

Supplemental Coverage

Chiropractic Plan: \$20 copay, 20 visits

This supplemental chiropractic coverage enhances your health care plan, providing coverage of chiropractic services for the diagnosis and treatment of neuromusculoskeletal disorders. Services are obtained through the provider network and performed in the participating chiropractor's office.

Benefits and Coverage Summary

The services listed below are covered for up to 20 medically necessary visits per calendar year.

- Chiropractic manipulations and adjustments
- Diagnostic x-rays generally provided by participating chiropractors
- Treatment for neuromusculoskeletal conditions
- The member pays a \$20 copayment for each chiropractic office visit under the terms of this supplemental coverage.
- Services beyond the initial evaluation require Rocky Mountain Health Plans preauthorization.
- All services must be obtained from participating chiropractors.
- Services or costs exceeding the member's contract year maximum visit benefit are the financial responsibility of the member. Charges for visits in excess of the contract year maximum visit benefit will not exceed the agreed upon fee schedule rates in effect at the time of service.

Coverage Limitations and Exclusions

For complete details on supplemental benefits and limitations and exclusions, see the applicable RMHP contract.

Colorado law requires carriers to make available a Colorado Health Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

An access plan is available for each managed care network offered by Rocky Mountain Health Plans to any interested party upon request. Such access plans contain information on providers, hospitals, referral and grievance procedures, quality assurance, access for members with special needs, emergency coverage provisions, and other information on how to access services.

COLORADO INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN COLORADO TO SMALL EMPLOYERS OF 2-50 EMPLOYEES, INCLUDING A BASIC OR STANDARD HEALTH BENEFIT PLAN, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP. BUSINESS GROUPS OF ONE CANNOT BE REJECTED UNDER A BASIC OR STANDARD HEALTH BENEFIT PLAN DURING OPEN ENROLLMENT PERIODS AS SPECIFIED BY LAW.

For small employer groups, see the enclosed Disclosure Notice for Small Employer Groups, which is incorporated into this document by reference.

The contents of this benefits summary are subject to the provisions of the Health Benefits Contract and Plan Attachments, which contain all terms and conditions of membership and benefits.