



Questions and Answers for Getting the Most from Your AmeriCorps Health Coverage

Wednesday, October 17, 2012, 2:00-3:00 p.m. EDT

Do you have Spanish services if I have question of the documents? Yes. Seven Corners is an International company that has representatives that speak 13 languages. There are multiple representatives that speak Spanish. When calling the toll free number, 866-699-4186 there is an option to press 2 for Spanish. Several forms are available in Spanish on the website.

Puerto Rico

Hi. I am from Puerto Rico. I will like to know about coverage here (besides the 50 continental States) Since all of the major networks have pulled out of Puerto Rico, we have been working closely with the Puerto Rico state office to build a custom network. We are currently waiting for a list of major providers in Puerto Rico so we can contact them and set up agreements. If you have a provider you would like contracted, please forward the provider's information to americorps@sevencorners.com. If you need immediate assistance and need us to speak with a provider to explain the benefits, please call the toll free number.

Are all services available for AmeriCorps vista in Puerto Rico? Yes they should be. As stated above, we may need to speak with a provider to explain your benefits since there is no longer network coverage.

ID card

Where do you get the ID card? You can print a card from your MyPlan account. You can also email Kathy.noerr@sevencorners.com or americorps@sevencorners.com if you require a new hard copy sent to you.

I think my seven corners card got thrown out accidentally. What is the best way to go about getting a new one? I sent an email about a week ago about it but i haven't heard anything back. Please see the answer above and either log into your MyPlan account and print a card, or contact Kathy.noerr@sevencorners.com or americorps@sevencorners.com for a new card.

What would be the time frame after PSO for the benefits ID card to be received in the mail? Once we receive your information from AmeriCorps, your ID card is mailed within 24 hours.

I received my card about 3 weeks into the service. During the summer due to the high number of AmeriCorps members coming into the program, there was a back log at AmeriCorps. This caused a delay in the time it took for them to send the information to Seven Corners. ID cards are mailed within 24 hours of receiving your information.



Flu shots

Is the flu vaccine covered? Yes.

How do you claim the flu shot cost? Either have the provider submit the claim for you, or if you paid out of pocket, fill out the claim form available online, attach the receipt and mail it to Seven Corners for reimbursement. Always keep copies for your own records.

Dental care

I had a severely impacted wisdom tooth and had it removed. Will this be covered? As long as the dentist indicates it was for the relief of pain or infection then it will be covered. This does not mean that all 4 wisdom teeth can be covered. Only the painful tooth is covered and must be substantiated with dental records.

I had to have a Root Canal Therapy recently. The dentist added a "prefab Pre/Post" but I did not have the crown put on yet? Shouldn't that be covered in the insurance?? Root canals are covered for the relief of pain or infection. Posts, build ups or crowns are specifically excluded under the plan.

Why is the "prefabricated Pre/Post" not covered in a Root Canal Therapy. Isn't this an emergency to fill in the tooth after a root canal?? A filling after a root canal is part of the root canal, however a post and/or crown is not.

I had to have a root canal. My dentist added a "prefabricated..." and not sure what that was. But 7corners says they ARE NOT covering it. This most likely refers to a post and it is not covered under the plan.

In the beginning it said that routine dental appointments were not covered excepting if you are in pain. If I want a cleaning and bite wing x-rays because my molars on the left bottom side of my jaw hurt, does that still not count? Routine dental appointments are not covered. Cleanings are routine and not covered. Cleanings are not treatment for pain. If it is for the emergency alleviation of pain, covered services include the exam for pain, xrays if needed, fillings, root canals and tooth extractions. It must be indicated in the attached records that it was for the emergency alleviation of pain in order to be covered. Routine fillings (meaning it doesn't hurt but needs to be replaced), are not covered.



Why is dental not covered besides for pain? Preventative maintenance is vital not only for oral health, oncological maintenance, as well as heart conditions. I can see if it's just one oral health screening and prophylaxis a year, but health starts at the mouth (food, hydration, smoking, etc). This makes no sense to me dental care is so vital to everyone, and yet insurance doesn't care at all about it! The AmeriCorps Health Benefit is not insurance and was designed to cover newly diagnosed and acute conditions. It was decided by the Corporation for National and Community Service not to cover cleanings and preventative maintenance. Please refer to the resources given for low cost dental options. Also please keep in mind that most dental coverage for insurance has maximums of only \$1,000. This plan does not have a maximum as long as it is a covered benefit.

Member comment: one thing to check out if you need just a teeth cleaning check out college programs in your area that have dental hygiene. Many will allow students to work on you for no or little cost.

I was told during PSO that while dental and vision routine care isn't covered, glasses and cavity fillings (for example) would be because they are considered "emergency". Is this not the case? Cavities are considered an emergency if it is documented for pain. Glasses are not an emergency. Please refer to page 4 of the guide for coverage if your glasses are damaged in the line of duty only.

Prescription coverage

Does Seven Corners pay for 100% of our prescriptions? Most medications are covered as long as it is not on the drug exclusion list. There is a \$0 copay on covered generics, \$5 copay on covered brand name meds, and a \$0 copay on covered brand drugs with no generic equivalent.

So they will pay for my birth control 100%? Birth control is covered. For the prescription copays, please see above.

What specifically is contraceptive management? A visit to your provider specifically to obtain birth control.

Are non prescription birth controls (IUDs) covered by Seven Corners? Non-prescription birth control such as condoms and other over the counter forms of birth control are not covered. IUDs are covered on medical claims from the physician, but will reject at the pharmacy.

So IUDs are covered? Yes, on a medical claim from a provider.

Are we allowed to obtain medication for a pre-existing condition? Would that be covered? The pre-existing clause does not apply to prescriptions; however there is a non-covered drug list (p. 9 of the [Member Health Care Guide](#)) so not all pre-existing medications are covered.



Are medications for pre-existing conditions covered, like insulin? Insulin, lancets, alcohol swabs and test strips are covered. Insulin pumps, supplies for insulin pumps, and insulin pump cartridges are not covered.

Are we really required to use a mail order pharmacy for routine Rx's, (ie birth control)? I was told both yes and no by different customer service folks at Seven Corners. It is preferred to use mail order for maintenance medications to save the program money all though it is not required. Also mail order will allow a 90 day supply. You can fill any covered medication at a retail pharmacy, however you will only be able to get a 30 day supply at a time.

I went to the doctor 2 weeks ago went to a pharmacy to fill 2 prescriptions I paid 13.00 for one and 4.00 for the other. I was unaware they were to be at a zero cost they were both generic. Is there a way to get my money back? It sounds like the pharmacy did not apply your prescription benefits correctly. If this is caught within 24-48 hours, a pharmacy can re-run the prescription claims and refund you in the store. Since it has been 2 weeks, please fill out a prescription reimbursement form from the website. You must attach both the cash register receipt and the prescription receipt (that receipt they attach to your prescription that contains the prescription information). If it is a covered medication you can be reimburse your out of pocket expense. If you every feel a pharmacy is not processing your prescriptions correctly, please urge them to call the phone number for pharmacy questions on the back of your card.

I have a generic prescription for birth control, i also am still covered under my dad's health insurance with \$30 copay, can I use 7corners in addition? There is not really a way for pharmacies to coordinate two different insurance plans so pick the prescription plan and use the one that is better for you. This applies to pharmacy ONLY.

Pre-existing conditions

Why are pre-existing conditions not covered? This plan is not insurance. It was designed by the Corporation for National and Community Service, and is paid with tax dollars. It was not designed to be insurance to cover all routine care and pre-existing conditions. It was designed to cover newly diagnosed and acute conditions while in service.

Does pre-existing also mean conditions that you were treated for in the past but have not had, such as the flu or UTIs? Yes it would include conditions for which you were diagnosed in the past but not had recently, however the conditions you listed specifically are considered acute and treatable conditions that are not necessarily re-occurring conditions. The Flu and UTI (urinary tract infections) are looked at as a new occurrence each time and not a pre-existing condition.

Is it pre-existing if you have had UTI in the past and need a new test? UTI infections are usually curable with treatment, so each new occurrence is considered a new occurrence and not pre-existing.



So if I see my OB/GYN for a pap and I'm having some issues that MAY be related to the tubaligation I had this January, and there are tests or lab work that need to be done, will those services be covered? Without knowing your start date and more specifics of this case I cannot answer this question. Please call Seven Corners if you wish to discuss your specific case.

If I had a pre-existing condition that was cured and reoccurs during service will it be covered? This is not a question that can be easily answered without knowing what condition you are specifically asking about. Please contact Seven Corners if you wish to discuss your case.

So if I have a pre-existing condition with medication, seven corners will NOT cover it? Correct? If you are speaking of prescription coverage, please refer to the prescription questions and answers. If you are referring to a condition that was treated in the past with medication before joining AmeriCorps then most likely the condition is considered pre-existing. Please contact Seven Corners if you wish to discuss the specifics of your condition.

Secondary insurance

Since the AmeriCorps insurance is not primary, does that mean I am supposed to be using my other insurance whenever possible? I've been using my AmeriCorps insurance for everything because it covers more and has much lower copays, but am I not supposed to do that? If you have primary insurance you MUST present both cards to each provider you visit. You could be causing a huge problem if you have only used your AmeriCorps coverage because AmeriCorps will have to ask for money back for any claims paid before your primary insurance. The provider will then have to go back and submit to your primary insurance anyway. Please contact providers to have them start submitting to your primary insurance immediately.

If we have another primary insurance, the cost is going to be much higher for routine doctor's visits and other services. Will seven corners cover the remainder? Not if it is routine unless it is a routine GYN. If you are asking about the routine GYN, please have your provider submit the primary insurance explanation of benefits to Seven Corners with the claim for consideration of the remaining balance.

If we currently have MediCal coverage (California Medicaid) do we still qualify for this health coverage? All members currently serving in VISTA and NCCC qualify for this coverage regardless of any other coverage you have. You will just need to make sure you coordinate your benefits correctly by knowing which one is primary.

Women's Health

What was age for bone mineral density? 65 years of age.

I went to an OB/GYN appointment last week and the doctor ordered a blood test because I have had a history of anemia so she wanted to check for it. Would that be covered? Not if your anemia was pre-existing to your service start date.



Will a mammogram be covered at 35 if you have a family history of breast cancer? No. AmeriCorps does not cover tests for family history as these are considered routine.

Would we have to pay out-of-pocket first (and submit a claim) to see an ob/gyn for our 1 allowed routine visit? Not if you visit a network provider. Network providers should send us a claim on your behalf and only be charging you the initial copay of \$5 for office visits.

My question is: I went to an OBGYN and they want to see me again because of something about my results. Will that be covered or will I be getting an expensive bill in the mail? As long as it is documented that it is not a pre-existing condition, is a newly diagnosed condition, and a covered benefit under the plan, you should be covered. If you wish to discuss your specific case, please call Seven Corners.

Does maternity coverage have any restrictions? It cannot be pre-existing. Please refer to page 2 of the member guide for more information about maternity coverage.

What if I get pregnant during my service term? If you become pregnant while in service, it would then not be pre-existing. Maternity coverage only applies while you are a volunteer and does not carry over to cover you if you are no longer serving as an AmeriCorps volunteer.

Very specific question. I am 54 year old woman. Past menopause. In distant past have had 1 negative PAP that turned out to be nothing. Have an issue being watched in one breast. Question: Will Seven Corners VISTA preventive care pay for a regular PAP and mammogram? Yes you get 1 GYN including pap once a year and if you are over 40 years of age you receive 1 mammogram per year.

General Benefit Questions

When you get the new guide and website, will all members get an email with the links to get into it? The links will all be the same, we will just be replacing the old with the new.

What is outpatient and inpatient? Outpatient refers to anything done while not admitted to the hospital. Inpatient refers to an admitted stay in the hospital.

Is there a limit on how many claims you can make? No.

What was the limitation on hospitalization again? 21 days maximum.

How do you call ahead of time for hospitalization if it's an emergency? The plan and the presentation state that you must call 1 day in advance to a scheduled hospitalization and within 3 days of an emergency hospitalization. If your benefit card is presented to a hospital they typically do this for you, however it is your responsibility to verify this is done to avoid a \$300 pre-certification penalty.



What is an office visit? Is that a check up or for a medical emergency? An office visit is the charge from a provider for seeing you at the office or clinic. They charge for their services as well as bill extra for procedures, supplies and tests.

Urgent treatment centers are not considered emergency room, correct? No they are considered two different types of facilities.

Is there a time limit for submitting a claim? The [Member Guide](#) states 2 years, however this is loosely enforced as to benefit the member.

Is a physical covered by benefits? No it is considered routine.

Are alternative treatments, like acupuncture, covered (not for pre-existing conditions)? No, they are specifically excluded under the plan.

I would like to know if there is any change in the 7C health coverage?? Changes to the plan are updated in the online guide as they are made. All changes come from the Corporation for National and Community Service and are not decided by Seven Corners.

Has any part of the original health plan changed? There have been many changes over the years. Each change is updated in the online member guide. A good example of change is that contraceptive management only used to be covered only if addressed at the annual GYN visit. Now it is covered no matter when the visit happens. Other suggestions and possible changes are constantly discussed with the Corporation for National and Community Service.

Is post-injury physical therapy covered? Physical therapy for an injury is covered as long as it happened while in service and is prescribed by a physician. The prescription for physical therapy must be on file at Seven Corners. Your coverage ends on your last day of service. If you require coverage for an injury after service, and the injury happened while carrying out your VISTA responsibilities, please contact your State office for instructions on how to file a FECA claim.

If I want to see a Mental Health Practitioner for the 3 covered visits, can I call them directly (if I find them in the provider network) or do I need a prescription from a general practitioner first? You should call them directly and do not need a prescription.

One hospitalization only for mental health or for any reason? No. Hospitalization for mental health is subject to the pre-existing condition clause. The only exception is if it is life threatening. At that point a member would be covered ONLY until stable. Any hospitalizations that are covered under the plan are subject to the 21 day inpatient maximum.

Are dermatologists covered? As long as the condition is not pre-existing, not a routine check and for a specific condition that is newly diagnosed then yes.



I recently went to a dermatologist for a skin check. I looked on the Seven Corners provider network and found the doctor nearest to me and made an appointment. A few weeks after my APPT I received a letter asking me for more information on the doctor I visited with the price of the appt. I was under the assumption that if you make an appointment with a contracted provider my visit would be covered. Why do I have to provide more information now? Also, in the future how can I KNOW prior to me going to a doctor that my visit will be covered? We do not send out requests asking for the price of the appointment as that is already on the claim. Most likely we are asking for more information to be able to try and pay your claim. Requests for information must be sent out to the provider, and sometimes the member, if the diagnosis on the claim is not acute. I'll use an example of acne. If you went to the dermatologist for acne, and the claim comes with acne on it, we are required to ask for the first date of diagnosis from the provider per the pre-existing clause. We ask for more information when there is not enough information on file to make a decision about your claim.

If I've a mole that doesn't look too great and appeared 1 month into my service, would having a dermatologist examine it be covered? I had called dermatologists on the list, in which they said if they find that it's not malignant and need not be removed, then insurance will not cover it and I will be footing the \$200 consultation of having the doctor look at it for 2 minutes. What is the correct insurance policy? If this appeared 1 month into service and was not diagnosed before starting service, it is not pre-existing and should be covered. You should be covered for the consultation as well as the removal if needed. We would just need to have the requested information from your provider to document it is not a pre-existing condition.

Allergies

Can I see an allergist? I am constantly sick with allergies.

We travel to many areas of the US and we are subjected to all climates, and there are areas that we work in that have many allergies, too many people including us. How can we get relief thru an allergist?

For all questions related to allergies, please refer to page 10 of the [online member guide](#). Any services for the treatment, including tests, surveys, injection medication and treatment are not covered. This exclusion does not include emergency treatment due to an allergic reaction, which is covered.

Providers

Explain again about this not being "insurance"...so if I go to my doctor I tell them "what"...?

You can explain to them that you are an AmeriCorps volunteer with a government health benefit administered by Seven Corners which utilizes the Choice Care Network (in NY and NJ PHCS Network). In the insurance and medical billing world we are known as the TPA (or Third Party Administrator of the plan.) All necessary information needed for the provider is located on your card. If a provider has questions about your benefits, please have them contact Seven Corners.



Am I able to see a doctor at UMC Quick Care here in Las Vegas? For specific provider network coverage, please check the provider search at:

https://www.viiad.com/7corners/public/app/compass/provider_search_main.asp This link is on the website as well. If you still cannot determine if the provider is in network, obtain the provider's tax ID number and perform a search that way. It is the most accurate way to verify if a provider is in network or not.

Why is the providers list so out of date? I have not been able to find a doctor who is covered even though I have called only doctors on the provider's list. The networks do their best to keep the list up to date, however providers move, retire and sometimes do not renew contracts. Sometimes the person answering the phone is not aware of all of the network contracts they are part of. If you find incorrect provider information, please forward it to Seven Corners so we can address it with the networks. Please also make sure you are identifying yourself as part of the correct network like Choice Care or PHCS.

The look and feel of the plan is the same as a health insurance plan. Doctors recognize this plan as a limited plan and will refuse appointments for new patients. What should I do? If they are in the network, they are required by contract to see you as a member of the network. If you find a network provider refusing to see you, please contact Seven Corners immediately.

If you get charged over the usual and customary rate for a provider that IS in the network, can you appeal the denial to pay that difference? Absolutely. Please let Seven Corners know immediately. Providers are not allowed to bill the member contractual discounts for covered services.

Member Comment: a lot of providers don't realize they're providers in my experience. It helps if you scan your 7 corners card and e-mail it to them.

If I look up a provider on the network, should I make sure they accept the insurance or since they are on the website assume they are good and I do not need to ask? The networks do their best to keep the provider list up to date, however providers sometimes change networks so it's a good idea to ask when making an appointment.

Why is there a preferred provider list if they aren't covered? I just went to the doctor on Monday and I used one that was listed on the Seven Corners preferred list. Should I be worried? It depends on why you visited the doctor. The provider network and the actual covered benefits under the plan are two different things. Just because you visit a network provider does not mean that all services will be covered; the plan limitations and exclusions apply to all providers, including network providers. Claims are always subject to the benefits as they were written.



My hospital is listed, does that mean that all doctors at the hospital are on an approved list and my visit will be covered? Not necessarily. If you are hospitalized it is almost impossible for you to check every provider you may come in contact with. If you find a network hospital you have done your part. However, if you regularly visit a provider that has an office at a hospital, you must check and make sure they are part of the network.

I have used the same dr. for several years and he knows my med. history...so I hesitate to change to one in the network....explain again the additional fee I will have to pay... Please obtain your provider's tax ID number and contact Seven Corners. We do use secondary networks and it is possible your provider could participate in another network we use. If you chose to use a provider that is not in network, you could be responsible for any amount your provider bills over the Usual and Customary rate. These rates are determined by the zip code of the provider and the rates other providers in that same area charge for the exact same service.

The urgent care I went to had no idea about Americorps VISTA members so I left after they said they wanted to admit me to the hospital. Why don't the state leaders know enough about VISTA benefits to help the members? We are also here to answer questions for members, providers, and State Offices; we regularly do get calls from Corporation state offices asking questions on behalf of their VISTA members. Whenever you or your provider have questions about your coverage, please contact Seven Corners.

I was sent medical bill for about \$700 on an x-ray and an out-patient dr's visit that was phoned in for approval and I had co-paid for all services but it's not reflected on some of it -- it's a serious financial burden for my service year and relates directly to my VAD role/responsibility. How can this be resolved? Please contact Seven Corners with your specific claims questions. There could be many explanations for this- maybe we didn't get a claim, maybe a provider is billing you the network discount, maybe it wasn't covered. Please contact us.

I recently used my health insurance and was charged the \$5 co-pay. A few days ago I received a bill for the services (less the co-pay). Does this mean my coverage was not accepted after all, or do I pay it and get reimbursed by 7 corners later? The claim could be in process. Providers sometimes send out bills to you even though they have billed us as well. Always follow up with the provider to make sure they submitted a claim and check your MyPlan account to verify the status of your claim.

I recently had an incident where I had to be taken to emergency just a couple weeks ago, and they ran x-rays and CT scans, etc. I have yet to receive a bill, but how would I go about taking care of this via AmeriCorps? If you gave your benefit information to the ER, they should be submitting the claims to us on your behalf. It is not uncommon for providers to take weeks to submit a claim as some only bill monthly. If you receive bills in the mail, always follow up by contacting the provider to verify they have submitted a claim to Seven Corners. It is not uncommon for ER rooms to not give the ER physician or a radiologist for example, your benefit information. Always follow up with the provider.



I was told my visit to an urgent Care was covered by the insurance but then I was sent a \$800 bill. Can I refute this? Check with the provider and make sure the claim has been submitted to Seven Corners for reimbursement. If you have questions about a bill check your MyPlan account or call Seven Corners.

Continuing coverage

I am changing vista positions in November do I need to do anything? As long as you are still active as a VISTA or NCCC volunteer you are covered under this plan.

Will this plan count if I look to enroll in a health plan after service or will I be considered without health insurance? We can issue a Certificate of Coverage upon completion of your service. Please contact Kathy.noerr@sevendcorners.com or americorps@sevendcorners.com It is up to other insurance companies whether they will accept the Certificate of Coverage but it is our understanding that almost all do accept it.

Will the insurance company take a certificate that is over a year old? It is not clear whether you mean this plan or another insurance company. I cannot speak for other company's policies; however we will accept Certificates of Coverage no matter what date they were issued. Our main focus is to document the dates you were covered under another plan to be able to correctly pay your claims.

If you extend your service year, do the health benefits start over or cover me during the extended time? Yes your benefits cover you during your extension, however you are not covered during times you are not considered an AmeriCorps volunteer. If you re-enroll in a second term of service, your benefits start over. If your current term is extended by a few months, then your existing coverage is extended and the caps and limitations remain the same.

I will be at my site for another year...do my yearly benefits reset? If you re-enroll for another full service year, then yes your benefits reset to allow you, for example, another GYN visit or 3 more mental health visits.

I was diagnosed with a thyroid condition last year in my service. This requires regular blood tests. I have started a new year. You mean to tell me that now in my 2nd year in VISTA this is considered a pre-existing condition? What am I supposed to do now to get those blood tests covered in my 2nd year? If you started your new service year within 180 days of the previous term, then it is not pre-existing, as long as it was not pre-existing during your first service year.

For any questions you have that weren't answered during today's call, you can ask them by dialing 1-866-699-4186