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# SUMMARY OF EXCLUSIONS INDIVIDUAL PLANS

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**Exclusions and Limitations to Coverage:** The noncovered services and supplies under our standard medical plans include, but are not limited to:

- Acupuncture for smoking cessation.
- Addiction to or abuse of drugs, alcohol, or any other chemical substance, whether legal or illegal, except for injuries sustained as a consequence of being intoxicated or under the influence of narcotics.
- Benefits covered by government programs.
- Charges for services or supplies that are above the allowed amount, except as required by law for emergencies.
- Charges that in the absence of the contract there would be no obligation to pay.
- Conditions resulting from military service in the armed forces of any country or any act of war (declared or undeclared).
- Cosmetic surgery and supplies (including drugs) and the treatment of any direct or indirect complications of such surgery, except: 1) when related to an illness or injury; 2) for congenital anomalies; 3) for reconstructive breast surgery following mastectomies to the extent required under federal and state law as follows: a) reconstruction of the diseased breast; b) reconstruction of the nondiseased breast to produce a symmetrical appearance; and c) prostheses and physical complications of all stages of a mastectomy, including lymphedemas.
- Custodial care.
- Dentistry, dental x-rays, or hospitalization for dentistry.
- Dyslexia treatment.
- Hospitalization for conditions for which the member is not usually hospitalized, such as common colds, minor cuts or bruises, removal of small tumors and similar minor conditions.
- Injuries sustained while practicing for or competing in professional or semiprofessional athletics contest.
- Inpatient rehabilitative care (*excluded on Selections<sup>®</sup> plans only*).
- Investigational services or supplies.
- In-vitro fertilization, artificial insemination, embryo transfer, or other artificial means of conception, including any expenses for fertility drugs.
- Marital and family counseling.
- Maternity/complications of pregnancy (*excluded on Selections Catastrophic, PPO Catastrophic, HSA-Qualified Preferred Catastrophic, and Regence Breakthru 50 plans only*).
- Mental disorders.
- Neurodevelopmental therapy.
- Occupational injury or disease (*excluded on Selections plans, PPO Comprehensive, PPO Catastrophic, and HSA-Qualified Preferred Catastrophic plans only*).
- Over-the-counter contraceptive supplies and devices.
- Physical or psychiatric exams to obtain or continue employment, licensure, legal proceedings, insurance, school admission, sports activities, or for purposes of medical research.
- Prescription drugs, except as provided to an inpatient (*excluded on Selections Catastrophic, PPO Catastrophic, HSA-Qualified Preferred Catastrophic, and Regence Breakthru 50 plans only*).
- Preventive care, except for mammography services (*excluded on Selections Catastrophic, PPO Catastrophic, and Regence Breakthru 50 plans only*).
- Private duty nursing or hourly nursing charges.
- Routine hearing exams, hearing aids.
- Routine newborn care (*excluded on Selections Catastrophic, PPO Catastrophic, HSA-Qualified Preferred Catastrophic, and Regence Breakthru 50 plans only*).
- Services and supplies for which benefits are or would have been payable to a member eligible and enrolled under Medicare, regardless of whether the member actually enrolled.
- Services or supplies covered by auto insurance, personal injury protection insurance, homeowner insurance, or commercial premises coverage.
- Services or supplies not medically necessary\* for illness, injury, or physical disability.
- Services provided by a family member (spouse, parent, or child).
- Smoking cessation (*excluded on HSA-Qualified Preferred Catastrophic and Regence Breakthru plans only*).
- Sterilization.
- Surgery (including reversals), treatment, programs, or supplies that are intended to result in weight reduction, regardless of diagnosis.
- Surgery or treatment for sexual dysfunction/impotence or transsexualism.
- Treatment and any appliances used in connection with malocclusions, jaw abnormalities, Temporomandibular Joint Disorders, and myofascial pain syndrome.
- Vision exams and hardware (*excluded on Selections plans, PPO Catastrophic, HSA-Qualified Preferred Catastrophic, and Regence Breakthru 50 plans only*).
- Visits or consultations that are not in person, including but not limited to any telephone, Internet, or other electronic communication (except tele-medicine in remote locations, as approved by the Company), whether initiated by the member or the member's provider.
- Visual analysis, therapy, training, or orthoptics.

**\*Medically Necessary:** A service or supply that meets all of the following criteria, as determined by the Company: It is required to diagnose or treat your condition; it is consistent with the symptoms or diagnosis and treatment of the condition; it is the most appropriate supply or level of service that is essential to your needs; when applied to an inpatient, it cannot safely be provided on an outpatient basis, including diagnostic studies; it is not an investigational service or supply; and it is not primarily for the convenience of you or your provider. The fact that a service or supply is furnished, prescribed, recommended, or approved by a physician or other provider does not, of itself, make it medically necessary. A service or supply may be medically necessary in part only.

**This is a brief summary of exclusions and limitations; it is not a certificate of coverage. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, refer to the plan contract. Your feedback is important to us. If you have suggestions about the benefits covered under these plans, you may contact us at 1-888-344-8234 or visit our Web site at [www.wa.regence.com](http://www.wa.regence.com) and complete the Suggestion Box form on the Contact page.**