

# Health First Health Plans



If a member does not follow the following access rules, the member risks having services and supplies received not covered by this group plan. In such a circumstance, the member would be responsible for the entire cost of the services rendered.

- Services that are provided or received without having been prescribed, directed or authorized in advance by Health First Health Plans (HFHP) where required are not covered unless such services have been expressly authorized under the terms of this group plan. Except for emergency services and care for an emergency medical condition, all services must be received from participating providers, unless covered under a Point-of-Service (POS) plan.
- Also, services that, in HFHP's opinion, are not medically necessary will not be covered. The ordering of a service by a physician, whether participating or non-participating, does not in itself make such service medically necessary or a covered service.

In addition to the access rule conditions noted above, the following services and/or supplies are excluded from coverage, and are not covered services under group plans:

**Abortion**, including any service or supply related to an elective abortion. However, spontaneous abortions are not excluded nor are abortions performed when the life of the mother would be endangered if the fetus were carried to term.

**Alcoholism or substance abuse treatment**, inpatient rehabilitative services for substance abuse and other services and supplies except as specifically provided.

**Alternative medical treatments** including but not limited to chelation therapy, massage therapy, acupuncture, and herbal remedies.

**Ambulance services** other than those specifically provided.

**Autopsy or postmortem examination services**, unless specifically requested by HFHP.

**Biofeedback services** and other forms of self-care or self-help training and any related diagnostic testing, hypnosis, meditation, and pain control.

**Blood**, for fees associated with the collection, storage, or donation of blood or blood products, except for autologous donation in anticipation of schedule services where in HFHP's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.

**Breast reduction services.**

**Complications of non-covered services**, including the diagnosis or treatment of any condition, which arises as a complication of a non-covered service.

**Cosmetic surgery** (plastic and reconstructive surgery) and other services and supplies to improve the member's appearance or self-perception (except as covered under the Breast Reconstructive Surgery category in the COC), including but not limited to procedures or supplies to correct baldness or

the appearance of skin (wrinkling). However, the restoration of a bodily function, or the correction of a deformity resulting from disease, injury or congenital or developmental abnormalities, is covered.

**Costs incurred by the member related to the following:**

1. Healthcare services resulting from accidental bodily injuries arising out of a motor vehicle accident to the extent such services are payable under any medical expense provision of any automobile insurance policy.
2. Telephone consultations, failure to keep a scheduled appointment, or completion of any form and/or medical information.

**Custodial care**, including any service or supply of a custodial nature primarily intended to assist the member in the activities of daily living. This includes rest homes, home health aides (sitters), home parents, domestic maid services, and respite care.

**Dental care:** routine dental procedures including, but not limited to extraction of teeth, restoration of teeth with fillings, crowns or other materials, bridges, cleaning of teeth, dental implants, dentures, periodontal or endodontic procedures, orthodontic treatment including palatal expansion devices, bruxism appliances and dental x-rays. Dental treatment in a hospital or ambulatory surgical center or dental treatment for children under age 18 due to cleft palate or cleft lip are covered only as specified in the COC. Likewise, all procedures, expenses, services and supplies related to the treatment of malocclusion or malposition of the teeth or jaws (orthognathic treatment), as well as temporomandibular joint (TMJ) syndrome or craniomandibular jaw (CMJ) disorders are excluded unless determined to be medically necessary by HFHP.

**Developmental delay treatment**, including services and supplies necessary to improve the motor language, social or thinking skills of a member.

**Dietary regimens or treatments for reducing or controlling weight**, unless specifically related to diabetic services or prescribed as part of HFHP's disease management programs.

**Durable medical equipment** other than the equipment specifically listed in the COC and so long as it is not available over the counter. This exclusion includes, but is not limited to items that are primarily for convenience and/or comfort; wheelchair lifts or ramps, modifications to motor vehicles and/or homes such as wheelchair lifts or ramps; water therapy devices such as Jacuzzis, swimming pools, whirlpools or hot tubs; exercise and massage equipment, air conditioners and purifiers, humidifiers, water softeners and/or purifiers, pillows, mattresses or waterbeds, escalators, elevators, stair glides, emergency alert equipment, handrails and grab bars, heat appliances, dehumidifiers, and the replacement of equipment unless it is non-functional and not practically repairable.

**Erectile dysfunction:** any service, supply, or drugs for erectile dysfunction regardless of the etiology.

# Group limitations and exclusions 2008

**Experimental and investigational treatment** as defined in the COC.

**Eye care**, including the purchase, examination, or fitting of eyeglasses or contact lenses, except as specifically provided for in the COC or through a rider to the COC; radial keratotomy, myopic keratomileusis, and any surgery that involves corneal tissue for the purpose of altering, modifying, or correcting myopia, hyperopia, or stigmatic error; and training or orthoptics, including eye exercises and vision therapy.

**Family planning services**, other than those services specifically described in the COC.

**Food and food products** except those listed as covered services in the COC.

**Foot care (routine)**, including any service or supply in connection with foot care in the absence of disease. This exclusion includes, but is not limited to, non-surgical treatment of bunions, flat feet, fallen arches, and chronic foot strain, toenail trimming, corns, or calluses, unless determined to be medically necessary.

**Hearing aids (external or implantable) and services** related to the fitting or provision of hearing aids, including tinnitus maskers, unless covered under a separate rider.

**Home health care services**, except as specifically set forth in the COC.

**Hospice services**, except as specifically set forth in the COC.

**Hypnotism or hypnotic anesthesia.**

**Immunizations and physical examinations, when required for travel, or when needed for school, employment, insurance, or governmental licensing**, except as such examinations are within the scope of, and coincide with, the periodic health assessment examination and/or state law requirements.

**Infertility treatment, services and supplies**, including infertility testing, treatment of infertility and diagnostic procedures to determine or correct the cause or reason for infertility or inability to achieve conception. This includes artificial insemination, in-vitro fertilization, ovum or embryo placement or transfer, gamete intra-fallopian tube transfer, or cryogenic or other preservation techniques used in such or similar procedures.

**Injectibles, self-injectable medication**, except as specifically provided for in any applicable prescription drug rider.

**Learning and developmental services:** testing, therapy, or treatment for reading/learning disabilities are not covered. Services or treatment of mental retardation or other mental services are not covered unless determined to be medically necessary.

**Massage therapy.**

**Mental health services and supplies which are** (a) rendered in connection with a condition not classified in the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association, (b) extended beyond the

period necessary for evaluation and diagnosis of learning and behavioral disabilities or for mental retardation and/or autism, (c) court ordered care or testing or required as a condition of parole or probation; (e) testing for aptitude, ability, intelligence or interest, or (f) cognitive remediation.

**Military service-connected medical care** for which the member is legally entitled to service from military or government facilities, and for which such facilities are reasonably accessible to the member.

**Non-participating provider services**, unless authorized in advance by HFHP or for emergency services and urgent care. Non-network services for covered benefits will not be covered unless the member has a POS plan.

**Obesity treatment**, including surgical operations and medical procedures for the treatment of morbid obesity.

**Occupational injury**, expenses in connection with any condition for which a member has received, whether by settlement or by adjudication, any benefit under Worker's Compensation or occupational disease law or similar law. If the member enters into a settlement giving up rights to recover past or future medical benefits, this health plan will not cover past or future medical services that are subject of or related to that settlement. In addition, if member is covered by a Worker's Compensation program that limits benefits if other than specified healthcare providers are used and the member receives care or services from a healthcare provider not specified by the program, this health plan will not cover the balance of any costs remaining after the program has paid.

**Organ donor treatment or services when the member acts as the donor.** Organ screening, testing for possible match/compatibility are not covered (except as specifically covered for bone marrow donors as described in the COC).

**Orthomolecular therapy**, including nutrients, vitamins, and food supplements.

**Orthotics, heel inserts, arch supports, orthopedic shoes, sneakers** or similar type devices/appliances regardless of intended use are excluded except for children under the age of 18 or diabetics with severe vascular disease, deformities, or diabetic foot infections. This health plan will cover the original arch support or orthotic device/appliance, and replacement of the device, for children under the age of 18 if the original need for the device/appliance was for congenital deformity and if the replacement is due to growth or change. Replacements for wear and tear are not covered under any circumstances nor are ready-made compression or support hose.

**Over-the-counter items**, supplies that can be obtained without a prescription, including but not limited to ace bandages, elastic stockings, gauze and dressings.

**Personal comfort, hygiene or convenience items**, including services and supplies deemed to be not medically necessary and not directly related to the care of the member, including, but not limited to, beauty and barber services, radio and television, guest meals and accommodations, telephone charges, take-home supplies, massages, travel expenses other than medically necessary ambulance services or other transportation services that are specifically provided for in the COC, motel/hotel accommodations, air conditioning, humidifiers or physical fitness equipment.

**Prescription and non-prescription drugs**, including any outpatient prescription medicine,

remedy, vaccine, biological product, pharmaceuticals or chemical compounds, vitamin, mineral supplements, fluoride products, or health foods.

Outpatient prescription drugs may be covered if a prescription drug rider is attached to the COC.

**Prosthetic devices, replacement, repair, or revision** of a prosthetic device due to irreparable damage, wear, or a change in the participant's condition, or when necessitated due to growth of a child. Also excluded are microprocessor-based prosthetics and appliances needed to effectively use artificial limbs or corrective braces, except for the initial fitting required for the prosthesis.

**Private duty nursing care**, except as related to and set forth in the COC.

**Rehabilitative therapy services**, including cardiac, speech, occupational and physical therapy, except as set forth in the COC. This exclusion includes any service or supply:

1. Provided to a member as an inpatient in a hospital or other facility, where the admission is primarily to provide rehabilitative services.
2. Services that maintain rather than improve a level of physical function, or where it has been determined that the service will not result in significant improvement in the member's condition within a 60-day period.
3. Long term rehabilitation therapy services in excess of 60 days per condition.

**Residential treatment facility services**, any inpatient or outpatient services provided in a residential treatment facility.

**Services or supplies that are:**

1. Determined to be not medically necessary;
2. Not specifically listed in the COC unless such services are specifically required to be covered by federal law.
3. Court ordered care or treatment, unless otherwise covered.
4. For the treatment of a condition resulting from:
  - a. War or an act of war, whether declared or not;
  - b. Acts of terrorism;
  - c. Participation in any act which would constitute a riot or rebellion, or a crime punishable as a felony;
  - d. Engaging in an illegal occupation;
  - e. Services in the armed forces;
  - f. Intentionally self-inflicted injuries, suicide or attempted suicide, without regard to the mental state of the member; or
  - g. Being under the influence of alcohol or any narcotic unless taken on the specific advice of a physician.
5. Received prior to a member's effective date or received on or after the date a member's coverage terminates, unless coverage is extended in accordance with the Extension of Benefits provision in the Administrative Provisions section of the COC.
6. Provided by a physician or other health care provider related to the member by blood or marriage.
7. Rendered from a medical or dental department maintained by or on behalf of an employer, mutual association, labor union, trust, or similar person or group.
8. Non-medical conditions related to hyperkinetic syndromes, learning disabilities, mental retardation, or inpatient confinement for environmental change.
9. Supplied at no charge when health coverage is not present, such as replaced blood, including whole blood, blood plasma, blood components, and blood derivatives, and if applicable, any charges associated with the calendar year

deductible, coinsurance percentage or copayment requirements, which are waived by a health care provider.

**Sexual reassignment or modification services**, including any service or supply related to such treatment, including psychiatric services.

**Skilled nursing facility services** except for those services set forth in the COC.

**Smoking cessation** programs, including any service or supply to eliminate or reduce the dependency on or addiction to tobacco unless approved in advance by HFHP, including but not limited to nicotine withdrawal programs and nicotine products (e.g., gum, transdermal patches, etc.).

**Sterility reversal** including the reversal of tubal ligation and vasectomies.

**Surrogacy services.**

**Training and educational programs**, including programs primarily for pain management, vision training or vocational rehabilitation.

**Transplantation or implantation services and supplies**, including the transplant or implant, other than those specifically listed in the COC. This exclusion includes:

1. Any service or supply in connection with the implant of an artificial organ.
2. Any organ that is sold rather than donated to the member.
3. Any service or supply relating to any evaluation, treatment, or therapy involving the use of high dose chemotherapy and autologous bone marrow transplantation, autologous peripheral stem cell rescue, or autologous stem rescue for the treatment of any condition other than acute lymphocytic leukemia, acute non-lymphocytic leukemia, Hodgkin's disease, non-Hodgkin's lymphoma.
4. Any service or supply in connection with identification of a donor from a local, state or national listing, except as specifically set forth for bone marrow donors in the COC.

**Transportation services** that are not covered by Medicare.

**Volunteer services** or services that would normally be provided free of charge and any charges associated with deductible, coinsurance, or copayment requirements (if applicable), which are waived by a health care provider.

**Weight control services**, food or food supplements, exercise equipment, and bariatric surgical procedures such as gastric bypass and laparoscopic banding are not covered.

**Wigs or cranial prosthesis**, except when related to restoration after cancer or brain tumor treatment.

**Work related condition services** to the extent the covered service is paid by workers' compensation through adjudication or settlement.

**Additional exclusions and limitations for POS members**

- Outpatient prescription drugs are covered exclusively through the in-network benefits and are not available through non-participating providers.
- Preventive care services not subject to cost share are covered exclusively under the in-network benefits as set forth in the Schedule of Benefits.
- Services and supplies that are not medically necessary are not covered (except for preventive care as outlined in the Schedule of Benefits).
- Charges in excess of the Allowable Fee Schedule are the sole responsibility of the member.