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Kaiser Foundation Health Plan, Inc.
Southern California Region

Chiropractic Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage for
CITI

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January 1, 2013, through December 31, 2013

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

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Benefit Highlights

Professional Services (Plan Provider office visits)	You Pay
Chiropractic office visits (up to a total of 20 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" section, 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"

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 3,100 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.

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 meanings:

ASH Plans. American Specialty Health Plans of California, Inc., a California corporation.

Chiropractic Services: 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 a reasonable person could 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 **www.ashcompanies.com/kp** 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 Services.

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

Urgent Chiropractic Services: Covered Urgent Chiropractic Services consist of Chiropractic Services necessary to prevent serious deterioration of the health of a Member, resulting from an unforeseen illness, injury, or complication of an existing condition, including pregnancy, for which treatment cannot be delayed until the Member returns to the Service Area.

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, Urgent Chiropractic Services and Services that are not available from Participating Providers and 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 covered and 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 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
- ASH Plans has verified the Services are Medically Necessary, except for:
  - the initial examination described under "Office Visits" in this "Covered Services" section
  - Emergency Chiropractic Services and Urgent Chiropractic Services described under "Emergency and urgent chiropractic Services" in this "Covered Services" section
- You receive the Services from Participating Providers, except for:
  - Emergency Chiropractic Services and Urgent Chiropractic Services described under "Emergency and urgent chiropractic Services" in this "Covered Services" section
  - Services that are not available from Participating Providers and that are authorized in advance by ASH Plans

When you receive covered Services, you must pay the Cost Sharing listed in this "Covered Services" section. If you receive Services that are not covered under this "Chiropractic Services Amendment," you may be liable for the full price of those Services.

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

If you have questions about Cost Sharing for specific Services that you are scheduled to receive or that your provider orders during a visit or procedure, please 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.

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."

Office visits

We cover up to a combined total of 20 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 the calendar year out-of-pocket maximum described in your Health Plan *Evidence of Coverage*). 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

You may request a second opinion in regard to covered Services by contacting another Participating Chiropractor. Your visit to another Participating Chiropractor for a second opinion generally will count as one visit toward any calendar year visit limit. A Participating Chiropractor may also request a second opinion in regard to covered Services by referring you to another Participating Chiropractor in the same or similar specialty. When you are referred by a Participating Chiropractor to another Participating Chiropractor for a second opinion, your visit to the other Participating Chiropractor will not count toward any calendar year visit limit.

Emergency and urgent chiropractic Services

We cover Emergency Chiropractic Services and Urgent 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 Provider 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 or Urgent Chiropractic Services.

How to file a claim. As soon as possible after receiving Emergency Chiropractic Services or Urgent 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

The items and services listed in this "Exclusions and Limitations" section are excluded from coverage. These exclusions apply to all Services that would otherwise be covered under this "Chiropractic Services Amendment" regardless of whether the services are within the scope of a provider's license or certificate:

- Services for asthma or addiction, such as nicotine addiction
- Hypnotherapy, behavior training, sleep therapy, and weight programs
- Thermography
- Experimental or investigational Services. If coverage for a Service is denied because it is experimental or investigational and you want to appeal the denial, refer to your Health Plan *Evidence of Coverage* for information about the appeal process
- CT scans, MRIs, PET scans, bone scans, nuclear medicine, and any other type of diagnostic imaging or 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 or Urgent 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, such as 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 that they have reached maximum therapeutic benefit)

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