



CHIROPRACTIC & ACUPUNCTURE SUPPLEMENTAL COVERAGE OUTLINE

Group Name: Northern California Plasterers

This category of coverage is designed to provide specified limited benefits for chiropractic and acupuncture services that supplement your major medical plan. Benefits are not provided for basic hospital, medical-surgical, or major-medical expenses. The chiropractic and/or acupuncture benefits are covered only if Medically Necessary.

Benefits of the plan:

COVERED SERVICES *	PARTICIPATING	NON-PARTICIPATING
Maximum Annual Visit Limits**	20 (combined for all provider types, as well as in-network and out-of-network providers)	
Copayment	\$10 copayment per insured, per visit	Services provided by Non-Participating Practitioners are covered for Emergency Services Only . \$10 copayment per insured, per emergency service visit
Medical Necessity Requirements***	After 12 th Visit Services provided to a Minor (under the age of 18 years old)	All Emergency services must meet criteria
Chiropractic & Manual Manipulation - Covered Services		
Initial or Established Patient Exam**	One per year, per provider**	Services provided by Non-Participating Practitioners are covered for Emergency Services Only .
Chiropractic Adjustments and Adjunctive Therapy**	Medically necessary services covered up to annual benefit maximums	
X-rays	Maximum Benefit: \$100 per insured, per calendar year**	
Durable Medical Equipment or Appliances	No copayment Maximum Benefit: \$50 per insured, per benefit year, must be prescribed by a Participating Chiropractor	
Acupuncture - Covered Services		
Initial or Established Patient Exam**	One per year, per provider**	Services provided by Non-Participating Practitioners are covered for Emergency Services Only .
Acupuncture and Electro-acupuncture Treatments**	Medically necessary services covered up to annual benefit maximums	

* Not all services are available in states outside of California. Claims are subject to review for medical/clinical necessity.

** Each visit to an in-network provider in a calendar year will reduce the number of visits available under the out-of-network benefits for the rest of that calendar year. Similarly, each visit to an out-of-network provider in a calendar year will reduce the number of visits available under the in-network benefits for the rest of that calendar year.

*** All Minor and 12th Visit Review Certifications are valid for 60 days

Access to Providers: In California, you may generally access any appropriately licensed provider without a physician referral for each of the services listed on this page. In states outside of California, the scope of practice for certain types of providers may require that either a diagnosis, referral, or a specific prescriptive order be obtained from specified providers prior to the provider with the restricted scope of practice providing treatment to persons in that state.

Please contact PhysMetrics Customer Service (877) 519-8839 with any questions you may have about this plan.

BENEFIT DETERMINATION REVIEW

If you or your provider disagree with an initial benefit review determination, or question how it was reached, reconsideration may be requested. The request maybe made by you, your provider or someone chosen to represent you.

How to Initiate Requests for Reconsideration or Appeals

Requests for reconsideration of benefit denials or appeals of reconsidered determinations must be directed to the chiropractic and acupuncture benefit administrator at the following address:

PhysMetrics
Dispute Resolution Department
P.O. Box 25220
Fresno, CA 93729

Exclusions and Limitations

The following are specifically excluded from this agreement:

- Services determined by PhysMetrics not to be medically necessary
- Any treatment not precertified medically necessary that is: rendered to a Minor (under the age of 18) or that exceeds 12 visits in a benefit year
- Any additional service requiring precertification as noted in the fee schedule (identified by CPT Code)
- For coverage by the plan, Services not documented as necessary and appropriate or classified as experimental or investigational chiropractic care
- Maintenance/Supportive care (any services, supply or other item not likely to result in sustained improvement, and/or treatment records indicate Member has reached maximal therapeutic benefit from treatment)
- Services provided at a hospital or other facility (including surgical services)
- Anesthesia, manipulation under anesthesia, or any related service
- Ambulance services and/or other transportation services
- Diagnostic scanning, including Magnetic Resonance Imaging (MRI), CAT scan and/or other types of diagnostic scanning
- Thermography, hair analysis, heavy metal screening, or mineral studies
- Lab services
- Vitamins, minerals, nutritional/food supplements, herbs, herbal remedies, or other similar products
- Drugs or medications
- Intravenous injections or solutions Hypnotherapy, behavioral training, sleep therapy, weight programs, sensitivity training, education programs, non-medical self-care or self-help, or any other self-help physical exercise training, or any other related diagnostic testing
- Air conditioners, humidifiers, air purifiers, therapeutic mattress supplies, or any other similar devices and appliances
- Treatment or services for not medically necessary services including (but not limited to): pre-employment physicals, employment, licensing, insurance, school, vocational rehabilitation,
- Any treatment or service caused by or arising out of the course of employment or covered under any public liability insurance/Worker's Compensation Services ordered by a court or in connection with legal proceedings unless services are determined medically necessary and included in Covered Services
- Services related to diagnosis and treatment of jaw joint or TMJ disorder
- Services related to the treatment of asthma or addiction
- Services rendered by a person who ordinarily resides in the Member's home or who is related to the Member by marriage or blood
- Services provided by a non-participating provider, except for emergencies, or as approved by PhysMetrics
- Services incurred prior to the beginning or after the end of coverage
- Any exceptions provided for in the Group Plan Document

Acupuncture - Additional Exclusions and Limitations

- Durable Medical Equipment or Orthotics
- X-rays of any kind