

PRODUCTS AND BENEFIT PLANS

Physicians Plus offers a wide variety of benefit plans. The following is an overview of the plan types offered by Physicians Plus.

Health Maintenance Organization (HMO) A health maintenance organization (HMO) is defined by Wisconsin statute and provides comprehensive medical care. Persons insured by an HMO plan are referred to as members or enrollees. An HMO pays for and provides the medical care outlined in the policy. An HMO usually operates on a closed panel basis. This means the enrollees are required to seek care from a medical provider who is either employed by or under contract to the HMO. HMOs limit care to a specific geographic area.

Point-of-Service Plan (POS) A point-of-service plan (POS) is generally offered by HMOs and permits members/enrollees to choose providers who are not on the panel and enrollees are responsible to pay part of the cost. The plan permits members to make the choice at the time the services are needed. If an enrollee chooses a non-participating or non-HMO provider, he or she may have to pay a deductible and coinsurance.

Preferred Provider Organization/Plan (PPO/PPP) A preferred provider organization plan (PPO/PPP) or organization is defined by Wisconsin statute. The PPO provides a national network much like an HMO and offers benefit incentives to insured's to use preferred providers. For example, the plan may have a copayment provision in which the insurer pays 80% and the insured pays 20%. However, if insured's use the preferred providers, the insurer pays 90% rather than 80% of covered expenses.

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- **Copay Plans** offer benefits with and without a copays for office visits and services.
- **Tiered Plans** offer benefits with and without copays for various levels of services with various levels of providers and specialists.
- **HealthShare Plans** combine traditional deductibles with coinsurance and copays.
- **High Deductible Health Plans** offer benefits with high deductibles and coinsurance. Some plans may qualify to be used in conjunction with a Health Savings Account.
- **Meriter Choice Plans** offer benefits that are increased when members utilize a Meriter Choice facility.
- **Medicare Select Plans** offer Individual with Medicare A & B an option to fill the gap between Medicare payment and self pay.
- **Individual Plans** offer members not insured through an Employer Group many options to protect themselves at the level of coverage they choose. Individual plans are subject to medical underwriting approval.

PHYSICIANS PLUS HMO CERTIFICATE GENERAL EXCLUSIONS AND LIMITATIONS

THE FOLLOWING GENERAL EXCLUSIONS AND LIMITATIONS APPLY TO ALL SERVICES

This information on general policy exclusions and Limitations is taken directly from the Medical Certificate of Coverage. For more detailed information please consult the Physicians Plus Medical Certificate of Coverage or verify specific coverage question with our Member/Provider Service department at (608) 282-8900 or (800) 545-5015

Generally Physicians Plus will not cover:

- a. Any services performed by a Non-Participating: Physician, Hospital, facility or other Provider.
- b. Any services for which Prior Authorization was required but not obtained. It is the Member's responsibility to obtain the proper Prior Authorization.
- c. Any treatment, services and supplies not specifically identified as being covered under this Policy; and any treatment, services and supplies required in connection with, in follow up to, or as a result of a treatment, service or supply not covered under this Policy.
- d. Paternity testing.
- e. Cytotoxic testing in conjunction with allergy testing.
- f. Hair analysis, unless lead or arsenic poisoning is suspected.
- g. Coma stimulation programs.
- h. Orthoptics (eye exercise training).
- i. Long Term and/or Maintenance Care/Therapy.
- j. Massage therapy (except when provided during physical therapy for an Acute Illness or Injury).
- k. A second opinion by a Non-Participating Provider.
- l. Eye glasses, contact lenses, sun glasses, frames and/or the fitting of frames (except as specifically listed in the Certificate under the BENEFIT AND SERVICES section).
- m. Charges for telephone consultations by and between Providers.
- n. Charges for any missed appointments.
- o. Expenses for medical records and/or reports, including but not limited to, the preparation and presentation of these reports.
- p. Chelation therapy for arteriosclerosis.
- q. Complications related to cosmetic body piercing, tattooing, implants or other services or procedure that are not Medically Indicated or not performed by a licensed medical professional.
- r. Services and supplies that are not Medically Indicated and/or are not appropriate to the treatment of an Illness or Injury, as determined by Physicians Plus.
- s. Services and supplies provided while a Member's coverage is/was not in effect under this Policy (except as specified in the Extension of Benefits section of this Certificate).
- t. Treatment, services and supplies that a third party (other than the Member's PCP) requires the Member to receive; treatment, services and supplies for which another party is liable as determined by Physicians Plus, including, but not limited to: Workers' Compensation, school-based programs, federally mandated programs, Medicare, work-related services including employment physicals, tests, and exams and exams requested or directed by a court of law. If benefits are paid or provided by Physicians Plus whenever this exclusion applies, Physicians

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Plus reserves all rights to recover the reasonable value of such benefits, including as provided in the section of this Certificate entitled OTHER POLICY PROVISIONS - DIRECT PAYMENTS AND RECOVERY.

u. Services, supplies or other care for Injury or Illness for which there is non-group insurance (except individual health insurance policies) providing medical payments or medical expense coverage, regardless of whether the other coverage is primary, excess or contingent to this Certificate. If benefits subject to this provision are paid or provided by Physicians Plus, Physicians Plus reserves all rights to recover the reasonable value of such benefits as provided in the section of this Certificate entitled OTHER POLICY PROVISIONS-SUBROGATION and REIMBURSEMENT.

v. Treatment and services for an Illness or Injury caused by atomic or thermonuclear explosion or resulting radiation, or any type of military action, friendly or hostile.

w. Treatment, services and supplies incurred in connection with any Injury or Illness arising out of, or in the course of, any employment for which an employer either is required to carry or does carry Workers Compensation insurance. If Worker Compensation or any similar law applies to the Member, this exclusion applies regardless of whether benefits under Workers Compensation or any similar law have been claimed, paid, waived or compromised. If benefits are paid or provided by Physicians Plus in a contested Workers' Compensation proceeding, or whenever Workers Compensation benefits may be payable, Physicians Plus reserves all rights to recover the reasonable value of such benefits as provided in the section of this Certificate entitled OTHER POLICY PROVISIONS- WORKERS COMPENSATION.

x. Treatment and services furnished by the U.S. Veterans Administration except when coverage is required under applicable federal law.

y. Treatment and services provided while held, detained or imprisoned in a local, state or federal penal or correctional institution or facility or while in the custody of law enforcement officials, except as required by state or federal law. Persons who are injured or become ill while outside of the institution or facility and while on work release are not considered to be held, detained or imprisoned if they are otherwise eligible Members.

z. Treatment and services in connection with any Illness or Injury caused by a Member's: engagement in an illegal occupation; commission of, or an attempt to commit, a felony; or intentional use of illegal drugs.

aa. Reconstructive Surgery/Cosmetic Treatment, except as indicated in this Policy. NOTE: Psychological reasons do not represent a medical or surgical necessity.

bb. Treatment to correct or reverse complications and/or dissatisfaction resulting from surgery, Cosmetic Treatment, or reconstruction when no functional impairment exists, as determined by Physicians Plus.

cc. Injection of filling material such as collagen, salabrasion, rhytidectomy, dermabrasion, chemical peel.

dd. Suction-assisted lipectomy.

ee. Electrolysis.

ff. Mastopexy*.

gg. Augmentation mammoplasty*;

hh. Correction of inverted nipples*;

ii. Reduction mammoplasty (unless You meet the Physicians Plus medical policy criteria)*;

jj. Sclerosing of spider veins.

kk. Panniculectomy.

ll. Mastectomy for male gynecomastia.

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- mm. Experimental/Investigational treatments, drugs, devices and/or procedures a Physicians Plus medical director deems Experimental based on Specific Evidence (except HIV-related treatments and drugs authorized by Physicians Plus).
- nn. Any treatment, service or supply that is received in a Hospital emergency room (whether received from a Participating Provider or non-Participating Provider) and that does not meet the definition of Emergency Medical Care.
- oo. Any services related to the purpose of medical research and/or clinical research trials (except for routine patient care that must be covered under section 632.87(6)(c) of the Wisconsin statutes when administered in a cancer clinical trial).
- pp. Acupuncture, hypnosis, goal-oriented behavioral modification, and biofeedback.
- qq. Treatment, services and supplies for holistic or homeopathic medicine, or programs that are not accepted medical practice as determined by Physicians Plus.
- rr. Treatment, services and supplies for, or leading to, sex-transformation surgery and sex hormones related to such treatment.
- ss. Take home drugs and outpatient prescription drugs not specifically covered under this Policy.
- tt. Any service, supply, equipment, medication or other benefit for the treatment of obesity or morbid obesity, including but not limited to gastric and intestinal bypasses, gastric balloons, stomach stapling, wiring of the jaw, liposuction, and weight loss, physical fitness and exercise programs and equipment, even if You have other health conditions that might be helped by the reduction of weight;
- uu. Nutritional supplements and/or vitamins;
- vv. Lodging expenses.
- ww. Transportation expenses (except for covered ambulance transport as outlined in the benefits sections of this Policy).
- xx. Treatment, services and supplies provided by a Member or a Member's Immediate Family or anyone else living with the Member; and/or treatment, services or supplies provided to or received by a Member as a collateral in connection with the treatment of any person who is not a Member under this Certificate.
- yy. Autopsy services.
- zz. Treatment, services and supplies for which the Member has no obligation to pay.
- aaa. Amounts in excess of the Usual and Customary charge for the covered service, treatment or supply.

* Exclusion does not apply where the Women's Health and Cancer Rights Act of 1988 mandates coverage. See BENEFITS AND SERVICES-SURGICAL SECTION of the Medical Certificate of Coverage.