

MEDICAL BENEFIT EXCLUSIONS

The General Plan Exclusions and Limitations of the Plan apply to Medical Benefits in addition to the following Medical Benefit Exclusions:

1. Charges for routine medical examinations, routine health check-ups or preventive immunizations not necessary for the treatment of an Injury or Illness, except as specifically listed as a covered benefit.
2. Charges in connection with the care or treatment of, surgery performed for, or as the result of, a Cosmetic procedure. **This exclusion will not apply when such treatment is rendered to correct a condition resulting from an Accidental Injury or an Illness, or when rendered to correct a congenital anomaly.**
3. Charges for services, supplies or treatments or procedures, surgical or otherwise, not recognized as generally accepted and Medically Necessary for the diagnosis and/or treatment of an active Illness or Injury, or which are Experimental or Investigational, except as specifically stated as a covered benefit of this Plan.
4. Charges for elective abortions.
5. Charges for hospitalization when such confinement occurs primarily for physiotherapy, hydrotherapy, convalescent or rest care, or any routine physical examinations, tests or treatments not connected with the actual Illness or Injury.
6. Charges for Physicians' fees for any treatment which is not rendered by or in the physical presence of a Physician.
7. Charges for Licensed Health Care Providers' fees for any treatment which is not rendered by or in the physical presence of a Licensed Health Care Provider.
8. Charges for special duty nursing services are excluded:
 - A. Which would ordinarily be provided by the Hospital staff or its Intensive Care Unit (the Hospital benefit of the Plan pays for general nursing services by Hospital staff); or
 - B. When private duty nurse is employed solely for the convenience of the patient or the patient's Family or for services which would consist primarily of bathing, feeding, exercising, homemaking, moving the patient, giving medication or acting as a companion, sitter or when otherwise deemed not Medically Necessary as requiring skilled nursing care.
9. Charges in connection with eye refractions, the purchase or fitting of eyeglasses, contact lenses, , except as specifically listed as a covered expenses.
10. Charges in connection with hearing aids, or such similar aid devices. **This exclusion will not apply to the initial purchase of a hearing aid if the loss of hearing is a result of a surgical procedure.**
11. Charges for dental treatment on or to the teeth, the nerves or roots of the teeth, gingival tissue or alveolar processes; however, benefits will be payable for treatment required because of accidental bodily Injury to natural teeth. Such expenses must be Incurred within six (6) months of the date of accident. This exception will not in any event be deemed to include charges for treatment for the repair or replacement of a denture.

12. Charges related to or in connection with fertility studies, sterility studies, procedures to restore or enhance fertility, artificial insemination, or in-vitro fertilization, or any other assisted reproductive technique.
13. Charges for marital counseling, family counseling, recreational counseling or milieu therapy.
14. Charges for group therapy, except for the treatment of Alcoholism and/or Chemical Dependency.
15. Charges resulting from or in connection with the reversal of a sterilization procedure.
16. Charges for weight reduction and weight control, except as specifically covered under the "Roux-En-Y Divided Gastric Bypass Surgery Benefit".
17. Charges for chiropractic treatment which are not related to an actual illness or injury or which exceed the maximum benefit as stated in the Schedule of Medical Benefits.
18. Charges for orthotics, acupuncture, naturopathy, holistic medical procedures or rolfing.
19. Charges for hair transplant procedures, wigs and artificial hairpieces, or drugs which are prescribed to promote hair growth.
20. Charges for any services, care or treatment for sexual dysfunction including medications, surgery, medical, counseling or Psychiatric Care or treatment.
21. Charges for any surgical, medical or Hospital services and/or supplies rendered in connection with radial keratotomy, LASIK or any other procedure designed to correct farsightedness, nearsightedness or astigmatism.
22. Charges related to Custodial Care.
23. Charges for artificial organ implant procedures.
24. Charges for non-prescription supplies or devices, except as covered under the Preventive Care Benefit.
25. Charges for services of a direct-entry midwife or lay midwife or the practice of direct-entry midwifery. A Direct-entry midwife is one practicing midwifery and licensed pursuant to 37-27-101, MCA et seq.

"Direct-entry midwife" means a person who advises, attends, or assists a woman during Pregnancy, labor, natural childbirth, or the postpartum period and who is not a licensed Certified Nurse Midwife.
26. Charges for voice modification; suction assisted lipoplasty of the waist; blepharoplasty; facial reconstruction or facial feminization surgery; hair removal or other non-Medically Necessary services, care or treatment of Gender Identity Disorder or Gender Dysphoria.

Charges for treatment of Gender Identity Disorder/Gender Dysphoria when the services are for reversal of a prior gender reassignment surgery or reversal of a prior surgery to revise secondary sex characteristics.
27. Charges for residential treatment, except as specifically listed as a covered service.