

# Your Benefit Summary

## Chiropractic Manipulation, Acupuncture and Massage Therapy



### 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](http://www.myProvidence.com).

- With this benefit you have access to in-network qualified practitioners, including chiropractors, acupuncturists and massage therapists, for chiropractic manipulations, acupuncture and massage therapy.
- For most 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.
- For Health Savings Account (HSA) plans, your deductible applies to these benefits. The deductible, copayment, or coinsurance accumulated toward these services do not apply to your plan out-of-pocket maximum and the annual limit on cost sharing.
- 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:

- Received from an in-network qualified practitioner, including licensed chiropractic physician, acupuncturist or massage therapist, 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 receive these benefits, you must see a Providence Health Plan in-network provider. To find an in-network provider in your area, go to [www.ProvidenceHealthPlan.com/providerdirectory](http://www.ProvidenceHealthPlan.com/providerdirectory) or call us.
- A copay is required per provider, per date of service. Unless you are enrolled in an HSA plan, you do not need to meet any applicable medical plan deductibles before receiving this benefit.
- Routine preventive care in the absence of an illness, injury, or disease is not covered.

### 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).

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