

# *The Ohio State University Faculty and Staff Health Plans*

## **Exclusions and Limitations for:**

- *Prime Care Advantage*
- *Prime Advantage Value*
- *Prime Advantage Plus*
- *Independent Choice*
- *Prime Care Connect*
- *Out-of-Area Plan*

***2012 Plan Year  
(January 1 – December 31, 2012)***

*Office of Human Resources  
Benefits Services  
Suite 300  
1590 North High Street  
Columbus, OH 43201-2190*

Retain for your records through December, 2012

*Office of* **HUMAN  
RESOURCES** 

# Exclusions or Limitations

**Your medical coverage does not provide benefits for services, supplies, or charges:**

1. Which are not specified as covered services by your medical plan.
2. Which are experimental/investigative, including investigational medical, surgical, or mental health procedures and pharmacological regimens, as well as associated health services and/or supplies as defined by the plan.
3. For services not medically necessary to the care and treatment of any injury, disease, or pregnancy or furnished without recommendation and approval of a physician acting within the scope of his/her license except for preventive services listed.
4. Which are for injury or sickness arising in the course of employment. This applies whether or not you claim any compensation or recover losses from a third party.
5. To the extent governmental units provide benefits.
6. For injury or sickness that occurs as a result of any act of war, declared or undeclared, when providing service in the armed forces of any country to the extent that such injury or sickness is provided for through any governmental plan or program.
7. Incurred as a result of a covered person's voluntary involvement or participation in a felony or an illegal activity, including a riot or act of civil disobedience.
8. For which you have no legal obligation to pay in the absence of this or like coverage.
9. For treatment only to improve appearance.
10. For reconstructive surgery following cosmetic surgery.
11. Received from a member of your immediate family.
12. For personal hygiene and convenience items.
13. For telephone consultations, missed appointments, completion of claim forms, copying or obtaining medical records.
14. For services for custodial care or for services not needed to diagnose or treat an injury or sickness.
15. For reversal of sterilization.
16. For services associated with surrogate parenting.
17. For non-therapeutic abortions performed or induced when the life of the mother would not be endangered if the fetus were carried to term or when pregnancy of the mother was not the result of rape or incest reported to a law enforcement agency (even if pre-natal testing is covered), including but not limited to pre- and post-procedure diagnostic testing, imaging, or surgeries due to complications.
18. For any treatment leading to or in connection with gender reassignment surgery.
19. For room, board and general nursing care for hospital admissions mainly for physical therapy or diagnostic studies.
20. For hospitalization for environmental change.
21. Incurred prior to your effective date or after the termination date except as specified in this document.
22. For eye examinations for the purpose of prescribing or fitting of eye glasses or contact lenses, or for eye examinations for any occupational condition, ailment or injury arising out of or in the course of employment.
23. For services to correct visual acuity, such as radial keratotomy and corrective refractive surgery.
24. For eye glasses, sunglasses, safety glasses, safety goggles, subnormal vision aids or contact lenses (except for aphakic patients and soft lenses or sclera shells which are intended for use as corneal bandages or when needed because of an injury to the eye).
25. For services or supplies primarily for educational, vocational or training purposes.
26. For dentistry or dental processes to the teeth, the tissue surrounding the teeth, and roots, including orthodontia, except as specified in this document.
27. For routine dental services.
28. For tooth transplantation including reimplantation from one site to another and splinting and/or stabilization.
29. For surgical removal of impacted teeth.
30. For surgical removal of residual tooth roots.
31. For endodontal and periodontal surgery.
32. For labial frenectomy.
33. For transportation or travel other than for use of ambulance services.
34. For medical equipment or appliances for comfort, appearance, or weight loss, or those for which an acceptable substitute may be made, even though prescribed by a physician; including but not limited to air conditioners, humidifiers, de-humidifiers, and exercise equipment.
35. For any service or supply for which the university cannot by law provide such benefit.
36. For any service or supply for which a charge would not have been made in the absence of eligibility.
37. For any service or supply furnished in connection with or during a hospital stay of a person that commenced before the person became eligible under the plan.
38. For any service or supply once the maximum benefits have been provided as outlined in the Schedule of Benefits for your medical plan.
39. For charges for herbal medicines, holistic or homeopathic care, including prescribed drugs.

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# Exclusions or Limitations

**Your medical coverage does not provide benefits for services, supplies, or charges, cont'd:**

40. For services rendered by a provider who is not specifically included in the definition of a physician or specifically listed as a covered provider.
41. For charges in excess of those considered reasonable and customary.
42. For claims filed later than fifteen months from the date the charge was incurred.
43. For services, supplies or charges for self-injectable medication.
44. For supplements and food including infant or adult formula even if prescribed by a physician.
45. Cord blood donation or storage.
46. For chelation therapy unless for the treatment of heavy metal or lead poisoning.
47. For blood cleaning therapy.
48. For hospital charges for observation which exceed 23 hours.
49. For routine vitamin injections.
50. For laser wart removal.
51. For any test solely for the purpose of determining the sex of the fetus.
52. For environmental modifications, including but not limited to: air conditioner, air filters, humidifiers, vaporizers, heating pads, wheelchair lifts, ramps, home remodeling.
53. For long term embryo, sperm, or egg storage.
54. For physicals for administrative requirements such as: immigration, licensure, adoption, marriage, employment, camp, or school.
55. For outpatient recreational therapy.
56. For living expenses even if related to a medical condition.
57. For hypnotherapy, music therapy, remedial reading therapy.
58. For custodial/maintenance care or for services not needed to diagnose or treat an injury or illness.
59. For ambulance services for the convenience of the patient.
60. For educational lectures and counseling.
61. For exercise equipment including but not limited to: bicycles, weights, treadmills, ergometers.
62. For court ordered treatment.
63. For cosmetic services which include but are not limited to: breast reduction, breast enlargement, wrinkle removal, collagen injections, dermabrasion, hair restoration, or electrolysis.
64. For services and supplies provided through research studies.
65. For charges incurred for the completion of claim forms or copying medical records.
66. For charges for time dedicated to claims resolution.
67. For charges for legal expenses or fees incurred in obtaining medical treatment.
68. For covered charges when there has been an incomplete claims submission.
69. For private duty nursing, homemaking or housekeeping services.
70. For free standing birthing centers.
71. For home births.
72. For paternity testing.
73. For in-vitro fertilization, artificial insemination, assisted reproductive technologies and procedures, as a result of voluntary elective sterilization procedures, or for individuals who are not considered infertile according to the definition. Donor services, including egg, sperm, and embryo.
74. Selective reduction of a pregnancy and any related services, including but not limited to pre- and post-procedure diagnostic testing, imaging, or surgeries due to complications.
75. Charges for medical treatments, consultations, or visits which consist of a telephone conversation.
76. Charges for services and supplies which do not conform with generally accepted medical practices,
77. Charges that are not payable by the primary plan covering the patient solely due to the employee/patient's failure to comply with that plan's requirements for cost containment (including but not limited to-failure to prior authorize, failure to obtain a second opinion, failure to execute subrogation agreements, etc.).
78. Charges that may be payable by the plan when a provider or plan participant fails to comply with this plan's request for information.
79. Expenses relating to a medical condition, illness, or injury, when the covered person receives a profit or wage (other than employer-based disability payments).
80. For preventive or routine maintenance treatment such as school or annual physicals received by an urgent care provider.
81. Charges for shipping, handling, and tax.