

SUMMARY OF CHIROPRACTIC SERVICES	
Premier Plus, Premier, Standard and Basic Plans	
Chiropractic services by Participating Provider	\$20 Patient Copayment plus the PhysMetrics contract rate, subject to maximum rates identified in the fee schedule below.
Chiropractic services by Non-Participating Provider	Plan Pays \$10 Daily Maximum Per Visit, Patient is responsible for the balance.
High Deductible Health Plan (HDHP)	
Chiropractic services by Participating Provider	No Patient Copayment. Patient is responsible for 100% of charges at the point of services, subject to deductible and co-insurance and according to the PhysMetrics fee schedule as specified below.
Chiropractic services by Non-Participating Provider	No Patient Copayment. Patient is responsible for 100% of charges at the point of services, subject to deductible and co-insurance.
LIMITATIONS:	
<ul style="list-style-type: none"> • Chiropractic Diagnostic X-ray Benefit is limited to a \$100 per year maximum. • Unlimited Chiropractic Visits per year, no more than one visit per day, subject to precertification requirements after the twelfth (12) visit, as described below. <p>Written precertification is required for the following services before any claims will be paid. Please call PhysMetrics toll-free at (877) 519-8839 for precertification for the following services:</p> <ul style="list-style-type: none"> • Treatment for Minor Dependents (under 18 years of age) must be precertified by PhysMetrics. In the case of an Emergency or where authorization was unable to be obtained on the first visit, then <u>ONLY</u> the first visit will be covered. • Treatment involving more than twelve (12) visits during the benefit year. After 	

the 12th visit, all services must be precertified by PhysMetrics.

- All Massage Therapy must be precertified for medical necessity by PhysMetrics.
- Additional CPT Codes may require precertification as set forth in the fee schedule below.
- Additional exclusions and limitations are set forth below under the caption "Exclusions and Limitations".

Exclusions and Limitations

The following are specifically excluded from this agreement:

- Services not documented as necessary and appropriate or classified as experimental or investigational chiropractic care
- Diagnostic scanning, including Magnetic Resonance Imaging (MRI), CAT scan and/or other types of diagnostic scanning
- Thermography
- Treatment or services for pre-employment physicals or vocational rehabilitation
- Any treatment or service caused by or arising out of the course of employment or covered under any public liability insurance
- Hypnotherapy, behavioral training, sleep therapy, weight programs, education programs, non-medical self-care or self-help, or any other self-help physical exercise training, or any other related diagnostic testing
- Air conditioners, humidifiers, air purifiers, therapeutic mattress supplies, or any other similar devices and appliances
- Vitamins, minerals, nutritional supplements or other similar products
- Anesthesia, manipulation under anesthesia, hospitalization, or any related service
- Orthotics
- Minors require Precertification by PhysMetrics prior to treatment
- Massage Therapy requires Precertification by PhysMetrics prior to treatment
- Any treatment exceeding 12 visits requires Precertification by PhysMetrics for additional visits
- Additional CPT Codes may require precertification as set forth in the fee schedule
- Any exceptions provided for in the Group Plan Document