CoPower SELECT[™]

Summary of Benefits and Rate Guide

For plans effective November 1, 2023 - July 31, 2024

Landmark: Chiropractic & Acupuncture

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Benefits Made Easy

copower.com



Landmark: Chiropractic & Acupuncture

Did You Know?

Injured workers with similar injuries are 28 times less likely to have spinal surgery if the first point of contact is a Doctor of Chiropractic (DC) rather than a surgeon (MD).¹

Keeney BJ; Fulton-Kehoe D; Turner JA; Wickizer TM; Chan KC; Franklin GM; Early Predictors of Lumbar Spinal Surgery After Occupational Back Injury; Results from a Prospective Study of Workers in Washingtor State. Spine, May 2013. Stand out from the crowd by choosing to offer Landmark's fully insured chiropractic and acupuncture benefit plans through CoPower. Since 1985, Landmark has been providing affordable access to a high-quality network of over 1,800 providers. As healthcare costs continue to rise, many employers are recognizing the challenges associated with maintaining quality health benefit plans that support productivity and foster healthy, happy employees.

Chiropractic and acupuncture are the lowest cost alternatives for treating physical pain and discomfort, and employees return to work more quickly and/or continue treatment while staying on the job.

Landmark's Expanded Plans offer open access to providers, allowing members to be treated not only for acute conditions caused by injury or illness, but also for preventive, wellness and on-going maintenance care. Treatment never requires preauthorization and are not reviewed for medical necessity.

LANDMARK PLANS								
Benefit Plans	2-50	51-199						
Office Visit Copay Paid to provider at time of service	\$15 or \$20	\$10, \$15, or \$20						
Office Visits Available Annual maximum per plan year	20	20 or 30						
Durable Medical Equipment Annual maximum per plan year	\$50	\$50						
X-Rays Annual maximum per plan year	\$75	\$75						
PROGRAM GUIDELINES								
Group Eligibility	2-199 enrolled employees, plan available based on group size. Group Landmark are not eligible for administration through CoPower.	os currently enrolled with						
Eligible Employees	Employees currently enrolled on a group's medical plan	Employees currently enrolled on a group's medical plan						
Employer Contribution	Minimum 50% for employer paid							
Participation	100% enrollees with medical participation; must reside or work in CA							
Carve-outs	Medical carve-outs only with minimum 5 enrolled.	Medical carve-outs only with minimum 5 enrolled.						
Out of Network Benefits	Excluded, except for emergencies							
Administrative Fees	None							
PLAN BENEFITS								
Covered Chiropractic Services • Examinations • Manipulation • Conjunctive Physiotherapy • X-Rays	Services within the scope of chiropractic care that are supportive before an injury or illness, and are generally furnished for the dia associated with an injury or illness							
Covered Acupuncture Services Acupuncture Electro-acupuncture Moxibustion Cupping Acupressure, only when acupuncture is contraindicated 	Services within the scope of acupuncture care that are for the tre or illness, or for the treatment of uncomplicated asthma (that wh post-operative or chemotherapy nausea and vomiting, nausea of headaches, and low-back pain	ich is not effected by another condition or disease), allergies,						

Rates

All rates are based on number of enrolled employees.*

LANDMARK PLAN RATES		2-24			25-50				51-100										
Plan	Region	Туре	Сорау	Visits	EE	ES	EC	FA	EE	ES	EC	FA	EE	ES	EC	FA			
					\$10	20									\$5.55	\$11.10	\$8.46	\$16.11	
			\$10	30		-							\$6.38	\$12.78	\$9.73	\$18.52			
			\$15 B	20	\$4.59	\$9.17	\$7.08	\$13.29	\$3.61	\$7.21	\$5.59	\$10.44	\$3.52	\$7.08	\$5.46	\$10.24			
	vrea	ded		30									\$4.06	\$8.13	\$6.26	\$11.78			
	Bay Area	Expanded	\$20	20	\$3.91	\$7.79	\$6.03	\$11.29	\$3.06	\$6.13	\$4.75	\$8.89	\$3.01	\$6.00	\$4.63	\$8.72			
<u>></u>			₽ZU	30									\$3.50	\$6.98	\$5.39	\$10.12			
ic On			\$10	20									\$5.09	\$10.21	\$7.79	\$14.81			
Chiropractic Only			ΨIU	30									\$5.88	\$11.74	\$8.96	\$17.03			
Chire		Non-Bay Area Expanded	ded	ded	•	\$15	20	\$4.21	\$8.44	\$6.51	\$12.24	\$3.31	\$6.62	\$5.13	\$9.61	\$3.23	\$6.51	\$5.03	\$9.42
	/ Area				CI¢	30									\$3.73	\$7.49	\$5.74	\$10.83	
	lon-Bay		\$20	20	\$3.59	\$7.15	\$5.54	\$10.40	\$2.82	\$5.64	\$4.37	\$8.19	\$2.78	\$5.51	\$4.28	\$8.02			
	2			30									\$3.21	\$6.43	\$4.96	\$9.30			
		Expanded	\$10	20									\$11.28	\$22.57	\$17.05	\$32.73			
			ΨIU	30									\$13.00	\$25.96	\$19.58	\$37.62			
						\$15	20	\$9.35	\$18.68	\$14.23	\$27.12	\$7.34	\$14.70	\$11.16	\$21.31	\$7.03	\$14.09	\$10.72	\$20.46
	ea		CI¢	30									\$8.13	\$16.28	\$12.32	\$23.56			
	Bay Area		Expanc	\$20	20	\$7.88	\$15.76	\$11.98	\$22.84	\$6.18	\$12.36	\$9.42	\$17.94	\$5.92	\$11.89	\$9.04	\$17.22		
Chiropractic and Acupuncture				.≱2U	30									\$6.89	\$13.73	\$10.42	\$19.87		
Acupt				\$10	20									\$9.78	\$19.52	\$14.78	\$28.30		
tic and				\$IU	30		-							\$11.02	\$22.00	\$16.64	\$31.89		
roprac	ohlart		\$15	20	\$7.95	\$15.90	\$12.13	\$23.03	\$6.23	\$12.48	\$9.51	\$18.09	\$6.11	\$12.24	\$9.33	\$17.73			
Chi	Area	ded	βIJ	30									\$6.90	\$13.83	\$10.49	\$20.02			
	Non-Bay Area	Expanded	¢20	20	\$6.70	\$13.41	\$10.25	\$19.46	\$5.27	\$10.51	\$8.04	\$15.26	\$5.16	\$10.30	\$7.87	\$14.97			
	Z	_	\$20	30									\$5.85	\$11.70	\$8.91	\$16.93			

***FOR GROUP SIZES 101-199, PLEASE CONTACT YOUR SALES REP FOR LANDMARK RATES.**

LANDMARK RATING REGIONS BY COUNTY	
Bay Area	Alameda, Contra Costa, Marin, Santa Clara, San Francisco, San Mateo
Non-Bay Area	All CA counties not included in the Bay Area rating area

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Chiropractic & Acupuncture Voluntary Plans

Plan Benefits: Our chiropractic and acupuncture benefit plans have no utilization management and encompass both maintenance and wellness care for chronic conditions as well as treatment for acute illness or injuries. Pre-authorization is not required and utilization is not reviewed.

- No Medical carve-out
- Employer contribution is always 0 % (100 % employee paid).
- There is no single plan for voluntary that does Chiropratic and Acupuncture. Instead, an employee chooses to enroll on one or both voluntary plans. The only requirement from Landmark is there are minimum 2 employees enrolled on a voluntary chiro and voluntary acupuncture plan for an employer to offer both plans for voluntary.
- Note: An employer can choose to offer more than one Chiropratic voluntary plan, as long as 2 minimum employees are enrolled on each plan.

LANDMARK PLANS		
Benefit Plans	Chiropratic Access to our full panel of chiropractic providers	Acupuncture Access to our full panel of acupuncture providers
Office Visit Copay Paid to provider at time of service	\$25	\$35
Office Visits Available Annual maximum per plan year	10, 15, or 20	10, 15, or 20 Annual Visits
Emergency Copay Annual maximum per plan year	\$25	\$35
X-Rays Annual maximum per plan year	\$75	NA

Rates

Group Voluntary CHIROPRACTIC Plans and Monthly Rates									
	Bay Area Monthly Rates Non-Bay Area Monthly Rates								
Office Visits/Copayments	Employee Only	Employee + One	Employee + Family	Employee Only	Employee + One	Employee + Family			
10 visits/\$25 copay	\$31.11	\$59.11	\$90.22	\$17.77	\$33.78	\$51.54			
15 visits/\$25 copay	\$47.39	\$90.05	\$137.44	\$23.70	\$45.02	\$68.72			
20 visits/\$25 copay	\$62.22	\$118.19	\$180.40	\$29.62	\$56.29	\$85.91			

Group Voluntary ACUPUNCTURE Plans and Monthly Rates									
	Bay Area Monthly Rates Non-Bay Area Monthly Rates								
Office Visits/Copayments	Employee Only	Employee + One	Employee + Family	Employee Only	Employee + One	Employee + Family			
10 visits/\$35 copay	\$41.47	\$78.80	\$120.27	\$26.67	\$50.65	\$77.31			
15 visits/\$35 copay	\$62.22	\$118.19	\$180.40	\$40.00	\$76.00	\$115.99			
20 visits/\$35 copay	\$82.94	\$157.58	\$240.52	\$54.81	\$104.13	\$158.94			

Underwriting Requirements:

- 1. Enrolled members must live or work in the Landmark service area; the state of California.
- 2. Enrolled members must have a major medical plan in-place to be eligible.
- 3. Employee and his/her dependents must enroll in the same plan if more than one plan is offered
- 4. More than one plan may be offered to a group, but a minimum of two employees must enroll per plan.



Enrollment Checklist

- □ CoPower SELECT Employer Application
- \Box Enrolling employees may:
 - Use the CoPower Complete Census (All Carriers), OR
 - Complete the CoPower Employee Enrollment/Change
 Form All Plans
- CoPower Producer Agreement (First CoPower group only)
- □ Current medical bill
- Company check for first month's coverage made payable to CoPower
- □ For carve-out groups: Designate medical plan type, and provide bill showing all enrollees on the designated plan.

Note: No DE-9C quarterly wage statement required.

Plan Administration:

CoPower

2677 N. Main Street, Suite 800 Santa Ana, California 92705 T: 888.920.2322 E: copower.sales@amwins.com www.copower.com

Plan Administration:

Landmark T: 800.298.4875 www.LHP-CA.com

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While the information provided in this guide is believed to be accurate as of the print date, it is subject to change without notice. For the most up-to-date rates and information, contact CoPower.

The benefit information contained in this booklet is summary in nature. It does not include all services, limitations, or exclusions. Please refer to the carrier's Evidence of Coverage or Certificate of Insurance documents for terms and conditions of coverage.