

**NOTE: Starting in 2026, as groups renew, the Small Group Capital plans will change with regards to Chiropractic coverage. Be sure to check with your employer regarding your coverage.**

# **CAPITAL PLAN**

## **SCHEDULE OF BENEFITS**

Western Health Advantage has contracted with Landmark Healthplan of California, Inc. (Landmark) to provide you with an acupuncture benefit that requires the use of Participating Acupuncturists. You can obtain a directory of Participating Acupuncturists through 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 "Western Health Advantage" option. You may also call Landmark's Customer Service Department at **1-800-298-4875** for referrals to Participating Practitioners in your area.

### **FREE LANGUAGE ASSISTANCE IS AVAILABLE**

If you need help in understanding your Landmark acupuncture benefits or need help to handle an issue about your benefits, please contact Landmark's Customer Service Department at 1-800-298-4875 between 8:30 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 Rd. No. 235  
Westlake Village, CA 91361

| <b>Benefits and Copayments</b> |   |
|--------------------------------|---|
| Office Visit for Acupuncture   | If your plan includes Acupuncture benefits, additional details will appear on your medical plan Copayment Summary.  |
| Office Visit for Chiropractic  | If your plan includes Chiropractic benefits, additional details will appear on your medical plan Copayment Summary. |
| Maximum Annual Visits          | 20 visits for chiropractic when covered; unlimited medically necessary acupuncture visits                           |
| Emergency Care*                | Same Copayment as office visit  |
| Chiropractic X-rays            | \$75 annual maximum benefit when covered.   |

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

## **A. Covered Services**

### **1. Acupuncture Treatment of Injury or Illness**

Covered Acupuncture Services are those within the scope of acupuncture care that are supportive and Medically Necessary for the treatment of neuromusculoskeletal pain resulting from an injury or illness, or for the treatment of uncomplicated adult asthma (that which is not effected by another condition or disease), allergies, post-operative or chemotherapy nausea and vomiting, nausea of pregnancy post-operative (including dental) pain, fibromyalgia, headaches and low-back pain. Services include the following:

- Acupuncture
- Electro-acupuncture

- Moxibustion
- Cupping
- Acupressure, only when acupuncture is contraindicated
- Emergency Services

### **2. 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 acupuncture services immediately after the onset, or as soon thereafter as practicable. Emergency Services do not require pre-authorization; however, they are subject to Landmark's determination that the Member would reasonably have considered that Emergency Services were required and Medically Necessary and appropriate.

Emergency Services rendered by a Non-Participating Acupuncturist are covered only when the acupuncturist rendering services can show that the services were Covered Acupuncture Services and were provided to reduce the severity of the condition including pain until a Participating Acupuncturist could safely assume treatment. Similarly, Emergency Services received outside of Landmark's Service Area will be covered only when the Non-Participating Acupuncturist rendering services can show that the services were for Covered Acupuncture Services and were provided to reduce the severity of the condition including pain until a Participating Acupuncturist could safely assume treatment. Under the Landmark Plan, emergency care must be transferred to a Participating Acupuncturist 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 Acupuncturist may require a second opinion, which is for consultation only, from another acupuncturist. Landmark does not require an authorization for any second opinion. Second opinions initiated by your Participating Acupuncturist will not require a Member office visit copayment. Second opinions initiated by Members will require a Member office visit copayment.

### **2. Referrals to non-acupuncture practitioners**

For referrals to 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 acupuncture care, and other such services that cannot be provided by another Participating Acupuncturist.

## **C. Limitations and Exclusions**

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

1. Services provided by a Non-Participating Acupuncturist, except for emergencies, or as authorized by Landmark
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. Charges incurred for missed appointments
5. Educational programs
6. Pre-employment, school entrance, or athletic physical exams
7. Services for conditions arising out of employment, including self-employment or covered under any workers' compensation act or law
8. Services for any bodily injury arising from or sustained in an automobile accident that is covered under an automobile insurance policy
9. Charges for which the Member is not legally required to pay
10. 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. Drugs, vitamins, nutritional supplements, or herbs,
2. Experimental or investigational services.
3. Services not Medically Necessary as determined by Landmark
4. Vocational or long-term rehabilitation
5. Hypnotherapy, behavior training, sleep therapy, or biofeedback
6. Rental or purchase of Durable Medical Equipment (DME)
7. Treatment primarily for purposes of weight control
8. Lab services
9. Thermography, hair analysis, heavy metal screening, or mineral studies
10. Transportation costs, including ambulance charges
11. Inpatient services
12. Massage or soft-tissue techniques
13. Advanced diagnostic services, such as MRI, CT, EMG, SEMG, and NCV
14. X-rays of any kind
15. Services related to addiction, including smoking cessation

