

GENERAL EXCLUSIONS

This policy does not provide benefits in any of the following circumstances or for any of the following conditions:

Abdominoplasty for any indication

Abortions, elective, except to preserve the mother's life.

Acne treatment.

Acupuncture, chiropractic, massage, massage therapy, or naturopathic services.

Admission prior to coverage - Services and supplies for an admission to a hospital, skilled nursing facility or specialized facility that began before the patient's coverage under this policy.

Alcoholism - Charges made in connection with treatment of alcoholism, except as specifically provided for in an endorsement to the policy.

Allergy services, including allergy injections

Autologous stem cell rescue.

Benefits not stated.

Biofeedback and pain management treatments and programs - Other than as provided for under Covered Services.

Charges over the allowable fee - Any amount in excess of the allowable fee for a given service or supply.

Chelation therapy, including associated infusions of vitamins and/or minerals, except as preauthorized by PacificSource for the treatment of selected medical conditions and medically significant heavy metal toxicities.

Community wellness - Classes or programs are excluded from this policy.

Complications related to excluded coverage.

Contraceptive devices and drugs.

Cosmetic/reconstructive services and supplies, except when necessary as a direct result of injury sustained while this policy is in effect or for charges in connection with congenital defect of a child born while this policy is in effect, this policy does not cover services, supplies, or drugs, for primarily cosmetic/reconstructive purposes and any resulting complications. Cosmetic/reconstructive services and supplies are those performed primarily to improve the body's appearance and not primarily to restore impaired function of the body, regardless of whether the area to be treated is normal or abnormal.

Criminal conduct - Illness or injury in which a contributing cause was the member's commission of or attempt to commit a felony. This includes illness or injury for which a contributing cause was engagement in an illegal occupation.

Custodial care or daycare - Care designed essentially to assist a person in maintaining activities of daily living, e.g. services to assist with walking, getting in/out of bed, bathing, dressing, feeding, preparation of meals, homemaker services, special diets, rest cures, and day care. Confinement in a health facility primarily for custodial or maintenance care, rest, or to control or change a patient's environment.

Dental examinations, treatment, and orthodontics - Services or supplies provided to prevent, diagnose, or treat diseases of the teeth and supporting tissues or structures. This includes services, supplies, hospitalization, anesthesia, dental braces or appliances, dental implants, or dental care rendered to repair defects that have developed because of tooth loss, or to restore the ability to chew, or dental treatment necessitated by disease.

Drug abuse - Treatment for drug abuse or drug addiction.

Drugs and medicines, except for those administered while inpatient in the hospital and those that must be ordered by a physician and dispensed by a licensed pharmacist.

Employee Assistance Programs.

Eating disorders other than as provided for under covered services.

Elective surgery - Surgery or procedure for a condition that does not require immediate attention and for which a delay would not have a substantial likelihood of adversely affecting the patient's health. Elective procedures include, but are not limited to, surgery for otitis media and removal of tonsils or adenoids with or without myringotomy.

Electronic Beam Tomography (EBT).

Equipment, non-medical - Equipment commonly used for non-medical purposes, marketed to the general public, intended to alter the physical environment, or used primarily in athletic or recreational activities. The following items are specifically excluded from coverage: air conditioners; air purifiers; blood pressure

monitoring equipment; compression/cooling combination units; computer or electronic devices; computer software for monitoring (including coagulation monitoring), recording, or reporting; asthmatic, diabetic, or similar clinical tests or data; conveyances (including scooters) other than conventional wheelchairs; cooling pads; equipment purchased on the Internet; exercise equipment for stretching, conditioning, strengthening, or relief of musculoskeletal symptoms; heating pads; humidifiers, except as part of CPAP apparatus; light boxes; mattress or mattress pads (except for healing of pressure sores); orthopedic shoes; pillows; replacement costs for worn or damaged durable medical equipment that would otherwise be replaceable without charge under warranty or other agreement; spas; saunas; shoe modifications (except when incorporated into a brace or prosthesis); structural alterations in order to prevent, treat, or accommodate a medical condition (including grab bars and railings); vehicle alterations in order to prevent, treat, or accommodate a medical condition; and whirlpool baths.

Experimental or investigational procedures - Services, supplies, protocols, procedures, devices, chemotherapy, drugs, or medicines that, in PacificSource's judgment, are experimental or investigational for the diagnosis and treatment of the patient. For purposes of this exclusion, experimental or investigational services and supplies include, but are not limited to, services, supplies, procedures, devices, chemotherapy, drugs, or medicines which at the time they are rendered, and for the purpose and in the manner they are being used:

- Have not yet received full U.S. government agency required approval (e.g. FDA) for other than experimental, investigational, or clinical testing;
- Are not of generally accepted medical practice in the state of Oregon or as determined by PacificSource in consultation with medical advisors, medical associations, and/or technology resources;
- Are not approved for reimbursement by the Centers for Medicare and Medicaid Services;
- Are furnished in connection with medical or other research or clinical trials; or
- Are considered by any governmental agency or subdivision, including but not limited to the FDA, the Office of Health Technology Assessment, or the Medicare Coverage Issues Manual to be experimental or investigational, not considered reasonable and necessary, or any similar finding.

An experimental or investigational service is not made eligible for benefits by the fact that other treatment is considered by the member's healthcare provider to be ineffective or not as effective as the service or that the service is prescribed as the most likely to prolong life.

Eye exam, glasses, contacts - The fitting, provision, or replacement of eye glasses, lenses, frames, contact lenses, or subnormal vision aids; and eye exercises, orthoptics, vision therapy, or eye refraction procedures or radial keratotomy intended to correct refractive error.

Family planning - Services and supplies for family planning including artificial insemination, in vitro, diagnosis and treatment of infertility, erectile dysfunction, frigidity, elective sterilization, reverse voluntary sterilization, birth control drugs, devices, removal of contraceptive devices, impotency, or genetic testing or counseling.

Foot care, routine - Services and supplies for corns and calluses of the feet, conditions of the toenails other than infection, hypertrophy, or hyperplasia of the skin of the feet, and other routine foot care, except when the patient is being treated for mellitus diabetes.

Free services - Excluded are services or supplies that: a) are provided by federal, veteran's, state or municipal hospital, b) for which no charge is made, c) for which the member is not legally required to pay, or d) which a provider or facility is not licensed to provide, even though the service or supply may otherwise be eligible. This exclusion includes services provided by the member or by an immediate family member.

Genetic (DNA) testing - DNA and other genetic tests, except for those tests identified by PacificSource as medically necessary for the diagnosis and standard treatment of specific diseases.

Growth Hormone Therapy.

Hair analysis or loss.

Health education services.

Hearing aids and testing, including the fitting, provision, or replacement of hearing aids.

Immunizations - All immunizations are excluded from this policy including immunizations when recommended for or in anticipation of exposure through travel or work.

Infertility - Services and supplies, diagnostic laboratory and x-ray studies, surgery, treatment, or prescriptions to diagnose, prevent, or cure infertility or to induce fertility (including Gamete and/or Zygote Interfallopian Transfer, i.e. GIFT or ZIFT), except for medically necessary medication to preserve fertility during treatment with cytotoxic chemotherapy.

Intentional self-inflicted injury or illness.

Jaw surgery - Procedures, services, and supplies for developmental or degenerative abnormalities of the jaw, malocclusion, or improving placement of dentures, including dental implants.

Marital counseling or social counseling.

Maternity - Maternity-related expenses including normal or cesarean delivery and voluntary termination of a normal pregnancy (except when necessary to preserve the mother's life).

Medical or psychological report preparation for third parties.

Medical treatment received outside the U.S., except in a medical emergency situation.

Medications, except as listed on the Preferred Drug List.

Mental, emotional or nervous disorders - Mental or emotional counseling of any type or treatment of learning disorders or disabilities.

Mental health/chemical dependency - Treatment for mental retardation; learning disorders; paraphilias; gender identity disorders in adults (the exclusion does not apply to children and adolescents 18 years of age or younger); and diagnostic codes V15.81 through V71.09 (this exclusion does not apply to diagnostic codes V61.20, V61.21, and V62.82 for children 5 years of age or younger). This plan does not cover educational or correctional services or sheltered living provided by a school or halfway house (except outpatient services received while temporary living in a shelter); psychoanalysis or psychotherapy received as part of an educational or training program, regardless of diagnosis or symptoms that may be present; a court-ordered sex offender treatment program; a screening interview or treatment program under ORS813.021; caffeine-related disorder; or nicotine-related disorders. The following treatment types are also excluded, regardless of diagnosis: support groups, neurodevelopmental therapy, sensory integration training, biofeedback, hypnotherapy, academic skills training, equine/animal therapy, narcosynthesis, aversion therapy, and social skill training.

Motional analysis, including video taping, 3-D kinematics, dynamic surface, and fine wire electromyography, including physician review.

Myeloablative high dose chemotherapy, excluded except when the related transplant is specifically covered under the transplantation provisions of this policy.

Non-emergency services - Services for which preauthorization is required when services are rendered by a nonparticipating provider.

Non-medically necessary services or supplies - Services or supplies that are not medically necessary in PacificSource's judgment for the diagnosis or treatment of an illness or injury.

Obesity or weight control - Surgery or other related services or supplies provided for weight control or obesity (including all categories of obesity), whether or not there are other medical conditions related to or caused by obesity. Services or supplies used for weight loss, such as food supplementation programs and behavior modification programs, regardless of the medical conditions that may be caused or exacerbated by excess weight, and self-help or training programs for weight control.

Orthognathic surgery - Services and supplies to augment or reduce the upper or lower jaw, except as specified under Covered Expenses – Other Covered Services, Supplies, and Treatment, jaw or natural teeth.

Osteopathic manipulation, excluded, except for treatment of disorders of the musculoskeletal system.

Panniculectomy for any indication.

Pediatric dental care - Facility charges for pediatric dental care requiring general anesthesia.

Personal comfort items.

Physical exams for athletics, school, or employment - Routine physical or eye examinations required for administrative purposes such as participation in athletics, admission to school, or by an employer.

Physical and occupational therapy excluded for developmental delays and disorders, sensory integration disorders, motor skills disorders, or learning disorders.

Pre-existing conditions as defined in the policy (see "pre-existing condition" in the Definitions section).

Private duty nursing for hospital or skilled nursing facility inpatients.

Provider services - Services from a provider that does not meet PacificSource's credentialing requirements or that are not specified as eligible under the policy or an attached endorsement.

Reduction or augmentation mammoplasty.

Rehabilitation - Functional capacity evaluations, work hardening programs, vocational rehabilitation, community reintegration services, and driving evaluation and training programs.

Respite care.

Rest or recuperation - Excluded services include cures or care in an extended care facility, convalescent nursing home, facility providing rehabilitation treatment, or homes for the aged, whether or not part of a hospital.

Routine services or supplies - Services, supplies, and equipment not involved in diagnosis or treatment but provided primarily for the comfort, convenience, cosmetic purpose, environmental control, patient education or for records or claims processing. These include but are not limited to:

- Charges for telephone consultations, missed appointments, completion of claim forms, or reports requested by PacificSource in order to process claims.
- Appliances, such as air conditioners, humidifiers, air filters, whirlpools, hot tubs, heat lamps, or tanning lights.
- Private nursing service or personal items such as telephones, televisions, and guest meals in a hospital or skilled nursing facility.
- Maintenance supplies and equipment not unique to medical care as determined by PacificSource.

Screening tests and exams - Services and supplies, including imaging and screening exams performed for the sole purpose of screening and not associated with specific diagnoses and/or signs and symptoms of disease or of abnormalities on prior testing, except as specifically provided for in the "Covered Expenses" section.

Self-help training or therapy - Programs to help stop smoking, general fitness exercise programs, and programs that teach a person how to use durable medical equipment or care for a family member. Also excluded are health or fitness club services or memberships and instruction programs including, but not limited to, those to learn to self-administer drugs or nutrition, except as specifically provided for in this policy.

Services performed by a family member.

Sexual disorders - Services or supplies for the treatment of sexual dysfunction or inadequacy and/or those related to sex change procedures and any resulting complications.

Sex reassignment - Procedures, services, or supplies including gender-reassignment drug therapies in a pre-surgery situation related to a sex reassignment.

Sleep apnea, sleeping disorders, and/or sleep studies - Services or supplies for the treatment or studies of sleep apnea or other sleeping disorders including snoring.

Speech services - Speech therapy for developmental language disorders, phonological disorders, and learning disorders; and oral/facial motor therapy for strengthening and coordination of speech-producing musculature and structures; and speech generating devices.

Third-party liability - Any services or supplies for illness or injury for which a third party is responsible or which are payable by such third party. Third parties may include applicable workers' compensation laws, motor vehicle liability, uninsured motorist, underinsured motorist, and personal injury protection insurance and any other liability and voluntary medical payment insurance.

TMJ - Advice or treatment, including physical therapy and/or oromyofacial therapy, either directly or indirectly, for temporomandibular joint dysfunction, myofacial pain, or any related appliances. (See the exclusions for jaw surgery and orthognathic surgery in this section and Covered Expenses—Other Covered Services, Supplies, and Treatment.)

Transplants - Any services, treatments, or supplies for the transplantation of bone marrow or peripheral blood stem cells or any human body organ or tissue, except as expressly provided under the provisions of this policy for covered transplantation expenses. (See Covered Expenses—Transplantation Services.)

Treatment after insurance ends - Charges incurred after the expiration date of the policy are excluded except as otherwise stated in the "Extension of Policy Term While Hospitalized."

Treatment prior to enrollment - Services or supplies a member received prior to enrolling in coverage provided by this policy.

Treatment while incarcerated - Services or supplies a member receives while in the custody of any state or federal law enforcement authorities or while in jail or prison.

Unwilling to release information - Charges for services or supplies for which a member is unwilling to release medical or eligibility information necessary to determine the benefits payable under this policy.

Varicose veins.

War-related conditions - The treatment of any condition caused by or due to an act of war, armed invasion, or aggression, or while in the service of the armed forces.

Work-related conditions - Services or supplies for treatment of illness or injury due to or in the course of employment or self-employment for wages or profit, whether or not the expense for the service or supply is paid under workers' compensation.