

Chiropractic Benefits

Additional coverage for your Access+ HMO[®] and Added Advantage POSSM Plans

Blue Shield Chiropractic Care coverage lets you self-refer to a network of more than 2,800 licensed chiropractors. Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans).

How the Program Works

You can visit any participating chiropractor from the ASH Plans network *without* a referral from your Access+ HMO or Added Advantage POS Personal Physician. Simply call a participating provider to schedule an initial exam.

At the time of your first visit, you'll present your Blue Shield identification card and pay only your copayment. Because participating chiropractors bill ASH Plans directly, you'll never have to file claim forms.

If you need further treatment, the participating chiropractor will submit a proposed treatment plan to ASH Plans and obtain the necessary authorization from ASH Plans to continue treatment up to the calendar-year maximum of 30 visits.

What's Covered

The plan covers medically necessary chiropractic services including:

- Initial and subsequent examinations
- Office visits and adjustments (subject to annual limits)
- Adjunctive therapies
- X-rays and laboratory tests (chiropractic only)

Benefit Plan Design

Calendar-year Maximum	30 Visits
Calendar-year Deductible	None
Copayment Per Visit	\$10
Calendar-year Chiropractic Appliance Benefit*1	\$50
Out-of-network Coverage	None

1. Chiropractic appliances are covered up to a maximum of \$50 in a calendar-year as authorized by ASH Plans.

* As authorized by ASH Plans, this allowance is applied toward the purchase of items determined necessary, such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts and home traction units.

Friendly Customer Service

Helpful ASH Plans Member Services representatives are available at (800) 678-9133 Monday through Friday from 6 a.m. to 5 p.m. to answer questions, assist with problems, or help locate a participating chiropractor.

This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the Group Health Service Agreement for the exact terms and conditions of coverage.