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65. Charges for all medical complications which arise as the result of the Member receiving non-covered medical, surgical or diagnostic services. Examples of non-covered medical, surgical or diagnostic services include, but are not limited, to gastric bypass surgery, liposuction, cosmetic surgery, and elective abortions.
66. Charges for braces or any surgery for micrognathism and macrognathism when not Medically Necessary or solely for cosmetic purposes.
67. Illness or injury which is caused by the Member's unlawful possession of any item or substance or possession of any item or substance for an unlawful purpose.
68. Any hearing aids (air or bone conduction), speech generating devices, or listening devices, or for examination or fitting regardless of Medical Necessity.
69. Telemedicine Services except as provided in Article VIII and subject to Medical Policy.
70. In a Specialty Service Area Specialty Services will only be covered by a Center of Excellence Network Provider or a Blue Specialty Network Provider.
71. Clinical Trials performed by Non-Network Providers or if the Member receives financial assistance from third parties.
72. Services provided pursuant to a direct primary care agreement, fee-for-service agreement or similar arrangement in which the Member directly pays a health care provider a fee in exchange for the provision of medical services that are not to be billed to any insurance company or other third party.
73. Genetic testing, if Medically Necessary, performed by a Provider who is not certified by the College of American Pathologists (CAP) and Clinical Laboratory Improvement Amendments (CLIA) Certified.
74. Services provided by Non-Network Independent Laboratories.
75. Medical marijuana, unless required by law.
76. Travel and lodging expenses for organ and tissue transplants that do not meet the criteria set forth in Article XII.

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