

Non covered CHP+ SMCN Services

Preventive Care Services:

The following services are not covered services (exclusions):

- Immunizations required for international travel.
- Services related to routine physical or screening exams and immunizations given primarily for insurance, licensing, employment, weight reduction programs, or for any non-preventive purpose.
- Services provided by an OB/GYN Provider for primary care services (for example, cold or flu symptoms) without a PCP referral.
- Any services not medically necessary.

Family Planning /Reproductive Health:

The following family planning/reproductive health services are not covered (exclusions):

- Surgical sterilization (for example, tubal ligation or vasectomy) and related services.
- Reversals of sterilization procedures.
- Over-the-counter contraceptive products such as condoms and spermicide.
- Preconception, paternity, or court-ordered genetic counseling and testing (for example, tests to determine the sex or physical characteristics of an unborn child).
- Elective termination of pregnancy, unless the elective termination is to save the life of the mother or if the pregnancy is the result of an act of rape or incest.

Maternity and Newborn Care:

The following services, supplies and care are not covered (exclusions):

- Maternity care and/or deliveries outside the service area within five weeks of the anticipated delivery date, except in an emergency.
- Services including, but not limited to:
 - preconception counseling,
 - paternity testing,
 - genetic counseling and testing, (unless related to the determination of disease or other circumstances not excluded in the covered benefits)
 - testing for inherited disorders,
 - screening for disorders, discussion of family history or test results to determine the sex or physical characteristics of an unborn child.
- Storage costs for umbilical blood.
- Inpatient services for adult pregnant members during their Presumptive Eligibility period.

Provider Office Services:

The following services, supplies and care are not covered:

- Any cost related to getting medical records or reports or the transfer of the member's files.
- Treatment for hair loss, even if caused by a medical condition, except for alopecia areata.
- Routine foot care, such as care for corns, toenails or calluses (except for members with diabetes).
- Telephone or Internet consultations.
- Treatment for sexual dysfunction.
- Infertility Services.
- Genetic counseling.
- Separate reimbursement for anesthesia and post-operative care when services are provided by the same provider in the provider's office.
- Peripheral Bone Density Scans.

Inpatient Facility Services:

The following inpatient facility services are not covered services:

- Consultations or visits related to any non-covered service.
- Inpatient provider services received on a day for which facility charges were denied.
- Telephone consultations.
- Private room expenses, unless the member's medical condition requires isolation to protect the member from exposure to dangerous bacteria and diseases (conditions that require isolation include, but are not limited to, severe burns and conditions that require isolation according to public health laws).
- Admissions related to non-covered services or procedures (also see DENTAL-RELATED SERVICES in this section for exceptions).
- Room and board and related services in a nursing home.
- Custodial care facility admissions or admissions to similar institutions.
- Charges related to the non-compliance of care if the member leaves a hospital or other facility against the medical advice of the provider.
- Facility room and board charges for the day of discharge.
- Surgical benefits for subsequent procedures to correct further injury or illness resulting from a member's noncompliance with prescribed medical treatment. An example of a noncovered subsequent procedure is the removal of infected tissue directly caused by a member not taking prescribed medication after a tonsillectomy.
- Procedures solely cosmetic in nature.
- Custodial and/or maintenance care.
- Any services or care for the treatment of sexual dysfunction.
- Sex change operations, preparation for a sex change operation, or complications arising from a sex change operation.
- Personal comfort and convenience items, such as televisions, telephones, guest meals, articles for personal hygiene and other similar services and supplies.
- Surgical services for refractive keratoplasty, including radial keratotomy or lasik, or any procedure to correct visual refractive defect.
- Additional procedures not routinely performed during the course of the main surgery.

Outpatient Facility Services:

The following services, supplies and care are not covered:

- Surgical benefits will not be provided for subsequent procedures to correct further injury or illness resulting from the member's noncompliance with prescribed medical treatment. An example of a non-covered subsequent procedure is the removal of infected tissue directly caused by a member not taking prescribed medication after a tonsillectomy.
- Procedures that are solely cosmetic in nature.
- Any services or care for the treatment of sexual dysfunction.
- Sex change operations, preparation for a sex change operation or complications arising from a sex change operation.
- Personal comfort and convenience items such as televisions, telephones, guest meals, articles for personal hygiene and other similar services and supplies.
- Surgical services for refractive keratoplasty, including radial keratotomy or lasik, or any procedure to correct visual refractive defect.
- Additional procedures routinely performed during the course of the main surgery.
- Peripheral bone density scans.

Emergency and Urgent/After Hours Care:

Do not use an emergency center for non-emergency services. It is not covered.

- Follow-up care, including but not limited to, removal of stitches and dressing changes, received in an emergency room or urgent care center are not considered emergency care. Members should get any follow up care from their PCP.
- Services received outside of the service area if the member knew they needed the care before they left the service area.
- Maternity care and/or deliveries outside the service area within five weeks of the due date, except in an emergency.

Urgent/After Hours Care:

- Colorado Access will not cover urgent/after-hours care provided more than 50 miles from the service area if the member knew the member might need care before the member left, or if the member could have traveled to the PCP's office without medically harmful results.
- If a member is sick, the member should visit their PCP before they leave town. If a member receives care away from home, the member should call doctor within 48 hours.
- Maternity care and/or deliveries outside the service area within five weeks of the members due date, except in an emergency.

Ambulance and Transportation Services:

The following services, supplies and care are not covered:

- Commercial transport (air or ground), private aviation or air taxi services.
- Transportation by private car/automobile, commercial or public transportation or wheelchair ambulance (ambu-cab).
- Ambulance transportation if the member could have been transported by automobile or commercial or public transportation without endangering the member's health and/or safety.
- If the member elected not to receive transport to an emergency facility after an ambulance has been called then the member is responsible for any charges.
- Ambulance transportation from an emergency facility to the member's residence.

Outpatient Therapies:

The following services, supplies and care are not covered:

- Formula for any medical condition that does not meet the cover benefit requirements.
- Cardiac rehabilitation programs unless following a major cardiac event.
- Maintenance therapy or care provided after a member has reached their rehabilitative potential as determined by Colorado Access.
- Home programs for on-going conditioning and maintenance.
- Therapies for learning disorders, stuttering, voice disorders, or rhythm disorders. However, up until the child's 5th birthday, this exclusion shall not apply to therapies for the care and treatment of congenital defects or birth abnormalities.
- Non-specific diagnoses relating to learning-related disorders.
- Therapeutic exercise equipment such as treadmills and/or weights prescribed for home use.
- Membership at health spas or fitness centers.
- Convenience items as determined by Colorado Access.
- The purchase of pools, whirlpools, spas and personal hydrotherapy devices.
- Therapies and self-help programs not specifically identified in the covered benefits.
- Recreational, sex, primal scream, sleep and Z therapies.
- Biofeedback.
- Rebirthing therapy.
- Self-help and weight-loss programs.
- Transactional analysis, encounter groups and transcendental meditation (TM).
- Sensitivity and assertiveness training.
- Rolfing, Pilates, myotherapy and prolotherapy.
- Holistic medicine and other wellness programs.
- Educational programs such as behavior modification or arthritis classes, except as otherwise specifically provided for under this certificate.
- Services for sensory integration disorder.
- Occupational therapies for diversional, recreational or vocational therapies (e.g., hobbies, arts and crafts).
- Acupuncture care.

Home Health Care/Home Infusion Therapy:

The following services, supplies and care are not covered:

- Custodial care.
- Care that is provided by a nurse who ordinarily lives in a member's home or is an immediate family member.
- Services or supplies for personal comfort or convenience, including homemaker services.
- Food services, meals, formulas and supplements, other than listed as a covered benefit or dietary counseling, even if the food, meal, formula or supplement is the sole source of nutrition.
- Pastoral/religious or spiritual counseling.

Hospice Care:

The following services are not covered services:

- Food services and meals, other than nutritional assessment, counseling and support listed as a covered benefit.
- Services or supplies for personal comfort or convenience, including homemaker and housekeeping services.
- Private duty nursing.
- Pastoral/religious and spiritual counseling outside of the hospice setting.
- Grief counseling for family members outside the hospice setting.

Human Organ and Tissue Transplant Services:

The following services, supplies and care are not covered:

- Services performed at any hospital that Colorado Access has not designated and approved to provide human organ and tissue transplant services for the organ or tissue being transplanted.
- Services performed if a member is not a suitable transplant candidate as determined by the hospital Colorado Access has designated and approved to provide such services.
- Services for donor searches or tissue matching, or personal living expenses related to donor searches or tissue matching, for the recipient or donor, or their respective family or friends.
- Any experimental or investigational transplant, treatment, procedure, facility, equipment, drug, device, service or supply, including any associated or follow-up service or supply.
- Any transplant, treatment, procedure, facility, equipment, drug, device, service or supply that requires federal or other governmental agency approval which is not granted at the time services are provided and any associated or follow-up service or supply.
- Transplants of organs other than those listed previously in the Benefits Booklet section of the member hand book, including non-human organs.
- Services and supplies related to artificial and/or mechanical hearts or ventricular and/or atrial assist devices related to a heart condition that are in any way related to the artificial and/or mechanical heart or ventricular/atrial assist devices or the failure of those devices as long as any of the specified devices remain in place. This exclusion includes services for implantation, removal and complications. This exclusion does not apply to left ventricular assist devices when used as a bridge to a heart transplant.

Medical Supplies and Equipment:

The following services, supplies and care are not covered:

- Comfort, luxury or convenience item supplies, equipment and appliances (e.g., wheelchair sidecars or a cryocuff unit). Equipment or appliances that include more features than needed for the medical condition are considered luxury, deluxe and convenience items (e.g., motorized equipment, such as electric wheelchairs or electric scooters, when manually operated equipment can be used).
- The CHP+ standard benefit package does not cover any items available without a prescription, such as over-the-counter items and items usually stocked in the home for general use. This includes, but is not limited to, bandages, gauze, tape, cotton swabs, dressing, thermometers, heating pads and petroleum jelly.
- Air conditioners, purifiers, humidifiers, dehumidifiers, special lighting or other environmental modifiers, surgical supports and corsets or other articles of clothing, whirlpools, hot tubs, saunas, flotation mattresses and biofeedback equipment.
- Self-help devices that are not medical in nature, regardless of the relief or safety they may provide for a medical condition, including, but not limited to, bath accessories (including bathtub lifts), telephone arms, home modifications to accommodate wheelchairs, wheelchair convenience items, wheelchair lifts and vehicle modifications.
- Dental prostheses, hair/cranial prostheses, penile prostheses or other prosthesis for cosmetic purposes.
- Orthotic shoe inserts (except for members with diabetes).
- Home exercise and therapy equipment.
- Consumer beds, adjustable beds or waterbeds.
- Repairs or replacements needed due to misuse or abuse of any covered medical supply or equipment that is identified in this section.
- Orthopedic shoes not attached to a brace (except for members with diabetes).

Dental-Related Services:

The following services, supplies and care are not covered:

- Restoring the mouth, teeth, or jaws due to injuries from biting or chewing.
- Restorations, supplies or appliances, including, but are not limited to, cosmetic restorations, cosmetic replacement of serviceable restorations and materials (such as precious metal) that are not medically necessary to stabilize damaged teeth.
- Inpatient or outpatient services due to the age of the member, the medical condition of the member and/or the nature of the dental services, except as described as a covered benefit.
- Upper or lower jaw augmentation or reductions (orthognathic surgery) even if the condition is due to a genetic congenital or acquired characteristic.
- Artificial implanted devices and bone graft for denture wear.
- Temporomandibular (TMJ) joint therapy or surgery is not covered unless it has a medical basis.
- Administration of anesthesia for dental services, operating and recovery room charges, and surgeon services except as allowed in the covered benefits.

Food and Nutrition:

The following services, supplies and care are not covered:

- Enteral feedings, except as provided previously in this section.
- Tube feeding formula except as provided previously in this section.
- Weight-loss programs, exercise equipment, exercise classes, health club memberships, personal trainers, prescription or over-the-counter medications for weight loss, or obesity treatment (except medically necessary surgical treatment or as provided previously in this section), even if the extra weight or obesity aggravates another condition.
- Food, meals, formulas, and supplements other than those listed previously in the Benefits Booklet, even if the food, meal, formula or supplement is the sole source of nutrition, except as provided previously in this section.
- Breast feeding education and baby formulas.
- Feeding clinics.

Mental Health and Substance Abuse Care:

The following services, supplies and care are not covered:

- Private room expenses.
- Vocational Services (includes but is not limited to resume writing, interview skills, work skills training, and career development).
- Psychosocial Treatment (includes but is not limited to home and budget skills).
- Biofeedback.
- Psychoanalysis or psychotherapy that a member may use as credit toward earning a degree or furthering the member's education.
- Hypnotherapy.
- Religious, marital and social counseling.
- The cost of any damages to a treatment facility caused by the member.
- Recreational, sex, primal scream, sleep and Z therapies.
- Self-help and weight-loss programs.
- Transactional analysis, encounter groups and transcendental meditation.
- Sensitivity training and assertiveness training.
- Rebirthing therapy.
- Custodial care.
- Domiciliary care.
- Court or police-ordered treatment that would not otherwise be covered.
- Services not authorized by Colorado Access.

Prescription Drugs:

The following services, supplies and care are not covered:

- Prescription drugs and supplies received from a non-network pharmacy.
- Non-prescription and certain over-the-counter drugs, including herbal or homeopathic preparations; prescription drugs with an over-the-counter bioequivalent, even if it is written as a prescription; and drugs not requiring a prescription by federal law (including drugs requiring a prescription by state law, but not federal law), except for injectable insulin. Some drugs may not be covered even if a member receives a prescription order from a provider.

- Medications or preparation used for cosmetic purposes to promote or prevent hair growth, or growth or medicated cosmetics, including, but not limited to, Rogaine®, Vaniqa® and Tretinoin (sold under such brand names as Retin-A®).
- Any drug, product or technology within six months of the Food and Drug Administration (FDA) approval. Colorado Access may at its sole discretion, waive this exclusion in whole or in part for a specific new FDA-approved drug product or technology.
- Any medications used to treat infertility.
- The standard CHP+ benefit does not cover special formulas, food or food supplements (unless for metabolic disorders); see the FOOD AND NUTRITION heading in this section for benefit information), and vitamins, or minerals, except for prenatal vitamins.
- Delivery charges for prescriptions.
- Charges for the administration of any drug, unless it is dispensed in the provider's office or through home health care.
- Drugs provided as samples to the provider.
- Antibacterial soap/detergent, toothpaste/gel, shampoo or mouthwash/rinse.
- Hypodermic needles, syringes or similar devices, except when they are used for administration of a covered drug when prescribed in accordance with the terms of this section.
- Therapeutic devices or appliances, including support garments and other non-medicinal supplies (regardless of intended use).
- The standard CHP+ benefit excludes non-prescription and over-the-counter drugs, including herbal or homeopathic preparations; prescription drugs with an over-the-counter bioequivalent, even if it is written as a prescription; and drugs not requiring a prescription by federal law (including drugs requiring a prescription by state law, but not federal law), except for injectable insulin.
- Prescription drugs dispensed in quantities that exceed the applicable limits, which are established by the Plan at its sole discretion.
- Refills that exceed the quantity prescribed by the provider or that are refilled more than one year from the date of such order.
- Prescription drugs intended for the treatment of sexual dysfunction or inadequacy, regardless of origin or cause (including drugs, such as Viagra®, for the treatment of erectile dysfunction).
- Prescription drugs dispensed for the purpose of international travel.

Vision Services:

The following vision services are not covered:

- Vision therapy.
- Specialty services received without a pre-authorization.
- Services related to refractive keratoplasty, radial keratotomy or any procedure designed to correct vision.

General Exclusions & Limitations:

This list of exclusions describes services that are not covered by the State Managed Care Network. The list of

exclusions is not a complete list of all services, supplies, conditions or situations that are not covered services. If a member has questions about covered benefits or exclusions, please direct them to call Customer Service at 303-751-9021 or toll free at 1-888-214-1101. These general exclusions apply to all benefits described in this CHP+ State Managed Care Network Member Benefits Booklet. In addition to these general exclusions, specific limitations, conditions and exclusions apply to specific covered services, which may be found in the MEMBER BENEFITS section and elsewhere in the Member Handbook.

Remember:

- A member may be billed for services that are not covered.
- Even if a member receives a service or a referral from their PCP, benefits will not be provided if the service is an exclusion.
- If a service is not covered, then all services performed in conjunction with that service are not covered.
- Colorado Access may not cover any services not obtained from the member's PCP except as set forth in the MEMBER BENEFITS section.
- Colorado Access is the final authority for determining if services and supplies are medically necessary for the purpose of payment.
- Colorado Access will not allow benefits for any of the following services, supplies, situations or related expenses:

Acupuncture

- This coverage does not cover services or supplies related to acupuncture care.

Alternative or complementary medicines

- This coverage does not cover alternative or complementary medicine. Services that are considered alternative or complementary medicine include, but are not limited to, holistic medicine, homeopathy, hypnosis, aromatherapy, massage therapy, reiki therapy, herbal medicine, dietary products (non-prescription) or therapies, naturopathy, thermograph, orthomolecular therapy, contact reflex analysis, bioenergetic synchronization technique (BEST), colonics, or iridology.

Adoption or surrogate expenses

- This coverage does not cover expenses related to adoption or a surrogate.

Artificial conception

- This coverage does not cover services related to artificial conception.

Before effective date

- This coverage does not cover any service received before the member's effective date of coverage with CHP+ offered by Colorado Access.

Biofeedback

- This coverage does not cover services and supplies related to biofeedback.

Chelating agents

- This coverage does not cover any service, supply or treatment for which a chelating agent is used, except for providing treatment for heavy metal poisoning.

Chiropractic services

- This coverage does not cover any services or supplies for care received by a chiropractor.
 - Spinal manipulation procedures must be performed by an osteopathic physician (DO).
 - Care provided by a Chiropractor is not a covered benefit under the Colorado Access plan.

Chronic Pain

- This coverage does not cover services or supplies for the treatment of chronic pain.

Clinical research

- This coverage does not cover any services or supplies provided as part of clinical research, unless allowed by Colorado Access medical policy. A signed consent form for human research subjects will be considered proof that a member is involved in a clinical research program.

Complications of non-covered services

- This coverage does not cover complications arising from non-covered services and supplies. Examples of non-covered services include, but are not limited to, cosmetic surgery and sex-change operations and procedures and services that are determined to be experimental/investigational.

Convalescent care

- Except as otherwise specifically provided, this coverage does not cover convalescent care following a period of illness, an injury, or surgery, unless the convalescent care is normally received for a specific condition, as determined by Colorado Access' medical policy. Convalescent care includes the provider's or facility's services.

Convenience/luxury/deluxe services or equipment

- This coverage does not cover services and supplies used primarily for the member's personal comfort or convenience. Such services and supplies include, but are not limited to: guest trays, beauty or barbershop services, gift shop purchases, telephone charges, televisions, admission kits, personal laundry services, and hot and/or cold packs. This coverage does not cover supplies, equipment or appliances that are comfort, luxury or convenience items (e.g., wheelchair sidecars, fashion eyeglass frames or a cryocuff unit). Equipment or appliances requested by the member include more features than needed for the medical condition are considered luxury, deluxe and convenience items (e.g., motorized equipment, such as electric wheelchairs or electric scooters, when manually operated equipment can be used) and are not covered.

Cosmetic services

- This coverage does not cover cosmetic procedures, services, equipment or supplies provided for psychiatric or psychological reasons, to change family characteristics or to improve appearance.
- This coverage does not cover services required as a result of a complication or outcome of a noncovered cosmetic service. Some examples of cosmetic procedures include, but are not limited to, Face lifts, botox injections, breast augmentation, rhinoplasty and scar revisions.

Court-ordered services

- This coverage does not cover services rendered under court order, parole or probation, unless those services would otherwise be covered under this CHP+ Member Benefits Booklet.

Custodial care

- This coverage does not cover care primarily for the purpose of assisting the member in the activities of daily living or in meeting personal rather than medical needs, and which is not a specific treatment for an illness or injury.

- Custodial care cannot be expected to substantially improve a medical condition and has minimal therapeutic value.
- Care can be custodial whether or not it is recommended or performed by a professional and whether or not it is performed in a facility (e.g., hospital or skilled nursing facility) or at home.
- Examples of custodial care include, but are not limited to, the following:
 - Assistance with walking, bathing or dressing;
 - Transferring or positioning in bed;
 - Administration of self-administered or self-injectable medicine;
 - Meal preparation;
 - Assistance with feeding;
 - Oral hygiene;
 - Routine skin and nail care;
 - Suctioning;
 - Toileting; and
 - Supervision of medical equipment or its use.

Dental services

- This coverage does not cover dental services for the CHP+ Prenatal Care Program, except as provided under the DENTAL RELATED SERVICES heading in the MEMBER BENEFITS section in the Member Handbook.

Discharge (services received beyond approved discharge date)

- This coverage does not cover any services after the date that Colorado Access determines discharge is appropriate based on managed care guidelines.

Discharge against medical advice

- This coverage does not cover hospital or other facility services if a member leaves a hospital or other facility against the medical advice of the provider.

Discharge day expense

- This coverage does not cover room and board charges related to a discharge day.

Domiciliary care

- This coverage does not cover care provided in a non-treatment institution, halfway house or school.

Double Coverage

- It is not acceptable for the subscriber to have double coverage except for Dental or Medicare.

Elective termination of pregnancy

- This coverage does not cover therapeutic or elective termination of pregnancy unless the elective termination is to save the life of the mother or if the pregnancy is the result of rape or incest.

Experimental/investigative procedures

- This coverage does not cover any treatment, procedure, drug or device that Colorado Access has found does not meet the eligible-for-coverage criteria. If a service has not been pre-authorized, Colorado Access can make the determination before or after the service is rendered that the service is not considered eligible-for-coverage or is experimental/investigational. Colorado Access does not cover experimental/investigational treatment or procedures that are not proven to be effective,

as determined by medical policy, or, if no medical policy is available as determined by appropriate medical/surgical authorities selected by Colorado Access.

Genetic testing/counseling

- This coverage does not cover services including, but not limited to, preconception testing, paternity testing, court-ordered genetic counseling and testing, or testing for inherited disorders, and discussion of family history or testing to determine the sex or physical characteristics of an unborn child. Genetic tests to evaluate risks of disorders for certain conditions may be covered based on medical policy, review and criteria and after appropriate pre-authorization has been obtained.

Government operated facility

- This coverage does not cover services and supplies for all disabilities connected to military service that are furnished by a military medical facility operated by, for or at the expense of federal, state, or local governments or their agencies, including a veterans administration facility, unless Colorado Access authorizes payment in writing before the services are performed.

Hair loss

- This coverage does not cover treatment for hair loss, (except for alopecia areata), including, but not limited to, drugs, wigs, hairpieces, artificial hairpieces, hair or cranial prosthesis, hair transplants, or implants, even if there is a provider prescription, and a medical reason for the hair loss.

Hypnosis

- This coverage does not cover services related to hypnosis, whether for medical or anesthesia purposes.

Illegal conduct

- This coverage does not cover any loss to which a contributing cause was the result of the member's commission of or attempt to commit a felony or to which a contributing cause was the result of the member's being engaged in an illegal occupation.

Infant formula

- This coverage does not cover infant formula unless specifically allowed as a benefit under this CHP+ Member Benefits Booklet.

Learning deficiencies

- This plan does not cover special education, counseling, therapy, rehabilitation or care for learning deficiencies, whether or not associated with retardation or other disturbance.

Maintenance therapy

- This coverage does not cover any treatment that does not significantly enhance or increase the member's functioning or productivity, or care provided after the member has reached the member's maximum medical improvement as determined by Colorado Access, except as provided in the MEMBER BENEFITS section.

Medical necessity

- This coverage does not cover expenses for services and supplies that are not medically necessary.
- Services may be denied before or after payment, unless the services were pre-authorized. A decision as to whether a service or supply is medically necessary is based on medical policy, and peer-reviewed medical literature as to what is approved and generally accepted medical or surgical practice.

- The fact that a provider may prescribe, order, recommend or approve a service does not, of itself, make the service medically necessary.

Medical Nutritional Therapy

- This plan does not cover vitamins, dietary/nutritional supplements, special foods, over-the-counter infant formulas, or diets unless specifically listed as covered in this CHP+ Member Benefits Booklet.

Missed appointments

- This coverage does not cover charges for the member's failure to keep scheduled appointments. Member's are solely responsible for the charges.

Non-covered providers of service

- This coverage does not cover services and supplies prescribed or administered by a provider or other person, supplier, or facility not specifically listed as covered. These non-covered providers or facilities include, but are not limited to, the following:
- Health spa or health fitness centers (whether or not services are provided by a licensed or registered provider)
- School infirmary
- Halfway house
- Massage therapist
- Nursing home
- Residential institution or halfway house (a facility where the primary services are room and board and constant supervision, or a structured daily routine for a person who is impaired but whose condition does not require acute care hospitalization).
- Dental or medical services sponsored by or for an employer, mutual benefit association, labor union, trustee, or any similar person or group.
- Services provided to the member by the member, by a family member or by a person who ordinarily resides in the member's household.

Non-medical expenses

This coverage does not cover non-medical expenses, including, but not limited to, the following:

- Adoption or surrogate expenses.
- Educational classes and supplies not provided by the member's provider, unless specifically allowed as a benefit listed in this Benefits Booklet.
- Vocational training services and supplies.
- Mailing and/or shipping and handling expenses.
- Interest expenses and delinquent payment fees.
- Modifications to home, vehicle or workplace, regardless of medical condition or disability.
- Membership fees for spas, health clubs, or other such facilities, or fees for personal trainers, even if medically recommended and regardless of any therapeutic value.
- Personal convenience items such as air conditioners, humidifiers or exercise equipment.
- Personal services such as haircuts, shampoos, guest meals, and radios or televisions.
- Voice synthesizers or other communication devices, except as specifically allowed by Colorado Access medical orthognathic surgery. This coverage does not cover upper or lower jaw augmentation or reductions (orthognathic surgery), even if the condition is due to a genetic congenital or acquired characteristic; except as provided under the heading

DENTAL SURGERY in the MEMBER BENEFITS section and as mandated by state law.

Orthotics

- This coverage does not cover orthotic shoe inserts (except for members with diabetes), whether functional or otherwise, regardless of the relief they provide.

Other Insurance

- The member cannot be eligible or covered by another insurance except for Dental and Medicare while enrolled with Colorado Access coverage.

Over-The-Counter (OTC) products (not medication)

- This coverage does not cover certain over-the-counter non-medication items and other items usually stocked in the home for general use, including, but not limited to, bandages, gauze, tape, cotton swabs, dressing, thermometers, heating pads and petroleum jelly. This coverage does not cover laboratory test kits for home use, including, but are not limited to, home pregnancy tests and home HIV tests.

Post-termination benefits

- This coverage does not cover benefits for care received after coverage is terminated, except as provided in the MEMEBERSHIP section. Follow up care is not covered post-termination even if the inpatient facility admission was allowed.

Private duty nursing service

- This coverage does not cover private-duty nursing services.

Private room expenses

- This coverage does not cover services related to a private room, except as provided in the MEMBER BENEFITS section.

Professional or courtesy discount

- This coverage does not cover charges for services and supplies when the member has received a professional or courtesy discount from a provider.
- This coverage does not cover any services for which the member's portion of the payment is waived due to a professional courtesy or discount.

Radiology services

- This coverage does not cover Ultrafast CT scan and peripheral bone density testing.
- This coverage does not cover whole body CT scan, or routine screening.
- Ultrasounds are covered as described in this Booklet. 2 antenatal ultrasounds are covered.
- After the 2nd ultrasound, prior authorization is needed. This gives the Colorado Access care management department a chance to review the case for pending high risk pregnancy.

Reduction Mammoplasty

- This plan does not cover reduction mammoplasty unless provided in conjunction with mastectomy reconstruction and diagnosis of cancer.

Report preparations

- This coverage does not cover charges for the preparation of medical reports, itemized bills, or charges for duplication of medical records from the provider when requested by the member.

Sex-change operations

- This coverage does not cover services or supplies related to sex-change operations, reversals of such procedures, and complications of such procedures or services received before any such operation.

Sexual dysfunction

- This coverage does not cover services, supplies or prescription drugs for the treatment of sexual dysfunction or impotence.

Taxes

- This plan does not cover sales, service, or other taxes imposed by law that apply to covered services.

Temporomandibular joint (TMJ) surgery or therapy/orthognathic surgery

- This coverage does not cover services related to temporomandibular joint surgery, except for temporomandibular joint surgery with a medical basis.

Third-party liability (subrogation)

- This coverage does not cover services and supplies that may be reimbursed by a third party. See the ADMINISTRATIVE INFORMATION section for information.

Travel expenses

- This coverage does not cover travel or lodging expenses for the member, the member's family or the provider, except as provided under the HUMAN ORGAN AND TISSUE TRANSPLANT SERVICES heading in the MEMBER BENEFITS section.

Tubal Ligation

- This coverage does not cover tubal ligations.

Vasectomies

- This coverage does not cover vasectomies.

Vision

- This coverage does not cover any surgical, medical or hospital service and/or supply rendered in connection with any procedure designed to correct farsightedness, nearsightedness or astigmatism.
- This coverage does not cover vision therapy, including, but not limited to, treatment such as vision training, orthoptics, eye training or training for eye exercises.

War-related conditions

- This coverage does not cover services or supplies necessary to treat disease or injury resulting from war, civil war, insurrection, rebellion or revolution.

Weight-loss programs

- This coverage does not cover services weight loss programs.

Workers' compensation

- This coverage does not cover services and supplies for a work-related accident or illness. See the ADMINISTRATIVE INFORMATION section for information.