

This plan does not cover the following services. Please see your policy for more specific information.

- Health care services that we determine are not medically necessary
- Health care services that we determine are experimental/investigational/unproven
- Maintenance care or supportive 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 (some exceptions apply)
- Health care services for any illness or injury caused by war or act(s) of war declared or undeclared, or caused during service in the armed forces of any country
- Health care services for any illness or injury you sustain:
 - (a) while on active duty in the armed services of any country; or
 - (b) as a result of you being on active duty in the armed services of any country
- Custodial care
- Charges in excess of the maximum allowable fee or maximum out-of-network allowable fee
- Health care services resulting or arising from complications of, or incidental to, any health care service not covered under the policy
- Health care services required by a third party
- Private duty nursing
- Health care services or charges billed by any place whose primary purpose is for rest or care of the aged
- Treatment of weak, strained, flat, unstable or unbalanced feet; arch supports; heel wedges; lifts; orthopedic shoes; or the fitting of orthotics to aid walking or running, except for treatment of diabetes or peripheral vascular disease
- Health care services performed while outside of the United States, except in the case of a medical emergency
- Wigs, toupees, hairpieces, cranial prosthesis, hair implants or transplants, or hair weaving
- Modifications to your vehicle, home, or property
- Health care services used in educational or vocational training or testing
- Health care services for holistic, complementary, alternative, or homeopathic medicine
- Acupuncture
- Therapy services such as recreational therapy, educational therapy, physical fitness, or exercise programs
- Health care services that are for purposes of educational, occupational, or athletic enhancement
- General fitness programs, exercise programs, exercise equipment, or health club fees
- Any weight loss programs and related health care services, except as otherwise covered under the ACA as preventive health care services
- Health care services performed by a provider who is a family member by birth or marriage or who lives at your same legal residence
- Respite care
- Health care services associated with expenses for infertility or fertility treatment
- Marriage counseling
- The care and treatment of teeth, gums, or alveolar process including dentures, appliances, dental implants, or supplies used in such care or treatment
- Rental fees for durable medical equipment that exceed the purchase price of the equipment
- Birthing classes, Lamaze classes, and home births
- Drugs available over the counter, except certain prescribed over the counter required to be covered as preventive under the Affordable Care Act
- Any drug or medicine that is available in prescription strength without a prescription
- Immunizations for travel purposes
- Reversal of a sterilization procedure
- Telehealth services that do not include 2-way interactive audio and visual communications
- Vision therapy, refractive eye surgery, orthoptic therapy, and pleoptic therapy (eye exercise)
- Preparation, fitting, or purchase of eyeglasses or contact lenses (some exceptions apply)