

**Coverage under this Group Plan is limited to the diagnosis and therapeutic care or treatment of disease, sickness or injury, or the prevention of disease, sickness or injury as described in this Benefits Booklet. The following services are specifically excluded from coverage:**

1. Air conditioners, de-humidifiers, air purifiers.
2. Any care, treatment or service received prior to your effective date of coverage under this Group Plan.
3. Any care, treatment or service received after coverage under this Group Plan has ended.
4. Arch supports, shoe orthotics, corrective shoes and elastic stockings except as specifically provided under the **Diabetic Education, Equipment and Supplies** benefit.
5. Artificial insemination, in vitro fertilization and gamete intra-fallopian transplant (GIFT), including any direct or indirect complications or after-effects other than pregnancy.
6. Biofeedback except in the case of urinary incontinence.
7. Charges for non-Covered Services, and resulting complications, including service not specifically described in this Group Plan.
8. Conditions resulting from acts of war, whether declared or undeclared.
9. Cosmetic surgery, including treatment for complications of cosmetic surgery, except as provided for under the **Plastic and Reconstructive Surgery** benefit.
10. Developmental delay, speech delay or other learning disabilities, except as provided for under the **Neurodevelopmental Therapy** benefit.
11. Enuresis training equipment.
12. Eye exams, refractions, eyeglasses and contact lenses, except as provided for under a **Vision Services** Benefit Rider. **13.** Exercise equipment and whirlpool baths.
14. Experimental or Investigational procedures, as defined in this Group Plan.
15. Hearing aids, hearing devices such as cochlear implants, and hearing exams.
16. Hospitalization solely for diagnostic purposes.
17. Maintenance, custodial or domiciliary care except as provided under the **Home Health and Hospice Care** benefit.
18. Medical services paid by the Veterans Administration or by state, local or federal governmental programs.
19. Non-surgical treatment for deformities of the toes and feet, including routine foot care, except when such care is directly related to the treatment of diabetes.
20. Obesity treatment, including, but not limited to, Provider office visits, surgical weight loss procedures, pre-surgical diagnostics and procedures, weight reduction programs (such as Weight Watchers) and dietary control programs.
21. Orthoptics (eye exercise programs), pleoptics, visual analysis therapy and/or training, and radial keratotomy.
22. Over-the-counter products (except insulin supplies for the treatment of diabetes),

including, but not limited to, contraceptive devices or supplies, unless specifically listed as a benefit under this Group Plan.

23. Personal comfort items (e.g., radios, telephones, televisions).
24. Reversal of sterilization.
25. Self-help care of any form, including, but not limited to, non-medical self-care, self-help training, marital or sexual counseling.
26. Services, supplies and drugs which are not Medically Necessary for the treatment of an illness, injury or physical disability, even though the services are not specifically listed as exclusions.
27. Services for any occupational illness or injury arising out of, or in the course of, an activity pertaining to any trade, business, employment (including self-employment) or occupation for wage or profit, whether or not a proper and timely claim was filed for such benefits under another plan or policy, except as provided for under an **Occupational Injury Coverage** Benefit Rider.
28. Services and supplies for, or associated with, care or work on the teeth; x-rays of the teeth and other dental procedures except as provided for under a **Dental** Benefit Rider.
29. Services for the treatment of complications arising from a non-Covered Service or procedure, except for the complications of pregnancy.
30. Services for which there is no charge to you.
31. Services for which you are not legally required to pay.
32. Services provided by a person who is related to you by blood or marriage, or who resides in your home.
33. Sex change or other sexual transformation procedures.
34. Speech, occupational, educational, milieu, massage, and physical therapies except as specifically included under the **Neurodevelopmental Therapy** benefit, the **Rehabilitation** benefit, an **Inpatient Rehabilitation** Benefit Rider or the **Home Health and Hospice Care** benefit.
35. Treatment for abnormalities of the jaw, including malocclusion; jaw augmentation or reduction surgery (orthognathic surgery), except as provided for under the **Oral Surgery** benefit or the **Plastic and Reconstructive Surgery** benefit; diagnosis and treatment of temporomandibular joint (TMJ) disorders, except as provided for under a **Temporomandibular Joint (TMJ) Dysfunction** Benefit Rider.
36. Treatment for sexual dysfunction including, but not limited to, sterility, infertility, impotence or frigidity.
37. Unnecessary duplicate diagnostic services for a single ongoing illness. Consultations for second surgical opinions are covered under the **Professional Services** benefit.

**38.** Services for elective care received in a foreign country.

**39.** Services and supplies not specifically described in this Benefits Booklet.

### Waiting Periods

#### Pre-existing Conditions

You must be enrolled in this Group Plan for a period of three (3) consecutive months before KPS will provide benefits for a *Pre-existing Condition*. A *Pre-existing Condition* is any condition for which you received medical advice during the three (3) month period immediately preceding your date of enrollment in this Group Plan, or for which your Provider recommended or provided treatment. Genetic information shall not be treated as a *Pre-existing Condition* unless there has been a diagnosis of the condition related to the specific genetic information.

If you were required to complete an Employer imposed probationary period, the *Pre-existing Condition* waiting period begins on the first day of your probationary period. This waiting period may also be reduced by the number of months of *Creditable Coverage* you have accrued under other health care programs prior to your enrollment in this Group Plan. "*Creditable Coverage*" means periods of other health coverage an Enrollee may use to reduce *Pre-existing Condition* waiting periods. These include group health coverage; Medicare; Medicaid; military health coverage; Indian Health Service or tribal coverage; state high risk pool; federal or public health plans; Peace Corps Plan; State Children's Health Insurance Program, or other health insurance coverage. You will receive credit for prior *Creditable Coverage* if it was continuous and terminated no more than three (3) months immediately preceding enrollment in this Group Plan. Health coverage will be considered continuous if there was no more than a three (3) month break between any *Creditable Coverage*. No credit will be given if there was more than a three (3) month break in coverage between your prior plan and your effective date of enrollment in this Group Plan. Any Employer imposed probationary period will not be considered a break in coverage or *Creditable Coverage*.

Waiting period requirements *do not apply* to the following:

Pregnancy

- Formulas necessary for the treatment of phenylketonuria (PKU)

- Prescription drugs included in **Pharmacy Benefits**

- A newborn Child or an adopted Child

#### Transplant Procedures

KPS provides coverage for transplant procedures only after you have been continuously enrolled in this Group Plan for a specific period of time (see *Waiting Periods* in the **Benefits Summary** section). This transplant waiting period applies to the transplant procedure as well as any pre- and post-transplant care directly related to a transplant you receive while covered under this Group Plan. If you were covered under another KPS group or individual plan immediately prior to enrolling in this Group Plan, KPS will credit to this Group Plan the portion of the transplant waiting period you satisfied under your prior KPS plan.

Limitations and Exclusions