

Covered Services	Member's Copayment
Office Visit to a Chiropractor or Acupuncturist	\$10
Maximum Benefits	
Office Visits to a Chiropractor or Acupuncturist	30 visits per calendar year (chiropractic and acupuncture visits combined)
Chiropractic appliances	\$50 per calendar year

Covered Services

Chiropractor Services: An initial examination by an ASHP chiropractor for evaluation of disorders of the neuro-musculoskeletal system. Up to 30 visits combined with acupuncture during a calendar year for the following services are covered, if authorized as medically necessary by ASHP.

1. Diagnostic services, other than diagnostic scanning, when provided during an initial examination or re-examination;
2. Adjustments;
3. Radiological x-rays and laboratory tests; and
4. Medically necessary therapy when provided in conjunction with the visit specifically for spinal or joint adjustment.

The ASHP chiropractor is responsible for obtaining the necessary authorization.

Chiropractic Appliances: Up to \$50 maximum per calendar year for support type devices which are ordered by an ASHP chiropractor, and authorized as medically necessary by ASHP.

Such medical equipment includes:

1. Elbow, back, thoracic, lumbar, rib or wrist supports;
2. Cervical collars or pillows;
3. Ankle, knee, lumbar, or wrist braces;
4. Heel lifts;
5. Hot or cold packs;
6. Lumbar cushions;
7. Orthotics; and
8. Home traction units for treatment of the cervical or lumbar regions.

Acupuncture Services. An initial examination by an ASHP acupuncturist.

Up to 30 visits combined with chiropractic services during a calendar year for the following services are covered, if authorized as medically necessary by ASHP.

Acupuncture. Acupuncture treatment must be provided during each visit, after the initial visit;

Radiological x-rays and laboratory tests; and

Medically necessary therapy when provided in conjunction with the visit specifically for acupuncture.

If a member would like a second opinion with regard to covered services provided by an ASHP chiropractor or acupuncturist, the member will have direct access to another ASHP chiropractic or acupuncturist. The member's visit for purposes of obtaining a second opinion will count as one visit, for purposes of any maximum benefit, and the member must pay any copayment that applies for an office visit.

If ASHP determines that an additional period of rehabilitative care is both medically necessary and likely to result in a significant improvement to a member's condition by measurably reducing his/her physical impairment during that period of additional care, ASHP will authorize a specific number of additional visits.

Chiropractic Care and Acupuncture Rider

Exclusions & Limitations

ASHP Chiropractors and ASHP Acupuncturists: Any services provided by an ASHP chiropractor or an ASHP acupuncturist not authorized by ASHP except for an initial examination. The ASHP chiropractor or ASHP acupuncturist is responsible for obtaining the necessary authorization.

Any services of an ASHP chiropractor or ASHP acupuncturist not specifically stated as covered services under the plan. Any service or supply provided in connection with:

1. Diagnostic scanning, such as magnetic resonance imaging (MRI) or computerized axial tomography (CAT) scans;
2. Thermography;
3. Hypnotherapy;
4. Behavior training;
5. Sleep therapy;
6. Any non-medical program or service;
7. Pre-employment examinations, any non-medically necessary chiropractic or acupuncture services that may be required by an employer, or any non-medically necessary chiropractic examination not intended for diagnosis or treatment of a condition for which there are signs or symptoms;
8. Any office visit other than the initial visit during which a manipulation is not provided;
9. Any service or supply for the examination or treatment of a non-neuro-musculoskeletal condition, or physical therapy not provided in conjunction with a spinal or joint adjustment; or
10. Any service or supply specifically excluded in the Anthem Blue Cross HMO (CaliforniaCare) Evidence of Coverage (EOC) document;
11. Transportation costs including local ambulance charges;
12. Education programs, non-medical self-care or self-help, or any self-help physical exercise training or any related diagnostic testing;
13. Hospitalization, anesthesia, manipulation under anesthesia or other related services;
14. All auxiliary aids and services, including, but not limited to, interpreters, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders and telephone compatible with hearing aids;
15. Adjunctive therapy not associated with spinal, muscle or joint manipulation.

Non-ASHP Chiropractors or non-ASHP Acupuncturists: The services of a non-ASHP chiropractor or a non-ASHP acupuncturist.

Work Related: Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if you do not claim those benefits.

If there is a dispute or substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to workers' compensation, we will provide the benefits of this plan for such conditions, subject to a right of recovery and reimbursement under California Labor Code Section 4903, and as described in the section entitled "Reimbursement for Acts of Third Parties".

Government Treatment: Any services provided by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law.

Chiropractic Appliances: Chiropractic appliances or devices not pre-certified by ASHP, and as specifically stated in the Anthem Blue Cross HMO EOC.

Herbal Supplement. Vitamins, minerals, or other similar products;

Nutritional supplements which are Native American, South American, European or of any other region;

Nutritional supplements obtained by a member through an acupuncturist, health food store, grocery store or by any other means.

Air Conditioners: Air purifiers, air conditioners, humidifiers.

Personal Items: Any supplies for comfort, hygiene or beautification, including therapeutic mattresses.

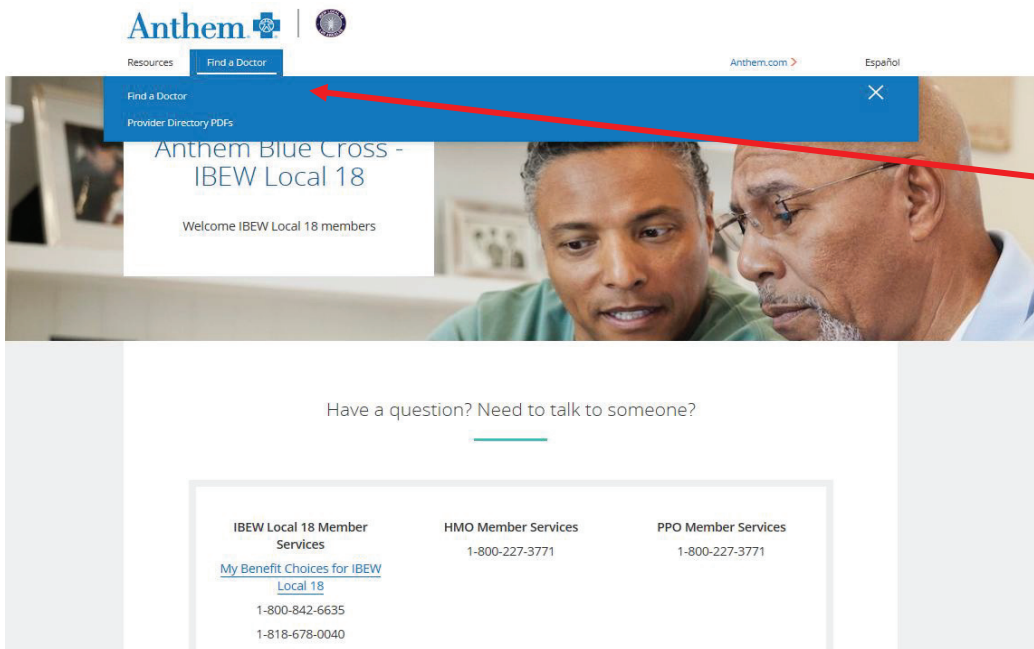
Out-Of-Area and Emergency Care: Out-of-area and emergency care are not covered under this chiropractic care benefit. The member should follow the procedures specified by their Anthem Blue Cross HMO plan to obtain emergency or out-of-area care.

Third Party Liability

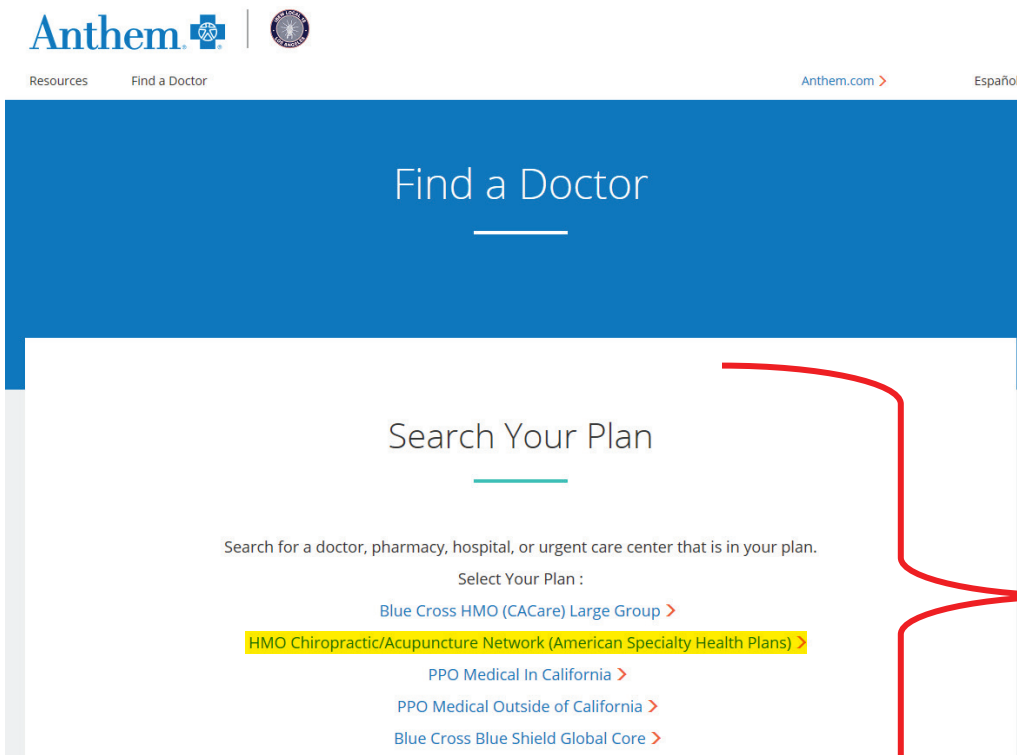
Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent Licensee of the Blue Cross Association. ® ANTHEM is a registered trademark. ® The Blue Cross name and symbol are registered marks of the Blue Cross Association.

1. Log onto <https://www.anthem.com/ca/ibewlocal18/>



2. Click on the "Find a Doctor" link



3. Click on the link that best describes the type of provider you need