

ALTERNATIVE CARE SUPPLEMENTAL BENEFIT

\$15/\$500 LIMIT

SERVICE

BENEFIT

Acupuncture, chiropractic care, massage therapy, and naturopathy

\$15 copayment/\$25 massage therapy, up to \$500 per calendar year. Limit 12 massage therapy visits per calendar year.

Office visits

When you need an appointment, you don't need a referral. There is no deductible to meet or claim form to file.* You pay the copayment directly to the provider when you receive care. Once the \$500 or 12-visit limit has been reached, you pay 100 percent of the cost of services for the remainder of the calendar year. However, as a member you will receive a discount of up to 20 percent.

Participating providers**

The provider network consists of CHP Group chiropractors located in our service area, which extends from Salem, Oregon, through Longview, Washington. A list of current providers is available at chpgroup.com.

Covered services—Acupuncture

Acupuncture treatment influences the health of the body by the insertion of very fine needles. Acupuncture is used primarily to relieve pain, reduce inflammation, and promote healing. Covered services include:

- Evaluation and management.
- Acupuncture.
- Electro-acupuncture.

Covered services—Chiropractic care

Covered services include treatment for the aggravation of a previous illness or injury and treatment for the exacerbation of an existing illness or injury. Pre-existing conditions are not excluded. We cover care that is determined to be medically necessary, such as:

- Evaluation and management.
- Musculoskeletal treatments.
- Physical therapy modalities, such as hot and cold packs.

Covered services—Massage therapy

Therapeutic massage covered service involves the manipulation of soft tissue structures of the body to help alleviate pain, muscle discomfort, and stress by helping to promote health and wellness. We cover up to 12 visits per calendar year. Covered services include:

- Evaluation and management.

*If added to an HSA-qualified deductible plan, this benefit is subject to the deductible. For Added Choice plans, you may need to file a claim form for services from a PPO or non-participating provider or facility.

**If added to Added Choice plans, members may use their benefits at CHP Group, PPO, and non-participating providers and facilities.

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Covered services—Naturopathy

Naturopathic medicine is a natural approach to health and healing that emphasizes a holistic approach to the diagnosis, treatment, and prevention of illness. Naturopathic physicians diagnose and treat patients by using natural modalities such as clinical nutrition, herbal medicine, and homeopathy. Covered services include:

- Evaluation and management.

X-rays and lab tests

If X-rays or lab tests are ordered during a visit, you pay the same copayment you would pay for these services in our facilities.

Service exclusions

The following are not covered under this alternative care benefit:

- Behavioral training and modification, biofeedback, hypnotherapy, play therapy, and sleep therapy.
- Chemical dependency services.
- Dental services, including temporomandibular (TMJ) services.
- Dietary supplements.
- Drugs, over-the-counter and prescription.
- Durable medical equipment, devices or appliances; orthotics; or prosthetics.
- Environmental enhancements; modifications to dwellings, property, or motor vehicles; adaptive equipment; personal lodgings; travel expenses; or meals.
- Fertility services, including reversal of sterilizations.
- Gynecological services.
- Health or exercise classes, aids, or equipment.
- Hearing exams.
- Infertility services.
- The following laboratory services:
 - Comprehensive digestive stool analysis.
 - Cytotoxic food allergy test.
 - Darkfield examination for toxicity or parasites.
 - EAV and electronic tests for diagnosis or allergy.
 - Fecal transient and retention time.
 - Henshaw test.
 - Intestinal permeability.
 - Loomis 24-hour urine nutrient/enzyme analysis.
 - Melatonin biorhythm challenge.
 - Salivary caffeine clearance.
 - Sulfate/creatine ratio.
 - Thermography, hair analysis, heavy metal screening, and mineral studies.
 - Tryptophan load test.
 - Urinary sodium benzoate.
 - Urine/saliva pH.
 - Zinc tolerance test.
- Mental health services of any kind.
- Moxibustion.
- MRIs, diagnostic ultrasounds, CT scans, bone scans, and other special imaging studies.
- Nambudripad allergy elimination technique (NAET).
- Nerve conduction studies, electromyography, computerized muscle testing, or range of motion testing.
- Obesity or weight control.
- Obstetrical services.
- Physical examinations for evaluations and reports required for licensing, school, sports, premarital testing, or court proceedings.
- Physical examinations (other than for purposes of treatment) for vocational rehabilitation.
- Preventive services.
- Proctology services.
- Services designed to maintain optimal health in the absence of symptoms.
- Smoking cessation.
- Surgery.
- X-ray documentation and/or interpretation.

Important: This summary is not a contract. It only briefly summarizes the major provisions of the Agreement between Kaiser Foundation Health Plan of the Northwest and your group. Please consult your *Evidence of Coverage* for complete details of benefits as well as exclusions and limitations. In the event of ambiguity and/or conflict between this synopsis and your *Evidence of Coverage*, the *Evidence of Coverage* shall control.

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