

WHAT THE MEDICAL PLANS DO NOT COVER

Every health plan has exclusions and limitations that describe what the plans do not cover. General exclusions and limitations for the health plans described in this brochure are listed here.

Please take a few moments to review these listings. We want you to understand what your coverage does not include before you enroll.

These listings are an overview only. Plan-specific Evidence of Coverage booklets contain a comprehensive list of each plan's exclusions and limitations. For a sample copy of an Evidence of Coverage booklet, ask your agent or contact us.

Exclusions and Limitations Common to All Individual Medical Plans

- ◆ Conditions covered by Workers' Compensation or similar laws.
 - ◆ Experimental or investigative care or therapy.
 - ◆ Any services provided by a local, state, county or federal government agency, including any foreign government.
 - ◆ Services or supplies not specifically listed as covered under the plan agreement.
 - ◆ Services received before your Effective Date or during an inpatient stay that began before your Effective Date.
 - ◆ Services rendered before coverage begins or after coverage ends.
 - ◆ Services or supplies for which no charge is made, or for which no charge would be made if you had no insurance coverage, or services for which you are not legally obligated to pay.
 - ◆ Services provided by relatives, and professional services received from a person who lives in your home or who is related to you by blood, marriage or adoption.
 - ◆ Any services to the extent you are entitled to receive Medicare benefits for those services without payment of additional premium for Medicare coverage. For parts of Medicare requiring additional premium payment, services are excluded for those parts of Medicare the member has enrolled in.
 - ◆ Services or supplies that are not medically necessary, as determined by Blue Cross of California or BC Life & Health.
 - ◆ Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered) except as specifically stated for PPO Share 500/1000 plans.
 - ◆ Any amounts in excess of the maximum amounts stated in the Maximum Comprehensive and Copay/Coinsurance Lists sections of your agreement.
 - ◆ Sex change operations or related treatment and study.
 - ◆ Cosmetic surgery or other services for beautification, including any complications arising from, or the result of cosmetic surgery, except for reconstructive surgery.*
- * Does not apply to reconstructive surgery to restore a bodily function or to correct a deformity caused by injury, or medically necessary reconstructive surgery performed to restore symmetry incident to mastectomy.
- ◆ Services primarily for weight reduction or treatment of obesity, or any care which involves weight reduction as the main method of treatment, except medically necessary treatment of morbid obesity.
 - ◆ Dental care and treatment or treatment on or to the teeth and gums, unless covered under accidental injury.
 - ◆ Dental implants.
 - ◆ Hearing aids.
 - ◆ Contraceptive drugs and/or some contraceptive devices, including Norplant and Norplant kits, except injectable contraceptives when administered by a physician. (Oral contraceptives and some contraceptive devices are covered under all plans' prescription benefits except the Basic Plan).
 - ◆ All services related to the evaluation or treatment of infertility, including all tests, consultations, medications, surgical, medical or lab procedures, and reversal of sterilization.
 - ◆ Private duty nursing, including inpatient or outpatient services of a private duty nurse.
 - ◆ Eyeglasses or contact lenses unless specified in your plan agreement.
 - ◆ Certain eye surgeries, including those solely for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia), astigmatism, and for farsightedness (presbyopia).
 - ◆ Diagnostic admissions, including inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests that could have been safely performed on an outpatient basis, and inpatient admissions primarily for diagnostic studies when inpatient bed care is not medically necessary.
 - ◆ Mental and nervous disorders, substance abuse, and learning disabilities, except as specifically stated under the benefits sections of the plan agreement.
 - ◆ Orthopedic shoes (except when joined to braces) or shoe inserts, except for limited benefits as stated in the Evidence of Coverage.
 - ◆ Orthodontic services, braces, and other orthodontic appliances.
 - ◆ No payment will be made for services or supplies for the treatment of a preexisting condition during a period of six months following your Effective Date. This limitation does not apply to a child born or newly adopted by an enrolled subscriber, spouse, or Domestic Partner of the child(ren) of the enrolled Domestic Partner. Also, if you were covered under qualifying prior coverage within 63 days of becoming covered under this Agreement, the time spent under the qualifying prior coverage will be used to satisfy, or partially satisfy, the six-month period.
 - ◆ Services furnished through outdoor treatment programs.
 - ◆ Consultations provided by telephone or fax.
 - ◆ Educational services except as specifically provided or arranged by Blue Cross.
 - ◆ Nutritional counseling and food supplements, except as stated in your plan agreement.
 - ◆ No benefits are provided for care and treatment furnished in a non-contracting hospital, except for medical emergencies as specified in your agreement.
 - ◆ Items which are furnished primarily for your personal comfort or convenience: air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for comfort, hygiene or beautification.
 - ◆ Custodial care. Custodial care is care that does not require the services of trained medical or health professionals, such as, but not limited to, help in walking, getting in and out of bed, bathing, dressing, preparation and feeding of special diets, and supervision of medications that are ordinarily self-administered. Domiciliary, or rest cures for which facilities and/or services of a general acute hospital are not medically required, including resident treatment centers, are also excluded.

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- ◆ Genetic testing for non-medical reasons or when there is not a medical indication or no family history of genetic abnormality.
- ◆ Outpatient speech therapy, except following surgery, injury or otherwise as medically necessary.
- ◆ Benefits for Hospice services are limited to a lifetime maximum of \$10,000 per member for participating and non-participating providers combined (BC Life PPO Share 500, BC Life PPO Share 1000, BC Life PPO Share 5000, PPO Saver, Basic PPO 1000/2500 only).

Additional Exclusions and Limitations for Basic PPO 1000/2500 Only

- ◆ Maternity care.
- ◆ Preventive benefits, except for Pap and PSA tests, and mammograms, not specifically listed in the plan policy.
- ◆ Outpatient prescription drugs.
- ◆ Acupuncture/Acupressure
- ◆ Physician office visits and associated costs, except as specifically described in the Certificate.
- ◆ Physical or occupational medicine or chiropractic services, except those provided during an inpatient hospital confinement.
- ◆ Eye glasses and eye examinations.

Additional Exclusions and Limitations for PPO Saver Only

- ◆ Maternity care.

Additional Exclusions and Limitations for HMO Plans Only

- ◆ Care not authorized by your Primary Care Physician at your Participating Medical Group (PMG) or IPA.
- ◆ Growth hormone treatment.
- ◆ Amounts in excess of customary and reasonable charges for care rendered by a non-participating provider without a referral or authorization (excludes emergency services).
- ◆ Eyeglasses or contact lenses, unless specified in your plan agreement.

- ◆ Acupuncture/Acupressure.
- ◆ Chiropractic services.
- ◆ Immunizations for foreign travel not specifically listed as covered.
- ◆ Treatment for chronic alcoholism or other substance abuse, unless specified in the plan agreement.
- ◆ Inpatient mental care, including acute alcoholism and drug addiction benefits, except detoxification.
- ◆ Treatment of mental and nervous disorders, except as stated in the plan agreement.
- ◆ Rehabilitative care, except as stated in the plan agreement.
- ◆ Private room, unless specified in the plan agreement.
- ◆ Reconstructive surgery, purchase or replacement of artificial limbs or prosthesis, unless the medical condition creating the need for the limb or prosthesis occurred while you were covered under the plan.
- ◆ Medical, surgical and/or psychological treatment of a sexual dysfunction, except when a sexual dysfunction is a result of a physical abnormality, defect or disease.
- ◆ Medical, surgical services, supplies or treatment to the joint of the jaw (temporomandibular joint), upper jaw (maxilla) or lower jaw (mandible), unless related to a tumor or accident occurring while covered.
- ◆ Routine physical examinations or tests that do not directly treat an acute illness, injury or condition unless authorized by your Primary Care Physician, except in no event will any physical examination or test required by employment or government authority, or at the request of a third party, such as a school, camp or sports-affiliated organization, be covered unless medically necessary.
- ◆ Care or treatment of a pregnancy, or any condition related to pregnancy (except treatment of complications of pregnancy or Cesarean-section deliveries) when conception has occurred before the effective date of the plan agreement. However, if you were covered under Creditable Coverage within 62 days of becoming covered, the time spent under Creditable Coverage will be used to satisfy, or partially satisfy, the six (6) month period.

The following plans are offered by Blue Cross of California: PPO Share 2500/1500/1000/500, HMO Saver, Individual HMO, EPO and DentalSelect HMO plans. The following plans are offered by BC Life & Health Insurance Company (BCL&H): Basic PPO 2500/1000, PPO Saver, PPO Share 5000/1000/500, RightPlan PPO 40 plans, 3500 Deductible PPO, Dental PPO and Term Life products. Blue Cross of California and BCL&H are independent licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks.

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