

# SCHEDULE OF BENEFITS

## Chiropractic/Acupuncture Benefit

Your Employer Group has contracted with Landmark Healthplan of California, Inc. (Landmark) to provide you with a combined chiropractic and acupuncture benefit that requires the use of Participating Chiropractors and Acupuncturists. You can obtain a directory of Participating Chiropractors and Acupuncturists through your employer, plan administrator, or Landmark, or you can access a continuously updated directory on Landmark's Web site at [www.LHP-CA.com](http://www.LHP-CA.com) under the "Member" option. You may also call Landmark's Customer Service Department at 1-800-298-4875, option 2, for referrals to Participating Practitioners in your area.

### FREE LANGUAGE ASSISTANCE IS AVAILABLE

If you need help in understanding your Landmark chiropractic or acupuncture benefits or need help to handle an issue about your benefits, please contact Landmark's Customer Service Department at 1-800-298-4875, option 2 between 5:30 AM and 5 PM, Monday through Friday, for free help. We can also help you in languages other than English.

If you or your dependents would like Landmark and your doctor to use a specific language when speaking or writing to you, please go to <https://www.LHP-CA.com/Survey.aspx> on the Internet and complete Landmark's brief language preference survey. The survey only takes about 3 minutes to complete and your answers will be strictly confidential. If you prefer to complete a paper copy of this survey, you may request one by writing to us at:

Landmark Healthplan of California, Inc.  
Attn: QM Dept. - SURVEY  
2629 Townsgate Road, Suite 235  
Westlake Village, CA 91361

<b>Benefits and Co-payments</b>	
Office Visit	[\$5, \$7 \$10, \$15 and \$20] copayment
Maximum Annual Visits	[20, 24, 30, 36 or 40] visits
X-ray Services*	\$75 annual maximum benefit
Emergency Care**	Same co-payment as office visit
Durable Medical Equipment Purchase or Rental***	\$50 annual maximum benefit
Acupuncture Herbal Therapies****	\$5 co-payment per bottle / \$500 annual max benefit

\*X-ray Services must be prescribed by a Participating Chiropractor.

\*\*Services provided by Non-Participating Practitioners are covered for Emergency Services only.

\*\*\*Durable Medical Equipment must be prescribed by a Participating Chiropractor.

\*\*\*\*Herbal therapies must be prescribed by a Participating Acupuncturist.

### A. Covered Services

#### 1. Chiropractic Treatment

Covered Chiropractic Services are those within the scope of chiropractic care that are supportive to help Members achieve the physical state enjoyed before an injury or illness and that are furnished for the diagnosis and/or treatment of a neuromusculoskeletal condition associated with an injury or illness including the following services:

- Examinations
- Manipulation

- Conjunctive Physiotherapy
- X-rays
- Emergency Services

#### 2. Acupuncture Treatment

Covered Acupuncture Services are those services within the scope of acupuncture care for the treatment of neuromusculoskeletal pain resulting from an injury or illness, or for the treatment of uncomplicated adult asthma (that which is not affected by another condition or disease), allergic rhinitis, post-operative or chemotherapy nausea and vomiting, nausea of preg-

nancy, post-operative (including dental) pain, headaches and low-back pain. Services include the following:

- Acupuncture
- Electro-acupuncture
- Moxibustion
- Cupping
- Acupressure

### **3. Acupuncture Herbal Therapies**

Herbal therapies are for oral ingestion or external application of naturally occurring botanical, animal, or mineral substances, to support normal structure and function of the human body according to the principles of traditional Oriental Medicine. These therapies are covered up to the annual maximum benefit amount when they are prescribed by a Participating Acupuncturist and do not include substances banned by the Food and Drug Administration and/or the Food and Drug Branch of the California Department of Health Services.

### **4. Emergency Services**

Emergency Services are covered for the sudden and unexpected onset of an acute illness, extreme neuromusculoskeletal pain or accidental injury to the nervous, musculoskeletal and/or skeletal body systems, that, in the reasonable judgment of the Member, requires immediate care, the delay of which could decrease the likelihood of maximum recovery, and for which the Member seeks to secure chiropractic or acupuncture services immediately after the onset, or as soon thereafter as practicable. Emergency Services do not require pre-authorization; however, Emergency Services rendered by a Non-Participating Practitioner are subject to Landmark's determination that the Member would reasonably have considered that Emergency Services were required.

Emergency Services rendered by a Non-Participating Practitioner are covered only when the practitioner rendering services can show that the services were for a neuromusculoskeletal condition and/or illness and were provided to reduce the severity of the condition including pain until a Participating Practitioner could safely assume treatment. Similarly, Emergency Services received outside of Landmark's Service Area will be covered only when the Non-Participating Practitioner rendering services can show that the services were for a neuromusculoskeletal condition and/or illness and were provided to reduce the severity of the condition including pain until a Participating Practitioner could safely assume treatment. Under the Landmark Plan, emergency care must be transferred to a Participating Practitioner as soon as such transfer would not create an unreasonable risk to the Member's health.

## **B. Second Opinions and Referrals**

### **1. Second opinions**

On occasion, a Participating Practitioner may require a second opinion, which is for consultation only, from another practitioner. Landmark does not require an authorization for any second opinion. Second opinions initiated by your Participating Practitioner will not count against your maximum annual visits and will not require a Member office visit co-payment. Second opinions initiated by Members will count against the maximum annual visits and will require a Member office visit co-payment.

### **2. Referrals to non-chiropractic and/or non-acupuncture practitioners**

For referrals to non-chiropractic and/or non-acupuncture practitioners, Members or enrollees of full-service plans or HMOs will be referred to the plan or HMO practitioner network for non-neuromusculoskeletal conditions, conditions not improving with chiropractic and/or acupuncture care, and other such services that cannot be provided by another Participating Practitioner.

## **C. Limitations and Exclusions**

### ***Circumstances Causing Services to be Excluded or Limited***

1. Services provided by a Non-Participating Practitioner, except for emergencies
2. Services provided outside of Landmark's Service Area, except for emergencies
3. Services incurred prior to the beginning or after the end of coverage
4. Services that exceed the combined maximum covered visits for the benefit year
5. Charges incurred for missed appointments
6. Educational programs
7. Pre-employment, school entrance, or athletic physical exams
8. Services for conditions arising out of employment, including self-employment or covered under any workers' compensation act or law
9. Services for any bodily injury arising from or sustained in an automobile accident that is covered under an automobile insurance policy
10. Charges for which the Member is not legally required to pay
11. Services rendered by a person who ordinarily resides in the Member's home or who is related to the Member by marriage or blood.

### ***Specific Services that are Excluded or Limited***

1. Experimental or investigational services
2. Vocational or long-term rehabilitation
3. Hypnotherapy, behavior training, sleep therapy, or biofeedback
4. Rental or purchase of Durable Medical Equipment (DME)
5. Treatment primarily for purposes of weight control
6. Lab services

7. Thermography, hair analysis, heavy metal screening, or mineral studies
8. Transportation costs, including ambulance charges
9. Inpatient services
10. Advanced diagnostic services, such as MRI, CT, EMG, SEMG, and NCV

***Chiropractic Only Limitations/Exclusions***

1. Drugs, vitamins, nutritional supplements, or herbs
2. Massage
3. Manipulation under anesthesia
4. Services related to diagnosis and treatment of jaw joint or TMJ disorders
5. Treatment of non-neuromusculoskeletal disorders
6. X-ray services that exceed the annual maximum benefit

***Acupuncture Only Limitations/Exclusions***

1. Drugs, vitamins, nutritional supplements, or herbs, except as specified in the Schedule of Benefits
2. Massage
3. X-rays of any kind
4. Services related to addiction, including smoking cessation
5. Treatment of non-neuromusculoskeletal disorders except for those described under "Acupuncture Treatment" above