

SHA MEDICAL EXCLUSIONS

In addition to Plan Exclusions, no benefit will be provided under this Plan for medical expenses for the following:

1. Charges for services, supplies or treatment for the reversal of sterilization procedures.
2. Charges for services, supplies or treatment related to the treatment of infertility and artificial reproductive procedures, including, but not limited to: artificial insemination, surrogate mother, fertility drugs when used for treatment of infertility, embryo implantation, in vitro fertilization procedures and services, or Gamete Intrafallopian Transfer (GIFT).
3. Charges for services, supplies or treatment for transsexualism, gender dysphoria or sexual reassignment or change, including medications, implants, hormone therapy, surgery, medical or psychiatric treatment.
4. Charges for treatment or surgery for sexual dysfunction.
5. Charges for hospital admission on Friday, Saturday or Sunday unless the admission is an emergency situation, or surgery is scheduled within twenty-four (24) hours. If neither situation applies, hospital expenses will be payable commencing on the date of actual surgery.
6. Charges for inpatient room and board in connection with a hospital confinement primarily for diagnostic tests, unless it is determined by the Plan that inpatient care is medically necessary.
7. Charges for services, supplies or treatment for attention deficit disorders, behavior or conduct disorders, development delay, hyperactivity, learning disorders, mental retardation, autistic disease, or senile deterioration. However, the initial examination, office visit and diagnostic testing to determine the illness shall be a Covered Benefit.
8. Charges for biofeedback therapy.
9. Charges for services, supplies or treatments which are primarily educational in nature; charges for services for educational or vocational testing or training and work hardening programs regardless of diagnosis or symptoms; charges for self-help training or other forms of non-medical self-care.
10. Charges for services, supplies or treatments provided by your Employer.
11. Charges for services, supplies or treatments provided by an educational institution as required by law.
12. Except as specifically stated in Medical Expense Benefit, Dental Services, charges for or in connection with: treatment of injury or disease of the teeth; oral surgery; treatment of gums or structures directly supporting or attached to the teeth; removal or replacement of teeth; or dental implants.
13. Charges for routine vision examinations and eye refractions; orthoptics; eyeglasses or contact lenses, except as specifically stated under Medical Expense Benefit, Special Equipment and Supplies; dispensing optician's services.
14. Charges for any eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia) and astigmatism including radial keratotomy by whatever name called; contact lenses and eyeglasses required as a result of such surgery.
15. Except as medically necessary for the treatment of metabolic or peripheral-vascular illness, charges for routine, palliative or cosmetic foot care, including, but not limited to: treatment of weak, unstable, flat, strained or unbalanced feet; subluxations of the foot; treatment of corns or calluses; non-surgical care of toenails.
16. Charges for services, supplies or treatment which constitute personal comfort or beautification items, whether or not recommended by a physician, such as: television, telephone, air conditioners, air purifiers, humidifiers, electric heating units, orthopedic mattresses, blood pressure instruments, scales, elastic bandages, non-hospital adjustable beds, exercise equipment or other items considered "luxury medical equipment", such as, motorized wheelchairs or other vehicles, bionic or computerized artificial limbs.
17. Charges for nonprescription drugs, such as vitamins, cosmetic dietary aids, and nutritional supplements.
18. Charges for orthopedic shoes (except when they are an integral part of a leg brace and the cost are included in the orthotists charge) or shoe inserts.
19. Expenses for a cosmetic surgery or procedure and all related services, except as specifically stated in Medical Expense Benefit, Cosmetic Surgery.
20. Charges incurred as a result of, or in connection with, cosmetic surgery or any procedure or treatment excluded by this Plan which has resulted in medical complications.
21. Charges for services provided to a Member for an elective abortion.
22. Charges for services, supplies or treatment primarily for weight reduction or treatment of obesity, including, but not limited to: exercise programs or use of exercise equipment; special diets or diet supplements; appetite suppressants; Nutrisystem, Weight Watchers or similar programs; and hospital confinements for weight reduction programs.
23. Charges for surgical weight reduction procedures and all related charges, even if resulting from morbid obesity.
24. Charges for services, supplies and treatment for smoking cessation programs, or related to the treatment of nicotine addiction, including smoking deterrent patches; except as mandated under PPACA, Preventive Care.
25. Charges for employment physical, premarital lab work or any related charges and other care not associated with treatment or diagnosis of an illness or injury, except as specified herein.
26. Charges for custodial care, domiciliary care or rest cures.
27. Charges for travel or accommodations, whether or not recommended by a physician, except as specifically provided herein.

28. Charges for wigs, artificial hair pieces, artificial hair transplants, or any drug - prescription or otherwise -used to eliminate baldness. This exclusion does not apply when baldness is the result of burns, chemotherapy, radiation therapy, or surgery. Under these conditions, purchase of a wig or artificial hair piece is limited to one (1) while covered by this Plan.
29. Charges for expenses related to hypnosis.
30. Charges for prescription drugs that are covered under the Prescription Drug Program.
31. Charges for professional services billed by a physician or Registered Nurse, Licensed Practical Nurse or Licensed Vocational Nurse who is an employee of a hospital or any other facility and who is paid by the hospital or other facility for the service provided.
32. Charges for environmental change including hospitalization or physician charges connected with prescribing an environmental change.
33. Charges for room and board in a facility for days on which the Member is permitted to leave (a weekend pass, for example), including residential treatment centers.
34. Charges for residential treatment centers.
35. Charges for reconstructive surgery for breast reduction, unless it is for reconstructive breast reduction following mastectomy on the non-diseased breast to make it equal in size with the diseased breast following reconstructive surgery on the diseased breast.
36. Charges for surgical and nonsurgical treatment of temporomandibular joint (TMJ), myofascial pain syndrome or orthognathic treatment, whether treatment is provided by a hospital, physician, dentist, physical therapist or oral surgeon. Charges for orthodontia or prosthetic devices prescribed by a physician or dentist.
37. Charges for a power wheelchair or scooter that is only needed and used outside of the home.
38. Amounts in excess of the "Reasonable and Allowed" with respect to Non-Participating Provider claims.
39. Marriage, relationship or financial counseling or sex therapy.
40. Speech therapy, rehab therapy, to only include restorative not developmental or maintenance care.
41. Robotic surgery must be pre-certified and subject to the plan's Pre-certification penalty, if not pre-certified. Also, the surgery for which Robotic surgery is used shall not be greater than reimbursement of the amount covered when performed without Robotic surgery.
42. Any charges incurred by a dependent child of a covered dependent child are not Covered Benefits under this plan.
43. Non Approved Clinical Trials; Phase I, Phase II or Phase III clinical trial, being conducted in relation to the detection or treatment of non-life threatening cardiovascular disease (cardiac/stroke), surgical musculoskeletal disorders of the spine, hip and knees, and/or other clinical trials.
44. Approved Clinical Trials;
 - a. Laboratory tests and imaging studies done at a frequency dictated by the study protocol and not consistent with signs and symptoms and other standards of care for that diagnosis or treatment type.
 - b. Items and services provided by the research sponsors free of charge for any person enrolled in the trial
 - c. Travel and transportation expenses are excluded from coverage. These include, but are not limited to, the following examples:
 - i. Fees for all types of transportation. Examples include, but are not limited to: personal vehicle, taxi, medical van, ambulance, commercial airline, and train.
 - ii. Rental car expenses.
 - iii. Mileage reimbursement for driving a personal vehicle.
 - iv. Lodging.
 - v. Meals.
 - d. Routine patient costs obtained out-of-network where non-network benefits do not exist under the plan.
 - e. The investigational item, device or service itself. Services inconsistent with widely accepted and established standards of care for a particular diagnosis
 - f. Services related to an approved clinical trial received outside of the United States.

SHA PLAN EXCLUSIONS

The Plan will not provide benefits for any of the items listed in this section, regardless of medical necessity or recommendation of a physician or professional provider.

With respect to any services which are otherwise covered by the Plan, the Plan will not deny benefits otherwise provided for treatment of the Injury or Illness if the Injury or Illness is the result of a documented medical condition or from the Member's being the victim of an act of domestic violence.

1. Charges for services, supplies or treatment from any hospital owned or operated by the United States government or any agency thereof or any government outside the United States, or charges for services, treatment or supplies furnished by the United States government or any agency thereof or any government outside the United States, unless payment is legally required.
2. Charges for an injury sustained or illness contracted while on active duty in military service, unless payment is legally required.

3. Charges for services, supplies or treatment for treatment of illness or injury which is caused by or attributed to by war or any act of war (whether declared or undeclared, civil or international, or any substantial armed conflict between organized forces of a military nature), participation in a riot, civil disobedience or insurrection.
4. Charges in connection with any illness or injury arising out of or in the course of any employment intended for wage or profit, including self-employment.
5. Charges made for a service, supply and treatment which is not Medically Necessary for the treatment of illness or injury, or which are not recommended and approved by the attending physician, except as specifically stated herein.
6. Charges in connection with any illness or injury sustained while taking part or attempting to take part in an illegal act, including but not limited to misdemeanors and felonies; or for any Injury or Illness that arises from or is caused during the commission of any illegal act. It is not necessary that an arrest occur, criminal charges be filed, or, if filed, that a conviction result for the Plan Administrator to determine that an act constitutes an illegal act. Proof beyond a reasonable doubt is not required to be deemed an illegal act. The Plan Administrator has the sole discretion to determine whether a particular act constitutes an Illegal Act.
7. Charges in connection with any activity made illegal due to the use of alcohol, controlled substances or chemicals, or charges in connection with any Injury or Illness sustained during, or as a result of, the use of alcohol. Expenses will be covered for Members other than the person partaking in the activity or a state of intoxication, and expenses may be covered for substance abuse treatment as specified elsewhere in this Plan, if applicable, and subject to all Plan limitations.
8. Any charge in connection with any Illness or Injury that results from engaging in a hazardous pursuit, hobby or activity. A pursuit, hobby or activity is hazardous if it involves or exposes an individual to risk of a degree or nature not customarily undertaken in the course of the Plan Member's customary occupation or if it involves leisure time activities considered by the Plan Administrator, taking all circumstances into account, as involving unusual or exceptional risks, characterized by a threat of danger or risk of bodily harm. Hazardous pursuits, hobbies, or activities include, but are not limited to, reckless operation of machinery, travel to countries with advisory warnings, and use of weapons and explosives.
9. To the extent that payment under this Plan is prohibited by any law of the jurisdiction in which the Member resides at the time the expense is incurred.
10. Charges for services rendered and/or supplies received prior to the effective date or after the termination date of a Member's coverage.
11. Any services, supplies or treatment for which the Member is not legally required to pay; or for which no charge would usually be made; or for which such charge, if made, would not usually be collected if no coverage existed; or to the extent the charge for the care exceeds the charge that would have been made and collected if no coverage existed.
12. Charges for services, supplies or treatment that is considered Experimental/Investigational. The Plan Administrator has the sole discretion to make this determination.
13. Charges incurred outside the United States if the Member traveled to such a location for the sole purpose of obtaining services, supplies or treatment.
14. Charges for services, supplies or treatment rendered by any individual who is a close relative, as determined by the Plan Administrator, of the Member or who resides in the same household as the Member.
15. Charges for services, supplies or treatment rendered by facilities, physicians or professional providers beyond the scope of their license; for any treatment, confinement or service which is not recommended by or performed by an appropriate professional provider.
16. Charges for illnesses or injuries sustained by a Member due to the action or inaction of any party if the Member fails to provide any information as specified in Subrogation section or as requested by the Plan in connection with any third-party recovery.
17. Claims not submitted within the Plan's filing limit deadlines as specified in Claim Filing Procedures.
18. Charges for e-mail or telephone consultations, completion of claim forms, charges associated with missed appointments.
19. Benefits which are payable under any one section of this Plan shall not be payable as a benefit under any other section of this Plan. For example, if a benefit is eligible under both the Medical Expense Benefits section and the Prescription Drug Program section, and is paid under the Medical Expense Benefit, the remaining balance will not be paid under the Prescription Drug Program Benefit.
20. Charges for treatment of any intentionally self-inflicted illness or injury, including suicide or attempted suicide.
21. Excess Charges - Except as specifically stated otherwise, no benefits will be payable for charges in excess of the "Reasonable and Allowed" charges for services or supplies provided.
22. Charges incurred for which the Plan has no legal obligation to pay.
23. Court ordered treatment or services - charges for services, treatment or care of any kind that are provided due to a court order, or are required by a court of law and/or are imposed as an alternative to, or in addition to, fine or imprisonment. This exclusion shall not apply to expenses for the illness or injury that would be covered under the Plan in the absence of a court order, and for which the Member is legally obligated to pay.
24. Private duty or shift care services of a health care provider

25. Examinations - charges for examinations, testing, vaccinations or other services related to employment, licensing, insurance, adoption, marriage license, sports, or camp applications, or travel outside the United States.
26. Taxes, Excise and Sales - You are not covered for tax of any kind imposed on medical services or Prescription Drug(s).
27. Administrative or Adjunctive Charges - charges for administrative fees; completion, filing or copying of claim forms, itemized bills or medical reports; reports or appearances in legal proceedings, mailing, postage, or shipping and handling; missed appointments; late fees; sales tax; interest or penalties; travel time or expenses; or telephone consultations.
28. Charges for the release and review of medical records
29. Duplicate Item - You are not covered for duplicate durable medical equipment and supplies, orthotics and external prosthetics, and vision and hearing appliances that is intended to be used as a backup device, for multiple residences, or for traveling, e.g., a second wheeled mobility device specifically for work or school use or a backup manual wheelchair when a power wheelchair is the primary means of mobility. Note: ventilators at home are not included in this exemption).
30. A dependent child of a covered dependent child shall not be covered by this plan.
31. Charges not includes as eligible charges in the Schedule of Benefits or explicitly outlined in the Covered Medical Expenses section.