

CCPOA

Chiropractic Benefits

Additional coverage for your HMO Plans

Blue Shield Chiropractic Care coverage lets you self refer to a network of more than 4,000 licensed chiropractors. Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans).

How the Program Works

You can visit any participating chiropractors in California from the ASH Plans network without a referral from your HMO Primary Care Physician. Simply call a participating provider to schedule an initial exam.

At the time of your first visit, you'll present your Blue Shield identification card and pay only your copayment. Because participating chiropractors bill ASH Plans directly, you'll never have to file claim forms.

If you need further treatment, the participating chiropractor will submit a proposed treatment plan to ASH Plans for medical necessity review to continue treatment up to the calendar year maximum of 20 Visits.

What's Covered

The plan covers medically necessary chiropractic services including:

- Initial and subsequent examinations
- Office visits and adjustments (subject to annual limits)
- Adjunctive therapies
- X-rays (chiropractic only)

Benefit Plan Design

Calendar year Maximum	20 Visits
Calendar year Deductible	None
Calendar year Chiropractic Appliances Benefit ^{1,2}	\$50
Covered Services	Member Copayment
Chiropractic Services	\$15 per visit
Out-of-network Coverage	None

1 Chiropractic appliances are covered up to a maximum of \$50 in a calendar year as determined medically necessary by ASH Plans.

2 As determined medically necessary by ASH plans, this allowance is applied toward the purchase of items, such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts and home traction units.

Friendly Customer Service

Helpful ASH Plans Member Services representatives are available at (800) 678-9133 Monday through Friday from 6 a.m. to 5 p.m. to answer questions, assist with problems, or help locate a participating chiropractor.

This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the Group Health Service Agreement for the exact terms and conditions of coverage.

PENDING REGULATORY APPROVAL