

# Central Washington University

## Exclusions and Limitations - 2025/26

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No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Biofeedback.
2. Cosmetic procedures intended to alter or reshape normal structures of the body in order to change or improve appearance or alter or reshape normal structures of the body without significantly improving physiological function.
  - Cosmetic procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy will be paid the same as any other Sickness or Injury.
  - Cosmetic procedures to treat or correct a congenital anomaly will be paid the same as any other Sickness.This exclusion does not apply to benefits specifically provided in Benefits for Gender Affirming Treatment.
3. Custodial Care.
  - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
  - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
4. Dental treatment.
  - Benefits will be provided for accidental Injury to Sound, Natural Teeth as described under Dental Injury in Section 6: Medical Expense Benefits.
  - Benefits will be provided for additional covered Dental Treatment as described under Dental Treatment in Section 6: Medical Expense Benefits.Benefits will be provided for Pediatric Dental Services as described in Section 21: Pediatric Dental Services Benefits.
5. Elective Surgery or Elective Treatment.
6. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline, or chartered aircraft only while participating in a school sponsored intercollegiate sport activity, will be covered.
7. Genetic testing.

Benefits will be provided for Medically Necessary genetic testing and maternity related genetic testing as described under Maternity and Genetic Testing in Section 6: Medical Expense Benefits.
8. Health spa or similar facilities. Strengthening programs.
9. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
  - Benefits will be provided for Medically Necessary treatment of hearing defects or hearing loss as a result of a Congenital Condition, infection, or Injury.
  - Benefits will be provided for cochlear implants as described under Durable Medical Equipment in Section 6: Medical Expense Benefits.
  - Benefits will be provided for Hearing Instruments as described under Benefits for Hearing Instrument Coverage in Section 7: Mandated Benefits.
10. Hirsutism. Alopecia.
11. Hypnosis.
12. Immunizations. Preventive medicines or vaccines.

Benefits will be provided for immunizations or preventive medicines or vaccines provided under the *United States Preventive Task Force* requirements or the *Health Resources and Services Administration (HRSA)* requirements as described under Preventive Care Services in Section 6: Medical Expense Benefits.
13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
14. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency or when traveling for academic study abroad programs, business or pleasure.
15. Investigational services.
16. Lipectomy.
17. Marital counseling, except family counseling as specifically provided in Benefits for Mental Disorders and Substance Use Disorders.
18. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
19. Prescription Drugs, services or supplies as follows:
  - Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use.

Benefits will be provided for durable medical equipment as described under Durable Medical Equipment in Section 6: Medical Expense Benefits.
  - Immunization agents.

Benefits will be provided for immunization agents provided under the *United States Preventive Task Force* requirements or the *Health Resources and Services Administration (HRSA)* requirements as described under Preventive Care Services in Section 6: Medical Expense Benefits.
  - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.

- Products used for cosmetic purposes.
  - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
  - Anorectics - drugs used for the purpose of weight control.
  - Fertility agents or sexual enhancement drugs.
  - Growth hormones.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
20. Reproductive services for the following:
- Procreative counseling.
  - Genetic counseling and genetic testing.  
Benefits will be provided for Medically Necessary genetic testing and maternity related genetic testing as described under Maternity and Genetic Testing in Section 6: Medical Expense Benefits.
  - Cryopreservation of reproductive materials. Storage of reproductive materials.
  - Fertility tests.
  - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.  
Benefits will be provided for the diagnosis of the underlying cause of the infertility as described under Infertility in Section 6: Medical Expense Benefits.
  - Premarital examinations.
  - Impotence, organic or otherwise.
  - Reversal of sterilization procedures.
21. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study.  
Benefits will be provided for treatment of approved clinical trials as described under Approved Clinical Trials in Section 6: Medical Expense Benefits.
22. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.
- Benefits will be provided for Medically Necessary eye examination services, vision correction surgery, or treatment for visual defects or problems when due to a covered Injury or disease process.
  - Benefits will be provided for Pediatric Vision Care Services as described in Section 22: Pediatric Vision Services Benefits.
  - Benefits will be provided for limited vision care supplies listed in the Schedule of Benefits.
23. Routine Newborn Infant Care and well-baby nursery and related Physician charge.  
Benefits will be provided for newborn care provided immediately after birth as described under Routine Newborn Care in Section 6: Medical Expense Benefits.
24. Preventive care services which are not specifically provided in the Policy, including:
- Routine physical examinations and routine testing.
  - Preventive testing or treatment.
  - Screening exams or testing in the absence of Injury or Sickness.
25. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
26. Bungee jumping.
27. Sleep disorders.  
Benefits will be provided the same as any other Sickness for orthognathic surgery due to sleep apnea.
28. Supplies not mentioned in Section 6: Medical Expense Benefits or in Section 7: Mandated Benefits.
29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia. This exclusion does not apply to benefits specifically provided in Benefits for Gender Affirming Treatment.  
Benefits will be provided for breast surgery as described under Reconstructive Breast Surgery Following Mastectomy in Section 6: Medical Expense Benefits and as described under Benefits for Reconstructive Breast Surgery in Section 7: Mandated Benefits.
30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
31. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
32. Weight management. Weight reduction. Nutrition programs. Non-surgical treatment for obesity. Surgery for removal of excess skin or fat.  
Benefits will be provided for surgery related to morbid obesity.  
Benefits will be provided for obesity services as shown on the A & B list of preventive services as recommended by the *United States Preventive Task Force* as described under Preventive Care Services in Section 6: Medical Expense Benefits.