

EXCLUSIONS AND LIMITATIONS

- Abortion (voluntary termination of pregnancy)
- Acupuncture
- AIDS (groups with fewer than 15 employees)
- Air and non-emergency ground ambulance
- Alcohol and drug-related evaluation and rehabilitation
- Allergy testing and treatment
- Alternative medicine including acupuncture, massage therapy, homeopathic medicine
- Amyotrophic Lateral Sclerosis
- Benefits and services not specified as covered
- Blood and blood derivatives
- Care furnished by government agencies and available at no cost to you, i.e. Medicare
- Charges exceeding the eligible charge
- Charges for fraudulent/false claims
- Chicken Pox Vaccine
- Chiropractic care & related expenses
- Consultations with doctors by telephone or facsimile
- Contact lenses and other corrective lenses
- Corrective appliances, artificial aids and durable and disposable medical equipment and supplies including inhalation therapy related equipment
- Cosmetic surgery or treatment except as required by WHCRA of 1998
- Dental appliances
- Dental care except oral surgery*
- Dependent of non-spouse dependent coverage
- Dependent parents
- Diagnostic workups to determine fertility
- Dialysis / ESRD
- Elective or voluntary enhancement procedures, surgeries, services, supplies and medications even if prescribed by a physician
- Expenses from confinement primarily for custodial and domiciliary care
- Experimental drugs or procedures
- Eye glasses
- Fees for missed appointment or voluntary transfer of records
- Fertility and infertility procedures
- Gastric bypass, stapling or reversal
- Growth hormone treatment
- Hearing aids
- Hepatitis B Vaccine
- Hospice Care
- Hospital take home drugs
- Hyperbaric treatment
- Implants other than cardiac pacemakers, cardiac stents, and breast implants as required by WHCRA of 1998
- Intelligence, IQ, aptitude ability, learning disorders or interest testing not necessary to determine the appropriate treatment of a psychiatric condition
- Item or substance that is available without a prescription, except for medicines and supplies Medically Necessary for inpatient care
- Liposuction
- Lytico & Bodig
- Non-spouse dependent maternity care
- Neuromuscular Rehabilitation or treatment
- Occupational and/or speech therapy
- Off-island airfare and living expenses
- Organized Off-road and drag racing injuries
- Other health and accident insurance coverage and third party settlements
- Over-the-counter drugs or drugs for which a prescription from a licensed physician is not required under federal law
- Personal comfort items such as, but not limited to, telephone, television and guest tray
- Physician's exams required for sport or obtaining or continuing employment, insurance or governmental licensing
- Pneumococcal Conjugate Vaccine
- Psychological testing, neuropsychology and services related thereto
- Purchase of artificial limbs and prosthetic devices
- Replacement of joints
- Rest cures
- Restoration of pre-existing loss of sight or hearing
- Reversal of voluntary sterilization
- Services and supplies not medically necessary or not ordered by a physician
- Services for behavioral, vocational or educational training of member
- Services for visual training
- Services related to an exclusion
- Services rendered by family member unless such person rendered services as an employee of a Hospital, Physician or other Provider
- Sex transformations, sexual dysfunction or inadequacies
- Suicide, attempted suicide and intentionally self-induced or self-inflicted injuries or illnesses, unless resulting from a medical condition (including physical or mental conditions) or from domestic violence
- Temporomandibular joint disorder (TMJ)
- Testing of donor blood
- Transplants and related expenses
- Treatment for injuries incurred while in active military service or Acts of War injuries
- Treatment for injuries incurred while operating a motorized vehicle while under the influence of alcohol or controlled drugs and substances
- Treatment for injuries received while committing a criminal act
- Treatment for weight reduction
- Treatment for mental retardation and mental deficiency
- Tuberculosis
- Worker's Compensation and Employer's Liability Law cases

* Covered under dental plan when you opt for that coverage.

DENTAL EXCLUSIONS AND LIMITATIONS

- Dental implants or tooth preparation for over-dentures
- Dental work for cosmetic purposes
- Excessive charges – any difference between your dentist's bill and the amount allowed by the plan
- Orthodontia and related dental services (treatment and appliances for straightening irregularly placed teeth)
- Prosthodontic services or devices (including crowns and bridges) started prior to membership in StayWell dental plan
- Replacement of lost or stolen appliances, or any appliance damaged while not in the mouth
- Services related to TMJ (temporomandibular joint syndrome) or craniomandibular disorders
- Work in progress on the effective date of coverage
- Intentionally inflicted injury unless resulting from a medical condition (including physical or mental conditions) or from domestic violence