



CHIROPRACTIC & ACUPUNCTURE SUPPLEMENTAL COVERAGE OUTLINE

This category of coverage is designed to provide specified limited benefits for chiropractic and acupuncture services that supplement your major medical plan (Kaiser Permanente). 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 *	IN-NETWORK	OUT-OF-NETWORK
Chiropractic & Manual manipulation Services For Neuromusculoskeletal Disorders	\$10 copayment per insured, per visit	Benefit Amount: \$15 Daily Maximum
Initial new patient exam – one every three years (per provider)	See above	See above
Established patient exams	See above	See above
Follow-Up office visits	See above	See above
Adjunctive physiotherapy modalities and procedures	See above. If provided to the same insured during the same visit as an exam, follow-up visit, or other adjunctive services, then only copayment applies to visit.	See above
X-rays, radiological consultations, clinical lab studies	No copayment Maximum Benefit: \$300 per insured, per calendar year**	Maximum Benefit: \$100 per insured, per calendar **
Supports and Appliances	No copayment Maximum Benefit: \$50 per insured, per calendar year, combined with related out-of-network benefits	Benefit Amount: 50% Maximum Benefit: \$20 per insured, per item; \$50 per insured, per calendar year, combined w/related in- network benefits
Acupuncture Services For Neuromusculoskeletal Disorders, Nausea, or Pain	\$10 copayment per insured, per visit	Benefit Amount: \$15 Daily Maximum
Initial new patient exam – one every three years (per provider)	See above	See above
Established patient exams	See above	See above
Follow-up office visits	See above	See above
Adjunctive therapy	See above. If provided to the same insured during the same visit as an exam, follow-up visit, or other adjunctive therapies, then only one copayment applies to the visit.	See above
Maximum Annual Visit Limits*** (combined for all provider types, as well as in-network and out-of- network providers)	40	10

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

** X-rays, radiological consultations and clinical lab studies performed by an in-network provider but referred by an out-of-network provider are treated as out-of-network services.

*** 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.

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 to be obtained from specified providers prior to the provider with the restricted scope of practice providing treatment to persons in that state.

Please contact Customer Service (1-877-519-8839) or CVT Member Services (1-800-288-9870) with any questions you may have about this plan.