

Exclusions & Limitations

Health First Health Plans (HFHP) tries to keep your health plan premiums at an affordable rate for you and your family. One of the ways we do this is by excluding certain services that will raise premiums for everyone. In addition, some services have limitations applied.

This section explains the limitations and exclusions for your group plan. Please review it carefully. If the rules for accessing services and supplies described in this section are not followed, the member risks having services and supplies received not covered by this group plan. In such a circumstance, the member would be responsible for the entire cost of the services rendered.

Services that are provided or received without having been prescribed, directed or authorized in advance by HFHP when required are not covered. Except for emergency services and care for an emergency medical condition, all services must be received from participating providers, unless covered under a Point-of-Service (POS) plan.

- Services that, in HFHP's opinion, are not medically necessary will not be covered. The ordering of a service by a physician, whether participating or non-participating, does not in itself make such service medically necessary or a covered service. Whether a service is a covered service is determined according to the terms of the group plan as solely interpreted by the health plan or its delegate.

PRE-EXISTING CONDITIONS EXCLUSION PERIOD

PRE-EXISTING CONDITION EXCLUSIONS DO NOT APPLY TO DEPENDENTS UNDER THE AGE OF 19 REGARDLESS OF PRIOR COVERAGE AS A RESULT OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

Members who have not been continually covered by creditable coverage are subject to the pre-existing condition exclusion for any condition for which medical advice, diagnosis, care, or treatment was recommended or received during the six month period immediately preceding the earlier of:

1. The first day of the member's waiting period,

typically the date full-time employment begins, for individuals enrolling during their initial enrollment period; or

2. The effective date of the member's coverage for individuals enrolling during a special enrollment or the annual open enrollment period.

A pre-existing condition does not include:

1. Pregnancy;
2. Genetic information in the absence of a diagnosis of the condition;
3. Routine follow-up care of breast cancer after the person was determined to be free of breast cancer; or
4. Conditions arising from domestic violence.

There is no coverage for health care services to treat a pre-existing condition or conditions arising from a pre-existing condition until the covered person has been continuously covered for a 12-month period. The 12 month pre-existing condition exclusionary period begins on the covered person's effective date. This limitation also applies to any prescription drug that is prescribed in connection with a pre-existing condition.

Genetic Information means information about genes, gene products, and inherited characteristics that may derive from the individual or a family member. This includes information regarding health plan status and information derived from laboratory tests that identify mutations in specific genes or chromosomes.

Creditable Coverage is any of the following health care coverage under which an individual may have been previously covered:

1. A group health plan;
2. Health insurance coverage;
3. Part A and Part B of Title XVIII of the Social Security Act (Medicare);
4. Title XIX of the Social Security Act (Medicaid, other than coverage consisting solely of benefits under Section 1928 of the program for distribution of pediatric vaccines);
5. Chapter 55 of Title 10, United States Code (medical and dental care for covered persons and certain former covered persons of the uniformed

- services and their dependents);
6. A medical care program of the Indian Health Services or of a tribal organization;
 7. A State health benefits risk pool;
 8. A health plan offered under chapter 89 of Title 5, United States Code;
 9. A public health plan; and
 10. A health benefit plan under Section 5(e) of the Peace Corps Act (22 U.S.C. 2504 [E]).

General Pre-existing Conditions Exclusion Period Limitations:

All employees and dependents enrolled subsequent to the effective date will be subject to the pre-existing conditions exclusionary period, except newborn or adopted dependents that are properly enrolled. However, credit will be given for the time an eligible member or dependent was covered under previous creditable coverage if there was no more than a 63 consecutive day break in coverage prior to the earlier of the member's:

1. First day of the waiting period (i.e., first day of employment) for individuals applying for coverage during his or her initial enrollment period; or
2. The Effective Date of coverage for individuals applying for coverage during a special or annual open enrollment period.

If there was a break in coverage of 63 consecutive days or more, no credit will be given for prior creditable coverage.

Prior health insurance and/or group health plans are required to provide a certification of creditable coverage to the member upon termination of their coverage. The health plan may require the member to show proof of prior credible coverage as evidenced by their certificate of coverage.

The Health Plan reserves the right to collect from the member the cost of any service or supply paid in error for a pre-existing condition.

LIST OF EXCLUSIONS & LIMITATIONS

In addition to the limitations described above, the following services and/or supplies are excluded from coverage, and are not covered services under this group plan. The health plan will not pay benefits for any of the services, treatments, items or supplies that are described below even if such service or supply is

recommended or prescribed by a provider or is the only available treatment for the member's condition.

Abortions, including any service or supply related to an elective abortion. However, spontaneous abortions are not excluded nor are abortions performed when the life of the mother would be endangered if the fetus were carried to term.

Alcoholism or substance abuse treatment in a residential treatment facility. Inpatient and outpatient treatment is covered as described in the "Special Services" section.

Alternative medical treatments including but not limited to chelation therapy, massage therapy, acupuncture, and herbal remedies.

Autopsy or postmortem examination services, unless specifically requested by HFHP.

Biofeedback services and other forms of self-care or self-help training and any related diagnostic testing, hypnosis, meditation, and pain control.

Blood: fees associated with the collection, storage, or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the health plan's opinion the likelihood of excess blood loss is such that transfusion is expected adjunct to surgery.

Bloodless surgery: unless comparable outcomes, complication rates, and mortality rates are demonstrated through peer reviewed clinical studies when compared to standard surgical methods.

Breast reduction services

Complications of non-covered services, including the diagnosis or treatment of any condition, which arises as a complication of a non-covered service.

Compression or support hose (ready-made)

Cosmetic surgery (plastic and reconstructive surgery) and other services and supplies to improve the member's appearance or self-perception (except as covered under the breast reconstructive surgery category), including without limitation: procedures or supplies to correct baldness or the appearance of skin (wrinkling). However the restoration of a bodily function, or the correction of a deformity resulting from disease, injury or congenital or developmental abnormalities, is covered.

Costs incurred by the member related to the following:

1. Health care services resulting from accidental bodily injuries arising out of a motor vehicle accident to the extent such services are payable under any medical expense provision of any automobile insurance policy or liability policy.
2. Telephone consultations, failure to keep a scheduled appointment, or completion of any form and/or medical information.

Custodial care, including any service or supply of a custodial nature primarily intended to assist the member in the activities of daily living. This includes rest homes, home health aides (sitters), home parents, domestic maid services, and respite care.

Dental care: Dental treatment in a hospital or ambulatory surgical center; or dental treatment for children under age 19 due to cleft palate or cleft lip are covered as specified in the Covered Services section. All other dental procedures are excluded from coverage, including extraction of teeth, restoration of teeth with fillings, crowns or other materials, bridges, cleaning of teeth, dental implants, dentures, periodontal or endodontic procedures, orthodontic treatment including palatal expansion devices, bruxism appliances and dental x-rays.

Dental services related to the treatment of malocclusion or malposition of the teeth or jaws (orthognathic treatment), as well as temporomandibular joint (TMJ) syndrome or craniomandibular jaw disorders (CMJ) are also excluded. Non-dental treatments for these conditions may be covered if deemed medically necessary by the health plan.

Developmental delay treatment, including services and supplies necessary to improve the motor, language, social or thinking skills of a member who does not reach their developmental milestones at expected times.

Dietary regimens or treatments for reducing or controlling weight, unless specifically related to diabetic services or prescribed as part of the health plan's disease management programs.

Durable medical equipment other than the equipment specifically listed in the covered services section. This exclusion includes, but is not limited to, items that are primarily for convenience and/or comfort;

items available over the counter: wheelchair lifts or ramps, modifications to motor vehicles and or homes such as wheelchair lifts or ramps; water therapy devices such as Jacuzzis, swimming pools, whirlpools or hot tubs; exercise and massage equipment, air conditioners and purifiers, humidifiers, water softeners and/or purifiers, pillows, mattresses or waterbeds, escalators, elevators, stair glides, emergency alert equipment, handrails and grab bars, heat appliances, dehumidifiers, and the replacement of any such equipment unless it is non-functional and not practically repairable.

Erectile dysfunction limited to implantation of a penile prosthesis when medically necessary to treat impotence in accordance with Medicare guidelines.

Experimental and investigational treatment as defined in the plan definitions section. Routine costs that would otherwise be covered if the member were not enrolled in a clinical trial may be covered as defined in the covered services section.

Eye care, including:

1. The purchase, examination, or fitting of eyeglasses or contact lenses, except as specifically provided for in the covered services section or through a vision rider to this certificate.
2. Lasik, radial keratotomy, myopic keratomileusis, and any other surgery that involves corneal tissue for the purpose of altering, modifying, or correcting myopia, hyperopia, or stigmatic error.
3. Training or orthoptics, including eye exercises and vision therapy.

Food and food products including oral nutrition supplements except those listed as covered services under the enteral/parenteral and oral nutrition therapy section.

Foot care (routine), including any service or supply in connection with foot care in the absence of disease. This exclusion includes, but is not limited to, non-surgical treatment of bunions, flat feet, fallen arches, and chronic foot strain, toenail trimming, corns and calluses, unless determined to be medically necessary.

Hearing aids (external or implantable) and services related to the fitting or provision of hearing aids, including tinnitus maskers, unless covered under a separate rider attached to this certificate.

Home health care services, except as specifically set forth in the covered services section.

Hospice services, except as specifically set forth in the covered services section.

Hypnotism or hypnotic anesthesia.

Immunizations and physical examinations, when required for travel, or when needed for school, employment, insurance, or governmental licensing, except as such examinations are within the scope of, and coincide with, the periodic health assessment examination and/or state law requirements.

Infertility treatment, services and supplies, including infertility testing, treatment of infertility and diagnostic procedures to determine or correct the cause or reason for the inability to achieve conception or the inability to maintain a pregnancy. This includes artificial insemination, in-vitro fertilization, ovum or embryo placement or transfer, gamete intra-fallopian tube transfer, or cryogenic or other preservation techniques used in such or similar procedures.

Injectables, self-injectable medication, except as specifically provided for under any applicable prescription drug rider.

Learning and developmental services, including therapy or treatment for reading/learning disabilities. Services or treatment for mental retardation.

Massage therapy

Mental health services and supplies which are (a) rendered in connection with a condition not classified in the diagnostic and statistical manual of mental disorders of the American Psychiatric Association, (b) extended beyond the period necessary for evaluation and diagnosis of learning and behavioral disabilities, (c) for marriage and juvenile counseling, (d) court ordered care or testing or required as a condition of parole or probation; (e) testing for aptitude, ability, intelligence or interest, or (f) cognitive remediation.

Military facility services that are eligible for coverage by the United States government, as well as any military service-connected care for which the member is legally entitled to receive from military or government facilities when such facilities are reasonably accessible to the member.

Missed appointment charges

Non-participating provider services for HMO members, unless authorized in advance by the health plan or for emergency services and urgent care.

Obesity treatment, including, but not limited to bariatric surgery and medical procedures for the treatment of morbid obesity.

Occupational injury, expenses in connection with any condition for which a member has received or is entitled to receive, whether by settlement or by adjudication, any benefit under Worker's Compensation or Occupational Disease Law or similar law. If the member enters into a settlement giving up rights to recover past or future medical benefits, this health plan will not cover past or future medical services that are subject of or related to that settlement. In addition, if the member is covered by a Worker's Compensation program that limits benefits if other than specified health care providers are used and the member receives care or services from a health care provider not specified by the program, the health plan will not cover the balance of any costs remaining after the program has paid.

Organ Donor treatment or services when the member acts as the donor. Organ screening or testing for possible match/compatibility are not covered (except as specifically covered for bone marrow donors as described in the covered services section).

Orthomolecular therapy, including nutrients, vitamins, and food supplements.

Orthotics (Foot and Over-the-Counter): Foot orthotics, including heel inserts, arch supports, orthopedic shoes, sneakers or similar type devices/appliances regardless of intended use are excluded, except as indicated in the covered services section for children and diabetics. Replacements for wear and tear are not covered under any circumstances. Orthotic devices available over the counter without a prescription are also excluded.

Over the counter items, supplies that can be obtained without a prescription, including but not limited to slings, braces, ace bandages, elastic stockings, gauze and dressings.

Personal comfort, hygiene or convenience items, including services and supplies deemed to be not medically necessary and not directly related to the care of the member, including, but not limited to, beauty and barber services, radio and television, guest meals and accommodations, telephone charges, take-home supplies, massages, travel

expenses other than medically necessary ambulance services or other transportation services that are specifically provided for in the covered services section, motel/hotel accommodations, air conditioning humidifiers or physical fitness equipment.

Prescription and non-prescription drugs, including any outpatient prescription medicine, remedy, vaccine, biological product, pharmaceuticals or chemical compounds, vitamin, mineral supplements, fluoride products, or health foods. Outpatient prescription drugs may be covered if a prescription drug rider is attached to this certificate. The rider will describe in detail the coverage provided therein, and the health plan retains the right to modify the rider from time to time without notice.

Private duty nursing care, except as related to and set forth in the covered home health care services provision.

Rehabilitative therapy services, including cardiac, speech, occupational and physical therapy, except as set forth in the covered services section. This exclusion includes any service or supply:

1. Provided to a member as an inpatient in a hospital or other facility, where the admission is primarily to provide rehabilitative services.
2. Services that maintain rather than improve a level of physical function, or where it has been determined that the service will not result in significant improvement in the member's condition within a 90-day period.
3. Long term rehabilitation therapy services in excess of 90 days per condition.
4. Services to enhance or improve athletic or work performance unrelated to functional impairment are not covered.

Residential treatment facility services, including any inpatient or outpatient services provided in a residential treatment facility.

Services, supplies, treatment and prescription drugs that are:

1. Determined to be not medically necessary;
2. Not appropriately documented and/or substantiated in a corresponding medical record.
3. Not specifically listed in the covered services section unless such services are specifically required to be covered by federal law.
4. Court ordered care or treatment, unless otherwise covered in this group plan.
5. For the treatment of a condition resulting from:
 - a. War or an act of war, whether declared or not;

- b. Acts of terrorism;
 - c. Participation in any act which would constitute a riot or rebellion, or a crime punishable as a felony;
 - d. Engaging in an illegal occupation;
 - e. Services in the armed forces;
6. Received prior to a member's effective date or received on or after the date a member's coverage terminates under this Group Plan, unless coverage is extended in accordance with the extension of benefits provision in the administrative provisions section.
 7. Provided by a physician or other health care provider related to the member by blood or marriage.
 8. Rendered from a medical or dental department maintained by or on behalf of an employer, mutual association, labor union, trust, or similar person or group.
 9. Non-medical conditions related to hyperkinetic syndromes, learning disabilities, mental retardation, or inpatient confinement for environmental change.
 10. Supplied at no charge when health coverage is not present, such as replaced **Blood**, including whole blood, blood plasma, blood components, and blood derivatives, and if applicable, any charges associated with the calendar year deductible, coinsurance percentage or copayment requirements, which are waived by a health care provider.

Sexual reassignment or modification services, including any service or supply related to such treatment, including psychiatric services and prescription drugs if covered under a drug separate rider.

Smoking cessation programs, including any service or supply to eliminate or reduce the dependency on or addiction to tobacco unless approved in advance by the health plan, including but not limited to nicotine withdrawal programs and nicotine products (e.g., gum, transdermal patches, etc.).

Sterility reversal including the reversal of tubal ligation and vasectomies.

Surrogacy services

Training and educational programs, including programs primarily for pain management, vision training or vocational rehabilitation.

Transplantation or implantation services and supplies, including the transplant or implant, other than those specifically listed in the covered services section. This exclusion includes:

1. Any service or supply in connection with the implant of an artificial organ.
2. Any organ that is sold rather than donated to the member.
3. Any service or supply relating to any evaluation, treatment, or therapy involving the use of high dose chemotherapy and autologous bone marrow transplantation, autologous peripheral stem cell rescue, or autologous stem rescue for the treatment of any condition other than acute lymphocytic leukemia, acute non-lymphocytic leukemia, Hodgkin's disease, non-Hodgkin's lymphoma.
4. Any service or supply in connection with identification of a donor from a local, state or national listing, except as specifically set forth for bone marrow donors in the covered services section.

Transportation services that are non-emergent and not covered by Medicare.

Vision Care services as defined under the eye care exclusion unless a vision rider is attached to this certificate. The rider will describe in detail the coverage provided therein, and the health plan retains the right to modify the rider from time to time without notice.

Volunteer services or services that would normally be provided free of charge and any charges associated with deductible, coinsurance, or copayment requirements (if applicable), which are waived by a health care provider.

Weight control services, food or food supplements, exercise equipment, and bariatric surgery.

Wigs or cranial prosthesis, except when related to restoration after cancer or brain tumor treatment.

Work related condition services to the extent the covered service is paid by workers' compensation through adjudication or settlement.

ADDITIONAL EXCLUSIONS AND LIMITATIONS FOR POS MEMBERS

1. Outpatient Prescription Drugs are covered exclusively through the in-network benefits and are not available through non-participating providers if a Prescription Drug Rider is attached to the Certificate.
2. Emergency Services and Care are covered exclusively through the in-network benefits.
3. Services and Supplies that are not medically necessary are not covered (except for preventive care as outlined in the schedule of benefits).
4. Charges in excess of the allowable fee schedule are the sole responsibility of the member.