



CHIROPRACTIC SUPPLEMENTAL COVERAGE OUTLINE

Group Name: Fresno Economic Opportunities Commission

Group Number: Fresno EOC

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, basic 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**	24 visits per year, 10 visits a month maximum	
Standard Plan	\$25 copayment per insured, per visit, no deductible applies	80% of covered expenses up to a maximum of \$30 per visit, after deductible has been met
High Deductible Health Plan	\$25 copayment per insured, per visit after the deductible has been met	90% of covered expenses up to a maximum of \$30 per visit, after deductible has been met
Chiropractic & Manual Manipulation Services		
Initial new patient exam	One every three years per provider	Same
Established patient exams	One every year, per provider	Same
X-rays	Maximum Benefit: \$100 per insured, per calendar year**	Maximum Benefit: \$100 per insured, per calendar year**

* 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.

Chiropractic Exclusions and Limitations

The following are specifically excluded from this agreement:

- Services incurred prior to the beginning or after the end of coverage
- Services not documented as necessary and appropriate or classified as experimental or investigational chiropractic care
- Diagnostic scanning, including Magnetic Resonance Imaging (MRI), CAT scan and/or other types of diagnostic scanning
- Thermography
- Treatment or services for pre-employment physicals or vocational rehabilitation
- Any treatment or service caused by or arising out of the course of employment or covered under any public liability insurance
- Hypnotherapy, behavioral training, sleep therapy, weight programs, 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
- Vitamins, minerals, nutritional supplements or other similar products
- Anesthesia, manipulation under anesthesia, hospitalization, or any related service
- Orthotics
- Any exceptions provided for in the Group Plan Document