
SUMMARY OF EXCLUSIONS TRADITIONAL, PREFERRED, AND SELECTIONS[®] PLANS



Regence BlueShield is an Independent Licensee
of the Blue Cross and Blue Shield Association

Exclusions and Limitations to Coverage: The noncovered services and supplies under our standard medical plans include, but are not limited to:

- Acupuncture for smoking cessation
- Benefits covered by government programs
- Charges for services or supplies that are above the allowed amount, except as required by law for emergencies
- Charges that in the absence of the plan there would be no obligation to pay
- Cosmetic surgery and supplies (including drugs) and the treatment of any direct or indirect complications of such surgery, except: 1) when related to an illness or injury; 2) for congenital anomalies; 3) for reconstructive breast surgery following mastectomies to the extent required under federal and state law as follows: a) reconstruction of the diseased breast; b) reconstruction of the nondiseased breast to produce a symmetrical appearance; and c) prostheses and physical complications of all stages of a mastectomy, including lymphedemas
- Custodial care
- Dental services, except as provided under the Repair of Teeth and Hospitalization for Dental Services benefits
- Dyslexia treatment, except as required for Neurodevelopmental Therapy
- Eyeglasses and contact lenses and the fitting, except for the first intraocular lenses following cataract surgery (optional Vision Hardware benefit is available)
- Hearing aids.
- Hospitalization for conditions for which the member is not usually hospitalized, such as common colds, minor cuts or bruises, removal of small tumors, and similar minor conditions
- Injuries sustained while practicing for or competing in a professional or semiprofessional athletics contest
- Investigational services or supplies
- In-vitro fertilization, artificial insemination, embryo transfer, or other artificial means of conception, including any expenses for fertility drugs
- Marital counseling; family counseling, except as specified in the Mental Disorders benefit
- Over-the-counter contraceptive supplies and devices
- Physical or psychiatric exams to obtain or continue employment, licensure, legal proceedings, insurance, school admission, sports activities, or for purposes of medical research
- Private duty nursing or hourly nursing charges
- Routine eye exams, except on Selections plans (Optional Vision Care benefit including exams available on Traditional and Preferred Plans)
- Services and supplies payable under Medicare, when by law Medicare is primary, regardless of whether the member had properly enrolled when first eligible
- Services or supplies covered by auto insurance, personal injury protection insurance, homeowner insurance, or commercial premises coverage
- Services or supplies not medically necessary* for illness, injury, or physical disability
- Services provided by a family member (spouse, parent, or child), the group, or any of the group's employees or agents
- Surgery (including reversals), treatment, programs, or supplies that are intended to result in weight reduction, regardless of diagnosis
- Surgery or treatment for sexual dysfunction/impotence or transsexualism
- Treatment of any condition caused by or resulting from active participation in the armed forces in a war or insurrection
- Treatment of any condition that the Secretary of Veterans Affairs determines to have been incurred in, or aggravated during, performance of service in the uniformed services of the United States
- Visual analysis, therapy, training, or orthoptics
- Visits or consultations that are not in person, including but not limited to any telephone, Internet, or other electronic communication (except tele-medicine in remote locations, as approved by the Company), whether initiated by the member or the member's provider

***Medically Necessary:**

Health care services or supplies that a physician or other health care provider exercising prudent clinical judgment, would provide to you for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms and that are: In accordance with generally accepted standards of medical practice; clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for your illness, injury or disease; and not primarily for the convenience of you, or your physician or other health care provider, and not more costly than an alternative service or sequence of services, or supply at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your illness, injury or disease. For these purposes, "generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and other relevant factors. (If "Medically Necessary" is specifically defined in any benefit under the "Benefits" section of your benefits brochure, such definition shall be applicable for purposes of that benefit instead of this definition.)