

## **SECTION 5 EXCLUSIONS and LIMITATIONS**

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Any and all services not specifically listed as a Covered Service in this Certificate of Coverage or in any rider, unless such services are required by applicable state or federal law, are excluded. In addition to certain exclusions and limitations already described in this Certificate of Coverage, benefits will not be provided under this Certificate of Coverage if they fall within any of the below-listed categories, unless provided for by a separate rider or amendment. Except as otherwise provided herein, any service or supply that is not provided or arranged through Participating Providers in accordance with our utilization management policies and procedures will be excluded. In addition, VISTA does not cover any service or supply that is not a Covered Service or that is directly or indirectly a result of receiving a non-Covered Service.

**The fact that a Healthcare Professional may prescribe, recommend, approve or furnish a service or supply does not, of itself, make it Medically Necessary or a Covered Service, under this Group Agreement, even though the service or supply is not specifically listed as an exclusion.**

**Abdominoplasty and/or Panniculectomy.**

**Acupuncture Services.**

**Alcoholism or Substance Abuse:** Benefits are not available for treatment services and supplies except as specifically stated in the Covered Services Section or provided for by Rider, if elected by the Group.

**Alternative Medicine:** Benefits are not available for services, testing, equipment, and supplies associated with alternative modalities of care including, but not limited to acupuncture, hypnosis, hypnotic anesthesia, naturopathy, homeopathy, massage therapy, and aromatherapy.

**Ambulance Services:** Benefits are not available for Ambulance services obtained for a non-emergency, or if the service is determined by VISTA to be for the convenience of the Member, except those services specifically provided for in the Covered Services Section.

**Arch Supports:** Benefits are not available for orthopedic shoes, sneakers, support hose, or similar type therapeutic devices/appliances regardless of intended use.

**Athletic Event-Related:** Benefits are not available for care and treatment for injuries sustained by a Member in the course of any athletic event, or while training for such athletic event, for which the Member is to receive remuneration in cash or in kind.

**Autopsy or Post Mortem Examination Services.**

**Biofeedback:** Benefits are not available for services and other forms of self-care or self-help training or educational programs and any related diagnostic testing, meditation, pain control, pain management therapies, (except for medically-related conditions that receive Prior Authorization).

**Breast Reduction Mammoplasty:** Benefits are not available for breast reduction mammoplasty regardless of medical necessity.

**Childbirth and Surrogate Parenting Classes.**

**Complications:** Benefits are not available for medical or surgical complications, such as wound infections, during or as a result of a non-covered surgical procedure or service including, but not limited to services rendered for cosmetic purposes including any body piercing and tattooing, gastric bypasses, gastric stapling, breast reductions, breast implants, hypertrophic scars, breast asymmetry.

**Contraceptives:** Benefits are not available for over-the-counter contraceptives.

**Cosmetic Surgery:** Benefits are not available for:

1. Any service and supply to improve the Member's appearance or self-perception, including but not limited to, electrolysis, procedures or supplies to correct baldness or the appearance of skin, face lifts, scar reduction (except as related to surgery that has received Prior Authorization), or ear lobe repair.
2. Any professional services and/or hospitalization in connection with elective Cosmetic Surgery, including but not limited to, body piercing and tattooing, tattoo removal, rhinoplasty, liposuction, blepharoplasty, varicose vein injections, removal or injection of skin tags, of cherry angiomas, telangiectasias, spider angiomas.
3. Diagnosis and treatment of any medical complications as a result of previous elective Cosmetic Surgery, regardless of how long ago such services were performed.
4. Removal of breast implants related to Cosmetic Surgery.
5. Excess skin surgery and treatment of complications arising from this procedure.

**Costs Rendered for Sickness and Injury:** Benefits are not available for:

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.
2. Telephone consultations, failure to keep a scheduled appointment, or completion of any form and/or medical information.

**Counseling:** Benefits are not available for marriage or relationship counseling, services or adoption agencies, pastoral counseling, family counseling, social, occupational, religious, or other social maladjustments; chronic behavior disorders; codependency; impulse control disorders; organic disorders; learning disabilities; hyperkinetic syndromes. This exclusion includes any prescription medications prescribed for treatment associated with any of the above conditions.

**Court-Ordered Services:** Benefits are not available for Court ordered care or treatment, unless otherwise listed as Covered Services.

**Criminal Activities:** Benefits are not available for:

1. Care and treatment rendered in connection with injuries which occurred during a crime committed by a Member or which the Member tries to commit including, without limitation, treatment and care for any injuries sustained when the Member's blood alcohol content is in excess of the legal limit whether or not the Member is charged with or convicted of any criminal offenses.
2. Care and treatment for injuries sustained while the Member is under the influence of any illegal or illicit drug, or any controlled or legend drug or substance if the drug or substance is not then subject to a valid prescription issued in the name of the Member by a Healthcare Professional and being administered to treat a current episode of illness.

**Custodial Care (Residential Care):** Benefits are not available for 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 mothers, domestic maid services, and health resorts and spas and respite care. This includes services provided by a non-eligible institution and which is primarily a place of rest or for the aged or similar institution.

**Dental Care:** (unless covered by a Dental Endorsement, if applicable), Benefits are not available for routine dental procedures including, but not limited to:

1. extraction of teeth,
2. restoration of teeth with fillings,
3. crowns or other materials,
4. bridges,
5. cleaning of teeth,
6. dental implants,
7. dentures,
8. periodontal or endodontic procedures,
9. orthodontic treatment including palatal expansion devices,
10. bruxism appliances,
11. dental x-rays,
12. routine intra-oral surgical procedures,
13. orthodontics and fixed and removable prosthetics, and
14. services related to an injury occurring while, and as a result of biting or chewing

except as otherwise specifically referenced in this Certificate of Coverage as covered.

Benefits are not available for:

1. all procedures, expenses, services and supplies related to the treatment of malocclusion or malposition of the teeth or jaw as a result of temporomandibular joint (TMJ) or craniomandibular (CMJ). disorders.
2. diagnosis or treatment of dental disease, or the services of the dentist or oral surgeon, nor are the services set forth in this provision covered if provided in a dental office.

**Diagnostic Admissions:** Benefits are not available for diagnostic services that could have been provided in a Healthcare Professional's office, an outpatient department of a Hospital, or some other setting without adversely affecting the Member's condition.

**Dietary Regimens:** Benefits are not available for dietary regimens, treatments, food, food substitutes or vitamins.

**Disposable Medical Supplies and Personal Convenience:** Benefits are not available for supplies, equipment, or personal convenience items such as, but not limited to, combs, lotions, bandages, alcohol pads, incontinence pads, surgical face masks, common first-aid supplies, disposable sheets and bags or the use of telephones or television while an inpatient.

**Durable Medical Equipment:** Benefits are not available for the following:

1. Devices and equipment used for environmental control, convenience functions or physical fitness.
2. Lost, abused or improperly cared for equipment.
3. Customized equipment.
4. Deluxe or motorized equipment.
5. Wheelchair lifts or ramps.
6. Support hose and compression hose.

**Educational Materials and Supplies:** Benefits are not available for educational materials and supplies commonly available for purchase, except in the treatment of diabetes.

**Enteral (Elemental) Nutrition:** Benefits are not available for home Enteral (Elemental) Nutrition for the treatment of eating disorders, such as anorexia or bulimia. The following are not considered Enteral (Elemental) Nutrition:

1. food thickeners, dietary supplements;
2. nutritional support puddings, protein shakes and powders;
3. gluten or lactose free food products;
4. baby food;
5. weight loss foods and products.

**Experimental and/or Investigational Treatments and Procedures.**

**Eye Care:** (unless covered by Vision Rider, if applicable) Benefits are not available for:

1. Eyeglasses and/or contact lenses unless indicated on the attached Schedule of Benefits.
2. Training or orthoptics, including eye exercises.
3. Prescription inserts for diving masks or other protective eyewear.
4. Nonstandard items for lenses including tinting and blending.
5. Refractive eye surgery to correct visual acuity problems.

**Family Planning Services:** Benefits are not available for any service other than those specified in the Covered Services Section of this Group Agreement.

**Foot Care (routine):** Benefits are not available for any service or supply in connection with foot care in the absence of disease, injury, or accident. This exclusion includes, but is not limited to, clipping of nails, soaking the feet, removing calluses, treatment of flat feet, fallen arches, chronic foot strain and weak feet.

**Gastric Bypass, Gastric Stapling, Gastric Balloon and Cylastic Bands:** Benefits are not available regardless of medical or psychological condition.

**Gene Therapy.**

**Government Hospital:** Benefits are not available for care in any Hospital or other institution which is owned, operated or maintained by the federal government, a state government, or any local government, unless for an Emergency Medical Condition.

**Government Programs:** Benefits are not available for any service that is received and payment made on behalf of the Member, under any federal, state or local government program.

**Health Care Services:** Benefits are not available for consultations, treatment or services or supplies received at a penal facility or outside a penal facility while a Member is incarcerated.

**Hearing Aids:** Benefits are not available for hearing aids (external and implantable), and services related to the fitting or provision of hearing aids, including tinnitus maskers.

**Home Hemodialysis:** Benefits are not available for any furniture, plumbing, electrical or other fixtures needed to perform dialysis treatments at home.

**Home Oxygen Equipment:** Benefits are not available for certain home oxygen equipment items including, but not limited to, emergency oxygen inhalators, portable preset oxygen units, and oxygen administration equipment.

## **Hypnotism or Hypnotic Anesthesia.**

**Illegal Actions:** Benefits are not available for treatment of a condition resulting from participating in any act which would constitute a riot or rebellion, or commission of a crime punishable as a felony; includes care and treatment rendered in connection with injuries suffered in a fight in which the Member is the aggressor.

**Immediate Relatives and Self Imposed Treatment:** Benefits are not available for charges for physicians' services provided by an immediate relative, even if the bill or claim is submitted by another individual or by an entity such as a partnership or a professional corporation. This exclusion also precludes a Member that is also a physician from treating himself or herself and submitting claims to VISTA for such coverage. For the purpose of this exclusion, "Immediate Relative" means any of the following:

1. Husband or wife;
2. Natural or adoptive parent, child or sibling;
3. Stepparent, stepchild, stepbrother or stepsister;
4. Father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law;
5. Grandparent or grandchild;
6. Spouse of grandparent or grandchild.

**Immunizations:** Benefits are not available for immunizations and autogenous vaccines related to foreign travel.

**Impotence Treatment:** Benefits are not available for penile prosthesis, medications such as Viagra, and other devices except as specifically provided for in the Prescription Drug Benefit Rider to this Group Agreement, if elected by the Group.

## **Infertility Treatment.**

**Learning Disorders:** Benefits are not available for non-medical conditions related to hyperkinetic syndromes and learning disabilities (including ADD and ADHD disorders), autism, mental retardation, developmental delay, and adult onset of attention deficit disorder and treatment for Tourette's syndrome.

## **Medical Care or Surgery not Prescribed.**

**Mental Health Treatment:** Benefits are not available for treatment, services and supplies, except as specifically provided for by Rider, if elected by the Group.

**Military-Related:** Benefits are not available for Military service-related medical care, for which the Member is legally entitled to service from military or government facilities and for which facilities are reasonably accessible.

**Non-Prescription Drugs:** Benefits are not available for any non-prescription medicine, remedy, vaccine, biological product, pharmaceuticals or chemical compounds, vitamin or mineral supplements, appetite suppressants, fluoride products, or health foods.

**Oral Surgery:** Benefits are not available for coverage for care or treatment of the teeth or gums, temporomandibular joint (TMJ) or craniomandibular (CMJ) disorders, intra-oral prosthetic devices, or for surgical procedures for cosmetic purposes.

**Orthognathic Surgery:** Benefits are not available for:

1. care or treatment of the teeth or gums;
2. temporomandibular disorders;
3. for intra-oral prosthetic devices; or
4. for surgical procedures for cosmetic purposes.

**Orthomolecular Therapy:** Benefits are not available for therapy including nutrients, vitamins, and food supplements.

**Orthotic Devices:** Benefits are not available for Dynamic Orthotic Cranioplasty (DOC) – bands or similar devices and helmets or any other type of devices to treat plagiocephaly except when Medically Necessary.

**Personal Comfort, Hygiene or Convenience Items:** Benefits are not available for services and supplies 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, allergenic pillows or mattresses or waterbeds, physical fitness equipment, travel expenses other than authorized ambulance services that are specifically provided for under the Covered Services section.

**Physical Examinations:** Benefits are not available specifically for obtaining or continuing employment or required for, travel, immigration, insurance, government licensing or premarital purposes.

**Prescription Drugs:** Benefits are not available for prescription drugs, except medications administered in the course of covered treatment by the Member's Healthcare Professional during an office visit and drugs administered in the course of covered treatment. A Member is entitled to prescription drugs as delineated by a Prescription Drug Rider.

**Prosthetic Devices:** Benefits are not available for:

1. Deluxe equipment.
2. Devices related to erectile dysfunction except if due to an organic cause. This includes, but is not limited to penile implants.

**Rehabilitation:** Benefits are not available for:

1. Inpatient rehabilitation services if outpatient services are appropriate.
2. Services that maintain rather than improve a level of physical function, or where it has been determined that the services will not result in significant improvement in the Member's Condition within a sixty (60) day period.
3. Long-term therapy.

**Self-Inflicted/Suicide:** Benefits are not available for treatment for a condition resulting from intentionally self-inflicted injuries, suicide or attempted suicide, without regard to the mental state of the Member.

**Services Outside the Service Area:** Benefits are not available for services rendered outside the Service Area except for treatment of an Emergency Medical Condition.

**Services or Supplies:** Benefits are not available for services or supplies received prior to a Member's effective date or received on or after the date a Member's coverage terminates under this Group Agreement, unless coverage is extended in accordance with the Extension of Benefits provision.

**Sexual Dysfunction:** Benefits are not available for sex therapy and drug therapies except certain injectable drugs approved by Us and only to treat erectile dysfunction due to an organic cause.

**Sexual Reassignment (gender transformation) or modification services:** Benefits are not available for any services or supplies related to such treatment including psychiatric services.

**Sleep Disorders:** Benefits are not available for insomnia, and/or narcolepsy, treatment, services and supplies for the purpose of treating or diagnosing sleep disorders or any related condition thereof, medical or surgical treatment for snoring, except when provided as part of treatment for documented sleep apnea.

**Smoking Cessation:** Benefits are not available for smoking cessation programs, including any service or supply to eliminate or reduce the dependency on or addiction to tobacco; including, but not limited to, nicotine withdrawal programs and treatments such as Nicorette gum or patch.

**Specific Therapies and Treatments as follows:** Benefits are not available for hypnotherapy, biofeedback, acupuncture, sleep therapy, behavioral training, and hair analysis, unless used as a diagnostic tool for heavy metal poisoning.

**Sterilization Reversals:** Benefits are not available for reversal of voluntary, surgically induced sterility, including the reversal of tubal ligations and vasectomies and complications thereof.

**Temporomandibular Joint (TMJ) Syndrome:** Benefits are not available for:

1. Treatment for symptoms (e.g. headaches, clicking, etc.) characterized as TMJ Syndrome, in which the joint is anatomically intact.
2. All procedures, expenses, services and supplies related to the treatment of malocclusion or malposition of the teeth or jaws (orthognathic treatment), as well as craniomandibular joint disorders (CMJ).
3. Physical therapy as a primary treatment for TMJ syndrome.
4. Occlusal orthopedic appliances-orthotics, occlusal splints, bite appliances/planes/splints, mandibular occlusal repositioning appliances (MORAs).

**Transplantation:** Benefits are not available for:

1. The services related to the transplantation of any nonhuman organ or tissue;
2. The services related to the donation or acquisition of an organ for a recipient who is not covered by VISTA;
3. Services, follow-up care and immunosuppressive drugs, for non-covered transplants and complications from such transplants;
4. Artificial heart devices.

**Transportation Services:** Benefits are not available for non-emergency transportation between institutional care facilities, and/or to and from the Member's residence unless Prior Authorized by Us.

**Treatment of Obesity:** Benefits are not available for weight control and weight loss programs; including, but not limited to dietary supplements, appetite suppressants, dietary regimens or treatments, exercise programs or equipment, laboratory testing, examinations and prescription drugs. Gastric stapling, gastric balloon, gastric bypass, liposuction and related procedures, or reversal there of, including treatment of the complications resulting from surgical treatment; regardless of associated medical or psychological conditions.

**Vocational Rehabilitation:** Benefits are not available for training and educational programs.