

Chiropractic Schedule of Benefits Offered by ACN Group of California, Inc.

Benefit Plan:

\$10 Copayment per Visit

30 Visit Annual Maximum Benefit

UnitedHealthcare of California makes available to you and your eligible dependents programs that are included as part of your coverage chiropractic benefit. This program is provided through an arrangement with the ACN Group of California, Inc. d/b/a OptumHealth Physical Health of California (OptumHealth).

How to Use the Program

With this benefit, you have direct access to more than 3,000 credentialed chiropractors servicing California. You are not required to predesignate a Participating Provider or to obtain a medical referral from your primary care physician prior to seeking chiropractic services. Additionally, you may change participating chiropractors at any time.

If these services are covered services, you simply pay your copayment or coinsurance at each visit. There are no deductibles or claim forms to fill out. Your Participating Provider coordinates all services and billing directly with OptumHealth. Members are responsible for any changes resulting from non-covered services.

Annual Benefits

Benefits include chiropractic services that are Medically Necessary services rendered by an Optum Health Participating Provider. In the case of chiropractic services, the services must be for Medically Necessary diagnosis and treatment to reduce pain and improve functioning of the neuromusculoskeletal system.

Calculation of Annual Maximum Benefit Limits

Each visit to a Participating Provider, as described below, requires a copayment by the Member. A maximum number of visits per year will apply to each member.

Chiropractic Services: Adjunctive therapy is allowed at each office visit. If adjunctive therapy is provided without a chiropractic adjustment, the adjunctive therapy will count as an office visit toward the maximum benefit. If an examination or re-examination

is supplied without an adjustment, the examination or re-examination will count as an office visit toward the maximum benefit.

Provider Eligibility

OptumHealth only contracts with duly licensed California chiropractors. Members must use OptumHealth Participating Providers to receive their maximum benefit.

Types of Covered Services

Chiropractic Services:

1. An initial examination is performed by the OptumHealth participating chiropractor to determine the nature of the member's problem, and to provide, or commence, in the initial examination, Medically Necessary services to the extent consistent with professionally recognized standards of practice. At that time, a treatment plan of services will be provided. The initial examination will be provided to a Member if the Member seeks services from a participating chiropractor for any injury, illness, disease, functional disorder or condition. A copayment will be required for such an examination.
Subsequent office visits, as set forth in the treatment plan, may involve a chiropractic adjustment, a brief re-examination and/or a combination of services. A copayment will be required for each office visit.
2. Adjunctive therapy, as set forth the treatment plan, may involve therapies such as ultrasound, electrical muscle stimulation and other therapies.
3. A re-examination may be performed by the participating chiropractor to assess the need to continue, extend or change a treatment plan. A re-evaluation may be performed during a subsequent office visit or separately. If performed separately, a copayment will be required.
4. X-rays and laboratory tests are a covered benefit in order to examine any aspect of the member's condition.
5. Chiropractic appliances are payable up to a maximum of \$50 per year when prescribed by an OptumHealth participating chiropractor.

Important OptumHealth Addresses:

Member Correspondence

ACN Group of California, Inc.
Attn.: Member Correspondence Unit
P.O. Box 880009
San Diego, CA 92168

Grievances and Complaints

ACN Group of California, Inc.
Attn.: Grievance Coordinator
P.O. Box 880009
San Diego, CA 92168

Exclusions and Limitations

Benefits do not include services that are not described under the Covered Services contained elsewhere in the Evidence of Coverage (EOC) provided to a member. The following accommodations, services, supplies and other items are specifically excluded from coverage as referenced in the EOC:

1. Any accommodation, service, supply or other item determined by Health Plan not to be Medically Necessary;
2. Any accommodation, service, supply or other item not provided in compliance with the Managed Care Program;
3. Any accommodation, service, supply or other item that are not related to the member's condition, not likely to result in sustained improvement, or do not have defined endpoints, including maintenance, preventive or supportive care.
4. Services provided for employment, licensing, insurance, school, camp, sports, adoption, or other non-Medically Necessary purposes, and related expenses for reports, including report presentation and preparation;
5. Examination or treatment ordered by a court or in connection with legal proceedings unless such examinations or treatment otherwise qualify as Covered Services under this document;
6. Experimental or investigative services unless required by an external, independent review panel as described in 16.5 of the EOC;
7. Services provided at a hospital or other facility outside of a Participating Provider's facility;
8. Holistic or homeopathic care including drugs and ecological or environmental medicine;
9. Services involving the use of herbs and herbal remedies;
10. Treatment for asthma or addiction (including but not limited to smoking cessation);
11. Any services or treatments caused by or arising out of the course of employment and covered under Workers' Compensation;
12. Transportation to and from a provider;
13. Drugs or medicines;
14. Intravenous injections or solutions;
15. Charges for services provided by a Provider to his or her family Member(s);
16. Charges for care or services provided before the effective date of the Member's coverage under the Group Enrollment Agreement or after the termination of the Member's coverage under the Group Enrollment Agreement, except as otherwise provided in the Group Enrollment Agreement;
17. Special nutritional formulas, food supplements such as vitamins and minerals, or special diets;
18. Sensitivity training, electrohypnosis, electronarcosis, educational training therapy, psychoanalysis, treatment for personal growth and development, treatment for an educational requirement, and services relating to sexual transformation;
19. Claims by Providers who or which are not Participating Providers, except for claims for out-of-network Emergency Services or Urgent Services, or other services authorized by Health Plan;
20. Ambulance services;
21. Surgical services;
22. Services relating to Member education (including occupational or educational therapy) for a problem not associated with a Chiropractic Disorder, unless supplied by the Provider at no additional charge to the Member or to Health Plan;
23. Non-Urgent services performed by a provider who is a relative of Member by birth or marriage, including spouse or Domestic Partner, brother, sister, parent or child; and
24. Emergency Services. If a Member believes he or she requires Emergency Services, the Member should call 911 or go directly to the nearest hospital emergency room or other facility for treatment. Medical Emergencies are covered by the Member's medical plan.

ACN Group's Web site Address:

<http://www.myoptumhealthphysicalhealthofca.com>

Customer Service:

1-800-624-8822

711 (TTY)

www.uhcwest.com

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