Your Benefit Summary

Alternative Care Plan

PROVIDENCE Health Plan

Copay
$10

Maximum Calendar Year Benefit
$1,500 per member

Important information about your plan

This alternative care benefit is offered as an additional option to your medical plan. This summary provides only highlights of your benefits. To view all your plan details, including your Member Handbook, register for myProvidence at www.ProvidenceHealthPlan.com/getstarted.

- With this benefit you have access to three of the most popular types of alternative health care providers: acupuncturists, chiropractors and naturopaths.
- Not sure what a word or phrase means? See the back for the definitions used in this summary.
- 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 alternative care benefit

This plan covers alternative care services when they are:

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

What you need to know before you use this benefit

- While you don't need a physician's referral to see an alternative care provider, you must see a Providence Health Plan participating provider. To find a participating provider in your area, go to www.ProvidenceHealthPlan.com/providerdirectory or call us.
- 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.

Using non-participating providers

- In rare circumstances, our national network may not have a participating provider in your area. If this occurs, please contact our authorizing agent at 1-800-678-9133. If our authorizing agent is not able to locate a participating provider within a reasonable distance, authorization for use of a non-participating provider will be provided.
- Non-participating providers must be licensed in the state in which they are practicing and must practice within the scope of their license.
- In some cases, you may need to pay the non-participating provider directly for the full cost of the services received and submit your itemized billing to our authorizing agent for reimbursement.
- Claims should be submitted to American Specialty Health Network, 777 Front Street, San Diego, CA 92101.
- Payment to non-participating providers is based upon Usual, Customary, and Reasonable (UCR) charges. Amounts in excess of UCR are your responsibility.
- You are responsible for obtaining prior authorization from our authorizing agent when receiving services from non-participating providers.

Acupuncture covered services

- Office visits.
- 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.

Chiropractic covered services

- Office visits.
- Manipulation of the spine, joints and/or musculoskeletal soft tissue, a re-evaluation, and/or other services, in various combinations.
- Adjunctive physiotherapy which may include ultrasound, hot packs, cold packs, electrical muscle stimulation or other therapies and procedures which are medically necessary for the treatment of neuromusculoskeletal disorders.
- Related diagnostic X-rays and laboratory service.

Naturopathy covered services

- Services must be provided within a course of treatment that includes both (a) natural treatment methods, modalities, nutritional advice, recommendation of homeopathic protocols, and (b) excludes prescribing prescription or over-the-counter drugs, surgery, or invasive therapeutic procedures.
- Office visits/consultations, therapeutic procedures and other services provided in various combinations.
- Physical therapy which may include ultrasound, hot packs, cold packs, manual, mechanical, or electrical stimulation of the muscles, rehabilitative exercise.
- Related diagnostic X-rays and laboratory services.
- All naturopathic services must be approved by Providence Health Plan or its authorizing agent as medically necessary.

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.

Maximum calendar year benefit
The total dollar amount of benefits that you can receive, per calendar year.

Non-participating provider
Any health care professional who does not participate in Providence Health Plan's network of participating physicians and providers of health care services.

Participating provider
A physician or provider of health care services who belongs to the Providence Health Plan participating provider network. To find a participating provider, refer to the directory available at www.ProvidenceHealthPlan.com/providerdirectory.

Usual, Customary & Reasonable (UCR)
Describes your plan's allowed charges for services that you receive from an out-of-plan provider. When the cost of out-of-plan 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: 503-574-8702 or 888-244-6642

Have questions about your benefits and want to contact us via e-mail? Go to our Web site at: www.ProvidenceHealthPlan.com/contactus