

SAMARITAN ALTERNATIVE CARE RIDER BENEFITS

Option 1

This Samaritan Health Plans Rider coverage pays for naturopathic care, chiropractic services, acupuncture services and massage, for you and your insured dependents as outlined in this policy. The Rider is available for those covered under our Large employer and Association group plans as an additional benefit purchased by the group administrator. The Plan allows you to choose any licensed provider to provide these services within the scope of their practice. However, there is a difference in reimbursement for participating providers and non-participating providers.

Services and supplies are not subject to deductible and the benefits are paid at 100% of the allowed charge, up to the limits listed below, for services at participating alternative care providers (30% plan coverage for services at non-participating providers), EXCEPT for when this rider is purchased and used in conjunction with a Health Savings Account (HSA) plan option. Allowed charge means the charge for covered services up to the maximum plan allowance. These benefits are provided and renew on a calendar year basis, with a combined \$2,500 maximum benefit. Maximum limit applies to covered services. In this case, the alternative care benefit will be subject to the deductible, meaning the deductible must be satisfied prior to the Alternative Care co-pay benefit taking effect. Services and supplies do not accrue towards an out of pocket maximum regardless of having a medical out of pocket maximum.

Alternative Care Provider: Alternative Care Provider means a naturopath, chiropractor, acupuncturist or massage therapist who is professionally licensed by the appropriate governmental agency to diagnose or treat an injury or illness and who provides covered services within the scope of that license. Based on the services provided and within the scope of practice, Naturopaths may also be Primary Care Providers (PCP).

COVERED BENEFITS

Naturopathic care, Chiropractic services, Acupuncture and Massage services provided are covered within the scope of their practice.

OPTION 1 CO-PAYS

In-Network: \$15 co-pay

Out-of-Network: 70% co-pay

LIMITATIONS AND EXCLUSIONS

The Alternative medicine benefit will only pay for the items listed above up to the allowable amount per individual and per calendar year. You will be responsible for costs once the maximum limit is met for a type of service. There is a combined \$2,500 maximum benefit for covered services per calendar year.

Exclusions: The following are not covered benefits under this Plan:

- Non-prescription or prescription medications under this Alternative Medicine Rider. Prescription coverage is based on your medical policy and prescription formulary.
- Any services that haven't been approved to meet standards of care for the treatment provided
- Any services that have not been FDA approved.

PROVISIONS

Your member certificate, this policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. This policy is an extension of your coverage outlined in your member certificate. Any exclusions and limitations outlined in your member certificate are also for this policy. No change in this policy shall be valid until approved by an executive officer of the insurer and unless such approval be indorsed hereon or attached hereto. No insurance producer has authority to change this policy or to waive any of its provisions (ORS 743.411). This document must be used in conjunction with your current Member Policy.