

**CHIROPRACTIC BENEFIT**  
A Supplemental Summary Plan Description

**ELIGIBILITY**

All persons with ILWU-PMA Welfare Plan eligibility who are enrolled in one of the health plans listed below are eligible for the Chiropractic Benefit:

- GROUP HEALTH COOPERATIVE
- KAISER HEALTH PLANS (CALIFORNIA + OREGON)

**CHIROPRACTIC BENEFIT**

Chiropractic services may be obtained from any licensed chiropractor. Chiropractic services by a PPO network provider will be covered at 100% of PPO charges. There will be no out-of-pocket cost to the participant for chiropractic services from a PPO network provider.

<b>California Participants:</b>
<i>Network:</i> Chiropractic Health Plan of California (CHPC) Ph: (800) 995-2442 Web: www.chpc.com and click on "ILWU Members"

<b>Oregon and Washington Participants:</b>
<i>Network:</i> First Choice Health Network (FCHN) Ph: (800) 231-6935 Web: www.fchn.com

You may choose to use a non-PPO network provider, but chiropractic services will be covered at 80% of maximum allowable charges (MAC). The participant is responsible for the balance due to the provider.

Treatment for work-incurred conditions covered by state or federal Workers' Compensation laws or employer liability laws is not provided under the Chiropractic Benefit.

The Chiropractic Benefit does not change your health plan's rules requiring you to use health plan facilities and doctors; except for chiropractic care, all medical care must be obtained through your regular health plan.

**Covered chiropractic services include:**

- Office visits (provided per the schedule below)
- Diagnostic x-ray and laboratory services, payable at 100% of charges - limited to \$100 per year.

Office visits may not exceed the following schedule:

(1) Visits related to a "diagnosis" - **up to a maximum of 40, not more frequently than:**

1st month - 12 visits

3rd month - 10 visits

2nd month - 10 visits

4th month and thereafter - 8 visits

(2) In absence of a "diagnosis", visits related to "symptoms" - **up to a maximum of 18, not more frequently than:**

1st month - 8 visits

3rd month - 4 visits

2nd month - 4 visits

4th month - 2 visits

The maximums in (1) and (2) above apply to the initial diagnosis or symptom, a new diagnosis or new symptom, or a recurrence of the diagnosis or symptom by a subsequent cause. The maximums are not renewed annually. Claims which exceed the program limits outlined above with respect to frequency and number of visits will be referred to the Welfare Plan's chiropractic consultant for review. **SUCH CLAIMS MAY NOT BE APPROVED FOR PAYMENT.**

### **HOW TO CLAIM CHIROPRACTIC BENEFITS**

All claims for chiropractic benefits should be submitted to the Coastwise Claims Office for processing, whether you use a PPO network provider or a non-PPO network provider. Itemized charges must be filled in by the chiropractor or an itemized bill must be attached. Claim Forms are available at the Benefit Plans office and at your Local. Payment on Chiropractic Benefit claims will be issued by the ILWU-PMA Coastwise Claims Office. For questions about claims, contact the Coastwise Claims Office at (800) 955-7376.

#### **Medicare Eligibles**

The Chiropractic Benefit is reduced by any amount paid by Medicare. Therefore, if you are eligible for Medicare you must submit your claim to Medicare first. When you receive an Explanation of Medicare Benefits (EOMB), attach it to a Chiropractic Benefit Claim Form and mail to the Coastwise Claims Office at the address indicated on the claim form.

### **CLAIMS REVIEW PROCEDURE**

Requests for review of a denied Chiropractic Benefit claim should be submitted to the Benefit Plans office. The Claims Review Procedure is described completely in your Welfare Plan Summary Plan Description.

***The information in this booklet is subject to and does not change the provisions of the ILWU-PMA Welfare Plan Agreement or the provisions of the Welfare Plan Summary Plan Description.***