

Limitations and Exclusions for the UniCare Texas Individual High-Deductible (HSA-Compatible Plans):

The primary limitations and exclusions for these plans are listed below. Please take a few moments to review this information. These listings are an overview only. A more detailed list of each plan's limitations and exclusions can be found in the applicable plan booklet.

Exclusions

These plans do not provide benefits for:

- Services for any condition for which benefits are excluded by a waiver.
- Any amounts in excess of maximum amounts of covered expenses.
- Services not specifically listed in the plan as covered services.
- Services or supplies that are not medically necessary.
- Services or supplies that are experimental or investigative.
- Services received before the effective date of coverage or during an inpatient stay that began before that effective date.
- Services received after coverage ends.
- Services for which you have no legal obligation to pay or for which no charge would be made if you did not have health insurance coverage.
- Any condition for which benefits are recovered, or can be recovered, either by adjudication, settlement, or otherwise, under any workers' compensation, employer's liability law, or occupational disease law, even if you do not claim those benefits.
- Services received for any intentionally self-inflicted injury or illness.
- Services received for any condition caused by, or contributed by, (a) an act of war; (b) the inadvertent release of nuclear energy when government funds are available for treatment; (c) an insured person participating in the military service of any country; (d) an insured person participating in an insurrection, rebellion, or riot; (e) an insured person's commission of, or attempt to commit a felony; (f) an insured person, age 19 or older, being under the influence of illegal narcotics, alcohol or nonprescribed controlled substances.
- Any services provided by a local, state, or federal government agency, except (a) when payment under the plan is expressly required by federal or state law; or (b) services provided for the treatment of mental or nervous disorders by a tax-supported institution of the state of Texas.
- Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid. Any services for which payment may be obtained from any local, state, or federal government agency (except Medicaid). Veterans Administration hospitals, and military treatment facilities will be considered for payment according to current legislation.
- Professional services received, or supplies purchased from, an insured person, a person who lives in the insured person's home or who is related to the insured person by blood, marriage, or adoption, or the patient's employer.

- Services of a private duty nurse.
- Inpatient room and board charges in connection with a hospital stay primarily for environmental change, physical therapy, or treatment of chronic pain, custodial care, or rest cures. Services provided by a rest home, a home for the aged, a nursing home, or any similar facility service.
- Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
- Treatment of drug, alcohol, or other substance addiction or abuse.
- Dental services.
- Orthodontic services.
- Dental implants or any associated procedures.
- Hearing aids.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions.
- An eye surgery solely for the purpose of correcting refractive defects of the eye.
- Outpatient speech therapy.
- Any drugs, medications, or other substances dispensed or administered in any outpatient setting, except as specifically stated in the plan. This includes, but is not limited to, items dispensed by a physician.
- Cosmetic surgery or other services for beautification. This exclusion does not apply to medically necessary reconstructive surgery to restore a bodily function, to correct a deformity caused by injury or congenital defect of a newborn child, or by breast reconstruction performed to restore or achieve breast symmetry incident to a mastectomy.
- Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical, or psychiatric treatment or study related to sex change.
- Treatment of sexual dysfunction, impotence and/or inadequacy.
- All services related to the evaluation or treatment of fertility and/or infertility including, but not limited to, all tests, consultations, examinations, medications, and invasive, medical, laboratory, or surgical procedures including sterilization reversals.
- All nonprescription contraceptive drugs, devices and supplies and non-FDA approved prescription contraceptive drugs, devices, and supplies. Prescription contraceptive drugs or devices are covered under the prescription drug benefit of the plan.
- Charges for pregnancy and maternity care, including but not limited to, normal delivery, elective cesarean sections, and elective abortions.
- Cryopreservation of sperm or eggs.
- Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.

- Services primarily for weight reduction or treatment of obesity, including morbid obesity, or any care which involves weight reduction as a main method for treatment.
- Routine physical exams or tests that do not directly treat an actual illness, injury, or condition, including those required by employment or government authority.
- Charges by a provider for telephone consultations. (Note: a Telemedicine Medical Service or Telehealth Service will not be excluded solely because the service is not provided through a face-to-face consultation.)
- Items which are furnished primarily for your personal comfort or convenience.
- Educational services except for a Diabetes Self-Management Training program and as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements.
- Any services received on or within twelve months after the effective date of coverage if they are related to a pre-existing condition.
- All incidental supplies used by a provider in the administration of infusion therapy.
- Foreign country provider charges, except as specifically stated in the plan.
- Growth hormone treatment.
- Routine foot care.
- Charges for which we are unable to determine our liability because you or an insured person failed within 60 days or as soon as reasonably possible to (a) authorize us to receive all the medical records and information we requested or, (b) provide us with information we requested regarding the circumstances of the claim or other insurance coverage.
- Charges for the services of a standby physician.
- Charges for animal-to-human organ transplants.
- Drugs and medications not requiring a prescription, except insulin.
- Drugs and medications used to induce non-spontaneous abortions.
- Dietary supplements, cosmetics, and health or beauty aids.
- Any vitamin, mineral, herb or botanical product.
- Any expense incurred in excess of the UniCare negotiated rate.
- Any drug labeled “Caution, limited by federal law to investigational use” or non-FDA approved investigational drugs. Any drug or medication prescribed for experimental indications.
- Drugs used for cosmetic purposes.
- Drugs used for the primary purpose of treating infertility or promoting fertility.

- Anorexiant or drugs associated with weight loss.
- Drugs obtained outside the United States.
- Drugs for treatment of a condition, illness, or injury for which benefits are excluded or limited by a waiver, pre-existing condition, or other contract limitation.
- Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent.
- Lost or stolen prescriptions.