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Kaiser Foundation Health Plan, Inc.
Southern California Region

Chiropractic Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage for
MEBA/BREA OLINDA UNIFIED SCHOOL DISTRICT

Purchaser ID: 111880 Contract: 2 Version: 34 *EOC* Number: 10

January 1, 2010, through December 31, 2010

ASH Plans Member Services Department
Weekdays 5 a.m. to 6 p.m.
1-800-678-9133 (TTY users call **711**) toll free
ashplans.com

Help in your language
Interpreters are available 24 hours a day, seven days a week, at no cost to you. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. In addition, you may be able to get materials written in your language. For more information, call our Member Service Call Center at 1-800-464-4000 or 1-800-777-1370 (TTY) weekdays from 7 a.m. to 7 p.m., and weekends from 7 a.m. to 3 p.m.

Ayuda en su propio idioma
Tenemos disponibles intérpretes 24 horas al día, 7 días a la semana, sin ningún costo para usted. También podemos ofrecerle a usted, sus familiares y sus amigos cualquier tipo de ayuda que necesiten para tener acceso a nuestras instalaciones y servicios. Además, usted puede obtener materiales escritos en su idioma. Para más información, llame a nuestro Centro de Llamadas de Servicios a los Miembros al 1-800-788-0616 ó 1-800-777-1370 (TTY) los días de semana de 7 a.m. a 7 p.m., y los fines de semana de 7 a.m. a 3 p.m.

語言翻譯協助
提供每週七天，每天廿四小時翻譯。我們也向會員及其親友提供利用我處設施及服務所需之任何協助。此外會員還可索取以其母語編寫的資料。若需更多資訊，請於週一至週五上午七時至下午七時及週末上午七時至下午三時致電會員服務電話中心，電話號碼爲 1-800-757-7585 或 1-800-777-1370（聽障專線）。

TABLE OF CONTENTS FOR EOC #10

Introduction 5
Definitions 5
Participating Providers 5
Covered Services 6
Member Services 7
Exclusions and Limitations 7

Introduction

This document amends your Kaiser Foundation Health Plan, Inc. (Health Plan) *Evidence of Coverage (EOC)* to include coverage for Medically Necessary Chiropractic Services under the following terms and conditions.

Kaiser Foundation Health Plan, Inc. contracts with American Specialty Health Plans of California, Inc. (ASH Plans) to make the ASH Plans network of Participating Chiropractors available to you. When you need chiropractic care, you have direct access to more than 2,800 licensed chiropractors in California. You can obtain covered Services from any Participating Chiropractor without a referral from a Plan Physician. Cost Sharing is due when you receive covered Services.

Note: If you are a Kaiser Permanente Senior Advantage or Medicare Cost Member, please refer to your Health Plan *Evidence of Coverage* for information about the chiropractic Services that Medicare covers, which are separate from the Services covered under this "Chiropractic Services Amendment." This Amendment does not describe Services covered by Medicare. Medicare rules determine which coverage pays first, or is "primary," and which coverage pays second, or is "secondary." Your Medicare coverage is primary unless Medicare is secondary by law.

Definitions

In addition to the terms defined in the "Definitions" section of your Health Plan *Evidence of Coverage*, the following terms, when capitalized in this "Chiropractic Services Amendment," mean:

Emergency Chiropractic Services: Covered chiropractic services provided for a sudden and unexpected onset of an injury or condition affecting the neuromusculoskeletal system which manifests itself by acute symptoms of sufficient severity (including severe pain) such that you could reasonably expect the absence of immediate chiropractic care to result in serious jeopardy to your health or body functions or organs.

Medically Necessary Chiropractic Services: Chiropractic services provided or prescribed by a chiropractor (including laboratory tests, X-rays, and chiropractic appliances) that are appropriate and required for the treatment of your Neuromusculoskeletal Disorder in accord with generally accepted professional standards of practice for the chiropractic treatment of Neuromusculoskeletal Disorders.

Neuromusculoskeletal Disorders: Conditions with associated signs and symptoms related to the nervous, muscular, or skeletal systems. Neuromusculoskeletal Disorders are conditions typically categorized as structural, degenerative, or inflammatory disorders, or biomechanical dysfunction of the joints of the body or related components of the motor unit (muscles, tendons, fascia, nerves, ligaments/capsules, discs, and synovial structures), and related neurological manifestations or conditions.

Non–Participating Chiropractor: A chiropractor other than a Participating Chiropractor.

Non–Participating Provider: A provider other than a Participating Provider.

Participating Chiropractor: A chiropractor who is licensed to provide chiropractic services in California and who has a contract with ASH Plans to provide Medically Necessary Chiropractic Services to you. A list of Participating Chiropractors is available on the ASH Plans Web site at **ashplans.com** or from the ASH Plans Member Services Department at 1-800-678-9133 (TTY users call 711). The list of Participating Chiropractors is subject to change at any time, without notice. If you have questions, please call the ASH Plans Member Services Department.

Participating Provider: A Participating Chiropractor, or any licensed provider with which ASH Plans contracts to provide covered laboratory tests or X-rays.

Treatment Plan: A proposed course of treatment for your Neuromusculoskeletal Disorder, which may include laboratory tests, X-rays, chiropractic appliances, and a specific number of visits for chiropractic manipulations, adjustments, and therapies that are Medically Necessary Chiropractic Services for you.

Participating Providers

Please read the following information so you will know from whom or what group of providers you may receive covered Services.

ASH Plans contracts with Participating Chiropractors and other Participating Providers to provide covered chiropractic services, including laboratory tests, X-rays, and chiropractic appliances. You must receive covered Services from a Participating Provider, except for Emergency Chiropractic Services and Services that are not available from Participating Providers that have been preauthorized by ASH Plans.

How to obtain Services

To obtain covered Services, call a Participating Chiropractor to schedule an initial examination. If additional Services are required, your Participating Chiropractor will prepare a Treatment Plan. The ASH Plans Clinical Services Manager will authorize the Treatment Plan if the Services are Medically Necessary Chiropractic Services for you. ASH Plans will disclose to you, upon request, the process that it uses to authorize a Treatment Plan. If you have questions or concerns, please contact ASH Plans or Kaiser Permanente as described under "Member Services" in this "Chiropractic Services Amendment."

Covered Services

We cover the Services listed in this "Covered Services" section if ASH Plans has authorized the Services as part of your Treatment Plan. Covered Services are provided at the Cost Sharing listed in this "Covered Services" section. However, you may be liable for the cost of noncovered Services you obtain from Participating Providers or Non–Participating Providers.

Office visits

We cover up to 30 of the following types of office visits per calendar year at **$15 Copayment per visit**. Each office visit counts toward the calendar year visit limit even if an adjustment is not provided during the visit:

- **Initial examination:** An examination performed by a Participating Chiropractor to determine the nature of your problem (and, if appropriate, to prepare a Treatment Plan), and to provide Medically Necessary Chiropractic Services, which may include an adjustment and adjunctive therapy (such as ultrasound, hot packs, cold packs, or electrical muscle stimulation). We cover an initial examination only if you have not already received covered Services from a Participating Chiropractor in the same calendar year for your Neuromusculoskeletal Disorder
- **Subsequent office visits:** Subsequent Participating Chiropractor office visits for Medically Necessary Chiropractic Services, which may include an adjustment, adjunctive therapy, and a re-examination to assess the need to continue, extend, or change a Treatment Plan

Laboratory tests and X-rays

We cover Medically Necessary laboratory tests and X-rays when prescribed as part of covered care described under "Office visits" in this "Covered Services" section at **no charge** when a Participating Chiropractor provides the Services or refers you to a Participating Provider for the Services.

Chiropractic appliances

We provide a **$50 Allowance per calendar year**, toward the ASH Plans fee schedule price for chiropractic appliances listed in this paragraph when the item is prescribed and provided to you by a Participating Chiropractor as part of covered care described under "Office visits" in this "Covered Services" section. If the price of the item(s) in the ASH Plans fee schedule exceeds **$50** (the Allowance), you will pay the amount in excess of **$50** (and that payment does not apply toward your annual out-of-pocket maximum). Covered chiropractic appliances are limited to: 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 braces, knee braces, rib supports, and wrist braces.

Second opinions

If you request a second opinion, it will be provided to you by a Participating Chiropractor who is an appropriately qualified chiropractor (a chiropractor who is acting within his or her scope of practice and who possesses a clinical background related to the illness or condition associated with the request for a second medical opinion). To get a second opinion, make an appointment with a Participating Chiropractor. Second opinion office visits are provided at **$15 Copayment per visit**, and count toward your annual visit limit unless a Participating Chiropractor refers you to another Participating Chiropractor for a consultation that does not include treatment. If ASH Plans determines that there isn't a Participating Chiropractor who is an appropriately qualified chiropractor for your condition, ASH Plans will authorize a referral to a Non–Participating Chiropractor for a second opinion.

Emergency Chiropractic Services

We cover Emergency Chiropractic Services provided by a Participating Chiropractor or a Non–Participating Chiropractor at **$15 Copayment per visit**. We do not cover follow-up or continuing care from a Non–Participating Chiropractor unless ASH Plans has authorized the Services. Also, we do not cover Services from a Non-Participating Chiropractor that ASH Plans determines are not Emergency Chiropractic Services.

As soon as possible after receiving Emergency Chiropractic Services, you must file an ASH Plans claim form. To request a claim form or for more information, please call ASH Plans at 1-800-678-9133. You must send the completed claim form to:

ASH Plans
P.O. Box 509002
San Diego, CA 92101-9002

Member Services

If you have a question or concern regarding the Services you received from a Participating Provider, you may call ASH Plans Member Services at 1-800-678-9133 (TTY users call 711) weekdays from 5 a.m. to 6 p.m., or write ASH Plans at:

American Specialty Health Plans of California, Inc.
Appeals and Grievance Coordinator
P.O. Box 509002
San Diego, CA 92150-9002

You can file a grievance regarding any issue. Your grievance must explain your issue, such as the reasons why you believe a decision was in error or why you are dissatisfied about Services you received. You may submit your grievance orally or in writing to Kaiser Permanente as described in the "Dispute Resolution" or "Requests for Services or Payment, Complaints, and Medicare Appeal Procedures" section, as applicable to your Health Plan *Evidence of Coverage*.

Exclusions and Limitations

The following Services are not covered under this "Chiropractic Services Amendment:"

- Any Services not provided by a Participating Chiropractor or Participating Provider, except for Emergency Chiropractic Services and Services that are not available from Participating Providers that are prior authorized by ASH Plans
- Services for conditions other than Neuromusculoskeletal Disorders
- Hypnotherapy, behavior training, sleep therapy, and weight programs
- Thermography
- Experimental or investigational Services. Please refer to the "Dispute Resolution" section in your Health Plan *Evidence of Coverage* for information about Independent Medical Review related to denied requests for Medically Necessary and experimental or investigational Services
- Magnetic resonance imaging (MRI), computed tomography (CT), positron emission tomography (PET), bone scans, nuclear radiology, and any types of diagnostic radiology other than X-rays covered under the "Covered Services" section of this "Chiropractic Services Amendment"
- Ambulance and other transportation
- Education programs, non-medical self-care or self-help, any self-help physical exercise training, and any related diagnostic testing
- Services for pre-employment physicals or vocational rehabilitation
- Air conditioners, air purifiers, therapeutic mattresses, chiropractic appliances, durable medical equipment, supplies, devices, appliances, and any other item except those listed as covered under "Chiropractic appliances" under the "Covered Services" section of this "Chiropractic Services Amendment"
- Drugs and medicines, including non-legend or proprietary drugs and medicines
- Services you receive outside the state of California, except for Emergency Chiropractic Services
- Hospital Services, anesthesia, manipulation under anesthesia, and related Services
- Adjunctive therapy not associated with spinal, muscle, or joint manipulations
- Vitamins, minerals, nutritional supplements, and similar products
- Services provided by a chiropractor that are not within the scope of licensure for a chiropractor licensed in California