

Exclusions

Cleveland Clinic

Employee Health Plan Total Care Coverage Exclusions

Coverage is Not Provided for the Following Services and Supplies:

General Exclusions

1. Treatment that is not a covered service, even if authorized or deemed clinically appropriate by your physician.
2. Care which is not clinically appropriate and/or has not received prior authorization. **If prior authorization is required and NOT obtained, EHP Total Care is not obligated to reimburse for services even if it is a covered benefit.**
3. Any treatment not recommended or approved by a physician or medical provider.
4. Medical services that do not benefit the insured (*e.g.*, organ donation or genetic testing).
5. Services provided by a member of your immediate family.
6. Services that are not reasonable or necessary for the diagnosis or treatment of sickness or injury, including a non-clinically appropriate circumcision for a non-newborn or non-newly adopted child, or any services associated with the use of general anesthesia when local anesthesia would be acceptable.
7. Expenses payable in your behalf under Medicare, whether you are enrolled or not.
8. Expenses paid by another Healthcare Plan.
9. Services received under the following circumstances:
 - Physical examinations or services required by an insurance company to obtain insurance;
 - Physical examinations or services required by a governmental agency such as the Federal Aviation Administration, Department of Transportation, and Immigration and Naturalization Services;
 - Physical examinations or services required by an employer in order to begin or continue working, unless clinically appropriate;
 - Premarital examinations and associated required testing; or
 - Physical examinations or screening test for professional school or private school.
10. Services provided at no charge or that normally would not generate a charge in the absence of this or another insurance plan.
11. Services provided by a hospital or institution maintained by the U.S. government.
12. Treatment for any sickness or injury caused by war, acts of war or similar events — whether the war is declared or undeclared.
13. Treatment for sickness or injury contracted while in any branch of the armed forces.
14. Treatment for sickness or injury incurred while committing a felony, or other criminal activity.
15. Expenses reimbursed for which you are entitled to reimbursement through any public program.
16. Services or expenses that are prohibited by laws in the area in which you live.
17. Charges in connection with an occupational injury covered by workers' compensation.
18. Services for educational, vocational, or training purposes unless for an underlying medical condition.
19. Services of any kind for developmental, diversional, or recreational purposes.
20. Charges associated with telephone consultations, missed appointments, completion of claim forms, or copies of medical records.
21. Expenses associated with custodial, domiciliary, convalescent or intermediate care.
22. Hospitalization for "rest cures" or convalescence in a nursing home.
23. Charges incurred for care in which the member left the medical facility against medical advice (AMA).

24. Bathroom convenience items including but not limited to tub rails, handrails and elevated toilet seats.
25. Charges for experimental or investigational procedures, drugs, devices, or medical treatments.
26. Marymount Hospital employees are subject to family planning exclusions, including all abortions, vasectomy, Norplant, Depo-Provera, IUD, tubal ligation, and oral contraceptives unless clinically appropriate.
27. Services related to gender reassignment.
28. Services that would normally be reimbursed by Corporate Health.
29. Personal clothing or comfort items such as orthopedic shoes, diabetic shoes, wigs, or hygiene items.
30. Non-covered services or services specifically excluded in the text of this *Summary Plan Description*.
31. Care that occurred prior to your effective date or after your coverage has been terminated.

Medical Coverage Exclusions

32. Expenses solely for cosmetic procedures or complications from cosmetic procedures.
33. Expenses for the treatment of obesity, with the exception of registered dietician services, unless treatment has received prior authorization through the EHP Medical Management Department.
34. Services or expenses incurred for a second bariatric surgery.
35. Expenses for the treatment of Temporomandibular Joint Syndrome (TMJ) unless treatment has received prior authorization through the EHP Medical Management Department.
36. Charges associated with teeth or periodontia unless specifically defined elsewhere in this *Summary Plan Description*.
37. Reversal of voluntary infertility.
38. Coverage for infertility is limited to diagnostic services only.
39. Doula services.
40. Non-legend enteral feeding.
41. Services provided for fitting of contact lenses unless the contact lenses are required because of an ophthalmologic condition that **CANNOT** be corrected by glasses.
42. Any surgical procedure for the correction of a visual refractive problem including, but not limited to, radial keratotomy and LASIK (laser in situ keratomileusis).
43. Hearing aid *accessories*.
44. Charges associated with the rental or purchase of durable medical equipment (DME) when rental expense exceeds purchase price, or for replacement of equipment that is less than five years old or that can be repaired.
45. Sales tax on medical supplies/DME items.
46. Over-the-counter DME products, (*i.e.*, breast pumps).
47. Rehabilitation (lift) chairs.
48. Home defibrillators.
49. Take home supplies.
50. General orthotics that can be purchased over-the-counter including devices such as splints, shoe inserts, arch supports, and braces.
51. Retrieval and implantation of non-human or artificial organs.
52. Harvesting of human organs or bone marrow when the **recipient is not** an EHP Total Care member.
53. Hypnosis.
54. Massage therapy even if provided by a physical therapist.

55. Alternative and homeopathic therapies.
56. Alternative Care Programs.
57. X-rays taken in a chiropractor's office.
58. Treatment for paring of corns and calluses or trimming of toenails, unless the patient has complications associated with circulation or diabetes.
59. Full body CT scans.
60. Quantitative Sensory Testing (QST).
61. Hepatitis A Immunization unless member has received prior authorization by the EHP Medical Management Department.
62. Nasal flu vaccine, FluMist for members greater than 18 years of age. (FluMist is covered for members ages 2 to 18.)
63. Travel Clinic and related services (*e.g.*, immunizations, medications).
64. Sclerotherapy for spider veins.
65. Unattended electrical stimulation.
66. Cervical home traction units.
67. Services for treatment of infertility.

Behavioral Health Coverage Exclusions

68. Treatment, testing, or forensic evaluations that are Court ordered or recommended as a condition of probation or parole or for any other reason including child custody. This applies to residential, inpatient, PHP, IOP, or outpatient levels of care. Approval may be considered for first time treatment episodes only with prior authorization from the EHP Medical Management Department. Repeat treatment episodes in this category are not covered.
69. Services for mental illnesses that cannot be treated; however, services to determine if the mental illness is treatable are covered.
70. Services for mental deficiency or mental retardation, except for services rendered for necessity of evaluation of diagnosis of mental deficiency or retardation.
71. Athletic performance enhancement training, evaluation, or counseling.
72. Services required by an employer in order to begin or continue working, unless they are clinically appropriate and have received prior authorization from the EHP Medical Management Department.
73. Services for weight control or reduction that are not related to a primary Axis I disorder such as Anorexia or Bulimia.
74. Behavioral modification programs unless authorized through the EHP Medical Management Department.
75. Report writing and/or court testimony for any purpose.
76. School meetings for any purpose.
77. Time spent traveling or travel expenses incurred by a service provider.
78. Any travel expenses for a member **other than** for emergency transport by a private ambulance service or non-emergent transport that has received prior authorization from the EHP Medical Management Department.
79. Residential level of care solely for the purpose of treating nicotine and/or smoking addictions (excluding marijuana).
80. Halfway houses.
81. There is no coverage for telephone counseling services or school meetings by outpatient behavioral health practitioners.

Prescription Drug Benefit Exclusions

82. The replacement of lost or damaged prescriptions. Stolen medications will be covered at the plan rate when accompanied by a police report.
83. Drugs prescribed for the treatment of sexual dysfunction.
84. Drugs to enhance libido function.
85. Vitamins and nutritional supplements that can be purchased without a prescription.
86. Drugs used for experimental or investigational purposes.
87. Drugs that can be purchased without a prescription.
88. Drugs used for cosmetic purposes.
89. Drugs used for the treatment of infertility.
90. Drugs not included in the Patient Protection and Affordable Care Act that can be purchased without a prescription.

Refer to the Prescription Drug Benefit chart on page 42 and see the Drugs & Items at Discounted Rate and Non-covered Drugs & Items for additional exclusions.