

SCHEDULE OF BENEFITS

Chiropractic Group Voluntary Plan

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 under the "Member" option. You may also call Landmark's Customer Service Department at **1-800-298-4875** for referrals to Participating Chiropractors 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
2629 Townsgate Rd, Suite 235
Westlake Village, CA 91361

| Benefits and Co-payments | |
|--|---------------------------------|
| Office Visit | \$25 co-payment |
| Maximum Annual Visits | 20 visits |
| X-ray Services* | \$75 annual maximum benefit |
| Emergency Care** | Same co-payment as office visit |
| Durable Medical Equipment Purchase or Rental *** | \$50 annual maximum benefit |

*X-ray Services must be prescribed by a Participating Chiropractor.

**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

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. In addition, services for preventive, maintenance, and wellness care for any mechanical neuromusculoskeletal condition are also covered. Services need not be pre-authorized, will not be reviewed for Medical Necessity, and include the following:

- Examinations
- Manipulation

- Conjunctive Physiotherapy
- X-rays
- Emergency Services

2. 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, Emergency Services rendered by a Non-Participating Chiropractor are subject to Landmark's determination that the Member would reasonably have considered that Emergency Services were required.

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

Circumstances Causing Services to be Excluded or Limited

1. Services provided by a Non-Participating Chiropractor, except for emergencies

2. Services provided outside of Landmark's Service Area, except for emergencies
3. Services incurred prior to the beginning or after the end of coverage
4. Services that exceed the maximum covered visits for the benefit year
5. X-ray services that exceed the annual maximum benefit
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.

Specific Services that are Excluded or Limited

1. Drugs, vitamins, nutritional supplements, or herbs
2. Experimental or investigational services
3. Vocational, stroke, or long-term rehabilitation
4. Hypnotherapy, behavior training, sleep therapy, or biofeedback
5. Rental or purchase of Durable Medical Equipment (DME)
6. Treatment primarily for purposes of weight control
7. Lab services
8. Thermography, hair analysis, heavy metal screening, or mineral studies
9. Transportation costs, including ambulance charges
10. Inpatient services
11. Massage or soft-tissue techniques
12. Manipulation under anesthesia
13. Services related to diagnosis and treatment of jaw joint or TMJ disorders
14. Treatment of non-neuromusculoskeletal disorders
15. Advanced diagnostic services, such as MRI, CT, EMG, SEMG, and NCV