

2026 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**

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