



# GOVGUAM Retiree Plan

# SCHEDULE OF BENEFITS

This supplemental plan is offered for all eligible retirees, spouses of retirees, and survivors, who are age 65 and older and who are enrolled in Medicare Parts A & B, and to eligible retirees and survivors who are under age 65 years of age with a disability or ESRD under Medicare. Non-Medicare dependents will be covered either under the PPO 1500 or HSA 2000 plan.

Your Benefits: What TakeCare covers	
<p><b>Plan Description</b></p>	<p>Medicare A &amp; B is primary. The GovGuam plan pays secondary. Medicare covered services should be incurred at a Medicare provider. Services not covered by Medicare, but covered by the plan, should be received at a carrier in-network provider. Carrier will pay primary in this circumstance.</p> <p>Out-of-Network services are not covered unless referred and pre-approved by an in-network provider.</p>
<p><b>Out of Area Service</b> Any Services in the Philippines, Hawaii, U.S. Mainland, Japan, Taiwan, and any foreign participating providers. (Prior Authorization Required)</p>	<p>Requires a referral from your doctor and approval in advance from the plan; When Medicare is not payable (outside U.S.), covered services under the plan are paid at the copay or coinsurance listed and the Plan pays primary in this circumstance. There is no deductible under this plan.</p>
<p><b>Plan Maximum (Individual member annual maximum)</b></p>	<p>Unlimited</p>
Deductible and Co-Pay do not apply to these Benefits when you go to a Participating Provider	
<p><b>Preventative Services (Out Patient Only)</b> In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations.</p> <ul style="list-style-type: none"> <li>• Annual Physical Exam               <ul style="list-style-type: none"> <li>○ Members may choose to receive age appropriate annual physical in the Philippines with no dollar limit</li> </ul> </li> <li>• Includes preventive lab tests</li> <li>• Counseling and health screenings</li> </ul>	<p>Medicare covers; When Medicare is not primary, the plan pays 100%</p>
<p><b>Immunizations/Vaccinations</b> In accordance with the guidelines established by the Advisory Committee on Immunization Practices of the CDC</p>	<p>Medicare covers; When Medicare is not primary, the plan pays 100%</p>
<p><b>Well-Woman Care</b> In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA) and the Woman Health and Cancer Act</p> <p>Contraceptive including Sterilization and Tubal Ligation</p>	<p>Medicare covers; When Medicare is not primary, the plan pays 100%</p>

<sup>1</sup> If a benefit is covered by Medicare, the RSP will cover the Part A or B deductible and the 20% coinsurance. If a benefit is NOT COVERED by Medicare, the RSP will cover the percentage indicated on the Schedule of Benefits.



**Deductible and Co-Pay do not apply to these Benefits** when you go to a Participating Provider

Retiree Supplemental Plan pays after Primary Insurance <sup>1</sup>

**Annual Eye Exam** (one exam per member per plan year)  
Covered in Guam only

**Plan Pays 100%**

**Outpatient Physician Care & Services**

1. Primary Care Visits	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
2. Specialist Care Visits	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
3. Voluntary Second Surgical Opinion	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
4. Home Health Care Visit	Medicare covers; Member pays Nothing; Plan pays 80% when approved outside of Medicare
5. Hospice Care, maximum 180 days (Prior Authorization Required)	Plan pays 80%; Member pays 20%
6. Mental Health Care Visit	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing Plan pays 80% when approved outside of Medicare
7. Outpatient Laboratory (diagnostic or non-preventive labs)	Medicare covers; Member pays Nothing; Plan pays 80% when approved outside of Medicare
8. X-Ray Services	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance; Member pays Nothing; Plan pays 80% when approved outside of Medicare
9. Injections (Does not include those on the Specialty Drugs lists and Orthopedic injections)	Plan pays Medicare 20% coinsurance; Member pays Nothing; Plan pays 80% when approved outside of Medicare
10. Urgent Care	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance; Member pays Nothing; Plan pays 80% when approved outside of Medicare

**Prescription Drugs**

1. No Cost preventive drugs (specific list)	<b>\$0 Member Co-Payment</b>
2. Preferred generic drugs	<b>\$10 Member Co-Payment at Preferred Pharmacies, \$15 Member Co-Payment at Non-Preferred Pharmacies</b> (30 day supply) <b>\$0 Member Co-Payment</b> (90 day mail order)
3. Preferred brand name drugs	<b>\$30 Member Co-Payment</b> (30 day supply) <b>\$30 Member Co-Payment</b> (90 day mail order)
4. Non-Preferred generic and brand name drugs	<b>\$100 Member Co-Payment</b> (30 day supply) <b>\$100 Member Co-Payment</b> (90 day mail order)
5. Specialty Drugs (Medically Necessary Only and Prior Authorization Required)	<b>\$100 Member Co-payment</b> (30 day supply)
6. Prescription in the Philippines	<b>Plan pays 100%; Member pays Nothing</b>

<sup>1</sup> If a benefit is covered by Medicare, the RSP will cover the Part A or B deductible and the 20% coinsurance. If a benefit is NOT COVERED by Medicare, the RSP will cover the percentage indicated on the Schedule of Benefits.



<b>Retiree Supplemental Plan pays after Primary Insurance <sup>1</sup></b>	
<b>Acupuncture (Limited to 30 visits per member per benefit year)</b>	<b>Medicare Primary: Plan pays 100% per visit Outside of Medicare: Plan pays 80% per visit Member pays 20% per visit</b>
<b>Airfare Benefit to Preferred Providers only</b> TakeCare provides emergency hospital to hospital transportation coverage. For members who meet qualifying conditions. Plan providers roundtrip airfare (Plan Approval Required). <b>(Prior Authorization Required)</b>	<b>Plan pays 100%</b>
<b>Allergy Testing/Treatment</b> \$1,000 maximum benefit per member per plan year	<b>Medicare Primary: Plan pays 100% per visit Medicare Secondary: Plan pays 80% per visit outside of Medicare, Member pays 20% per visit</b>
<b>Ambulatory Surgi-center Care (Prior Authorization Required)</b>	<b>Plan pays 80%; Member pays 20%</b>
<b>Blood &amp; Blood Derivatives</b>	<b>Plan pays 80%; Member pays 20%</b>
<b>Breast Reconstructive Surgery (Prior Authorization Required)</b> <b>(In accordance with 1998 W.H.C.R.A)</b>	<b>Plan pays 80%; Member pays 20%</b>
<b>Cancer Screenings</b> , including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)	<b>Medicare covers; When Medicare is not primary, the plan pays 100%</b>
<b>Cardiac Surgery (Prior Authorization Required)</b>	<b>Plan pays 80%; Member pays 20%</b>
<b>Cataract Surgery (Prior Authorization Required)</b> Outpatient Only, including conventional lens	<b>Plan pays 80%; Member pays 20%</b>
<b>Chemical Dependency</b>	<b>Plan pays 80%; Member pays 20%</b>
<b>Chemotherapy Benefit (Prior Authorization Required)</b>	<b>Plan pays 80%; Member pays 20%</b>
<b>Chiropractic Care</b>	<b>Plan pays 80%; Member pays 20%</b>
<b>Congenital Anomaly Disease Coverage (Prior Authorization Required)</b>	<b>Plan pays 80%; Member pays 20%</b>
<b>Diagnostic Testing</b> MRI, CT Scan and other diagnostic procedure <b>(Prior Authorization Required)</b>	<b>Plan pays 80%; Member pays 20%</b>
<b>Durable Medical Equipment (DME)</b> The lesser amount between Purchase or Rental of crutches, walkers, wheelchairs, hospital beds, suction machines, nebulizer machine, CPAP (excluding disposable supplies), oxygen and accessories when prescribed by a Physician <b>(Prior Authorization Required)</b>	<b>Plan pays 80%; Member pays 20%</b>
<b>Elective Surgery (Prior Authorization Required)</b>	<b>Plan pays 80%; Member pays 20%</b>
<b>Emergency Care</b> (Plan must be contacted and advised within 48 hours for on and off island emergencies) 1 On/Off Island emergency facility, physician services, laboratory, x-rays 2. Ambulance Services <b>(Ground Transportation only)</b>	<b>Plan pays 80%; Member pays 20%</b>
<b>End Stage Renal Disease / Hemodialysis (Prior Authorization Required)</b>	<b>Plan pays 80%; Member pays 20%</b>
<b>Hearing Aids</b> Maximum \$500 benefit per member per plan year	<b>Plan pays 80%; Member pays 20%</b>
<b>Hospitalization &amp; Inpatient Benefits (Prior Authorization Required)</b> 1. Room & Board for a semi-private room, intensive care, coronary care and surgery 2. All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia and medication 3. Physician's hospital services 4. Inpatient Hospice limited to 30 days	<b>Medicare Primary: Plan pays 100% per admission Outside of Medicare: Plan pays 80% per admission, Member pays 20% per admission</b>

<sup>1</sup> If a benefit is covered by Medicare, the RSP will cover the Part A or B deductible and the 20% coinsurance. If a benefit is NOT COVERED by Medicare, the RSP will cover the percentage indicated on the Schedule of Benefits.



**Retiree Supplemental Plan pays after Primary Insurance <sup>1</sup>**

<p><b>Implants (Prior Authorization Required)</b>            Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices; <b>(Limitations apply, please refer to contract and certificate of insurance)</b></p>	<p><b>Plan pays 80%; Member pays 20%</b></p>
<p><b>Inhalation Therapy</b></p>	<p><b>Plan pays 80%; Member pays 20%</b></p>
<p><b>Nuclear Medicine (Prior Authorization Required)</b></p>	<p><b>Plan pays 80%; Member pays 20%</b></p>
<p><b>Occupational Therapy</b>            Limited to a total of 60 visits per member per plan year combined with Speech and Physical Therapy. <b>(PCP referral required. Prior Authorization required only for off island referrals.)</b></p>	<p><b>Medicare Primary: Plan pays 100% per admission            Outside of Medicare: Plan pays 80% per admission, Member pays 20% per admission</b></p>
<p><b>Optical Benefit</b>            Coverage for pair of contact lenses or eyeglasses lens/frames – maximum of \$150 per member per benefit year</p>	<p><b>Member Pays All Charges above \$150 per benefit year</b></p>
<p><b>Organ Transplant – coverage based on Medicare including but not limited to the following organs. Includes coverage for donor expenses.</b>            1. Heart            2. Lung            3. Liver            4. Kidney            5. Pancreas            6. Intestine            7. Bone Marrow            8. Cornea  <b>(Prior Authorization Required)</b></p>	<p><b>Medicare Primary: Plan pays 100%            Outside of Medicare: Plan pays 80%;            Member pays 20%*</b></p>
<p><b>Orthopedic Conditions (Prior Authorization Required)</b>            Internal and External Prosthesis such as but not limited to artificial joints, limbs and spinal segments</p>	<p><b>Plan pays 80%; Member pays 20%</b></p>
<p><b>Physical Therapy</b>            Limited to a total of 60 visits per member per plan year combined with Occupational and Physical Therapy. <b>(PCP referral required. Prior Authorization required only for off island referrals.)</b></p>	<p><b>Medicare Primary: Plan pays 100% per admission            Outside of Medicare: Plan pays 80% per admission, Member pays 20% per admission</b></p>
<p><b>Radiation Therapy (Prior Authorization Required)</b></p>	<p><b>Plan pays 80%; Member pays 20%</b></p>
<p><b>Robotic Surgery/Robotic Suite (Prior Authorization Required)</b></p>	<p><b>Plan pays 80%; Member pays 20%</b></p>
<p><b>Skilled Nursing Facility</b>            Maximum 60 days per member per plan year <b>(Prior Authorization Required)</b></p>	<p><b>Plan pays 80%; Member pays 20%</b></p>
<p><b>Sleep Apnea</b>            Diagnostic and Therapeutic Procedure <b>(Prior Authorization Required)</b></p>	<p><b>Plan pays 80%; Member pays 20%</b></p>
<p><b>Speech Therapy</b>            Limited to a total of 60 visits per member per plan year combined with Occupational and Physical Therapy. <b>(PCP referral required. Prior Authorization required only for off island referrals.)</b></p>	<p><b>Plan pays 80%; Member pays 20%</b></p>
<p><b>Sterilization Procedures (Prior Authorization Required)</b>            1. Vasectomy <b>(Outpatient Only)</b></p>	<p><b>Plan pays 80%; Member pays 20%</b></p>

<sup>1</sup> If a benefit is covered by Medicare, the RSP will cover the Part A or B deductible and the 20% coinsurance. If a benefit is NOT COVERED by Medicare, the RSP will cover the percentage indicated on the Schedule of Benefits.



Additional Benefits: What TakeCare covers	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
<b>Wellness &amp; Fitness Benefit</b>		
1. Wellness Benefits at TakeCare Wellness Center	<b>Plan Pays 100%</b>	<b>Not Covered</b>
2. TakeCare's Wellness and Disease Management Programs and Incentives	<b>Plan Pays 100%</b>	
3. Gym Benefit – TakeCare Preferred Fitness Partner For list of gym partners, please contact TakeCare's Customer Service Department. Be advised that several gyms have maximum enrollment caps and is on a first come first serve basis.	<b>Plan pays 100% for Gym Access per each eligible member while enrolled in a GovGuam medical plan offered by TakeCare.</b>	<b>Not Covered</b>
<b>Travel Benefit</b>		
<ul style="list-style-type: none"> <li>- Prior authorization (written approval) and coordination is required from Plan prior to departure from Guam.</li> <li>- Applicable only to approved referrals by TakeCare's Medical Management Department.</li> <li>- Airfare and/or lodging expenses coverage for eligible members for any approved specialty care visits, consultations, treatments and hospitalization services to Preferred Philippine providers.</li> <li>- Executive check up, preventive services and/or primary care services do not qualify for this benefit.</li> </ul>	<b>Plan pays up to \$500 per occurrence for prior authorized and approved services</b>	<b>Not Covered</b>

<sup>1</sup> If a benefit is covered by Medicare, the RSP will cover the Part A or B deductible and the 20% coinsurance. If a benefit is NOT COVERED by Medicare, the RSP will cover the percentage indicated on the Schedule of Benefits.



## MEDICAL EXCLUSIONS

The following services are not covered by TakeCare:

1. No benefits will be paid for Injury or Illness, (a) when the Covered Person is entitled to receive disability benefits or compensation (or forfeits his or her right thereto) under Worker's Compensation or Employer's Liability Law for such Injury or Illness or (b) when Services for an Injury or Illness are rendered to the Covered Person by any federal, state, territorial, municipal or other governmental instrumentality or agency without charge, or (c) when such Services would have been rendered without charge but for the fact that the person is a Covered Person under the Plan.
2. No benefits will be paid if any material statement made in an application for coverage, enrollment of any Dependent or in any claim for benefits is false. Upon identifying any such false statement, Company shall give the Covered Person at least 30 day notice that his or her benefits have been suspended and that his or her coverage is to be terminated. If the false statement is fraudulent or is an intentional misrepresentation of a material fact, such termination shall be retroactive to the date coverage was provided or continued based on such fraudulent statement or intentional misrepresentation of material fact. If the false statement was not a fraudulent statement or intentional misrepresentation of material fact, termination of coverage shall be effective no earlier than the date of the suspension. The Covered Person may dispute any termination of coverage by filing a claim under the PPACA Claims Procedure for internal or external appeals, set out in §6.7 of this Certificate. If an appeal under §6.7 is filed, the resolution of the matter shall be in accordance with the outcome of the appeal proceedings. If no appeal is filed for any retroactive termination and the Company paid benefits prior to learning of any such false statement, the Subscriber must reimburse the Company for such payment. Terminations of coverage shall be handled in accordance with the applicable claims procedure requirements of Section 2719 of the PHSA, as added by PPACA. Retroactive terminations of coverage shall not violate the applicable prohibitions on rescissions of Section 2712 of the PHSA, as added by PPACA, and rescissions shall be handled in compliance with PPACA's applicable claim denial requirements.
3. No benefits will be paid for confinement in a Hospital or in a Skilled Nursing Facility if such confinement is primarily for custodial or domiciliary care. (Custodial or domiciliary care includes that care which consists of training in personal hygiene, routine nursing services and other forms of self care. Custodial or domiciliary care also includes supervisory services by a Physician or Nurse for a person who is not under specific medical or surgical treatment to reduce his or her disability and to enable that person to live outside an institution providing such care.) Company and not Covered Person shall be liable if the Company approves the confinement, regardless of who orders the service.
4. No benefits will be paid for nursing and home health aide services provided outside of the home (such as in conjunction with school, vacation, work or recreational activities)
5. No benefits will be paid for private Duty Nursing. This provision does not apply to Home Health Care.
6. No benefits will be paid for special medical reports, including those not directly related to treatment of the Member. (e.g., Employment or insurance physicals, and reports prepared in connection with litigation.)
7. No benefits will be paid for services required by third parties, including but not limited to, physical examinations, diagnostic services and immunizations in connection with obtaining or continuing employment, obtaining or maintaining any license issued by a municipality, state, or federal government, securing insurance coverage, travel, school admissions or attendance, including examinations required to participate in athletics, except when such examinations are considered to be part of an appropriate schedule of wellness services.
8. No benefits will be paid for court ordered services, or those required by court order as a condition of parole or probation.
9. No benefits will be paid for Services and supplies provided to a Covered Person for an Injury or Illness resulting from an attempted suicide by that Covered Person unless resulting from a medical condition (including physical or mental health conditions) or from domestic violence.
10. No benefits will be paid for Services and supplies provided in connection with intentionally self-induced or intentionally self-inflicted injuries or illnesses unless resulting from a medical condition (including physical or mental conditions) or from domestic violence.
11. No benefits will be paid for Services and supplies provided to a Covered Person for Injuries incurred while the person was committing a criminal act.



## MEDICAL EXCLUSIONS

12. Unless otherwise specifically provided in the Agreement, no benefit will be paid for, or in connection with, airfare and the Company will not pay for the transportation from Guam to any off-island facility, nor for any other non-medical expenses such as taxes, taxis, hotel rooms, etc. In no event will the Company pay for air ambulance or for the transportation of the remains of any deceased person.
13. No benefits will be paid for living expenses for Covered Persons who require, or who of their own accord seek, treatment in locations removed from their home.
14. No benefits will be paid for Services and supplies provided to a dependent of a non-Spouse Dependent. Dependents of non-Spouse Dependents are not eligible for coverage. For example, when a Dependent, other than a Spouse of the Subscriber, has a child, that child is a dependent of a non-Spouse Dependent and is not eligible to become covered under the Plan, unless such child otherwise becomes eligible for enrollment.
15. No benefits will be paid for home uterine activity monitoring.
16. No benefits will be paid for services performed by an immediate family member for which, in the absence of any health benefits coverage, no charge would be made. Immediate family member is defined as parents, spouses, siblings, or children of the insured member.
17. No benefits will be paid for treatment of occupational injuries and occupational diseases, including those injuries that arise out of (or in the course of) any work for pay or profit, or in any way results from a disease or injury which does. If a Member is covered under a Workers' Compensation law or similar law, and submits proof that the Member is not covered for a particular disease or injury under such law, that disease or injury will be considered "non-occupational" regardless of cause. The Covered Benefits under the Group Health Insurance Certificate for Members eligible for Workers' Compensation are not designed to duplicate any benefit to which they are entitled under Workers' Compensation Law. All sums payable for Workers' Compensation services provided under the Group Health Insurance Certificate shall be payable to, and retained by Company. Each Member shall complete and submit to Company such consents, releases, assignments and other documents reasonably requested by Company in order to obtain or assure reimbursement under the Workers' Compensation Law
18. No benefits will be paid for:
  - a. Drugs or substances not approved by the Food and Drug Administration (FDA), or
  - b. Drugs or substances not approved by the FDA for treatment of the illness or injury being treated unless empirical clinical studies have proven the benefits of such drug or substance in treating the illness or injury, or
  - c. Drugs or substances labeled "Caution: limited by federal law to investigational use." or
  - d. Any drug or substance which does not, by federal or state law, require a prescription order (i.e., an over-the-counter (OTC) drug).
19. No benefits will be paid for experimental or Investigational Procedures, or ineffective surgical, medical, psychiatric, or procedures, research studies, or other experimental or investigational health care procedures or pharmacological regimes, unless deemed medically necessary by the patient's physician and pre-authorized by the Company.

Per PHSA sec. 2709(a)(2), added by PPACA sec 10103(c), the plan must pay for items and services furnished in connection with approved clinical trials, and cannot exclude such items and services based on an exclusion for experimental or investigational treatments. The requirement mandates coverage of all medically necessary charges associated with the clinical trial, such as physician charges, labs, X-rays, professional fees and other routine medical costs.

An approved clinical trial is defined as:

- Phase I, Phase II, Phase III, or Phase IV clinical trial,
- Being conducted in relation to the prevention, detection or treatment for Cancer or other life threatening disease or condition, and
- Is one of the following:
  1. A federally funded or approved trial.
  2. A clinical trial conducted under an FDA investigational new drug application.
  3. A drug trial that is exempt from the requirement of an FDA investigational new drug application.

20. No benefits will be paid for services or supplies related to Genetic Testing except as may be required by PPACA.

## MEDICAL EXCLUSIONS

21. No benefits will be paid for any item or substance that is available without a Physician's prescription even if prescribed by a Physician, except as otherwise provided herein and except for medicines and supplies Medically Necessary for inpatient care.
22. No benefits will be paid for Services and supplies provided to perform transsexual surgery or to evaluate the need for such surgery. Evaluations and subsequent medications and Services necessary to maintain transsexual status are also excluded from coverage, as are complications or medical sequela of such surgery or treatment.
23. No benefits will be paid for injuries incurred by the operator of a motorized vehicle while such operator is under the influence of intoxicating alcoholic beverage, controlled drugs, or substances. If a blood alcohol level or the DRAEGER ALCO TEST is available and shows levels that are equal to or exceed 0.08 grams percent (gms%) or that exceed the amount allowed by law as constituting legal intoxication, no benefits will be paid.
24. No benefits will be paid for any medical Service or supply which is available to the Covered Person on Guam and which is paid by or reimbursable through a governmental agency or institution that provides medical and healthcare services to low-income or indigent persons, provided, however, this exclusion shall not apply to the treatment of any communicable disease as defined in Article 3 of Chapter 3, Title 10, Guam Code Annotated, and for which the Company shall pay for medical services and supplies as is medically necessary for the treatment of Covered Person. However, notwithstanding the aforesaid, in no event will the Company consider the availability of benefits under Medicaid or Medically Indigent Program when paying benefits under this Agreement.
25. No benefits will be paid in connection with elective abortions unless Medically Necessary.
26. No benefits will be paid for vision care services, including orthoptics (a technique of eye exercises designed to correct the visual axes of eyes not properly coordinated for binocular vision), lasik, keratoplasty, and radial keratotomy, including related procedures designed to surgically correct refractive errors except as provided in the Covered Benefits section of the Group Health Insurance Certificate.
27. No benefits will be paid for eyeglasses or contact lenses or for Services and supplies in connection with surgery for the purpose of diagnosing or correcting errors in refraction except as provided in the Schedule of Benefits.
28. No benefits will be paid in connection with any injuries sustained while the Covered Person is operating any wheeled vehicle during an organized, off-road, competitive sporting event.
29. No benefits will be paid for personal comfort or convenience items, including those services and supplies not directly related to medical care, such as guest meals and accommodations, barber services, telephone charges, radio and television rentals, homemaker services, travel expenses, take-home supplies.
30. No benefits will be paid for hypnotherapy.
31. No benefits will be paid for religious, marital and sex counseling, including services and treatment related to religious counseling, marital/relationship counseling, and sex therapy.
32. No benefits will be paid for cosmetic Surgery or other services intended primarily to improve the Member's appearance or treatment relating to the consequences of, or as a result of, Cosmetic Surgery. This exclusion does not apply to:
  - a. Medically Necessary reconstructive surgery as described in the Covered Benefits sections Mastectomy and Reconstructive Breast Surgery or Reconstructive Surgery.
  - b. surgery to correct the results of injuries causing an impairment.
  - c. surgery as a continuation of a staged reconstruction procedure, including but not limited to post-mastectomy reconstruction;
  - d. surgery to correct congenital defects necessary to restore normal bodily functions, including but not limited to, cleft lip and cleft palate.
33. No benefits will be paid for routine foot/hand care, including routine reduction of nails, calluses and corns.
34. Except as otherwise provided in this agreement, no benefit will be paid for specific non-standard allergy services and supplies, including but not limited to, skin titration (wrinkle method), cytotoxicity testing (Bryan's Test), treatment of non-specific candida sensitivity, and urine autoinjections.





35. No benefits will be paid for Services and supplies associated with growth hormone treatment unless the Covered Person is proven to have growth hormone deficiency using accepted stimulated growth hormone analyses and also shows an accelerated growth response to growth hormone treatment. Under no circumstances will growth hormone treatment be covered to treat short stature in the absence of proven growth hormone deficiency.
36. No benefits will be paid for Services and supplies provided for liposuction.
37. No benefits will be paid for weight reduction programs, or dietary supplements, except as pre-authorized by Company for the Medically Necessary treatment of morbid obesity.
38. No benefits will be paid for any drug, food substitute or supplement or any other product, which is primarily for weight reduction even if it is prescribed by a Physician.
39. Except as provided in this Agreement, or unless medically necessary for the treatment of Morbid Obesity or other disease, no benefit will be paid for gastric bypass, stapling or reversal if for the purpose of weight reduction or aesthetic purposes.
40. No benefits will be paid for surgical operations, procedures or treatment of obesity, except when pre-authorized by Company.
41. No benefits will be paid for the treatment of male or female Infertility, including but not limited to:
  - a. The purchase of donor sperm and any charges for the storage of sperm;
  - b. The purchase of donor eggs and any charge associated with care of the donor required for donor egg retrievals or transfers or gestational carriers;
  - c. Charges associated with cryopreservation or storage of cryopreserved embryos (e.g. office, hospital, ultrasounds, laboratory tests, etc.);
  - d. Home ovulation prediction kits;
  - e. Injectable Infertility medications, including but not limited to, menotropins, hCG, GnRH agonists, IVIG;
  - f. Artificial Insemination, including in vitro fertilization (IVF), gamete intrafallopian tube transfer (GIFT), zygote intrafallopian tube transfer (ZIFT), and intracytoplasmic sperm injection (ICSI), and any advanced reproductive technology ("ART") procedures or services related to such procedures;
  - g. Any charges associated with care required for ART (e.g., office, Hospital, ultrasounds, laboratory tests, etc.);
  - h. Donor egg retrieval or fees associated with donor egg programs, including but not limited to fees for laboratory tests;
  - i. Any charge associated with a frozen embryo transfer including but not limited to thawing charges;
  - j. Reversal of sterilization surgery; and
  - k. Any charges associated with obtaining sperm for ART procedures.
42. Except as provided in this Agreement, no benefits will be paid for the purchase or rental of durable or disposable medical equipment and supplies, other than for:
  - a. Equipment and supplies used in a Hospital or Skilled Nursing Facility, or in conjunction with an approved Hospital or Skilled Nursing Facility confinement, or as otherwise noted in the Agreement or
  - b. Items covered as preventive care under well-women coverage such as breastfeeding supplies in accordance with reasonable medical management techniques.
43. No benefits will be paid for household equipment, including but not limited to, the purchase or rental of exercise cycles, water purifiers, hypo-allergenic pillows, mattresses or waterbed, whirlpool or swimming pools, exercise and massage equipment, central or unit air conditioners, air purifiers, humidifiers, dehumidifiers, escalators, elevators, ramps, stair glides, emergency alert equipment, handrails, heat appliances, improvements made to a Member's house or place of business, and adjustments to vehicles.
44. No benefits will be paid for outpatient supplies (except diabetic supplies), including but not limited to, outpatient medical consumable or disposable supplies such as syringes, incontinence pads, and elastic stockings.
45. No benefits will be paid for Services and supplies provided for penile implants of any type.
46. No benefits will be paid for Services and supplies to correct sexual dysfunction.

## MEDICAL EXCLUSIONS

47. Except as specifically provided, if a benefit is excluded, all Hospital, surgical, medical treatments, prescription drugs, laboratory services, and x-rays in relation to the excluded benefits are also excluded as of the time it is determined that the benefit is excluded.
48. Except as specifically provided in this Agreement, no benefits will be provided for Services and supplies not ordered by a Physician or not Medically Necessary.
49. No benefits will be paid for temporomandibular joint disorder treatment (TMJ) including treatment performed by prosthesis placed directly on the teeth except as covered in the Covered Benefits Section
50. Except as specifically provided in this Agreement, no benefits will be paid for corrective appliances, artificial aids and durable equipment.
51. No benefits will be paid for Services for which the Covered Person or Subscriber is not legally obligated to pay.
52. No benefit will be paid for ambulance services when used for routine and convenience transportation to receive outpatient or inpatient services, unless deemed medically necessary with prior authorization obtained from Company.
53. Elective or voluntary enhancement procedures, surgeries, services, supplies and medications including, but not limited to, hair growth, hair removal, hair analysis, sexual performance, athletic performance, anti-aging, and mental performance, even if prescribed by a Physician.
54. No benefits will be paid for hospital take-home drugs.
55. No benefits will be paid for fees for any missed appointments or voluntary transfer of records as requested by the Covered Person.
56. No benefits will be paid for educational services. Special education, including lessons in sign language to instruct a Member, whose ability to speak has been lost or impaired, to function without that ability, are not covered.
57. No benefits will be paid for Intelligence, IQ, aptitude ability, learning disorders, or interest testing not necessary to determine the appropriate treatment of a psychiatric condition.
58. No benefits will be paid for Psychoanalysis or psychotherapy credited toward earning a degree or furtherance of education or training regardless of diagnosis or symptoms or whether providing or receiving the Service.
59. No benefits will be paid for non-medically necessary services, including but not limited to, those services and supplies:
  - a. Which are not Medically Necessary, for the diagnosis and treatment of illness, injury, restoration of physiological functions, or covered preventive services;
  - b. That do not require the technical skills of a medical or mental health professional;
  - c. Furnished mainly for the personal comfort or convenience of the Member, or any person who cares for the Member, or any person who is part of the Member's family, or any Provider;
  - d. Furnished solely because the Member is an inpatient on any day in which the Member's disease or injury could safely and adequately be diagnosed or treated while not confined;
  - e. Furnished solely because of the setting if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office or other less costly setting.
60. As required by HIPAA, no source-of-injury exclusion, such as exclusion 4.29 for off-road sporting events, will apply if the accident resulted from an act of domestic violence or a medical condition (including both physical and mental health conditions).