

Chiropractic Benefits At-A-Glance

Benefits will be payable for chiropractic care provided by a Network Provider who is a licensed Doctor of Chiropractic (D.C.) and who has entered into an agreement with ACN Group, Inc. (ACN) to provide chiropractic services for UnitedHealthcare. Services are subject to preauthorization by ACN.

Benefits payable under this supplemental rider do not apply toward any outpatient rehabilitative therapy limits as defined under the medical benefit plan. Benefits payable under this rider are not subject to deductibles, and copayments do not apply toward the medical maximum out-of-pocket expense.

Benefit Features

Member Responsibility

Covered Chiropractic Services \$20 copayment/visit
Diagnostic Evaluation and X-ray services for the purpose of diagnosing the appropriateness of chiropractic treatment • Diathermy • Electric Stimulation • Emergency Room • Massage • Medical Supplies • Office Visits • Spinal Manipulation • Traction • Ultrasound

Services by Non-Network Provider

Services provided by a Non-Network Provider must be preauthorized by ACN and will be paid according to the above schedule. Services received from a Non-Network Provider resulting from self-referral are not covered under this supplemental rider.

Benefit Exclusions

The following services are not payable under this rider: Acupressure • Acupuncture • Arch Supports • Biosoterometric Studies • Cervical Pillow • Chelation Therapy • Colonic Therapy or Irrigations • Computerized Axial Tomography • Durable Medical Equipment • Graphic X-ray Analysis • Hair Analysis • Hand Held Doppler • Heavy Metal Screening • Iridology • Iris Analysis • Kinesiology • Living Cell Analysis • Magnetic Resonance Imaging • Maintenance Care • Mineral Cellular Analysis • Moire Contourographic Analysis • Nutritional Counseling • Nutritional Supplements • Over-the-Counter Drugs or Preparations • Oxygen Therapy • Ream’s Lab or Ream’s Test • Roling • Sublingual or Oral Therapy • Thermographic Procedures • Toxic Metal Analysis.

This document is provided as a brief summary and is not intended to be a complete description of the benefit plan. After you become covered, you will be issued an evidence of coverage (Subscriber Agreement or Summary Plan Description) describing your coverage in greater detail. The evidence of coverage will govern the exact terms, conditions, and scope of coverage. In the event of a conflict between this *Chiropractic Benefits At-A-Glance*, and the evidence of coverage, the language of the evidence of coverage controls.