

PanaMed Limited Medical Plan Exclusions and Limitations

Exclusions and Limitations may vary by state. Please refer to the certificate of coverage for more information.

General Exclusions and Limitations.

Benefits are not provided for Loss, Injury or Illness of a Covered Person which results directly or indirectly, wholly or partly from:

- A. Insurrection, rebellion, participation in a riot, commission of or attempting to commit an assault, battery, felony, or act of aggression.
- B. Declared or undeclared war or acts thereof, including terrorist acts.
- C. Accidental Bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by Us pro-rata for any period of active-full time duty).
- D. Any Injury or Illness arising out of or in the course of work for wage or profit.
- E. Any Injury or Illness covered by any Worker's Compensation Act, Occupational Disease Law or similar law.
- F. Except in regard to Medical benefits, bodily injuries received while the Covered Person was operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit.
- G. Charges for which: (1) there is no legal obligation to pay, or (2) no charge is made, or (3) in the absence of coverage, no charge would be made.
- H. Charges incurred after Termination of Coverage.
- I. Charges for care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law.
- J. Charges which are not Medically Necessary (as defined) for treatment of Illness or Injury.
- K. Charges for services which are not related to and consistent with the treatment of any Injury or Illness of the Covered Person.
- L. Unless specifically provided for in the plan, charges for routine physicals or general health exams, unless they are necessary for the diagnosis and treatment of an Illness.
- M. Charges for medical care, services, or supplies which are not furnished or prescribed by a Doctor (as defined).
- N. Charges for experimental or investigational treatment, procedures for research purposes, or practices when not generally recognized as accepted medical practices.
- O. Charges for care, treatment, services or supplies that are not approved or accepted as essential to the treatment of an Injury or Illness by any of the following: The American Medical Association; The U.S. Surgeon General; The U.S. Department of Public Health; The National Institute of Health; or the professional review organization(s) which administer the Utilization Review Program.
- P. Charges related to cosmetic surgery or Dental Care done to beautify a person without medical or dental indication of Injury or Illness.
- Q. Unless specifically provided in the Plan, charges for Dental treatment or Oral Surgery.
- R. Unless specifically provided in the Plan, charges for treatment of Substance Abuse Disorders or Mental Illness Disorders.
- S. Unless specifically provided in the Plan, charges for refractions, eyeglasses or hearing aids or their fitting.
- T. Unless specifically provided in the Plan, charges in connection with obesity, weight reduction, or dietetic control, except for morbid obesity or disease etiology.
- U. Unless specifically provided in the Plan, charges for treatment or services for temporomandibular joint dysfunction or TMJ pain syndrome, orofacial, or myofascial syndrome whether medical or dental in scope.
- V. Charges for reversal procedures in connection with previous male or female sterilization.
- W. Unless specifically provided in the Plan, charges for routine immunizations and vaccinations, including but not limited to polio, mumps, measles, small pox, DPT, or tine tests.
- X. Charges for services in the nature of educational or vocational testing or training.
- Y. Any charges for elective abortions.
- Z. Radial keratotomies.

AA. Any charges in excess of the Plan maximums for Organ or Tissue Transplants as shown in the Summary of Benefits.

BB. Charges for treatment of male or female infertility; in vitro and in vivo fertilization of an ovum; or artificial insemination.

CC. Charges for stand-by surgeons, pediatricians, anesthesiologists, anesthesiologists, or other Doctor as defined by the Plan; or stand-by supplies, equipment, rooms, or any other service, supply or treatment not actually used in the care or treatment of an Illness or Injury.

DD. Charges made by; durable medical equipment recommended by; or drugs dispensed by; a physician, surgeon, nurse or other Doctor (as defined) who:

1. Normally lives with the Plan Participant; or
2. Is a member of the Plan Participant's family; or
3. Is the Plan Participant's Plan Sponsor.

EE. Charges for Custodial Care.

FF. Charges related to smoking cessation.

GG. Charges for the treatment of the following: Codependency; Social, occupational, or religious maladjustments; Compulsive gambling; Chronic marital or family problems when not related to the primary focus of treatment which must be a diagnosable mental disorder.

GG. Pregnancy will not be covered if conception was before the Effective Date of the Plan. Pregnancy will be covered as any other sickness when date of conception is after your Effective Date of coverage.

Accidental Death and Dismemberment. Exclusions and Limitations.

In addition to the *General Exclusions and Limitations*, benefits are not provided for Loss, Injury or Illness of a Covered Person which results directly or indirectly, wholly or partly from:

- A. Suicide, self destruction, attempted self destruction or intentional self inflicted injury while sane or insane.
- B. Disease or disorder of the body or mind.
- C. Medical or surgical treatment or diagnosis thereof.
- D. Loss, Injury or Illness occurring after Termination of Coverage.
- E. Ptomaines or bacterial infections, except pyogenic infections at the same time and as a result of a visible wound.
- F. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
- G. Travel or flight in any vehicle for aerial navigation, including boarding or alighting therefrom:
 1. While being used for any test or experimental purpose; or
 2. While the Covered Person is operating, learning to operate or serving as a member of the crew thereof; or
 3. Any such aircraft or device which is owned or leased by or on behalf of the Plan Sponsor of any subsidiary or affiliate of the Plan Sponsor, or by the Covered Person or any member of his household; or
- H. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Doctor.
- I. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.