



An Independent Licensee of the Blue Cross and Blue Shield Association

BENEFITS AT-A-GLANCE: COMPLEMENTARY CARE

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

| | Acupuncture & Massage Therapy (N04)* |
|---------------|--------------------------------------|
| | Member Cost |
| Office Visits | \$10 copayment |

*A maximum number of visits per calendar year may apply.

Understand important information about your plan: This benefits at-a-glance-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at hmsa.com/appeals.