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Top 10 Medical Services Not Covered by Health Insurance

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Benefits Pro

There are a number of medical costs not covered by health insurance — and they come with major costs for consumers.

That's according to HealthPocket, who analyzed 11,365 health plans to reveal the most common services not covered by insurance.

Though a couple on the list are expected to improve under the Patient Protection and Affordable Care Act, that greater access will affect kids and not adults, researchers note.

To combat this exclusion, experts suggest paying close attention when selecting health plans, buying supplemental coverage — or save to pay up.

Click on to find out which common services insurers are not willing to pay for.

10. Adult dental services

Dental services are frequently left out of health plan benefits, with 81 percent excluding it.

And that's not good news considering many adults forgo dental care, especially when they have to pay for it themselves.

According to Aspen Dental, more than one in three American adults (36 percent) have delayed or will delay dental care due to the uncertain U.S. economy and their lingering fears about their current financial situation.

Other medical services that just missed inclusion within the Top 10 list? Hearing aids (77 percent exclusion); routine foot care (73 percent); hospital deliveries (67 percent); adult eye exams (66 percent); and prenatal and postnatal care (64 percent).

9. Children's eye glasses

87 percent of health plans do not cover children's eye glasses.

But the essential health benefits that will be required for all plans under PPACA starting in 2014 will improve that number.

8. Weight loss surgery

Though one third of U.S. adults are obese, weight management programs and weight loss surgery are routinely not covered in the health insurance market. Just 10 percent of health plans include the benefit; 90 percent don't.

A study found that the average cost of weight loss surgery for study participants was \$29,500 and that health care costs for those patients in the 6 years following surgery were not lower than similar patients who did not receive surgery.

7. Children's dental check-up

92 percent of health plans do not cover children's dental check-ups. But this is another service that expects to be picked up in 2014, when PPACA's essential health benefits kick in.

6. Acupuncture

This alternative medicine has become increasingly popular over the years, with many medical professionals saying it improves health.

A study in the Archives of Internal Medicine found that acupuncture is a good treatment for chronic pain and argued that doctors should start recommending it as treatment for arthritis and other chronic ailments.

But the treatment isn't as popular amongst insurers: 92 percent of plans exclude acupuncture as part of their benefits

5. Private nursing

Private nursing is often left out of health plans, with 92 percent of insurers not willing to pay for the benefit the treatment.

4. Weight loss program

93 percent of plans exclude weight loss programs from their benefits. And that's a flaw in the country's health plans, experts argue, as obesity is a life-threatening condition that affects millions of Americans.

Though PPACA requirements will ensure coverage of weight loss diagnosis and counseling, insurers may continue to refuse payment for enrollment in third party programs such as Weight Watchers as well as surgical interventions, HealthPocket researchers noted.

3. Infertility treatment

Couples looking to expand their families are mainly out of luck: 94 percent of health plans don't cover infertility treatments.

As is the case with weight loss, the exclusion of insurance coverage for infertility treatments affects millions across the United States. With the average cost of a treatment cycle at \$12,400, and multiple cycles often needed for success, lack of coverage for in vitro fertilization can make the procedure inaccessible for many Americans, researchers argue.

"A lack of insurance coverage for widespread conditions like obesity and infertility affects millions of people across the United States," says Kev Coleman, head of research and data at HealthPocket. "Given that most of the medical service exclusions within the Top 10 list can continue after the implementation of health reform, it is vital that consumers closely examine their benefit coverage options when they shop for health insurance this October."

2. Cosmetic surgery

Cosmetic surgery is No. 2 on the list of most common services not covered by insurance, as 98 percent of health plans do not cover it.

According to WebMd, the most popular cosmetic procedures are lipoplasty, eyelid surgery, breast implants, nose jobs, facelifts, and Botox injections.

1. Long-term care

Have a plan that includes long-term care? Then consider yourself (very) lucky. Almost all health plans — 98 percent — exclude long-term care.

LTC includes professional health services for people requiring assistance for an extended period of time due to a chronic condition or disability. The elderly have disproportionate representation among long-term care recipients though younger age groups also receive this type of care.

The Community Living Assistance Service and Supports Act, a federal LTC insurance program championed by the Obama Administration, was suspended in 2011 before the insurance was available due to concerns about the program's financial sustainability and then subsequently repealed in The American Taxpayer Relief Act of 2012.

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