

4.32 Coverage for Students Away at School

When a Dependent resides outside the Service Area for the sole purpose of attending school full time, the following services are Covered Services only when performed by Affiliated Providers located outside the Service Area. This restriction does not apply to Urgent Care or treatment of an Emergency Medical Condition.

- a. Emergency care, Urgent Care or acute care;
- b. Follow-up office visit related to acute Illness or Injury only with advance approval from Our Associate Medical Director;
- c. Diagnostic imaging provided in the outpatient setting and related to the acute Illness or acute Injury;
- d. Laboratory tests provided in the outpatient setting and related to the acute Illness or acute Injury;
- e. Routine immunizations according to the recommendation from the Centers for Disease Control and Prevention (CDC);
- f. Allergy injections;
- g. Physical therapy for rehabilitation beyond the first and second follow-up appointments related to an acute Illness or acute Injury, but only with Our advance approval;
- h. Durable Medical Equipment related to an acute Illness or acute Injury, when ordered or arranged through Us. Your Group reserves the right to pay maximally only the usual, customary and reasonable (fee schedule) rates for such items. This only applies if this Benefit Guide includes a Rider that adds coverage for Durable Medical Equipment. Benefits are covered as specified in the Rider;
- i. Drugs related to an acute Illness or acute Injury. This only applies if this Benefit Guide includes a Prescription Drug Rider. Benefits are covered as specified in the Rider;
- j. Conditions identified as requiring immediate follow-up services;
- k. In the event of an Inpatient Emergency admission, Our admission department must be notified within 48 hours. We reserve the right to transfer a Dependent to an alternative facility if deemed necessary for continued care;
- l. Regular maintenance visits for chronic conditions with advance approval from Us; and
- m. Office visits to begin or continue birth control.

For purposes of this Section the word “acute” means the sudden onset of an Illness or Injury while the student is away from Our Service Area attending school.

4.33 Gender Dysphoria and Gender Reassignment Services

- a. If the guidelines in Our Benefit, Referral and Practice Policies are met, the following Medically Necessary services associated with Gender Dysphoria are covered when approved by Us or Our designee:
 1. Behavioral health services as described in Section 3.17;
 2. Hormone therapy; and

3. Gender reassignment surgery.
- b. The following limitations apply to these Covered Services:
 1. Services must be ordered and performed by an Affiliated Provider.
 2. Gender reassignment surgery must be Prior Authorized by Our Medical Director or designee.
 3. Gender reassignment surgery must be performed at an Affiliated facility with expertise in gender reassignment surgery.

4.34 Additional Covered Services

- a. Medically Necessary treatment of any Injury that is the result of an act of domestic violence, as defined by Michigan law.
- b. Allergy testing, evaluations and injections, including serum costs, according to Our Benefit, Referral and Practice Policies.

SECTION 5 - EXCLUSIONS AND LIMITATIONS

The following are **NOT COVERED** under this Benefit Guide:

5.1 Non-Covered Services

a. Reproductive Care and Family Planning Services

1. Voluntary abortion.
2. Reversal of sterilization.
3. Infertility services to persons with a history of voluntary sterilization.
4. All fees related to parenting arrangements of any kind not including maternity care and services.
5. Services related to the collection or storage of sperm or eggs and donor fees.
6. Home pregnancy monitoring devices.
7. Services provided in connection with any Assisted Reproductive Technologies (ART) procedures.
8. Your Group Health Plan will not cover tubal ligation procedures if Your Group Health Plan is established or maintained by an Employer that is either exempt or given an accommodation not to cover such services under the Affordable Care Act. That means Your Group is either:
 - a) A Religious Employer defined in 45 CFR §174.131; or
 - b) An Eligible Organization as defined in 45 CFR §174.131(b).

b. Gender Dysphoria and Gender Reassignment Services

Non-covered services include, but are not limited to the following, according to Our Benefit, Referral and Practice Policies:

1. All fees related to parenting arrangements of any kind, not including maternity care and services;
2. Reversal of prior gender reassignment surgery;
3. Services related to a host uterus, the collection or storage of sperm or eggs, and donor fees;
4. Surgery that is considered cosmetic in nature and not Medically Necessary when performed as a component of a gender reassignment, according to Our Benefit, Referral and Practice Policies;
5. Services, treatment and surgeries that are considered Experimental and Investigative;
6. Voice therapy;
7. Treatment at a Non-Affiliated facility; and
8. Services provided by a Non-Affiliated Provider.