

Idaho Medical Plans

Sample General Limitations and Exclusions

As with any insurance plan, there are some services and treatments that have coverage limits or are not covered at all. For example, experimental procedures are typically not covered. This document outlines what's not covered by your medical plan.

Please note: A full explanation of benefits, including limitations and exclusions, will be provided in your policy. Only the language of the actual policy is legally binding.

Below is a complete list of services and treatments that are not covered under our medical plans.

- Abdominoplasty for any indication.
- Academic skills training.
- Acute care, rehabilitative, diagnostic testing, except as specified as a covered service in this policy.
- Any amounts in excess of the allowable fee for a given service or supply.
- Biofeedback (other than as specifically noted under the Covered Expenses – Other Covered Services, Supplies, and Treatment section of the policy).
- Charges for phone consultations, missed appointments, get acquainted visits, completion of claim forms, or reports PacificSource needs to process claims unless otherwise contracted.
- Charges over the usual, customary, and reasonable fee (UCR) – Any amount in excess of the UCR for a given service or supply.
- Charges that are the responsibility of a third party who may have caused the illness, injury, or disease or other insurers covering the incident (such as workers' compensation insurers, automobile insurers, and general liability insurers).
- Chelation therapy including associated infusions of vitamins and/or minerals, except as medically necessary for the treatment of selected medical conditions and medically significant heavy metal toxicities.
- Computer or electronic equipment for monitoring asthmatic, similar medical conditions, or related data.
- Cosmetic/reconstructive services and supplies – Except as specified in the Covered Expenses – Other Covered Services, Supplies, and Treatments section of the policy. Services and supplies, including drugs, rendered primarily for cosmetic/reconstructive purposes and any complications as a result of non-covered cosmetic/reconstructive surgery. Cosmetic/reconstructive services and supplies are those performed primarily to improve the body's appearance and not primarily to restore impaired function of the body, unless the area needing treatment is a result of a congenital anomaly or gender dysphoria.
- Court-ordered sex offender treatment programs.
- Court-ordered screening interviews or drug or alcohol treatment programs.
- Day care or custodial care – Care and related services designed essentially to assist a person in maintaining activities of daily living, such as services to assist with walking, getting in/out of bed, bathing, dressing, feeding, preparation of meals, homemaker services, special diets, rest crews, day care, and diapers. (This does not include habilitation or rehabilitation services that are covered under Professional Services section of the policy.) Custodial care is only covered in conjunction with respite care allowed under this plan's hospice benefit. For related provisions, see Hospital and Skilled Nursing Facility Services and Home Health and Hospice Services sections of the policy.
- Dental examinations and treatment – For the purpose of this exclusion, the term dental examinations and treatment means services or supplies provided to prevent, diagnose, or treat diseases of the teeth and supporting tissues or structures. This includes services, supplies, hospitalization, anesthesia, dental braces or appliances, or dental care rendered to repair defects that have developed because of tooth loss, or to restore the ability to chew, or dental treatment necessitated by disease. For related provisions, see hospitalization for dental procedures in the Other Covered Services, Supplies, and Treatments section of the policy.
- Durable medical equipment available over-the-counter and/or without a prescription.
- Educational or correctional services or sheltered living provided by a school or halfway house, except outpatient services received while temporarily living in a shelter.
- Elective abortions, except if a consulting physician recommends that an abortion is necessary to save the life of the mother, or if the pregnancy is a result of rape, as defined by the state, or incest as determined by the courts. For more information, see elective abortion in the Definitions section of the policy.
- Equine/animal therapy.
- Equipment commonly used for non-medical purposes or marketed to the general public.
- Equipment used primarily in athletic or recreational activities. This includes exercise equipment for stretching, conditioning, strengthening, or relief of musculoskeletal problems.

- Experimental, investigational, or unproven procedures – Your PacificSource plan does not cover experimental, investigational, or unproven treatment. By that, we mean services, supplies, protocols, procedures, devices, chemotherapy, drugs or medicines, or the use thereof that are experimental, investigational, or unproven for the diagnosis and treatment of the patient. It includes treatment that, when and for the purpose rendered: has not yet received full U.S. government agency approval (for example, FDA) for other than experimental, investigational, or unproven, or clinical testing; is not of generally accepted medical practice in your policy's state of issuance or as determined by medical advisors, medical associations, and/or technology resources; is not approved for reimbursement by the Centers for Medicare and Medicaid Services; is furnished in connection with medical or other research; or is considered by any governmental agency or subdivision to be experimental, investigational, or unproven, not reasonable and necessary, or any similar finding.

An experimental, investigational, or unproven service is not made eligible for benefits by the fact that other treatment is considered by your healthcare provider to be ineffective or not as effective as the service or that the service is prescribed as the most likely to prolong life.

When making benefit determinations about whether treatments are experimental, investigational, or unproven, we rely on the above resources as well as: expert opinions of specialists and other medical authorities; published articles in peer-reviewed medical literature; external agencies whose role is the evaluation of new technologies and drugs; and external review by an independent review organization.

The following will be considered in making the determination whether the service is in an experimental, investigational, or unproven status: whether there is sufficient evidence to permit conclusions concerning the effect of the services on health outcomes; whether the scientific evidence demonstrates that the services improve health outcomes as much or more than established alternatives; whether the scientific evidence demonstrates that the services' beneficial effects outweigh any harmful effects; and whether any improved health outcomes from the services are attainable outside an investigational setting.

If you or your provider have any concerns about whether a course of treatment will be covered, we encourage you to contact our Customer Service team. We will arrange for medical review of your case against our criteria, and notify you of whether or not the proposed treatment will be covered.

- Eye examinations (preventive) for members age 19 and older (depending on policy).
- Eye exercises and eye refraction, therapy and procedures – Orthoptics, vision therapy, and procedures intended to correct refractive errors.

- Eye glasses/Contact Lenses for members age 19 and older – The fitting, provision, or replacement of eye glasses, lenses, frames, contact lenses, or subnormal vision aids intended to correct refractive error (depending on policy).
- Family planning – Services and supplies for artificial insemination, in vitro fertilization, diagnosis and treatment of infertility, erectile dysfunction, sexual dysfunction, or surgery to reverse voluntary sterilization.
 - Infertility includes: Services and supplies, diagnostic laboratory and x-ray studies, surgery, treatment, or prescriptions to diagnose, prevent, or cure infertility or to induce fertility (including Gamete and/or Zygote Intrafallopian Transfer; such as GIFT or ZIFT), except for medically necessary medication to preserve fertility during treatment with cytotoxic chemotherapy.
- Fitness or exercise programs and health or fitness club memberships.
- Foot care (routine) – Services and supplies for corns and calluses of the feet, conditions of the toenails other than infection, hypertrophy, or hyperplasia of the skin of the feet, and other routine foot care, except in the case of patients being treated for diabetes mellitus.
- Hearing Aids including the fitting, provision or replacement of hearing aids.
- Homeopathic medicines or homeopathic supplies.
- Hypnotherapy except in the treatment of mental or nervous conditions.
- Immunizations when recommended for, or in anticipation of, exposure through travel or work.
- Inpatient or outpatient custodial care; or inpatient or outpatient services consisting mainly of educational therapy, behavioral modification, self-care or self-help training, except as specified as a covered service in this policy.
- Instructional or educational programs, except diabetes self-management programs unless medically necessary.
- Jaw – Procedures, services, and supplies for developmental or degenerative abnormalities of the head and face that can be replaced with living tissue; services and supplies that do not control or eliminate pain or infection or that do not restore functions such as speech, swallowing, or chewing; cosmetic procedures and procedures to improve on the normal range of functions; and dentures, prosthetic devices for treatment of TMJ conditions and artificial larynx. (This does not include services for congenital anomalies as defined in the Definitions section of the policy.)
- Jaw surgery – Treatment for malocclusion of the jaw, including services for TMJ, anterior and internal dislocations, derangements and myofascial pain syndrome, orthodontics or related appliances, or improving the placement of dentures and dental implants. (This does not include services for congenital anomalies as defined in the Definitions section of the policy.)
- Learning disorders.

- Maintenance supplies and equipment not unique to medical care.
- Massage or massage therapy, even as part of a physical therapy program.
- Mattresses and mattress pads are only covered when medically necessary to heal pressure sores.
- Mental health treatments for conditions defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) that are not attributable to a mental health disorder or disease.

Mental illness does not include – relationship problems (for example, parent-child, partner, sibling, or other relationship issues), except the treatment of children five years of age or younger for parent-child relational problems, physical abuse of a child, sexual abuse, neglect of a child, or bereavement.

The following are also excluded: court-mandated diversion and/or substance use disorder education classes; court-mandated psychological evaluations for child custody determinations; voluntary mutual support groups such as Alcoholics Anonymous; adolescent wilderness treatment programs; mental examinations for the purpose of adjudication of legal rights; psychological testing and evaluations not provided as an adjunct to treatment or diagnosis of a stress management, parenting skills, or family education; and assertiveness training.

- Modifications to vehicles or structures to prevent, treat, or accommodate a medical condition.
- Motion analysis, including videotaping and 3-D kinematics, dynamic surface and fine wire electromyography, including physician review.
- Naturopathic supplies.
- Nicotine related disorders, other than those covered through tobacco cessation program services.
- Non-dependent newborn – For the purpose of this plan, a newborn will not be considered an eligible dependent if the member has entered into a contract or other understanding to which the newborn is being relinquished to the intended parents at birth.
- Obesity or weight reduction control – Surgery or other related services or supplies provided for weight reduction control or obesity (including all categories of obesity), when not medically necessary to control other medical conditions that are eligible for covered services and nonsurgical methods have been unsuccessful in treating obesity. This also includes services or supplies used for weight loss, such as food supplementation programs and behavior modification programs, and self-help or training programs for weight reduction control. Obesity screening and counseling are covered for children and adults. For related provisions, see dietary or nutritional counseling in the Other Covered Services, Supplies, and Treatments section of the policy.
- Orthognathic surgery – Services and supplies to augment or reduce the upper or lower jaw, except as specified in the Professional Services section of the policy. For related provisions, see jaw surgery and temporomandibular joint in this section.

- Orthopedic shoes, diabetic shoes, and shoe modifications.
- Osteopathic manipulation, except for treatment of disorders of the musculoskeletal system.
- Over-the-counter medications or nonprescription drugs. Does not apply to tobacco cessation medications covered under USPSTF guidelines.
- Panniculectomy for any indication.
- Paraphilias.
- Personal items such as telephones, televisions, and guest meals during a stay at a hospital or other inpatient facility.
- Physical or eye examinations required for administrative purposes such as participation in athletics, admission to school, or by an employer.
- Private nursing service.
- Programs that teach a person to use medical equipment, care for family members, or self-administer drugs or nutrition (except for diabetic education benefit).
- Psychoanalysis or psychotherapy received as part of an educational or training program, regardless of diagnosis or symptoms that may be present.
- Recreation therapy – Outpatient.
- Rehabilitation – Functional capacity evaluations, work-hardening programs, vocational rehabilitation, community reintegration services, and driving evaluations and training programs.
- Replacement costs for worn or damaged durable medical equipment that would otherwise be replaceable without charges under warranty or other agreement.
- Scheduled and/or non-emergent medical care outside of the United States.
- Screening tests – Services and supplies, including imaging and screening exams performed for the sole purpose of screening and not associated with specific diagnoses and/or signs and symptoms of disease or of abnormalities on prior testing (including, but not limited to, total body CT imaging, CT colonography and bone density testing). This does not include preventive care screenings listed under Preventive Care Services in the Covered Expenses section of the policy.
- Self-administered drugs or medication (including prescription drugs, injectable drugs, and biologicals), except when prescribed for inborn errors of metabolism, diabetic insulin, autism spectrum disorder, or unless given during a visit for outpatient chemotherapy or dialysis or during a medically necessary hospital, emergency room, or other institutional stay.
- Self-help health or instruction or training programs.
- Sensory integration training.
- Services for which no charge is normally made in the absence of insurance.

- Services of providers who are not eligible for reimbursement under this plan. An individual organization, facility, or program is not eligible for reimbursement for services or supplies, regardless of whether this plan includes benefits for such services or supplies, unless the individual, organization, facility, or program is licensed by the state in which services are provided as an independent provider, hospital, ambulatory surgical center, skilled nursing facility, durable medical equipment supplier, or mental health and/or substance use disorder healthcare facility. To the extent PacificSource maintains credentialing requirements, the provider or facility must satisfy those requirements in order to be considered an eligible provider.
- Services or supplies provided by or payable under any plan or program established by a domestic or foreign government or political subdivision, unless such exclusion is prohibited by law.
- Services or supplies with no charge, or for which your employer has paid for, or for which the member is not legally required to pay, or for which a provider or facility is not licensed to provide even though the service or supply may otherwise be eligible. This exclusion includes any service provided by the member, or any licensed medical professional that is directly related to the member by blood or marriage.
- Services required by state law as a condition of maintaining a valid driver license or commercial driver license.
- Services, supplies, and equipment not involved in diagnosis or treatment but provided primarily for the comfort, convenience, intended to alter the physical environment, or education of a patient. This includes appliances like adjustable power beds sold as furniture, air conditioners, air purifiers, room humidifiers, heating and cooling pads, home blood pressure monitoring equipment, light boxes, conveyances other than conventional wheelchairs, whirlpool baths, spas, saunas, heat lamps, tanning lights, and pillows.
- Sexual disorders – Services or supplies for the treatment of sexual dysfunction or inadequacy. For related provisions, see family planning and mental health.
- Social skills training.
- Support groups.
- Temporomandibular joint (TMJ) – Related services, or treatment for associated myofascial pain including physical or orofacial therapy. Advice or treatment, including physical therapy and/or orofacial therapy, either directly or indirectly for temporomandibular joint dysfunction, myofascial pain, or any related appliances. For related provisions, see jaw and orthognathic surgery in this section and in the Professional Services section of the policy.
- Transplants – Any services, treatments, or supplies for the transplantation of bone marrow or peripheral blood stem cells or any human body organ or tissue, except as expressly provided under the provisions of this plan for covered transplantation expenses. For related provisions, see Transplant Services section of the policy.
- Treatment after insurance ends – Services or supplies a member receives after the member's coverage under this plan ends, except as follows:
(Small group only: If the member is pregnant and not eligible for any replacement group coverage within 60 days, this policy's maternity benefits may continue for up to 12 months. PacificSource will then provide maternity benefits to the extent they are covered in this policy for up to 12 months after this policy is discontinued.
If the member is totally disabled, coverage may continue for up to 12 months. PacificSource will continue to provide benefits for covered expenses related to disabling conditions until the member is no longer totally disabled, the policy's maximum benefits have been paid, or the policy coverage has been discontinued for 12 months.)
- Treatment not medically necessary – Services or supplies that are not medically necessary for the diagnosis or treatment of an illness, injury, or disease. For related provisions, see medically necessary in the Definitions section and Understanding Medical Necessity in the Covered Expenses section of the policy.
- Treatment of any illness, injury, or disease arising out of an illegal act or occupation or participation in a felony.
- Treatment of any work-related illness, injury, or disease, unless you are the owner, partner, (small group only: or principal of the employer group insured by PacificSource injured in the course of employment of the employer group insured by PacificSource), and are otherwise exempt from, and not covered by, state or federal workers' compensation insurance. This includes illness, injury, or disease caused by any for-profit activity, whether through employment or self-employment.
- Treatment of intellectual disabilities, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Intellectual disability means a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills.
- Treatment prior to enrollment – Services or supplies a member received prior to enrolling in coverage provided by this plan, such as inpatient stays or admission to a hospital, skilled nursing facility, or specialized facility that began before the patient's coverage under this plan.
- Unwilling to release information – Charges for services or supplies for which a member is unwilling to release medical or eligibility information necessary to determine the benefits payable under this plan.
- Vocational rehabilitation, functional capacity evaluations, work-hardening programs, community reintegration services, and driving evaluations and training programs, except as medically necessary in the restoration or improvement of speech following a traumatic brain injury or for members diagnosed with an autism spectrum disorder.
- War-related conditions – The treatment of any condition caused by or arising out of any act of war, or any war declared or undeclared, or while in the service of the armed forces.

Prescription Drug Exclusions

- This plan only covers drugs prescribed by an eligible healthcare provider prescribing within the scope of their professional license. This plan does not cover the following:
 - Contraceptive drugs, devices, or products that are approved by the FDA are covered by your plan when prescribed by your physician. Over-the-counter contraceptive drugs approved by the FDA, purchased without a prescription are reimbursable by the plan.
 - Over-the-counter drugs or other drugs that federal law does not prohibit dispensing without a prescription. Select over-the-counter tobacco cessation drugs are covered under your plan, but will require a prescription from your provider.
 - Drugs for any condition excluded under the health plan.
 - Some specialty drugs that are not self-administered are not covered by this pharmacy benefit, but may be covered under the medical plan's office supply benefit. For a list of drugs that are covered under your medical benefit and which require preauthorization, please refer to the Medical Drug and Diabetic Supply formulary at **PacificSource.com**.
 - Some immunizations may be covered under either your medical or pharmacy benefit. Vaccines covered under the pharmacy benefit include, but are not limited to: influenza, hepatitis B, herpes zoster (shingles), and pneumococcal. Most other immunizations must be provided by your doctor under your medical benefit.
 - Some drugs and all devices to treat erectile dysfunction.
 - Drugs used as a preventive measure against hazards of travel.
 - Vitamins, minerals, and dietary supplements, except for prescription prenatal vitamins and fluoride products, and for services that have a rating of A or B from the USPSTF, some restrictions may apply.
 - Certain drugs require preauthorization (PA), which means we need to review documentation from your doctor before a drug will be covered. An up-to-date list of drugs requiring preauthorization, along with all of our requirements, is available at **PacificSource.com**.
 - Certain drugs are subject to Step Therapy (ST) protocols, which means we may require you to try a prerequisite drug before we will pay for the requested drug. An up-to-date list of drugs requiring Step Therapy, along with all of our requirements, is available at **PacificSource.com**. Step therapy decisions can be appealed.
 - Certain drugs have quantity limits (QL), which means we will generally not pay for quantities above the FDA approved maximum dosing without an approved exception. An up-to-date list of drugs with quantity limits is available at **PacificSource.com**.
 - Your plan has limitations on the quantity of medication that can be filled or refilled. This quantity depends on the type of pharmacy you are using and the days' supply of the prescription.
 - Retail pharmacies: you can get up to a 90 day supply.
 - Mail order pharmacies: you can get up to a 90 day supply.
 - Specialty pharmacies: you can get up to a 30 day supply.
 - For drugs purchased at out-of-network pharmacies or at in-network pharmacies without using the PacificSource pharmacy benefits, reimbursement is limited to our in-network contracted rates. This means you may not be reimbursed the full cash price you pay to the pharmacy.
 - For most prescriptions, you may refill your prescription only after 75 percent of the previous supply has been taken. This is calculated by the number of days that have elapsed since the previous fill and the days' supply entered by the pharmacy. PacificSource will generally not approve early refills, except under the following circumstances:
 - The request is for ophthalmic solutions or gels which are susceptible to spillage.
 - The member will be on vacation in a location that does not allow for reasonable access to a network pharmacy for subsequent refills.
- All early refills are subject to standard copayments and are reviewed on a case by case basis.

Renewability of Individual Policy

Individual policies shall be renewable with respect to the Insured, at the option of the Policyholder, except in any of the following cases: nonpayment of the required premiums; fraud or intentional misrepresentation of material fact by the Insured or his representatives; the individual's residence changes to one which is outside the established geographic Service Area; if this Policy is made available to the individual through one (1) or more associations, and the membership of the employer in the association ceases; and/or PacificSource Health Plans elects to not renew all of its policies delivered or issued for delivery to individuals in the state of Idaho.

Renewability of Group Policy

The policy is renewable with respect to all eligible members at the option of the policyholder, unless:

- The policyholder fails to pay the required premium. Termination is effective on the last day of the last month for which premium was paid.
- The policyholder with respect to coverage of individual members, or the policyholder's or member's representative engages in fraud or makes an intentional misrepresentation of a material fact as prohibited by the terms of this plan.
- The number of members is less than the number or percentage of eligible employees required by the policy's participation requirements.
- The policyholder fails to maintain the minimum employer premium contribution required.
- When PacificSource elects not to renew all of its health benefit plans delivered or issued in the small group market in your state, provided all of the following conditions are satisfied:
 - Advanced notice of the decision is provided to your state's Department of Insurance and to all group policyholders;
 - Notice of the decision to all affected employers at least 180 days prior to the nonrenewal of any health benefit plans and notice to your state's Director of the Department of Insurance at least three working days prior to the notice to the affected policyholder; and
 - When the employer no longer satisfies the definition of a small employer.
- The Department of Insurance finds continuation of this policy's coverage would not be in the interest of the members, or would impair PacificSource's ability to meet contractual obligations.
- In the case of a group health benefit plan that delivers covered services through a specified network of healthcare providers, there is no longer any member who lives, resides, or works in the service area of the provider network.
- In the case of a health benefit plan that is offered in the group market only through one or more bona fide associations, the membership of an employer in the association ceases and the termination of coverage is not related to the health status of any member.
- The policyholder terminates the policy on any premium due date with 30 days prior written notice to PacificSource.

Pre-existing Condition

A Pre-existing Condition means the existence of a condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment within a six (6) month period immediately preceding the Effective Date of coverage; or a pregnancy existing on the Effective Date of coverage. The Pre-existing Condition exclusion does not apply to any insured members or their dependents under the individual policies contained in this sales literature.

Disclosure of Premium Practices and Guarantees

a) How Premiums Are Set

Your premium is determined by the benefits you selected, your geographic location, and the age of the individuals covered on your policy. Any renewal premium increase is due to changes in age and any increase approved by the Department of Insurance.

b) Premium Guarantee

We guarantee initial premium until your next renewal date. Your premium may change if you change your benefits at renewal.