

Complementary Care Plan

Benefit Features	
Maximum benefit per calendar year	\$500
Important note: All services are combined toward the calendar year maximum benefit. These benefits do not accumulate toward the deductible or the maximum coinsurance of your medical plan.	
Chiropractic care (provided by a Chiropractor)	
	We Pay
Initial evaluation	100% after \$20 copayment
Manipulation for treatment of bone, muscle, and joint disorders	100% after \$20 copayment
Diagnostic radiology and lab services	100%
Acupuncture (provided by an Acupuncturist)	
Initial evaluation	100% after \$20 copayment
Acupuncture treatments	100% after \$20 copayment
Naturopathic care (provided by a Naturopath)	
Office visit	100% after \$20 copayment

Limitations and Exclusions
<i>Once enrolled, your benefits booklet can be viewed online at our Web site, www.or.regence.com. Please refer to your benefits booklet for a complete list of benefits and the limitations and exclusions that apply.</i>

Services And Supplies Not Covered

- Minor surgery, obstetric-gynecological services, proctology services, and massage therapy.
- Durable medical equipment and supplies. These supplies may be eligible for benefits under your medical plan.
- Exclusions listed with your medical benefits



An Independent Licensee of the Blue Cross and Blue Shield Association

Toll-free, all areas 1 (800) 228-0978

TDD Line for people with hearing impairments 1 (800) 382-1003

www.or.regence.com