



## College-Wide Benefits Committee

### Minutes of the Meeting October 28, 2014

#### I. Call to Order

The meeting was called to order at 2:08 pm.

#### II. Committee Members

<u>CSEA</u>	<u>Faculty Association</u>	<u>Management</u>
Barton, Willis	Fran Chandler, Co-Chair	Marcy Wade, Co-Chair
Lauer, LeRoy	Sinclair, Linda	Lee-Lewis, Sherri
Rojas, Anna	Zehr, David	Vasquez, Al

Guests: Charlie Yen (on behalf of Management)  
Peter Morse (on behalf of Faculty Association)

Resource Staff: Laurie Heyman, Administrative Assistant to VP-HR  
Lugina Rogers, HR Analyst-Leaves& Benefits

Absent: Rojas, Anna (Jury Duty)

#### III. Review and Approval of Minutes from Prior Meeting

Minutes of September 16, 2014.

Motion to Approve: David Zehr

Seconded: Linda Sinclair

Vote: Aye: 8

No: 0

Abstain: 0

#### IV. Old Business

1. None.

#### V. New Business

1. Open Enrollment Update Discussion.
2. Dental Plan Options.
  - a. Steps and timeline for soliciting bids for a dental policy with a yearly maximum greater than the current max of \$1,500.
  - b. Discussion. District requested that Kaiser include acupuncture in the CalPERS Kaiser plan for Part-time Faculty and Project Managers. Kaiser submitted 'Option 1' for consideration. See handout.

Motion #1: Committee approval of Minutes of Sept. 16, 2014 meeting.

Moved: David Zehr  
Seconded: Linda Sinclair  
Vote: Aye: 8  
No: 0  
Abstain: 0

Motion #2: Motion for Kaiser HMO Option 1 be included in the (health) plans for Plan Year 2015 effective January 1, 2015.

Moved: Willis Barton  
Seconded: Linda Sinclair  
Vote: Aye: 8  
No: 0  
Abstain: 0

Motion #3: (43.22/1:20:11) *The language of Motion #3 both in notes and in the recording was somewhat confusing; I think the following is the clearest summary of the committee's direction:*

District to solicit bids through an appropriate broker or brokers to develop comparison of dental plan options beyond those provided by ASCIP. The bids shall include the Current Plan (Premier) as proposed by ASCIP (with a maximum allowance of \$1,500) plus six (6) plan options. A total of 7 plan options are requested as follows:

1. Current Plan: PPO Premier- Maximum Annual Benefit \$1,500
2. Option 1: PPO Plan A – Maximum Annual Benefit \$1,500
3. Option 2: PPO Plan A – Maximum Annual Benefit \$2,000
4. Option 3: PPO Plan A – Maximum Annual Benefit \$2,500 @ 100% available
5. Option 3 Enhanced: PPO Plan A – Maximum Annual Benefit \$2,500 plus 3<sup>rd</sup> annual cleaning
6. Option 4: PPO Plan A – Maximum Annual Benefit \$2,000 including \$1,000 orthodontics lifetime maximum
7. Option 4 Enhanced: PPO Plan A – Maximum Annual Benefit \$2,000 plus 3<sup>rd</sup> annual cleaning

Moved: Fran Chandler  
Seconded: LeRoy Lauer  
Vote: Aye: 8  
No: 0  
Abstain: 0

Motion #4: The committee proposes that there be additional providers identified to respond to plan design options for one HMO and two PPO health plans for Plan Year 2016 for Part-time Faculty and Project Managers.

Moved: Al Vasquez  
Seconded: Sherri Lee-Lewis  
Vote: Aye: 8  
No: 0  
Abstain: 0

3. Correction regarding open enrollment information was sent out .
4. Sandy Chung, Director-HR, is leaving. Marcy will be assuming another co-chair, so there may be times when the Benefits Committee meeting time may need to be changed. DPAC-HR and Personnel Policies committees may conflict. A review of meeting times may need to be reviewed.

**VI. Agenda and Dates for Next Meeting**

Nov. 18, 2014	2:00-3:30 pm	BUS 111
Dec. 16, 2014	1:00-2:30pm	BUS 111

**VII. Adjournment**

Meeting adjourned at 2:25 pm



**ASCIP Delta Dental Enhanced PPO**  
 Health Benefits Program Comparison Prepared for  
 Santa Monica Community College  
 Effective 1/1/2015

All Eligible Participants	Current Plan Premier		Proposed Plan - Option 1 PPO Plan A		Proposed Plan - Option 2 PPO Plan A	
<b>General Benefits</b>						
Calendar Year Deductible	None		None		None	
Calendar Year Maximum Benefit	\$1,500		<b>\$1,500</b>		<b>\$2,000</b>	
<b>Diagnostic Care Benefits</b>						
Oral exam, cleaning, x-rays, tissue biopsy exams, fluoride treatment, space maintainers, specialist consultation.	70%-100%		100%		100%	
<b>Basic Benefits</b>						
Oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants	70%-100%		100%		100%	
<b>Crowns and Other Cast Restorations</b>						
	70%-100%		100%		100%	
<b>Prosthodontics</b>						
Bridges , dentures	50%		In-network: 70% Out-of-network: 50%		In-network: 70% Out-of-network: 50%	
<b>Dental Accident Benefits</b>						
	100%		100%, \$1,000 maximum per CY		100%, \$1,000 maximum per CY	
<b>Enhancements</b>						
Third Cleaning for Pregnancy Dental Implants	Covered up to plan maximum		Covered up to plan maximum		Covered up to plan maximum	
<b>Orthodontics</b>						
<i>Standard</i>	Not Covered		Not Covered		Not Covered	
<b>Rates - Tenthly</b>	<b>Current</b>	<b>Renewal</b>	<b>Renewal</b>	<b>% Change</b>	<b>Renewal</b>	<b>% Change</b>
<i>Composite</i>	\$134.32	\$137.01	\$138.22	2.9%	\$158.12	17.7%
Tenthly Total	\$1,378,123	\$1,405,723	\$1,418,089		\$1,622,294	
<b>Annual Total</b>	<b>\$13,781,232</b>	<b>\$14,057,226</b>	<b>\$14,180,888</b>		<b>\$16,222,936</b>	
<b>Annual Change vs. Current</b>		<b>2.0%</b>	<b>\$399,656</b>		<b>\$2,441,704</b>	

Covered dental services are paid at various levels depending on the dentist providing services. In-network or PPO dentists have pre-negotiated rates with Delta and therefore the lowest member costs. Out-of-network benefits consist of two levels of reimbursement: Premier and non-contracted. Premier dentists are considered out-of-network, but have agreements with Delta to charge their accepted rate and therefore no balance billing. Dentists that do not have any type of contract signed with Delta will be reimbursed at usual, reasonable and customary rates which may result in balance billing and higher costs to the member. The Delta Dental PPO Plans also include enhancements such as third cleaning for pregnant women and dental implants.

**Notes:**

**Tenthly and Annual calculations based on 1,026 ee's.**

The chart above only provides highlights of the benefits offered by ASCIP. If there are inconsistencies between this chart and the official plan documents, the plan documents will govern. ASCIP may modify, amend or terminate any of the benefit plans at any time, with or without notice. This chart does not serve as a contract.



**ASCIP Delta Dental Enhanced PPO**  
 Health Benefits Program Comparison Prepared for  
 Santa Monica Community College  
 Effective 1/1/2015

All Eligible Participants	Current Plan Premier		Proposed Plan - Option 3 PPO Plan A		Proposed Plan - Option 4 PPO Plan A with Ortho	
<b>General Benefits</b>						
Calendar Year Deductible	None		None		None	
Calendar Year Maximum Benefit	\$1,500		<b>\$2,500</b>		<b>\$2,000</b>	
<b>Diagnostic Care Benefits</b>						
Oral exam, cleaning, x-rays, tissue biopsy exams, fluoride treatment, space maintainers, specialist consultation.	70%-100%		100%		100%	
<b>Basic Benefits</b>						
Oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants	70%-100%		100%		100%	
<b>Crowns and Other Cast Restorations</b>						
	70%-100%		100%		100%	
<b>Prosthodontics</b>						
Bridges , dentures	50%		In-network: 70% Out-of-network: 50%		In-network: 70% Out-of-network: 50%	
<b>Dental Accident Benefits</b>						
	100%		100%, \$1,000 maximum per CY		100%, \$1,000 maximum per CY	
<b>Enhancements</b>						
Third Cleaning for Pregnancy	Covered up to plan maximum		Covered up to plan maximum		Covered up to plan maximum	
Dental Implants	Covered up to plan maximum		Covered up to plan maximum		Covered up to plan maximum	
<b>Orthodontics</b>						
<i>Standard</i>	Not Covered		Not Covered		<b>50%, \$1,000 lifetime maximum</b>	
<b>Rates - Tenthly</b>						
	<b>Current</b>	<b>Renewal</b>	<b>Renewal</b>	<b>% Change</b>	<b>Renewal</b>	<b>% Change</b>
<i>Composite</i>	\$134.32	\$137.01	\$171.94	28.0%	\$163.23	21.5%
Tenthly Total	\$1,407,674	\$1,435,865	\$1,801,929		\$1,710,674	
<b>Annual Total</b>	<b>\$14,076,736</b>		<b>\$14,358,648</b>		<b>\$18,019,292</b>	
<b>Annual Change</b>	<b>2.0%</b>		<b>\$3,942,556</b>		<b>\$17,106,739</b>	
<b>\$3,030,003</b>						

Covered dental services are paid at various levels depending on the dentist providing services. In-network or PPO dentists have pre-negotiated rates with Delta and therefore the lowest member costs. Out-of-network benefits consist of two levels of reimbursement: Premier and non-contracted. Premier dentists are considered out-of-network, but have agreements with Delta to charge their accepted rate and therefore no balance billing. Dentists that do not have any type of contract signed with Delta will be reimbursed at usual, reasonable and customary rates which may result in balance billing and higher costs to the member. The Delta Dental PPO Plans also include enhancements such as third cleaning for pregnant women and dental implants.

**Notes:**

**Tenthly and Annual calculations based on 1,026 ee's.**

The chart above only provides highlights of the benefits offered by ASCIP. If there are inconsistencies between this chart and the official plan documents, the plan documents will govern. ASCIP may modify, amend or terminate any of the benefit plans at any time, with or without notice. This chart does not serve as a contract.

**Santa Monica Community College  
 COBRA Rates for Plan Options  
 Effective 1/1/2015**

**Renewal**

**All Rates Effective 1/1/15**

**Active (Composite Tenthly)**

**COBRA (Monthly)**

1 Party

2 Party

Family

Current	Option 1	Option 2	Option 3	Option 4
\$137.01	\$138.22	\$158.12	\$171.94	\$163.23
\$75.34	\$76.00	\$86.95	\$94.55	\$89.76
\$147.27	\$148.57	\$169.96	\$184.82	\$175.46
\$203.19	\$204.98	\$234.49	\$254.99	\$242.08

**From:** [WADE\\_MARCIA](#)  
**To:** [HEYMAN\\_LAURIE](#)  
**Subject:** FW: IMPORTANT-CalPERS Corrected Open Enrollment Information  
**Date:** Tuesday, September 30, 2014 12:30:53 PM

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*Marcia M. Wade, M.P.A.*

Vice President, Human Resources  
Santa Monica College  
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Santa Monica, CA 90405-1628  
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**From:** MEMARIAN\_HEATHER  
**Sent:** Tuesday, September 30, 2014 11:00 AM  
**To:** MOASSESSI\_MITRA; ROSENLOECHER\_BERNIE; CHAMPAGNE\_MICHAEL; CADENA\_RUBEN; CHANDLER\_FRAN; WADE\_MARCIA  
**Cc:** LEE-LEWIS\_SHERRI; ROGERS\_LUGINA; VASQUEZ\_OLGA  
**Subject:** IMPORTANT-CalPERS Corrected Open Enrollment Information

Hello All,

The Employee Benefits Department will be sending out an e-mail notification today to inform employees that the **PERS Care/Choice/Select PPO out-of-pocket maximums** will **NOT** increase for the **2015** plan year. CalPERS posted corrected information on their Open Enrollment website and indicated that the original Plan Summary Documents they published were incorrect in stating that the plan maximums would increase for 2015. Thus, the maximums for PERS Choice/Care/Select PPO in the 2015 plan year will be the same as they were in the 2014 plan year.

PLAN	2014 Plan Year	2015 Plan Year
PERS Care	\$2,000-Individual \$4,000-Family	\$2,000-Individual \$4,000-Family
PERS Choice	\$3,000-Individual \$6,000-Family	\$3,000-Individual \$6,000-Family
PERS Select	\$3,000-Individual \$6,000-Family	\$3,000-Individual \$6,000-Family

The revised CalPERS Health Plan Summary is linked below:

<http://www.calpers.ca.gov/eip-docs/about/pubs/member/2015-health-benefit-summary.pdf>

We have corrected the [SMC Open Enrollment site](#) and the District-wide e-mail regarding this correction will be sent out momentarily. We will also send targeted e-mail communication to employees who changed from a PPO plan to an HMO plan, in case they would like to rescind it or change it due to this news.

Needless to say, it's good news that the plan maximums are not increasing for 2015, but it's frustrating for employers and members alike that CalPERS did not make more of an effort to communicate the correction.

Please let me know if you have any questions.

Sincerely,

Heather Memarian  
Employee Benefits Technician  
Santa Monica College  
(310) 434-4205



Medical Plan Benefits		Kaiser HMO Current / Renewal		Kaiser HMO Option 1
Calendar Year Deductible Individual / Family		NONE		NONE
Annual Out-of-Pocket Maximum Individual / Family		\$1,500 / \$3,000		\$1,500 / \$3,000
Physician Office Visit		\$10		\$10
Specialist Copay		\$10		\$10
Preventative Care		No Charge		No Charge
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests		No Charge No Charge		No Charge No Charge
Hospitalization Inpatient Outpatient		No Charge \$10 Per Procedure		No Charge \$10 Per Procedure
Emergency Room		\$50 (waived if admitted)		\$50 (waived if admitted)
Urgent Care Services		\$10		\$10
Durable Medical Equipment		20%		20%
Chiropractic Care Acupuncture Care		\$10 / Visit (30 per Calendar Year) Not Covered		\$10 / Visit \$10 / Visit (30 per Calendar Year Combined Chiro/Acu)
<b>PRESCRIPTION DRUGS</b>		Generic / Brand		Generic / Brand
Retail - 30 day supply		\$10 / \$10		\$10 / \$10
Mail Order - up to 100 day supply		\$10 / \$10		\$10 / \$10
<b>MONTHLY RATES</b>	Lives	<b>Current</b>	<b>Renewal</b>	<b>Option 1</b>
EE Only	386	\$549.81	\$577.49	\$578.02
EE + 1	14	\$1,099.60	\$1,154.97	\$1,156.05
EE + Family	5	\$1,555.95	\$1,634.28	\$1,635.80
	405			
<b>MONTHLY PREMIUM</b>		<b>\$235,401</b>	<b>\$247,252</b>	<b>\$247,479</b>
<b>ANNUAL PREMIUM</b>		<b>\$2,824,810</b>	<b>\$2,967,025</b>	<b>\$2,969,753</b>
<b>ANNUAL DOLLAR CHANGE</b>			<b>\$142,216</b>	<b>\$144,943</b>
<b>ANNUAL PERCENT CHANGE</b>			<b>5.0%</b>	<b>5.1%</b>

This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.

# Santa Monica Community College

Dental PPO

Calendar Year Maximum Analysis

Calendar 2013 Data



Total Adult Users	Current CY Max		\$2,000		\$2,500	
	\$1,500		Estimated Adult Users Reaching CY Max	Estimated % Reaching CY Max	Estimated Adult Users Reaching CY Max	Estimated % Reaching CY Max
	Actual Users Reaching CY Max	Actual % Reaching CY Max				
906	172	19.0%	119	13.1%	67	7.4%

# Your Kaiser Permanente CHIROPRACTIC and ACUPUNCTURE benefits



**When you need chiropractic or acupuncture care, follow these simple steps:**

1. Find an ASH Plans Participating Chiropractor or Participating Acupuncturist near you.
  - Call **1-800-678-9133** or **711** (TTY), weekdays from 5 a.m. to 6 p.m. (Pacific time).
2. Schedule an appointment.
3. Pay for your office visit when you arrive for your appointment.

*(See the reverse for more details.)*

# YOUR KAISER PERMANENTE COMBINED CHIROPRACTIC AND ACUPUNCTURE BENEFIT

Services	Cost Sharing and Office Visit Maximums
<p>Chiropractic Services are covered when a Participating Chiropractor finds that the Services are Medically Necessary to treat or diagnose Neuromusculoskeletal Disorders. Acupuncture Services are covered when a Participating Acupuncturist finds that the Services are Medically Necessary to treat or diagnose Neuromusculoskeletal Disorders, nausea, or pain. You can obtain Services from any ASH Plans Participating Chiropractors and Participating Acupuncturists without a referral from a Kaiser Permanente Plan Physician.</p>	<p><b>Office visit cost share:</b> \$10 copay per visit <b>Office visit limit:</b> Up to a combined total of 30 Chiropractic and Acupuncture visits per year <b>Chiropractic appliance benefit:</b> If the amount of the appliance in the ASH Plans fee schedule exceeds \$50, you will pay the amount in excess of \$50, and that payment will not apply toward any applicable deductible or out-of-pocket maximum. Covered chiropractic appliances are limited to: elbow supports, back supports, cervical collars, cervical pillows, heel lifts, hot or cold packs, lumbar braces and supports, lumbar cushions, orthotics, wrist supports, rib belts, home traction units, ankles braces, knee braces, rib supports, and wrist braces.</p>

**Office visits:** Covered Services are limited to Medically Necessary Chiropractic and Acupuncture Services authorized and provided by ASH Plans Participating Chiropractors and Participating Acupuncturists except for Emergency Chiropractic and Acupuncture Services, and Services that are not available from Participating Providers. Each office visit counts toward the year visit limit even if acupuncture or a chiropractic adjustment is not provided during the visit.

**X-rays and laboratory tests:** Medically Necessary X-rays and laboratory tests are covered at no charge when a Participating Chiropractor provides the Services or refers you to a Participating Provider for the Services.

## Participating Chiropractors and Acupuncturists

ASH Plans contracts with Participating Chiropractors and other Participating Providers to provide covered Chiropractic Services (including laboratory tests, X-rays, and chiropractic appliances). ASH Plans contracts with Participating Acupuncturists to provide acupuncture care (including adjunctive therapies, such as acupressure, cupping, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture). You must receive covered Services from a Participating Provider, except for Emergency Chiropractic and Acupuncture Services, Urgent Chiropractic and Acupuncture Services, and Services that are not available from Participating Providers that are authorized in advance by ASH Plans. The list of Participating Chiropractors and Acupuncturists is available from the ASH Plans Member Services Department at **1-800-678-9133**. The list of Participating Chiropractors and Acupuncturists is subject to change at any time without notice.

## How to Obtain Covered Services

To obtain covered Services, call a Participating Chiropractor or Participating Acupuncturist to schedule an initial examination. If additional Services are required, verification that the Services are Medically Necessary may be required. Your Participating Chiropractor or Acupuncturist will request any required approvals. An ASH Plan's clinician in the same or similar specialty as the provider of Chiropractic or Acupuncture Services under review will decide whether Chiropractic or Acupuncture Services are or were Medically Necessary. ASH Plans will disclose to you, upon request, the written criteria it uses to make the decision to authorize, modify, delay, or deny a request for authorization. If you have questions or concerns, please contact the ASH Plans Member Services Department.

## Second Opinions

You may request a second opinion in regard to covered Services by contacting another Participating Chiropractor or Acupuncturist. A Participating Chiropractor or Acupuncturist may also request a second opinion in regard to covered Services by referring you to another Participating Chiropractor or Acupuncturist in the same or similar specialty.

## Your Costs

When you receive covered Services, you must pay your Cost Share as described in the *Combined Chiropractic and Acupuncture Services Amendment* of your Health Plan *Evidence of Coverage*. The Cost Share does not apply toward the out-of-pocket maximum described in the Health Plan *Evidence of Coverage* (unless you have a plan with an HSA option).

## Emergency and Urgent Chiropractic Services/Emergency and Urgent Acupuncture Services

Covered Emergency Chiropractic Services are those emergency services provided for treatment of Neuromusculoskeletal Disorder, nausea, or pain. Covered Acupuncture Services are those emergency services provided for treatment of Neuromusculoskeletal Disorder, nausea, or pain. These conditions must manifest themselves by acute symptoms of sufficient severity, including severe pain, such that a reasonable person could expect the absence of immediate Chiropractic or Acupuncture Services to result in serious jeopardy to your health or body functions or organs. Covered Urgent Chiropractic Services and Acupuncture Services consist of Chiropractic Services and Acupuncture Services necessary to prevent serious deterioration of the health of a Member, resulting from an unforeseen illness, injury, or complication of an existing condition, including pregnancy, for which treatment cannot be delayed until the Member returns to the Service Area.

## Getting Assistance

If you have questions about the Services you can get from an ASH Plans Participating Provider, you may call ASH Plans Member Services at **1-800-678-9133** (TTY users call **711**), weekdays from 5 a.m. to 6 p.m. Pacific time.

# YOUR KAISER PERMANENTE COMBINED CHIROPRACTIC AND ACUPUNCTURE BENEFIT

## Grievances

You can file a grievance with Kaiser Permanente regarding any issue. Your grievance must explain your issue, such as the reasons why you believe a decision was in error or why you are dissatisfied with Services you received. You may submit your grievance orally or in writing to Kaiser Permanente as described in your Health Plan *Evidence of Coverage*.

## Exclusions and Limitations

- Acupuncture Services for conditions other than Neuromusculoskeletal Disorders, nausea, and pain
- Services for asthma or addiction, such as nicotine addiction
- Hypnotherapy, behavior training, sleep therapy, and weight programs
- Thermography
- Experimental or investigational Services
- CT scans, MRIs, PET scans, bone scans, nuclear medicine, and any other types of diagnostic imaging or radiology other than X-rays covered under the "Covered Services" section of your *Combined Chiropractic and Acupuncture Services Amendment*
- Ambulance and other transportation
- Education programs, nonmedical self-care or self-help, any self-help physical exercise training, and any related diagnostic testing
- Services for pre-employment physicals or vocational rehabilitation
- Acupuncture performed with reusable needles
- Air conditioners, air purifiers, therapeutic mattresses, chiropractic appliances, durable medical equipment, supplies, or similar devices or appliances
- Drugs and medicines, including non-legend or proprietary drugs and medicines
- Services you receive outside the state of California, except for Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, or Urgent Acupuncture Services
- Hospital services, anesthesia, manipulation under anesthesia, and related services
- For Chiropractic Services, adjunctive therapy not associated with spinal, muscle, or joint manipulations
- For Acupuncture Services, adjunctive therapies unless provided during the same course of treatment and in conjunction with acupuncture
- Dietary and nutritional supplements, such as vitamins, minerals, herbs, herbal products, injectable supplements, and similar products
- Massage therapy
- Services provided by a chiropractor that are not within the scope of licensure for a chiropractor licensed in California
- Services provided by an acupuncturist that are not within the scope of licensure for an acupuncturist licensed in California
- Maintenance care (services provided to Members whose treatment records indicate that they have reached maximum therapeutic benefit)

## Definitions

**Acupuncture Services:** The stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions (including adjunctive therapies, such as acupressure, cupping, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture) when provided by an acupuncturist for the treatment of your Neuromusculoskeletal Disorder, nausea (such as nausea related to chemotherapy, postsurgical pain, or pregnancy), or pain (such as lower back pain, shoulder pain, joint pain, or headaches).

**ASH Plans:** American Specialty Health Plans of California, Inc., a California corporation.

**Chiropractic Services:** Services provided or prescribed by a chiropractor (including laboratory tests, X-rays, and chiropractic appliances) for the treatment of your Neuromusculoskeletal Disorder.

**Neuromusculoskeletal Disorders:** Conditions with associated signs and symptoms related to the nervous, muscular, or skeletal systems. Neuromusculoskeletal Disorders are conditions typically categorized as structural, degenerative, or inflammatory disorders, or biomechanical dysfunction of the joints of the body or related components of the motor unit (muscles, tendons, fascia, nerves, ligaments/capsules, discs, and synovial structures), and related neurological manifestations or conditions.

**Participating Acupuncturist:** An acupuncturist who is licensed to provide Acupuncture Services in California and who has a contract with ASH Plans to provide Medically Necessary Acupuncture Services to you. A list of Participating Acupuncturists is available from the ASH Plans Member Services Department toll free at **1-800-678-9133** (TTY users call **711**). The list of Participating Acupuncturists is subject to change at any time, without notice. If you have questions, please call the ASH Plans Member Services Department.

**Participating Chiropractor:** A chiropractor who is licensed to provide Chiropractic Services in California and who has a contract with ASH Plans to provide Medically Necessary Chiropractic Services to you. A list of Participating Chiropractors is available from the ASH Plans Member Services Department at **1-800-678-9133** (TTY users call **711**). The list of Participating Chiropractors is subject to change at any time, without notice. If you have questions, please call the ASH Plans Member Services Department.

**Participating Provider:** A Participating Chiropractor, Participating Acupuncturist, or any licensed provider with which ASH Plans contracts to provide covered care, including laboratory tests or X-rays that are covered chiropractic care.

This is a summary and is intended to highlight only the most frequently asked questions about the chiropractic and acupuncture benefit, including cost shares. Please refer to the *Combined Chiropractic and Acupuncture Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for a detailed description of the chiropractic and acupuncture benefits, including exclusions and limitations, Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, or Urgent Acupuncture Services.

Kaiser Foundation Health Plan, Inc. (Health Plan) contracts with American Specialty Health Plans of California, Inc. (ASH Plans) to make the ASH Plans network of Participating Chiropractors and Participating Acupuncturists available to you. You can obtain covered Services from any Participating Chiropractor or Participating Acupuncturist without a referral from a Plan Physician. Your Cost Share is due when you receive covered Services. Please see the definitions section of your *Combined Chiropractic and Acupuncture Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for terms you should know.