 2.** Any services in connection with or required by a non-covered procedure or benefit, except as needed because of subsequent complications.
- 3.** Services above any benefit maximum as stated in the group policy.
- 4.** Charges for services or supplies given before your effective date.
- 5.** Benefits, charges for services or supplies received after your coverage terminates (ends), except those specifically noted in the termination section of your group policy.
- 6.** Charges that go above the allowable charge.
- 7.** Services or supplies that are not prescribed or performed by or under the direction of a doctor or professional provider.
- 8.** Services Significa believes to be experimental or investigative. Treatment, procedures, equipment, drugs, devices or supplies available for the treatment of a particular condition will not be covered if the service is considered to be experimental or investigative. Coverage will not be provided for services for medical research.
- 9.** Loss sustained or expenses incurred while on active duty as a member of the armed forces of any nation, or losses sustained or expenses incurred as a result of an act of war whether declared or undeclared.
- 10.** Treatment or services received as a result of your participation in a riot or insurrection.
- 11.** Services as a result of injuries sustained during your commission of or attempt to commit a felony.
- 12.** Services that you have no legal obligation to pay.
- 13.** Cosmetic or reconstructive procedure/surgery to improve the appearance or performed for psychological or psychosocial reasons, unless needed:
 - For correction of a condition directly resulting from accidental injury;
 - For a newborn to fix a congenital birth defect;
 - When reconstruction is pursuant to breast reconstruction after a mastectomy; or
 - To treat complications from surgery.
- 14.** The following procedures are not covered:
 - Removal of skintags;
 - Treatment of alopecia;
 - Dermabrasion;
 - Diastasis recti repair;
 - Ear or body piercing;
 - Electrolysis for hirsutism;
 - Excision or treatment of decorative or self-induced tattoos;
 - Salabrasion;
 - Chemosurgery and other such skin abrasion procedures associated with the removal of scars;
 - Hairplasty;
 - Lipectomy and panniculectomy;
 - Otoplasty;
 - Rhytidectomy;
 - Blepharoplasty;
 - Actinic changes;
 - Chemical peels;
 - Surgical treatment of acne;
 - Removal of port wine lesions, except when involving the visible portion of the face;

- Augmentation mammoplasty, except to establish symmetry following surgery for breast disease;
- Removal, repair or replacement of an implant, except when reconstruction and implant are pursuant to breast reconstruction following a mastectomy;
- Reduction mammoplasty, except to establish symmetry following a mastectomy;
- Gynecomastia, except when mandated for breast disease;
- Echosclerotherapy for treatment of varicose veins;
- Non-invasive laser treatment of superficial small veins, and treatment of spider veins or superficial telangiectasias.

15. All dental services including preventive dental care, regardless where or by whom performed, for the care, filling, removal or replacement of natural teeth, dentures or bridges and treatment of diseases of the teeth or gums, including, but not limited to:

- Treatment of dental cavities;
- Periodontics;
- Endodontics;
- Orthodontics; and
- Orthognathic surgery,

except as needed to correct a condition caused by accidental injury, for hospital and anesthesia charges associated with medically necessary dental procedures requiring sedation, which cannot be safely or adequately given on an outpatient basis upon approval by Significa's medical director, including those for children under the age of 18 and for adults with severe mental retardation, and for dental services for baby bottle syndrome before age four, once per lifetime.

Treatment of temporomandibular joint (TMJ) or myofascial (MPD) pain dysfunction or craniomandibular (CMD) pain syndrome, including surgical and non-surgical exam, invasive and non-invasive procedures and tests, and all related medical and surgical services. Examples of non-covered services include, but are not limited to:

- Physiotherapy;
- Therapeutic muscle exercises;
- Occlusal appliances or other oral prosthetic devices and their adjustments;
- Braces;
- Crowns; or
- Bridgework.

16. Services when benefits are available under Medicare or other governmental program, except Medicaid, a state or federal workers' compensation, employer's liability or occupational disease law or services provided by a member of the covered person's immediate family.

17. Treatment of pervasive developmental disorders such as autism or mental retardation, defects, deficiencies and learning disabilities. This exclusion does not apply to medical treatment in accordance with the benefits provided in the description of benefits section of the group policy.

18. Biofeedback and neurofeedback.

19. Charges for the procurement of blood or for blood storage or the cost of securing the services of professional blood donors; cord blood collection, preparation or storage.

20. Routine and cosmetic foot care.

21. The repair and replacement of orthoses.

22. Sports medicine treatment plans, corrective appliances or artificial aids primarily intended to help athletic functions, or work hardening programs.

23. Custodial care, domiciliary care, convalescent care or rest cures, private duty nursing or specialized nursing care.

24. Services and charges for surgical and non-surgical medical treatment of obesity (including morbid obesity), including but not limited to:

- Gastric bypass,
- Stomach stapling,
- Gastric balloons,
- Jejunal bypass, or
- Services, supplies, dietary supplements or programs for weight reduction.

Treatment of obesity, including surgical intervention, to prevent related secondary illnesses, such as, but not limited to:

- Diabetes mellitus,
- Hypertension,
- Hyperlipidemia,
- Arteriosclerotic cardiovascular disease and
- Arthritis is also excluded from coverage.

25.

- Nutritional therapy;
- Vitamin, mineral and electrolyte supplements;
- Food;
- Special diets and feedings for adults, children and infants except those providing at least 35% of daily caloric requirements given enterally through an in-dwelling gastrointestinal tract tube necessitated by the inability to take nutrition by mouth, or in conditions of gastrointestinal tract impairment, parenterally through an intravenous catheter;
- Infant formulas including those prescribed for reasons of fat malabsorption, lactose intolerance, milk protein intolerance and/or milk allergies; and
- Metabolic formulas, except those that are mandated to be covered by law for the therapeutic treatment of phenylketonuria (PKU), branched-chain ketonuria, galactosemia and homocystinuria.

26. The purchase of organs that are sold rather than donated to transplant recipients and charges for organ donor searches are also excluded (not covered).

27. Charges as a result of illness or bodily injury covered by any Workmen's Compensation Act or Occupational Disease Law or by United States Longshoremen's Harbor Worker's Compensation Act and first party valid and collectible claims covered by a motor vehicle policy issued or renewed pursuant to the state Motor Vehicle Insurance Law or any applicable federal or state law. This exclusion applies regardless of whether you claim benefit compensation.

28. Long-term residential care.

29. Therapy or rehabilitation, except as noted in the group policy.

30. Therapy or devices to correct stuttering or pre-speech deficiencies or to improve speech skills that are not fully developed.

31. Pulmonary rehabilitation therapy on an inpatient basis.

32. Reversal of voluntary sterilization.

33. Treatment in connection with transsexual surgery, except for treatment resulting from a complication of transsexual surgery.

34. Charges in connection with penile implants.

35. Abortions, except services that are needed to prevent the death of the woman and services to terminate pregnancies caused by rape or incest will be covered.

36. Charges for surrogate parenting, except coverage will be provided for covered services to the birth mother when she is insured under this policy.

37. Corneal surgery to change the shape of the cornea to correct vision problems, except for accidental injury or medically necessary conditions due to corneal surgery.

38. Outpatient and routine eye exams; refractions for eyeglasses or contact lenses; and all services associated with eyeglasses or contact lenses, including related diagnostic tests such as, but not limited to:

- Visual fields testing;
- Orthoptics;
- Syntonics;
- Optometric therapy;
- Vision augmentation devices; and
- Vision enhancement systems.

39. Services or supplies for personal hygiene, physical fitness or convenience items, whether or not prescribed by a doctor, such as, but not limited to allergen filtration systems, including allergy products.

40. Charges for phone calls or phone consultations, for not keeping a scheduled visit, for completion of forms, transfer or copying of records or generation of correspondence.

41. Charges for services, use of facilities or supplies that any covered person has no legal obligation to pay.

42. Assisted fertilization techniques such as, but not limited to in vitro fertilization (IVF) of any kind, including the office visits, drugs, diagnostic monitoring (ultrasound) and other services and supplies related to these procedures, including, but not limited to:

- Oral or injectable prescription medication treatment,
- Embryo acquisition,
- Storage and transport,
- Human chorionotropin,
- Urofollitropin,
- Menotropins or derivatives, and
- Donor ovum, semen and related costs, including collection, preparation, preservation or storage.

43. Provision or replacement of the following items, including, but not limited to:

- Motor-driven or deluxe equipment of any sort, or equipment that has been otherwise determined by Significa to be non-standard, with the exception of standard motorized wheelchairs;
- Items that are primarily for personal comfort or convenience, including, but not limited to: bedboards, air conditioners and over-bed tables;
- Disposable supplies, such as elastic bandages, support stockings, ostomy supplies, self-administered catheters or prosthetic socks, except when administered by a home health agency as part of the home health benefit;
- Exercise equipment;
- Self-help devices, including, but not limited to: lift-chairs, saunas, humidifiers and air purifiers;
- Repair or replacement of any device or piece of equipment;
- Any device or piece of equipment that is no longer medically necessary;
- Motor vehicles or any modification to any vehicle for use by a disabled person;
- Dental services or appliances of any sort, including, but not limited to: dentures, bridges, dental implants or intra-oral prostheses;
- Hearing aids, eyeglasses or contact lenses;
- Corsets;
- Supportive back brace without metal stays;
- Knee brace made of elastic fabric support or sports braces;
- Comfort, non-therapeutic cast-brace;
- Pro-glide orthosis;
- Garter belts, rib belts or pressure leotards;
- Spinal pelvic stabilizers;
- Nose braces;
- Tongue retainers (equalizer, positioner);
- Slings and other non-sterile or over-the-counter supplies;
- Other special appliances, supplies or equipment, including bio-mechanical devices; and
- Modification or customization of any durable medical equipment.

44. Examinations for the prescription, fitting or adjustment of hearing aids, except as listed in the group policy.

45. Travel or transportation charges, even though prescribed by a doctor, except ambulance service as listed in the group policy.

46. Services performed by a doctor with the same legal residence as you or who is a family member, including spouse, brother, sister, parent or child.

47. Alternative and complementary medicine.

48. Adult circumcision in the absence of disease.

49. Charges for a private room when a semi-private room is available.

50. Services that are not prescribed, performed or directed by a provider licensed to do so.

51. Educational classes, nutritional counseling programs, support groups and disease management programs, unless sponsored or provided by Significa or required for diabetes education services.

52. Separate charges by interns, residents and other health care professionals who do not have a preferred provider agreement with Significa, who are directly or indirectly, employed by a hospital or facility other provider that is a preferred provider with Significa and makes their services available.

53. Take-home drugs, non-prescription drugs and prescription drugs dispensed by a non-participating pharmacy provider, with the exception of special circumstances according to your group policy.

54. When prescription drug coverage is applicable as stated in the group policy, charges for any prescription drug or supply which is not medically necessary and appropriate.