

Your Benefit Summary

Chiropractic Manipulation, Acupuncture and Massage Therapy Plus



Copay

\$15

Maximum
Calendar Year Benefit

\$1,000 per member

Important information about your plan

These benefits are offered as an additional option to your medical plan. To view your plan details, register and log in at www.myProvidence.com.

- With this benefit you have access to licensed qualified practitioners, including licensed chiropractors, licensed acupuncturists and licensed massage therapists, for chiropractic manipulations, acupuncture and massage therapy,
- Your copays do not apply to your plan's medical out-of-pocket maximums.
- Limitations and exclusions apply to your benefits. See your Member Handbook for details

About your chiropractic manipulation, acupuncture, and massage therapy benefits

This plan covers chiropractic manipulations, acupuncture and massage therapy when they are:

- Determined by your plan to be medically necessary; and
- Not listed as an exclusion in your Member Handbook.
- Received from a qualified practitioner, including licensed chiropractic physician, acupuncturists or massage therapist, who is practicing within the scope of his or her license;

What you need to know before you use this benefit

- You do not need a physician's referral to see a chiropractic physician.
- Routine preventive care in the absence of an illness, injury, or disease is not covered.
- Only one copay is required per date of service, regardless of the number of covered services received during the visit. You do not need to meet any applicable medical plan deductibles before receiving this benefit.
- In order to ensure the timely processing of claims, you are encouraged to submit a claim for treatment within 60 days of the date of service. Providence Health Plan will not pay claims received more than 365 days after the date of service; however, exceptions will be made if we receive documentation of your legal incapacitation.
- Submit your itemized claims to:
Providence Health Plan
Attn: Claims Department
P.O. Box 3125
Portland, OR 97208-3125

Chiropractic manipulation covered services

- Manipulation of the spine, and re-evaluation as necessary.
- Services may require review for medical necessity.

Acupuncture covered services

- Adjunctive therapy which may include therapies such as acupressure, cupping, moxibustion, or breathing techniques. Adjunctive therapy is only covered when provided during the same course of treatment and in conjunction with acupuncture. All adjunctive therapy must be medically necessary for the treatment of neuromusculoskeletal disorders, nausea or pain and provided together with acupuncture services.
- Services may require review for medical necessity.
- Acupuncture

Massage therapy covered services

- Short-term rehabilitative therapy.
- Services may require review for medical necessity.

Your guide to the words or phrases used to explain your benefits

Copay

The fixed dollar amount you pay to a health care provider for a covered service at the time care is provided.

In-Network

Refers to services received from an extensive network of highly qualified physicians, health care providers and facilities contracted by Providence Health Plan for your specific plan.

Maximum calendar year benefit

The total dollar amount of benefits, and/or visits, that you can receive per calendar year.

Medical Necessity Review

A process to ensure that the care delivered or proposed is safe and appropriate for the patient, and is for the treatment of an illness, injury, disease or its symptoms.

Out-of-Network

Refers to services you receive from providers not in your plan's network. To find an in-network provider, go to www.ProvidenceHealthPlan.com/providerdirectory.

Usual, Customary & Reasonable (UCR)

Describes your plan's allowed charges for services that you receive from an out-of-network provider. When the cost of out-of-network services exceeds UCR amounts, you are responsible for paying the provider any difference. These amounts do not apply to your out-of-pocket maximums.

Contact us

Headquartered in Portland, our customer service professionals have been proudly serving our members since 1986.



Portland Metro Area: **503-574-7500**
All other areas: **800-878-4445**
TTY: **711**



Have questions about your benefits and want to contact us via email? Go to our website at:
www.ProvidenceHealthPlan.com/contactus