
Limitations

In addition to limitations indicated on your summary of benefits:

- Biofeedback therapy is limited to treatment of tension or migraine headaches, and is limited to 10 visits per lifetime
- Outpatient hospitalization and anesthesia for dental services will only be provided for Members with complicating medical conditions. Examples of these conditions include, but are not limited to:
 - Developmental disabilities;
 - Physical disabilities;
 - A combination of medical conditions or disabilities which cannot be managed safely and efficiently in a dental office analysis.
- Restoration of head/facial structures; and limited dental services are limited to restoration and management of head and facial structures, including teeth, dental implants and bridges, that cannot be replaced with living tissue and that are defective because of trauma, disease or birth or developmental deformities, when services are medically necessary for the purpose of controlling or eliminating pain, or restoring facial configuration or functions such as speech, swallowing or chewing.

Exclusions

We do not cover Services and supplies which:

- Are not provided;
- Are provided without charge or for which You would not be required to pay if You did not have this coverage;
- Are received before the Effective Date of Coverage;
- Are not a Covered Service or relate to complications resulting from a non-covered Service;
- Are not furnished by a Qualified Practitioner or Qualified Treatment Facility;
- Are provided by or payable under any plan or program established by a domestic or foreign government or political subdivision, unless such exclusion is prohibited by law;
- Are provided while You are confined in a Hospital or institution owned or operated by the United States Government or any of its agencies, except to the extent provided by 38 U. S. C. § 1729 as it relates to non-military Services provided at a Veterans Administration Hospital or facility;
- Are provided while You are in the custody of any law enforcement authorities or while incarcerated;
- Are self-administered or provided by a person who ordinarily resides in Your home or who is a member of Your immediate family (parent, spouse, sibling or child);
- Are provided for convenience, educational or vocational purposes including, but not limited to, videos and books, educational programs to which drivers are referred by the judicial system and volunteer mutual support groups;
- Are performed in association with a Service that is not covered;
- Are provided for any injury or illness that is sustained by an Eligible Employee or a Family Member that arises out of, or as the result of, any work for wage or profit when coverage under any Workers' Compensation Act or similar law is required for the Eligible Employee or Family Member. This exclusion also applies to injuries and illnesses that are the subject of a disputed claim settlement under a Workers' Compensation Act or similar law. This exclusion does not apply to Members who are exempt under any Workers' Compensation Act or similar law;
- Are payable under any automobile medical, personal injury protection ("PIP"), automobile no-fault, homeowner, commercial premises coverage, or similar contract or insurance, when such contract or insurance makes benefits or Services available to You, whether or not You make application for such benefits or Services. Any benefits or Services provided that are subject to this exclusion are provided solely to assist You and such assistance does not waive Our right to reimbursement or subrogation. This exclusion also applies to Services and supplies after You have received proceeds from a settlement;
- Are provided in an institution that specializes in treatment of developmental disabilities;
- Are provided for treatment or testing required by a third party or court of law which is not Medically Necessary;
- Are Experimental/Investigational;
- Are determined by Us not to be Medically Necessary for diagnosis and treatment of an injury or illness;

Exclusions (cont.)

We do not cover Services and supplies which:

- Are received by a qualified Member under the Oregon Death with Dignity Act;
- Relate to any condition sustained by a Member as a result of engagement in an illegal occupation or the commission or attempted commission of an assault or other illegal act by the Member, if such Member is convicted of a crime on account of such illegal engagement or act. For purposes of this exclusion, “illegal” means any engagement or act that would constitute a felony or misdemeanor punishable by up to a year’s imprisonment under applicable law if such Member is convicted for the conduct. Nothing in this paragraph shall be construed to exclude Covered Services for a Member for injuries resulting from an act of domestic violence or a medical condition (i.e., a physical or mental health condition); and
- Relate to a civil revolution, riot, duty as a member of the armed forces of any state or country, or a war or act of war which is declared or undeclared.

Exclusions that apply to Alternative Care Services

General:

- Alternative care services not stated as a covered service in your Member Handbook
- Hypnotherapy, behavior training, sleep therapy and weight programs.
- Thermography.
- Emergency care services received from alternative care providers.
- Non-emergency transportation services, including care cars or other transportation vehicles (emergency transportation is covered as stated in your Emergency Transportation benefit).
- Education programs, self-care or self-help programs or any self-help physical exercise training or any related diagnostic testing.
- Therapeutic modalities and procedures that are considered by Providence Health Plan or its authorizing agent to be invasive.
- Any service or supply that is not permitted by state law with respect to the provider’s scope of practice.
- Massage Therapy

Acupuncture:

- Adjunctive therapy not associated with acupuncture;
- Acupuncture performed with reusable needles; and
- Treatment of alcohol, drug or chemical dependency in a specialized inpatient or residential facility.

Chiropractic:

- Services, exams and/or treatments for conditions other than neuromusculoskeletal disorders;
- All chiropractic appliances or durable medical equipment;
- Adjunctive physiotherapy not associated with chiropractic manipulation of the spine, joints, and/or musculoskeletal soft tissue;
- Clinical laboratory studies performed in a chiropractor’s office; and
- Venipuncture.

Naturopathy:

- Adjunctive therapy is limited to non-invasive modalities such as diathermy, electrical stimulation, hot and cold packs, hydrotherapy, manipulation, massage, range of motion exercises and therapeutic;
- Immunizations, vaccinations, injectables and intravenous infusions (does not include venipuncture for the purpose of obtaining blood samples for laboratory studies);
- Topical and oral drugs, pharmaceuticals, intravenous administered treatments, minor surgery;
- Vaccines/vaccination services, homeopathic products, botanical medicine products;
- Dietary and nutritional supplements, including vitamins, minerals, herbs, herbals and herbal products, injectable supplements and injection services, or other similar products;
- Natural childbirth services, and;
- The following tests:
 - Comprehensive digestive stool analysis.
 - Cytotoxic food allergy test.
 - Darkfield examination for toxicity or parasites.
 - EAV and electronic tests for diagnosis and allergy.
 - Fecal transient and retention time.
 - Henshaw test.

Exclusions that apply to Alternative Care Services (cont.)

Naturopathy (cont.):

- The following tests:
 - Intestinal permeability
 - Loomis 24 hour urine nutrient/enzyme analysis.
 - Melatonin biorhythm challenge.
 - Salivary caffeine clearance.
 - Sulfate/creatinine ratio.
 - Tryptophan load test.
 - Urinary sodium benzoate.
 - Urine/saliva pH.
 - Zinc tolerancy test.

Exclusions that apply to Mental Health and Chemical Dependency Services

- Conditions that are not responsive to therapeutic management after a diagnosis is made by a physician who has treated or examined the patient, except when the treatment or Services provided are effective in maintaining existing functionality or preventing a decline in functionality;
- Conditions for mental and nervous conditions that are specified as excluded in your Member Handbook;
- Services provided under a court order or as a condition of parole or probation or instead of incarceration which are not Medically Necessary;
- Personal growth Services such as assertiveness training or consciousness raising;
- Services related to developmental disabilities, developmental delays or learning disabilities including, but not limited to, education Services. A learning disability is a condition where there is meaningful difference between a child's current academic function and the level expected for a child that age. Educational Services include, but are not limited to, language and speech training, reading, and psychological and visual integration training as defined by the American Academy of Pediatrics Policy Statement—"Learning Disabilities, Dyslexia and Vision: A Subject Review;"
- School counseling and support Services, home-based behavioral management, household management training, peer support Services, recreation, tutor and mentor Services; independent living Services, therapeutic foster care, wraparound Services; emergency aid for household items and expenses; Services to improve economic stability, and interpretation Services;
- Evaluation or treatment for education, professional training, employment investigations, and fitness for duty evaluations;
- Community Care Facilities that provide twenty-four (24) hour non-medical residential care;
- Speech therapy, physical therapy and occupational therapy Services provided in connection with treatment of psychosocial speech delay, learning disorders, including mental retardation and motor skill disorders, and educational speech delay including delayed language development, except as provided in your Member Handbook;
- Counseling related to family, marriage, sex and career including, but not limited to, counseling for adoption, custody, family planning or pregnancy, in the absence of a DSM-IV-TR diagnosis;
- Neurological Services and tests including, but not limited to EEGs; PET, CT and MRI imaging Services, and beam scans (except as provided in your Member Handbook);
- Services related to the treatment of sexual disorders, dysfunctions or addiction;
- Vocational, pastoral or spiritual counseling;
- Dance, poetry, music or art therapy, except as part of an approved treatment program; and
- Treatments that do not meet the national standards for Mental Health/Chemical Dependency professional practice;
- More than one (1) long-term residential Mental Health program, lasting a maximum of forty-five (45) days, within a plan year.

Exclusions that apply to Provider Services

- Services of homeopaths and lay midwives.

Exclusions that apply to Reproductive Services

- All Services related to sexual disorders or dysfunctions regardless of gender, including all Services related to a sex-change operation, including evaluation, surgery and follow-up Services;
- All Services for the treatment of infertility, including all Services related to surrogate parenting. For the purpose of this exclusion, infertility is defined as the inability to become pregnant after a year of unprotected intercourse or the inability to carry a pregnancy to term as evidenced by three (3) consecutive spontaneous abortions;
- Artificial insemination;
- Reversal of voluntary sterilization;
- Condoms and other over-the-counter birth control products;
- Home births and all related Services; and
- Services provided in a premenstrual syndrome clinic or holistic medicine clinic.

Exclusions that apply to Vision Services

- Surgical procedures which alter the refractive character of the eye, including, but not limited to laser eye surgery, radial keratotomy, myopic keratomeliosis and other surgical procedures of the refractive keratoplasty type, the purpose of which is to cure or reduce myopia, hyperopia or astigmatism;
- Services for routine eye care and vision care, vision exams/screenings, refractive disorders, eyeglass frames and lenses, contact lenses, except as provided in your Member Handbook and,
- Orthoptics and vision training.

Exclusions that apply to Hearing Services

- Hearing aids, hearing therapies and/or devices, including all Services related to examination and fitting of hearing aids; and

Exclusions that apply to Dental Services

- Oral surgery (non-dental or dental) or other dental Services (all procedures involving the teeth; wisdom teeth; areas surrounding the teeth), except as approved by Us and described in your Member Handbook;
- Orthognathic surgery, except as approved by Us and described in your Member Handbook; and
- Dentures and orthodontia.
- Covered Services for temporomandibular joint syndrome (TMJ) conditions do not include dental or orthodontia services

Exclusions that apply to Foot Care Services

- Routine foot care, such as removal of corns and calluses, except for Members with diabetes; and
- Services for orthotics, insoles, arch supports, heel wedges, lifts and orthopedic shoes except as provided in your Member Handbook (Medical Supplies/Devices).

Exclusions that apply to Prescription Drugs, Medicines and Devices

- Outpatient prescription drugs, medicines and devices are covered under your pharmacy benefit, except as indicated on your medical summary of benefits;
- Any drug, medicine, or device that does not have the United States Food and Drug Administration formal market approval through a New Drug Application, Pre-market Approval, or 510K.

Exclusions that apply to Miscellaneous Services and Items

- Charges that are in excess of the UCR cost;
- Custodial Care;
- Transplants, except as provided under Limitations;
- Organ transplant donor's charges, unless the donor is also a member of this plan..
- Services for Durable Medical Equipment (DME), Medical Supplies/Devices and Prosthetic Devices except as described in your Member Handbook;

Exclusions that apply to Miscellaneous Services and Items (cont.)

- Charges for Services that are primarily and customarily used for a non-medical purpose or used for environmental control or enhancement (whether or not prescribed by a physician) including, but not limited to, air conditioners, air purifiers, vacuum cleaners, motorized transportation equipment, escalators, elevators, tanning beds, ramps, waterbeds, hypoallergenic mattresses, cervical pillows, swimming pools, whirlpools, spas, exercise equipment, gravity lumbar reduction chairs, home blood pressure kits, personal computers and related equipment or other similar items or equipment;
- Physical therapy and rehabilitation Services, except as provided in your Member Handbook;
- "Telephone visits" by a physician or "environment intervention" or "consultation" by telephone for which a charge is made to the patient. "Get acquainted" visits without physical assessment or diagnostic or therapeutic intervention provided and treatment sessions by computer Internet service;
- Missed appointments;
- Non-emergency medical transportation;
- All Services and supplies related to the treatment of obesity or morbid obesity;
- Services for dietary therapy including medically supervised formula weight-loss programs, unsupervised self-managed programs and over-the-counter weight loss formulas, except as provided in your Member Handbook;
- Transportation or travel time, food, lodging accommodations and communication expenses except as provided in your Member Handbook and with Our prior approval;
- Charges for health clubs or health spas, aerobic and strength conditioning, work-hardening programs, and all related material and products for these programs;
- Massage therapy;
- Light therapy for seasonal affective disorder, including equipment;
- Any vitamins, dietary supplements, and other non-prescription supplements;
- Services for genetic testing are excluded, except for Services to establish a diagnosis of a suspected congenital condition. Genetic testing is not covered for screening, to diagnose carrier states, or for informational purposes in the absence of disease;
- Services to modify the use of tobacco and nicotine, except when provided as Extra Values and Discounts, where available.
- Cosmetic Services including supplies and drugs, except as approved by Us and provided in your Member Handbook;
- Services, including routine physical examination, immunizations and vaccinations for insurance, employment, licensing purposes, or solely for the purpose of participating in camps, sports activities, recreation programs, college entrance or for the purpose of traveling or obtaining a passport for foreign travel;
- Non-sterile examination gloves;
- Sales taxes, handling fees and similar surcharges, as explained in the definition of UCR; and
- Air ambulance transportation for non-emergency situations unless approved by Us in advance.
- Nutritional counseling.

Limitations and Exclusions to Pharmacy Benefits

Limitations

In addition to limitations indicated on your summary of benefits:

- Drugs or hormones to stimulate growth are covered only if there is a laboratory-confirmed diagnosis of growth hormone deficiency. These drugs are covered only for children under age 18, and for adults only if there is documented pituitary destruction and drug use meets our medical policy criteria.
- Methadone for the treatment of pain management is covered. Methadone for treatment of chemical dependency may be covered under your medical benefits.

Exclusions

In addition to exclusions indicated on your summary of benefits:

- Drugs that are not provided in accordance with our formulary management program
- Drugs that do not have at least one FDA-approved medication in a therapeutic amount.

Contact us

Headquartered in Portland, our customer service professionals have been proudly serving our members since 1986.



Portland Metro Area: **503-574-7500**
All other areas: **1-800-878-4445**
TTY: **503-574-8702** or **1-888-244-6642**



Have questions about your benefits and want to contact us via e-mail? Go to our Web site at:
www.providence.org/php/contactus