

SAMARITAN ALTERNATIVE CARE RIDER

The Samaritan Alternative Care Rider coverage pays for chiropractic, acupuncture, and massage services for you and your insured dependents as outlined in this policy. The Samaritan Alternative Care Rider is available for those covered under our Large, and Association group plans as an additional benefit purchased by the group or administrator. The Samaritan Alternative Care Rider 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 (in-network) and non-participating providers (out-of-network).

There is no deductible for covered services or supplies at in-network and out-of-network providers, unless the Samaritan Alternative Care Rider is purchased and used in conjunction with a Health Savings Account (HSA) plan option. In this case, the Samaritan Alternative Care Rider will be subject to the deductible, meaning the deductible must be satisfied prior to the 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).

Alternative Care Network: Samaritan Health Plans contracts with Complimentary Healthcare Plan (The CHP Group) to utilize their statewide network for chiropractic, licensed massage, and acupuncture services.

COVERED BENEFITS

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

YOU PAY

In-Network: \$ 15 copay

Out-of-Network: 70 % coinsurance

LIMITATIONS AND EXCLUSIONS

There is a combined \$2,500 maximum benefit for covered services per calendar year. The Samaritan Alternative Care Rider will only pay for the covered benefits 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.

EXCLUSIONS

The following are not covered benefits under this Plan:

- Non-prescription or prescription medications under this Alternative Care 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.