

Your Benefit Summary

Chiropractic Manipulation and Acupuncture

Multnomah Bar Association - All Plans



Copay

\$25

Maximum
Calendar Year Benefit

\$1,000 per member

Important information about your plan

These benefits are offered as an additional option to your medical plan. To view your plan details, register and log in at www.myProvidence.com.

- With this benefit you have access to in-network qualified practitioners, including chiropractors and acupuncturists, for spinal manipulations and acupuncture.
- For members enrolled in a Health Savings Account (HSA) plan, your deductible applies to these benefits and your copayment or coinsurance applies to your plan out-of-pocket maximum. For members on all other plans, your medical plan deductible does not apply to these benefits, and copayment or coinsurance does not apply to your medical plan out-of-pocket maximum.
- Limitations and exclusions apply to your benefits. See your Member Handbook for details.

About your chiropractic and acupuncture benefits

This plan covers chiropractic manipulations and acupuncture when they are:

- Received from an in-network qualified practitioner, including licensed chiropractic physicians or acupuncturists, 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.

What you need to know before you use this benefit

- While you don't need a physician's referral to receive these benefits, you must see a Providence Health Plan in-network provider. To find an in-network provider in your area, go to www.ProvidenceHealthPlan.com/providerdirectory or call us.
- Only one copay is required per date of service, regardless of the number of covered services received during the visit. You do not need to meet any applicable medical plan deductibles before receiving this benefit.
- Routine preventive care in the absence of an illness, injury, or disease is not covered.

Chiropractic manipulation covered services

- Manipulation of the spine, and re-evaluation as necessary.
- Services may require review for medical necessity.

Acupuncture covered services

- Acupuncture
- 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.
- Services may require review for medical necessity.

Your guide to the words or phrases used to explain your benefits

Copay

The fixed dollar amount you pay to a health care provider for a covered service at the time care is provided.

In-Network

Refers to services received from an extensive network of highly qualified physicians, health care providers and facilities contracted by Providence Health Plan for your specific plan. Generally, your out-of-pocket costs will be less when you receive covered services from in-network providers.

Maximum calendar year benefit

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

Medical Necessity Review

A process to ensure that the care delivered or proposed is safe and appropriate for the patient, and is for the treatment of an illness, injury, disease or its symptoms.

Out-of-Network

Refers to services you receive from providers not in your plan's network.

To find an in-network provider, go to www.ProvidenceHealthPlan.com/providerdirectory.

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: **711**



Have questions about your benefits and want to contact us via email? Go to our website at:
www.ProvidenceHealthPlan.com/contactus