

General Health Plan Limitations and Exclusions

This is an outline of the Limitations and Exclusions for the Group Health Cooperative of South Central Wisconsin (GHC-SCW) group and individual health plans. It is designed for reference only. Consult the Policy, Policy Amendments, Certificate of Coverage and Benefits Summary for a complete list of Limitations and Exclusions.

The following services and expenses are not covered, and no benefits will be payable unless stated otherwise for expenses arising from:

- Medical care or services provided by a non-GHC-SCW Provider, whether or not under contract with GHC-SCW. Using a non-GHC-SCW Provider or an Out-of-Plan Provider is not covered and the Member will be financially responsible for full payment of care and services unless: written approval for Out-of-Plan care and services has been obtained from GHC-SCW's Care Management Department prior to obtaining the medical care; or, service is for an Emergency Condition or an Urgent Condition when the Member is outside of the GHC-SCW Service Area; or, the plan provides for the use of non-GHC-SCW Providers
- Services that are not Medically Necessary, are experimental, investigative or for research purposes
- Billed amounts that are over and above the GHC-SCW Reasonable and Customary Fees and Charges for covered benefits
- Items or services required as a result of war or any act of war, insurrection, riot, terrorism, or sustained while performing military services
- Services provided at U.S. Government Health Facilities
- Services provided before the effective date or after the termination date of the Policy or Certificate of coverage
- Services related to an admission or confinement which occurs prior to and continues on or after the Member's effective date when GHC-SCW coverage replaces other group coverage.
- Services while incarcerated, except as specifically required by state or federal law
- Charges for missed appointment(s)
- Services for injuries incurred during the commission of a crime
- Bilateral Cochlear Implants and Bilateral Bone Anchored Hearing Aid (BAHA) devices
- Blood donor services
- Common use supplies
- Complementary Medicine services not specifically covered under the Policy or Certificate of coverage
- Complications, consultations, services and procedures related to a non-covered procedure
- Cosmetic services
- Custodial care
- Dental services not specifically covered under the Policy or Certificate of coverage
- Developmental delay (unless specifically included under the Policy or Certificate of coverage) including: non- medical services for the evaluation, diagnosis, testing or treatment of educational problems, behavior modification or educational disorder services
- Drug screening, except as specifically covered under the Policy or Certificate of coverage
- Duplicate services
- Elective Abortions
- Electrolysis services
- Emergency Outpatient Services when a Member leaves the emergency room prior to seeing a physician
- End of Life Services not specifically included under the Policy or Certificate of coverage
- Food/Infant Formula, oral nutrition, and enteral nutritional products (medical foods)
- Functional capacity evaluations
- Gastro-intestinal surgical procedures for purposes of weight loss
- Growth Hormone for the treatment of idiopathic short stature
- Hair implants/transplants
- Hearing Aid repair costs, batteries, and ancillary equipment
- Home health visits beyond the amount specified in the Policy or Certificate of coverage
- Home modifications
- Hospital services for a Skilled Nursing Facility beyond the amount specified in the Policy or Certificate of coverage

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- Housecleaning
- Hypnotherapy services
- Infertility services not specifically covered under the Policy or Certificate of coverage, and services beyond the Benefit Maximum specified in the Benefits Summary
- Insulin injection pens not included in the GHC formulary.
- Keratorefractive surgery
- Surrogate maternity services
- Medical Supplies, including durable and disposable medical equipment, supplies and prosthetic appliances not specifically covered under the Policy or Certificate of coverage
- Mental Health and Substance Use Disorder services beyond the services specified in the Policy or Certificate of coverage
- Coverage for medical problems which never would have occurred except through hospitalization, including but not limited to injuries or illnesses that could have been prevented such as certain infections, severe bedsores, fractures, and medical errors
- Obesity-related services
- Outpatient Rehabilitation Therapies and Habilitation Services beyond the services specified in the Policy or Certificate of coverage
- Over the counter supplies
- Personal comfort items
- Prescription drugs or contraceptive devices unless specifically included under the Policy or Certificate of coverage
- Private duty nursing services
- Prolotherapy
- Services performed by a family member
- Scar revisions
- Specialty medical care provided by a non-GHC-SCW Provider, whether or not under contract with GHC-SCW, when the service requested may be provided by a GHC-SCW Specialty Provider
- Sperm banking or egg harvesting
- Supportive care
- Surgical Services and treatment to correct or reverse complications and/or dissatisfaction resulting from surgery, cosmetic treatment, or reconstruction when no functional impairment exists, as determined by GHC-SCW
- Tattoos: services for the removal of tattoos or complications related to tattoos
- Transplant donor services when the recipient is not a current Member under this certificate.
- Recreational and Educational therapy, therapy for congenital conditions (unless specifically included under the Policy or Certificate of coverage), telephonic mental health care therapy session, sexual dysfunction therapy, financial and occupational counseling, and therapies beyond the services specified in the Policy or Certificate of coverage
- Therapies for the diagnosis and treatment of chronic brain injury, including augmentative communication devices, and speech therapy for the treatment of stuttering, developmental delay, or cerebral palsy, unless specifically included under the Policy or Certificate of coverage
- Third-party examinations
- Tongue thrust services or treatment
- Transplants, except for those specified in the Policy or Certificate of coverage and services, any organ or tissue which is sold rather than donated, involving non-human or artificial organs and tissues, and human to human organ or tissue transplant other than those specifically listed and specified within the Policy or Certificate of coverage
- Transportation services and costs, except Medically Necessary ambulance services
- Travel Immunizations
- Vocational Rehabilitation services
- Vision services, and eyewear for all Members (to include lenses, frames, contact lenses, contact lens prescriptions or contact lens fitting), unless specifically included under the Policy or Certificate of coverage
- Workers' Compensation items and services incidental to an injury or conditions covered by any Workers' Compensation law or occupational disease law
- Out-of-Area Dependents (who do not reside in the Service Area) are only eligible for Out-of-Area Services as specified in the Policy or Certificate of coverage, unless the plan provides for the use of non-GHC-SCW Providers