

700 Main Street
Alamosa, CO 81101

North Carolina

NON-COVERED SERVICES LIST

The Services listed below contains some of the most common non-covered services but is **not all inclusive**. Please call **Customer Services 1-844-465-5500** if there is any question about what services are covered.

Remember it is important to verify Benefits and Eligibility with Friday Health Plans for all services.

SERVICES THAT ARE NOT COVERED

CATEGORY	SERVICES NOT COVERED	Comments
Complementary and Alternative Medicine	Acupuncture, Massage, etc.	
Dental	All dental-related services including most oral surgery	TMJ treatment, anesthesia and facility charges may be covered in some situations.
Devices and DME	Comfort items, disposable items and items available over the counter.	
Education	Education services other than diabetic education, nutrition therapy and tobacco cessation.	
Experimental or Investigational	All experimental or investigative services	
Hearing Aids	Any services related to hearing aids unless for a child under age of 22.	
Home Births	Any and all services related to a birth not completed in a certified birthing center, hospital or emergency personnel	
Immunizations	Immunizations that are required for travel.	
Long Term Care	Nursing homes, custodial care	
Mental Health	All services for sexual, marital, or occupational counseling; and court-ordered care	
Obesity Treatment	Any procedures such as liposuction, and all bariatric surgery services.	
Ophthalmology	Vision testing or other vision services for non-medical conditions	Medical ophthalmology services are covered
Over the counter supplies	Any medical supplies that can be purchased over the counter.	
Plastic or Cosmetic	Cosmetic services or surgery of any kind unless part of reconstruction following medical illness or trauma with authorization or breast reconstruction post-mastectomy for breast cancer	Some transgendered services are covered with auth. Call for details.
Reproductive Services	Reversal of any voluntary infertility causes, any procedures related to treatment of infertility and services related to conception by artificial means	Only diagnostic services, treatment for involuntary infertility and artificial insemination are covered.
Residential Treatment	Treatment that is residential in nature and lasting longer than 30 day programs, or does not have 24 hour nursing/physician care.	
Surrogate Pregnancy	Any services related to a pregnancy where the pregnant women enters into a contract prior to getting pregnant to surrender the newborn child at time of birth.	