

# SGH Plan Exclusions

## Medical Exclusions

**Charges for the treatment of a Diagnosed Illness or Injury are not covered under this Plan. No claims will be considered for the following:**

1. Accident- Charges for the care and treatment of accident related illness or injury. (Accident related injuries as defined in this document refer to "accidents" – such as a car accident or on the job accident. This does not apply to your run of the mill "accidents", such as falling and spraining your wrist. Such visits are only covered by a PCP, there is no specialist coverage. Also, there is no diagnostic testing (lab/x-ray, ect.) that is covered.)
2. Ambulatory Surgical Center Services Brand Name Drugs Complications of Non-Covered Treatments- Care, services or treatment required as a result of complications from a treatment not covered under the Plan are not covered.
3. Cosmetic Services- Charges for cosmetic services, supplies or drugs. A treatment will be considered cosmetic for either of the following reasons:
  - a. Its primary purpose is to beautify; or
  - b. There is no documentation of a clinically significant impairment, meaning decrease in function or change in physiology due to illness, accidental injury, or congenital abnormality.
4. Court-Ordered- Charges for any court-ordered rehabilitative treatment, service, or supply.
5. Covered Medical Expenses- Charges for Covered Medical Expenses in excess of Allowable Claim Limits.
6. Date of Coverage- Charges incurred prior to the effective date of coverage, or charges incurred after the termination date of coverage.
7. Dental Services- Charges for dental work or treatment.
8. Durable Medical Equipment
9. Educational- Charges for educational or vocational services, including but not limited to schooling, books, and supplies.
10. Employment Related- Charges for treatment for an illness or injury arising out of or in the course of, employment (or self-employment) for wage or profit or gain for which the Covered Participant is reimbursed or entitled to reimbursement under any federal or state law, including worker's compensation or similar law.
11. Durable Medical Equipment Exercise- Charges for exercise or wellness programs, including physician supervised cardiac rehabilitation, occupational therapy, or physical therapy.
12. Experimental and Investigational Procedures and Treatment- Charges for Experimental and Investigational procedures or treatments and the complications resulting from those procedures or treatments are not a covered benefit under this Plan.
13. Formulary Drugs
14. Government Coverage- Charges for services or supplies provided by the Veterans Administration or in any Hospital or institution owned, operated, or maintained by the United States Government for a service-related illness or injury.
15. Government Health Plan- Charges for services and supplies, which are provided by any government health plan except for state-sponsored medical assistance programs. In the case of a state-sponsored plan, any benefits will be paid to the state. Any amount paid will be considered benefits paid under the Plan and will constitute a full discharge of liability to the extent of payment.
16. Habilitative Services- Habilitation Services including physical therapy, occupational therapy and speech pathology are not covered under this Plan.
17. Home Health Services Hospice Services Hospital Admissions
18. Hospital Inpatient, Outpatient, or Emergency Services Illness- Charges for the care and treatment of a diagnosed illness, in excess of 3 office visits per Calendar Year, are not covered under this Plan.
19. Injury- Charges for the care and treatment of an accidental injury, in excess of 6 office visits per Calendar Year, are not covered under this Plan.
20. Mental/Behavioral Health- Mental/Behavioral Health and Substance Abuse Disorder Services are not covered with the exception of services listed in Schedule of Benefits as Preventive Care.
21. Non-Medical Related Examinations/Services- Charges for care, treatment, services, or supplies when performed for any of the following reasons:
  - Charges for failure to keep scheduled appointments;
  - Charges for completion of any form;
  - Charges for medical information;
  - Recreational therapy;
  - Any services or supplies that are nonmedical;
  - For purposes of obtaining, maintaining, or otherwise relating to career, sports, camp, school, travel, employment, insurance, marriage, or adoption;
  - Relating to judicial or administrative proceedings or orders;
  - Conducted for the purpose of medical research; or
  - To obtain a license of any type.
22. No Obligation to Pay- Charges incurred for which the Plan has no legal obligation to pay.
23. Non-PPO Providers- Services from Providers who are not in the Plan's Preferred Provider network are not covered.
24. Not Responsible- Charges that a Covered Participant would not be responsible for in the absence of this Plan.
25. Not Specified As Covered- Charges for services, treatments, or supplies that are not specified as covered under this Plan.
26. Organ and Tissue Transplant
27. Outpatient Surgery- Charges from a Physician or a Hospital for surgical services are not covered under this Plan.
28. Outside the US- Charges for medical expenses if the Covered Participant leaves the United States, the U.S. Territories, or Canada for the express purpose of receiving Preventive Care.
29. Physical Therapy Plan Maximums- Charges that exceed any Plan Maximum or Limitation as outlined in the Schedule of Benefits.
30. Prescription Drugs- Charges for drugs requiring written prescription are not covered by the medical portion of this Plan. Prescription drugs are provided under the prescription drug portion of the Plan. Insulin and related diabetic supplies and bee sting kits are covered under the prescription drug portion of the Plan.
31. Rehabilitative Services- Rehabilitative Services, such as physical therapy, occupational therapy, speech pathology and cardiac rehabilitation are not covered under this Plan.
32. Relationships- Charges for professional services performed by a person who ordinarily resides in the Participant's home or is related to the Participant as a Spouse, parent, child, brother, sister, brother-in-law, or sister-in-law, whether the relationship is by blood or exists in law.
33. Services before or after coverage- Care, treatment or supplies for which a charge was incurred before a person was covered under this Plan or after coverage ceased under this Plan.
34. Skilled Nursing/Extended Care Speech Therapy
35. Specialty Drugs Surgical Benefits
36. Transplants
37. Travel and/or Lodging- Charges for the cost of travel or lodging related to receiving medical treatment, except as specified under "Ambulance Services" and "Organ and Tissue Transplant" benefits under the Covered Benefits section.
38. Third-Party Liability- Any charges for which a third-party is liable, unless the Covered person who experiences such loss has agreed, in writing, to fulfill his obligations stated within the Plan Document.
39. Usual, Customary, and Reasonable Allowance- Charges in excess of the Usual, Customary, and Reasonable allowance for each service, or in excess of the maximum allowable amount.

**Notice to MA consumers: This program does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.**