

Health Net Life Insurance Company Individual & Family Plans PPO Exclusions and Limitations

Please refer to your Schedule of Benefits and Evidence of Coverage for terms and conditions of coverage, visit Health Net's website at www.healthnet.com, or call Health Net at 1-888-463-4875.

Exclusions and limitations

The following cannot be used to satisfy the out-of-pocket maximum: limitations, exclusions, use of emergency room services for non-emergency care, any percentage of covered charges as a result of failure to obtain pre-certification, and charges in excess of eligible expenses.

The following services and/or procedures are either limited in coverage or excluded from coverage under this health plan:

Altered gender characteristics

- Any procedure or treatment designed to alter physical characteristics of the member from the member's biologically determined gender to those of another gender

Alternative Therapies

- Acupuncture, acupressure, hypnotherapy, behavior training, educational, recreational, art, dance, sex, sleep, massage, biofeedback, and music therapy
- Chiropractic Care
 - Any treatments or services, including X-rays, determined to not be related to neuromusculoskeletal disorders
 - Preventive care, educational programs, non-medical self-care, self-help training, or any related diagnostic testing, except that which occurs during the normal course of covered chiropractic treatment
 - Prescription medications. Vitamins, nutritional supplements or related products
 - Treatment primarily for purposes of obesity or weight control
 - Vocational rehabilitation and long-term rehabilitation
 - Adjunctive therapy not associated with spinal, muscle or joint manipulation
 - Manipulation under anesthesia

Bariatric Surgery

- Biliopancreatic diversion (BPD) procedure (i.e., "Scopinaro procedure"), Jejunioleal bypass (jejuno-colic bypass), Loop Gastric Bypass (i.e., "Mini-Gastric Bypass"), Open sleeve gastrectomy, Gastric balloon, Gastric wrapping, Gastric Imbrication, Gastric pacing, Fobi pouch, and Gastric Stapling/Gastroplasty

Cosmetic Surgery or Reconstructive Surgery

- Cosmetic or reconstructive surgery to alter an abnormal or normal structure solely to render it more esthetically pleasing where no significant anatomical functional impairment exists.
- Reconstructive surgery to correct an abnormal structure resulting from trauma or disease when there is no restorative function expected

Custodial Care

- Service, supply, care or treatment for rest, domiciliary, convalescent or custodial care

Diabetic Supplies, Equipment and Devices

- Supplies, medication and equipment deemed experimental, unproved or investigational
- Any non-prescription or over-the-counter drug that can be purchased without a prescription or physician order
- Supplies, medication and equipment for other than FDA approved indications or not medically necessary
- Replacement prescriptions for any reason
- Take home medications, supplies and equipment after discharge from a hospital, nursing home, skilled nursing facility or other inpatient or outpatient facility

Durable Medical Equipment/Prosthetics/Orthotics

- Braces that are over-the-counter, prophylactic, and/or used primarily for sports activities
- Breast implants, including replacement and removal, except when related to mastectomy
- Hearing aid batteries (except those for cochlear implants) and chargers
- Exercise equipment, air purifiers, central or unit air conditioners, water purifiers, allergenic pillows, mattresses, or waterbeds, escalators or elevators, ramps, automobile modifications, safety bars, saunas, swimming pools, Jacuzzi or whirlpools, and hygienic equipment
- Equipment for a patient in an institution that is ordinarily provided by an institution, such as wheelchairs, hospital beds and oxygen tents
- More than one device designed to provide essentially the same function
- Deluxe, electric, model upgrades, specialized, duplicate or custom equipment, prosthetics or orthotics or other non-standard equipment
- Transcutaneous Electrical Nerve Stimulation (TENS) units
- Scooters and other power operated vehicles
- Warning devices, stethoscopes, blood pressure cuffs, or other types of apparatus used for diagnosis or monitoring
- Repair, replacement or routine maintenance of equipment or parts due to misuse or abuse
- Over-the-counter items, braces and other devices

- Prophylactic braces, braces used primarily for sports activities
- ThAIRapy® vests
- Communication devices (speech generating devices) and/or training to use such devices
- Foot orthotics, except when attached to a permanent brace or when prescribed for the treatment of diabetes
- Medical supplies: consumable, disposable or necessary to operate a non-covered prosthetic device or item of durable medical equipment
- Tube feeding supplies
- Oxygen when services are outside of the service area and non-emergent or urgent, or when used for convenience when traveling within or outside of the service area or when non-medically necessary

Emergency Services

- Use of emergency facilities or transportation for non-emergency purposes. Routine Care, follow-up care or continuing care provided in an emergency facility

Family Planning and Maternity

- Elective abortions
- Circumcisions: non-medically necessary after the newborn period, including cases of pre-mature birth
- Genetic testing solely for the purpose of determining the gender of a fetus.
- Home maternity services or supplies
- Treatment of impotence
- Treatment of infertility services, including but not limited to artificial insemination services, cost of donor sperm or sperm banking, foams and condoms, and medications used to treat infertility
- Paternity testing
- Penile implants
- Reversal of voluntary sterilization procedures

Mental Health

- Treatment for chronic or organic conditions, including Alzheimer's, dementia or delirium
- Ongoing treatment for mental disorders that are long-term or chronic in nature for which there is little or no reasonable expectation for improvement. These disorders include mental retardation, personality disorders, and organic brain disease.
- Counseling, testing, evaluation, treatment or other services in connection with learning disorders and/or disabilities, disruptive behavior disorders, conduct disorders, eating disorders, psychosexual disorders or transsexualism, motor skill disorders, communication disorders, attention deficit disorders
- Psychological testing or evaluation specifically for ability, aptitude, intelligence, interest or competency
- Psychiatric evaluation, therapy, counseling or other services in connection with child custody, parole and/or probation, and other court-ordered related issues
- Treatment in a residential treatment center except when voluntary or court-ordered for chemical and alcohol dependency
- Therapy, counseling or other services related to relationship and/or communication issues
- Counseling for educational, social, occupational, religious, other maladjustments, marital counseling, behavior modification, biofeedback, or rest cures as treatment for mental disorders
- Sensitivity or stress-management training, self-help training, and/or residential treatment except as covered with chemical or alcohol dependency
- Applied Behavioral Health therapy that includes sensory integration, LOVAAS therapy and music therapy
- Psychiatric or psychological examinations, testing and/or other services in connection with obtaining or maintaining employment, insurance, type of license, medical research and competency issues
- Behavioral treatment or drug therapy for sexual dysfunction and sexual function disorders regardless of whether the cause of dysfunction is due to physical or psychological reasons

Outpatient Prescription Drugs

- Over-the-counter medications
- Drugs obtained out of the service area
- Take home prescription drugs and medications from a facility
- Supplies, medications and equipment labeled "Caution - Limited by Federal Law to Investigational Use" and/or deemed experimental, unproved or investigational
- Drugs or dosage amounts to be ineffective, unproven or unsafe for the indication for which they have been prescribed
- Supplies, medications and equipment for other than FDA approved indications
- "Off label" use of medications, except for certain FDA approved drugs
- Replacement prescriptions for any reason
- Medications for sexual dysfunction or infertility
- Medications used for cosmetic purposes
- Vitamins, except those included on Health Net's Essential Rx Drug List
- Drugs, weight reduction programs and related supplies to treat obesity

- Human growth hormone except for children or adolescents who have growth hormone deficiency causing slow growth/infantile hypoglycemia/hypothalamic or pituitary condition or short stature and slow growth due to Turner syndrome, Prader-Willi syndrome, chronic renal insufficiency prior to transplantation, and central nervous system tumor treated with radiation
- Enteral nutrition in situations involving temporary impairments
- Enteral nutrition for Members with a functioning gastrointestinal tract whose need for enteral nutrition is due to anorexia, nausea associated with mood disorder, end-stage renal disease, or other impairments unrelated to the gastrointestinal tract
- Enteral nutrition when adequate nutrition is possible by dietary adjustment, counseling and/or oral supplements

Pediatric Dental Services

- Services and treatment which are not dentally necessary or which do not meet generally accepted standards of dental practice
- Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances
- Plaque control programs, oral hygiene instruction and dietary instruction
- Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation and restoration for misalignment of teeth
- Gold foil restorations
- Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners
- Sealants for teeth other than permanent molars
- Precision attachments, personalization, precious metal bases and other specialized techniques
- Replacement of dentures that have been lost, stolen or misplaced
- Repair of damaged orthodontic appliances
- Replacement of lost or missing appliances
- Fabrication of athletic mouth guard
- Internal bleaching
- Nitrous oxide
- Oral sedation

Pediatric Vision Services

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic Lenses
- Medical and/or surgical treatment of the eye, eyes or supporting structures that is not covered within the medical plan benefit
- Any eye or vision examination, or safety eyewear
- Plano (non-prescription) lenses and/or contact lenses, sunglasses
- Two pair of glasses in lieu of bifocals

Private Duty Nursing

- Private duty nursing and private rooms, non-skilled care, custodial care, or respite care.

Professional Services

- Immunizations that are not medically necessary
- Routine foot care except for medically necessary treatment of diabetes.
- Physical health examinations in connection with obtaining or maintaining employment, school or camp attendance, sports participation, insurance qualification or at the request of a third party

Rehabilitative and Habilitative Services

- Maintenance and/or non-acute therapies, or therapies where a significant and measurable improvement of condition cannot be expected in a reasonable and generally predictable period of time. Rehabilitative and habilitative services related to 1) Developmental delay; 2) Maintaining physical condition; 3) Maintenance therapy for a chronic condition
- Speech therapy for occupational or recreational voice strain that could be needed by professional or amateur voice users, including, but not limited to, public speakers, singers, cheerleaders

Substance Abuse Services

- Court-ordered testing and/or evaluation
- Drugs used for opiate dependency
- Methadone maintenance treatment for the purpose of long term opiate craving reduction
- Treatment in a residential treatment center, except as covered for chemical or alcohol dependency
- Treatment for chronic conditions

Temporomandibular Joint Disorder

- Dental prosthesis or any treatment on, or to, the teeth, gums, or jaw and other services customarily provided by a dentist or dental Specialist
- Treatment of pain or infection due to a dental cause, surgical correction of malocclusion prognathic surgery, orthodontia treatment, including hospital and related costs resulting from these services when determined to relate to malocclusion
- Services related to injuries caused by or arising out of the act of chewing

Transplant Services

- Services, supplies and medications provided to a donor where the recipient is not a Member covered under this health Plan
- Donor searches
- Non-human or artificial organs and the related implantation services
- Bone marrow transplants for human gene therapy (enzyme deficiencies, severe hemoglobinopathies, primary lysosomal storage disorders)
- VADs when used as an artificial heart

Urgent Care Services

- Use of urgent care facilities for non-urgent purposes. Routine care, follow-up or continuing care provided in an urgent care facility

Other

- Convenience items
- Employment counseling
- Exercise programs
- Experimental/investigational procedures and medications
- Fraudulent services
- Household equipment/fixtures
- Long-term rehabilitative services
- Lost wages
- Missed appointments
- Radial keratotomy
- Self-inflicted injuries
- Thermography
- Travel expenses
- Vocational programs
- Work related injuries
- Riots, war, misdemeanor, or felony-related injuries or illnesses

Health Net Life Insurance Company has entered into an agreement with CMS to provide health insurance coverage through Qualified Health Plans on the Health Insurance Marketplace.

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