

EXHIBIT A

# SCHEDULE OF BENEFITS

## Chiropractic Standard Benefit

Your Employer Group has contracted with Landmark Healthplan of California, Inc. (Landmark) to provide you with a chiropractic benefit that requires the use of Participating Chiropractors. You can obtain a directory of Participating Chiropractors through your employer, plan administrator, or Landmark, or you can access a continuously updated directory on Landmark's Web site at [www.LHP-CA.com](http://www.LHP-CA.com) under the "Member" option. You may also call Landmark's Customer Service Department at 1-800-298-4875 for referrals to Participating Practitioners in your area.

### FREE LANGUAGE ASSISTANCE IS AVAILABLE

If you need help in understanding your Landmark chiropractic benefits or need help to handle an issue about your benefits, please contact Landmark's Customer Service Department at 1-800-298-4875 between 5:30 AM and 5 PM, Monday through Friday, for free help. We can also help you in languages other than English.

If you or your dependents would like Landmark and your doctor to use a specific language when speaking or writing to you, please go to <https://www.LHP-CA.com/Survey.aspx> on the Internet and complete Landmark's brief language preference survey. The survey only takes about 3 minutes to complete and your answers will be strictly confidential. If you prefer to complete a paper copy of this survey, you may request one by writing to us at:

Landmark Healthplan of California, Inc.  
Attn: QM Dept. - SURVEY  
P.O. Box 130028  
Sacramento, CA 95853

Benefits and Co-payments	
Office Visit	\$20 co-payment
Maximum Annual Visits	30 visits
Emergency Care*	Same co-payment as office visit
Durable Medical Equipment**	\$50 annual maximum benefit

\*Services provided by Non-Participating Chiropractors are covered for Emergency Services only.

\*\*Durable Medical Equipment must be prescribed by a Participating Chiropractor.

### A. Covered Services

#### 1. Chiropractic Treatment of Injury or Illness

Covered Chiropractic Services are those within the scope of chiropractic care that are supportive or necessary to help Members achieve the physical state enjoyed before an injury or illness, and that are determined by Landmark to be Medically Necessary, are pre-authorized by Landmark, and are generally furnished for the diagnosis and/or treatment of a neuromusculoskeletal condition associated with an injury or illness, including the following:

- Examinations
- Manipulation

- Conjunctive Physiotherapy
- X-rays
- Emergency Services

#### 2. Durable Medical Equipment (DME)

DME is covered up to the annual maximum benefit amount when it is Medically Necessary, is prescribed by a Participating Chiropractor, is pre-authorized by Landmark, and is not prescribed solely for the comfort or convenience of the patient.

*Covered DME includes:* crutches or canes; cervical collar (hard and soft); cervical pillow; cervical traction unit; hot/cold packs; electric

hot pads (dry and moist); exercise tubing and gym balls; lumbar roll or cushion; lumbar supports and belts; orthotics, wedges or lifts (full sole and heel); rib belts; supports, splints, slings and braces for wrists, elbows, shoulders, ankles, knees, hips, fingers and thumbs; and trochanter belts.

### **3. Initial Visit**

Pre-authorization is not required for a Member's initial visit, which consists of an examination by the Participating Chiropractor and may be followed by treatment. However, any subsequent treatments and/or services require pre-authorization to be obtained from Landmark by the Participating Chiropractor.

### **4. Emergency Services**

Emergency Services are covered for the sudden and unexpected onset of an acute illness, extreme neuromusculoskeletal pain or accidental injury to the nervous, musculoskeletal and/or skeletal body systems, that, in the reasonable judgment of the Member, requires immediate care, the delay of which could decrease the likelihood of maximum recovery, and for which the Member seeks to secure chiropractic services immediately after the onset, or as soon thereafter as practicable. Emergency Services do not require pre-authorization; however, they are subject to Landmark's determination that the Member would reasonably have considered that Emergency Services were required, and that services provided were Medically Necessary and appropriate.

Emergency Services rendered by a Non-Participating Chiropractor are covered only when the chiropractor rendering services can show that the services were for a neuromusculoskeletal condition and were provided to reduce the severity of the condition including pain until a Participating Chiropractor could safely assume treatment. Similarly, Emergency Services received outside of Landmark's Service Area will be covered only when the Non-Participating Chiropractor rendering services can show that the services were for a neuromusculoskeletal condition and were provided to reduce the severity of the condition including pain until a Participating Chiropractor could safely assume treatment. Under the Landmark Plan, emergency care must be transferred to a Participating Chiropractor as soon as such transfer would not create an unreasonable risk to the Member's health.

## **B. Second Opinions and Referrals**

### **1. Second opinions**

On occasion, a Participating Chiropractor may require a second opinion, which is for consultation only, from another chiropractor. Landmark does not require an authorization for any second opinion.

Second opinions initiated by your Participating Chiropractor will not count against your maximum annual visits and will not require a Member office visit co-payment.

Second opinions initiated by Members do not require prior authorization, but will count against the maximum annual visits and will require a Member office visit co-payment.

### **2. Referrals to non-chiropractic practitioners**

For referrals to non-chiropractic practitioners, Members or enrollees of full-service plans or HMOs will be referred to the plan or HMO practitioner network for non-neuromusculoskeletal conditions, conditions not improving with chiropractic care, and other such services that cannot be provided by another Participating Chiropractor.

## **C. Limitations and Exclusions<sup>1</sup>**

### ***Circumstances Causing Services to be Excluded or Limited***

1. Services provided by a Non-Participating Chiropractor, except for emergencies, or as authorized by Landmark
2. Services provided outside of Landmark's Service Area, except for emergencies
3. Services that are not pre-authorized, except for initial visits or emergencies
4. Services incurred prior to the beginning or after the end of coverage
5. Services that exceed the maximum covered visits for the benefit year
6. Charges incurred for missed appointments
7. Educational programs
8. Pre-employment, school entrance, or athletic physical exams
9. Services for conditions arising out of employment, including self-employment or covered under any workers' compensation act or law
10. Services for any bodily injury arising from or sustained in an automobile accident that is covered under an automobile insurance policy
11. Charges for which the Member is not legally required to pay
12. Services rendered by a person who ordinarily resides in the Member's home or who is related to the Member by marriage or blood.

*<sup>1</sup>If your employer has purchased a Supplemental Rider, certain of the exclusions and limitations listed here may not apply to the additional services covered under the Supplemental Rider.*

### ***Specific Services that are Excluded or Limited***

1. Services for preventive, maintenance, or wellness care
2. Drugs, vitamins, nutritional supplements, or herbs
3. Experimental or investigational services
4. Services not Medically Necessary as determined by Landmark
5. Vocational, stroke, or long-term rehabilitation
6. Hypnotherapy, behavior training, sleep therapy, or biofeedback
7. Rental or purchase of Durable Medical Equipment (DME), except as specified in the Schedule of Benefits
8. Treatment primarily for purposes of weight control
9. Lab services
10. Thermography, hair analysis, heavy metal screening, or mineral studies
11. Transportation costs, including ambulance charges
12. Inpatient services
13. Massage or soft-tissue techniques
14. Manipulation under anesthesia
15. Services related to diagnosis and treatment of jaw joint or TMJ disorders
16. Treatment of non-neuromusculoskeletal disorders
17. Advanced diagnostic services, such as MRI, CT, EMG, SEMG, and NCV
18. X-rays not considered Medically Necessary or performed on equipment not certified, registered or licensed by the State of California