100103 CITY OF RIVERSIDE – Senior Advantage HMO 10 with Chiro

Principal Benefits for Kaiser Permanente Senior Advantage (HMO) with Part D (1/1/15—12/31/15)

The Services described below are covered only if all of the following conditions are satisfied:

- The Services are Medically Necessary and in accord with Medicare guidelines
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Southern California Region Service Area, except where specifically noted to the contrary in the *Evidence of Coverage* (*EOC*)

Accumulation Period	
The Accumulation Period for this plan is 1/1/15 through 12/31/15 (calendar year).	
Out-of-Pocket Maximum	
For Services subject to the maximum, you will not pay any more Cost Share during the calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:	
For self-only enrollment (a Family of one Member)	$1,500 per calendar year
For any one Member in a Family of two or more Members	$1,500 per calendar year
For an entire Family of two or more Members	$3,000 per calendar year
Plan Deductible	None
Lifetime Maximum	None
Professional Services (Plan Provider office visits)	**You Pay**
Most Primary Care Visits for evaluations and treatment	$10 per visit
Most Specialty Care Visits for consultations, evaluations, and treatment	$10 per visit
Annual Wellness visit and the Welcome to Medicare preventive visit	No charge
Routine physical exams	No charge
Routine eye exams with a Plan Optometrist	$10 per visit
Hearing exams	$10 per visit
Urgent care consultations, exams, and treatment	$10 per visit
Physical, occupational, and speech therapy	$10 per visit
Outpatient Services	**You Pay**
Outpatient surgery and certain other outpatient procedures	$10 per procedure
Allergy injections (including allergy serum)	$3 per visit
Most immunizations (including the vaccine)	No charge
Most X-rays, annual mammograms, and laboratory tests	No charge
Manual manipulation of the spine	$10 per visit
Hospitalization Services	**You Pay**
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	$200 per admission
Emergency Health Coverage	**You Pay**
Emergency Department visits	$50 per visit
Ambulance Services	**You Pay**
Ambulance Services	$50 per trip
Prescription Drug Coverage	**You Pay**
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items	$10 for up to a 100-day supply
Most brand-name items	$35 for up to a 100-day supply
Durable Medical Equipment (DME)	**You Pay**
Covered durable medical equipment for home use	20 percent Coinsurance
Mental Health Services	**You Pay**
Inpatient psychiatric care	$200 per admission
Individual outpatient mental health evaluation and treatment	$10 per visit
Group outpatient mental health treatment	$5 per visit
Chemical Dependency Services	**You Pay**
Inpatient detoxification	$200 per admission
Individual outpatient chemical dependency evaluation and treatment	$10 per visit
Group outpatient chemical dependency treatment	$5 per visit

(continues)

Proposed Benefit Summary

(continued)

Home Health Services	You Pay
Home health care (part-time, intermittent)	No charge

Other	You Pay
Eyewear purchased at Plan Medical Offices or Plan Optical Sales Offices every 24 months	Amount in excess of $150 Allowance
Skilled nursing facility care (up to 100 days per benefit period)	No charge
External prosthetic and orthotic devices	20 percent Coinsurance
Ostomy and urological supplies	20 percent Coinsurance
Chiropractic Benefit (30 visits per calendar year)	$5 per visit

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

YOUR KAISER PERMANENTE

CHIROPRACTIC BENEFIT

Kaiser Foundation Health Plan, Inc., contracts with American Specialty Health Plans of California, Inc. (ASH Plans), to make the ASH Plans network of Participating Chiropractors available to you. When you need chiropractic care, you have direct access to more than 3,100 licensed chiropractors in California. Just follow these simple steps:

1. Find an ASH Plans Participating Chiropractor near you.
   - Online at **ashcompanies.com/kp**
   - Or call **1-800-678-9133** (TTY users call **711**), weekdays from 5 a.m. to 6 p.m. (Pacific time)
2. Schedule an appointment.
3. Pay for your office visit when you arrive for your appointment.

Services	Cost Sharing and Office Visit Maximums
Chiropractic Services are covered when a Participating Chiropractor finds that the services are medically necessary to treat or diagnose Neuromusculoskeletal Disorders. You can obtain services from any ASH Plans Participating Chiropractor without a referral from a Plan physician.	**Office visit cost share:** $5 copay per visit Office visit limit: 30 visits per year Chiropractic appliance benefit: If the amount of the appliance in the ASH Plans fee schedule exceeds $50, you will pay the amount in excess of $50, and that payment will not apply toward any applicable deductible or out-of-pocket maximum. Covered chiropractic appliances are limited to: elbow supports, back supports, cervical collars, cervical pillows, heel lifts, hot or cold packs, lumbar braces and supports, lumbar cushions, orthotics, wrist supports, rib belts, home traction units, ankle braces, knee braces, rib supports, and wrist braces.
Office visits: Each office visit counts toward the calendar year visit limit even if an adjustment is not provided during the visit.	
X-rays and laboratory tests: Medically necessary X-rays and laboratory tests are covered at no charge when prescribed as part of covered chiropractic care when a Participating Chiropractor provides the Services or refers you to a Participating Provider for the Services.	

Participating Chiropractors

ASH Plans contracts with Participating Chiropractors and other Participating Providers to provide covered Chiropractic Services, including laboratory tests, X-rays, and chiropractic appliances. You must receive covered services from a Participating Provider, except for Emergency Chiropractic Services, Urgent Chiropractic Services, and services that are not available from Participating Providers that are authorized in advance by ASH Plans. The list of Participating Chiropractors is available on the ASH Plans website at **ashcompanies.com/kp** or by calling the ASH Plans Member Services Department toll free at **1-800-678-9133** (TTY users call **711**), weekdays from 5 a.m. to 6 p.m. The list of Participating Chiropractors is subject to change at any time without notice.

How to obtain services: To obtain covered services, call a Participating Chiropractor to schedule an initial examination. If additional services are required, verification that the Services are Medically Necessary may be required. An ASH Plans clinician in the same or similar specialty as the provider of Chiropractic Services under review will decide whether the Chiropractic Services are Medically Necessary Services. ASH Plans will disclose to you, upon request, the process that it uses to authorize a Treatment Plan. For more information about how to obtain covered Chiropractic Services, please refer to the *Chiropractic Services Amendment* of your Health Plan *Evidence of Coverage*.

Emergency and Urgent Chiropractic Services

Covered Emergency Chiropractic Services are provided for the treatment of a sudden and unexpected onset of a Neuromusculoskeletal Disorder, nausea, or pain, which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a reasonable person could expect the absence of immediate Chiropractic Services to result in serious jeopardy to your health or body functions or organs. Covered Urgent Chiropractic Services consist of Chiropractic Services necessary to prevent serious deterioration of the health of a Member, resulting from an unforeseen illness, injury, or complication of an existing condition, including pregnancy, for which treatment cannot be delayed until the Member returns to the Service Area. We cover Emergency Chiropractic Services and Urgent Chiropractic Services provided by both Participating Chiropractors and Non–Participating Chiropractors. We do not cover follow-up or continuing care from a Non–Participating Chiropractor unless ASH Plans has authorized the services in advance. Also, we do not cover services from a Non–Participating Chiropractor that ASH Plans determines are not Emergency Chiropractic Services or Urgent Chiropractic Services.

Second Opinions

You may request a second opinion in regard to covered Services by contacting another Participating Chiropractor. A Participating Chiropractor may also request a second opinion in regard to covered Services by referring you to another Participating Chiropractor in the same or similar specialty.

Your Costs

When you receive covered services, you must pay your Cost Share amount as described in the *Chiropractic Services Amendment* of your Health Plan *Evidence of Coverage*. The Cost Share does not apply toward the out-of-pocket maximum described in the Health Plan *Evidence of Coverage*.

Getting Assistance

If you have a question or concern regarding the services you received from an ASH Plans Participating Provider, you may call ASH Plans Member Services toll free at **1-800-678-9133** (TTY users call **711**), weekdays from 5 a.m. to 6 p.m., or write ASH Plans at:

ASH Plans Member Services
P.O. Box 509002
San Diego, CA 92150-9002

Grievances

You can file a grievance with Kaiser Permanente regarding any issue. Your grievance must explain your issue, such as the reasons why you believe a decision was in error or why you are dissatisfied about services you received. You may submit your grievance orally or in writing to Kaiser Permanente, as described in your Health Plan *Evidence of Coverage*.

Exclusions and Limitations

- Services for asthma or addiction, such as nicotine addiction
- Hypnotherapy, behavior training, sleep therapy, and weight programs
- Thermography
- Experimental or investigational services
- CT scans, MRIs, PET scans, bone scans, nuclear medicine, and any other types of diagnostic imaging or radiology other than X-rays covered under the "Covered Services" section of your *Chiropractic Services Amendment*
- Ambulance and other transportation
- Education programs, non-medical self-care or self-help, any self-help physical exercise training, and any related diagnostic testing
- Services for pre-employment physicals or vocational rehabilitation
- Air conditioners, air purifiers, therapeutic mattresses, chiropractic appliances, durable medical equipment, supplies, devices, appliances, and any other item except those listed as covered under the *Chiropractic Services Amendment*
- Drugs and medicines, including non-legend or proprietary drugs and medicines
- Services you receive outside the state of California except for Emergency Chiropractic Services and Urgent Chiropractic Services
- Hospital services, anesthesia, manipulation under anesthesia, and related services
- For Chiropractic Services, adjunctive therapy not associated with spinal, muscle, or joint manipulations
- Dietary and nutritional supplements, such as vitamins, minerals, herbs, herbal products, injectable supplements, and similar products
- Massage therapy
- Services provided by a chiropractor that are not within the scope of licensure for a chiropractor licensed in California
- Maintenance care (services provided to members whose treatment records indicate that they have reached maximum therapeutic benefit)

Definitions

ASH Plans: American Specialty Health Plans of California, Inc., a California corporation.

Chiropractic Services: Services provided or prescribed by a chiropractor (including laboratory tests, X-rays, and chiropractic appliances) for the treatment of your Neuromusculoskeletal Disorder.

Neuromusculoskeletal Disorders: Conditions with associated signs and symptoms related to the nervous, muscular, or skeletal systems. Neuromusculoskeletal Disorders are conditions typically categorized as structural, degenerative, or inflammatory disorders, or biomechanical dysfunction of the joints of the body or related components of the motor unit (muscles, tendons, fascia, nerves, ligaments/capsules, discs, and synovial structures), and related neurological manifestations or conditions.

Participating Chiropractor: A chiropractor who is licensed to provide chiropractic services in California and who has a contract with ASH Plans to provide Medically Necessary Chiropractic Services to you. A list of Participating Chiropractors is available on the ASH Plans website at **ashcompanies.com/kp**, or by calling the ASH Plans Member Services Department at **1-800-678-9133** (TTY users call **711**). The list of Participating Chiropractors is subject to change at any time, without notice. If you have questions, please call the ASH Plans Member Services Department.

Participating Provider: A Participating Chiropractor or any licensed provider with which ASH Plans contracts to provide covered care, including laboratory tests or X-rays that are covered chiropractic care.

Treatment Plan: A proposed course of treatment for your Neuromusculoskeletal Disorder, which may include laboratory tests, X-rays, chiropractic appliances, and a specific number of visits for chiropractic manipulations, adjustments, and therapies that are Medically Necessary Chiropractic Services for you.

This is only a summary of your chiropractic coverage, and is intended to highlight only the most frequently asked questions about the benefit, including cost shares. Please refer to the *Chiropractic Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for details about the terms and conditions of your chiropractic coverage, including exclusions and limitations, Emergency Chiropractic Services, and Urgent Chiropractic Services. To obtain the amendment to your *Evidence of Coverage*, please contact your group.

Some capitalized terms have special meaning in this document, as described in the "Definitions" section. Please also see the "Definitions" section of your *Chiropractic Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for terms you should know.