

All benefits are subject to limitations and exclusions as described in your Member Certificate and Summary of Benefits. The following list is not exhaustive. For a complete listing refer to your Member Certificate and Summary of Benefits at deancare.com or request a hard copy by calling the Customer Care Center.

Temporomandibular Disorders (TMD)

- Non-surgical treatment of temporomandibular disorders (TMD) is limited to \$1,250 per member per contract year.

Non-Covered Infertility Services

- Reversal of voluntary sterilization and related procedures.
- All charges or costs relating to donor sperm.
- Consultation for, or procedures in connection with, in vitro fertilization, embryo transplantation and/or any other assistive reproductive technique (e.g. GIFT, ZIFT).

Non-Covered Maternity Services

- Elective abortions.
- Home or intentional out of hospital deliveries (e.g. free standing birth centers).
- Amniocentesis or CVS (Chorionic Villi Sampling) performed exclusively for sex determination.
- Birthing classes.
- Treatment, services or supplies for a third party or nonmember traditional surrogate or gestational carrier.

Outpatient Physical, Speech and Occupational Therapy Non-Covered Services

- Long term and maintenance therapy.

Non-Covered Transplant Services

- Transplants and all related expenses, not outlined as covered procedures in your Member Certificate and Summary of Benefits.
- Services and supplies in connection with covered transplants unless prior authorized by the Medical Affairs Division.
- Any experimental or investigational transplant.
- Transplants involving non-human or artificial organs.

General Exclusions and Limitations

- Acupuncture, dry needling and prolotherapy.
- Autopsy.
- Chelation therapy for atherosclerosis.
- Coma Stimulation programs.
- Court-ordered care, unless Medically Necessary and otherwise covered under your Member Certificate and Summary of Benefits.
- Cytotoxic testing and sublingual antigens in conjunction with allergy testing.
- Dental or dental-related services, treatments or procedures not specifically covered under the "Accidental Injury to Teeth, Oral Surgery Services and TMD" subsection of your Member Certificate and Summary of Benefits.
- Dental implants unless prior authorized for the preparation of the mouth for dental prosthesis as a result of a covered medical treatment.
- Services required for administrative examinations such as employment, licensing, insurance, adoption or participation in athletics.
- Experimental or investigational services, treatments or procedures and any related complications as determined by our Medical Affairs Division, unless coverage is required by state or federal law.

- Services provided by a member's immediate family or any person residing with the member.
- Holistic medicine and any other form of alternative medicine.
- Massage therapy.
- Swim or pool therapy, unless Prior Authorization is obtained.
- Services and supplies furnished by a government plan, hospital or institution unless by law you must pay.
- Items or services required as a result of war or any act of war, insurrection, riot, terrorism or sustained while performing military service.
- Outpatient prescription drugs, except those prescriptions otherwise covered under the policy.
- Podiatry services or routine foot care rendered in the absence of localized illness, injury, or symptoms in connection with, but not limited to: (a) the examination, treatment, or removal of all or part of corns, calluses, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet; (b) the cutting, trimming, or other non-operative partial removal of toenails; or (c) for any treatment or services in connection with any of these.
- Any services to the extent a member receives or is entitled to receive any benefits, settlement, award, or damages for any reason of, or following any claim under, any Workers' Compensation Act, employer's liability insurance plan or similar law or act. "Entitled" means the member is actually insured under Workers' Compensation.
- Treatment, services and supplies provided in connection with any illness or injury caused by: (a) a member's engaging in an illegal occupation or (b) a member's commission of, or an attempt to commit, a felony.
- Treatment, services and supplies provided to a member while the member is held or detained in custody of law enforcement officials, or imprisoned in a local, state or federal penal or correctional institution.
- Hair analysis (unless lead or arsenic poisoning is suspected).
- Obesity-related services, including any weight loss method, unless specifically covered under this Certificate.
- Services or supplies not medically necessary, not recommended or approved by a provider or not provided within the scope of the provider's license.
- Any hospital service or medical care not listed in your Member Certificate and Summary of Benefits.
- Services and supplies rendered outside the scope of the provider's license.
- An expense incurred before the supply or service is actually provided unless prior approved by our Medical Affairs Division.
- Services or supplies for, or in connection with a non-covered procedure or service, including complications, regardless of when a non-covered procedure or service is or was performed, a denied referral or Prior Authorization or a denied admission.
- All charges or costs exceeding a benefit maximum or Maximum Allowable Fee where applicable.
- Collection and storage of sperm and eggs outside the course of treatment for and diagnosis of, infertility including for surrogacy or Gestational Carriers.
- All services or supplies provided in conjunction with the treatment of sexual dysfunction or sexual transformation, including, but not limited to, medications, surgical treatment and injections.
- All charges and costs related to internet and phone consultations.
- Oral Nutrition: Oral nutrition is not considered a medical item. Dean Health Plan does not cover nutritional support that is taken orally (i.e., by mouth), unless mandated by state law or covered under a Dean Health Plan medical policy for a specific condition. Examples include, but are not limited to, over-the-counter nutritional supplements, infant formula and donor breast milk.
- Educational services, except for diabetic self-management classes.
- Cosmetic services, including cosmetic surgery.
- Laser treatment for Port Wine Stain (PWS) lesions, except on the face.
- Items of convenience for a member or a member's family.
- In-home behavioral health therapy services for the convenience of the member.
- Low Level Light Therapy
- No coverage is available for missed appointment charges, or telephone consultation charges by or between providers.
- Replacement of an item if the item is lost, stolen or unusable/nonfunctioning because of misuse, abuse or neglect.
- Travel immunizations.