



## State Specific Product Details for Florida

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### ***Additional plan benefits include the following:***

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- ◆ *Dependent children are covered up to age 25*
- ◆ *Diabetes equipment, supplies and outpatient self-management training and education services*
- ◆ *General anesthesia and hospitalization services for dental treatment for children under age 8 or any person with a condition requiring general anesthesia and hospitalization for dental treatment*
- ◆ *Mammograms (exempt from the deductible), prosthetic devices and breast reconstruction surgery incident to mastectomy, post-surgical mastectomy care expense for outpatient post-surgical follow-up care*
- ◆ *Diagnosis and treatment of osteoporosis for high risk individuals*
- ◆ *Child Health Supervision Services*
- ◆ *Treatment of cleft lip and cleft palate for a dependent child to include medical, dental, speech therapy, audiology, and nutrition services if medically necessary*
- ◆ *Prescription and nonprescription enteral formulas*
- ◆ *Ambulance transportation benefit for newborns is covered up to \$1,000*

*Please refer to your policy for details.*



## Pre-Existing Conditions Limitation for Florida

Expenses incurred due to a pre-existing condition that existed in the 12 months prior to the covered person's effective date are not covered for the first 24 months following such person's effective date. This may be reduced subject to creditable coverage. Please refer to your policy for details.

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### Exclusions

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- Treatment, services or supplies which: are not medically necessary; are not prescribed by a doctor as necessary to treat a sickness or injury; are determined to be experimental or investigational in nature by the company (experimental shall not include bone marrow transplants that are not considered experimental by the Agency for Health Care Administration); are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member; are received outside the United States.
- Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; or service in the armed forces of any country.
- Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
- Expenses incurred as a result of suicide or intentionally self-inflicted injury while sane or insane.
- Injury or sickness arising out of or in the course of employment which is paid or received under any Workers' Compensation or Occupational Disease Act or Law.
- Cosmetic surgery other than: reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part; or reconstructive surgery because of a congenital disease or anomaly, except as provided for dependent newborns.
- Injury due to being legally intoxicated, as defined by the jurisdiction in which an accident occurs.
- Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a doctor.
- Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
- Any service or supply not specifically listed as a covered charge.
- Sexual reassignment surgery and related expenses.
- Routine physical examinations, health examinations or preschool physical examinations including routine care of a newborn infant, other than hospital nursery expense of a dependent newborn baby.
- Temporomandibular Joint Dysfunction (TMJ) involving the installation of crowns, pontics, bridges or abutments or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy.
- Expenses incurred as a result of dental treatment or dental x-rays, except as specifically provided and then only when injury occurs to sound natural teeth.
- Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription, therefore, or radial keratotomy or laser surgery; hearing aids or prescriptions or examinations, except as required for repair caused by injury.
- Treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception.
- Manipulations of the musculoskeletal system, which includes manipulation of muscles, joints, soft tissue, bone, spine, as well as traction and massage, applications of heat or cold.
- Expenses to the extent that they are paid under Medicare or any other government insurance plan (except Medicaid).
- Expenses covered by automobile "no fault" contracts (group, group-type or individual).
- Chelation treatments.
- Artificial limbs or prosthetics, except as specifically provided.
- Maternity and its related expenses, except complications of pregnancy.