

Benefit Plan

Plan: CHI06
No Deductibles
\$10 Copayment Per Visit
30 Visit Annual Maximum

Benefits include Chiropractic Services that are Medically/Clinically Necessary Services provided by a Contracted Chiropractor. Covered Services require pre-approval by ASH Plans except for (a) a new patient examination by a Contracted Chiropractor and the provision or commencement, in the new patient examination, of Medically/Clinically Necessary Services that are Covered Services, to the extent consistent with professionally recognized standards of practice, and (b) Emergency Services including, without limitation, any referral of a Member for X-ray services, radiological consultations, or laboratory services. When ASH Plans approves a treatment plan, the approved services for the subsequent office visits covered by the approved treatment plan include not only the approved services but also a re-examination in each subsequent office visit, if deemed necessary by the Contracted Chiropractor, without additional approval by ASH Plans.

Calculation of Annual Maximum Benefit Limits

Each visit to a Contracted Chiropractor, as described below, requires a Copayment by the Member. A maximum number of visits per calendar year will apply to each Member.

Adjunctive therapy is allowed at each office visit, if approved by ASH Plans. If adjunctive therapy is provided without an adjustment, the adjunctive therapy

will count as an office visit towards the Maximum Benefit. If an examination or re-examination is supplied without an adjustment, the examination or re-examination will count as an office visit towards the Maximum Benefit.

Provider Eligibility

ASH Plans only contracts with duly licensed California chiropractors, chiropractic radiologists, radiology groups, clinical laboratory groups, medical radiologists, medical pathologists and hospitals. Members must use Contracted Chiropractors.

Types of Covered Services

- a) A new patient examination is performed by the Contracted Chiropractor to determine the nature of the Member's problem, to provide or commence, in the new patient examination, Medically/Clinically Necessary Services that are Covered Services to the extent consistent with professionally recognized standards of practice, and to prepare a treatment plan of services to be furnished. A new patient examination will be provided to a Member if the Member seeks services from a Contracted Chiropractor for any injury, illness, disease, functional disorder, or condition with regard to which the Member is not, at that time, receiving services from the Contracted Chiropractor. A Copayment will be required for such examination.
- b) Subsequent office visits, as set forth in a treatment plan approved by ASH Plans, may involve an adjustment, a re-examination, and other services, in various combinations. A Copayment will be required for each visit to the office.

- c) Adjunctive therapy, as set forth in a treatment plan approved by ASH Plans, may involve therapies such as ultrasound, hot packs, cold packs, electrical muscle stimulation and other therapies.
- d) A re-examination may be performed by the Contracted Chiropractor to assess the need to continue, extend or change a treatment plan approved by ASH Plans. A re-examination may be performed during a subsequent office visit or separately. If performed separately, a Copayment will be required.
- e) X-rays and laboratory tests are payable in full when referred by a Contracted Chiropractor and approved by ASH Plans. Radiological consultations are a covered benefit when approved by ASH Plans as Medically/Clinically Necessary Services and provided by a licensed chiropractic radiologist, medical radiologist, radiology group, or hospital which has contracted with ASH Plans to provide those services.
- f) Chiropractic Appliances are payable up to a maximum of \$50 per year when prescribed by a Contracted Chiropractor and approved by ASH Plans; which includes: elbow supports, back supports (thoracic), cervical collars, cervical pillows, heel lifts, hot or cold packs, lumbar braces and supports, lumbar cushions, orthotics, wrist supports, rib belts, home traction units (cervical or lumbar), ankle brace, knee brace, rib supports, and wrist brace or other related services.

Exclusions and Limitations

Benefits do not include services that are not described under "Benefit Plan" and "Types of Covered Services," and above. In addition to any other applicable "limitations" contained elsewhere in the evidence of coverage provided to a Member, ASH Plans

shall not be required to furnish benefits in connection with the following:

1. Any services or treatments not approved by ASH Plans, except for (a) a new patient examination by a Contracted Chiropractor and the provision or commencement, in the new patient examination, of Medically/Clinically Necessary Services that are Covered Services, to the extent consistent with professionally recognized standards of practice, and (b) Emergency Services including, without limitation, any referral of a Member for X-ray services, radiological consultations, or laboratory services.
2. Any services or treatments not delivered by a Contracted Chiropractor or other ASH Plans contracted provider for the delivery of chiropractic care to Members, except for Emergency Services or services that are not available and accessible to a Member and are provided upon a referral by ASH Plans.
3. Services for examinations and/or treatments for conditions other than those related to Neuromusculoskeletal Disorders from Contracted Chiropractors.
4. Hypnotherapy, behavior training, sleep therapy and weight programs.
5. Thermography.
6. Services, lab tests and X-rays and other treatments not approved by ASH Plans and documented as Medically/Clinically Necessary as appropriate or classified as Experimental, and/or as being in the research stage, as determined in accordance with professionally recognized standards of practice. If ASH Plans denies coverage for a therapy for a Member who has a life-threatening or seriously debilitating condition based on a deter-

- mination by ASH Plans that the therapy is Experimental, the Member may be able to request an independent medical review of ASH Plans' determination. The Member should contact ASH Plans' Member Services Department at 1-800-678-9133 for more information.
7. Services and/or treatments which are not documented as Medically/Clinically Necessary Services.
 8. Magnetic resonance imaging, CAT scans, bone scans, nuclear radiology and any types of diagnostic radiology other than covered plain film studies.
 9. Transportation costs including local ambulance charges.
 10. Education programs, non-medical self-care or self-help, or any self-help physical exercise training or any related diagnostic testing.
 11. Services or treatments for pre-employment physicals or vocational rehabilitation.
 12. Any services or treatments caused by or arising out of the course of employment or covered under a final judgment, compromise or settlement as a result of injuries caused by a third party.
 13. Air conditioners, air purifiers, therapeutic mattresses, supplies or any other similar devices or appliances; all chiropractic appliances or durable medical equipment, except as defined elsewhere in this Schedule of Benefits.
 14. Prescription drugs or medicines including a non-legend or proprietary medicine or medication not requiring a prescription order.
 15. Services provide by a chiropractor practicing outside the State of California, except for Emergency Services.
 16. Hospitalization, anesthesia, manipulation under anesthesia, or other related services.
 17. All auxiliary aids and services, including, but not limited to, interpreters, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders, and telephones compatible with hearing aids.
 18. Adjunctive therapy not associated with spinal, muscle or joint manipulation.
 19. Vitamins, minerals, nutritional supplements or other similar products.
 20. Services that are not within the scope of licensure for a licensed chiropractor in California.