



**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. | |
| <p align="center">Web Address: www.centralusdchiro.com</p> <p align="center">Claims Mailing Address: PhysMetrics PO Box 25220 Fresno, CA 93729-5220</p> | |