

# Your Benefit Summary

## Chiropractic Manipulation, Acupuncture and Massage Therapy



### Copay

\$15

### Maximum Calendar Year Benefit

\$1,500 per member

### Important information about your plan

These benefits are offered as an additional option to your medical plan. To view your plan details, register and log in at [myprovidence.com](http://myprovidence.com).

- With this benefit you have access to in-network qualified practitioners, including chiropractors, acupuncturists and massage therapists, for chiropractic manipulations, acupuncture and massage therapy.
- For most plans, your medical plan deductible does not apply to these benefits, and copayment or coinsurance does not apply to your medical plan out-of-pocket maximum.
- For Health Savings Account (HSA) plans, your deductible applies to these benefits. The deductible, copayment, or coinsurance accumulated toward these services do not apply to your plan out-of-pocket maximum and the annual limit on cost sharing.
- Limitations and exclusions apply to your benefits. See your Member Handbook for details.

### About your chiropractic manipulation, acupuncture, and massage therapy benefits

This plan covers chiropractic manipulations, acupuncture and massage therapy when they are:

- Received from an in-network qualified practitioner, including licensed chiropractic physician, acupuncturist or massage therapist, who is practicing within the scope of his or her license;
- Not listed as an exclusion in your Member Handbook.

### What you need to know before you use this benefit

- While you don't need a physician's referral to receive these benefits, you must see a Providence Health Plan in-network provider. To find an in-network provider in your area, go to [ProvidenceHealthPlan.com/findaprovider](http://ProvidenceHealthPlan.com/findaprovider) or call us.
- A copay is required per provider, per date of service. You do not need to meet any applicable medical plan deductibles before receiving this benefit.
- Routine preventive care in the absence of an illness, injury, or disease is not covered.

### Chiropractic manipulation covered services

- Manipulation of the spine, and re-evaluation as necessary.

### Acupuncture covered services

- Acupuncture

### Massage therapy covered services

- Short-term rehabilitative therapy.

## Your guide to the words or phrases used to explain your benefits

#### Copay

The fixed dollar amount you pay to a health care provider for a covered service at the time care is provided.

#### In-Network

Refers to services received from an extensive network of highly qualified physicians, health care providers and facilities contracted by Providence Health Plan for your specific plan.

#### Maximum calendar year benefit

The total dollar amount of benefits, and/or visits, that you can receive per calendar year.

### Contact us

Headquartered in Portland, our customer service professionals have been proudly serving our members since 1986.



Portland Metro Area: **503-574-7500**  
All other areas: **800-878-4445**  
TTY: **503-574-8702** or **888-244-6642**



Have questions about your benefits and want to contact us via e-mail? Go to our Web site at:  
[www.ProvidenceHealthPlan.com/contactus](http://www.ProvidenceHealthPlan.com/contactus)