

Medical Exclusions and Limitations

Except as otherwise specified in your Schedule of Benefits, exclusions from coverage are as follows:

Abortion: Elective abortions (termination of pregnancy) performed at any time during a pregnancy; or services in connection with the pregnancy of eligible children; unless medically necessary as defined by the Plan; includes all related services.

Accidents / Injuries: Health care services resulting from accidental bodily injuries arising out of a motor vehicle accident, watercraft accident, aircraft accident, or any type of accident on public transportation, wherein the Member is covered under any type of insurance, private or public, regardless if the Member sues a third party for liability.

Ambulance: Ambulance services which are not medically necessary.

Amniocentesis: Amniocentesis, except when medically required to determine a genetic disorder.

Artificial aids; corrective appliances (such as braces); hearing aids; and home monitoring devices unless otherwise amended.

Athletic Event-Related: Care and treatment for injuries sustained by a Member in the course of any athletic event, or while training for such athletic event, for which the Member is to receive remuneration in cash or in kind.

Avocation or Hobby Related Activities: Care or treatment for injuries/conditions directly related to a Member's avocation/hobby that is considered to be one of high risk; including but not limited to sky-diving, operating on an all-terrain vehicle, parasailing, bungee-jumping, scub-a-diving, operating small aircraft.

Blood/Blood Products: Whole blood, blood plasma, and blood products such as clotting factors, which are replaced.

Complications: Resulting from non-covered services, including the diagnosis or treatment of any condition which arises as a complication of a non-covered service, including but not limited to services rendered for cosmetic purposes including ear or any other body piercing, gastric bypasses, gastric stapling, breast reductions and breast implants. However, complications of pregnancy are covered the same as any other illness for all plans.

Contraceptives (Unless covered under Member's specific plan), including:

1. diaphragms, contraceptive foams, abortifacients (i.e., medications to induce abortions) and menstrual induction medications.
2. insertion or removal of implantable medications and devices (e.g., pain control, Norplant and other contraceptive medications and devices), drug infusion pumps and release devices.

Cosmetic Surgery: Cosmetic surgery (plastic and reconstructive), and any other service and supply to improve the Member's appearance or perception, but is not expected to significantly restore, normal bodily functions, including, but not limited to, mammary reduction or augmentation, face lifts, varicose veins, correction of baldness, gastric bypass, gastric stapling and related procedures for the treatment of obesity; includes the diagnosis or treatment which arises as a complication a non-covered cosmetic surgery. Cosmetic implantations are excluded except when they are incident to a Medically Necessary mastectomy.

Cosmetic – Other Non-Surgical Services: Including but not limited to, ear or any other body piercing and any complications derived as a result of such service.

Counseling: Marriage or relationship counseling, services or adoption agencies, pastoral counseling, family counseling, social, occupational, religious, or other social maladjustment's; chronic behavior disorders; codependency; impulse control disorders; organic disorders; learning disabilities; hyperkinetic syndromes. This exclusion includes any prescription

medications prescribed for treatment associated with any of the above conditions.

Court-Ordered Services: Court ordered care or treatment, unless otherwise covered by the Health Plan.

Criminal Activities:

1. Care and treatment incurred in connection with injuries which occurred during a crime committed by a Member or which the Member tries to commit including, without limitation, treatment and care for any injuries sustained when the Member's blood alcohol content is in excess of the legal limit whether or not the Member is charged with or convicted of any criminal offenses.
2. Care and treatment for injuries sustained while the Member is under the influence of any illegal or illicit drug, or any controlled or legend drug or substance if the drug or substance is not then subject to a valid prescription issued in the name of the Member by a Plan Physician and being administered to treat a current episode of illness.

Custodial Care: Custodial care, including any service or supply of a custodial nature primarily intended to assist the Member in the activities of daily living. This includes rest home facilities, nursing homes, skilled nursing facilities, home health aids (sitters), home mothers, domestic maid services and respite care.

Dental Care and all Dental Services: Dental Care means treatment on or to the teeth; extraction of teeth; treatment of dental abscess or granuloma; treatment of gingival tissues other than for tumors, dental examinations; and conventional or surgical orthodontics or orthognathics. Certain Vista Healthplan of South Florida plans cover dental care services, as set out in the Dental Care Endorsement. These Dental Services are available only as a part of the Dental Endorsement and not provided as a part of your medical benefit. See your Schedule of Benefits and Contract to determine the availability of the separate Dental benefit. For certain plans not providing dental care services, optional dental care

can be purchased at an additional premium at the time of enrollment or at renewal.

Dietary Regimens: Dietary regimens, treatments, food, food substitutes or vitamins.

Experimental Procedures: Procedures determined by the U.S. Food and Drug Administration, the American Medical Association or Health Plan's Medical Director to be experimental or investigational. The following are not included in this exclusion:

- Bone Marrow Transplants not considered as experimental or investigational by the American Medical Association or ADA or bone marrow transplants when the particular use of the bone marrow transplant procedure is determined to be accepted within the appropriate oncological specialty and not experimental in accordance with Section 627.4236, Florida Statutes.
- Drugs which are not approved by the U.S. Food and Drug Administration for a particular indication is not considered to be experimental if that drug is recognized for treatment of that indication in a standard reference compendium or recommended in the medical literature in accordance with Section 641.4239, Florida Statutes.

Foot Care-Routine: Routine foot care, including any service or supply in connection with foot care in the absence of a circulatory condition; including, but not limited to, treatment of bunions, flat feet, fallen arches, and chronic foot strain, removal of warts, corns, or calluses, or trimming of toenails, unless determined by the Health Plan to be Medically Necessary.

Gastric Bypass, Gastric Stapling, Gastric Balloon are not covered regardless of medical necessity or associated medical or psychological condition.

Hearing Aids: Hearing aids (external and implantable), and services related to the fitting or provision of hearing aids, including tinnitus maskers. Hearing Enhancement Services: Including but not limited to Cochlear implants.

Hypnotism or Hypnotic anesthesia.

Infertility Treatment

1. Services and supplies for the purpose of diagnosing the cause of infertility, including examinations, diagnostic surgical services and related hospital or facility costs in connection with such surgery, are excluded.
2. Treatment for infertility, including Pergonal (or other like drug) therapy, artificial insemination or plastic repair of the fallopian tubes, is excluded.
3. All charges incurred for in vitro fertilization, any procedure involving combining ovum and sperm outside of the body, embryo transfers, and any services and supplies related to donor sperm or sperm preservation for artificial insemination, are excluded.
4. Services and supplies in connection with the reversal of voluntary sterilization are excluded.
5. All charges incurred by a surrogate mother whose services were contracted by or on behalf of the Subscriber. All charges incurred by the newborn of a surrogate mother are also excluded unless the newborn is enrolled under its own Vista Healthplan of South Florida plan. See "Newborn" section.

Illegal Actions: Treatment of a condition resulting from participating in any act which would constitute a riot or rebellion, or commission of a crime punishable as a felony; includes care and treatment incurred in connection with injuries suffered in a fight in which the Member is the aggressor or while the member is under the use of an illegal substance.

Illegal Occupation: Treatment of a condition resulting from engaging in an illegal occupation.

Immediate Relatives and Self Imposed

Treatment: Charges for physicians' services imposed by an immediate relative or member of the subscriber's household, even if the bill or claim is submitted by another individual or by an entity such as a partnership or a professional corporation, are excluded from coverage. This exclusion also precludes a member that is also a physician

from treating himself and submitting claims to Vista Healthplan of South Florida for such coverage. For the purpose of this exclusion, "Immediate Relative" means any of the following:

1. Husband or wife;
2. Natural or adoptive parent, child or sibling;
3. Stepparent, stepchild, stepbrother or stepsister;
4. Father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law;
5. Grandparent or grandchild;
6. Spouse of grandparent or grandchild.

Immunizations for the purpose of travel. Refer to exclusion for Physical Examination for additional exclusions.

Medical care or surgery not prescribed and recommended by a Physician; and complications resulting from such surgery or medical care. Mental and Nervous Disorders and related prescription drugs.

Military-Related: Military service-related medical care, for which the Member is legally entitled to service from military or government facilities and for which facilities are reasonably accessible.

Not Medically Necessary: Services or supplies not medically necessary, as determined by the Health Plan.

Obesity Treatment: Also refer to Cosmetic Surgery for other related exclusions and limitations. Obstetrical Care: Pre-Natal and post-natal obstetric care, unless otherwise covered and provided in the Schedule of Benefits.

Organ Donor: All medical and hospital services or an organ donor or prospective donor with the exception of bone marrow transplants as provided under the covered services provisions.

Organ Harvesting: The harvesting and processing of organs or transplant.

Organ transplants except as provided under the covered services provisions.

Orthomolecular therapy, including nutrients, vitamins, and food supplements.

Personal comfort, hygiene or convenience items, including services and supplies deemed to be not Medically Necessary by the Plan and not directly related to the care of the Subscriber, including, but not limited to, beauty and barber services, radio and television, guest meals and accommodations, telephone charges, take-home supplies, massages, travel expenses other than Medically Necessary ambulance services that are specifically provided for under the Covered Services section.

Physical examinations specifically for obtaining or continuing employment or required for education, insurance, government licensing or premarital purposes, and immunizations for purposes of travel.

Plagiocephaly: Any treatment including but not limited to the Doc bands are excluded regardless of medical necessity or associated medical or psychological conditions.

Radial Keratotomy: Radial keratotomies, LASIK, myopic keratomileusis, and any surgery which involves corneal tissue for the purpose of altering, modifying, or correcting myopia, hyperopia, or stigmatic error.

Self-Inflicted/Suicide: Treatment for a condition resulting from intentionally self-inflicted injuries, suicide or attempted suicide, without regard to the mental state of the Member.

Sexual Reassignment: Sexual reassignment, reproduction or modification services; including hormone therapy, intersex surgery, sexual deviations and disorders, psychosexual dysfunctions, testicular prosthesis, genetic tests to determine paternity or sex of a child; or, the insertion of a penile prosthesis, except when necessary in the treatment of organic impotencies resulting from a medical disease.

Sleep Disorders: including, but not limited to, sleep apnea, (except for premature infants born on the plan) insomnia, and/or narcolepsy, treatment,

services and supplies for the purpose of treating or diagnosing sleep disorders or any related condition thereof.

Smoking Cessation: Smoking cessation programs, including any service or supply to eliminate or reduce the dependency on or addiction to tobacco; including, but not limited to, nicotine withdrawal programs and Nicorette gum or patch.

State/Local Requirements: Care for conditions that State or local law requires to be treated in a public facility.

Specific therapies and treatments as follows: hypnotherapy; biofeedback; acupuncture; sleep therapy; behavioral training; sex therapy; and hair analysis, unless used as a diagnostic tool for heavy metal poisoning.

Sterilization-Reversals: Reversal of voluntary, surgically induced sterility, including the reversal of tubal ligations and vasectomies and complications thereof.

Substance Abuse and related prescription drugs: This contract provides coverage for Detoxification services only.

Surrogate Costs: Refer to Infertility Treatment exclusion.

Temporomandibular Joint Syndrome (TMJ): Treatment for or prevention of TMJ unless under accepted medical standards, treatment is medically necessary to treat conditions caused by congenital or developmental deformity, disease, or injury.

Transportation Services: Transportation Services that are non-emergency transportation between institutional care facilities, or to and from the Member's residence.

Vision Services: Corrective lenses and eyeglasses, and the professional fee for fitting same. Certain plans cover vision services, as set out in the Vision Benefit Endorsement. See the appropriate Schedule of Benefits to determine the benefits and limitations unique to the plan variation you are enrolled in. Vocational rehabilitation.

War-Related Treatment: Treatment of a condition resulting, from war or an act of war, whether declared or not.

Weight Control/Loss: Weight control and weight loss programs; including, but not limited to food supplements, appetite suppressants, dietary regimens or treatments, exercise programs or equipment. Gastric stapling, gastric balloon, gastric bypass, liposuction and related procedures, or reversal there of, including treatment of the complications resulting from surgical treatment; regardless of associated medical or psychological conditions.

Work-Related Treatment: Care and treatment for any injury, illness, or condition which arises out of, or in the course of, any occupation for wage or for-profit, any injury, illness, or condition for which the Member is paid benefits under any Workers' Compensation policy law, employer's liability policy, or any similar policy.

Prescription Drug Exclusions

and Limitations

Refer to the Prescription Drug Endorsement for specific coverage information, exclusions and limitations. Prescription drugs related to non-covered medical services are also excluded from coverage, including but not limited to Mental and Nervous Disorders.

Mental and Nervous Disorders

Services for Mental and Nervous Disorders are excluded from coverage.

Alcoholism and Drug Dependency

Services for Alcoholism and Drug Dependency are excluded from coverage except for detoxification. Refer to your Schedule of Benefits for benefit limitations.