



**SOUTHERN CALIFORNIA IBEW – NECA TRUST FUNDS**

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September 23, 2014

**NOTICE TO PARTICIPANTS ENROLLED IN  
ANTHEM BLUE CROSS PPO**

Chiropractic Benefits

Please instruct your provider to contact Anthem Blue Cross Customer Service for information regarding claims submission and benefit amounts.

|   | In Network     | Out-of-Network                                   |
|---|----------------|--|
| Rehabilitative Care (including physical, occupational and speech therapy and including chiropractic services) | 10% copayment. | 20% copayment. Up to \$35 max benefit per visit. |

Co-Payments. After you have met your Calendar Year Deductible, and any other applicable deductible, you will be responsible for the following percentages of the maximum allowed amount:

- Participating Providers.....10%
- Other Health Care Providers .....20%
- Non-Participating Providers.....20%

**Note:** In addition to the Co-Payment shown above, you will be required to pay any amount in excess of the maximum allowed amount for the services of any other health care provider or non-participating provider.

1 (800) 543-3037

