

Benefits Not Covered By the Plan

If you get benefits that are excluded, you must pay for them yourself. Neither we nor original Medicare will pay for these medical benefits:

- Services considered not reasonable and necessary, according to the standards of original Medicare, unless these services are listed by our plan as a covered service
- Experimental medical and surgical procedures, equipment, and medication, unless covered by original Medicare
- Surgical treatment for morbid obesity, except when considered medically necessary and covered under original Medicare
- Private room in a hospital, except when medically necessary
- Private duty nurses
- Personal items in your room at a hospital or skilled nursing facility, such as a telephone or television
- Full-time nursing care in your home
- Custodial care, unless provided with covered skilled nursing care and/or rehabilitation services
- Homemaker services to include basic household assistance, including light housekeeping or meal preparation
- Fees charged by your immediate relatives or members of your household
- Meals delivered to your home
- Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary
- Cosmetic surgery or procedures because of an accidental injury or to improve a malformed part of the body (However, all states of reconstruction are covered for a breast after a mastectomy as well as for the unaffected breast to produce a symmetrical appearance.)
- Routine dental care

- Chiropractic care other than manual manipulation of the spine consistent with Medicare coverage guidelines
- Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease
- Supportive devices for the feet, except orthopedic or therapeutic shoes for people with diabetic foot disease
- Hearing aids and routine hearing examinations
- Radial keratotomy, LASIK surgery, vision therapy and other low-vision aids
- Outpatient prescription drugs including drugs for treatment of sexual dysfunction, including erectile dysfunction, impotence and anorgasmia or hyporgasmia
- Reversal of sterilization procedures, sex change operations and non-prescription contraceptive supplies
- Acupuncture
- Naturopath services
- Services provided to veterans in VA facilities (However, when emergency services are received at a VA hospital and the VA cost-sharing is more than the cost-sharing under our plan, we will reimburse veterans for the difference. Members are still responsible for our cost sharing amounts.)

Any services listed above that aren't covered will remain not covered even if received at an emergency facility.