### Chiropractic Care

Optima Health contracts with American Specialty Health (ASH) to administer this benefit.

**Pre-Authorization is required by ASH for all chiropractic care services.**

Covered services include examination, re-examination, manipulation, conjunctive therapy, radiology, chiropractic appliances (up to a maximum benefit of one (1) appliance per person per year), and laboratory tests related to the delivery of chiropractic services when medically necessary. Coverage is limited to a maximum benefit of 30 visits per year.

The member is responsible for all applicable copayments, coinsurances, and any deductibles depending on the type and place of service as listed on the Plan's Summary of Benefits.

Members should refer to Plan documents for Plan copayments, coinsurances, deductibles, and maximum out-of-pocket amounts, in addition to coverage exclusions and limitations.

**How to receive covered services**

To select an ASH participating provider, you can visit optim Heath.com or call ASH at 1-800-678-9133 Monday–Friday, 8:00 a.m.–9:00 p.m. ET. Contact the participating chiropractic provider of choice to schedule an appointment. No physician referral is required. The ASH chiropractic provider is responsible for obtaining authorization from ASH prior to providing care (except for an initial examination and Emergency Services).

The following are excluded from coverage:

- any services or treatments not authorized by ASH, except for initial examination and Emergency Services
- any services or treatments not delivered by participating chiropractors for the delivery of chiropractic care to members, except for Emergency Services
- services for examinations and/or treatments for conditions other than those related to neuromusculoskeletal disorders from participating chiropractors
- hypnotherapy, behavior training, sleep therapy, and weight programs
- Thermograph
- services, lab tests, X-rays and other treatments not documented as clinically necessary as appropriate or classified as experimental or investigational and/or as being in the research stage
- services and/or treatments that are not documented as medically necessary services
- Magnetic Resonance Imaging, CAT scans, bone scans, and nuclear radiology and any diagnostic radiology other than covered plain film studies
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- transportation costs including local ambulance charges
- education programs, non-medical self-care or self-help or any self-help physical exercise training or any related diagnostic testing
- services or treatments for pre-employment physicals or vocational rehabilitation
- any services or treatments for pre-employment physicals or vocational rehabilitation
- air conditioners, air purifiers, therapeutic mattresses, supplies or any other similar devices or appliances; all chiropractic appliances or durable medical equipment, except as described as covered
- drugs or medicines, including a non-legend or proprietary medicine or medication not requiring a prescription order
- services provided by a chiropractor practicing outside the service area, except for Emergency Services
- hospitalization, anesthesia, manipulation under anesthesia and other related services
- all auxiliary aids and services, including but not limited to, interpreters, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders and telephones compatible with hearing aids
- adjunctive therapy not associated with spinal, muscle or joint manipulation
- vitamins, minerals, or other similar products

Additional Information

Current members with questions regarding benefits may call Member Services at the number on the back of their member ID card or visit optimahealth.com to view Plan documents and find network physicians.

If you are considering enrolling for the first time and have questions, please contact the group’s Benefits Administrator.

A telecommunications device for the hearing impaired can be accessed by dialing 1-800-828-1140 or 711.