

# IMPORTANT BENEFIT NOTICE: Chiropractic Coverage

To Our Members,

There is a misprint in our 2011 Evidence of Coverage regarding your Chiropractic coverage.

We are very pleased that the Trust has the only plan for state employees that covers chiropractic services. This letter is to inform you of the correct coverage details.

***This benefit is unchanged from 2010.*** The information concerning Chiropractic coverage appears on page 43 of the 2011 EOC and should read as follows:

## **Z. Chiropractic Services**

Benefits are provided for medically necessary chiropractic services up to a maximum of 20 visits per calendar year for routine chiropractic care when received from an American Specialty Health Plans of California, Inc. (ASHP) Participating Provider. This benefit includes an initial examination and subsequent office visits, adjustments, and conjunctive therapy as authorized by ASHP up to the benefit maximum specified above. Benefits are also provided for X-rays and laboratory tests.

**Chiropractic appliances are covered up to a maximum of \$50 in a calendar year as authorized by ASHP Plans as Medically Necessary for the treatment of either Neuromusculoskeletal Disorders or Pain Syndromes or both.** *(This benefit coverage was incorrectly omitted in the 2011 EOC).*

You will be referred to your Personal Physician for evaluation of conditions not related to a neuromusculo-skeletal disorder, and for evaluation for non-covered services such as diagnostic scanning (CAT scans or MRIs).

A referral from your Personal Physician is not required. All covered services must be prior authorized by ASHP, except for (1) the medically necessary initial examination and treatment by a Plan provider, and (2) emergency services.

Note: ASHP will respond to all requests for prior authorization within 5 business days from receipt of the request. Services received from a provider who does not participate in the ASHP network will not be covered except for emergency services and in certain circumstances, in counties in California in which there are no ASHP Participating Providers.

Copayment: \$15 per visit.

If there are any member issues associated with this error, Blue Shield of California will cover the cost of the \$50 appliance benefit administratively.

We apologize for any confusion or inconvenience this may have caused. If you have any questions, please call the Trust.

## **We've Got You Covered.**

### **1-800-In-Unit-6**

**1-800-468-6486**

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