

## EXCLUSIONS

In addition to the exclusions and limitations explained in the Health Care Benefits section, coverage is not provided for services and supplies:

1. Not prescribed by or performed by or under the direction of a Physician or Other Professional Provider.
2. Not performed within the scope of the Provider's license.
3. Received from other than a Provider.
4. For Experimental or Investigational equipment, drugs, devices, services, supplies, tests, medical treatments or procedures.
5. To the extent that governmental units or their agencies provide benefits, except Health Departments, as determined by Medical Mutual.
6. For a Condition that occurs as a result of any act of war, declared or undeclared.
7. For which you have no legal obligation to pay in the absence of this or like coverage.
8. Received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust or similar person or group.
9. Received from a member of your Immediate Family.
10. Incurred after you stop being a Covered Person except as specified in the Benefits After Termination of Coverage section.
11. For the following:
  - physical examinations or services required by an insurance company to obtain insurance;
  - physical examinations or services required by a governmental agency such as the FAA and DOT;
  - physical examinations or services required by an employer in order to begin or to continue working;
  - premarital examinations;
  - screening examinations, except as specified; or
  - X-ray examinations made without film.
12. For a Condition occurring in the course of employment or for occupational injuries sustained by sole proprietors, if whole or partial benefits or compensation could be available under the laws of any governmental unit. This applies whether or not you claim such compensation or recover losses from a third party.
13. For which payment was made or would have been made under Medicare Parts A or B if benefits were claimed. This applies when you are eligible for Medicare even if you did not apply for or claim Medicare benefits. This does not apply, however, if in accordance with federal law, this coverage is primary and Medicare is the secondary payer of your health care expenses.
14. Received in a military facility for a military service related Condition.
15. For Surgery and other services primarily to improve appearance or to treat a mental or emotional Condition through a change in body form (including cosmetic Surgery following weight loss or weight loss Surgery), except as specified.
16. For Surgery to correct a deformity or birth defect for psychological reasons where there is no functional impairment.
17. For the removal of tattoos.
18. For dietary and/or nutritional guidance or training, except as specified.
19. For Outpatient educational, vocational or training purposes except as specified.
20. For treatment of Conditions related to an autistic disease of childhood, developmental delay, learning disabilities, hyperkinetic syndromes, behavioral problems or mental retardation, except as specified.
21. For topical anesthetics.
22. For arch supports and other foot care or foot support devices only to improve comfort or appearance which include, but are not limited to, care for flatfeet, subluxations, corns, bunions (except capsular and bone Surgery), calluses and toenails.
23. For weight loss drugs.

24. For treatment, by methods such as dietary supplements, vitamins and any care which is primarily dieting or exercise for weight loss.
25. For weight loss Surgery including complications related to this Surgery.
26. For water aerobics.
27. For residential care rendered by a Residential Treatment Facility.
28. For marital counseling.
29. For the medical treatment of sexual problems not caused by a biological Condition.
30. For transsexual Surgery or any treatment leading to or in connection with transsexual Surgery.
31. For Contraceptives, except as specified.
32. For contraceptive devices which include, but are not limited to, IUD's, diaphragms and cervical caps.
33. For reverse sterilization.
34. For artificial insemination or in vitro fertilization.
35. For services for normal pregnancy and elective abortions.
36. Incurred as a result of any Covered Person acting as or contracting to be, a surrogate parent.
37. For treatments associated with teeth, dental X-rays, dentistry or any other dental processes, including orthognathic (jaw) Surgery, except as specified.
38. For oral implants considered part of a dental process or dental treatment including preparation of the mouth for any type of dental prosthetic except when due to trauma, accident or as deemed Medically Necessary by Medical Mutual.
39. For treatment with intraoral prosthetic devices or by any other method, to alter vertical dimension.
40. For treatment of the vertebral column unless related to a specific neuromusculoskeletal related diagnosis.
41. For personal hygiene and convenience items.
42. For eyeglasses or contact lenses, except those for aphakic patients, keratoconus and soft lenses or sclera shells for use as corneal bandages when needed as a result of Surgery.
43. For any surgical procedure for the correction of a visual refractive problem including, but not limited to, radial keratotomy and LASIK (laser in situ keratomileusis).
44. For all services related to hearing loss including hearing aids or examinations for prescribing or fitting them.
45. For immunizations, other than those specified as covered in the Routine and Wellness Services section of the Certificate.
46. For massotherapy or massage therapy.
47. For hypnosis and acupuncture.
48. For After Hours Care.
49. For telephone consultations, online consultations, missed appointments, completion of claim forms or copies of medical records.
50. For fraudulent or misrepresented claims.
51. For blood which is available without charge. For Outpatient blood storage services.
52. For Prescription Drugs, except as specified.
53. For over the counter drugs, vitamins or herbal remedies.
54. For Private Duty Nursing services.
55. For specialized camps.
56. For Routine Services, except as specified.
57. For non-covered services or services specifically excluded in the text of this Certificate.