



Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services)		
€Abortions/termination of pregnancy except in limited circumstances	€Dental check-up	€Organ donor fees
€Acupuncture	€Experimental and/or investigational services	€Routine eye care
€Administrative services/charges	€Glasses	€Routine foot care
€Complications of a non-covered service	€Habilitation services	€Services for which a third-party is or may be responsible
€Cosmetic surgery and reconstructive and corrective services, except in limited circumstances	€Hearing aids	€Services related to certain illegal activities
€Costs for cochlear implants greater than \$35,000 lifetime	€Immunizations for Anthrax, BCG, Cholera, Dengue, Typhoid and Yellow Fever	€Services that are not medically necessary
€Dental care (adult/child), except in limited circumstances	€Infertility treatment	€Temporary surgery
	€Long-term care	
	€Non-emergency care when traveling outside the U.S.	

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
€Attention-Deficit/Hyperactivity Disorder/Pervasive Development Disorder	€Chiropractic care, up to \$600 per participant per plan year	€Private Duty Nursing, requires preauthorization with limitations
€Bariatric surgery, one per lifetime - requires preauthorization	€Orthotic and other corrective appliances for the foot	

Your Rights to Continue Coverage:

To see examples of how this plan might cover costs for a sample medical situation, see the next page.



Questions and answers about the Coverage Examples:

Questions: Call 800-538-5036 or visit us at selecthealth.org