

Kentucky limitations and exclusions

Kentucky Pre-Existing Condition

Pre-Existing Condition means a Sickness, Injury, or condition, including any related or resulting complications:

- a. For which medical advice, consultation, diagnosis, care, or treatment (includes receipt of services, supplies, or diagnostic tests) was received or recommended from a provider or prescription drugs were prescribed during the 1 years period immediately prior to the Covered Person's Effective Date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
- b. That produced signs or symptoms during the 1 year period immediately prior to the Covered Person's Effective Date.

The signs or symptoms were significant enough to establish manifestation or onset by one of the following:

- i. The signs or symptoms reasonably should have allowed or would have allowed a medical provider to diagnose the condition; or
- ii. The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek medical advice, consultation, diagnosis, care, or treatment.

A pregnancy that exists on the day before the Covered Person's Effective Date will be considered a Pre-Existing Condition.

Charges Not Covered by This Certificate

This Certificate does not cover any of the following:

- Sickness and Injury resulting directly or indirectly from a Pre-Existing Condition or a complication resulting therefrom for the first 12 months following the Covered Person's Effective Date.
- Treatment, services, or supplies received before the Effective Date or after this Certificate terminates in accordance with the Termination provision.
- Treatment, services, or supplies not specifically listed as a Covered Services in the Benefits section.
- Complications of non-covered treatment, services, or supplies.

- Treatment, services, or supplies that are Experimental or Investigational Services.
- Treatment, services, or supplies provided while participating in a clinical trial.
- Charges for preventive services except as otherwise covered in the Benefits section.
- Prophylactic services, including prophylactic surgery or other procedures performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
- Suicide or attempted suicide, Health Care Practitioner assisted suicide, or intentionally self-inflicted injury.
- War or any act of war; participation in the military service of any country.
- A Covered Person's voluntary attempt to commit, participation in, or commission of a felony, whether or not charged.
- Injury resulting from or related to being under the influence of:
 - Illegal narcotics or non-prescribed controlled substances.
 - Alcohol such that the Covered Person is intoxicated (where the blood-alcohol content meets or exceeds the legal presumption of intoxication under the law in the state where the Injury took place).
- Charges for routine eye exams, eyeglasses, and contact lenses.
- Eye surgery for cataracts, nearsightedness, farsightedness, or astigmatism.
- Charges for routine hearing exams.
- Cochlear implant, auditory prosthesis or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension.
- Snoring, sleep disorders, the treatment or prevention for hair loss, change in skin pigmentation, or cognitive enhancement.
- Gastric bypass, surgery for weight control, obesity or morbid obesity, including any type of gastric bypass or other weight loss surgery, suction lipectomy.
- Custodial Care, respite care, rest care, supportive care, homemaker services, personal comfort or convenience of the Covered Person, the Covered Person's family, a Health Care Practitioner or a provider.
- Cosmetic Services, including cosmetic or plastic surgery, except for Reconstructive Surgery.
- Capsular contraction, augmentation or reduction mammoplasty, except for Reconstructive Surgery.
- Mental Illness or Substance Abuse.
- An injury sustained while participating in, instructing, demonstrating, guiding or accompanying others in any hazardous activity, whether or not compensation is received including:
 - Parachute jumping.

- Hang-gliding.
 - Bungee jumping.
 - Rodeo activities.
 - Racing any motorized vehicle or conveyance.
 - Rock or mountain climbing.
 - Skydiving.
 - Parkour.
- An injury sustained while participating in, instructing, demonstrating, guiding or accompanying others in any hazardous occupation or other activity for which compensation is received including:
 - Racing any non-motorized vehicle or conveyance.
 - Professional or semi-professional contact sports.
 - Injury sustained while participating in any inter-collegiate sport, contest or competition for any such sport, contest or competition.
 - Treatment, services, or supplies received outside of the United States or its possessions or Canada. Drugs or medications obtained from pharmacy provider sources outside the United States.
 - Treatment, services, or supplies resulting from or related to chronic pain disorders.
 - Foot conditions including flat foot conditions, bunion, corns.
 - Reproductive or contraceptive treatment, services, or supplies including:
 - Pregnancy, except for Complications of Pregnancy.
 - Childbirth.
 - Fetal reduction surgery.
 - Infertility diagnosis and treatment.
 - Cryopreservation of sperm or eggs.
 - Surrogate pregnancy.
 - Umbilical cord stem cell or other blood component harvest.
 - Sterilization, drugs or devices used directly or indirectly to promote or prevent conception.
 - Abortion.
 - Treatment, services, or supplies, regardless of underlying causes, including:
 - Sex transformation.
 - Gender dysphoric disorder.
 - Gender reassignment.
 - Sexual function, dysfunction or inadequacy.
 - Dental treatment, services, or supplies.
 - Orthodontic treatment, services or supplies, including dental braces and dental appliances.
 - Care for supporting structures of the teeth.
 - Temporomandibular or craniomandibular joint dysfunction.
 - Maxillary or mandibular hypoplasia.

- Malocclusion or mandibular protrusion or recession.
- Maxillary or mandibular hyperplasia.
- Sclerotherapy or other treatment, services, or supplies resulting from or related to varicose veins or spider veins.
- Growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth.
- Allergies (including allergy testing, allergy shots, and allergy immunotherapy), except for Emergency treatment of allergic reactions.
- Services provided by or through any employer of a Covered Person or the employer of a Covered Person's Immediate Family member.
- Services provided by or through any Covered Person's Immediate Family member or any entity in which a Covered Person or their Immediate Family member receives, or is entitled to receive, any direct or indirect financial benefit, including an ownership interest in any such entity.
- End stage kidney or end stage renal disease.
- Treatment, services, or supplies related to transplants and organ donation.
- Congenital conditions, except when provided to a newborn or newly adopted child who is a Covered Person.
- Products, drugs or medicines in the following categories, whether or not prescribed by a Health Care Practitioner:
 - Herbal or homeopathic medicines or products.
 - Minerals and vitamins.
 - Health and beauty aids.
 - Batteries.
 - Appetite suppressants.
 - Dietary or nutritional substances or dietary supplements.
 - Nutraceuticals.
 - Tube feeding formulas and infant formulas.
 - Medical foods.
 - Devices or supplies including, but not limited to, support garments, bandages and non-medical items regardless of intended use.
- Outpatient prescription drugs.