



CHIROPRACTIC SUPPLEMENTAL COVERAGE OUTLINE

Group Name: EDCare Group

Group Number: EDCG

This category of coverage is designed to provide specified limited benefits for chiropractic and acupuncture services that supplement your major medical plan. Benefits are not provided for basic hospital, basic medical-surgical, or major- medical expenses. The chiropractic and/or acupuncture benefits are covered only if Medically Necessary.

Benefits of the plan:

COVERED SERVICES *	PARTICIPATING	NON-PARTICIPATING
Maximum Annual Visit Limits*	\$500 per year	
Copayment	\$30 copayment then plan covers 90% of the PhysMetrics rate, after deductible	Up to a maximum of \$15 reimbursement, after deductible
Medical Necessity Requirements	After 12 th Visit Services provided to a Minor (under the age of 18 years old)	None
Chiropractic & Manual Manipulation Services*		
Initial new patient exam	One every three years, per provider	Up to a maximum of \$15 reimbursement, after deductible
Established patient exams	One every year, per provider	
X-rays	Maximum Benefit: \$100 per insured, per calendar year. Included in \$500 yearly max	

* Not all services are available in states outside of California. Claims are subject to review for medical/clinical necessity.

** Massage specifically excluded

Chiropractic Exclusions and Limitations

The following are specifically excluded from this agreement:

- Services incurred prior to the beginning or after the end of coverage
- Services not documented as necessary and appropriate or classified as experimental or investigational chiropractic care
- Diagnostic scanning, including Magnetic Resonance Imaging (MRI), CAT scan and/or other types of diagnostic scanning
- Thermography
- Treatment or services for pre-employment physicals or vocational rehabilitation
- Any treatment or service caused by or arising out of the course of employment or covered under any public liability insurance
- Hypnotherapy, behavioral training, sleep therapy, weight programs, education programs, non-medical self-care or self-help, or any other self-help physical exercise training, or any other related diagnostic testing
- Air conditioners, humidifiers, air purifiers, therapeutic mattress supplies, or any other similar devices and appliances
- Vitamins, minerals, nutritional supplements or other similar products
- Anesthesia, manipulation under anesthesia, hospitalization, or any related service
- Orthotics
- Precertification by PhysMetrics is required for:
 - Any treatment rendered to a Minor (under the age of 18) or
 - Treatment exceeding 12 visits in a benefit year
- For coverage by the plan, all Minor and 12th Visit Review Certifications are valid for 60 days
- Additional CPT Codes may require precertification as set forth in the fee schedule
- Any exceptions provided for in the Group Plan Document
- Massage Therapy is specifically excluded