

MEDICAL PLAN EXCLUSIONS

All Plan benefits are subject to the following exclusions. The interpretation and application of these exclusions will be at the sole discretion of the Fund. Benefits are not payable for:

1. Ambulatory surgical facility charges when the **facility is not in the preferred provider network**.
2. Services by a professional who **is not licensed by the appropriate state agencies**; any services or treatment by a professional acting outside the scope of said license; any facility that does not meet the definition of a hospital or is not sanctioned by the Joint Commission on Accreditation of Healthcare Organizations or Medicare; providers not specifically identified as covered by the Plan for the services being performed.
3. Services not directly related to the diagnosis or treatment of an illness or injury and/or any services provided when the patient **has no current symptoms**, except for those services specifically identified under Preventive Benefits; testing that is not recommended by the current U.S. Preventive Services Task Force for adults (A & B list).
4. Services, treatments and items that are **not medically necessary** for the treatment of an illness or injury.
5. Any charge, or portion of any charge, which exceeds that amount determined to be a **usual and customary** charge for the services or items provided.
6. Treatment of obesity, including obesity-related surgery unless specifically pre-certified by Utilization Review Provider. The Plan will cover **obesity surgery** if the covered person:
 - Has a body mass index (BMI) of 45 or greater and is 100 pounds or more over the medically desirable weight; and
 - Has a documented history of unsuccessful physician-directed weight loss programs; and
 - Has co-morbidities such as diabetes, heart disease or hypertension that are severe enough to be life threatening.
7. Services by a **naprapath**; naturopathic or homeopathic services and substances.
8. **Marriage counseling**.
9. **Dental** services covered under the dental plan provisions of the Plan; oral surgical procedures involving orthodontia, removal of impacted teeth, periodontal disease, implantation or preparing the mouth for the fitting of or continued use of dentures.
10. **Vision** services covered under the vision plan provisions of the Plan; LASIK surgery, radial keratotomy or other types of eye surgery done for the purpose of correcting visual acuity; vision therapy.
11. **Prescription medications** covered or excluded under the prescription drug provisions of the Plan including but not limited to stop smoking or weight loss products. Exception: The Plan will cover approved oral chemotherapy medication and immunizations. Insulin pumps and Continuous Glucose Monitors (CGM) are covered with prior-authorization.
12. **Nutritional Supplements** including but not limited to vitamins, minerals, food, food product, dietary substitutes, infant formula with or without a physician order.
13. **Hair loss** related items whether or not prescribed by a physician. Exception: The Plan will cover the purchase of one wig following chemotherapy or radiation treatment.
14. **Cosmetic surgery** unless (a) resulting from accidental injury that occurred 90 days prior to the surgery; (b) for repair of a congenital disease or anomaly that resulted from trauma, infection or other disease of the involved portion of the body; or (c) for reconstructive surgery incidental to or following surgery for any covered illness.
15. Treatment of **infertility** including but not limited to artificial insemination, in-vitro fertilization, embryo transfer, uterine embryo lavage, gamete intrafallopian tube transfer, zygote intrafallopian tube transfer and low tubal ovum transfer; immunotherapy for treatment of infertility; sperm harvesting and sperm freezing (cryopreservation); **reversal of sterilization** procedure.
16. Drugs, medical devices, procedures and research treatments performed for the purpose of clinical trials, or of an **experimental**/investigational nature and not generally considered acceptable as an appropriate means of treatment by the medical profession or that have not been approved by the FDA for a specific condition or disease.

17. Care and treatment of an injury or sickness that is **occupational** and arises from work for wage or profit including self-employment for which benefits are compensable or for which settlement has been made by a worker's compensation carrier.
18. Expenses in connection with any disease or injury caused by an act of war, whether declared or undeclared; treatment of **military service-connected** disabilities for which the patient is eligible for treatment at Government expense.
19. Injury or sickness caused by or contributed to by engaging in an **illegal act** by committing or attempting to commit any crime, criminal act, assault, or other unlawful behavior or by participating in a riot or public disturbance.
20. **Custodial care**, whether provided in a hospital or other facility such as a nursing home.
21. Any service or supply **not specifically listed in this document as covered**, unless the service or supply was specifically pre-authorized by Utilization Review Provider and not excluded by any other Plan provision.
22. Any charges from a provider for only being available to a patient or only preparing to provide services to a patient, but no services to diagnose or treat a patient were directly provided (sometimes referred to as "**stand-by services**").
23. Items used solely for **convenience**, comfort, or personal hygiene; disposable items; items that could be used for purposes other than medical care including but not limited to breast pump, air conditioners, air purification units and humidifiers, swimming pools, hot tubs or Jacuzzi; physical fitness equipment; blood pressure instruments, elastic bandages or stockings; orthopedic shoes; equipment which is free of charge from the American Cancer Society or other organizations, rental charges in excess of the purchase price; modifications to the structure of the home or vehicle; installation of equipment; repairs and/or replacement to equipment that result from misuse or abuse.
24. Physical or occupational therapy that is provided for any reason other than to restore loss or impairment of activity or to treat neurological and congenital conditions. Benefits are not payable for services by a non-licensed physical or occupational therapist, i.e., athletic trainer, massage therapist.
25. Therapy for developmental delay or learning disorders.
26. Speech therapy that is provided for any reason other than to restore loss of speech due to illness or injury or hearing loss.
27. Charges for claims received by the claims administrator more than **15 months** after the services were rendered.
28. Treatment for covered services by a professional provider when the professional provider is **related** by birth or marriage to the patient or resides in the patient's home.
29. Charges for ambulance services when the participant does not require medical attention or services during the transport; **travel** and accommodations, whether or not prescribed by a physician, except as defined as a covered expense.
30. Procedures, including surgical procedures, supplies and other services directed toward **sexual reassignment**.
31. Charges or portions of charges over the Plan's chiropractic or acupuncture individual annual maximum amount.
32. Charges for which there is no legal obligation to pay or for which you would not have been charged had there been no coverage.
33. Charges for infection control, medical waste disposal; failure to keep a scheduled visit; completion of claim forms; fees for phone calls, handling, service or late fees; services performed for educational or training purposes.