Consider Medicare coverage limits

The following items and services are not covered under Original Medicare or by our plan:

- Services considered not reasonable and unnecessary, according to the standards of Original Medicare, **unless these services are listed by our plan as covered services.**

- Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under a Medicare-approved clinical research study or by our plan. Experimental procedures and items are those determined by our plan and Original Medicare to not be generally accepted by the medical community.

- Private room in a hospital, except when it is considered medically necessary or if it is the only option available.

- Personal items in your room at a hospital or a skilled nursing facility (e.g., television).

- Full-time nursing care in your home.

- Custodial care — care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living (e.g., bathing or dressing).

- Homemaker services include basic household assistance, including light housekeeping or light meal preparation.

- Fees charged for care by your immediate relatives or members of your household.

- Cosmetic surgery or procedures, unless covered in case of an accidental injury or for improvement of the functioning of a malformed body member. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.

- Chiropractic care, other than manual manipulation of the spine to correct a subluxation.

- Home-delivered meals.

- Routine foot care, except for the limited coverage provided according to Medicare guidelines (e.g., if you have diabetes).

- Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.

- Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.

- Hearing aids or exams to fit hearing aids.

- Eyeglasses (except some coverage included with our Classic plan), radial keratotomy, LASIK surgery, vision therapy and other low vision aids. However, one pair of eyeglasses (or contact lenses) are covered for people after cataract surgery.

- Reversal of sterilization procedures, and/or non-prescription contraceptive supplies.

- Acupuncture.

- Naturopath services (uses natural or alternative treatments).

Our plan will not cover the excluded services listed above. Even if you receive the services at an emergency facility, the excluded services are still not covered.