

# Chiropractic and acupuncture for grandfathered (nonmetal) Kaiser Permanente plans\*

- Copay HMO
- Deductible HMO
- Deductible HMO with HRA

Features	Monthly premiums
<b>Office visit copay:</b> \$15 per visit	<b>Employee</b> \$3.11
<b>Office visit limit:</b> 20 combined visits per year	<b>Employee + spouse</b> \$6.22
<b>Chiropractic appliance benefit:</b> Chiropractic appliances are provided up to a maximum of \$50 per year when prescribed and provided by an ASH Plans participating chiropractor as part of your chiropractic care.	<b>Employee + child(ren)</b> \$4.67
<b>X-rays and laboratory tests:</b> \$0	<b>Family</b> \$9.33

\*This coverage isn't available with any metal medical plan or grandfathered (nonmetal) HDHP plan.

## Services

Chiropractic services are covered when a participating chiropractor finds that the services are medically necessary to treat or diagnose neuromusculoskeletal disorders. Acupuncture services are covered when a participating acupuncturist finds that the services are medically necessary to treat or diagnose neuromusculoskeletal disorders, nausea, or pain. You can obtain services from any ASH Plans participating chiropractors and acupuncturists without a referral from a Kaiser Permanente Plan physician.

Services are administered by American Specialty Health Plans of California, Inc.® (ASH Plans).

**Office visits:** Covered services are limited to medically necessary chiropractic and acupuncture services authorized and provided by ASH Plans participating chiropractors and acupuncturists.

**X-rays and laboratory tests:** Medically necessary X-rays and laboratory tests are covered at no charge when prescribed as part of your chiropractic care by a participating chiropractor and provided by an appropriately licensed participating provider that has contracted with ASH Plans to provide those services.

**Emergency chiropractic services and emergency acupuncture services:** Covered chiropractic and acupuncture services are those emergency services provided for the sudden and unexpected onset of an injury or condition affecting the neuromusculoskeletal system. Covered acupuncture services are those emergency services provided for the sudden and unexpected treatment of a neuromusculoskeletal disorder, nausea, or pain. These conditions and injuries must manifest themselves by acute symptoms of sufficient severity, including severe pain, such that a reasonable layperson with no special knowledge of health, medicine, chiropractic care, or acupuncture could reasonably expect that a delay of immediate chiropractic care or acupuncture could result in (1) placing your health in serious jeopardy, (2) serious impairment to your bodily functions, or (3) serious dysfunction of any bodily organ or part.

## Participating chiropractors and acupuncturists

ASH Plans contracts with participating chiropractors and other participating providers to provide covered chiropractic services, including laboratory tests, X-rays, and chiropractic appliances. ASH Plans contracts with participating acupuncturists to provide acupuncture care (including adjunctive therapies, such as acupressure, cupping, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture). You must receive covered services from a participating provider, except for emergency chiropractic and acupuncture services and services that aren't available from participating providers that are previously authorized by ASH Plans. The list of participating chiropractors and acupuncturists is available on the ASH Plans website at [ashlink.com/ash/kp](https://ashlink.com/ash/kp) or from the ASH Plans Member Services Department at **800-678-9133**. The list of participating chiropractors and acupuncturists is subject to change at any time without notice.

## How to obtain covered services

To obtain covered services, call a participating chiropractor or acupuncturist to schedule an initial examination. If additional services are required, your participating chiropractor or acupuncturist will prepare a treatment plan. The ASH Plans Clinical Quality Evaluator will authorize the treatment plan if the services are medically necessary chiropractic services and acupuncture services for you. ASH Plans will disclose to you, upon request, the process that it uses to authorize a treatment plan. If you have questions or concerns, please contact the ASH Plans Member Services Department.

This is a summary and is intended to highlight only the most frequently asked questions about the chiropractic and acupuncture benefit, including copayments. Please refer to the *Combined Chiropractic and Acupuncture Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for a detailed description of the chiropractic and acupuncture benefits, including exclusions and limitations, emergency chiropractic services, and emergency acupuncture services.

Kaiser Foundation Health Plan, Inc. (Health Plan), contracts with ASH Plans to make the ASH Plans network of participating chiropractors and participating acupuncturists available to you. You can obtain covered services from any participating chiropractor or participating acupuncturist without a referral from a Plan physician. Cost sharing is due when you receive covered services. Please see the definitions section of your *Combined Chiropractic and Acupuncture Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for terms you should know.

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## Getting assistance

If you have a question or concern regarding the services you received from a participating provider, you may call ASH Plans Member Services at **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

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## Dispute resolution

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

