

Exclusions From Coverage

GENERAL EXCLUSIONS

1. Charges in excess of contract Limitations or In-Network Rate.
2. All charges for services received as a result of an Industrial Claim (on-the job) injury or illness, any portion of which is payable under Worker's Compensation or Employer's liability laws.
3. PEHP will only be liable for Eligible Benefits for which the Member is liable. Payment will not be made, nor credit given toward Deductibles or out-of-pocket expenses for any expense for which the Member is not legally bound.
4. Charges for educational material or literature.
5. Charges for nutritional counseling except for the benefits provided for diabetes education, anorexia, bulimia, or as allowed under the Affordable Care Act (Preventive Services under Section 6.14).
6. Charges for scholastic education, vocational training, learning disabilities, or behavior modification.
7. Charges for medical care rendered by an Immediate Family Member.
8. Charges prior to Coverage or after termination of Coverage even if illness or injury occurred while a Member.
9. Provider's telephone calls or travel time, unless specifically covered by Employer group as indicated in the Benefits Summary.
10. Charges for services primarily for convenience, contentment, or other non-therapeutic purpose.
11. Overutilization of medical benefits as determined by PEHP.
12. Charges that are not medically necessary to treat the condition, as determined by PEHP, or charges for any service, supply or medication not reasonable or necessary for the medical care of the patient's illness or injury.
13. Charges for Unproven medical practices or care, treatment, Devices or medications that are Experimental or Investigational in nature or generally considered Experimental or Investigational by the medical profession as determined solely by PEHP.
14. Charges for services without adequate diagnosis or dates of service.
15. Charges for services, supplies or medications to the extent they are provided by any governmental plan or law under which the individual is, or could be covered.
16. Charges for services as a result of an auto related injury and covered under No-fault insurance. If a Member fails to maintain No-fault insurance on his/ her own vehicle as required by law in the state they reside in, the minimum dollar amount they are required to maintain (\$3,000 in Utah) for claims related to the auto injury are also excluded from Coverage.
17. Services, treatments, or supplies furnished by a Hospital or facility owned or operated by the United States Government or any agency thereof while a Member is on active duty.
18. Services or supplies received as a result of an act of war.
19. Any service or supply not specifically identified as a benefit.
20. Charges for commercial or private aviation services, meals, accommodations and car rental.
21. Charges for mileage reimbursement except for eligible ambulance service.
22. Charges by a Provider for case management.
23. Charges for independent medical evaluations and/or testing for the purpose of legal defenses or disputes.
24. Charges for submission of Medical Records necessary for claims review.
25. Delivery, shipping, handling, sales tax, or finance charges.

26. PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Preauthorization, documented by Customer Service or Medical Case Management, or as described in this policy.
27. Charges for remote medical evaluation and management, including prescriptive services provided by the Internet or catalog.
28. Charges for remote medical evaluation and management, including prescriptive services provided by telephone, unless specifically covered by Employer group as indicated in the Benefits Summary.
29. Autopsy procedures.
30. Complications as a result of any non-covered service, procedure, Devices, or medication, regardless of when the Surgery was performed or whether the original Surgery was covered by a health plan.
31. Treatment of obesity by means of Surgery, medical services, or prescription medications, regardless of associated medical, emotional, or psychological condition.
32. Services incurred in connection with injury or illness arising from the commission of
 - a. a felony;
 - b. an assault, riot or breach of peace;
 - c. a Class A misdemeanor;
 - d. any criminal conduct involving the illegal use of firearm or other deadly weapon;
 - e. other illegal acts of violence.
33. Charges incurred while a Member is incarcerated or in police custody.
34. Claims submitted past the timely filing limit allowed per Section 8.1 of this Master Policy.
35. Charges for expenses in connection with appointments scheduled and not kept.
36. Charges for the treatment of sexual dysfunction.
37. Charges for services received as a result of medical tourism, or for traveling out of the United States to seek medical services, medications, or Devices, including any complications thereof, unless specifically covered by Employer group as indicated in the Benefits Summary.
38. Medical services, procedures, supplies, Devices, or medications used to treat secondary conditions or Complications due to any non-covered medical services, procedures, supplies or medications are not covered. Such Complications include, but are not limited to:
 - a. Complications relating to services and supplies for or in connection with gastric bypass or intestinal bypass, gastric stapling, or other similar Surgical Procedure to facilitate weight loss, or for or in connection with reversal or revision of such procedures, or any direct Complications or consequences thereof;
 - b. Complications as a result of a Cosmetic Surgery or procedure, except in cases of Reconstructive Surgery:
 1. When the service is incidental to or follows a Surgery resulting from trauma, infection or other diseases of the involved party; or
 2. Related to a congenital disease or anomaly of a covered Dependent child that has resulted in functional defect;
 - c. Complications relating to services, supplies or medications which have not yet been approved by the FDA or which are used for purposes other than its FDA-Approved purpose;
39. Pelvic or spinal manipulation under anesthesia.
40. Services, procedures, medications, or Devices received at or from a birthing center.
41. Vitamins.
42. Minerals, food supplements, homeopathic medicines, and nutritional supplements (Prenatal vitamins and folic acid will be covered for pregnancy).
43. Powders, and non-covered medications used in compounded preparations.
44. Functional neuromuscular electrical stimulation Devices.
45. Whole exome and whole genome sequencing for the diagnosis of genetic disorders.
46. Out-of-Network chiropractic services.
47. Trigger point injections done by an Out-of-Network Provider.

48. Court-ordered drug screening or confirmatory drug testing.
48. Surrogate pregnancy.
49. Microprocessor-controlled prosthetic limbs, except for those plans which offer coverage, requires Preauthorization. Please refer to your Employer to inquire if Coverage is offered.
50. Charges related to obtaining or caring for a service animal.
51. Radiofrequency for the Sacroiliac (SI) joint.

ADOPTION BENEFITS

The following are Exclusions of the policy:

1. Expenses incurred for the adoption of nieces, nephews, brothers, sisters, grandchildren, cousins, stepchildren, children of adult designees or in-laws of any of the above.
2. Transportation, travel expenses or accommodations, passport fees, translation fees, photos, postage etc.
3. Living expenses, food, and/or counseling for the birth mother.

AMBULANCE BENEFITS

The following are Exclusions of the policy:

1. Charges for common or private aviation services.
 2. Services for the convenience of the patient or family.
3. After-hours charges.
4. Charges for ambulance waiting time.

ANESTHESIA

The following are Exclusions of the policy:

1. Anesthesia in conjunction with ineligible Surgery.
2. Anesthesia administered by the primary surgeon.
3. Monitored anesthesia care or on-call time for consultant.

4. Additional charges for supplies, medications, equipment, etc.
5. Manipulation under anesthesia for any body part other than knees, elbows, or shoulders.

DIAGNOSTIC TESTING, LAB AND X-RAY

The following are Exclusions of the policy:

1. Charges in conjunction with ineligible procedures, including pre- or post- operative evaluations.
2. Routine drug screening, except when ordered by a treating physician and done for a medical purpose, as determined by PEHP, or unless otherwise allowed by the Master Policy.
3. Sublingual or colorimetric allergy testing.
4. Charges in conjunction with weight loss programs regardless of Medical Necessity.
5. Epidemiological counseling and testing.
6. Unbundling of lab charges or panels.
7. Medical or psychological evaluations or testing for legal purposes such as paternity suits, custodial rights, etc., or for insurance or employment examinations.
8. Hair analysis, trace elements, or dental filling toxicity.
9. Assisted reproductive technologies, including but not limited to: invitro fertilization; gamete intra fallopian tube transfer; embryo transfer; zygote intra fallopian transfer; pre-embryo cryopreservation techniques; and/or any conception that occurs outside the woman's body. Any related services performed in conjunction with these procedures are also excluded.
10. Drug screening or drug confirmatory laboratory tests in conjunction with PEHP authorized treatment are considered inclusive to the treatment and are not payable separately.
11. Whole exome and whole genome sequencing for the diagnosis of genetic disorders.

DURABLE MEDICAL EQUIPMENT/SUPPLY BENEFIT

The following are some, but not necessarily all, items not covered as a benefit, regardless of the relief they may provide for a medical condition. Refer to Durable Medical Equipment, Appendix A, for a more detailed list of Non-covered items.

1. Training and testing in conjunction with Durable Medical Equipment or prosthetics.
2. More than one lens for each affected eye following Surgery for corneal transplant.
3. More than two pair of support hose for a medical diagnosis per plan year.
4. Durable Medical Equipment that is inappropriate for the patient's medical condition.
5. Diabetic supplies, i.e. insulin, syringes, needles, etc., are a pharmacy benefit.
6. Equipment purchased from non-licensed Providers.
7. Used Durable Medical Equipment.
8. TENS Unit.
9. Neuromuscular Stimulator.
10. H-wave Electronic Device.
11. Sympathetic Therapy Stimulator (STS).
12. Only conventional, body powered, cable-operated prosthetics or non-electrical conventional braces will be eligible for loss of a limb or congenitally missing limb(s). Additional charges for more elaborate or precision equipment will be the Member's responsibility.
13. Functional neuromuscular electrical stimulation Devices.

HOME HEALTH AND HOSPICE CARE

The following are Exclusions of the policy:

1. Nursing or aide services which are requested by or for the convenience of the Member or family, which do not require the training, judgment, and technical skills of a nurse, whether or not another person is available to perform such services. This Exclusion applies even when services are recommended by a Provider.
2. Private duty nursing.

3. Home health aide.
4. Custodial Care.
5. Respite Care.
6. Travel or transportation expenses, escort services to Provider's offices or elsewhere, or food services.
7. Total Parenteral Nutrition through Hospice.
8. Enteral Nutrition, unless obtained through the pharmacy card.

HOSPITAL/FACILITY AND EMERGENCY ROOM SERVICES (INPATIENT AND OUTPATIENT)

The following are Exclusions of the policy:

1. Ineligible Surgical Procedures or related Complications.
2. Treatment programs for enuresis or encopresis for Members age 18 and over.
3. Services or items primarily for convenience, contentment, or other non-therapeutic purpose, such as: guest trays, cots, telephone calls, shampoo, toothbrush, or other personal items.
4. Occupational therapy for activities of daily living, academic learning, vocational or life skills, developmental delay.
5. Care, confinement or services in a nursing home, rest home or a transitional living facility, community reintegration program, vocational rehabilitation, services to re-train self care, or activities of daily living.
6. Recreational therapy.
7. Autologous (self) blood storage for future use.
8. Organ or tissue donor charges, except when the recipient is an eligible Member covered under a PEHP plan, and the transplant is eligible.
9. Nutritional analysis or counseling, except in conjunction with diabetes education, anorexia, bulimia, or as covered under the Affordable Care Act (Preventive Services under Section 6.14).
10. Custodial Care and/or maintenance therapy.
11. Take-home medications.
12. Mastectomy for gynecomastia.

MAXIMUM OUT-OF-POCKET BENEFITS

Amounts paid by the Member for the following services will not apply to the Member's out-of-pocket maximum:

1. Attended sleep studies, regardless of place of service*, and unattended sleep studies performed in a facility whose payment is based on a percentage of the billed amount.**
2. Infertility testing, Surgery**;
3. The following surgeries or procedures payable at 50%: Blepharoplasty, Breast Reduction; Sclerotherapy of varicose veins except for spider and reticular veins; Microphlebectomy (stab phlebectomy)**;
4. Any service or amount established as ineligible under this policy or considered inappropriate medical care;
5. Charges in excess of the In-Network Rate or contract Limitations;
6. Charges for Hospital services when the patient was discharged against medical advice (AMA);
7. Temporomandibular Joint (TMJ/TMD/Myofacial Pain) treatment**;
8. Sleep apnea equipment**;
9. Adoption expenses.

**Except for services billed by Intermountain Health Care Facilities*

***Except for HSA-compatible STAR Plans*

MEDICAL VISITS

The following are Exclusions of the policy:

1. Hospital visits the same day as Surgery or following a Surgical Procedure except for treatment of a diagnosis unrelated to the Surgery.
2. Examinations made in connection with a hearing aid unless specifically covered as indicated in your Benefits Summary.
3. Services for weight loss or in conjunction with weight loss programs regardless of the medical indications except as allowed under the Affordable Care Act (Preventive Services under Section 6.14).
4. Sublingual antignens.
5. Dental services, regardless of whether the needs are as a result of a medical condition, congenital or otherwise, including surgery, care, and treatment of the teeth, gums, or alveolar process, extraction of teeth; dental implants and crowns or pontics over implants, re-implantation or splinting, endodontia, periodontia, and orthodontia, including anesthesia or supplies used in such care, except when the result of an Accident.
6. Charges in conjunction with ineligible procedures, including pre- or post-operative evaluations.
7. Acupuncture treatment unless specifically covered as indicated in your Benefits Summary.
8. Chiropractic, physical, or occupational therapy primarily for maintenance care unless allowed as stated in your Benefits Summary.
9. Occupational therapy for activities of daily living, academic learning, vocational or life skills, driver's evaluation or training, developmental delay and Recreational Therapy.
10. Speech therapy for educational purposes or delayed development, or speech therapy that does not qualify within the criteria as determined solely by PEHP.
11. Functional or work capacity evaluations, impairment ratings, work hardening programs or back school.
12. Hypnotherapy or biofeedback.
13. Hair transplants or other treatment for hair loss or restoration.
14. Study models, panorex, eruption buttons, orthodontics, occlusal adjustments or equilibration, crowns, photos, and mandibular kinesiograph are some, but not necessarily all, ineligible services for the treatment of TMJ/TMD or myofacial pain.
15. Testing and treatment therapies for developmental delay or child developmental programs.
16. Rolfing or massage therapy.
17. Training and testing in conjunction with Durable Medical Equipment or prosthetics.
18. Nutritional analysis or counseling, except in conjunction with diabetes education, anorexia, bulimia, or as allowed under the Affordable

Care Act (Preventive Services under Section 6.14).

19. Reports, evaluations, examinations not required for health reasons, such as employment or insurance examinations, or for legal purposes such as custodial rights, paternity suits, sports physicals, etc.
20. Visits in conjunction with palliative care of metatarsalgia or bunions; corns, calluses or toenails, except removing nail roots and care prescribed by a licensed physician treating a metabolic or peripheral vascular disease. See applicable Benefits Summary for Eligible Benefits.
21. Cardiac Rehabilitation, Phases 3 and 4.
22. Pulmonary Rehabilitation, Phase 3.
23. Fitness programs.
24. Charges for special medical equipment, machines, or Devices in the Provider's office used to enhance diagnostic or therapeutic services in a Provider's practice.
26. Childbirth education classes.
27. Topical hyperbaric oxygen treatment.

MENTAL HEALTH AND SUBSTANCE ABUSE

The following are Exclusions of the policy:

1. Inpatient or outpatient treatment for Mental Health and/or substance abuse without Preauthorization, if required by the Member's plan.
2. Milieu therapy, marriage counseling, encounter groups, hypnosis, biofeedback, parental counseling, stress management or relaxation therapy, conduct disorders, oppositional disorders, learning disabilities, and situational disturbances.
3. Mental or emotional conditions without manifest psychiatric disorder or non-specific conditions.
4. Wilderness programs.
5. Inpatient treatment for behavior modification, enuresis, or encopresis.
6. Psychological evaluations or testing for legal purposes such as custodial rights, etc., or for

insurance or employment examinations.

7. Occupational or Recreational Therapy.
8. Hospital leave of absence charges.
9. Sodium amobarbital interviews.
10. Unless Provider meets PEHP's defined network needs and meets the PEHP specific credentialing and quality standards, services, procedures, medications, or Devices received at or from a residential treatment center which is not providing in-patient services, including but not limited to, services for residential treatment, day treatment and/or intensive outpatient treatment.
11. Tobacco abuse.
12. Routine drug screening, except when ordered by a treating physician and done for a medical purpose, as determined by PEHP, or unless otherwise allowed by the Master Policy.
13. Drug screening or drug confirmatory laboratory tests in conjunction with PEHP authorized treatment are considered inclusive to the treatment and are not payable separately.

PRESCRIPTION MEDICATION BENEFITS

The following are Exclusions of the policy:

1. A prescription that is not purchased from a designated pharmacy (if required) and/or exceeds any quantity levels or step therapy disclosed on PEHP's Preferred Medication List or website.
2. Vitamins.
3. Dental rinses and fluoride preparations. (Fluoride tablets will be covered for children up to the age of 12 years old).
4. Hair growth and hair loss products.
5. Medications or nutritional supplements for weight loss or weight gain.
6. Investigational and non-FDA Approved medications.
7. Medications needed to participate in any medication research or medication study.
8. FDA-approved medication for Experimental or Investigational indications.

9. Non-approved indications determined by PEHP.
10. Medications for athletic and mental performance.
11. New medications released by the FDA until they are reviewed for efficacy, safety and cost-effectiveness by PEHP. Upon such review, PEHP may designate the new medication as non-covered.
12. Oral infant and medical formulas.
13. Therapeutic Devices or appliances unless listed in PEHP's Preferred Medication List.
14. Diagnostic agents.
15. Over-the-counter medications and products unless listed in PEHP's Preferred Medication List or covered under the Affordable Care Act (Preventive Services under Section 6.14) and processed by the pharmacy at the time of service with a valid prescription.
16. Take-home prescriptions from a Hospital or Skilled Nursing Facility.
17. Biological serum, blood, or blood plasma.
18. Medications and injectables prescribed for Industrial Claims and Worker's Compensation.
19. Medications dispensed from an institution or substance abuse clinic when the Member does not use their pharmacy card at a PEHP Contracted pharmacy are not payable as a pharmacy claim.
20. Medications used for Cosmetic indications.
21. Replacement of lost, stolen or damaged medications.
22. Nasal immunizations unless listed in the PEHP Preferred Medication List.
23. Medications for abortions except if the pregnancy is the result of rape or incest, or if necessary to save the life of the mother.
24. Medications for the treatment of nail fungus.
25. Medications for sex change operations.
26. Medications needed to treat Complications associated with Elective bariatric Surgery or other non-covered services.
27. Hypodermic needles.
28. Oral and nasal antihistamines for allergies, including but not limited to: Azelastine, Dymista, and Astepro.
29. Medications obtained outside the United States that are not for Urgent or emergency use.
30. Medications used for sexual dysfunction or enhancement, including but not limited to: Cialis, Sildenafil, and Viagra.
31. Medications for assisted reproductive technology.
32. An additional medication that may be considered duplicate therapy defined by the FDA or PEHP.
33. Specific medications not listed on the PEHP website, including but not limited to: Adoxa, ammonium lactate, Avidoxy DK, Avita, Brintellix, Cialis, DMSO (Dimethylsulfoxide), Doryx, Doxal, Dynacin, Doxycycline monohydrate, Farxiga, Fetzima, Fortamet, Glumetza, Oracea, Oraxyl, Riomet, Solodyn, Symbyax, Sarafem, Viibryd. For a complete list of covered medications, refer to the PEHP website.
34. Medications purchased from non-participating Providers online.
35. Minerals, food supplements, homeopathic medicines, and nutritional supplements (Prenatal vitamins and folic acid will be covered for pregnancy).

SURGERY

The following are Exclusions of the policy:

1. Breast Reconstructive Surgery, augmentation or implants solely for Cosmetic purposes.
2. Capsulotomy, replacement, removal or repair of breast implant originally placed for Cosmetic purposes or any other Complication(s) of Cosmetic or non-covered breast Surgery.
3. Obesity Surgery such as Lap Band, gastric bypass, stomach stapling, gastric balloons, etc., including any present or future Complications.
4. Any service or Surgery that is solely for Cosmetic purposes to improve or change appearance or to correct a deformity without restoring a physical bodily function, with the following exceptions:
 - a. Breast Reconstructive Surgery as allowed under WHCRA for Cosmetic purposes: and
 - b. Reconstructive Surgery made necessary by an Accidental injury in the preceding five years.

5. Rhinoplasty for Cosmetic reasons is excluded except when related to an Accidental injury occurring in the preceding five years and requires Preauthorization.
6. Assisted reproductive technologies: invitro fertilization; gamete intra fallopian tube transfer; embryo transfer; zygote intra fallopian transfer; pre-embryo cryopreservation techniques; and/or any conception that occurs outside the woman's body. Any related services performed in conjunction with these procedures are also excluded.
7. Surgical treatment for correction of refractive errors.
8. Expenses incurred for Surgery, pre-operative testing, treatment, or Complications by an organ or tissue donor, where the recipient is not an eligible Member, covered by PEHP, or when the transplant for the PEHP Member is not eligible.
9. Reversal of sterilization.
10. Gender reassignment Surgery.
11. Rhytidectomy.
12. Dental services, regardless of whether the needs are as a result of a medical condition, congenital or otherwise, including surgery, care, and treatment of the teeth, gums, or alveolar process, extraction of teeth; dental implants and crowns or pontics over implants, re-implantation or splinting, endodontia, periodontia, and orthodontia, including anesthesia or supplies used in such care, except when the result of an Accident.
13. Complications as a result of non-covered or ineligible Surgery, regardless of when the Surgery was performed or whether the original Surgery was covered by a health plan.
14. Injection of collagen, except as approved for urological procedures.
15. Lipectomy, abdominoplasty, panniculectomy, repair of diastasis recti, unless any of these procedures are medically necessary to treat an unintended adverse event of an eligible surgery.
16. Sperm banking system, storage, treatment, or other such services.
17. Non-FDA Approved or Experimental or Investigational procedures, medications and Devices.
18. Hair transplants or other treatment for hair loss or restoration.
19. Chemical peels.
20. Treatment for spider or reticular veins.
21. Liposuction.
22. Orthodontic treatment or expansion appliance in conjunction with jaw Surgery.
23. Chin implant, genioplasty or horizontal symphyseal osteotomy.
24. Unbundling or fragmentation of surgical codes.
25. Any Surgery solely for snoring.
26. Otoplasty.
27. Abortions, except if the pregnancy is the result of rape or incest, or if necessary to save the life of the mother.
28. Surgical treatment for sexual dysfunction.
29. Subtalar implants.
30. Mastectomy for gynecomastia.
31. Elective home delivery for childbirth.