

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:

For All Small Group Plans:

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 for under the **Diabetic Education, Equipment and Supplies** benefit.
5. Artificial insemination, in vitro fertilization, and gamete intrafallopian 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 Benefits and Services and resulting complications, including services not specifically described in this Benefits Booklet.
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. Exercise equipment and whirlpool baths.
13. Experimental and Investigational procedures as defined in this Benefits Booklet.
14. Eye exams, refractions, eyeglasses, and contact lenses, except as provided for under a **Vision 100** Rider (if applicable).
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 for 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. Prescription drugs provided on an outpatient basis, except drugs dispensed at a Hospital-based Emergency room, as provided for under the **Home Health and Hospice Care** benefit, or as provided for under a **Pharmacy Benefits Rider** (if applicable).
25. Reversal of sterilization.
26. Self-help care of any form, including, but not limited to, non-medical self-care, self-help training, marital or sexual counseling.
27. 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.
28. 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 Rider** (if applicable).
29. 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 Plan Rider** (if applicable).
30. Services for the treatment of complications arising from a non-Covered Service or procedure, except for the complications of pregnancy.
31. Services for which there is no charge to you.
32. Services for which you are not legally required to pay.
33. Services provided by a person who is related to you by blood, or marriage, or who resides in your home.
34. Sex change or other sexual transformation procedures.
35. Speech, occupational, educational, milieu, massage, and physical therapies, except as specifically included under the **Neurodevelopmental Therapy** benefit, the **Rehabilitation** benefit, or the **Home Health and Hospice Care** benefit.
36. 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 the **Temporomandibular Joint (TMJ) Dysfunction** benefit.
37. Treatment for sexual dysfunction, including, but not limited to, sterility, infertility, impotence, or frigidity.
38. Unnecessary duplicate diagnostic services for a single ongoing illness. Consultations for second surgical opinions are covered under the **Professional Services** benefit.
39. Services for elective care received in a foreign country.
40. Services and supplies not specifically described in this Benefits Booklet.

Additional exclusion for: SH Basic, SH Basic – Copayment, SH Small Business, and SH Small Business - Copayment
Treatment for sleep disorders.

Waiting Periods

Pre-existing Conditions

You must be enrolled in this Group Plan for a period of nine (9) 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 six (6) 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 also may 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
- 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 a **Pharmacy Benefits Rider** (if applicable).
- A newborn Child(ren) or an adopted Child(ren).

Transplant Procedures

KPS provides coverage for transplant procedures only after you have been continuously enrolled under this Group Plan for 12 months. 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