

GENERAL EXCLUSIONS AND LIMITATIONS

No payment will be eligible under any portion of this Plan for expenses Incurred by a Covered Person for the expenses or circumstances listed below. If an expense is paid that is found to be excluded or limited as shown below, the Plan has the right to collect that amount from the payee, the Covered Person or from future benefits and any such payment does not waive the written exclusions, limitations or other terms of the Plan.

- (1) **Abortions:** Expenses related to elective abortions will not be considered eligible, except as specified under the Maternity benefit under Eligible Medical Expenses.
- (2) **Acupuncture:** Expenses for acupuncture/acupressure will not be considered eligible.
- (3) **Administrative Services:** Expenses for completion of claim forms, telephone calls, faxes, electronic communications and shipping and handling will not be considered eligible. This exclusion does not apply to telephone consultations provided as part of the telemedicine benefit as described in the Eligible Medical Expenses section of the Plan.
- (4) **Adoption:** Expenses related to adoption will not be considered eligible.
- (5) **After Termination Date:** Expenses which are Incurred after the termination date of your coverage under the Plan will not be considered eligible.
- (6) **Alternative Medicine:** Expenses for alternative medicine, including but not limited to aromatherapy and holistic treatment will not be considered eligible.
- (7) **Autopsies:** Expenses for autopsies will not be considered eligible.
- (8) **Biofeedback:** Expenses related to biofeedback will not be considered eligible.
- (9) **Cardiac Rehabilitation:** Expenses in connection with Phase III cardiac rehabilitation, including, but not limited to occupational therapy or work hardening programs will not be considered eligible. Phase III is defined as the general maintenance level of treatment, with no further medical improvements being made and exercise therapy that no longer requires the supervision of medical professionals.
- (10) **Chelation Therapy:** Expenses for chelation therapy will not be considered eligible, unless due to heavy metal poisoning.
- (11) **Close Relative:** Expenses for services, care or supplies provided by a person who normally resides in the Covered Person's home or by a Close Relative will not be considered eligible.
- (12) **Complications:** Expenses for care, services or treatment required as a result of complications from a treatment or procedure not covered under the Plan will not be considered eligible. This exclusion does not apply to complications from abortions as specified under Eligible Medical Expenses.
- (13) **Convenience Items:** Expenses for personal hygiene and convenience items will not be considered eligible.
- (14) **Cosmetic Procedures:** Expenses for Cosmetic and reconstructive procedures will not be considered eligible, except as specified under Eligible Medical Expenses.
- (15) **Counseling:** Expenses for religious, marital, family, anti-social behavior, academic or phase-of-life problems or relationship counseling will not be considered eligible, except as specified under Eligible Medical Expenses.
- (16) **Custodial Care:** Expenses for Custodial Care will not be considered eligible, except as specified under the Home Health Care and Hospice Care benefits.
- (17) **Dental Care:** Expenses Incurred in connection with dental care, treatment, x-rays, general anesthesia or Hospital expenses will not be considered eligible, except as specified under Eligible Medical Expenses.

- (18) **Evaluations and Diagnostic Tests:** Expenses for evaluations and diagnostic tests ordered or requested in connection with determinations of paternity, divorce, child custody, or child visitation proceedings will not be considered eligible.
- (19) **Exercise Programs:** Expenses for exercise programs for treatment of any condition will not be considered eligible, except for Physician-supervised cardiac rehabilitation and occupational or physical therapy covered by the Plan.
- (20) **Experimental and/or Investigational:** Expenses for treatment, procedures, devices, drugs or medicines which are determined to be Experimental and/or Investigational will not be considered eligible, except when such expenses are considered Qualified Clinical Trial Expenses.
- (21) **External Defibrillators:** Expenses for external defibrillators which require the assistance of a third party for operation will not be considered eligible.
- (22) **Foot Care:** Expenses for routine foot care, treatment of weak, unstable or flat feet will not be considered eligible, unless for metabolic or peripheral vascular disease or foot orthotics for diabetes as specified under Eligible Medical Expenses.
- (23) **Governmental Agency:** Expenses for services and supplies which are provided by any governmental agency for which the Covered Person is not liable for payment will not be considered eligible. In the case of a state-sponsored medical assistance program, benefits payable under this Plan will be primary. Benefits payable under this Plan will also be primary for any Covered Person eligible under TRICARE (the government sponsored program for military dependents).
- (24) **Hair Loss:** Expenses for hair loss, hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician, will not be considered eligible.
- (25) **Homeopathic Treatment:** Expenses for naturopathic and homeopathic treatments, services and supplies will not be considered eligible.
- (26) **Hypnotherapy:** Expenses for hypnotherapy will not be considered eligible.
- (27) **Illegal Acts:** Expenses for services received as a result of Injury or Illness occurring directly or indirectly, as a result of a serious illegal act, or a riot or public disturbance will not be considered eligible. For purposes of this exclusion, the term "serious illegal act" shall mean any act or series of acts that, if prosecuted as a criminal offense, a sentence to a term of imprisonment in excess of one year could be imposed. It is not necessary that criminal charges be filed, or, if filed, that a conviction result, or that a sentence of imprisonment for a term in excess of one year be imposed for this exclusion to apply. Proof beyond a reasonable doubt is not required. This exclusion will not apply to Injuries and/or Illnesses sustained due to a medical condition (physical or mental) or due to an act of domestic violence.
- (28) **Infertility:** Expenses for artificial procedures for the promotion of conception (e.g., artificial insemination, invitro fertilization, GIFT (Gamete Intrafallopian Transfer), and embryo and fetal implementation) will not be considered eligible. This exclusion does not apply to diagnosis, testing and treatment of infertility as specified under Eligible Medical Expenses.
- (29) **Maintenance Therapy:** Expenses for Maintenance Therapy of any type when the individual has reached the maximum level of improvement will not be considered eligible.
- (30) **Massage Therapy:** Expenses for massage therapy or Rolfing will not be considered eligible.
- (31) **Medically Necessary:** Expenses which are determined not to be Medically Necessary will not be considered eligible.
- (32) **Milieu Therapy:** Expenses for milieu therapy or any confinement in an institution primarily to change or control one's environment will not be considered eligible.
- (33) **Missed Appointments:** Expenses for missed appointments will not be considered eligible.

- (34) **No Legal Obligation:** Expenses for services provided for which the Covered Person has no legal obligation to pay will not be considered eligible. This exclusion will not apply to eligible expenses that may be covered by state Medicaid coverage where federal law requires this Employer's plan to be primary.
- (35) **Non-Compliance:** Expenses for treatments or medications where the Covered Person either is in non-compliance with or is discharged from a Hospital, medical care facility, or Skilled Nursing Facility against medical advice will not be considered eligible.
- (36) **Non-Covered Procedures:** Expenses for services related to a non-covered Surgery or procedure will not be considered eligible regardless of when the Surgery or procedure was performed.
- (37) **Not Performed Under the Direction of a Physician:** Expenses for services and supplies which are not prescribed or performed by or under the direction of a Physician will not be considered eligible.
- (38) **Not Recommended by a Physician:** Expenses by a Hospital or covered residential treatment center if hospitalization is not recommended or approved by a legally qualified Physician will not be considered eligible.
- (39) **Nutritional Supplements:** Expenses for nutritional supplements or other enteral supplementation will not be considered eligible, except as specified under Eligible Medical Expenses. Over-the-counter nutritional supplements or infant formulas will not be considered eligible even if prescribed by a Physician.
- (40) **Occupational Therapy:** Expenses for occupational therapy primarily for recreational or social interaction will not be considered eligible.
- (41) **Operated by the Government:** Expenses for treatment at a facility owned or operated by the government will not be considered eligible, unless the Covered Person is legally obligated to pay. This does not apply to Covered Expenses rendered by a Hospital owned or operated by the United States Veteran's Administration when services are provided to a Covered Person for a non-service related Illness or Injury.
- (42) **Over-the-Counter (OTC) Medication:** Expenses for any over-the-counter medication will not be considered eligible. Expenses for drugs and medicines not requiring a prescription by a licensed Physician and not dispensed by a licensed pharmacist will not be considered eligible.
- (43) **Plan Maximums:** Expenses for charges in excess of Plan maximums will not be considered eligible.
- (44) **Prior to Effective Date:** Expenses which are Incurred prior to the effective date of your coverage under the Plan will not be considered eligible.
- (45) **Radioactive Contamination:** Expenses Incurred as the result of radioactive contamination or the hazardous properties of nuclear material will not be considered eligible.
- (46) **Recreational and Educational Therapy:** Expenses for recreational and educational services; learning disabilities; behavior modification services; vocational testing or training; any form of non-medical self-care or self-help training, including any related diagnostic testing; music therapy; health club memberships; aquatic or pool therapies; will not be considered eligible. Diabetic education is considered eligible as specified under Eligible Medical Expenses. This exclusion will not apply to expenses related to the diagnosis, testing and treatment of autism, ADD or ADHD.
- (47) **Refractive Errors:** Expenses for radial keratotomy, Lasik Surgery or any Surgical Procedure to correct refractive errors of the eye will not be considered eligible.
- (48) **Required by Law:** In any case where an individual is required by law to maintain insurance coverage (or to maintain any other security or reserve amount in lieu of insurance coverage), expenses of a Covered Person that would be paid by such insurance coverage are not eligible expenses, regardless of whether the individual is in fact covered under such coverage. For purposes of any required automobile, motorcycle or other vehicle coverage, otherwise eligible expenses below the minimum required coverage or the actual coverage elected, whichever is higher, will be excluded from coverage under this Plan.
- (49) **Riot/Revolt:** Expenses resulting from a Covered Person's participation in a riot or revolt will not be considered eligible. This exclusion will not apply to Injuries and/or Illnesses sustained due to a medical condition (physical or mental) or domestic violence.

- (50) **Scar Treatment:** Expenses for Surgical treatment of scarring secondary to acne or chickenpox including, but not limited to, dermabrasion, chemical peel, salabrasion, and collagen injections will not be considered eligible.
- (51) **Sex Transformation:** Expenses in connection with sex transformation will not be considered eligible.
- (52) **Sexual Dysfunction/Impotence:** Expenses for services, supplies or drugs related to sexual dysfunction/impotence, including penile implants, will not be considered eligible. Expenses for sex therapy will not be considered eligible.
- (53) **Sterilization:** Expenses for the reversal of elective sterilization will not be considered eligible.
- (54) **Surrogate:** Expenses relating to a surrogate pregnancy of any person who is not covered under this Plan and for any Covered Person other than the Employee and Spouse will not be considered eligible, including but not limited to pre-pregnancy, conception, prenatal, childbirth and postnatal expenses.
- (55) **Travel:** Expenses for travel will not be considered eligible, except as specified under Eligible Medical Expenses.
- (56) **Usual and Customary Charge:** Expenses in excess of the Usual and Customary Charge will not be considered eligible.
- (57) **Vision Care:** Expenses for vision care, including professional services for the fitting and/or supply of lenses, orthoptics, vision training, vision therapy, subnormal vision aids, frames, contact lenses and other fabricated optical devices will not be considered eligible, except routine eye exams as specified under Eligible Medical Expenses. However, benefits will be provided for the necessary initial placement of a pair of eyeglasses, contact lenses or an intraocular lens following a Medically Necessary Surgical Procedure to the eye. This exclusion does not apply to aphakic patient and soft lenses or sclera shells intended for use as corneal bandages.
- (58) **Wage or Profit:** Expenses for or in connection with any Injury or Illness which arises out of or in the course of any occupation for wage or profit (including self-employment) will not be considered eligible.
- (59) **War:** Expenses for the treatment of Illness or Injury resulting from a war or any act of war or terrorism, whether declared or undeclared, civil war, hostilities or invasion, or while in the armed forces of any country or international organization will not be considered eligible.
- (60) **Workers' Compensation:** Expenses for benefits for Accidental bodily Injury or Illness arising out of or in the course of any occupation for wage or profit, or for which the Covered Person would be entitled to benefits under any Workers' Compensation, U. S. Longshoremen and Harbor Worker's or other occupational disease legislation or policy, whether or not such policy is actually in force will not be considered eligible.

Expenses for Injuries or Illness which were eligible for payment under Workers' Compensation or similar law and have reached the maximum reimbursement paid under Workers' Compensation or similar law will not be eligible for payment under this Plan.