

General Exclusions and Limitations

For All Blue Shield Health Plans for Individuals and Families

Principal benefits and coverages

Please see the Uniform Health Plan Benefits & Coverage Matrices for a summary of each plan's covered services and supplies. Also, refer to the *Evidence of Coverage (EOC)/Certificate of Insurance (COI)*, which you will receive after you enroll. The EOC/COI offers more detailed information on the benefits and coverage included in your health plan.

Principal exclusions and limitations on benefits for all Blue Shield health plans for individuals and families

For complete detail on any plan's exclusions and limitations, please read the EOC/COI. Unless exceptions to the following exclusions are specifically made in the EOC/COI for your plan, the following medical services or procedures are not included as benefits and/or services:

- All services must be medically necessary. The fact that a physician, hospital or other provider prescribes, orders, recommends or approves a service or supply does not, in itself, make it medically necessary, even if it is not specifically listed as a plan exclusion or limitation. Blue Shield may limit or exclude benefits for services that are not medically necessary.
- For or incident to services and supplies for treatment of the teeth and gums (except for tumors) and associated periodontal structure including, but not limited to, diagnostic, preventive, orthodontic, and other services such as dental cleaning, tooth whitening, X-rays, topical fluoride treatment except when used with radiation therapy to the oral cavity, fillings, and root canal treatment; treatment of periodontal disease or periodontal surgery

for inflammatory conditions; tooth extractions; dental implants; braces, crowns, dental orthoses and prostheses; except as specifically provided in the EOC/COI;

- For or incident to hospitalization or confinement in a pain management center to treat and cure chronic pain, except as may be provided through a participating hospice agency and except as medically necessary;
- For rehabilitation except as specifically provided in the EOC/COI;
- Incident to hospitalization or confinement in a health facility primarily for rest, custodial, maintenance or domiciliary care except as provided under Hospice Program Services (see Hospice Program Services benefit for exception);
- Performed in a hospital by hospital officers, residents, interns and others in training;
- For routine eye refraction, surgery to correct refractive error (e.g., radial keratotomy/refractive keratoplasty);
- For eye glasses, contact lenses, or hearing aids;
- For or incident to acupuncture;
- For or incident to speech therapy, speech correction or speech pathology or speech abnormalities that are not likely the result of a diagnosed, identifiable medical condition, injury or illness except as specified in the EOC/COI;
- For or incident to vocational, educational, recreational, art, dance, reading or music therapy; weight control programs; or exercise programs;
- For transgender or gender dysphoria conditions, including but not limited to, intersex surgery (transsexual operations), or any related services, or any

resulting medical complications, except for treatment of medical complications that are medically necessary;

- For callus, corn paring or excision, toenail trimming and treatment (other than surgery) of chronic conditions of the foot (except as may be provided through a Participating Hospice Agency), e.g., weak or fallen arches; flat or pronated foot; pain or cramp of the foot; for special footwear required for foot disfigurement (e.g., non-custom made or over-the-counter shoe inserts or arch supports), except as specifically listed under Orthoses Benefits and Diabetes Care in the EOC/COI; bunions, muscle trauma due to exertion; or any type of massage procedure on the foot;
- Which are experimental or investigational in nature, except for services for persons who have been accepted into an approved clinical trial for cancer as provided under clinical trial for cancer;
- For learning disabilities or behavioral problems;
- For or incident to hospitalization primarily for radiological, laboratory or any other diagnostic studies or medical observation;
- For convenience items such as telephones, TVs, guest trays and personal hygiene items;
- For cosmetic surgery or any resulting complications; except that medically necessary services to treat complications of cosmetic surgery (e.g., infections or hemorrhages) will be a benefit but only upon review and approval by a Blue Shield of California physician consultant. Without limiting the foregoing, no benefits will be provided for the following surgeries or procedures:

- Lower eyelid blepharoplasty;
- Spider veins;
- Procedures to smooth the skin (i.e., chemical peels, laser resurfacing or abrasive procedures);
- Hair removal by electrolysis or other means; and
- Re-implantation of breast implants originally provided for cosmetic augmentation;
- Incident to an organ transplant, except as specifically listed in the EOC/COI;
- For infertility, in vitro fertilization, gamete intrafallopian transfer (GIFT) procedure or any other induced fertilization, artificial insemination or services incident to or resulting from procedures for a surrogate mother who is otherwise not eligible for covered pregnancy and maternity care under a Blue Shield health plan;
- For routine health appraisals, well-baby care, vision and hearing tests, physical examinations and immunizations, except as specifically listed under Preventive Care in the EOC/COI or for immunizations for the purpose of travel, or for physical exams required for licensure, employment or insurance unless the examination is substituted for the annual physical examination;
- For or incident to sexual dysfunction, sexual inadequacies; except as provided for treatment of organically based conditions;
- For or incident to family planning, except as specifically listed in the EOC/COI;
- For dental care or services incident to the treatment, prevention or relief of pain or dysfunction of the temporomandibular joint and/or muscles of mastication except as specifically provided for in the EOC/COI;
- Performed by a close relative or by a person who ordinarily resides in the subscriber's or dependent's home;
- Incident to any injury or disease arising out of, or in the course of, any employment for salary, wage or profit if such injury or disease is covered by any workers' compensation law, occupational disease law or similar legislation. However, if Blue Shield provides payment for such services, it shall be entitled to establish a lien upon such other benefits up to the amount paid by Blue Shield for the treatment of such injury or disease;
- In connection with private duty nursing, except as specifically listed in the EOC/COI;
- For substance abuse treatment or rehabilitation on an inpatient, partial hospitalization or outpatient basis, except as specifically listed in the EOC/COI;
- For penile implant devices and surgery and any related services, except for any resulting complications and medically necessary services as provided for under Reconstructive Surgery Benefits in the EOC/COI;
- For which the person is not legally obligated to pay or for services for which no charge is made to the person;
- For reconstructive surgery or procedures in situations: 1) where there is another more appropriate surgical procedure that is approved by a Blue Shield physician consultant, or 2) when the surgery or procedure offers only a minimal improvement in function or in the appearance of the enrollees (e.g., spider veins), or 3) as limited in the EOC/COI;
- For or incident to out-of-country services; for medical equipment, drugs and other substances obtained outside the United States except as provided in the EOC/COI for covered emergency or urgent care;
- For home testing devices and monitoring equipment, except for use of the peak flow monitor for self-management of asthma, the glucose monitor for self-management of diabetes and the apnea monitor for management of newborn's apnea when authorized as home medical equipment;
- For contraceptives and contraceptive devices, except as specifically included in the EOC/COI; oral contraceptives and diaphragms are excluded, except as may be provided under the Outpatient Prescription Drug benefit; no benefits are provided for contraceptive implants;
- For prescription and non-prescription food and nutritional supplements, except as provided for in the EOC/COI;
- For drugs and medicines which cannot be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA); however, drugs and medicines which have received FDA approval for marketing for one or more uses will not be denied on the basis that they are being prescribed for an off-label use if the conditions as set forth in state law have been met;
- For genetic testing except as specified in the EOC/COI;
- For any type of communicator, voice enhancer, voice prosthesis, electronic voice producing machine or any other

continued on next page

language assistive devices, except as specifically listed in the EOC/COI;

- For non-prescription (over-the-counter) medical equipment or supplies that can be purchased without a licensed provider's prescription order, even if a licensed provider writes a prescription order for a non-prescription item, except as specified in the EOC/COI and disposable hypodermic needles and syringes except as specified in the EOC/COI; or
- Not specifically listed as a benefit in the EOC/COI.

Conditions for coverage

No person has the right to receive the benefits of any Blue Shield health plan for services provided following termination of coverage. Benefits of this plan are available only for services provided during the term the plan is in effect, and while the individual claiming benefits is actually covered by the plan EOC/COI. Benefits may be modified during the term of the plan EOC/COI or upon renewal. If benefits are modified, the revised benefits (including any reduction in benefits or the elimination of benefits) apply for services provided on or after the effective date of the modification. There is no vested right to receive the benefits of any Blue Shield plan as outlined in the EOC/COI.

Also excluded for Blue Shield PPO plans (Active Choice Plan 600, Active Start Plan 35, Shield Spectrum PPO Plans, Shield Spectrum PPO Savings Plans)

- For rehabilitation or rehabilitative care except for those services for which benefits may be pre-approved in accordance with the Benefits Management Program, when services are the result of the conditions specified in EOC/COI;
- For or incident to the reversal of surgical sterilization or any complications of this procedure;
- For Papanicolaou (Pap) tests or other FDA-approved cervical cancer screening tests, mammography and colorectal cancer screening except as specifically listed in the EOC/COI;
- For outpatient mental health and substance abuse services except as specifically listed in the Mental Health and Substance Abuse Services of the EOC/COI.

Also excluded for Active Start and Shield Spectrum PPO Savings 4000/8000 plans

- For or incident to services and supplies related to pregnancy and maternity care

Also excluded for Access+ HMO plan

- Not provided, prescribed, referred or authorized by a Personal Physician or Blue Shield except for Access+ Specialist visits, OB/GYN services provided by an obstetrician/gynecologist or family practice physician within the same medical group or IPA as your Personal Physician, emergency services or urgent services under the Emergency Services section in the EOC, or when specific authoriza-

tion has been obtained in writing for such services from the plan;

- For spinal manipulation or adjustment;
- For rehabilitation services except as specified in the Outpatient Rehabilitation Services and Speech Therapy sections in the EOC;
- For orthopedic shoes, except as provided for under the Diabetes Care section in the EOC, home testing devices, environmental control equipment, generators, exercise equipment, self help/educational devices, or for types of communicator, voice enhancer, voice prosthesis or any other language assistance devices, except as provided under the Home Medical Care section in the EOC, vitamins and comfort items;
- For transportation services other than the ambulance benefit specifically provided for in the EOC;
- For or incident to hospitalization or confinement in a pain management center to treat or cure chronic pain, except as medically necessary;
- For or incident to reversal of a vasectomy or tubal ligation, repeat vasectomy or tubal ligation;
- For unauthorized non-emergency services;
- For premarital blood tests;
- For testing for intelligence or learning disabilities.

Outpatient prescription drug exclusions for Active Choice, Active Start, Shield Spectrum PPO Plans, Shield Spectrum PPO Savings Plans and Access+ HMO plans

- Any drug provided or administered while the subscriber is an inpatient, or in a physician's office (see the

Professional (Physician) Benefit and Hospital Benefits sections of your EOC/COI);

- Take home drugs received from a hospital, convalescent home, skilled nursing facility or similar facility, except as listed in the EOC/COI;
- Drugs, (except as specifically listed as covered in the EOC/COI), which can be obtained without a prescription or for which there is a non-prescription drug that is the identical chemical equivalent (i.e., same active ingredient and dosage) to a non-prescription drug;
- Drugs for which the subscriber is not legally obligated to pay, or for which no charge is made;
- Drugs that are considered to be experimental or investigational;
- Medical devices or supplies, except as specifically listed as covered in the EOC/COI;
- Blood or blood products except as specified in the Hospital Benefits section of the EOC/COI;
- Drugs prescribed for cosmetic purposes, including but not limited to drugs used to retard or reverse the effects of skin aging or to treat hair loss;
- Dietary or nutritional products;
- Injectable drugs which are not self-administered in the home, including all injectable drugs for the treatment of infertility. Other injectable medications may be covered under the Home Health Care, Home Hospice, Family Planning Services, and Home Infusion Care benefit of the health plan;
- Appetite suppressants and other weight loss medications;
- Drugs when prescribed for smoking cessation purposes
- Contraceptive devices (except diaphragms), injections and implants;
- Compounded medications if: (1) there is a medically appropriate formulary alternative or (2) there are no FDA-approved indications. Compounded medications that do not include at least one (1) prescription drug, as defined, are not covered;
- Replacement of lost, stolen or destroyed prescription drugs;
- Drugs obtained from a non-participating (non-network) pharmacy, except for emergency coverage;
- Drugs prescribed for treatment of dental conditions. This exclusion shall not apply to antibiotics prescribed to treat infection nor to medications prescribed to treat pain;
- Non-formulary drugs, except with prior authorization from Blue Shield as described in the EOC (Access+ HMO only).