

What Is NOT Covered under Comprehensive Medical Benefits

The exclusions below are not all-inclusive, because exclusions will be applied based on facts and circumstances of each Claim. [Pages 34–45](#) list specifics on how the Plan covers certain services, as well as limits and exclusions that apply to those services. In general, no benefits are payable under the Plan for the following:

- Any expenses incurred during a period in which you or a Dependent are not enrolled for benefits under the Plan.
 - Any expenses incurred by a person who does not meet the Plan's definition of a Covered Individual.
 - Charges for services or supplies that exceed the Reasonable and Customary Allowance.
 - Charges that would not have been made if no coverage existed or charges that you would not be required to pay.
 - Expenses that may result from your failure to use an HMO provider when required to do so by another insurance plan.
 - Charges that exceed the various benefit maximums that apply to the different benefits under this Plan.
 - Charges for services and supplies that are:
 - Not Medically Necessary for treatment of a Non-Occupational Illness or Injury;
 - Inconsistent to the diagnosis;
 - Inconsistent with industry standards; or
 - Not recommended, performed or approved by the attending Physician; or another provider acting within the scope of his license.
 - Charges incurred due to any Occupational Illness or Injury sustained while performing any act of employment or doing anything pertaining to any occupation or employment for remuneration or profit.
 - Charges for items defined by the Plan as Experimental or Investigational. However, to the extent required under the Affordable Care Act, the Plan will not deny you the right to participate in certain approved clinical trials; deny, limit or impose additional conditions on the coverage of routine patient costs furnished in connection with participation in the clinical trial; and will not discriminate against you for participating in the clinical trial. For more information on clinical trials, see [page 36](#) or contact BCBSIL.
- Expenses excluded under the Plan's Coordination of Benefits provisions.
 - Charges in connection with the services of blood donation, storage of autologous blood or umbilical-cord blood banking.
 - Charges for physical examinations required for employment purposes or court-ordered examinations.
 - Food supplements or baby formulas, unless administered through a feeding tube.
 - Penile implants, erect-aids or erectile enhancement prescription drugs, except if the prescription drugs are prescribed as a Medically Necessary Treatment Plan for an Illness, other than impotency.
 - Premarital examinations or counseling.
 - Paternity testing.
 - Expenses of an elective abortion or the abortion pill, except when the mother's life is in danger as determined by a medical diagnosis, or in instances of verifiable rape or incest.
 - Charges for care or services, including prescription drugs, implants, hormone therapy and surgery for any operation or treatment in connection with a sex transformation, transsexualism, gender dysphoria or sexual reassignment or transfer, except for services provided by the Contracted Provider for **Behavioral Health and/or Substance Use Disorders**.
 - Personality or emotional testing and/or examinations, except to the extent covered under the Behavioral Health and Substance Use Disorders benefit.
 - Charges for bereavement counseling, pastoral counseling, financial or legal counseling, marital counseling and funeral arrangements.

- Vitamin supplements, except to the extent required under the Affordable Care Act.
- Colonics or homeopathic remedies or procedures.
- Vitamin K-1, except when used to counteract a prescription blood thinner such as Warfarin or Coumadin.
- Vitamin B-12 injections, except for treatment of pernicious anemia and cancer-related chemotherapy.
- Charges for massage therapy, unless prescribed for therapeutic purposes to treat an Illness or Injury in a clinical setting.
- Charges for hypnosis therapy.
- Charges for chelation therapy, except when approved by the FDA as an appropriate Medically Necessary course of treatment. Prior authorization and appropriate laboratory testing may apply.
- Charges for smoking cessation therapies or products, except to the extent required under the Affordable Care Act or the Quit for Life Program.
- Charges for hair prostheses, wigs, toupees, hair implant plugs or hair loss products, except for wigs, hairpieces or hair prosthetics for hair loss due to chemotherapy or radiation treatment after a cancer diagnosis.
- Charges for treatment of alopecia or hirsutism.
- Charges for excessive hair removal, electrolysis, depilatories or other hair removal treatments and products.
- Charges for care or treatment in a health resort, at an alternative medical center or a holistic center.
- Charges for homemaker or caretaker services, such as sitter or companion services for transportation, housecleaning and house maintenance.
- Custodial care.
- Instruction, classes or testing relating to motor vehicle Accidents.
- Charges for services or supplies that are paid for or otherwise provided for under any law of a government, except where the payments or the benefits are provided under a plan specifically established by a government for its own civilian Employees and their Dependents.
- Charges for services or supplies that are furnished, paid for or otherwise provided for, by reasons of past or present service of any person in the Military Service.
- Charges from a Veterans Administration Hospital or a Physician employed by such Hospital when the Veterans Administration Hospital has the responsibility to provide the service or care for an Illness or Injury related to Military Service.
- Charges for treatment that requires care in a group home.

IMPORTANT

If you are Medicare-eligible and covered by the Medicare Supplement benefits, the Plan excludes coverage for services and items not covered by Medicare.

What Is NOT Covered under the Dental Benefit

Contact Delta Dental of Illinois at 800-323-1743 for what's not covered under the Dental benefit.

What Is NOT Covered under the Vision Benefit

Contact DeltaVision at 866-723-0513 for what's not covered under the Vision benefit.

What Is NOT Covered under the Prescription Drug Benefit

The Plan does not cover:

- Prescription drugs, indications and/or dosage regimens determined to be not Medically Necessary or Experimental, Investigational or unproven medication or therapies, or drugs not approved by the United States Food and Drug Administration (FDA) for the intended use (off label).
- Prescription drugs requiring prior authorization that are dispensed without prior authorization from the Contracted Provider.
- Any medication prescribed in a manner other than in accordance with criteria developed by the Contracted Provider.
- Erectile dysfunction drugs, except if Medically Necessary and prescribed as a Treatment Plan for an Illness, other than erectile dysfunction.
- Drugs or medicines lawfully obtainable without a prescription from a Physician or Dentist, except to the extent required under the Affordable Care Act.
- Therapeutic devices, support garments or other appliances regardless of their intended use.
- Any charges for the administration of a prescription drug.
- Medication that is to be taken by or administered to the Covered Individual, in whole or in part, while a patient in a licensed Hospital, Extended Care/Skilled Nursing Facility or similar institution that operates a facility for dispensing pharmaceuticals on its premises or allows to be operated on its premises, except as provided for in the exception for Extended Care/Skilled Nursing Facilities.
- A prescription in excess of the quantity specified by the Physician or Dentist, or any refill dispensed after one year from the order of a Physician or Dentist.
- Prescription drugs that may be properly received without charge under local, state or federal programs, including Workers' Compensation.
- Weight loss drugs.
- Smoking cessation products, except as coordinated with Quit for Life or as required for preventive care under the Affordable Care Act.
- Drugs to stimulate hair growth.
- Infertility drugs (when treatment of infertility is covered, infertility prescriptions are covered under Comprehensive Medical Benefits).
- Acne drugs for Cosmetic reasons.
- Vitamins, food supplements, infant formulas or homeopathic drugs.
- Growth hormones unless Medically Necessary, as determined by the Contracted Provider and obtained through the Specialty Care Pharmacy Program.

What Is NOT Covered under the Hearing Aid Instrument Benefit

The Plan does not cover:

- Hearing evaluations/examination.
- A hearing aid instrument not made by a provider acting within the scope of his license.
- Hearing aid batteries.