

## **EXCLUSIONS**

Certain services, supplies or charges are *excluded* under the Standard **POS** option, **Salaried Retiree Indemnity** option, **Prescription Drug Program** and **Mental Health and Chemical Dependency Program**. No benefits will be paid for excluded expenses under any circumstances. For information about exclusions under an **HMO**, contact the **HMO**.

### ***General Exclusions***

All of the following services, supplies or expenses are excluded from benefits under the Standard **POS** option, **Salaried Retiree Indemnity** option, **Prescription Drug Program** and **Mental Health and Chemical Dependency Program**:

- Any service or supply not specifically included as a **covered** expense and/or not satisfying the conditions of service requirements (see “Appendix A”)
- Services or supplies that are not **medically necessary**
- Treatment provided when coverage is not in effect (for example, before coverage begins or after it ends)
- **In-patient** care that begins before coverage is effective (even if the stay continues after the coverage **effective date**)
- **Custodial care** (including convalescent homes and rest cures)
- Charges for non-treatment purposes, including court proceedings (for example, **provider’s** charges to duplicate medical records, write medical assessments or perform an examination ordered as part of a legal suit, insurance physical, a condition of employment or as a component of professional certification)
- Services or supplies ordered or provided by a person or facility that does not qualify as a **provider** under the Standard **POS** option, **Salaried Retiree Indemnity** option or **Mental Health and Chemical Dependency Program**
- Charges from a **provider** operating outside the scope of his or her license
- Services or supplies provided by a person or facility that is not properly licensed in accordance with state and local law, unless the type of **provider** is specifically named as **covered** under the Standard **POS** option, **Salaried Retiree Indemnity** option or **Mental Health and Chemical Dependency Program** (unless the **mental health and chemical dependency professional** has appropriate

certification, as determined by **Aetna**, in a locality where licensure is not available)

- Professional services provided by a parent, child or spouse or any person living in your home
- Conditions related to current or past military service
- Treatment of caffeine addictions
- Charges above the **allowable amount**
- Charges for **experimental or investigative treatment, drugs or devices**
- Charges you have no legal obligation to pay
- Charges that would not be made if there was not any health care coverage
- Work-related illness or injury **covered** by Workers' Compensation and/or The Avaya Inc. Short-Term Disability Plan for Salaried Employees
- Services and supplies that are the responsibility of a school system or a local, state or federal government agency to provide or cover
- Charges another plan is required to pay
- Charges third parties are required to pay

### ***Standard POS and Salaried Retiree Indemnity Options Exclusions***

The Standard **POS** and **Salaried Retiree Indemnity** options will not pay any benefits for the following excluded services, supplies and expenses:

- Expenses beyond the stated limits including:
  - Charges above the **allowable amount**,
  - Charges above the semi-private room rate, and
  - Any charges for failure to obtain **precertification** when required (see "Care You Must Precertify").
- Any care delivered without the approval of a **physician** unless otherwise noted under the Standard **POS** or **Salaried Retiree Indemnity** option

- Treatment of developmental disorders
- Predictable complications of non-covered treatment
- **Mental illness** and **chemical dependency** (for coverage information about these conditions, see “Mental Health and Chemical Dependency Program”)
- Physical exams for preventive care unless listed as a **covered** expense under “Preventive Care” (this exclusion only applies to **out-of-network** care under the Standard **POS** option)
- Treatment of refractive vision problems (including eye examinations, eye glasses and contact lenses, orthoptics and surgical treatment like radial keratotomy, LASIK and PRK)
- Vocational therapy
- **Speech therapy** (unless the speech was impaired by illness, injury or birth defect)
- Routine foot care
- Fertility assistance (other than basic diagnostic services specifically listed as **covered**) and other similar types of procedures including, but not limited to, in-vitro fertilization, artificial insemination, gamete intrafallopian transfer (GIFT), and zygote intrafallopian transfer (ZIFT); any expenses incurred that are related to these procedures, treatments and services are also not **covered**
- Treatment of obesity or weight loss conditions, unless it is **medically necessary** treatment of **morbid obesity**, subject to all other conditions (weight-related conditions that are diagnosed as anorexia nervosa or bulimia would be treated under the terms of the **Mental Health and Chemical Dependency Program**; treatment of medical conditions caused by these psychological conditions, like malnutrition or heart conditions, are **covered** under the Standard **POS** or **Salaried Retiree Indemnity** option)
- Cosmetic surgery or other cosmetic treatment (unless it is considered to be restorative surgery under the Standard **POS** or **Salaried Retiree Indemnity** option)
- Growth hormone therapy (unless there is documented evidence of pituitary deficiency and there is likely to be adequate response)

- Nutritional dietary supplements (unless administered intravenously or through a gastrointestinal tube as a **medically necessary** course of treatment). However, Neocate will be covered at 50% of the **reasonable & customary charge** (not subject to any deductible) if **medically necessary** for children under the age of 2
- Dental and orthodontic treatment (except for **hospital** room and board charges if hospitalization is **medically necessary** to safeguard the patient due to a specific non-dental organic impairment)
- Dental care to replace sound, natural teeth (unless the teeth are injured while the individual is **covered** under the Standard **POS** or **Salaried Retiree Indemnity** option through an accident other than chewing, damage is not wholly or partially due to existing decay or damage, and the treatment begins within three months of the accident)
- Non-surgical treatment of the joint of the jaw (temporomandibular joint dysfunction or TMJ)
- Care provided to a person not **covered** under the Standard **POS** or **Salaried Retiree Indemnity** option who donates an organ to a **covered eligible retiree** or **eligible dependent** if the donor has other coverage
- Charges for chiropractic care, **physical therapy** or physical medicine that seeks to treat conditions other than musculoskeletal conditions (i.e., conditions related to the nerves, muscles and ligaments, such as lower back pain)
- Drugs and medicines available without a prescription
- Prescription drugs dispensed through a pharmacy (may be **covered** under the **Prescription Drug Program**)
- Acupuncture services for smoking cessation
- Personal convenience items (regardless of whether the items are on an **out-patient** basis, in the home or as part of a **hospital** stay)
- Orthotics, braces and other supports not prescribed by a **physician** or that are used for extracurricular activities such as athletics (even if they are prescribed by a **physician**) and are not necessary for daily living activities
- Hearing aids to compensate for loss of hearing due to age, repeated exposure to loud noise or congenital defect (unless hearing loss is caused by illness or injury while you are **covered** under the Standard **POS** or **Salaried Retiree Indemnity** option and hearing aid benefits are available under the conditions specified)

- Charges for items to assist in general fitness (for example, exercise equipment)
- Charges eligible for payment under a no-fault or state-mandated automobile insurance law or policy

### ***Mental Health and Chemical Dependency Program Exclusions***

The **Mental Health and Chemical Dependency Program** will not pay any benefits for the following excluded services, supplies and expenses:

- Expenses beyond the stated limits including:
  - Charges from **non-network providers** above the **allowable amount**
  - Room and board charges from a **non-network hospital** above the semi-private room rate
  - Any charges for failure to obtain **precertification** from **Aetna** for an **out-of-network in-patient** admission
  - Any charges for services furnished by a **network provider** that were not authorized or precertified by **Aetna**
- Charges for missed or canceled appointments
- Treatment provided by telephone unless specifically authorized by **Aetna**
- **In-patient** stays primarily for environmental change
- **Alternative treatment** facilities accessed or provided **out-of-network**
- Conditions other than a mental disorder or **chemical dependency**
- Treatment of developmental disorders
- Obesity or weight loss conditions (unless there is a diagnosis of anorexia nervosa or bulimia, in which case treatment of those illnesses is **covered**)
- Routine physical exams or tests to investigate a potential physiological cause of a mental disorder (may be **covered** under your medical option)
- Psychotherapy in conjunction with self-actualization therapy

- Vocational therapy to teach or train a **covered** individual to resume employment (unless integrated with a **covered** treatment program provided to a patient in a **hospital** or **alternative treatment** facility)
- Aversion treatment of **chemical dependency** (treatment that administers alcohol with drugs designed to create an adverse reaction and a long-term psychological aversion to alcohol)
- Therapies based on nutrition or dietary supplements such as vitamins
- All drugs and supplies (except prescription drugs administered as part of a **covered** stay in an **in-patient** facility; prescription drugs filled on an **out-patient** basis may be **covered** under the **Prescription Drug Program**)

### ***Prescription Drug Program Exclusions***

The **Prescription Drug Program** will not pay any benefits for:

- Drugs and medicines provided (or that can be obtained) without a prescription from a **physician**
- Non-federal legend drugs
- Injectable medications that cannot be self administered (unless approved by **Aetna**)
- Ostomy supplies (may be **covered** under the durable medical equipment benefit of your medical option)
- Therapeutic devices (not considered to be drugs, but may be **covered** under your medical option)
- Drugs used solely to promote hair growth
- Immunization agents, vaccines, biologicals, blood or blood plasma (blood and blood products may be **covered** under your medical option)
- Drugs labeled “caution -- limited by federal law to investigational use” or **experimental drugs** even if you are charged for those drugs

- Medication for which the cost is recoverable under any Workers' Compensation or occupational disease law or any state or local governmental agency or any drug or medical service furnished at no cost to the **covered** individual
- Medication provided to a **covered** individual while a patient in a licensed **hospital**, rest home, sanitarium, **extended care facility**, **skilled nursing facility**, convalescent hospital, nursing home, **home health care agency** or similar institution that has a facility for dispensing pharmaceuticals on its premises
- Prescriptions filled in excess of the refill number specified by the **physician** or any refill dispensed one year after the original prescription
- Charges for the administration or injection of any drug
- Any drug or medicine the doctor or **Aetna** does not certify as **medically necessary** to treat the condition
- Prescriptions filled at a pharmacy that exceed the 34-day limit (90-day limit for insulin) or through **Aetna** Rx Home Delivery that exceed the 90-day limit
- Prescriptions filled for maintenance drugs after 3 consecutive fills for the same dosage through a retail pharmacy or mail order drug program other than **Aetna** Rx Home Delivery
- Prescription drugs that require precertification through the **Prescription Drug Program**. Requirements will have to be met before the drugs will be covered through the Medical Plan.
- Drugs used for experimental or investigational treatments or procedures
- Mifeprex (may be available through your medical option as supplied by your **physician**)