



**Central Unified School District
Chiropractic Services Benefit Plan and Fee Schedule**

This category of coverage is designed to provide specified limited benefits for chiropractic services that supplement your major-medical plan.

Benefits of the Plan:

Covered Services	In-Network
Chiropractic	\$25 copayment per visit
Chiropractic Maximum	\$38 maximum per visit ("daily maximum), including copayment 10 office visit maximum per month 30 office visit maximum per year
X-Ray Maximum	\$100 per year
Massage Therapy (including massage therapy codes billed with manipulation services)	Not Covered
Claim Filing	Must be filed on CMS 1500 Form within 90 days from date of service.
Dual Coverage (Internal COB)	Permitted, but patient and/or provider must file two claim forms for reimbursement.
Out of network services are not covered within the service area- (Counties: Fresno, Kings, Madera, Merced, San Luis Obispo, Tulare & Tuolumne) If services are needed outside of these areas the servicing provider must pre-authorize and set up a Single Case Contract.	
Additional Plan Exclusions and Limitations are defined in the Summary Plan Document.	
Claims Mailing Address: PhysMetrics PO Box 25220 Fresno, CA 93729-5220	