



Kaiser Foundation Health Plan, Inc.
Northern California Region

**Chiropractic Services Amendment of the Kaiser Foundation
Health Plan, Inc.,
Evidence of Coverage for
MARIN COUNTY EMPLOYEES - SILVER OPTION**

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ASH Plans Member Services Department
Weekdays 5 a.m. to 6 p.m.
1-800-678-9133 (TTY users call **711**) toll free
ashplans.com

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Benefit Highlights

Professional Services (Plan Provider office visits)	You Pay
Chiropractic office visits (up to a total of 30 visits per calendar year).....	\$15 per visit
Other	You Pay
X-rays and laboratory tests that are covered Chiropractic Services	No charge
Chiropractic appliances	Amounts in excess of the \$50 Allowance

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Sharing. For a complete explanation, please refer to the "Covered Services" and "Exclusions and Limitations" sections.

Introduction

This document amends your Kaiser Foundation Health Plan, Inc. (Health Plan) Evidence of Coverage to add coverage for Chiropractic Services as described in this "Chiropractic Services Amendment." All provisions of the *Evidence of Coverage* apply to coverage described in this document except for the following sections:

- "How to Obtain Services" (except that the "Completion of Services from Non-Plan Providers" or for Kaiser Permanente Senior Advantage or Medicare Cost Members, the "Termination of a Plan Provider's contract and completion of Services" section does apply to coverage described in this document)
- "Plan Facilities"
- "Emergency Services and Urgent Care"
- "Benefits and Cost Sharing" (except that the "Annual out-of-pocket maximum" section does apply to coverage described in this document)

Kaiser Foundation Health Plan, Inc. contracts with American Specialty Health Plans of California, Inc. (ASH Plans) to make the ASH Plans network of Participating Chiropractors available to you. When you need chiropractic care, you have direct access to more than 2,800 licensed chiropractors in California. You can obtain covered Services from any Participating Chiropractor without a referral from a Plan Physician. Cost Sharing is due when you receive covered Services.

Note: If you are a Kaiser Permanente Senior Advantage or Medicare Cost Member, please refer to your Health Plan *Evidence of Coverage* for information about the chiropractic Services that we cover in accord with Medicare guidelines, which are separate from the Services covered under this "Chiropractic Services Amendment." Medicare rules determine which coverage pays first, or is "primary," and which coverage pays second, or is "secondary." Medicare is the primary coverage except when federal law requires that your Group's health care coverage be primary and Medicare coverage be secondary.

Definitions

In addition to the terms defined in the "Definitions" section of your Health Plan *Evidence of Coverage*, the following terms, when capitalized and used in any part of this "Chiropractic Services Amendment" have the following meaning:

Chiropractic Services: Chiropractic Services provided or prescribed by a chiropractor (including laboratory tests, X-rays, and chiropractic appliances) for the treatment of your Neuromusculoskeletal Disorder.

Emergency Chiropractic Services: Covered Chiropractic Services provided for the treatment of a sudden and unexpected onset of a Neuromusculoskeletal Disorder which manifests itself by acute symptoms of sufficient severity (including severe pain) such that you could reasonably expect the absence of immediate Chiropractic Services to result in serious jeopardy to your health or body functions or organs.

Neuromusculoskeletal Disorders: Conditions with associated signs and symptoms related to the nervous, muscular, or skeletal systems. Neuromusculoskeletal Disorders are conditions typically categorized as structural, degenerative, or inflammatory disorders, or biomechanical dysfunction of the joints of the body or related components of the motor unit (muscles, tendons, fascia, nerves, ligaments/capsules, discs, and synovial structures), and related neurological manifestations or conditions.

Non-Participating Chiropractor: A chiropractor other than a Participating Chiropractor.

Non-Participating Provider: A provider other than a Participating Provider.

Participating Chiropractor: A chiropractor who is licensed to provide chiropractic services in California and who has a contract with ASH Plans to provide Medically Necessary Chiropractic Services to you. A list of Participating Chiropractors is available on the ASH Plans website at ashplans.com or from the ASH Plans Member Services Department toll free at **1-800-678-9133** (TTY users call **711**). The list of Participating Chiropractors is subject to change at any time, without notice. If you have questions, please call the ASH Plans Member Services Department.

Participating Provider: A Participating Chiropractor or any licensed provider with which ASH Plans contracts to provide covered care, including laboratory tests or X-rays that are covered chiropractic care.

Treatment Plan: A proposed course of treatment for your Neuromusculoskeletal Disorder, which may include laboratory tests, X-rays, chiropractic appliances, and a specific number of visits for chiropractic manipulations, adjustments, and therapies that are Medically Necessary Chiropractic Services for you.

Participating Providers

Please read the following information so you will know from whom or what group of providers you may receive covered chiropractic services.

ASH Plans contracts with Participating Chiropractors and other Participating Providers to provide covered Chiropractic Services (including laboratory tests, X-rays, and chiropractic appliances). You must receive Services covered under this "Chiropractic Services Amendment" from a Participating Provider, except for Emergency Chiropractic Services and Services that are not available from Participating Providers that are authorized in advance by ASH Plans.

How to obtain Services

To obtain Services covered under this "Chiropractic Services Amendment," call a Participating Chiropractor to schedule an initial examination. If additional Services are required, your Participating Chiropractor will prepare a Treatment Plan. The ASH Plans Clinical Services Manager will authorize the Treatment Plan if the Services are Medically Necessary Chiropractic Services for you. ASH Plans will disclose to you, upon request, the process that it uses to authorize a Treatment Plan. If you have questions or concerns, please contact ASH Plans or Kaiser Permanente as described under "Member Services" in this "Chiropractic Services Amendment."

Covered Services

We cover the Services listed in this "Covered Services" section, subject to exclusions described under "Exclusions" in the "Exclusions and Limitations" section, only if all of the following conditions are satisfied:

- You are a Member on the date that you receive the Services
- The Services are Medically Necessary
- ASH Plans has authorized the Services as part of your Treatment plan, except for:
 - ◆ the initial examination described under "Office Visits" in this "Covered Services" section
 - ◆ Emergency Chiropractic Services described under "Emergency Chiropractic Services" in this "Covered Services" section

- You receive the Services from Participating Providers, except for:
 - ◆ Emergency Chiropractic Services described under "Emergency Chiropractic Services" in this "Covered Services" section
 - ◆ Services that are not available from Participating Providers that are authorized in advance by ASH Plans

Covered Services are provided at the Cost Sharing listed in this "Covered Services" section. However, you may be liable for the cost of noncovered services you obtain from Participating Providers or Non-Participating Providers.

The Cost Sharing you pay for Services covered under this "Chiropractic Services Amendment" does not apply toward the annual out-of-pocket maximum described in your Health Plan *Evidence of Coverage*.

Coverage of chiropractic Services under this "Chiropractic Services Amendment" is different from the coverage of chiropractic Services under "Outpatient Care" in the "Benefits and Cost Sharing" section of the *Evidence of Coverage*. You do not need a referral to get covered Services under this "Chiropractic Services Amendment," but covered Services and Cost Sharing may differ from those under "Outpatient Care" in the "Benefits and Cost Sharing" section of the *Evidence of Coverage*. If you receive chiropractic Services for which you have a referral, as described under "Getting a Referral" in the "How to Obtain Services" section of the *Evidence of Coverage*, then unless you tell us otherwise, we will assume that you are using your coverage under "Outpatient Care" in the "Benefits and Cost Sharing" section of the *Evidence of Coverage*.

Office visits

We cover up to a combined total of 30 of the following types of office visits per calendar year at a **\$15 Copayment per visit**:

- **Chiropractic office visits.** Each office visit counts toward the calendar year visit limit even if an adjustment is not provided during the visit:
 - ◆ **Initial examination:** An examination performed by a Participating Chiropractor to determine the nature of your problem (and, if appropriate, to prepare a Treatment Plan), and to provide Medically Necessary Chiropractic Services, which may include an adjustment and adjunctive therapy (such as ultrasound, hot packs, cold packs, or electrical muscle stimulation). We cover an initial examination only if you have not already received covered Services from a Participating Chiropractor

in the same calendar year for your Neuromusculoskeletal Disorder

- ◆ **Subsequent office visits:** Subsequent Participating Chiropractor office visits for Medically Necessary Chiropractic Services, which may include an adjustment, adjunctive therapy, and a re-examination to assess the need to continue, extend, or change a Treatment Plan

Laboratory tests and X-rays

We cover Medically Necessary laboratory tests and X-rays when prescribed as part of covered chiropractic care described under "Office visits" in this "Covered Services" section at **no charge** when a Participating Chiropractor provides the Services or refers you to a Participating Provider for the Services.

Chiropractic appliances

We provide a **\$50 Allowance per calendar year** toward the ASH Plans fee schedule price for chiropractic appliances listed in this paragraph when the item is prescribed and provided to you by a Participating Chiropractor as part of covered chiropractic care described under "Office visits" in this "Covered Services" section. If the price of the item(s) in the ASH Plans fee schedule exceeds \$50 (the Allowance), you will pay the amount in excess of \$50 (and that payment does not apply toward your annual out-of-pocket maximum). Covered chiropractic appliances are limited to: elbow supports, back supports (thoracic), cervical collars, cervical pillows, heel lifts, hot or cold packs, lumbar braces and supports, lumbar cushions, orthotics, wrist supports, rib belts, home traction units (cervical or lumbar), ankle braces, knee braces, rib supports, and wrist braces.

Second opinions

If you request a second opinion, it will be provided to you by a Participating Chiropractor who is an appropriately qualified chiropractor (a chiropractor who is acting within his or her scope of practice and who possesses a clinical background related to the illness or condition associated with the request for a second opinion). To get a second opinion, make an appointment with a Participating Chiropractor. Second opinion office visits are provided at a **\$15 Copayment per visit** and count toward your annual visit limit unless a Participating Chiropractor refers you to another Participating Chiropractor for a consultation that does not include treatment. If ASH Plans determines that there isn't a Participating Chiropractor who is an appropriately qualified chiropractor for your condition, ASH Plans will authorize a referral to a Non-Participating Chiropractor for a second opinion.

Emergency Chiropractic Services

Emergency Chiropractic Services. We cover Emergency Chiropractic Services provided by a Participating Chiropractor or a Non-Participating Chiropractor at a **\$15 Copayment per visit**. We do not cover follow-up or continuing care from a Non-Participating Chiropractor unless ASH Plans has authorized the Services in advance. Also, we do not cover Services from a Non-Participating Chiropractor that ASH Plans determines are not Emergency Chiropractic Services.

How to file a claim. As soon as possible after receiving Emergency Chiropractic Services, you must file an ASH Plans claim form. To request a claim form or for more information, please call ASH Plans toll free at **1-800-678-9133** (TTY users call **711**). You must send the completed claim form to:

ASH Plans
P.O. Box 509002
San Diego, CA 92150-9002

Exclusions and Limitations

Exclusions

The Services listed in this "Exclusions" section are excluded from coverage. These exclusions apply to all Services that would otherwise be covered under this "Chiropractic Services Amendment":

- Any Services not provided by a Participating Chiropractor or Participating Provider, except for Emergency Chiropractic Services, and Services that are not available from Participating Providers but that are authorized in advance by ASH Plans
- Services for asthma or addiction, such as nicotine addiction
- Hypnotherapy, behavior training, sleep therapy, and weight programs
- Thermography
- Experimental or investigational Services. Please refer to the "Dispute Resolution" section in your Health Plan *Evidence of Coverage* for information about Independent Medical Review related to denied requests for Medically Necessary and experimental or investigational Services
- MRI, CT, PET, bone scans, nuclear radiology, and any types of diagnostic radiology other than X-rays covered under the "Covered Services" section of this "Chiropractic Services Amendment"
- Ambulance and other transportation

- Education programs, non-medical self-care or self-help, any self-help physical exercise training, and any related diagnostic testing
- Services for pre-employment physicals or vocational rehabilitation
- Air conditioners, air purifiers, therapeutic mattresses, chiropractic appliances, durable medical equipment, supplies, devices, appliances, and any other item except those listed as covered under "Chiropractic appliances" in the "Covered Services" section of this "Chiropractic Services Amendment"
- Drugs and medicines, including non-legend or proprietary drugs and medicines
- Services you receive outside the state of California, except for Emergency Chiropractic Services
- Hospital services, anesthesia, manipulation under anesthesia, and related services
- For chiropractic services, adjunctive therapy not associated with spinal, muscle, or joint manipulations
- Dietary and nutritional supplements, including vitamins, minerals, herbs, herbal products, injectable supplements, and similar products
- Massage therapy
- Services provided by a chiropractor that are not within the scope of licensure for a chiropractor licensed in California
- Maintenance care (services provided to Members whose treatment records indicate he or she has reached maximum therapeutic benefit)

you received. You may submit your grievance orally or in writing to Kaiser Permanente as described in the "Dispute Resolution" section or for Kaiser Permanente Senior Advantage or Medicare Cost Members, the "Coverage Decisions, Appeals, and Complaints" section of your Health Plan *Evidence of Coverage*.

Member Services

If you have a question or concern regarding the Services you received from a Participating Provider, you may call ASH Plans Member Services toll free at **1-800-678-9133** (TTY users call **711**) weekdays from 5 a.m. to 6 p.m., or write ASH Plans at:

ASH Plans
 Member Services
 P.O. Box 509002
 San Diego, CA 92150-9002

Grievances

You can file a grievance with Kaiser Permanente regarding any issue. Your grievance must explain your issue, such as the reasons why you believe a decision was in error or why you are dissatisfied about Services