

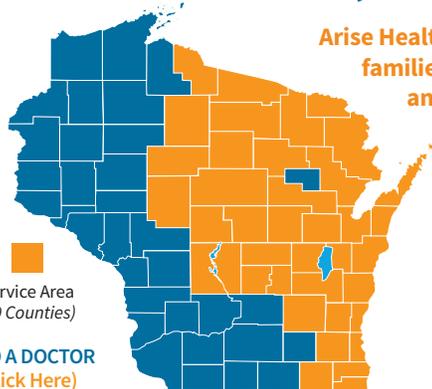


# 2016 Individual & Family Plan

## Some Healthy Benefits

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**Zero-Dollar Pharmacy Cost Sharing** Arise Health Plan now offers zero-copay prescriptions for preventive drugs that treat common conditions such as high blood pressure, cholesterol, heart conditions and asthma.
- 
**Telehealth** You get 24/7 access to board-certified, ER physicians through Telehealth services from Stat Doctors™. Whether you're at work or at home, physicians diagnose and treat most minor conditions and even write prescriptions.
- 
**Free Preventive Care** To help you stay healthy, Arise Health plans include first dollar, 100% coverage for preventive services such as annual exams, well-child visits, screenings, and immunizations when performed by a participating provider.
- 
**Fitness Program Reimbursement** We want you to stay fit and healthy, so Arise members have full access to a robust network of fitness locations with a wide range of amenities.
- 
**Member Advocate** When navigating through the Health Insurance Marketplace, it can be helpful to have a guide. Our Member Advocates serve as liaisons and educators for Arise members.

## We Care for Wisconsin, and it shows!



Arise Health Plan proudly services families in 39 counties across eastern and northcentral Wisconsin.

**What is a POS?** Arise POS (point of service) plans offer the best of both worlds. To maximize cost effectiveness, healthcare costs are managed through a primary care practitioner (PCP) within your network. However, you are free to see in network and out of network providers without a referral. The plan will pay a greater share of your costs when care is provided in network.

[FIND A DOCTOR](#)  
(Click Here)

## Our Pledge to You.

Arise Health Plan is a local health plan dedicated to:

- Providing exceptional personalized service.
- Partnering with the area's best health care providers.
- Delivering competitive rates and the most value for our members.

## About this Health Plan

**Metal Level:**<sup>1</sup>

**SILVER**

**Deductible:**<sup>1</sup>

**\$2,600** *In Network*

**Co-Insurance:**<sup>1</sup>

**20%** *In Network*

**Maximum Out-Of-Pocket:**<sup>1</sup>

**\$4,000** *In Network*

**Office Visit Co-Pays:** *In Network*<sup>1</sup>

**Co-Ins\*** Telehealth

**Co-Ins\*** Convenient Care

**Co-Ins\*** Primary

**Co-Ins\*** Specialist

**Co-Ins\*** ER

**Prescription Co-Pays:**<sup>1</sup>

**FREE** Preventive

**Co-Ins\*** Generic

**Co-Ins\*** Brand Formulary

**Co-Ins\*** Brand Non-Formulary

**Specialty Prescription:** Co-Ins\*

*\* After deductible is met.*

**CSR PLANS**  
(CLICK HERE)

You may be eligible for a Cost Sharing Reduction Plan. See available options on the next page.



[WeCareForWisconsin.com](http://WeCareForWisconsin.com)

Limitations and Exclusions (Click Here)

## Cost Share Reduction (CSR)

### CSR Plan Variations

Cost sharing reduction lowers the out-of-pocket costs you pay for care. These plans are available to individuals and families who make less than 250% of the Federal Poverty Level (FPL). This is \$29,425 per year for an individual and \$60,625 for a family of 4 in 2015. You are required to enroll in a Silver Metal tier plan to take advantage of the CSR subsidy.

#### CSR 73 (POS 2000)

Persons whose annual income is between 201% and 250% of the Federal Poverty Level (\$23,541 to \$29,425 for a single person; \$48,501 to \$60,625 for a family of 4) are eligible for an Arise Health plan that covers approximately 73% of out-of-pocket costs when a Silver-level plan is purchased through the Health Insurance Marketplace at [www.healthcare.gov](http://www.healthcare.gov). This means that the member pays 27% of out-of-pocket costs. This cost-sharing reduction is in addition to any Premium Tax Credit (often referred to as a “premium subsidy”) that an Arise member may receive to lower monthly insurance premium costs.

#### CSR 87 (POS 1300)

Persons whose annual income is between 151% and 200% of the Federal Poverty Level (\$17,773 to \$23,540 for a single person; \$36,618 to \$48,500 for a family of 4) are eligible for an Arise Health plan that covers approximately 87% of out-of-pocket costs when a Silver-level plan is purchased through the Health Insurance Marketplace at [www.healthcare.gov](http://www.healthcare.gov). This means that the member pays 13% of out-of-pocket costs. This cost-sharing reduction is in addition to any Premium Tax Credit (often referred to as a “premium subsidy”) that an Arise member may receive to lower monthly insurance premium costs.

#### CSR 94 (POS 500)

Persons whose annual income is between 100% and 150% of the Federal Poverty Level (\$11,770 to \$17,772 for a single person; \$24,250 to \$36,617 for a family of 4) are eligible for an Arise Health plan that covers approximately 94% of out-of-pocket costs when a Silver-level plan is purchased through the Health Insurance Marketplace at [www.healthcare.gov](http://www.healthcare.gov). This means that the member pays 6% of out-of-pocket costs. This cost-sharing reduction is in addition to any Premium Tax Credit (often referred to as a “premium subsidy”) that an Arise member may receive to lower monthly insurance premium costs.

### SPECIAL CSR

We offer Native American plans for each metal tier plan on the Marketplace. These plans are exclusively for eligible Native Americans. A first set of plans (Zero) are eligible to Native Americans if they make less than 300 percent of the FPL. Under these plans, Native Americans have no cost sharing or out-of-pocket costs for any in-network provider. The second set of plans (Limited) are eligible to all Native Americans, regardless of their income level. Native American members on these special plans can access covered services from certain in-network Native American providers for no out-of-pocket costs. They can also access any network provider at standard cost-sharing amounts. (See orange shaded area in the chart below)

#### SPECIAL CSR - ZERO CSR

#### SPECIAL CSR - LIMITED CSR

**NOTE:** Persons whose annual income is below 100% of the Federal Poverty Level will qualify for Wisconsin’s Medicaid program, BadgerCare.

PLAN	Silver \$2600	Zero CSR <i>For Native Americans Only</i>	Limited CSR	CSR 73 POS \$2,000	CSR 87 POS \$1,300	CSR 94 POS \$500
% of Federal Poverty Level		0-300	300+	200 - 250	150 - 200	0 - 150
Deductible	\$2,600	\$0	\$2,600	\$2,000	\$1,300	\$500
Co-Insurance	20%	0%	20%	20%	0%	0%
Maximum Out-of-Pocket	\$4,000	\$0	\$4,000	\$3,625	\$1,300	\$500
Office Visit Co-Pays	Co-Ins*	0/0/0	Co-Ins*	Co-Ins*	Co-Ins*	Co-Ins*
ER Co-Pay	Co-Ins*	\$0	Co-Ins*	Co-Ins*	Co-Ins*	Co-Ins*
Prescription Co-Pays	0/Co-Ins*	0	0/Co-Ins*	0/Co-Ins*	0/Co-Ins*	0/Co-Ins*

\* After deductible is met.

## Deductible (HSA qualified plan version)

The amount that you owe for services covered by your plan before the plan begins to pay.

For example, if your deductible is \$3,500, services subject to the deductible will be paid by you until the \$3,500 deductible is met. If you have more than 1 person on your plan, your family deductible, is twice the individual deductible. In our example, your family deductible would be \$7,000. Family Member #1 has a separate \$3,500 deductible and Family Member #2 has a separate \$3,500 deductible - which equals the \$7,000 family deductible. If there is a Family Member #3 or more, they would not be subject to the deductible requirement if the family deductible has already been met (\$7,000 in our example).

Note - Deductible may not apply to all services, such as Free Preventive Services.

## Co-Insurance

After you pay your plan deductible, you may still be responsible for a percentage of the charges for services received. This type of cost sharing is called coinsurance. For example, if your health plan pays 80% of billed charges, your coinsurance payment is the remaining 20%.

## Maximum Out-of-Pocket

This is the most money you will be required to pay within a calendar year for deductibles, coinsurance and co-pays.

## Metal Level

The Affordable Care Act categorizes coverage levels as “metal levels”, specified as Bronze, Silver, Gold and Platinum. Bronze plans are generally less expensive and have more consumer cost-sharing, while Platinum plans are generally more expensive and have less consumer cost-sharing.

## Office Visit Co-Pays

A **Convenient Care** visit is at a medical clinic that is located within a retail store, supermarket, pharmacy, or internet.

**Telehealth** is the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using the Internet, interactive audio, video, or data communications, to include all types of telephonic communication and electronic mail.

A **Primary** care visit is with a participating practitioner who practices in the area of family practice, internal medicine, pediatrics, general practice or obstetrics/gynecology.

A **Specialty** care visit is anything not covered at a primary care visit.

An **ER** copayment is the amount that applies to the charge for the emergency fee billed for use of the hospital emergency room or any other facility charge as an extension of the hospital emergency room including urgent care rooms.

## Prescription Co-Pays

The flat amount you pay to a pharmacy for your prescription medicines. Copays accumulate toward your plan's maximum out-of-pocket ceiling.

New for 2016, Arise Health Plan offers zero-copay prescriptions for preventive drugs that treat common conditions such as high blood pressure, cholesterol, heart conditions and asthma. These zero-copay medications are in addition to those required by the Affordable Care Act. Also included are a number of variations, see website for full list.

Some common examples of zero-copay medications are listed below:

Albuterol Sulfate	Glimepiride	Metolazone
Alendronate Sodium	Glipizide	Metoprolol/Hydrochlorothiazide
Amiloride/Hydrochlorothiazide	Glyburide	Metoprolol Tartrate
Amlodipine Besylate	Glyburide, Micronized	Pravastatin Sodium
Atenolol	Hydrochlorothiazide	Propranolol HCl
Atenolol/Chlorthalidone	Indapamide	Quinapril HCl
Benazepril HCl	Irbesartan	Simvastatin
Bisoprolol Fumarate	Lisinopril	Sodium Fluoride
Bisoprolol Fumarate/Hctz	Lisinopril/Hydrochlorothiazide	Spironolactone
Carvedilol	Losartan/Hydrochlorothiazide	Triamterene/Hydrochlorothiazid
Chlorthalidone	Losartan Potassium	Verapamil HCl
Clonidine HCl	Losvatin	Warfarin Sodium
Enalapril/Hydrochlorothiazide	Metformin HCl	
Enalapril Maleate	Methyl dopa	

**How to Voice a Complaint or File a Grievance**

We want to make sure the plan is working for you and welcome your feedback. If you have a complaint or want to file a grievance on a decision that affects you, please contact our Member Services Department locally at (920) 490-6900 or toll-free at 1-888-711-1444.

We strive to resolve all complaints verbally. However, you have the option to submit a formal grievance in writing if your complaint is not handled to your satisfaction. The Grievance Procedure is used to resolve all complaints regarding plan administration or benefit denials.

Your grievance will be considered by a review panel consisting of Arise Health Plan representatives, a clinical medical representative, and a member representative.

**Eligible Dependents**

Dependent Children are eligible until age 26. An unmarried adult child age 26 and older who is a full-time student will continue to be eligible regardless of age if that child meets all of the following requirements:

1. The child was called to federal active duty in the national guard or in a reserve component of the United States armed forces while the child was a full-time student; and
2. The child was under the age of 27 when called to federal active duty.

**Wellness Care and Routine Physicals**

Wellness care includes routine evaluation, assessing health and well-being, screening for possible detection of an unrevealed illness, or improving health when there are no symptoms, illnesses, or diagnosis.

Wellness care must be provided by a participating provider.

**Quality Improvement**

The Arise Health Plan Quality Improvement Committee evaluates and monitors key aspects of service and health care provided to members. The medical director directs the Quality Improvement Committee. Various committees, consisting of Participating Providers and Arise Health Plan staff, guide, direct, and evaluate quality initiatives. Participating Providers are evaluated using nationally accepted criteria prior to joining the network, and are reevaluated every three years thereafter.

Health management studies and projects are completed to increase rates of preventive services and to improve management of acute and chronic diseases. The Quality Improvement Committee is responsible for directing the process of improvement efforts.

**This plan does not cover the following services.** *Please see your policy for more specific information.*

**GENERAL EXCLUSIONS**

1. Health care services that we determine are not medically necessary.
2. Health care services that we determine are experimental/investigational/unproven, except for investigational drugs used for the treatment of HIV infection, as described in Wis. Stat. §632.895 (9).
3. Health care services provided in connection with any injury or illness arising out of, or sustained in the course of, any occupation, employment, or activity of compensation, profit or gain, for which an employer is required to carry workers' compensation insurance. If you are covered by workers' compensation insurance, this exclusion applies regardless of whether benefits under worker's compensation laws or any similar laws have been claimed, paid, waived, or compromised.
4. Health care services furnished by the U.S. Veterans Administration, unless federal law designates this policy as the primary payer and the U.S. Veterans Administration as the secondary payer.
5. Health care services furnished by any federal or state agency or a local political subdivision when you are not liable for the costs in the absence of insurance, unless such coverage under this policy is required by law.
6. Health care services covered by Medicare, if you have or are eligible for Medicare, to the extent benefits are or would be available from Medicare, except for such health care services for which under applicable federal law this policy is the primary payer and Medicare is the secondary payer.
7. Health care services for any illness or injury caused by any military-related act or incident of declared or undeclared war, riots, or insurrection.
8. Health care services for any illness or injury you sustain: (a) while on active duty in the armed services of any country; or (b) as a result of you being on active duty in the armed services of any country.
9. Custodial care or rest care.
10. Charges in excess of the maximum allowable fee or maximum out-of-network allowable fee.
11. General fitness programs, exercise programs, exercise equipment, and health club

- memberships.
12. Health care services for or related to gender reassignment surgery.
13. Health care services provided while held, detained or imprisoned in a local, state or federal penal or correctional institution or while in custody of law enforcement officials, except as required under Wis. Stat. § 609.65. This exclusion does not apply to covered persons on work-release.
14. Completion of claim forms or forms necessary for the return to work or school.
15. An appointment you did not attend.
16. Telehealth, except as specifically stated in subsection "Medical Services."
17. Health care services for which you have no obligation to pay or which are provided to you at no cost.
18. Health care services resulting or arising from complications of, or incidental to, any health care service not covered under this policy, except for complications of, or services incidental to, a policyholder's or his/her spouse's elective abortion.
19. Health care services requested by a third party for employment, licensing, insurance, marriage, adoption, travel, disability determinations, or court-ordered exams, other than as specifically stated in this policy or required by law.
20. Cranial banding or orthotic helmets, unless required after cranial surgery.
21. Private duty nursing.
22. Marriage counseling.
23. Reversal of sterilization.
24. Transportation or other travel costs associated with a health care service, except as specifically provided in subsection "Ambulance Services."
25. Bereavement counseling, unless provided as part of hospice coverage.
26. Health care services that are excluded elsewhere in this policy.
27. Health care services not specifically identified as being covered under this policy, except for those health care services approved by us subject to subsection "Alternative Care."

28. Health care services provided in connection with a health care service not covered under this policy (e.g., inpatient hospital services related to gastric bypass surgery).
29. Health care services provided when your coverage was not effective under this policy. Please see section "WHEN COVERAGE ENDS."
30. Health care services not provided by a physician or any of the health care providers listed in section "COVERED EXPENSES."
31. The following procedures and any related health care services:
  - a. injection of filling material (collagen) other than for incontinence;
  - b. salabrasion;
  - c. rhytidectomy (face lift);
  - d. dermabrasion;
  - e. chemical peel;
  - f. suction-assisted lipectomy (liposuction);
  - g. hair removal;
  - h. mastopexy;
  - i. mammoplasty, including augmentation or reduction mammoplasty (except for reconstruction associated with mastectomy);
  - j. correction of inverted nipples;
  - k. sclerotherapy for spider veins;
  - l. panniculectomy;
  - m. mastectomy for male gynecomastia;
  - n. botulinum toxin or similar products, unless you receive our prior authorization;
  - o. any modification to the anatomic structure of a body part that does not affect its function;
  - p. labioplasty; and
  - q. treatment of sialorrhea (drooling or excessive salivation).
32. Health care services provided at any nursing facility or convalescent home or charges billed by any place that's primarily for rest, for the aged or for drug abuse or alcoholism treatment, except as specifically stated in subsection "Behavioral Health Services."
33. Health care services provided: (a) in the examination, treatment or removal of all or part of corns, callosities, hypertrophy

- or hyperplasia of the skin or subcutaneous tissues of the feet; (b) in the cutting or trimming of toenails; or (c) in the non-operative partial removal of toenails. This exclusion does not apply to such health care services which are associated with a medical diagnosis of diabetes, peripheral vascular disease or peripheral neuropathy.
34. Health education; complementary, alternative or holistic medicine; or other programs with an objective to provide personal fulfillment.
35. Health care services that you receive not for the treatment of your own illness or injury, but in connection with the treatment of a collateral who is not a covered person under this policy.
36. Housekeeping, shopping, or meal preparation services.
37. Health care services provided in connection with: (a) any illness or injury caused by your engaging in an illegal occupation; or (b) any illness or injury caused by your commission of, or an attempt to commit, a felony.
38. Maintenance care or supportive care.
39. Health care services provided in connection with the temporomandibular joint or TMJ syndrome, except as specifically stated in subsection "Temporomandibular Joint Disorder (TMJ)."
40. Health care services for which proof of claim isn't provided to us in accordance with subsection "Filing Claims."
41. Health care services and prescription legend drugs provided in connection with alcoholism, drug abuse and nervous or mental disorders, except as specifically stated in the following subsections: (a) "Hospital Services" (limited to inpatient hospital services for detoxification of drug addiction or alcohol dependency); (b) "Behavioral Health Services;" (c) "Nutritional Counseling;" (d) "Prescription Legend Drugs and Supplies;" and (e) "Skilled Nursing Care in a Skilled Nursing Facility."
42. Health care services not for or related to an illness or injury, other than as specifically stated in this policy.
43. Sales tax or any other tax, levy, or assessment by any federal or state agency or a local political subdivision.

44. Costs associated with indirect services provided by health care providers such as: creating standards, procedures, and protocols; calibrating equipment; supervising the testing; setting up parameters for test results; reviewing quality assurance data; transporting lab specimens; physician concierge payments; translating claim forms or other records; and after-hours charges.
45. Treatment of weak, strained, flat, unstable or unbalanced feet; arch supports; heel wedges; lifts; orthopedic shoes; or the fitting of orthotics to aid walking or running; unless specifically stated otherwise in this policy.
46. Health care services for treatment of sexual dysfunction, including impotence, regardless of the cause of the dysfunction. This includes: (a) surgical services; (b) devices; (c) drugs for, or used in connection with, sexual dysfunction; (d) penile implants; (e) sex therapy; and (f) the treatment of Peyronie's disease.
47. Health care services not supported by information contained in your medical records or from other relevant sources.
48. Health care services provided for your convenience or for the convenience of a physician, hospital, or other health care provider.
49. Baseline neuropsychological testing, for example, impact testing.
50. Magnetic sphincter augmentation (Linx® System); transoral incisionless fundoplication procedures.
51. Health care services that are for purposes of educational, occupational or athletic enhancement.
52. Storage of blood tissue, cells, or any other body fluids.
53. Salivary hormone testing.
54. Non-emergency health care services performed while outside of the United States.
55. Prolotherapy.
56. Platelet-rich plasma.
57. Coma stimulation programs.
58. In lab polysomnogram (PSG), unless a home sleep study is determined by us to not be medically appropriate.

**COSMETIC TREATMENT EXCLUSION**

Health care services that we determine to be cosmetic treatment.

**DENTAL SERVICES EXCLUSIONS**

1. The care and treatment of teeth, gums, or alveolar process including dentures, appliances, or supplies used in such care or treatment.
2. Injuries or damage to teeth (natural or otherwise) that result from or are caused by the chewing of food or similar substances.
3. Dental implants or other implant related procedures, except as specifically stated in subsection "Dental Services."
4. Orthognathic surgery or any surgical procedure performed to correct deformities of the mandible or maxilla, correction of malocclusion, or orthodontic treatment (e.g. braces), except as specifically stated in subsection "Dental Services."
5. Tooth extraction of any kind, except as specifically stated in subsection "Dental Services."

**DRUG EXCLUSIONS**

1. Non-legend vitamins, minerals, and supplements even if prescribed by a physician, except as specifically stated in subsection "Prescription Legend Drugs."
2. All enteral feedings, supplemental feedings, over-the-counter nutritional and electrolyte supplements, including infant formula.
3. Retinoids, Minoxidil, Rogaine, or their medical equivalent in the topical application form.
4. Medications, drugs, or hormones to stimulate human biological growth, unless there is a laboratory-confirmed physician's diagnosis of your growth hormone deficiency.

**DURABLE MEDICAL EQUIPMENT, MEDICAL SUPPLIES AND PROSTHESIS EXCLUSIONS**

1. Modifications to your vehicle, home or property including, but not limited to, escalators, elevators, saunas, steambaths, pools, hot tubs, whirlpools, tanning equipment, wheelchair lifts, stair lifts, chair lifts, grab bars, raised toilet seats, commodes, or ramps.
2. Medical supplies and durable medical equipment for your comfort, personal hygiene, or convenience including, but not limited to, physical fitness equipment, physician's equipment, disposable supplies (other than colostomy supplies, enteral therapy supplies and/or urinary catheters and supplies), or self-help devices not medical in nature.
3. Environmental items including, but not limited to, air conditioners, air purifiers, humidifiers, dehumidifiers, furnace filters, heaters, vaporizers, or vacuum devices.
4. Wigs, toupees, hairpieces, cranial prosthesis, hair implants, or transplants or hair weaving.
5. Replacement of batteries and

routine periodic maintenance of durable medical equipment, except for periodic maintenance for oxygen concentrators under a maintenance agreement which consists of one month rental billed every six months.

6. Rental fees for durable medical equipment that are more than the purchase price.
7. Durable medical equipment or prosthetics that we determine to have special features.
8. Continuous passive motion (CPM) devices and mechanical stretching devices.
9. Repairs due to abuse or misuse.
10. Home devices such as:
  - a. home spinal traction devices or standers;
  - b. home INR (international normalized ration blood test) monitors;
  - c. home phototherapy for dermatological conditions;
  - d. home pneumatic compression devices for DVT (deep vein thrombosis) prevention;
  - e. cold therapy (application of low temperatures for the skin) including, but not limited to, cold packs, ice packs, cryotherapy.
11. Light boxes for behavioral health conditions.
12. Car seats.

**GENETIC COUNSELING, STUDIES, AND TESTING EXCLUSIONS**

1. Genetic counseling, studies and testing other than the coverage that is specifically provided in subsection "Genetic Services."
2. Genetic testing for the purposes of confirming a suspected diagnosis of a disorder that can be diagnosed based on clinical evaluations alone.
3. Genetic testing for conditions which cannot be altered by treatment or prevented by specific interventions.
4. Genetic testing solely for the purpose of informing the care or management of your family members.
5. Genetic counseling performed by the laboratory that performed the genetic test.

**HEARING SERVICES EXCLUSIONS**

Except for the coverage that is specifically provided in this policy for children under age 18, the following health care services are excluded under this policy:

1. Diagnostic tests, surgery, devices, and related instruction or therapy for cochlear implants for covered persons age 18 and over.
2. Augmentation communication devices and related instruction or therapy.
3. Hearing protection equipment.

**HOSPITAL SERVICES EXCLUSION**

Hospital stays if care could be provided in a less acute setting.

**INFERTILITY EXCLUSIONS**

1. Health care services associated with expenses for infertility or fertility treatment, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to health care services required to treat or correct underlying causes of infertility.
2. Direct attempts to achieve pregnancy or increase chances of achieving pregnancy by any means.
3. Evaluation and treatment of habitual abortions (three consecutive documented spontaneous abortions in the first or second trimesters) when not pregnant.
4. Any laparoscopic procedure during which an ovum is manipulated for the purpose of fertility treatment even if the laparoscopic procedure includes other purposes.

**MATERNITY EXCLUSIONS**

1. Birthing classes, including Lamaze classes.
2. Home births.
3. Abortion procedures, except as specifically stated in subsection "Maternity Services."

**RECONSTRUCTIVE SURGERY EXCLUSIONS**

Reconstructive surgery, except as stated in subsection "Surgical Services."

**REHABILITATION/REHABILITATIVE SERVICES EXCLUSIONS**

1. Vocational or industrial rehabilitation including work hardening programs.
2. Cardiac rehabilitation beyond Phase II.
3. Sports hardening and rehabilitation.
4. Health care services used in educational or vocational training or testing.
5. Health clubs or health spas, aerobic and strength conditioning, functional capacity exams, physical performance testing, and all related material and products for these programs.
6. Long-term therapy and maintenance therapy.

**THERAPY EXCLUSIONS**

1. Massage therapy or aquatic therapy, except as specifically stated in subsection "Therapy Services."
2. Hypnosis.
3. Health care services for holistic or homeopathic medicine or other programs that are not accepted medical practice, as determined by us, including, but not limited to, aromatherapy, herbal medicine, naturopathy, and reflexology.
4. Sex therapy.
5. Chelation therapy, except in the treatment of heavy metal poisoning.
6. Biofeedback, except for fecal/

urinary incontinence.

7. Health care services by an athletic trainer.
8. Therapy services such as recreational therapy (other than recreational therapy included as part of a treatment program received during an inpatient hospital confinement for treatment of nervous or mental disorders, alcoholism or drug abuse), educational therapy, physical fitness, or exercise programs, except as specifically stated in subsection "Cardiac Rehabilitation Services" and "Therapy Services."
9. Photodynamic therapy and laser therapy for the treatment of acne.
10. Acupuncture therapy.

**TRANSPLANT EXCLUSIONS**

1. Transplants considered by us to be experimental, investigational, or unproven.
2. Expenses related to the purchase of any organ.
3. Health care services for, or used in connection with, transplants of human and non-human body parts, tissues or substances, implants of artificial or natural organs or any complications of such transplants or implants, except as specifically stated in subsection "Transplants."
4. Lodging expenses, including meals, unless such expenses are covered under the global fee agreement of your transplant network.

**VISION SERVICES EXCLUSIONS**

1. Vision therapy;
2. Orthoptic therapy and pleoptic therapy (eye exercise);
3. Preparation, fitting or purchase of eye glasses or contact lenses, except as specifically stated in this policy;
4. Correction of visual acuity or refractive errors by any means, except as specifically stated in this policy;
5. Implantable accommodating lenses to improve vision following cataract surgery; and
6. Replacement lenses, frames, or contact lenses due to loss, theft, or damage.

**WEIGHT CONTROL EXCLUSIONS**

Health care services provided in connection with a diagnosis of obesity, morbid obesity, weight control, or weight reduction, regardless of whether such services are prescribed by a physician or associated with an illness or injury. Services excluded under this provision include, but are not limited to:

1. Gastric or intestinal bypasses;
2. Gastric balloons or banding;
3. Stomach stapling;
4. Wiring of the jaw;
5. Liposuction;
6. Drugs;
7. Weight loss programs, unless

benefits are provided elsewhere in this policy;

8. Physical fitness or exercise programs or equipment, unless benefits are provided elsewhere in this policy; and
9. Bone densitometry (DEXA, DXA) scans.

**PREVENTIVE/WELLNESS CARE EXCLUSIONS**

Immunizations for travel purposes.