

SCHEDULE OF BENEFITS

Alternative/Complimentary Care

Please note: This benefit summary provides a brief description of your health care plan benefits and is not a guarantee of payment. Please refer to your plan booklet for a complete list of benefits and the limitations and exclusions that apply.

We will pay benefits for services when provided by licensed providers of chiropractic, acupuncture, naturopathic medicine, and massage therapy.

Benefit Features	We Pay
Office visits	100% after \$20 copayment*
Annual Maximum	\$1,500
Diagnostic X-rays ordered by a chiropractor	100%

*These copayments do not accumulate towards the deductible and stop loss of your group policy.

Exclusions and Limitations

- Exclusions for Chiropractic benefits:
 - Minor surgery, proctology, and OB-GYN services.
- Exclusions for Acupuncture benefits:
 - Intradermal needles.
 - Non-FDA approved disposable needles.
- Exclusions for Naturopathic benefits:
 - Hearing exams for purposes of prescribing hearing aids.
 - Infertility services, reversals of sterilization.
 - Manipulative therapy provided for maintenance care.
 - Tests:
 1. EVA and electronic tests for diagnosis and allergy
 2. Tryptophan load test
 3. Zinc tolerancy test
 4. Loomis 24 hour urine nutrient/enzyme analysis
 5. Darkfield examination for toxicity or parasites
 6. Comprehensive digestive stool analysis
 7. Urine saliva pH
 8. Cytotoxic food allergy test
 9. Salivary caffeine clearance
 10. Sulfate/creatinine ratio
 11. Urinary sodium benzoate
 12. Fecal transient & retention time
 13. Melatonin biorhythm challenge
 14. Intestinal permeability
 15. Henshaw test
 - Dental Services
- Exclusions for Massage Therapy benefits:
 - Any massage therapy outside the massage therapist's scope of license.
 - Educational programs, non-medical self-care, self help training, or any related diagnostic training, except that which occurs during the normal course of covered massage therapy treatment.
- Exclusions – Applicable to all disciplines (Acupuncture, Chiropractic, Naturopathic and Massage Therapy)
 - Any service provided for maintenance care, which is defined as any treatment program designed to maintain optimal health in the absence of symptoms.
 - Treatment of alcohol, drug or chemical dependency in a specialized inpatient or residential facility.
 - Any services in excess of those necessary for maximum improvement. This includes maintenance care and supportive care when physician dependence, somatization, illness behavior, or secondary gain exists.

- Behavioral training and modification, including but not limited to, biofeedback, hypnotherapy, play therapy, and sleep therapy.
- Charges incurred as a result of a missed appointment or an appointment not cancelled.
- Costs or charges incurred for which the Enrollee is not legally required to pay for professional services rendered by a person who resides in the Enrollee's home, or who is related to the Enrollee by marriage or blood (including parents, children, sisters, brothers, or foster children).
- Cosmetics, dietary supplements, recreation, health or beauty classes, aids or equipment.
- Devices or appliances, durable medical equipment, supplies, appliances or prosthetics.
- Disorders connected to military service, any treatment or service to which the enrollee is legally entitled through the United States Government or for which facilities are available.
- Expenses incurred for any services provided before coverage begins or after coverage ends according to the terms of the Combined Benefit Plan.
- Expenses incurred as a result of treatment or service for pre-employment, school entrance, or athletic physical examinations.
- Experimental treatment including laboratory tests, x-rays, and services that are provided primarily for medical research purposes.
- Over the counter drugs, medications (prescription or non-prescription) including vitamins, minerals, nutritional or dietary supplements, or any other supply or product whether or not prescribed.
- Personal or comfort items, environmental enhancements, modifications to dwellings, property or motor vehicles, adaptive equipment, and training in the use of the equipment, personal lodging, travel expenses or meals.
- Physical exams, vocational rehabilitation, treatment of workers' compensation illnesses or injuries, evaluation and reports such as those for employment, licensing, schools, sports, premarital or required for court proceedings.
- Preventive care, educational programs. Non-medical self-care, self help training, or any related diagnostic training, except that which occurs during the normal course of covered treatment.
- Public facility care in which services or care are required by federal, state or local law.
- Radiological procedures performed on equipment not certified, registered or licensed by the State of Oregon, and/or radiological procedures that, when reviewed by the health plan or its designee, are determined to be of such poor quality that they cannot safely be utilized in diagnosis or treatment.
- Services considered experimental or investigational.
- Services and charges for the condition under treatment from the time the patient refuses for personal reasons, to accept a recommended treatment or procedure after being advised that the treating Participating Provider believes no professionally acceptable alternative exists.
- Services furnished by a facility which is primarily for rest, custodial care, a place for the aged, a nursing home or any facility of like character.
- Services provided in an emergency room.
- Services provided on an inpatient basis.
- Services not provided in a Participating Provider's office and/or requiring anesthesia.
- Services or costs exceeding the maximum allowable benefit for the contract year.
- Services deemed not medically necessary by the health plan, or its designee.
- Thermography, hair analysis, heavy metal screening and mineral screenings.
- Transportation services, including ambulances and care cars.
- Treatment for purposes of obesity or weight control, to include any weight control supplies or products.
- Treatment for accidental bodily injury or sickness that arises out of, or in the course of any employment including self-employment, or which is covered under any Workers' Compensation Act or Law.