

PacificSource Group Plan Limitations – Oregon Basic Health Plan

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

- Ambulance to the nearest facility able to treat condition. Air ambulance only when ground is medically or physically inappropriate.
- Biofeedback to treat migraine headaches or urinary incontinence is limited to a lifetime max of 10 sessions.
- Cardiac rehabilitation for Phase I covered under inpatient hospital, Phase II covered as outpatient hospital benefits up to a lifetime max benefit of 36 sessions if preauthorized by PacificSource, and Phase III is not covered.
- Colorectal Cancer Screening for ages 50 to 75 years: fecal, occult blood test, flexible sigmoidoscopy, routine colonoscopy, and double contrast barium enema. *[Colonoscopies for medical diagnosis, under age 50 years, or out-of-network are Outpatient Surgery/Services.]*
- Contraceptive devices (IUD, Norplant, diaphragm, cervical cap) and insertion/removal are covered. (Over-the-counter are not covered.)
- Diabetic self-management education covered when diagnosed up to three hours of education per year if significant change.
- Durable medical equipment (DME) covered up to annual max of \$5,000. 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. Breast pumps rental or purchase limited to a lifetime max benefit of \$200. Power-assisted wheelchair is covered up to a max of \$5,000.
- Foot orthotics covered when medical necessary up to a lifetime max benefit of \$500.
- Mental health and chemical dependency treatment and/or services are subject to the same standards for medical necessity and experimental/investigational criteria as other medical conditions covered under this policy.
- Nicotine Replacement: If enrolled in Free and Clear program, they will send you an 8-week supply of nicotine patches or gum, or you can get a 12-week supply of Zyban or Chantix at participating pharmacy.
- One dental exam ages 3-12 every 24 months (cleaning, fluoride treatment, and sealants; one set of bitewing x-rays every 18-months.
- One hearing aid device for children through age 18 who experienced a hearing loss before age three. Includes ear molds and hearing aid instrument; does not include batteries or other additional equipment. Repairs, servicing, alteration, or replacement are not covered.
- One routine eye exam in any 24-month period for children 18 or younger when provided by a physician or optometrist. If your plan provides additional vision care benefits, the eye exam included in that is in place of, not in addition to, this preventive care eye exam.
- Organ transplants covered after 24 consecutive months of group coverage or since birth. Travel/living expenses not covered for recipient's family/donor. Travel/housing expenses for recipient and a caregiver limited to \$5,000. If transplant performed at participating transplant facility, covered charges of facility are subject to plan deductibles; coinsurance and copays after deductible are waived. If transplant services available through contracted transplant facility but performed at noncontracted facility, plan pays 50% of billed amount or \$100,000, whichever is less and otherwise subject to deductibles, copays, coinsurance, and out-of-pocket max.
- Pediatric dental care requiring general anesthesia has a \$2,000 lifetime max for facility if preauthorized.
- Physical, occupational, or speech therapy limited to 30 visits per condition within a 60-day period.
- Prostate Cancer Screening includes: digital rectal examination and a prostate specific antigen test.
- Pulmonary rehabilitation (outpatient) covered for severe chronic lung disease up to a \$1,000 lifetime max if preauthorized.
- Routine costs of care associated with qualifying clinical trials covered. Excludes services/supplies that are not routine costs.
- Routine gynecological exam annually. Includes Pap smear, pelvic/breast exam, blood pressure, and weight check. Annual mammogram (*non-routine or subsequent mammogram is diagnostic radiology*). Lab limited to occult blood, urinalysis, and complete blood count.
- Routine physicals: Ages to 36 months is 13 visits (12 plus one in-hospital exam); Ages 3-21 is one exam per year; Ages 22-39 is one exam every five years; Ages 40-64 is one exam every two years; and Ages 65 and older is one exam per year.
- Skilled nursing facility covered for up to 20 days per condition following inpatient hospitalization when preauthorized by PacificSource.
- Sleep apnea and other sleeping disorders requires preauthorization. Coverage of oral devices has a \$500 lifetime max.
- Telemedical health services covered when medically necessary if it does not duplicate or supplant a service available patient in person.
- Tobacco cessation covered if by a PacificSource approved program up to a max lifetime benefit of two quit attempts and \$500. Program will send an 8-week supply of nicotine patches or gum, or can get a 12-week supply of Zyban or Chantix at participating pharmacy.
- USPSTF Preventive Care Grade A and B Recommendations are covered for specific criteria at participating providers; and up to a 90-day supply for certain prescribed drugs when meet age, dose, and other specific criteria.

GENERAL EXCLUDED SERVICES NOT NOTED ABOVE (see handbook for a more complete list and details)

- Acupuncture, naturopathic treatment, and chiropractic care (unless employer has Alternative Care / Chiropractic endorsement)
- Contraceptive drugs for any diagnosis (except as covered under prescription drug card)
- Cosmetic or reconstructive services, except post-mastectomy reconstruction
- Custodial care or daycare, including help with activities such as walking, bed, bathing, dressing, eating, and meals; Private duty nursing
- Dental examinations and treatment to prevent, diagnose, or treat diseases of the teeth, tissues, or structures
- Education/training for career, personal growth, assertiveness, sensitivity, image therapy, relaxation, stress management, parenting, family, self-help, to use medical equipment, or self-administer drugs or nutrition (except for diabetic education)
- Except for corneal transplants, organ/tissue transplants not covered until you have been enrolled in this plan for 24 months.
- Experimental or investigational treatment
- Eyeglasses, contact lenses, vision aids; Eye refraction procedures, orthoptics, vision therapy, or other services to correct refractive error
- 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 diagnose 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
- Excluded the first six months: pre-existing conditions for members age 19 and over for most services; and surgical procedures for inner/middle ear infections, elective surgeries/procedures, removal of tonsils/adenoids, vasectomies, and tubal ligations (except at time of covered newborn delivery). If covered by group health plan before enrolling, may be credited for prior coverage to reduce these periods.
- TMJ services or treatment for associated myofascial pain, including physical or oromyofascial therapy
- Treatment of any condition caused by a war, armed invasion, or act of aggression, or while serving in the armed forces