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**NATUROPATHIC BENEFIT**

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This naturopathic benefit is in addition to **your** medical benefits. Eligibility rules for this **plan** are described in **your** medical plan summary. This naturopathic benefit is available to **you** and **your enrolled dependents**.

This **plan** provides benefits for all services that are considered **covered expenses** and are within the scope of a Naturopathic physician's license.

Benefits are paid according to the existing **contract** benefits under the definition of **professional provider**.