

Category	Covered	Not Covered	Maximums and Limitations†	Notification Required‡
Abortions — non-life threatening		∅		
Acupuncture	●		10 visits per person per Benefit Year	
Allergy Testing and Treatment	●			
Ambulance Transportation	●			
Ambulatory Surgical Facilities	●			
Anesthesia Services	●			
Assistant Surgeons	●			
Blood and Blood Administration	●			
Cardiac Rehabilitation Services	●			
Chemotherapy Treatments	●			
Chiropractic Care	●		20 visits per person per Benefit Year	
Completion of Claim Forms, Reports, or Medical Records		∅		
Contraceptives	●	∅	Coverage depends on whether you are from a profit or non-profit part of CHI. If not covered through CHI medical plan, you may have coverage directly through the medical and prescription administrator.	
Cosmetic Surgery — elective		∅		
Cosmetic Surgery — reconstructive	●			
Consultations	●			
Custodial Care Services		∅		
Cyber Knife Surgery	●			
Dental Services — standard		∅		
Dental Services — special circumstances	●		Limitations apply	
Diabetes Training Programs	●		Twice per lifetime	
Diagnostic Services	●			

†If nothing is listed in this column, assume there are no limitations or maximums; however, benefits will not be available if the procedure is not medically necessary or not for a covered service.

‡If nothing is listed in this column, assume that pre-notification is not required.

Pre-Authorization Quick Reference List (cont'd)

Category	Covered	Not Covered	Maximums and Limitations†	Notification Required‡
Durable Medical Equipment	●			
Education or Training Plans		∅		
Emergency Services	●			
Eye Examinations — medical Conditions	●			
Eye Examinations — vision		∅		
Eyeglasses and cosmetic Contacts		∅		
Contacts — after cataract surgery or cornea transplant	●		First pair only	
Fee for Failure to Keep Appointment		∅		
Fees by Family Members		∅		
Fertility Drugs	●		Lifetime maximum — \$5,000 per person	
Fertility Treatment	●		Lifetime maximum — \$15,000 per covered individual	
Foot Care	●			
Foot Orthotics	●		Two pairs per Benefit Year	
Genetic Testing	●			●
Hearing Aids		∅		
Hearing Examinations for Diagnosing Medical Conditions	●			
Hearing Examinations for Pure Tone Audiometry Tests		∅		
Home Health Care	●			●
Hospice Care	●		Life expectancy must be 12 months or less	
Human Organ Transplants	●		Cryopreservation and storage — \$10,000 limit per transplant	●
Human Organ Transplants — travel expenses	●		Only for travel to a CHI Facility or Human Organ Transplant Program Hospital — \$10,000 limit per transplant	
Inpatient Hospital Care	●			●

†If nothing is listed in this column, assume there are no limitations or maximums; however, benefits will not be available if the procedure is not medically necessary or not for a covered service.

‡If nothing is listed in this column, assume that pre-notification is not required.

Pre-Authorization Quick Reference List (cont'd)

Category	Covered	Not Covered	Maximums and Limitations†	Notification Required‡
Investigational Services and Supplies		∅		
Kerato-Refractive Eye Surgery		∅		
Leg, Back, and Neck Braces	•			
Marriage Counseling	•			
Maternity Services	•			•
Mastectomy and Related Services	•			
Medical and Surgical Dressings, Supplies, Casts, Splints, Crutches, and Artificial Eyes	•			
Mental Health Services — outpatient	•			
Mental Health Services — Inpatient	•			•
Modifications to Homes, Property, or Automobiles		∅		
Non-Prescription Drug Medication (except medically necessary B-12 injections)		∅		
Office Visits	•			
Outpatient Hospital Care	•			
Optometry Services — routine		∅		
Oxygen and its Administration	•			
Personal Hygiene, Comfort, and Convenience Items		∅		
Physicians	•			
Pre-Admission Testing	•			
Prescription Drugs	•			May be required
Prescription Drugs — targeted for step therapy	•			•
Preventive or Wellness Care	•			
Prosthetic Appliances and Devices	•			
Radiation Therapy Treatments	•			

†If nothing is listed in this column, assume there are no limitations or maximums; however, benefits will not be available if the procedure is not medically necessary or not for a covered service.

‡If nothing is listed in this column, assume that pre-notification is not required.

Pre-Authorization Quick Reference List (cont'd)

Category	Covered	Not Covered	Maximums and Limitations†	Notification Required‡
Residential Treatment Facilities — Diagnostic tests	●			
Residential Treatment Facilities — room and board	●			●
Routine Physical Exams	●			
Shock Therapy Treatments	●			
Skilled Nursing Facilities	●			●
Smoking Cessation Prescription Drugs	●			
Sterilization		∅		
Sterilization Reversals	●			
Substance Abuse Rehabilitation Treatment	●			●
Surgery	●			
Telephone Consultations		∅		
Treatment of Temporomandibular Joint Dysfunction and Related Disorders	●		Non-surgical treatment of TMJ is not covered by the medical plan but is covered by the dental plan.	
Therapy ● Massage ● Occupational ● Physical ● Speech	● ● ● ●		Combined therapy limit of 30 visits per Benefit Year (Visits in excess of 30 may be approved based on review of medical necessity and expected improvement)	
Web Cam Consultations	●			
Weight Loss Prescription Drugs	●		If participating in Weight Loss Management Program through Preventure	
Weight Loss Surgery	●			●
Wigs or Hair Pieces— if hair loss from medical treatment	●		1 wig per year	
Work Related Injuries		∅	Work-related injuries covered under the Workers' Compensation Benefit	
X-rays	●			

†If nothing is listed in this column, assume there are no limitations or maximums; however, benefits will not be available if the procedure is not medically necessary or not for a covered service.

‡If nothing is listed in this column, assume that pre-notification is not required.

Pre-Authorization Quick Reference List (cont'd)

Pharmacy

The CHI Medical Plan provides coverage for the following drugs only if they are prescribed for certain uses. A drug may be subject to pre-authorization if it has the potential for misuse, abuse or adverse side effects.

To obtain pre-authorization, your pharmacist or physician may initiate the review process by calling:

CHI Customer Service Team
855.823.2253 (Monday-Friday, 8:00 a.m. to 5:00 p.m. CT)

If pre-authorization is not obtained, the prescription will be rejected at the point of sale.

Drugs that require pre-authorization*:

- Cancer Therapy
 - Gleevec
 - Afinitor
- Multiple Sclerosis
 - Copaxone
 - Avonex
- Rheumatoid Arthritis
 - Enbrel
 - Humira
- Hepatitis
 - Ribavirin
 - Incivek

**Drugs included in the list above are only examples and not all inclusive. Check with Caremark for more detail.*

Step Therapy

To take advantage of the lower-cost medication now available, there is a Preferred Drug Step Therapy (PDST) program for seven drug classes. The PDST program includes a list of targeted and preferred drugs for each drug class. If you choose to purchase a targeted drug rather than a preferred drug, or if you fail to obtain approval to use the targeted drug, you will be responsible for paying the full cost of the targeted drug.

Drugs that require Step Therapy*:

- Hypnotics (sleep agents)
 - Lunesta
 - Rozerem
- ARBs (high blood pressure)
 - Edarbi
 - Teveten
- Nasal steroids (allergies)
 - Omnaris
 - Vermayst
- PPI ulcer medications
 - Prilosec
 - Protonix
- Triptan headache medications
 - Axert
 - Frova

**Drugs included in the list above are only examples and are not all inclusive. Check with Caremark for more detail.*