



Webinar for VISTA

Welcome to Getting the Most from Your AmeriCorps Health Coverage

To join the audio portion, please dial:
888-790-3401

Participant passcode: **8525927**



SEVENCORNERS

Corporation for
**NATIONAL &
COMMUNITY
SERVICE** 



**CAMPAIGN
CONSULTATION
INCORPORATED**

Today's Team



Jory Camosy
Account Manager
Seven Corners



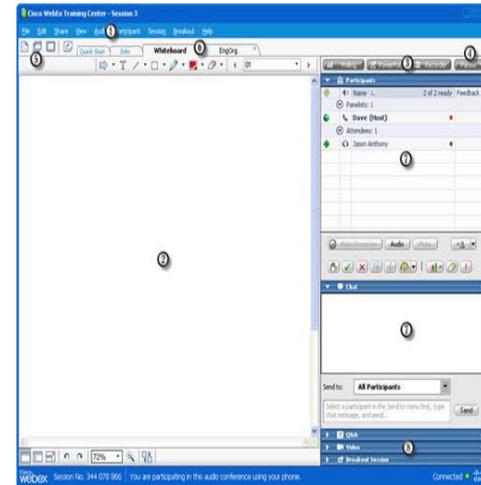
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Tips for using WebEx (this virtual workshop tool)

1. If you lose your internet connection, go back to your email and reconnect using the link that was emailed to you.
2. If you lose your phone connection, re-dial the phone number and re-join.
3. Your voice will be muted but we will open the line for questions.
4. Please use the CHAT section to the right and we will answer those questions as they occur. For the first part of the presentation, your questions will be addressed to the host and panelists. Later we will open the chat to **EVERYONE**.



Conference Call: 888-790-3401
Passcode: 8525927

Plan your professional development



Andy King
Training Specialist
AmeriCorps VISTA

Today's Agenda

- Seven Corners and Your AmeriCorps health benefits
- Eligibility, Limitations and Exceptions
- Co-pay and Pre-certification
- Medical and Pharmacy Networks
- Coordination of Benefits
- Submitting Claims and Subrogation
- Customer Service
- Conversion
- Other Benefit Sources
- Conclusion

Your Healthcare Plan

- AmeriCorps offers a “limited” health care plan
 - Is not an insurance policy
 - It is not full major medical health benefit coverage
 - Dependents are not covered
- The Plan is self-funded through the Corporation for National and Community Service
- The Plan is Administered by Seven Corners, Inc.

Seven Corners

- The Administrator of the AmeriCorps Health Care Plan
- Responsibilities include
 - Processing claims for payment
 - Customer service on benefits and claims
 - Eligibility—enrollment of all members
 - Prescription drug coverage
 - Development of an internet self service option.
(MyPlan - See page 1, Benefit Guide)
– www.americorps.sevencorners.com

Seven Corners

- The MyPlan component of the website is where your secure information is located.
- Password protected
- Claims, customer service interactions, virtual ID cards, online EOBs, etc.



The screenshot displays the MyPlan website interface. On the left, there is a login form titled "MyPlan - Login" with a "HELP" link. The form includes fields for "Username" and "Password", and "Enter" and "Cancel" buttons. Below the form are two links: "Setup New Account" and "Forgot Your Password?". On the right, there is a "Welcome to MyPlan" section with introductory text, a "What policies have access to the MyPlan Website?" section with details about user eligibility, a "This is my first time to MyPlan, what do I do?" section with instructions for new users, and a "Have you forgotten your password?" section with instructions for password recovery.

Welcome to MyPlan
MyPlan is a web site designed to allow secure access to your benefit plan and claim information. MyPlan requires account activation and information is displayed via secure web browser connection.

What policies have access to the MyPlan Website?
The MyPlan website is available for Compass Benefit members, government program members and certain Seven Corners group account members. This website is not accessible to individual Seven Corners plan members.

This is my first time to MyPlan, what do I do?
There are two pieces of information that you will need first. We have either issued or you need to obtain from us a MyPlan ID and a PIN Number. The MyPlan ID and PIN Number will be needed to setup a MyPlan account. If you have these two pieces of information follow the "Setup New Account" link to the left.

Have you forgotten your password?
If you have already setup your account and forgotten your password, follow the link "Forgot Your Password?" to the left. We will ask for your username that you chose when you setup your account along with the email address that we have on file. If the information matches we will send your password to the email that we have on file.

Seven Corners

- Most current information about AmeriCorps health benefits is on the website
 - www.americorps.sevencorners.com
- Use the site to find everything you need
 - Forms
 - FAQs*
 - Updates
 - Glossary
 - MyPlan (your claims and info)
 - Medical Provider Network
 - Pharmacy Network
 - Contact Information
 - *Frequently Asked Questions



Eligibility

- ID card – Keep with you at all times.
 - 24/7 coverage
 - ID#
 - Present to physician, hospital or emergency room
 - Contact information
 - Precertification requirements
 - Pharmacy information
 - Virtual ID card available on website if lost

Benefit Limitations

- Lifetime pre-existing clause – Pre-existing Conditions are NOT covered.
 - A pre-existing condition is any condition or illness for which medical treatment was given, or a diagnosis was made, on or before the effective date of AmeriCorps* Health Care Plan
 - Consulted a physician prior to effective date
 - Treatment or medication received prior to effective date

Benefit Limitations

- Other health benefits that are not covered
 - Dental care – all dental care including routine*
 - Vision care – routine eye exams or glasses/contacts not covered*
 - Routine examinations – any type of routine care is not covered*
 - Immunizations/vaccinations – contact Seven Corners customer service

*exceptions

Exceptions

- Dental exception
 - Only treatment for the emergency alleviation of pain is covered
- Vision exception
 - Eyeglasses/contacts damaged in the line of duty
 - Limited to \$25 for examination
 - Limited to \$50 for repair/replacement

Exceptions

- Routine care exception
 - One GYN health visit per service year
 - Pap test
 - Breast examination
 - Routine lab work is not covered
 - Contraceptive management
 - One mammogram per service year
 - Women over 40 years of age
 - One Bone Mineral Density (BDM)

Exceptions

- Routine care exception
 - One prostate examination per service year
 - Men over 50 years of age
 - Includes PSA test

Mental Health Coverage

- Outpatient
 - 3 outpatient mental health visits per benefit year that are not subject to the pre-existing limitation
 - Additional mental health visits are subject to the pre-existing condition limitation
- Inpatient
 - AmeriCorps covers inpatient hospital services only for conditions that are not pre-existing

Co-Pay

- Office Visits
 - Members are required to pay a \$5 co-pay
- Emergency Room
 - Members are required to pay a \$25 co-pay
 - If a member is admitted to the hospital the co-pay is waived

Pre-Certification

- Pre-certify an inpatient hospitalization by calling Seven Corners
 - At least 1 business day prior to a planned hospitalization
 - With 2 business days after being hospitalized for an emergency admission
 - Not a guarantee of payment

Medical Network

- AmeriCorps uses the ChoiceCare provider network for all states except NY and NJ
- What to ask a provider – “Are you in the ChoiceCare network?”
- New York and New Jersey uses the PHCS/ MultiPlan provider network
- What to ask a provider – “Are you in the PHCS/MultiPlan network?”

Pharmacy Network

- AmeriCorps benefits include prescription medication
- Not subject to pre-existing
- See excluded drugs on page 9 of the Benefit Guide
- Prescription Co-pays
 - \$0.00 copay for generic medications
 - \$5. 00 copay for brand medications with a generic equivalent
 - \$0.00 copay for brand medications without a generic equivalent
- 30 day supply retail pharmacy
- 90 day supply through mail order

Contact the manufacturer to inquire if there are assistance or discount programs. Check with your state, county or local government to check what programs are available at www.needymeds.com

Coordination of Benefits

- AmeriCorps is secondary to all other insurance
- AmeriCorps is primary to Medicare and Medicaid

Subrogation

- AmeriCorps has the right to subrogation of claims
 - If you are injured or become ill through the act or omission of another person
- AmeriCorps is not responsible for the member's attorney's fees or other costs

Subrogation

- Claims for injuries cannot be paid until the “Injury/Accident Details Request” form is received at Seven Corners

Corporation for
**NATIONAL &
COMMUNITY
SERVICE** 

Injury/Accident Details Request

Name: _____
Date of Birth: _____
Certificate #: _____
Claim #: _____
Date of Service: _____

We have received medical bills, which indicate you may have been involved in an accident. We need the following information from you to complete our file, prior to the possible payment of your claims.

Please write your answers to the following questions. You may attach additional sheets if necessary.

1. Please describe how, when and where this injury/accident occurred.

Was the injury a result of performing your duties as an AmeriCorps volunteer? (Please circle)
Yes No

If no accident, please indicate when and where treatment was sought

2. Are you pursuing a claim against any other party (for instance, the owner of premises where you fell)?
If so, give name and address of other parties).

3. If an auto accident was involved, please provide copy of police report and name and address of any insurance carriers involved, including personal injury protection (PIP). Please also provide the policy # and claim #.

4. If counsel, in a claim against other parties, represents you please provide the name, address and telephone number of your attorney.

Signature _____ Date _____

If another party was involved in this accident and is liable for your injuries, please refer to "Subrogation" on page 13 in the Member Health Care Guide. This provision entitles AmeriCorps to a refund of benefits paid out of any recovery from a third party, its insurer or uninsured motorist insurance and allows AmeriCorps to file a lien or have a lien upon any recovery you receive. Please accept this correspondence as notice of our lien in this matter. No settlement with any party is complete without indemnification of AmeriCorps.

You may forward the completed form to us now, and follow with the police report later, if necessary. Please call if you have any questions. Thank you.

Claim Department

AmeriCorps Health Benefits Program
PO Box 3430 • Carroll, NJ 06032-3430
Tel: 866-699-4186 • www.americorps.sevencorners.com • Fax: 317-575-2256



Submitting Claims

- Claim form
 - Located in the back of the benefit guide
 - Located at americorps.sevencorners.com
 - Submit receipts with claim form

Cooperation for
NATIONAL & COMMUNITY SERVICE

P.O. Box 3430
Carmel, IN 46082-3430
1.866.699.4186

INSTRUCTIONS FOR FILING CLAIM

1. Please fully complete this side of form.
2. Have your doctor complete the back of this form.
3. Mail this form and any other bills to:
AMERICORPS - VETS
Attn: Claims
P.O. Box 3430
Carmel, IN 46082-3430
4. Please contact this office if you have any questions.

NOTE: To expedite the processing of your claim please make sure the diagnosis code, procedure code and provider PIN# are included on the claim and/or receipts.

TO BE COMPLETED BY PARTICIPANT **ANSWER ALL QUESTIONS THAT APPLY. SIGN WHERE INDICATED BY**

PERSONAL INFORMATION

Name: First _____ Middle Initial _____ Last _____ Date of Birth: _____ Month _____ Day _____ Year _____
Home Address: Street _____ City _____ State _____ Zip Code _____

IMPORTANT Identification Number: _____

Are any hospital, surgical or medical benefits or services provided under any group, individual, blanket, school, franchise or no-fault auto insurance plan or under any state, federal or other governmental program (i.e. Medicaid)? • Yes • No
If "yes", give the name and address of the insurance company or other organization providing benefits and the policy numbers.

Are you covered under Social Security (Medicare) Health Insurance? • Yes • No Identification Number: _____	Are you covered under any other health insurance? • Yes • No Identification Number: _____ Effective Date: _____	Are you covered under medical assistance (Medicaid)? • Yes • No Identification Number: _____ Effective Date: _____
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If "yes," indicate your coverage by checking the appropriate boxes:

- Hospital Only (H) _____
- Medical Only (M) _____
- Hospital and Medical (H & M) _____

Effective Date: _____

Was medical condition related to:
A. Employment • Yes • No
B. Accident • Yes • No Date of Accident: _____

Describe illness, injury or symptoms: _____

Date symptoms first appeared: _____

The above information is hereby certified to be true and complete. I agree to reimburse my health plan if this claim for sickness/injury is compensable under Medicare-Medicaid, the Worker's Compensation Act or similar law, if benefits excluded by the provisions of the contract are paid, if such claim is settled or compromised or in the event of recovery from a third party.

Date _____ Participant's Signature _____

PERSONAL INFORMATION

I permit any physician, pharmacist, hospital or other health care provider, any insurer, prepayment organization or other health plan provider to give my health plan or its representative any medical information about the patient listed above, including information about physical and mental health, medical history and drug or alcohol use. This information will be used to evaluate claims for benefits. This authorization will remain in effect until all matters relating to these claims are concluded. A copy of this authorization will be as valid as the original. I understand that I may receive a copy of this authorization if I ask for one in writing.

Date _____ Participant's Signature _____

TOTAL CHARGES submitted with this form: \$ _____ Issue Payment to: ••• Participant • Provider

Customer Service

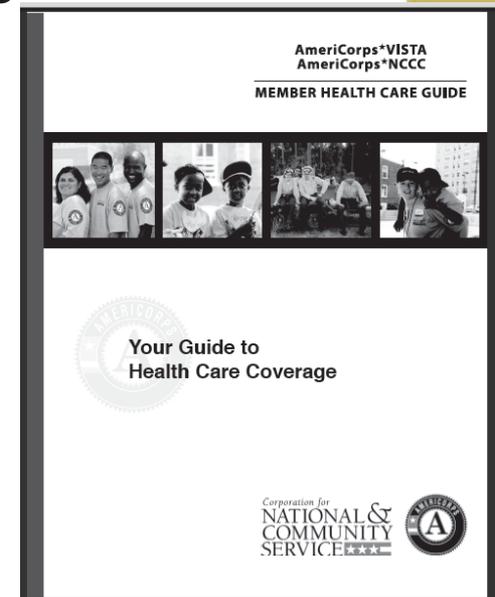
- Contact Seven Corners customer service
 - 24/7 Monday through Friday
 - Call Toll Free – 866-699-4186
 - E-mail: americorps@sevencorners.com
 - Find a doctor or hospital
 - Questions about your benefits or medical bills
 - Need forms
 - For hospitalization/surgery
 - For treatment of dental pain

Conversion

- Upon termination from service
 - You may convert from you health plan provided by CNCS to a private plan administered by Celtic Life Insurance Co
 - Your option to convert must be exercised within 30 days of the date of termination from service
 - You are responsible for meeting this deadline
 - No reminder notification will be sent
 - You may receive information by calling toll free 800-365-2365
 - Note: COBRA coverage is not available through CNCS

Benefit Guide

- Your Benefit Guide provides all a full overview of your services.
- Your Benefit Guide is available online www.americorps.sevencorners.com
- Additional hard copies are available upon request.



Questions?

For questions about personal
medical situations that you do not
wish to share, please call:

866-699-4186

Vision Care

Free exams and glasses

- Lions Clubs
- OneSight program
- OneDay program (the second Tuesday of December)
- VSP Mobile Eyes
- Vision USA program
- New Eyes for the Needy (glasses only)

Vision Care

Low cost exams and glasses

- America's Best
- Optometry school
- Major retailers
- Online coupons
- Online retailers

Dental Care

Free or low cost

- Dental colleges
- Dental hygiene schools
- Federally-funded community health centers
- Free dental clinics

Medical Care

Free or low cost

- Federally-funded community health centers
- Community free clinics
- Public hospitals-associated outpatient clinics
- City and county health departments
- Discount or free benefits for veterans

Mental Health Care

Free or low cost

- Community mental health services
- Federally-funded community health centers
- Community free clinics (some offer mental health services)



Questions?

THANK YOU

for your participation!

If you have further questions or for more information,
contact us: VISTACAMPUS@CampaignConsultation.com

Social Media Monday

Twitter: Micro-blogging at Its Best

Monday, October 29, 3 p.m. ET

Webinars for VISTAs

Writing Winning Grant Proposals

Wednesday, November 14, 2 p.m. ET

**Check the calendar on the VISTA Campus
for a complete schedule of VISTA webinars**