General policy exclusions

The following are not **covered services** under your policy:

Services that are not **medically necessary**

Services performed or prescribed under the direction of a person who is not a **health professional**

Services that are beyond the scope of practice of the **health professional** performing the service

Services to the extent they are covered by any government unit, except for veterans in Veterans' Administration or armed forces facility for services received for which the recipient is liable

Services for which you are not legally, or as a customary practice, required to pay in the absence of a health benefit plan

The purchase, examination, or fitting of eyeglasses or contact lenses, except for aphakic lenses and soft or rigid gas permeable lenses or sclera shells intended for use in the treatment of a disease or injury. This does not apply to the pediatric vision benefit in the *Coverage and exclusions section* under your plan

Personal care services and domiciliary care services

Services rendered by a **health professional** who is your spouse, mother, father, daughter, son, brother, or sister

Services provide by a family member or a prohibited referral

- Services provided by a spouse, mother, father, daughter, son, step-child, brother, sister, in -law or a household member
- Payment of any claim, bill or other demand or request for payment for health care services determined to be furnished as a result of a **referral** prohibited by Section 1-302 of the Health Occupation Article

Experimental or investigational procedures

Practitioner, **hospital**, or clinical services related to radial keratotomy, myopic keratomileusis and surgery which involves corneal tissue for the purpose of altering, modifying or correcting myopia, hyperopia or stigmatic error

Services to reverse a voluntary sterilization procedure

Services for sterilization or reverse sterilization for a dependent minor. This does not apply to FDA approved sterilization procedures for women with reproductive capacity

Medical or surgical treatment or regimen for reducing or controlling weight, unless otherwise specified in the *Coverage and exclusions section* under your plan

Services incurred before the effective date of coverage

Services incurred after the termination of coverage, including any extension of benefits

Surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma or congenital or developmental anomalies

Services for injuries or diseases related to your job to the extent you are required to be covered by a workers' compensation law

Services rendered from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust or similar persons or groups

Personal hygiene and convenience items, including but not limited to, air conditioners, humidifiers or physical fitness equipment

Charges for telephone consultations with the exception of **telehealth** services, failure to keep a scheduled visit or completion of any forms

Inpatient admissions primarily for diagnostic studies, unless authorized by Aetna

The purchase, examination or fitting of hearing aids ad supplies, and tinnitus maskers, unless otherwise specified in the *Coverage and exclusions section* under your plan

Except for covered ambulance services and transplant travel and lodging benefits specified under the *Coverage and exclusions section* under your plan, travel, whether or not recommended by a **health professional**

Except for **emergency services**, services received while you are outside of the United States

Immunizations related to foreign travel

Unless otherwise specified in the *Coverage and exclusions section* under your plan, dental work or treatment, which includes **hospital** or **health professional** care in connection with:

- The operation or treatment for the fitting or wearing of dentures
- Orthodontic care or malocclusion
- Operations on or for treatment of or to the teeth or supporting tissues of the teeth, except for removal of tumors and cysts or treatment of injury to natural teeth due to an accident if the treatment is received within 6 months of the accident
- Dental implants

Accidents occurring while and as a result of chewing. This does not apply to pediatric dental benefits specified in the *Coverage and exclusions section* under your plan

Routine foot care, including the paring or removing of corns and calluses, or the trimming of nails, unless these services are determined to be **medically necessary**

Arch support, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports or exams for their prescription or fitting, unless these services are determined to be **medically necessary**

Inpatient admissions primarily for physical therapy, unless authorized by Aetna

Treatment of sexual dysfunction not related to organic disease

Services for duplicate benefits provided under federal, state or local laws, regulations or programs

Nonhuman organs and their implantation

Non-replacement fees for blood and blood products

Lifestyle improvements, including nutrition counseling, or physical fitness programs, unless included in the *Coverage and exclusions section* under your plan

Wigs and cranial prosthesis, unless included in the *Coverage and exclusions section* under your plan. This does not apply to **medically necessary** hair prosthesis when prescribed by the attending oncologist for individuals whose hair loss results from chemotherapy or radiation treatment for cancer or by a provider for a condition other than the treatment of cancer and the prosthesis is appropriate or efficient.

Weekend admission charges, except for emergencies and maternity, unless authorized by Aetna

Out-patient orthomolecular therapy, including nutrients, vitamin and food supplements, unless included in the *Coverage and exclusions section* under your plan

Temporomandibular joint syndrome (TMJ) treatment and treatment for craniomandibular pain syndrome (CPS), except for surgical services for TMJ or CPS if **medically necessary** and there is a clearly demonstrable radiographic evidence of joint abnormality due to disease or injury

Services resulting from accidental bodily injuries arising out of a motor vehicle accident to the extent the services are payable under a medical expense payment provision of an automobile insurance policy

Services for conditions that state or local laws, regulations, ordinance or other similar provisions require to be provided in a public institution

Services for or related to, the removal of an organ from you for the purpose of transplantation into another person, unless the:

- Transplant recipient is covered under the plan and is undergoing a covered transplant
- Services are not payable by another carrier

Physical examinations required for obtaining or continuing employment, insurance or government licensing

Nonmedical ancillary services such as vocational rehabilitation, employment counseling or educations therapy

Private **hospital** room, unless authorized by Aetna

Private duty nursing, unless authorized by Aetna

How your policy works

How your policy works while you are covered

Your HMO policy helps you get and pay for a lot of - but not all - health care services. The policy usually pays only when you get care from **network providers**.

Providers

Our **provider** network is there to give you the care you need. The easiest way to find **network providers** and see important information about them is by logging in to your member website. There you'll find our online **provider** directory. See the *Contact us* section for more information.

You choose a **PCP** to oversee your care. Your **PCP** will provide routine care and send you to other **providers** when you need specialized care. You may also go directly to a network OB, GYN, OB/GYN or **provider** that specializes in OB, GYN, or OB/GYN for **covered services**.

For more information about the network and the role of your **PCP**, see the *Who provides the care* section.

Service area

Your policy generally pays for **covered services** only within a specific geographic area, called a **service area**. There are some exceptions, such as for **emergency services**, urgent care, clinical trials (routine patient costs) and transplants. See the *Who provides the care* section below.

Who provides the care

Network providers

We have contracted with **providers** in the **service area** to provide **covered services** to you. These **providers** make up the network for your policy.

To get network benefits, you must use **network providers**. There are some exceptions:

- **Emergency services** – see the description of **emergency services** in the *Coverage and exclusions* section.
- Urgent care – see the description of urgent care in the *Coverage and exclusions* section.
- **Network provider** not reasonably available – You can get services from an **out-of-network provider**, including specialists and **non-physician specialists**, if an appropriate **network provider** is not available without unreasonable delay, travel or doesn't have the training or expertise to treat your condition. Your cost share for behavioral health services will be no greater than if the services were provided by a **network provider**. You must request approval from us before you get the care. Contact us for assistance.
- Transplants – see the description of transplant services in the *Coverage and exclusions* section.
- Clinical trials (routine patient costs)-see the description of clinical trials (routine patient costs) in the *Coverage and exclusions* section.