

# Your Benefit Summary

## Chiropractic Manipulation, Acupuncture and Massage Therapy Plus



Copay

\$15

Maximum  
Calendar Year Benefit

\$500 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](http://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,
- For members enrolled in a Health Savings Account (HSA) plan, your deductible applies to these benefits and your copayment or coinsurance applies to your plan out-of-pocket maximum but not your annual limit on cost sharing. For members on all other plans, your medical plan deductible does not apply to these benefits, and copayment or coinsurance does not apply to your medical plan out-of-pocket maximum.
- Benefits are based on Usual, Customary & Reasonable charges (UCR).
- 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, acupuncturist 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 receive these benefits.
- 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. Unless you are enrolled in an HSA plan, 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

- Acupuncture
- Services may require review for medical necessity.

### 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](http://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](http://www.ProvidenceHealthPlan.com/contactus)

Providence Health Plan and Providence Health Assurance comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-878-4445 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-878-4445 (TTY: 711).