Medicare Advantage

Types of Benefits Not Covered By The Plan

This tells you what kinds of benefits are “excluded.” Excluded means that the Plan does not cover these benefits.

The list below describes some services and items that are not covered under any conditions and some that are excluded only under specific conditions.

If you get benefits that are excluded, you must pay for them yourself. We will not pay for the medical benefits listed in this section, and neither will Original Medicare. The only exception: if a benefit on the exclusion list is found, upon appeal, to be a medical benefit that we should have paid for or covered because of your specific situation.

These items and services are not covered under Original Medicare or by our Plan:

- Services considered not reasonable and necessary, according to the standards of Original Medicare, unless these services are listed by our Plan as a covered services.
- Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare. However, certain services may be covered under a Medicare-approved clinical research study.
- Surgical treatment for morbid obesity, except when it is considered medically necessary and covered under Original Medicare.
- Private room in a hospital, except when it is considered medically necessary.
- Private duty nurses.
- Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.
- Full-time nursing care in your home.
- Custodial care, unless it is provided with covered skilled nursing care and/or skilled rehabilitation services. Custodial care, or non-skilled care, is care that helps you with activities of daily living, such as bathing or dressing.
- Homemaker services include basic household assistance, including light housekeeping or light 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, unless because of an accidental injury or to improve a malformed part of the body. However, all stages 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, such as fillings or dentures. However, non-routine dental care received at a hospital may be covered.
- Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.
- Routine foot care, except for the limited coverage provided according to Medicare 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 for 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 anorgasmic or hyporgasmic.
- Reversal of sterilization procedures, sex change operations and non-prescription contraceptive supplies.
- Acupuncture.
- Naturopath services (uses natural or alternative treatments).
- Services provided to veterans in Veterans Affairs (VA) facilities. However, when emergency services are received at 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 are not covered will remain not covered even if received at an emergency facility.

**Types Of Drugs Not Covered By The Plan**

This tells you what kinds of prescription drugs are “excluded.” This means Medicare does not pay for these drugs.

If you get drugs that are excluded, you must pay for them yourself. We will not pay for the drugs that are listed here (unless our Plan covers certain excluded drugs). The only exception: If the requested drug is found, upon appeal, to be a drug that is not excluded under Part D and we should have paid for or covered it because of your specific situation.

Here are three general rules about drugs that Medicare drug plans will not cover under Part D:

1. Our Plan’s Part D drug coverage can not cover a drug that would be covered under Medicare Part A or Part B.
2. Our Plan can not cover a drug purchased outside the United States and its territories.
3. Our Plan usually cannot cover off-label use. “Off-label use” is any use of the drug other than those indicated on a drug’s label as approved by the Food and Drug Administration.

- Generally, coverage for “off-label use” is allowed only when the use is supported by certain reference books. These reference books are the American Hospital Formulary service Drug Information, the DRUGDEX Information System and the USPDI or its successor. If the use is not supported by any of these reference books, then our Plan cannot cover its “off-label use.”

Also, by law, these categories of drugs are not covered by Medicare drug Plans unless we offer enhanced drug coverage, for which you may be charged additional premium:

- Non-prescription drugs (also called over-the-counter drugs)
- Drugs when used to promote fertility
- Drugs when used for the relief of cough or cold symptoms
- Drugs when used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- Drugs when used for the treatment of sexual or erectile dysfunction, such as Viagra, Cialis, Levitra and Caverject
- Drugs when used for treatment of anorexia, weight loss or weight gain
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Barbiturates and Benzodiazepines