

**SUMMARY OF
BENEFITS –
Corvallis School District Certified**



**AltCare+Chiro
Benefit
\$2500 Maximum**

Your package includes an alternative care benefit with an annual maximum of \$2,500 per person per calendar year.

This alternative care benefit allows members to receive treatment from alternative care practitioners – defined as **naturopaths, acupuncturists, and chiropractors** - for certain healthcare services.

Services of these alternative care practitioners are subject to the same copayments, coinsurance, and deductibles that apply to other covered services under the health plan. (For example, office visits to alternative care practitioners are covered the same as office visits to physicians.)

PacificSource contracts with a network of naturopaths, acupuncturists, and chiropractors so the plan's participating/nonparticipating/network not available benefit levels also apply to alternative care practitioners.

Covered Services

- Services of a licensed **naturopath** for medically necessary diagnosis and treatment of illness or injury.
- Acupuncture services of a licensed **acupuncturist** or physician for diagnosis and treatment of illness or injury.
- Services of a licensed **chiropractor** for medically necessary diagnosis and treatment of illness or injury.

Maximum Combined Benefit

The combined benefit for all treatments, services, and supplies provided or ordered by alternative care practitioners is limited to the amount shown on the rate page of your proposal.

This benefit has a maximum of \$2,500 per person per calendar year.

Ancillary Services Ordered by Alternative Care Practitioners

Alternative care practitioners may perform or order other medically necessary services covered by the health plan, such as laboratory tests, x-rays, radiology, or durable medical equipment. Benefits for those services are paid according to the health plan's Summary of Benefits, and covered charges for those services will accumulate toward the maximum alternative care benefit.

Excluded Services

The alternative care benefit does not cover the following:

- Drugs, homeopathic medicines, or homeopathic supplies furnished by an alternative care practitioner.
- Services of an alternative care practitioner for pregnancy or childbirth.
- Providers not specified as eligible for reimbursement under Covered Services above (massage therapists are not eligible providers).
- Any service or supply not otherwise covered by the plan.