

- b. Covered Expenses for chiropractic services are limited to \$1,100 in total per individual per calendar year. This limitation does not apply to chiropractic services rendered at a Pipe Trades Services MN Wellness Center.
- c. Covered Expenses for acupuncture services are limited to \$300 in total per calendar year.
- d. Covered Expenses for dental work or oral surgery to a natural tooth must be incurred within two years of the date of the causative Injury or Illness, and you must have been a Participant in the Plan when the Injury or Illness occurred. This limitation does not apply to certain expenses for dental work or oral surgery.
- e. When applicable, Covered Expenses for durable medical equipment are limited to rental unless the cost of rental equals or exceeds the purchase price.
- f. Covered Expenses for hearing aids are limited to \$2,000 (per individual) in any four-year period.
- g. Covered Expenses for room and board in-patient treatment are limited to the semi-private room rate.
- h. Prior authorization is required and Covered Expenses for services provided at a skilled nursing facility are limited to sixty (60) days per Injury or Illness.
- i. Covered Expenses for nutritional supplements are limited in accordance with Centers for Medicare and Medicaid Services national coverage determinations.
- j. Covered Expenses for treatment of temporomandibular joint dysfunction ("TMJ") or any condition related to TMJ are limited to \$800 per calendar year (per individual). Expenses for radiology related to TMJ do not apply towards this limit.
- k. Covered Expenses for participation in sleep studies are limited to \$2,000 per calendar year (per individual).
- l. Covered Expenses for infertility treatments are limited to \$5,000 per calendar year (per family) and \$20,000 per lifetime (per family).
- m. Prior Authorization is required for organ transplants.
- n. Marital counseling is limited to six sessions per issue and provided through the Employee Assistance Program.
- o. Covered Expenses for prescription drugs are limited to a 90-day supply and a 30-day supply for specialty drugs.
- p. Prior Authorization is required for specialty drugs.
- q. The PPO's medical or dental directors, or their designees, make coverage determinations of Medical Necessity, restrictions on access and appropriateness of treatment; however, the Plan will make final determinations on whether an expense is a Covered Expense.

**E. What The Plan Does Not Cover**

Notwithstanding anything to the contrary, the following are not Covered Expenses and are excluded from coverage by this Plan: