



## ALTERNATIVE AND CHIROPRACTIC 10/1000



Your plan's alternative care benefit allows you to receive treatment from alternative care practitioners – defined as naturopaths, acupuncturists, and chiropractors - for certain healthcare services.

Alternative care and Chiropractic services are covered as follows:

Subject to your medical plan's deductible?	No
Your copay (per visit)	\$10
Participating provider benefit after copay	100%
Nonparticipating provider benefit after copay	80%

PacificSource contracts with a network of naturopaths, acupuncturists, and chiropractors so your plan's participating/ nonparticipating/network not available benefit levels also apply to alternative care practitioners. For a listing of participating naturopaths, acupuncturists, and chiropractors in your area, please refer to your plan's participating provider directory, visit our Web site ([www.pacificsource.com](http://www.pacificsource.com)), or call our Customer Service Department.

### ***Covered Services***

- Services of a licensed **naturopath** for medically necessary diagnosis and treatment of illness or injury.
- **Acupuncture services** of a licensed acupuncturist or physician for diagnosis and treatment of illness or injury.
- Services of a licensed **chiropractor** for medically necessary diagnosis and treatment of illness or injury.

### ***Maximum Benefit***

The combined benefit for all treatments, services, and supplies provided or ordered by alternative care practitioners is limited to \$1,000 per person in any calendar year.

### ***Ancillary Services Ordered by Alternative Care Practitioners***

Your alternative care practitioner may perform or order other medically necessary services covered by your health plan, such as laboratory tests, x-rays, radiology, or durable medical equipment. Benefits for those services are paid according to your health plan's Member Benefit Summary, and covered charges for those services will accumulate toward your maximum alternative care benefit.

### ***Excluded Services***

Your alternative care benefit does not cover the following:

- Drugs, homeopathic medicines, or homeopathic supplies furnished by an alternative care practitioner.
- Services of an alternative care practitioner for pregnancy or childbirth.
- Any service or supply not otherwise covered by your plan.
- Any provider not listed under the Covered Services section above.