

## **Benefit Plan:**

### **Refer to the Medical Schedule of Benefits for Copayment per Visit.**

This program is provided through an arrangement with the ACN Group of California, Inc. dba OptumHealth Physical Health of California (OptumHealth). OptumHealth monitors the quality of the care provided by participating OptumHealth providers.

## **How to Use the Program**

With OptumHealth, you have access to more than 950 credentialed acupuncturists servicing California. You are not required to predesignate an OptumHealth provider, but must obtain a medical referral from your primary care physician prior to seeking acupuncture services.

## **Acupuncture Benefits**

Benefits include acupuncture services that are Medically Necessary services, requiring a referral, and rendered by an OptumHealth participating provider. In the case of acupuncture services, the services must be for Medically Necessary diagnosis and treatment to correct body imbalances and conditions such as low back pain, sprains and strains (such as tennis elbow or sprained ankle), nausea, headaches, menstrual cramps, carpal tunnel syndrome, and other conditions.

### **Calculation of Annual Deductible Limits**

Each visit to an OptumHealth participating provider, as described below, requires a copayment and/or deductible by the member.

**Acupuncture Services:** Adjunctive therapy is allowed at each office visit. If adjunctive therapy is provided without acupuncture treatment, the adjunctive therapy will count as an office visit toward any deductible. If an examination or re-examination is supplied without acupuncture treatment, the examination or re-examination will count as an office visit toward any deductible.

## **Provider Eligibility**

OptumHealth only contracts with duly licensed California acupuncturists. Members must use OptumHealth participating providers to receive their maximum benefit.

## **Types of Covered Services**

### **Acupuncture Services**

1. An initial examination is performed by the OptumHealth participating acupuncturist to determine the nature of the member's problem and to provided or commence, in the initial examination, Medically Necessary services that are Covered Services, to the extent consistent with professionally recognized standards of practice, and to prepare a treatment plan of services to be furnished. An initial examination will be provided to a member if the member seeks services from an OptumHealth participating acupuncturist for any injury, illness, disease, functional disorder or condition with regard to which the member is not, at that time, receiving services from an OptumHealth participating acupuncturist. A copayment will be required for such examination.
2. Subsequent office visits, as set forth in a treatment plan, may involve acupuncture treatment, a brief re-examination and other services, in various combinations. A copayment will be required for each visit to the office.
3. A re-examination may be performed by the OptumHealth participating acupuncturist to assess the need to continue, extend or change a treatment plan. A re-evaluation may be performed during a subsequent office visit or separately. If performed separately, a copayment will be required.

## **Important OptumHealth Addresses:**

### **Member Correspondence**

OptumHealth Physical Health of California  
P.O. Box 880009  
San Diego, CA 92168-0009

### **Grievances and Complaints**

OptumHealth Physical Health of California  
Attn.: Grievance Coordinator  
P.O. Box 880009  
San Diego, CA 92168-0009

**Questions? Call OptumHealth's Customer Service Department: 1-800-428-6337 (HMO)  
Monday through Friday, 8 a.m. – 5 p.m. PST  
[www.myoptumhealthphysicalhealthofca.com](http://www.myoptumhealthphysicalhealthofca.com)**

## Exclusions and Limitations

Benefits do not include services that are not described under the Covered Services or contained elsewhere in the Supplement to the Evidence of Coverage (EOC) provided to a member. The following accommodations, services, supplies, and other items are specifically excluded from coverage as referenced in the EOC:

1. Any accommodation, service, supply or other item determined by Health Plan not to be Medically Necessary;
2. Any accommodation, service, supply or other item not provided in compliance with the Managed Care Program;
3. Any accommodation, service, supply or other item that is not related to the Member's condition, not likely to result in sustained improvement, or does not have defined endpoints, including maintenance, preventive or supportive care.
4. Services provided for employment, licensing, insurance, school, camp, sports, adoption, or other non-Medically Necessary purposes, and related expenses for reports, including report presentation and preparation;
5. Examination or treatment ordered by a court or in connection with legal proceedings unless such examinations or treatment otherwise qualify as Covered Services under this document;
6. Experimental or investigative services unless required by an external, independent review panel as described in 11.5 of the EOC;
7. Services provided at a hospital or other facility outside of a Participating Provider's facility;
8. Holistic or homeopathic care including drugs and ecological or environmental medicine;
9. Services involving the use of herbs and herbal remedies;
10. Treatment for asthma or addiction (including but not limited to smoking cessation);
11. Any services or treatments caused by or arising out of the course of employment and are covered under Workers' Compensation;
12. Transportation to and from a provider;
13. Drugs or medicines;
14. Intravenous injections or solutions;
15. Charges for services provided by a Provider to his or her family Member(s);
16. Charges for care or services provided before the effective date of the Member's coverage under the Group Agreement, or after the termination of the Member's coverage under the Group Agreement, except as otherwise provided in the Group Agreement;
17. Special nutritional formulas, food supplements such as vitamins and minerals, or special diets;
18. Sensitivity training, electrohypnosis, electronarcosis, educational training therapy, psychoanalysis, treatment for personal growth and development, and treatment for an educational requirement;
19. Claims by Providers who or which are not Participating Providers, except for claims for out-of-network Emergency Services or Urgent Services, or other services authorized by Health Plan;
20. Ambulance services;
21. Surgical services;
22. Services relating to Member education (including occupational or educational therapy) for a problem not associated with a Chiropractic Disorder or Acupuncture Disorder, unless supplied by the Provider at no additional charge to the Member or to Health Plan;
23. Non-Urgent services performed by a provider who is a relative of Member by birth or marriage, including spouse or Domestic Partner, brother, sister, parent or child; and
24. Emergency Services. If a Member believes he or she requires Emergency Services, the Member should call 911 or go directly to the nearest hospital emergency room or other facility for treatment. Medical Emergencies are covered by the Member's medical plan rather than OptumHealth.
25. Services provided without an authorized referral from your Primary Care Physician or UnitedHealthcare. (Refer to Section 2 of the *Combined Evidence of Coverage and Disclosure Form*)

**Website Address:**  
<http://www.myoptumhealthphysicalhealthofca.com>

**Customer Service:**  
**1-800-624-8822**  
**711 (TTY)**  
**[www.myuhc.com](http://www.myuhc.com)**

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