

The following is a list of common exclusions in EMI Health medical plans, this list does not include all potential exclusions and is not specific to any group or individual plan. For specific exclusions for your plan please visit the member portal www.emihealth.com.

MEDICAL PLAN EXCLUSIONS

Notwithstanding anything else in the Plan to the contrary, the items listed below are not covered by the Plan.

The Plan does not pay for the following:

1. Services received by a Covered Person before coverage under the Plan became effective or after coverage under the Plan has terminated.
2. Services not specified as covered. If you have questions about your coverage, contact EMI Health customer service.
3. Care, supplies, treatment, and/or services that are not payable under the Plan due to application of any Plan maximum or limit or because the billed charges are in excess of the Maximum Allowable Charge, or are for services not deemed to be reasonable or Medically Necessary and appropriate, based upon the Plan Administrator's determination as set forth by and within the terms of this document.
4. Any Copayments or Deductibles incurred under this policy, except as they are applied to the Out-of-Pocket Maximum where applicable.
5. Illness or injury caused by the negligent or wrongful act of another, or for which the Covered Person is covered by any workers' compensation or similar law; except that the Plan may advance benefits to or on behalf of the Covered Person in such situations, subject to the Plan's right of Subrogation and reimbursement set forth herein.
6. Illness or injury that a Covered Person incurred either (1) while in the service of a Plan Sponsor that was obligated by law to provide workers' compensation insurance that would have covered such Illness or injury, or, (2) while in the service of a Plan Sponsor that had elected to exclude workers' compensation coverage for such Covered Person, except that the Plan may elect to advance benefits to or on behalf of the Covered Person in either situation, subject to the Plan's right to Subrogation and reimbursement set forth herein.
7. Illness or injury for which the Covered Person is covered by other responsible insurance including, but not limited to, coverage under a government sponsored health plan, underinsured motorist coverage, or uninsured motorist coverage, except as otherwise provided herein.

8. Care, supplies, treatment, and/or services for Injuries resulting from negligence, misfeasance, malfeasance, nonfeasance or malpractice on the part of any licensed Physician.
9. Care, supplies, treatment, and/or services that are expenses to the extent paid, or which the Participant is entitled to have paid or obtain without cost, in accordance with the laws or regulations of any government.
10. Care, supplies, treatment and/or services of an Injury or Illness not payable by virtue of the Plan's Subrogation, reimbursement, and/or third-party responsibility provisions.
11. Except as otherwise provided by law, charges for Hospital Confinement, services, supplies, or treatment the Covered Person is not legally required to pay.
12. Charges for Hospital Confinement, services, supplies, or treatment received while the Covered Person is incarcerated in a correctional facility.
13. Coverage for Illness or injury as a result of war or any act of war, whether declared or undeclared, or caused while performing service in the armed forces of any country.
14. Charges for procedures, supplies, equipment, and services which are not Medically Necessary and appropriate.
15. Care, supplies, treatment and/or services that do not restore health, unless specifically mentioned otherwise.
16. Care, treatment, or services provided when there are no symptoms of Illness or injury, or when there is or has been no diagnosis of Illness or injury.
17. Care, treatment, or surgical procedures incurred primarily for convenience, contentment, or other non-therapeutic purposes.
18. Expenses in connection with immunizations other than those that have in effect a recommendation from the Advisory Committee on Immunizations Practices of the Center for Disease Controls and Prevention (CDC).
19. Expenses for personal hygiene, convenience, wellness, or preventive care including, but not limited to, buildings, motor vehicles, air conditioners, whirlpool baths, exercise equipment, or other multi-purpose equipment or facilities, related appurtenances, controls, accessories, or modifications thereof.
20. Convenience items in or out of the Hospital such as guest trays, cots, telephone calls, and other services.
21. Expenses for preparing medical reports, itemized bills, or claim forms.

22. Expenses for shipping, handling, postage, sales tax, interest, finance charges, and other administrative charges.
23. Transportation expenses including, but not limited to, mileage reimbursement, airfare, meals, accommodations, and car rental.
24. Ancillary charges made by a medical institution, Hospital, clinic, hospice, nursing home, or similar facility to hold or reserve a room during any temporary leave of absence of the Covered Person, or in anticipation of a Hospital stay.
25. Additional reimbursement based upon the technique, approach, or instrument used in treatment. Payment is based on the standard base-level method of treatment only.
26. Any care, treatment, or expenses for Cosmetic procedures or complications thereof, including Reconstructive or corrective procedures done primarily for Cosmetic purposes. A care, treatment, or procedure is considered Cosmetic when it is primarily intended to improve appearance or correct a deformity without restoring physical bodily function. Psychological factors such as, but not limited to, poor self-image or difficult peer or social relations are not relevant and do not justify a Cosmetic procedure as being Medically Necessary and appropriate. The reversal of a non-covered Cosmetic procedure is not covered. This exclusion does not apply to Reconstructive Surgery performed or treatment required under the Women's Health and Cancer Rights Act of 1998.
27. Care, treatment, services, or surgical procedures rendered for abdominoplasties, diastasis recti abdominous, protruding ears, breast enlargement, or gynecomastia, or for complications thereof.
28. Care, treatment, services, or surgical procedures rendered for reduction mammoplasty, unless the patient meets the Plan's criteria.
29. Care, treatment, services, or surgical procedures rendered for blepharoplasty, unless the patient meets EMI Health's criteria.
30. Health services and associated expenses for the surgical treatment and non-surgical medical treatment of obesity (whether morbid obesity or not) including, but not limited to, weight loss programs, except for evidence based items or services that have in effect a rating of A or B in the current recommendations of the U.S. Preventive Services Task Force. (For guidelines refer to http://bit.ly/USPSTF_AB.)
31. Expenses in connection with any Bariatric surgery including, but not limited to gastric banding, gastric stapling, or digestive bypass, or for complications thereof.
32. Educational or behavioral modification services or counseling including, but not limited to, biofeedback, weight control clinics, stop-smoking clinics, cholesterol counseling, exercise programs, or other types of physical fitness training, except for evidence based items or services that have in effect a rating of A or B in the current recommendations of

the U.S. Preventive Services Task Force. (For guidelines refer to http://bit.ly/USPSTF_AB.)

33. Confinement, education, or training in a nursing home, rest home, or similar establishment, including an institution that is primarily a school or other institution for training, except an Extended Care Facility as provided in this Plan.
34. Expenses in connection with Custodial Care.
35. Charges in connection with institutional care, including residential treatment or programs, which as determined by the Plan, is for the primary purpose of controlling or changing the environment for the individual.
36. Charges for cognitive therapy.
37. Care or treatment of learning disorders, intellectual disabilities, or chronic organic brain syndrome, except services required to diagnose any of the above.
38. Treatment or services for marriage counseling and any counseling or psychotherapy for relief of family or marital discord, divorce, preparation for marriage, encounter groups, parental counseling, treatment for situational disturbances such as financial or environmental problems, or other types of everyday stresses and strains.
39. Expenses for treatment of personality disorders, behavior disorders, or chronic situational reactions; occupational, religious, or other social maladjustment; or non-specific conditions such as acts of impulse including, but not limited to, gambling, pyromania, and kleptomania.
40. Care, treatment, procedures, or services for psychosexual dysfunction. This exclusion does not apply to the initial assessment and diagnosis of the condition.
41. Care, supplies, treatment, and/or services for any Injury or Illness which is incurred while voluntarily taking part, or attempting to take part, in an Act of Aggression or an illegal activity, including but not limited to misdemeanors and felonies. It is not necessary that an arrest occur, criminal charges be filed, or if filed, that a conviction result. Proof beyond a reasonable doubt is not required to be deemed an illegal act. This exclusion does not apply (a) if the Injury resulted from being the victim of an act of domestic violence, or (b) resulted from a medical condition (including both physical and mental health conditions).
42. Infertility services including, but not limited to, the following. This exclusion does not apply to the initial assessment and diagnosis of the condition.
 - Artificial insemination, sperm washing, sperm banking, and/or storage.
 - Donor costs.
 - Experimental or Investigative treatment.

- Gamete intrafallopian transfer (“GIFT”).
 - Hamster egg penetration tests.
 - In-vitro fertilization (IVF).
 - Medications for Infertility and ultrasounds associated with Infertility medications therapy.
 - Non-participating Provider or facility services for Infertility.
 - Zygote intrafallopian transfer (“ZIFT”).
 - Surrogate mothers.
 - Secondary Infertility.
 - Expenses in connection with retrieval or collection of semen and/or ovum.
43. The Adoption Indemnity Benefit (see *Additional Benefits* section) in connection with the adoption of any child over 90 days of age.
44. The reversal of a surgically performed sterilization, subsequent sterilization, or ovulation-inducing drugs or injections.
45. Expenses in connection with abortion, except as follows:
- Where documented by medical evidence that the life of the mother would be endangered if the fetus were carried to term.
 - Where the pregnancy is the result of incest or rape.
46. Care, treatment, or surgical procedures for erectile dysfunction.
47. Care, treatment, or devices to aid in female sexual arousal disorder including, but not limited to, Eros Clitoral Therapy Device.
48. Expenses in connection with a penile prosthesis.
49. All organ Transplant services when rendered by Non-participating Providers.
50. Services for cross matching and/or harvesting organs from live or deceased donors for all non-covered Transplant/Implant services and whenever the organ recipient is not a Covered Person.
51. Repair or replacement of any otherwise covered Implant when rendered by non-participating Providers.
52. Expenses for and in connection with artificial hearts.
53. Duplication, upgrade, improvement, or alteration of existing Durable Medical Equipment. This includes parts, such as but not limited to, batteries. Replacement of existing Durable Medical Equipment will be covered if the replacement is Medically Necessary due to normal physical growth of the Covered Person. Repair or replacement of existing Durable Medical Equipment for reasons other than normal physical growth

will be considered no more than once every five years. Expenses related to modifications and/or improvements to home, van, or other vehicle, regardless of Medical Necessity are excluded. This exclusion does not apply to medical supplies for use with insulin pumps and/or insulin infusion pumps.

54. Charges for Durable Medical Equipment, medical supplies, medication, or lab tests that are purchased via the internet from Non-participating Providers or vendors, or for which a prescription or physician order is not required.
55. Eyeglasses, contact lenses, or the fitting of eyeglasses or contact lenses, with the exception of one lens per operated eye following eye surgery; for example, an external contact lens or surgically implanted intraocular lens. This exclusion does not apply to contact lenses for Keratoconus diagnosis.
56. Radial keratotomy or lamellar keratectomy, or other eye surgery performed primarily to correct refractive errors.
57. Orthoptic training or vision therapy
58. Dental, mouth, and jaw services including, but not limited to, all care, treatment, therapy, surgery, or diagnostic procedures for the following, unless otherwise indicated in the "Summary of Benefits" chart:
 - Appliances, bite guards, space maintainers, splints
 - Bone resection, bone screws, Implants
 - Crowns or caps, dentures, permanent bridgework
 - Endodontics, nerves within the teeth
 - Full mouth rehabilitation therapy
 - Injection of joints
 - Maxillary and or mandibular osteotomy
 - Orthodontic treatment
 - Orthognathic procedures, upper/lower jaw augmentation or reduction procedures, including problems due to development or altering of vertical dimensions
 - Periodontics, gums alveolar processes
 - Prosthodontic treatment
 - Restorations, including restoration of occlusion
 - Teeth, including nursing bottle syndrome, caries, etc.
 - X-rays
 - Temporomandibular joint disorders (TMJ)
 - Removal of impacted teeth
59. Dental anesthesia. This exclusion does not apply to covered oral surgery, or when treatment is for a Covered Person who is four years old or younger or who has a medical condition that makes dental anesthesia Medically Necessary.

60. Services, supplies, or accommodations provided in connection with the following:
 - Routine cutting, removal, or other treatment of corns, calluses, or toenails unless deemed Medically Necessary and appropriate due to infection or a metabolic disease such as diabetes mellitus or a peripheral vascular disease such as arteriosclerosis.
 - Orthopedic shoes that are not attached to a brace.
61. Expenses for whole blood, or blood derivatives.
62. Complementary and Alternative Medicine, including but not limited to acupuncture, acupressure, dry needling, hippotherapy (also known as equine-assisted therapy), or hypnosis. This exclusion does not include otherwise covered chiropractic care as described in the *Covered Medical Benefits* section.
63. Care, treatment, surgical procedures or supplies, or any appliances, aids, devices, or drugs that are illegal, Experimental, or Investigative as defined in the Plan, or for complications thereof.
64. Care, treatment, supplies, appliance, aids, devices, or drugs that are 1) not approved by the FDA for the particular medical indication, or 2) are still under investigation, and current peer-reviewed studies or national professional guidelines do not indicate superiority or significant improvement over current, accepted standards of care.
65. Care, treatment, or services including, but not limited to, testing associated with autogenous urine immunization, sublingual provocation, leukocytotoxicity, and subcutaneous provocation and neutralizing.
66. Expenses in connection with herbal, holistic, or homeopathic treatment, or for complications thereof.
67. Expenses for services in connection with Bioidentical Hormone therapy.
68. Food supplements including vitamins, minerals, and herbs, plus enteral nutrition products, formulas, pasteurized human milk, and medical food that are administered orally and any related supplies.
69. Genetic, molecular, or gene-based testing except for tests on the Plan's approved list and when the member meets the specific criteria. Genetic counseling unless required by the Affordable Care Act.
70. Expenses for gene therapy, adoptive immunotherapy, and cellular therapy, except for therapy on the Plan's approved list and when the member meets specific criteria.
71. Expenses related to a sleep laboratory or facility, except services related to sleep apnea, unless otherwise indicated. This includes, but is not limited to, insomnia.

72. Expenses for any of the following:
- Ambulance services when the individual could be safely transported by means other than ambulance
 - Air ambulance services when the Covered Person could be safely transported by ground ambulance or by means other than ambulance. The Plan retains authority to limit benefit availability to Providers of inter-facility air transport if and when a Provider fails to comply with the terms of the Plan or billed charges exceed the Maximum Allowable Charge in accordance with the terms of the Plan.
 - Ambulance services beyond transportation to the nearest facility expected to have appropriate services for the treatment of the injury or Illness involved
 - Ambulance services for conditions, other than injuries received in an Accident, not deemed Life-threatening.
73. Special duty nursing services, including the following:
- That ordinarily would be provided by the Hospital staff or its Intensive Care unit. (The Hospital benefit pays for general nursing service by Hospital staff.)
 - Requested by, or for the convenience of, the Covered Person or the Covered Person's family or consisting primarily of bathing, feeding, exercising, housekeeping, moving the Covered Person, giving medication, or acting as a companion or sitter, or when otherwise deemed not to be Medically Necessary and appropriate.
 - Rendered by a private duty nurse, unless billed by the Home Health agency.
 - Home Health aides or services.
74. Charges for physician calls in excess of one per physician per day, or for a mid-level provider and the supervising Physician in the same day.
75. Expenses for appointments scheduled but not kept.
76. Expenses for the following services delivered remotely via telephone, email, or other telecommunication technologies:
- Asynchronous telecommunication
 - Services delivered via systems that are not HIPAA compliant
 - Communication for which the lone purpose is to obtain a referral to specialty care services
 - Triage to assess the appropriate place of service or appropriate healthcare provider
 - Incidental services, such as reporting of test results, administrative matters, requests for medication refills, or ordering diagnostic studies
 - Telemedicine that occurs the same day as a face-to-face visit with the same Provider for the same patient
 - More than one telemedicine visit a day with the same Provider for the same patient

- New patient visits
 - Services offered through vendor-contracted or kiosk delivery systems other than EMI TeleMed.
77. Care, treatment, or services rendered by any Provider who ordinarily resides in the same household (e.g. Spouse, parent).
78. Services performed by a Provider type that is not covered by the Plan including, but not limited to, the following:
- Acupuncturist
 - Doctor of education
 - Home Health aide
 - Nurse's aide
 - Hygienist
 - Hypnotist
 - Medical assistant
 - Massage therapist
 - Naturopath
 - Vocational nurse
 - Personal fitness trainer/coach
 - Non-physician technician
 - Birthing centers
 - Non-accredited facilities
79. All self-administered Injectables. (Refer to "Prescription Drug Program.") This exclusion does not apply to the following:
- Neupogen (Filgrastim)
 - Epogen, Procrit (Epoetin Alfa)
 - Lupron, Lupron Depot, Lupron Depot-3 month, Lupron Depot-4 month, Lupron Depot-Ped, Lupron Depot-Gyn, Oaklide (Leuprolide Acetate)
 - Neulasta (Pegfilgrastim)
 - Neumagea (Oprelvekin)
 - Leukine, Prokine (Saragramostim)
80. All medications that are excluded under the "Prescription Drug Program" are also excluded under Medical. This exclusion does not apply to the following (under Medical plan):
- Chemotherapeutic medications.
 - Otherwise covered medication which is to be taken by, or administered to, an individual, in whole or in part, while He is a patient in a licensed Hospital, rest home, sanitarium, Extended Care Facility, skilled nursing facility, convalescent

Hospital, nursing home, or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.

- Any otherwise covered drug provided under another provision of the policy; e.g. Inpatient Hospital use.
- Medically Necessary and appropriate enteral feeding when administered via nasogastric, gastrotomy, or jejunostomy tube.

81. All services, equipment, and supplies provided or ordered to treat complications or Secondary Medical Conditions of a non-covered Illness, injury, condition, situation, procedure, or treatment.

82. Long Term Care. Any services related to or considered long term care.