



**Kaiser Foundation Health Plan, Inc.
Northern California Region**

**EOC #37 - Chiropractic Services Amendment of the Kaiser
Foundation Health Plan, Inc.
Evidence of Coverage for
SACRAMENTO CITY UNIFIED SCHOOL DISTRICT**

Group ID: 212 Contract: 3 Version: 113 Number: 37

January 1, 2023, through December 31, 2023

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Benefit Highlights

Introduction

This document amends your Kaiser Foundation Health Plan, Inc. (Health Plan) to add coverage for Chiropractic Services as described in this Chiropractic Services Amendment (“Amendment”).

All provisions of the apply to coverage described in this document except for the following sections:

- “How to Obtain Services” (except that the
- “Completion of

ASH Participating Providers

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

ASH Plans contracts with ASH Participating Providers and other licensed providers to provide the Services covered under this Amendment (including laboratory tests, X-rays, and chiropractic supports and appliances). You must receive Services covered under this Amendment from an ASH Participating Provider or another licensed provider with which ASH contracts to provide covered care, except for Services covered under “Emergency and Urgent Services Covered Under this Amendment” in the “Covered Services” section and Services that are not available from contracted providers and that are authorized in advance by ASH Plans.

How to Obtain Services

To obtain Services covered under this Amendment call an ASH Participating Provider to schedule an initial examination. If additional Services are required after the initial examination, verification that the Services are Medically Necessary may be required as described under “Decision time frames” below. Your ASH Participating Provider will request any required medical necessity determinations. An ASH Plans clinician in the same or similar specialty as the provider of Services under review will determine whether the Services are or

Note: If Charges for Services are less than the Copayment described in this “Covered Services” section, you will pay the lesser amount.

The Cost Share you pay for Services covered under this Amendment does not apply toward any Plan Deductible or Plan Out-of-Pocket Maximum described in your Health Plan .

If you have questions about your Cost Share for specific Services that you are scheduled to receive or that your provider orders during a visit or procedure, please

