

CHIROPRACTIC BENEFIT

Extensive California Service Area

- Over 1,600 participating chiropractors
- Over 1,000 ancillary radiological and clinical laboratory providers

Comprehensive Coverage

- Coverage provided only for disorders of the neuromusculoskeletal system
- Initial and subsequent examinations subject to the annual limits of the plan elected *
- Office visits including adjustments subject to the annual limits of the plan elected *
- Adjunctive therapeutic procedures including ultrasound, electric muscle stimulation, and hot & cold packs
- Diagnostic services including radiology and clinical laboratory services
- \$50 annual chiropractic appliance benefit

ACUPUNCTURE WITH TRADITIONAL CHINESE HERBAL SUPPLEMENT BENEFIT

Acupuncture Benefit

- Over 600 participating acupuncturists
- Over 1,000 ancillary radiological and clinical laboratory providers
- Coverage provided for disorders of the neuromusculoskeletal system; nausea (including nausea related to post-operative pain, chemotherapy, and pregnancy); pain syndromes (including headaches, back pain, and post-operative dental pain); and asthma.
- Initial and subsequent examinations subject to the annual limits of the plan elected *
- Office visits including acupuncture subject to the annual limits of the plan elected *
- Adjunctive therapeutic procedures including acupuncture, cupping, and moxibustion
- Diagnostic services including radiology and clinical laboratory services

Traditional Chinese Herbal Supplement Benefit

- Approximately 150 traditional Chinese herbal supplements are eligible for reimbursement
- ASHP providers obtain authorization for all herbs based on clinical necessity
- Herbs distributed directly to members via mail distribution system
- \$1,000 maximum annual benefit

MONTHLY RATES **

PLAN NUMBER	MAX. VISITS PER YEAR	CO-PAY PER VISIT	HERB CO-PAY (N/A CHIRO. ONLY PLAN)	CHIROPRACTIC ONLY				ACUPUNCTURE & TRADITIONAL CHINESE HERBAL SUPPLEMENTS ONLY				CHIROPRACTIC <i>PLUS</i> ACUPUNCTURE & TRADITIONAL CHINESE HERBAL SUPPLEMENTS			
				EE ONLY	EE AND SPOUSE	EE AND CHILD OR CHILDREN	EE AND FAMILY	EE ONLY	EE AND SPOUSE	EE AND CHILD OR CHILDREN	EE AND FAMILY	EE ONLY	EE AND SPOUSE	EE AND CHILD OR CHILDREN	EE AND FAMILY
01	20	\$15	\$5	\$2.28	\$4.56	\$3.42	\$6.59	\$2.67	\$5.33	\$4.00	\$6.93	\$4.20	\$8.41	\$6.30	\$10.93
02	30	\$15	\$5	\$2.51	\$5.02	\$3.77	\$7.28	\$2.81	\$5.62	\$4.21	\$7.30	\$4.52	\$9.04	\$6.78	\$11.75
03	40	\$15	\$5	\$2.62	\$5.24	\$3.93	\$7.60	\$3.08	\$6.16	\$4.62	\$8.01	\$4.85	\$9.69	\$7.27	\$12.60
04	50	\$15	\$5	\$2.96	\$5.92	\$4.44	\$8.58	\$3.38	\$6.76	\$5.07	\$8.79	\$5.39	\$10.78	\$8.08	\$14.01
05	20	\$10	\$5	\$3.53	\$7.07	\$5.30	\$10.23	\$3.32	\$6.63	\$4.97	\$8.62	\$5.82	\$11.64	\$8.73	\$15.13
06	30	\$10	\$5	\$3.68	\$7.37	\$5.52	\$10.67	\$3.46	\$6.92	\$5.19	\$8.99	\$6.07	\$12.13	\$9.10	\$15.77
07	40	\$10	\$5	\$4.01	\$8.02	\$6.02	\$11.63	\$3.73	\$7.46	\$5.60	\$9.70	\$6.58	\$13.16	\$9.87	\$17.11
08	50	\$10	\$5	\$4.26	\$8.52	\$6.39	\$12.35	\$4.06	\$8.11	\$6.08	\$10.55	\$7.07	\$14.14	\$10.60	\$18.38
09	20	\$5	\$5	\$4.26	\$8.56	\$6.39	\$12.31	\$3.99	\$7.98	\$5.99	\$10.38	\$7.01	\$14.03	\$10.52	\$18.23
10	30	\$5	\$5	\$4.45	\$8.90	\$6.68	\$12.91	\$4.10	\$8.19	\$6.14	\$10.65	\$7.26	\$14.53	\$10.89	\$18.88
11	40	\$5	\$5	\$4.51	\$9.02	\$6.77	\$13.05	\$4.23	\$8.45	\$6.34	\$10.99	\$7.42	\$14.85	\$11.14	\$19.30
12	50	\$5	\$5	\$4.88	\$9.76	\$7.32	\$14.15	\$4.51	\$9.02	\$6.77	\$11.73	\$7.98	\$15.96	\$11.97	\$20.75
13	20	\$0	\$0	\$4.65	\$9.30	\$6.98	\$13.49	\$4.65	\$9.30	\$6.98	\$12.09	\$7.91	\$15.81	\$11.86	\$20.55
14	30	\$0	\$0	\$4.86	\$9.72	\$7.29	\$14.09	\$4.78	\$9.56	\$7.17	\$12.43	\$8.19	\$16.39	\$12.29	\$21.30
15	40	\$0	\$0	\$4.93	\$9.86	\$7.40	\$14.30	\$4.94	\$9.88	\$7.41	\$12.84	\$8.39	\$16.78	\$12.58	\$21.81
16	50	\$0	\$0	\$5.33	\$10.63	\$8.00	\$15.41	\$5.28	\$10.56	\$7.92	\$13.73	\$9.02	\$18.04	\$13.53	\$23.45

* All services after the initial examination require authorization based on clinical necessity; other services are not covered. This is a brief summary of the benefit options. Contact ASHP for more information and a complete proposal

** Rates valid for employers with 2-50 covered employees (some limitations apply). Contact ASHP for details or rates for larger groups.