

# Amendment to Sioux Valley Health Plan of Iowa

*Large & Small Group Certificate of Coverage*



Sioux Valley  
Health Plan

The following is an amendment to your Sioux Valley Health Plan Group Certificate of Coverage dated May 2003. Please review this document carefully and keep it with your Certificate of Coverage for future reference. **Deleted items have strike-through lines and new items are in red print.** These Amendments are effective 01/01/04.

AMENDMENT #1	<p>Page 2, "Definitions." After "Hospitalization" insert:</p> <p><b>"Intensive Outpatient Program (IOP)" means weekly structured programs for education and counseling for alcohol, drug or gambling problems. Programs may be available in the evenings or weekends."</b></p>
AMENDMENT #2	<p>Page 2, "Definitions" After "Non-Participating Provider" insert:</p> <p><b>"Partial Hospital Program" also known as Day Treatment for mental health and chemical dependency services means a group-oriented treatment setting based on an intermediate level of care usually held during the daytime hours generally providing twenty (20) or more hours of therapeutic activities per week.</b></p>
AMENDMENT #3	<p>Page 7, Part III A. 2. "Covered Services. Preconditions for Coverage." Insert the following as the last sentence: <b>"Members who live outside of the Plan's service area must use the Plan's contracted network of participating providers per plan policy.</b> Members are not required, but are strongly encouraged, to select a Primary Care Physician and use that physician to coordinate their Health Care Services."</p>
AMENDMENT #4	<p>Page 7, Part III B. 1. "Services that Require Prior Authorization Include:"</p> <ul style="list-style-type: none"> <li>• <b>"Inpatient hospital admissions including admissions for medical, surgical, obstetric, neonatal intensive care nursery, mental health and chemical dependency services;</b></li> <li>• <b>Partial Hospital Program (PHP)/Day Treatment for mental health and chemical dependency services;"</b></li> </ul>
AMENDMENT #5	<p>Page 8, Part III B. 2. "Prior Authorization Process for Elective Inpatient Hospitalizations, Non Urgent Care, Pharmaceutical Decisions and Behavioral Health" The 9<sup>th</sup> paragraph duplicates the 6<sup>th</sup> paragraph. Delete the following sentences in paragraph 9: <i>"If the Health Services Department is unable to make a decision due to lack of necessary information, it must notify the Member or the Member's authorized representative of what specific information is necessary to make the decision within fifteen (15) calendar days of the prior authorization request. Sioux Valley Health Plan must give the Member or the Member's authorized representative forty-five (45) calendar days to provide the specified information. In lieu of notifying the Member, the Plan can notify the practitioner of the information needed if the request for healthcare services came from the practitioner."</i></p>
AMENDMENT #6	<p>Page 8, Part III B. 2. "Prior Authorization Process for Elective Inpatient Hospitalizations, Non Urgent Care, Pharmaceutical Decisions and Behavioral Health" At the end of the 8<sup>th</sup> Paragraph, insert the following: <i>"Sioux Valley Health Plan will give oral, electronic or written notification of the determination to authorize or deny the service within fifteen (15) calendar days of the request to the Member, attending practitioner and those providers involved in the provision of the service. The Health Services Department will assign an authorization/certification number for the approved service. Upon request the Plan will provide the attending physician and or provider with the criteria used to determine the necessity, appropriateness, and efficacy of the health care service."</i></p>

AMENDMENT #7	<p>Page 8, Part III B. 2. "Prior Authorization Process for Elective Inpatient Hospitalizations, Non Urgent Care, Pharmaceutical Decisions and Behavioral Health" Delete the last paragraph as it duplicates the statements in paragraph 8.</p> <p><del>"Sioux Valley Health Plan will give oral, electronic or written notification of the determination to deny the service within fifteen (15) calendar days of the request to the Member, attending practitioner and those providers involved in the provision of the service. The Health Services Department will assign an authorization/certification number for the approved service. Upon request the Plan will provide the attending physician and or provider with the criteria used to determine the necessity, appropriateness, and efficacy of the health care service."</del></p>
AMENDMENT #8	<p>Page 8, Part III B. 2. "Prior Authorization Process for Elective Inpatient Hospitalizations, Non Urgent Care, Pharmaceutical Decisions and Behavioral Health" Insert the following statement in Paragraph 10:</p> <p>"Sioux Valley Health Plan will deny any request if it does not receive the information to make a decision within this time frame. <b>This notice shall be provided either orally or, if requested, in writing, within 5 days following the date of the failure.</b> At this point, the Member can request an appeal. Refer to the "Member Complaint and Appeals Procedures" for details."</p>
AMENDMENT #9	<p>Page 9, Part III B. 5. "Authorization of Retrospective Review (Post Service)" Insert the following statement after paragraph 2:</p> <p><b>"If the Health Services Department is unable to make a decision due to lack of necessary information, it must notify the Member or the Member's authorized representative of what specific information is necessary to make the decision within fifteen (15) calendar days of the prior authorization request. Sioux Valley Health Plan must give the Member or the Member's authorized representative forty-five (45) calendar days to provide the specified information. In lieu of notifying the Member, the Plan can notify the practitioner of the information needed if the request for healthcare services came from the practitioner. The decision time period is suspended from the date of the notification to the Member or practitioner as applicable, until the earlier of the date on which the Plan receives any information from the Member or practitioner or forty-five (45) days after the notification to the Member or practitioner. If the information is not received by the end of the forty-five (45) calendar day extension Sioux Valley Health Plan will deny the request."</b></p>
AMENDMENT #10	<p>Page10, Part III C. 2. "Out of Network Coverage" Insert the following statement:</p> <p><b>"Out of Network Coverage means Covered Services that do not fit the definition of In Network Coverage set forth above. All Out of Network services are subject to Reasonable Cost. Members who live outside of the Plan's service area must use the Plan's contracted network of participating providers as indicated on the Member Welcome Letter enclosed with the Member Identification Card. Members who live outside the service area will receive Identification Cards that display their network logo along with instructions on how to access this network. If Member chooses to go to a non-participating provider when access is available, claims will be paid at the out-of-network benefit level. Specifically, Out of Network Coverage means Covered Services that are received:..."</b></p>
AMENDMENT #11	<p>Page 10, Part III D. 1. "Covered Services, Addiction/Abuse Services includes Alcohol, Chemical and Gambling Treatment." The revisions are as followings:</p> <p><b>"Inpatient coverage is limited to thirty (30) days' care in any consecutive six (6) month period per calendar year with a ninety (90) day lifetime maximum for inpatient treatment of alcoholism at any Iowa-approved inpatient alcohol treatment facility. Outpatient coverage is limited to thirty days' care per calendar year and includes intensive outpatient treatment programs:</b></p> <ul style="list-style-type: none"> <li><b>• "Outpatient coverage is limited to thirty (30) days' care in any consecutive six-month period.</b></li> </ul>

	<ul style="list-style-type: none"> <li>• Intensive Outpatient Programs (IOP) will apply towards Member's deductible/ coinsurance benefit.</li> <li>• Every two (2) days of Partial Hospital Program (PHP)/Day Treatment counts towards one (1) day of inpatient services and is applied toward the inpatient limit."</li> </ul>
AMENDMENT #12	<p>Page 14, Part III D. 21. "Mental Illness (Biologically Based)" Revisions are as follows in the last sentence:</p> <p>"...Outpatient Coverage is limited to thirty (30) days' care per calendar year and includes <del>intensive outpatient treatment programs</del> <b>Partial Hospital Programs or Day Treatments.</b>"</p>
AMENDMENT #13	<p>Page 14, Part III D. After # 25 "Physician Services" insert new paragraph:</p> <p><b>25. Prescription Drugs.</b> Sioux Valley Health Plan covers prescribed drugs and medications according to our Formulary. Additional drugs may be added or removed from the formulary throughout the year. Sioux Valley Health Plan will notify you of any changes. For a copy of the Plan formulary, you can contact our Member Services Department at (605) 328-6800 or toll free at 1-800-752-5863 or you can view the formulary online at <a href="http://www.siouxvalley.org/HealthPlan">www.siouxvalley.org/Health Plan</a>.</p>
AMENDMENT #14	<p>Page 15, Part III D. 29. "Reconstructive Breast Surgery, Prostheses." Correction:</p> <p>"For single mastectomy: coverage extends to the non-affected side to make it similar in size to the affected breast post-surgical reconstruction. Includes <del>two one (21)</del> external prosthesis per <del>Calendar Year lifetime</del> and <del>two (2)</del> bras per Calendar Year.</p>
AMENDMENT #15	<p>Page 21, Part V "How Services Are Paid For By The Plan" Delete Paragraphs A. 2. and B. 5. "Legal Action for Reimbursement"</p>
AMENDMENT #16	<p>Page 22, Part VII A. "Termination by the Subscriber" "<del>Upon a qualifying event, in accordance with your employer's Human Resource Policy,</del> you may be allowed to terminate coverage for you and/or any Dependent(s) at any time."</p>
AMENDMENT #17	<p>Page 22, Part VII B. "Termination of Member Coverage" Revisions are as follows:</p> <p><del>"A Member, retiree, or dependent's coverage will automatically terminate at the earliest of the following events below. The Plan may terminate, cancel or refuse to renew a Member's coverage for any of the reasons listed below. Such action by the Plan is called "Disenrollment" of the Member.</del></p> <ol style="list-style-type: none"> <li><b>1. Service Charge Payments.</b> Failure to make any required Service Charge payments, Copays, Deductibles, or Coinsurance when due. A grace period of <del>thirty-one (31)</del> days, unless stated otherwise in this Certificate of Coverage, following the due date will be allowed for the payment of any Service Charge after the first fee is paid. During this time, coverage will remain in force. If the Service Charge is not paid on or before the end of the grace period, coverage will terminate at the end of the grace period.</li> <li><b>2. Employee Termination.</b> The last day of the month in which date the Member's active employment with the Group is terminated is the date benefits will cease for the Member(s).</li> <li><b>3. Group Termination.</b> The date your Group terminates coverage.</li> <li><b>4. Move Outside the Area.</b> A Member establishes permanent residence outside the Service Area.</li> <li><b>5. Contract Termination.</b> This contract terminates.</li> <li><b>6. Eligibility.</b> The last day of the month in which the Member is no longer eligible for coverage under this contract.</li> </ol>

	<p>7. <b>Retiree Termination.</b> The last day of the month in which the retiree, or his or her dependents become eligible for Medicare.</p> <p>8. <b>Death.</b> The date the Member dies.</p> <p>9. <b>Lifetime Maximum.</b> When lifetime maximum benefits of your Plan have been met.</p> <p>10. <b>Armed Forces.</b> The first of the month following the date the Member enters the armed forces of any country as a full-time Member.</p> <p>11. <b>Fraudulent Information.</b> The date a Member’s application form contains false information.</p> <p>12. <b>Use of ID Card by Another.</b> The date a Member allows another individual to use his or her ID Card to obtain services.”</p>
AMENDMENT #18	<p>Page 25, Part VIII, Section B. 1. “Federal Continuation of Coverage Provisions (“COBRA”)” After paragraph 3, insert the following: <b>“Time Limit for Notification upon Qualifying Events</b> In the case of divorce, legal separation or cessation of dependent status, Members are responsible for notifying the Plan within sixty (60) days after the qualifying event or the date on which coverage would be lost due to the event, whichever is later. If these requirements are not met, then COBRA coverage does not have to be offered.”</p>
AMENDMENT #19	<p>Page 29, Part IX, Section B. 4b and 4c “Allowable Expense”</p> <p>b. If a person is covered by two or more plans (excluding Medicare, see Section E below) that compute the benefit payments on the basis of usual and customary fees, any amount in excess of the highest of the usual and customary fee for a specified benefit is not an allowable expense;</p> <p>c. If a person is covered by two or more plans (excluding Medicare, see Section E below) that provide benefits or services on the basis of negotiated fees, any amount in excess of the highest of the negotiated fees is not an allowable expense;</p>
AMENDMENT #20	<p>Page 31, Part IX, Section E. “Coordination of Benefits with Medicare” Insert the following as new paragraph 2:</p> <p><b>“If a provider has accepted assignment of Medicare, the Plan determines allowable expenses based upon the amount allowed by Medicare. The Plan’s allowable expense is the lesser of the usual and customary amount or the Medicare allowable amount. The Plan pays the difference between what Medicare pays and the Plan’s allowable expense.”</b></p>
CLARIFICATION #1	<p>Page 39, “Member Responsibilities” #7. “Members are responsible for following their treatment plan as recommended by the Practitioner primarily responsible for their care. Members are also responsible for participating, to the degree possible, in understanding their behavioral health care problems including behavioral problems and developing mutually agreed-upon treatment goals.</p>
CLARIFICATION #2	<p>Page 39, “Member Responsibilities” Last Paragraph should be labeled “#10.”</p> <p><b>“10. Members are responsible for notifying their employer of any changes of eligibility that may affect their membership or access to services. The employer is responsible for notifying the Plan.”</b></p>
AMENDMENT #21	<p>Page 39, “Member Responsibilities” Add new paragraph:</p> <p><b>“#11. Members are responsible to understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.”</b></p>

AMENDMENT #22	<p>Page 39 Insert new paragraph after "Service Area"</p> <p><b>"ACCESS TO RECORDS AND CONFIDENTIALITY</b> The Plan complies with the state (Iowa Code § 514B.30 &amp; § 228.7) and federal (HIPAA) laws governing the confidentiality and use of protected health information and medical records. As part of this Contract, we are authorized to have access to and use protected health information held by any health care provider who delivers health care services to you for current treatment or medical emergencies. A Member's prior written authorization is not required for the release of medical records from a provider for payment or other healthcare operations including, but not limited to: claims processing, including claims we make for reimbursement or subrogation; quality of care assessment and improvement; accreditation; credentialing; case management; disease management; underwriting; premium rating; claims experience reporting to your employer or other health plan sponsor (only upon certification by your employer or plan sponsor of the compliance of plan documents with the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")); the evaluation of potential or actual claims against us; auditing and legal services."</p>
AMENDMENT #23	<p>Page 16-18, Part IV Sections A-F "Non-Covered Services" is hereby deleted and replaced by the following:</p>

This section describes services that are subject to limitations or **NOT** covered under this Contract. The Plan is not responsible for payment of non-covered services.

**A. General Exclusions**

1. Health Care Services provided either before the effective date of the Member's coverage with the Plan or after the Member's coverage is terminated.
2. Health Care Services performed by any Provider who is a Member of the Member's immediate family, including any person normally residing in the Member's home. This exclusion does not apply in those areas in which the immediate family Member is the only Provider in the area. If the immediate family Member is the only Participating Provider in the area, the Member may go to a Non-Participating Provider and receive in network coverage (Part III, Section C). If the immediate family Member is not the only Participating Provider in the area, the Member must go to another Participating Provider in order to receive coverage at the in network level.
3. Physical examinations, including but not limited to:
  - (a) school physicals;
  - (b) sports physicals;
  - (c) pre-employment and employment physicals;
  - (d) insurance physicals; or
  - (e) government licensing physicals (including, but not limited to, physicals and eye exams for driver's licenses).
4. Health Care Services Covered By Any Governmental Agency/Unit for military service-related injuries/ diseases, unless applicable law requires the Plan to provide primary coverage for the same.
5. Health Care Services for injury or disease due to voluntary participation in a riot.
6. Health Care Services for sickness or injury sustained in the commission of a felony .
7. Health Care Services ordered by a court or as a condition of parole or probation received from an Out of Network Provider.
8. Health Care Services that the Plan determines are not medically necessary.
9. Experimental and Investigational Services.
10. Services that are not Health Care Services.
11. Treatment for intentionally self-inflicted injuries.
12. Complications from a non-covered procedure or service.
13. Charges for telephone calls to or from a physician, hospital or other medical provider or electronic consultations.
14. Services not performed in the most cost-efficient setting appropriate for the condition based on medical standards and accepted practice parameters of the community, or provided at a frequency other than that accepted by the medical community as medically appropriate.
15. Services, including transfers and admissions to *hospitals*, performed only for the convenience of the *member*, the *member's* family or the *member's* *physician* or other *provider*.
16. Professional sign language and foreign language interpreter services in a *physician's* office.

17. Charges for duplicating and obtaining medical records from *non-participating providers* unless requested by the Plan.
18. Charges for sales tax, mailing, interest and delivery.
19. Charges for services determined to be duplicate services by the Plan medical director or designee.
20. Charges that exceeds the *usual and/or customary charges* for Non-Participating Providers.
21. Costs Associated with Private Rooms, above the semi-private room rate of the institution, except as specifically covered elsewhere.
22. Private Duty Nursing, except as specifically covered elsewhere.
23. Any service not specifically described as covered services in this *Certificate of Coverage*.

## **B. Exclusion of Specific Health Care Services**

1. **Alternative Medicine including:** Acupuncture, Accupressure, Aquatic Whirlpool Therapy, Biofeedback, Massage Therapy, Fluidotherapy, Naturopathy, Homeopathy, Holistic Medicine, Hypnotism, Hypnotherapy, Hypnotic Anesthesia, Sleep Therapy (except for central or obstructive apnea when approved by the Plan), or Therapeutic Touch.
2. **Ambulance Services and/or Transportation.** Non-Emergency Ambulance Services and/or transportation unless approved and arranged by the Plan. Reimbursement for personal transportation costs incurred while traveling to/from provider visits or other healthcare services (except as covered elsewhere).
3. **Cochlear implants.**
4. **Confinement Services** to hold or confine a *member* under chemical influence when no *medically necessary* services are required, regardless of where the services are received (e.g. detoxification centers).
5. **Corns, Calluses, or Nail treatment.** Cutting, removal, or treatment of corns, calluses, or nails for reasons other than authorized corrective surgery.
6. **Cosmetic Services** and/or supplies to repair or reshape a body structure primarily for the improvement of a covered person's appearance or psychological well-being or self-esteem, including but not limited to, breast augmentation, skin disorders, rhinoplasty, liposuction, scar revisions, and cosmetic dental services.

7. **Counseling Services**, including:
  - a. marriage counseling;
  - b. family counseling (unless specifically covered elsewhere);
  - c. bereavement counseling;
  - d. pastoral counseling;
  - e. financial counseling;
  - f. legal counseling; and
  - g. custodial care counseling.
8. **Custodial care, convalescent care, intermediate level care, domiciliary care, residential care, rest cures or care, or services to assist in activities of daily living.**
9. **Dental Services** not specifically listed as a Covered Service, including dental x-rays, appliances, shortening of the mandible or maxillae for cosmetic purposes.
10. **Dental Services and Supplies** Related to Ridge Augmentation, Implantology, and Preventive Vestibuloplasty.
11. **Detoxification Services** related to Methadone or Cyclazocine.
12. **Developmental Care** including services or supplies, regardless of where or by whom they are provided which:
  - a. Are provided to a Member who has not previously reached the level of development expected for the Member's age; or
  - b. Are not rehabilitative in nature (restoring fully developed skills that were lost or impaired due to injury or illness);
  - c. Are educational in nature; vocational and job rehabilitation, recreational therapy; or
  - d. Are provided for the purpose of correcting speech impediments (stuttering or lisps), or assisting the initial development of verbal facility or clarity; voice training and voice therapy.

Care for congenital defects and/or birth defects is not considered to be developmental care. Sioux Valley Health Plan's Health Services Department determines what services or supplies is Developmental Care.

13. **Dietary Regimen and Treatment for Reducing or Controlling Weight**, including obesity treatment, exercise programs, bariatric treatment centers, and prescription drugs for the purposes of reducing and controlling weight. Panniculectomy or sequela as result of gastric bypass surgery is not covered.

14. **Durable Medical Equipment** or supplies not on the *Plan's* eligible list, as determined by *the Plan*. Except as specifically noted in this *Certificate of Coverage*, *the Plan* does not cover the following equipment and supplies:
  - Orthopedic shoes; over-the-counter orthotics and appliances;
  - Disposable supplies (including diapers) or non-durable supplies and appliances, including those associated with equipment determined not to be eligible for coverage;
  - Revision of durable medical equipment and prosthetics, except when made necessary by normal wear or use;
  - Replacement or repair of items, if the items are damaged or destroyed by the *member's* misuse, abuse or carelessness, lost, or stolen;
  - Duplicate or similar items;
  - Service call charges, labor charges, charges for repair estimates;
  - Items that are primarily *educational* in nature or for vocation, comfort, convenience or recreation;
  - Household equipment that primarily has customary uses other than medical, such as, but not limited to, air purifiers, central or unit air conditioners, water purifiers, allergenic pillows, mattresses or waterbeds, physical fitness equipment, hot tubs, or whirlpools;
  - Household fixtures: fixtures including, but not limited to, escalators or elevators, ramps, swimming pools and saunas;
  - Home Modifications: modifications to the structure of the home including, but not limited to, its wiring, plumbing or charges for installation of equipment;
  - Vehicle/car or van modifications: modifications including, but not limited to, hand brakes, hydraulic lifts and car carrier;
  - Other equipment and supplies that *the Plan* determines are not eligible for coverage.
15. **Education Programs or Tutoring Services** not specifically defined elsewhere (including, but not limited to, education on self-care or home management).
16. **Flat Feet.** Diagnosis and Treatment of Weak, Strained, or flat feet.
17. **Genetic Testing Services.**
18. **Hearing Aids, Tinnitus Maskers, and related supplies, purchases, examinations, testing or fittings.**
19. **Hot and cold pack therapy** provided by a physician, including chiropractors, or other licensed providers.
20. **Lifestyle Improvement Services**, such as physical fitness programs, health or weight loss clubs or clinics.
21. **Medical nutrition therapy** for diabetic care does NOT include food items or nonprescription drugs.
22. **Mental retardation or mental disorder services** that, according to generally accepted professional standards, is not amenable to favorable modification, except for initial evaluation, diagnosis or crisis intervention.
23. **Organ Transplant:**
  - (a) Artificial organs, any transplant or transplant services not included in Part III, Section D).
  - (b) Expenses incurred by a Member as a donor, unless the recipient is also a Member and these services are not covered under another group health plan or coverage arrangement.
  - (c) Costs related to locating and/or screening organ donors.
  - (d) Services, chemotherapy, radiation therapy (or any therapy that damaged the bone marrow), supplies drugs and aftercare for or related to artificial or non-human organ transplants.
  - (e) Services, chemotherapy, supplies, drugs and aftercare for or related to human organ transplants not specifically approved by the Plan's medical director or its designee.
  - (f) Services, chemotherapy, supplies, drugs and aftercare for or related to transplants performed at a non-Plan contracted Center of Excellence.
24. **Radial Keratotomy, Myopic Keratomileusis, and any Surgery Involving Corneal Tissue** for the purpose of altering, modifying, or correcting myopia, hyperopia, or stigmatic error.
25. **Rehabilitation services** such as physical, occupational, and speech therapy, or such services provided in the *members'* home for convenience, that are not expected to make measurable or sustainable improvement within a reasonable period of time including therapy for chronic and/or recurring symptoms including but not limited to arthritis, back pain, and fibromyalgia.
26. **Sexual Dysfunction.** Treatment of sexual dysfunction (organic or non-organic in nature), including prescription medications.
27. **Sexual Re-assignment**, including, but not limited to, surgery.
28. **Skin Tags and Warts.** Removal of Skin Tags and Warts.
29. **Temporomandibular Joint (TMJ) Dysfunction.** Diagnosis and Treatment for TMJ, Pain Syndrome or Hospitalization for Extraction of Teeth.
30. **Vision Exams (routine), Refractive Errors of the Eye, Purchase, Examination, or Fitting of Eyeglasses or Contact Lenses**, except as specifically covered elsewhere.
31. **Wigs, Cranial Protheses or Hair Transplants.**

### **C. Medical/Mental Health Services That Are Not Covered**

Medical/Mental Health Services, unless otherwise covered as a biologically based mental illness, relating to:

1. Autistic disease of childhood;
2. Learning disabilities;
3. Behavioral problems;
4. Mental retardation;
5. Services related to environmental change;
6. Behavioral therapy, modification, or training;
7. Milieu therapy;
8. Sensitivity training;
9. Eating Disorders; and
10. Conduct Disorder.

### **D. Reproductive Health Care Services That Are Not Covered**

1. **Sterilizations of Dependent Children.**
2. **The following Health Care Services Relating to the Treatment of Infertility:**
  - a. artificial means of conception:
    - i. artificial insemination;
    - ii. in-vitro fertilization;
    - iii. ovum or embryo placement or transfer;
    - iv. gamete intra-fallopian tube transfer;
    - v. cryogenic or other preservation techniques used in such or similar procedures;
    - vi. infertility medication; and
    - vii. any other services or supplies related to artificial means of conception.
  - b. reversals of prior sterilization procedures.
  - c. expenses related to surrogate parenting.
3. **Reproductive Health Care Services**, the coverage of which is prohibited by the laws of this State.
4. **Abortion Services.**

### **E. Medications/Drugs That Are Not Covered**

1. Drugs not listed in the Sioux Valley Health Plan Formulary or without prior authorization or a formulary exception from the plan.
2. Replacement of a *prescription drug* due to loss, damage, or theft.
3. Outpatient Drugs Dispensed in a Provider's Office or non-retail pharmacy location.
4. Drugs that may be received without charge under a federal, state, or local program.
5. Drugs for cosmetic purposes, including baldness.
6. Refills of any prescription older than one year.
7. Compound medications with no legend medications.

8. **Acne Medication** for Members over age thirty-five (35).
9. **B-12 Injections**, except for pernicious anemia.
10. **Drug Efficacy Study Implementation ("DESI") drugs.**
11. **Experimental or Investigational Drugs or Drug Usage** if not recognized by the Food and Drug Administration.
12. **Growth Hormone** (except as covered in a supplemental prescription drug rider).
13. **Orthomolecular Therapy**, including nutrients, vitamins (including but not limited to prenatal vitamins), food supplements and baby formula (except to treat PKU or otherwise required to sustain life), nutritional and electrolyte substances.
14. **Over-the-counter (OTC) Medications**, equipment or supplies available (except for insulin, insulin syringes) that by federal or state law do not require a prescription order; any medication that is equivalent to an OTC medication; drugs and associated expenses and devices not approved by the FDA for a particular use except as required by law (unless Provider certifies off-label use with a letter of medical necessity).
15. **Weight loss drugs** except when *medically necessary* to treat morbid obesity.
16. **Whole Blood and Blood Components Not Classified as Drugs** in the *United States Pharmacopoeia*.



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