City of Eugene

Alternative Care Frequently Asked Questions (FAQs)

1. **What are my Alternative Care benefits?** The Plan pays for the medically necessary services of licensed chiropractors, naturopaths, acupuncturists, massage therapists and dieticians. These providers are known as alternative care providers. Benefits are paid the same whether you go to an in-network or out-of-network alternative care provider.
    - ***City Managed Care Plan (POS) and City Hybrid Managed Care Plan:*** Services are paid at 100% after your co-pay. A referral from your Primary Care Physician is not required to see an alternative care provider. The benefit for all treatment, services and supplies provided or ordered by alternative care providers is limited to a **combined maximum of 12 visits** per person in a calendar year. This includes one consultation with a registered dietician.
    - ***City Health Plan (PPO):*** Services are paid at 80% after your deductible as outlined below:
        - Licensed massage therapists –$300 maximum plan benefit
        - Naturopaths - $300 maximum plan benefit
        - Dietician services - $200 maximum plan benefit
        - Chiropractor - Limited to 52 visits in a calendar year
        - Acupuncturist - No limit on number of medically necessary visits
2. **Are supplies covered?** Some supplies may be covered, however, the following are not covered: homeopathic medicines, or homeopathic supplies furnished by an alternative care provider; and any service or supply not otherwise covered by the plan.
3. **How do I get reimbursed for my massage therapy services?** First, fill out a Quick Claim Form, located at http://eugene-or.gov/employeebenefits. The massage therapist will give you a receipt for the services. The following **must** be on the receipt in order to get reimbursed:
    - Patients name and subscriber ID #

- The diagnosis (the diagnosis can be hand written on the receipt and must state why you are receiving the service, i.e. sore neck, back pain, etc.)
- Procedure Code (helpful but not required)
- Dates of service
- Description and cost of service
- Length of treatment
- Providers name and address (Provider/Tax ID is helpful but not required)
- Signed by the provider

***Mail the Quick Claim Form and receipt to:** PacificSource Health Plans, PO Box 7068, Eugene, OR 97401. Be sure to keep a copy for your records.

4. **How long will it take to get reimbursed?** It will take approximately 30 days to process the claim. If you have any questions regarding the status of your claim call **PacificSource Customer Service at (800) 624-6052**.

For more information regarding alternative care benefits please refer to the City of Eugene Benefits Handbooks located on the Employee Benefits website: http://www.eugene-or.gov/employeebenefits