

**2025 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option****Section 5. Benefits****Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals****Manipulative Treatment**

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**Note:** For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.

**Benefit Description****Manipulative Treatment**

Manipulative treatment performed by a professional provider, when the provider is practicing within the scope of their license, limited to:

- Osteopathic manipulative treatment to any body region
- Chiropractic spinal and/or extraspinal manipulative treatment

Note: Benefits for manipulative treatment are limited to the services and combined treatment visits stated here.

Note: When billed by a facility, such as the outpatient department of a hospital, we provide benefits as shown here, according to the contracting status of the facility.

**Standard Option - You Pay**

Preferred: \$30 copayment per visit (no deductible)

Participating: 35% of the Plan allowance (deductible applies)

Non-participating: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

Note: Benefits for osteopathic and chiropractic manipulative treatment are limited to a combined total of 12 visits per person, per calendar year.

Note: Manipulation visits that you pay for while meeting your calendar year deductible count toward the treatment limit cited above.

**Basic Option - You Pay**

Preferred: \$35 copayment per visit

Note: Benefits for osteopathic and chiropractic manipulative treatment are limited to a combined total

of 20 visits per person, per calendar year.

Participating/Non-participating: You pay all charges