

PacificSource Plan Limitations – SmartHealth

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.
- **Diabetes self-management education** is limited to 3 hours per calendar year.
- **Durable medical equipment (DME)** prescribed exclusively to treat medical conditions up to an annual maximum of \$10,000 (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 have a maximum benefit of \$125. Wigs are limited to a \$150 max per calendar year. 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. **Home health services** are limited to \$5,000 per calendar year when preauthorized by PacificSource.
- **Hospice services** are limited to a lifetime maximum benefit of \$10,000.
- **Injury of the jaw or natural teeth** – services must be provided within six 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.
- **Mental health / chemical dependency treatment is subject** to review for medical necessity and/or appropriateness. Benefits for treatment for mental health, chemical dependency, or dual diagnosis conditions are limited to the following maximums per calendar year for small employer groups with 2-50 employees:
 - **Inpatient** – 8 days.
 - **Outpatient** – 20 visits.
 - **Residential** – excluded.
- **Organ transplants:**
 - Travel/housing expenses for recipient and one caregiver is limited to \$5,000.
 - Nonparticipating providers/facilities are limited to \$100,000 per transplant.
- **Orthognathic** procedures and TMJ services combined are limited to a lifetime maximum benefit of \$1,000.
- **Outpatient rehabilitation** is limited to 30 visits per calendar year.
- **Preventive care services:**
 - **Routine physicals and gynecological exams** are limited to once per calendar year.
 - **Tobacco cessation program** services are covered 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. Circumcisions are covered within 31 days from the date of birth.
- **Skilled nursing facility** is covered up to 30 days per calendar year when preauthorized by PacificSource.

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

- Alternative Care services including chiropractic, naturopathic, acupuncture and massage therapy.
- 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.
- Experimental or investigational treatment and/or services.
- Routine eye exams, refraction procedures and vision therapy.
- Family planning services and supplies other than sterilization.
- Fitness or exercise programs and health or fitness club memberships.
- Foot care (routine), unless 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, weight control treatment or surgery, even if there are other medical reasons for weight to be controlled.
- Prescription drugs (except as covered under prescription drug card) and over the counter medications.
- Private duty nursing service.
- 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.