PacificSource Plan Limitations – Preferred

GENERAL BENEFIT LIMITATIONS (see handbook for a more complete list and details)

- **Ambulance** benefits are provided for emergency transport to the nearest facility able to treat the condition (air only when ground transportation is medically or physically inappropriate).
- **Biofeedback** to treat migraine headaches or urinary incontinence is limited to a lifetime maximum of 10 sessions.
- **Cardiac rehabilitation** for Phase I covered under inpatient hospital, Phase II covered as outpatient hospital benefits up to a lifetime maximum benefit of 36 sessions if preauthorized by PacificSource, and Phase III is not covered.
- **Chiropractic and acupuncture** services and supplies limited to a combined $900 per calendar year.
- **Diabetic self-management education** is covered at the time of diagnosis, and up to three hours of education per year if there is significant change in condition or treatment.
- **Durable medical equipment** (DME) up to an annual maximum of $5,000 (limit does not apply to essential benefits). DME over $800 requires preauthorization. Lenses to correct vision defect resulting from severe medical problem or eye surgery other than refraction procedures has a $200 max. Wigs are limited to a $150 max per calendar year. Breast pump rental or purchase is limited to $200 lifetime maximum. Power-assisted wheelchairs are limited to one per lifetime age 19 and over, and subject to preauthorization / medical review if under 19 years of age.
- **Growth hormone** injections or treatments are limited to $25,000 per calendar year.
- **Home health services** are limited to $5,000 per calendar year when preauthorized by PacificSource.
- **Injury of the jaw or natural teeth** services must be provided within 18 months of the injury.
- **Inpatient rehabilitation** is covered up to 30 days per calendar year, 60 days for head and spinal cord injury per calendar year.
- **For small group plans**, benefits for treatment for **mental health, chemical dependency**, or dual diagnosis conditions are limited to the following maximums per calendar year: **Inpatient**–8 days and **Outpatient**–20 visits.
- **Organ transplants:**
  - Travel/housing expenses for recipient and one caregiver is limited to $5,000.
  - Travel/living expenses are not covered for the recipient's family/donor.
  - If transplant is performed at a participating transplant facility, covered charges of facility are subject to deductible, maximum transplant and lifetime maximum benefit; coinsurance and copay amounts after deductible are waived.
  - If transplant services are available through a contracted transplant facility but are performed at a noncontracted facility, plan pays either 60% of billed amount or $100,000, whichever is less and are otherwise subject to plan deductibles, copays, coinsurance, out-of-pocket, and other transplant benefit provisions of the plan.
- **Outpatient pulmonary rehabilitation** is subject to medical review.
- **Physical, occupational and speech therapy** to 30 visits per calendar year if prescribed. Consideration for additional visits only given to cases for treatment of severe neurologic conditions. No extension beyond additional 30 visits.
- **Preventive care services:**
  - **Routine physicals and gynecological exams** are limited to once per calendar year.
  - **Tobacco cessation program** services are covered at 100% when provided by a PacificSource approved program. Coverage is limited to a maximum lifetime benefit of two quit attempts.
  - **Well baby care** is limited to 13 examinations during the first 36 months of life, including a standard in-hospital exam at birth and any appropriate lab services.
- **Sleep apnea and other sleeping disorders** require preauthorization. Oral devices are covered under DME.
- **Skilled nursing facility** is covered for up to 60 days per calendar year when preauthorized by PacificSource.

GENERAL EXCLUDED SERVICES (see handbook for a more complete list and details)

- Day care or custodial care including help with daily activities such as walking, getting in or out of bed, bathing, dressing, eating, and preparing meals.
- Dental examinations and treatment to prevent, diagnose, or treat diseases of the teeth, tissues, or structures.
- Drugs, homeopathic medicines, or homeopathic supplies furnished by an alternative care provider.
- Family planning services and supplies other than sterilization.
- Fitness or exercise programs and health or fitness club memberships.
- Foot care (routine), unless you are being treated for diabetes mellitus.
- Immunizations for the purpose of travel, occupation, or foreign residence.
- Infertility, sterility, impotency, frigidity, sexual dysfunction, or sexual transformation diagnosis or treatment.
- Obesity or weight control treatment or surgery, even if there are other medical reasons for you to control your weight.
- Orthognathic procedures and over the counter medications.
- Prescription drugs (except as covered under prescription drug card) and over the counter medications.
- Private duty nursing service.
- TMJ services or treatment for associated myofascial pain, including physical or oromyofascial therapy.
- Treatment of any condition caused by a war, armed invasion, or while serving in the armed forces.

This is only a brief list of limitations and exclusions. Please refer to the additional information provided for further explanation of benefits including additional limitations and exclusions.