



**CHIROPRACTIC SUPPLEMENTAL COVERAGE OUTLINE**

**Group Name: City of Fresno**

**Group Number: 200**

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
<b>Maximum Annual Visit Limits**</b>	<b>24 visits per year, 10 visits per month maximum</b>	
<b>Copayment</b>	\$5 copayment per insured, per visit	\$15 per visit within the Fresno Area/ \$30 per visit if located 100 miles outside of Fresno. Monthly and Yearly visit limits apply. Deductible may apply.
<b>Medical Necessity Requirements</b>	After 12 <sup>th</sup> Visit Services provided to a Minor (15 years old or younger)	
<b>Chiropractic &amp; Manual Manipulation Services**</b>		
<b>Initial new patient exam</b>	One every three years, per provider	\$15 per visit within the Fresno Area/ \$30 per visit if located 100 miles outside of Fresno. Monthly and Yearly visit limits apply. Deductible may apply.
<b>Established patient exams</b>	One every year, per provider	
<b>X-rays</b>	Maximum Benefit: \$100 per insured, per calendar year	
<b>Durable Medical Equipment</b>	Cervical collars, rib belts and lumbar belts payable at 125% of invoice price up to a yearly maximum defined by Plan per Member	

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

\*\* Each visit to an in-network provider in a calendar year will reduce the number of visits available under the out-of- network benefits for the rest of that calendar year. Similarly, each visit to an out-of-network provider in a calendar year will reduce the number of visits available under the in-network benefits for the rest of that calendar year.

### **Chiropractic Exclusions and Limitations**

The following are specifically excluded from this agreement:

- Services provided by a non-participating provider within the service area
- 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
- Massage therapy or soft-tissue techniques
- 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
- Precertification by PhysMetrics is required for:
  - Any treatment rendered to a Minor (under the age of 15) or
  - Treatment exceeding 12 visits in a benefit year
  - Massage Therapy
- For coverage by the plan, all Minor and 12<sup>th</sup> Visit Review Certifications are valid for 60 days
- Any exceptions provided for in the Group Plan Document