

SSOB LGPOS3T0124

DPN5

Alternative Care (self-referred)		You pay	
Acupuncture Services (up to 12 visits per Year)	\$25 per visit	20% Coinsurance	40% Coinsurance
Chiropractic Services (up to 20 visits per Year)	\$25 per visit	20% Coinsurance	40% Coinsurance
Massage Therapy (up to 12 visits per Year)	\$25 per visit	20% Coinsurance	40% Coinsurance
Naturopathic Medicine	\$5 for first 3 visits; then \$25 for additional visits in the same Year *	\$5 for first 3 visits; then \$35 for additional visits in the same Year *	40% Coinsurance after Deductible
Vision Services		You pay	
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.)	\$25	\$35	40% Coinsurance after Deductible
Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.)	Not covered		Not covered
Routine eye exam (For members 19 month			