

## Plan Exclusions List

This EUTF supplemental plan does not pay for taxes, your primary group health plan's deductible or enrollment fees, services not specified as Covered Expenses, and services or benefits not paid by your primary group health plan. Any charges after reaching the plan maximum in your primary group health plan are excluded from reimbursement. Plan exclusions include but are not limited to the following:

- Acupuncture
- Aromatherapy
- Behavior testing
- Benefits not covered by your primary group health plan
- Biofeedback
- Bionic devices
- Blood or blood products
- Charges for donor sperm or ova
- Charges in excess of the eligible/allowable rates negotiated between any group health/medical plan and the provider or entity providing the service to the employee-beneficiary
- Chiropractic
- Complications of a non-covered procedure
- Cosmetic surgery
- Cost of storing or processing sperm
- Counseling for Bereavement, Genetic, Sexual Identification
- Custodial care
- Dental Care Services
- Disposable take home supplies
- Expenses or care for cosmetic surgery performed mainly to change a person's appearance
- Expenses or care that are not medically necessary or not prescribed by a licensed physician
- Expenses exceeding the maximum benefit amount allowed under this plan or your primary group health plan.
- Expenses incurred after your termination date of this plan
- Expenses incurred prior to your coverage effective date of this plan
- Expenses not listed (eligible) under Covered Expenses in this plan.
- Expenses paid or payable under any other source (including an insurance plan/policy or government program such as Medicare or Med-QUEST)
- Experimental or investigational services
- Eyeglasses; corrective lenses
- Fertility/Infertility (including in vitro fertilization)
- Gender reassignment
- Group health plan deductibles that you have to satisfy in your primary group health plan
- Hair loss
- Hearing aids
- Homemaker services
- Hypnotherapy
- Massage therapy
- Naturopathy
- Oral travel immunizations/medications
- Over the counter COVID-19 tests
- Over the counter drugs
- Personal convenience items
- Photo-refractive keratectomy
- Physical Examinations Related to
  - Employment
  - Insurance
  - Licensing
  - Court-order such as parole or probation
- Prescription drug charges in excess of the benefit maximum or annual prescription drug benefit maximum
- Provider is an Immediate Family Member
- Radial keratotomy
- Rest cure
- Reversal of voluntary sterilization
- Routine eye exams, eye exercises
- Routine foot care (unless medically necessary)
- Self-help or self-cure
- Services for which the patient has no responsibility to pay due to:
  - Military or service-related condition
  - Workers' Compensation liability
  - Automobile related condition
- Services not medically necessary
- Sleep therapy
- Stand-by time
- Transplants
  - Services for or transportation of a living donor
  - Mechanical or non-human organs
  - Organ purchase
- Travel and lodging cost
- Weight reduction programs
- Wigs