

We do not pay benefits for exclusions. We will not pay benefits for any of the services, treatments, items or supplies described below, even if it is recommended or prescribed by a Physician or it is the only available treatment for your condition.

The services, treatments, items or supplies listed below are not Covered Health Services, except as may be specifically provided for in the Benefits and Services section of your Medical Certificate or through a Rider to the Policy. General Policy exclusions and limitations not listed elsewhere in this Policy are listed in that section. See specific benefits and services for additional exclusions and limitations. The following general exclusions and limitations apply to all services.

Physicians Plus will not cover any of the following:

1. Any treatment, service or supply not listed in the Benefits and Services section of your Medical Certificate.
2. Treatment, services and supplies performed or provided by a non-participating: physician, hospital, facility or other provider (except as described in your Medical Certificate. All services must be performed by a Participating Provider **at the location where the provider is listed in the provider directory.**
3. Any services for which Prior Authorization was required but not obtained. It is the member's responsibility to obtain the proper Prior Authorizations. For a complete list of Prior Authorization requirements, please visit www.pplusic.com and click on "Members" then "Prior Authorization List" or contact our Member Services department at (608) 282-8900 or (800) 545-5015.
4. Any treatment, services and supplies not specifically identified as being covered under this Policy; and any treatment, services and supplies required in connection with, in follow up to, or as a result of a treatment, service or supply not covered under this Policy.
5. Paternity testing.
6. Cytotoxic testing in conjunction with allergy testing.
7. Hair analysis, unless lead or arsenic poisoning is suspected.
8. Coma stimulation programs.
9. Orthoptics (eye exercise training).
10. Long-term therapy.
11. Massage therapy (except when provided during physical therapy for an Acute illness or injury).
12. A second opinion by a Non-Participating Provider.
13. All eye glasses, contact lenses, sunglasses, and frames except as specifically listed in the Benefit and Services section of your Medical Certificate.
14. Charges for telephone, email and other electronic consultations by and between providers and all related Charges and costs.
15. Charges for any missed appointments.
16. Expenses for medical records and/or reports, including but not limited to, the preparation and presentation of these reports.
17. Chelation therapy for arteriosclerosis.
18. Complications related to cosmetic body piercing, tattooing, implants or other services or procedure that are not medically indicated or not performed by a licensed medical professional.
19. Services and supplies that are not medically indicated and/or are not appropriate or the standard of care to treat the illness or injury, as determined by Physicians Plus.
20. Services and supplies provided while a member's coverage is/was not in effect under this Policy (except as specified the Extension of Benefits section of your Medical Certificate).
21. Treatment, services and supplies that a third party (other than the member's PCP) requires the member to receive, including but not limited to physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments: required solely for purposes of school, sports or camp, travel, career or employment, insurance, marriage or adoption; related to judicial or administrative proceedings or orders; conducted for purposes of medical research; or required to obtain or maintain a license of any type.
22. Treatment, services and supplies for which another party is liable as determined by Physicians Plus, including, but not limited to: Workers' Compensation, school-based programs, federally mandated programs, Medicare, work-related services including employment physicals, tests, and exams and exams requested or directed by a court of law. If benefits are paid or provided by Physicians Plus whenever this exclusion applies, Physicians Plus reserves all rights to recover the reasonable value of such benefits, including as provided in the Other Policy Provisions – Direct Payments and Recovery section of your Medical Certificate.
23. Services, supplies or other care for injury or illness for which there is non-group insurance (except individual health insurance policies) providing medical payments or medical expense coverage, regardless of whether the other coverage is primary, excess or contingent to the Medical Certificate. This exclusion does not apply to liability insurance policies. (However, coverage commonly referred to as "medical payments" or "med pay expenses" are not liability insurance policies and are covered by this exclusion). If benefits subject to this provision are paid or provided by Physicians Plus, Physicians Plus reserves all rights to recover the reasonable value of such benefits as provided in the Other Policy Provisions – Subrogation and Reimbursement section of your Medical Certificate.
24. Treatment and services for an illness or injury caused by atomic or thermonuclear explosion or resulting radiation, or any type of military action, friendly or hostile.
25. Treatment, services and supplies incurred in connection with any injury or illness arising out of, or in the course of, any employment for which an employer either is required to carry or does carry Workers' Compensation insurance. If Workers' Compensation or any similar law applies to the member, this exclusion applies regardless of whether benefits under Workers' Compensation or any similar law have been claimed, paid, waived or compromised. If benefits

- are paid or provided by Physicians Plus in a contested Workers' Compensation proceeding, or whenever Workers' Compensation benefits may be payable, Physicians Plus reserves all rights to recover the reasonable value of such benefits as provided in the Other Policy Provisions – Workers Compensation section of your Medical Certificate.
26. Treatment and services furnished by the U.S. Veterans Administration that are related to a service-connected disability, except when coverage is required under applicable federal law.
 27. Treatment and services provided while held, detained or imprisoned in a local, state or federal penal or correctional institution or facility or while in the custody of law enforcement officials, except as required by state or federal law. Persons who are injured or become ill while outside of the institution or facility and while on work release are not considered to be held, detained or imprisoned if they are otherwise eligible members.
 28. Treatment and services in connection with any illness or injury caused by a member's engagement in an illegal occupation or commission of (or an attempt to commit) a felony. This exclusion does not pertain to services or treatment of injuries that result from a medical condition (such as depression) or from an act of domestic violence.
 29. Reconstructive surgery/cosmetic treatment, except as indicated in this Policy.
 30. Treatment to correct or reverse complications and/or dissatisfaction resulting from surgery, cosmetic treatment, or reconstruction when no functional impairment exists, as determined by Physicians Plus.
 31. Injection of filling material such as collagen, salabrasion, rhytidectomy, dermabrasion, chemical peel.
 32. Suction-assisted lipectomy.
 33. Hair Removal.
 34. Mastopexy*.
 35. Augmentation mammoplasty*.
 36. Correction of inverted nipples*.
 37. Sclerosing of spider veins.
 38. Panniculectomy.
 39. Experimental, investigational, emerging technology treatments, drugs, devices and/or procedure a Physicians Plus medical director deems experimental based on specific evidence. The definition of Specific Evidence can be found in the Definitions section of your Medical Certificate. This exclusion does not apply to treatments mandated by Wisconsin or Federal law.
 40. Any treatment, service or supply that is received in a hospital emergency room (whether received from a Participating Provider or Non-Participating Provider) that does not meet the definition of Emergency Medical Care.
 41. Any treatment, service or supply related to the purpose of medical research and/or clinical research trials. This exclusion does not apply to routine patient care that must be covered under Wisconsin State statute §632.87(6)(b) when administered in a cancer clinical trial. This exclusion also does not apply to routine patient care for clinical trials required by Public Health Service Act section 2709(b).
 42. Biofeedback (except for stress urinary and colorectal incontinence).
 43. Hypnotism.
 44. Goal-oriented behavioral modification.
 45. Dry Needling.
 46. Treatment, services (including saliva hormone testing) and supplies for holistic, complementary or homeopathic medicine, or programs that are not accepted medical practice as determined by Physicians Plus.
 47. Sexual dysfunction treatment, services, and supplies including but not limited to implants, penis pumps, vacuum devices, over the counter and prescription drugs.
 48. Take-home drugs and outpatient prescription drugs not specifically covered under this Policy.
 49. Any service, supply, equipment, medication or other benefit for the treatment of obesity or morbid obesity, except as required by law. This exclusion includes but not limited to: gastric and intestinal bypasses, gastric balloons, stomach stapling, liposuction and wiring of the jaw, liposuction, and weight loss, physical fitness and exercise programs and equipment, even if you have other health conditions that might be helped by the reduction of weight;
 50. Nutrition and nutritional supplements and/or vitamins, including infant formula (except when specifically authorized in the Medical Certificate).
 51. Lodging expenses.
 52. Transportation expenses (except for covered ambulance transport as outlined in the Benefits and Services section of your Medical Certificate).
 53. Treatment, services and supplies provided by a member or a member's immediate family or anyone else living with the member.
 54. Treatment, services or supplies provided to or received by a member as a collateral in connection with the treatment of any person who is not a member under the Medical Certificate.
 55. Treatment, services or supplies for the convenience of the member, the physician, the facility or any other person.
 56. Autopsy services.
 57. Treatment, services or supplies for which the member has no obligation to pay.
 58. When care is provided by a Non-Participating Provider, any amounts in excess of the Maximum Allowed Amount or the usual and customary Charge for the covered service, treatment or supply.
 59. Services, supplies and costs (including re-admission) related to services obtained and/or repeated when a member discharges himself or herself and/or leaves a facility or clinic against medical advice as determined by the physician and Physicians Plus.
 60. Storage of blood, tissue, cells or any other body fluid except as specifically stated in the Benefits and Service – Transplants Tissue/Organs section of your Medical Certificate.
 61. Removal of skin tags.
 62. Consultation, treatment, services, prescription drugs and supplies for: infertility treatment and assisted reproduction; artificial insemination (any); direct intrauterine insemination (DIUI); amniocentesis or chorionic villi sampling (CVS) solely for sex determination; consultation or services in connection with in vitro fertilization, embryo transplantation and/or any other reproductive technique such as GIFT or ZIFT; hormone therapy or drugs not approved by Physicians Plus; in vitro fertilization; embryo transfer; freezing or storage of embryo, eggs or semen, reversal of sterilization or related procedures; donor sperm or related services and

procedures; sperm enhancement services; any infertility services related to surrogate mother services.

63. Prolotherapy and related services.
64. Charges and expenses incurred before the treatment, service or supply is actually provided to the member, unless a Prior Authorization is obtained.
65. Routine foot care rendered in the absence of localized illness, injury, or symptoms in connection with, but not limited to: (a) the examination, treatment, or removal of all or part of corns, calluses, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet; (b) the cutting, trimming, or other non-operative partial removal of toenails; or (c) for any treatment or services in connection with any of these. This exclusion does not apply to persons requiring routine foot care due to a diabetic condition.
66. Educational programs or services (except diabetes-management classes, chronic-disease-management group or individual classes).

** Exclusions with a star (*) next to them indicate that the exclusion does not apply in situations where the Women's Health and Cancer Rights Act of 1988 mandates coverage. See the Benefits and Services - Surgical Services section of your Medical Certificate for more information.*

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