

# Your Benefit Summary

## Traditional Option Alternative Care Plan



### Coinsurance

**20%**  
(after medical plan deductible)

### 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](http://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.
- Benefits are provided based on Usual, Customary & Reasonable charges (UCR).
- 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.
- Received from a licensed chiropractic physician, naturopathic physician or acupuncturist who is practicing within the scope of his or her license;

### What you need to know before you use this benefit

- You pay your Traditional Option Medical Plan Deductible, then 20 percent of the charges per office visit or manipulation session.
- 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

### 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

### **Coinsurance**

The percentage of the cost that you may need to pay for a covered service.

### **Maximum calendar year benefit**

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

### **Medical deductible**

The dollar amount that an individual or family pays for covered medical services before your plan pays any benefits within a calendar year. Please see your medical plan summary of benefits for details.

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