

# Chiropractic Schedule of Benefits Offered by ACN Group of California, Inc.

## BENEFIT PLAN:

**\$10 Copayment per visit**

**30 visits Annual Benefit Maximum for Chiropractic Services**

## CLAIMS DETERMINATION PERIOD:

Calendar Year

Your Group makes available to you and your eligible dependents a complementary health benefits program for chiropractic. This program is provided through an arrangement with the ACN Group of California, Inc. dba *OptumHealth Physical Health of California* (OptumHealth). OptumHealth monitors the quality of the care provided by participating OptumHealth providers.

## How to Use the Program

With OptumHealth, you have direct access to more than 3,500 credentialed Chiropractors servicing California. You are not required to predesignate an OptumHealth provider or to obtain a medical referral from your primary care physician prior to seeking Chiropractic Services. Additionally, you may change participating Chiropractors at any time.

Our program is designed for your convenience. You simply pay your Copayment at each visit. There are no deductibles or claim forms to fill out. Your OptumHealth provider coordinates all services and billing directly with OptumHealth.

## Annual Benefits

Benefits include Chiropractic Services that are Medically Necessary services rendered by an OptumHealth Participating Provider. In the case of Chiropractic Services, the services must be for Medically Necessary diagnosis and treatment to reduce pain and improve functioning of the neuromusculoskeletal system.

## Calculation of Annual Benefit Maximum Limits

Each visit to an OptumHealth Participating Provider, as described below, requires a Copayment by the Member. A maximum number of visits to an OptumHealth participating Chiropractor per Claims Determination

Period will apply to each Member.

**Chiropractic Services:** Adjunctive therapy is allowed at each office visit. If adjunctive therapy is provided without a chiropractic adjustment, the adjunctive therapy will count as an office visit toward 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 toward the maximum benefit.

## Provider Eligibility

OptumHealth only contracts with duly licensed California Chiropractors. Members must use OptumHealth Participating Providers to receive their maximum benefit.

## Types of Covered Services

### Chiropractic Services:

1. An initial examination is performed by the OptumHealth participating Chiropractor to determine the nature of the Member's problem, and to provide, or commence, in the initial examination, Medically 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. An initial examination will be provided to a Member if the Member seeks services from an OptumHealth participating Chiropractor for any injury, illness, disease, functional disorder or condition with regard to which the Member is not, at the time, receiving services from the OptumHealth participating Chiropractor. A Copayment will be required for such examination.
2. Subsequent office visits, as set forth in a treatment plan, may involve a chiropractic adjustment, a brief re-examination and other services, in various combinations. A Copayment will be required for each visit to the office.
3. Adjunctive therapy, as set forth in a treatment plan, may involve therapies such as ultrasound, electrical muscle stimulation and other therapies.
4. A re-examination may be performed by the OptumHealth participating Chiropractor to assess the need to continue, extend or change a treatment plan. A re-evaluation may be performed during a subsequent office visit or separately. If performed separately, a Copayment will be required.
5. X-rays and laboratory tests are a covered benefit to examine any aspect of the Member's condition.
6. Chiropractic appliances are payable up to a

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Monday through Friday, 8 a.m. – 5 p.m. PST**

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maximum of \$50 per year when prescribed by an OptumHealth participating Chiropractor.

## Important OptumHealth Addresses:

### Member Correspondence

OptumHealth of California, Inc.  
P.O. Box 880009  
San Diego, CA 92168-0009

### Grievances and Complaints

Attn.: Grievance Coordinator  
OptumHealth of California, Inc.  
P.O. Box 880009  
San Diego, CA 92168-0009

## Exclusions and Limitations

Benefits do not include services that are not described under the Covered Services contained elsewhere in the *Evidence Of Coverage* (EOC) provided to a Member. The following accommodations, services, supplies and other items are specifically excluded from coverage as referenced in the EOC:

1. Any accommodation, service, supply or other item determined by Health Plan not to be Medically Necessary;
2. Any accommodation, service, supply or other item not provided in compliance with the Managed Care Program;
3. Services provided for employment, licensing, insurance, school, camp, sports, adoption, or other non-Medically Necessary purposes, and related expenses for reports, including report presentation and preparation;
4. Examination or treatment ordered by a court or in connection with legal proceedings unless such examinations or treatment otherwise qualify as Covered Services under this document;
5. Experimental or investigative services unless required by an external, independent review panel as described in Section 16.5 of the EOC;
6. Services provided at a hospital or other facility outside of a Participating Provider's facility;
7. Holistic or homeopathic care including drugs and ecological or environmental medicine;
8. Services involving the use of herbs and herbal remedies;
9. Treatment for asthma or addiction (including but not limited to smoking cessation);
10. Any services or treatments caused by or arising out of the course of employment and are covered under

Workers' Compensation;

11. Transportation to and from a provider;
12. Drugs or medicines;
13. Intravenous injections or solutions;
14. Charges for services provided by a provider to his or her family member(s);
15. Charges for care or services provided before the effective date of the Member's coverage under the Group Enrollment Agreement, or after the termination of the Member's coverage under the Group Enrollment Agreement, except as otherwise provided in the Group Enrollment Agreement;
16. Special nutritional formulas, food supplements such as vitamins and minerals, or special diets;
17. Sensitivity training, electrohypnosis, electronarcosis, educational training therapy, psychoanalysis, treatment for personal growth and development, and treatment for an educational requirement;
18. Claims by providers who or which are not Participating Providers, except for claims for out-of-network Emergency Services or Urgent Services, or other services authorized by Health Plan;
19. Ambulance services;
20. Surgical services;
21. Services relating to Member education (including occupational or educational therapy) for a problem not associated with a Chiropractic Disorder, unless supplied by the provider at no additional charge to the Member or to Health Plan; and
22. Non-Urgent Services performed by a provider who is a relative of Member by birth or marriage, including spouse or Domestic Partner, brother, sister, parent or child.

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