

**This plan does not cover the following services. Additional exclusions may apply to your plan. Please see your contract or certificate of coverage for more information.**

- Health care services that we determine are not medically necessary
- Health care services that we determine are investigative, and associated expenses
- Maintenance care
- Health care services that we determine to be cosmetic treatment
- Health care services for injuries or illnesses that are job, employment, or work related, and for which benefits are provided or payable under any workers' compensation or occupational disease act or law
- Health care services furnished by the U.S. Veterans Administration
- Custodial care
- Charges in excess of the maximum allowable fee or maximum out-of-network allowable fee
- Health care services associated with non-covered services, including, but not limited to, diagnostic tests, monitoring, laboratory services, drugs and supplies
- Health care services and certifications when required by third parties
- Private-duty nursing
- Rest care
- Orthopedic shoes and custom-molded foot orthotics, unless you have diabetes or peripheral vascular disease
- Non-emergency services received outside of the United States
- Wigs, toupees, hairpieces, cranial prostheses, hair implants or transplants, hair weaving, or hair loss prevention treatments
- Modifications to your vehicle, home, or property
- Acupuncture
- Recreational, educational and self-help therapy
- Items primarily educational in nature or for vocation, comfort, convenience or recreation
- Health club memberships
- Weight loss programs and related services and/or drugs, except as otherwise covered as preventive health care services
- Bariatric surgeries, including preoperative procedures, initial procedures, surgical revisions and subsequent procedures
- Health care services performed by a relative (i.e., a spouse, parent, brother, sister or child of you or your spouse) or anyone who customarily lives in your household
- Respite care
- Health care services or dental services for cracked or broken teeth that result from biting, chewing, disease or decay
- Health care services or dental services for and related to dental or oral care, treatment, orthodontics, surgery, supplies, anesthesia or facility charges, and bone grafts
- Health care services or dental services related to periodontal disease
- Dental implants, except due to injury
- Rental fees for durable medical equipment that exceed the purchase price of the equipment
- Health care services associated with expenses for infertility, with the exception for those services related to a covered medical condition
- Services for or related to adoption and childbirth classes
- Any drug for which you do not have a valid prescription order
- Prescription drugs equivalent to or similar to over-the-counter drugs. Some exceptions may apply
- Travel Immunizations
- Reversal of a sterilization procedure
- Telehealth services that do not include 2-way interactive audio and visual communications
- Vision therapy/orthoptics
- Surgery for refractive conditions correctable by contact lenses or glasses (i.e., Lasik surgery)
- Vision lenses, frames, and eyeglasses or contact lenses received after the end of the month in which you turn 19. (Some exceptions apply)
- Applicable to Individual Products Only: Routine eye examinations received after the end of the month in which you turn 19
- Homeopathic, holistic or naturopathic medicine, including dietary supplements