# Corpsmember Health Care Insurance Plan

The CorpsNetwork
Strengthening America through service and conservation

**September 1, 2017 to August 31, 2018**
Medical Underwritten by Cigna
AD&D Underwritten by Gerber

**Medical Group Number: 3338030**

Cigna

| | Cigna "Open Access Plus" Preferred Provider | Out-of-Network |
|---|---|---|
| **Deductible** | $175 per Plan Year* | |
| **Out of Pocket Maximum** | $2,750 *(including deductible)* | |
| **Benefit Maximum** | Unlimited | |
| **Hospital** | **Prior Authorization Required for All Inpatient Admissions** | |
| Room & Board | 80% | 60% |
| Other Hospital Services | 80% | 60% |
| Emergency Room | $100 co-pay per visit, deductible applies, then covered at 80% | |
| **Professional Services** | | |
| Office | 80% | 60% |
| Urgent Care | $20 co-pay; deductible applies, then covered at 80% | $20 co-pay; deductible applies, then covered at 80% |
| Surgery | 80% | 60% |
| Diagnostic Lab & X-ray | 80% | 60% |
| Allergy Injections | 80% | 60% |
| **Preventive Care** | | |
| Routine Care (including Preventive screenings) | 100% (*deductible waived*) | 60% |
| Mammogram/Pap Smear | 100% *(deductible waived)* | 60% |
| **Outpatient Rehabilitation** | **20 visits per Plan Year** | |
| (Includes Physical, Speech, Occupational, Cardiac Therapies and Chiropractic Care) | 80% | 60% |
| **Mental Health** | | |
| Inpatient | 80% | 60% |
| Outpatient | 80% | 60% |
| **Chemical Dependency** | | |
| Detoxification | | |
| Inpatient | 80% | 60% |
| Outpatient | 80% | 60% |
| **Ambulance** | 80% | 80% |
| **Prescription Drugs (including oral contraceptives)** | **Prior Authorization Required for Some Prescriptions**<br>Co-insurance is paid at the pharmacy | |
| | 80% | 60% |
| **Durable Medical Equipment** | 80% | 60% |
| **AD&D (Gerber)** | $10,000 | |
| **Rate** (Per Corpsmember Per Month) | $281.92** | |

***All benefits are subject to deductible and coinsurance unless otherwise specified.***
*** Plan Year means September 1st to August 31. Note: If you meet your deductible in June, July or August, that amount will carry forward to begin satisfying the deductible that resets on September 1st.**
****The health plan premium is paid in full for corpsmembers by their program.**

***CIGNA requires prior authorization for all inpatient hospital admissions, some outpatient procedures and certain prescription drugs.***

# Eligibility Definitions

The Corps Network Health Plan is an insurance program with certain rules required in order to maintain cost efficiency and benefit levels. We rely on each member program to understand and adhere to the rules and standards that support the plan. Following are key definitions and some frequently asked questions regarding eligibility of corpsmembers:

### *Definitions*

**Eligible Person** - An Active Corps Network Organizational Corpsmember or AmeriCorps Member contracted by a Corps Network Member Program to perform specific duties in service to the community. An Eligible Person may be a foreign national, but there is no coverage for any expenses incurred by an insured outside the United States, its territories and possessions.

**Corps Network Organizational Corpsmember** - a participant (AmeriCorps Member or Non-AmeriCorps Corpsmember) who is enrolled for a limited term of service (usually up to one year) with a Corps Network Organizational Member Corps to perform duties under the instruction and direction of that Corps.

**AmeriCorps Member** - a participant currently enrolled and active in AmeriCorps through an AmeriCorps program that is an Affiliate or Basic Member of The Corps Network or through an Affiliate State Commission Corps Network Member.

# Eligibility FAQs — Medical

# Eligibility FAQs — Medical

### *When does a corpsmember's coverage begin?*

The plan is designed to allow coverage beginning on the corpsmember's first day of active service.

### *When does a corpsmember's coverage end?*

A corpsmember's coverage ends on the last day of the month in which their active service terminates.

### *What happens to coverage during a medical suspension?*

If a corpsmember's service is suspended for medical reasons, the plan may continue in place until the last day of the month after one month of suspension. Premium must be paid by the program without interruption. Ascension, the plan administrator, must be notified of any corpsmember that is covered during a medical suspension.

### *Is premium pro-rated?*

If a member's start date occurs in the first 15 days of the month, premium is owed for the entire month. If this date falls in the last 15 days of the month, premium is not owed until the first of the following month. The initial payment will be for an entire month's premium.

A full month of premium is owed for the month in which a corpsmember's active service ends as coverage continues until the end of that month.

### *Can the corpsmember be charged for any portion of their premiums?*

The Corps Network Health plan requires 100% premium contribution on the part of the program. Therefore, premium cannot be billed to the corpsmember. The program is responsible for the full cost of all its corpsmembers' coverage.

### *Do all corpsmembers need to be enrolled in the plan?*

The plan requires 100% participation of all eligible corpsmembers. The only valid reason for an eligible member to waive benefits under The Corps Network Health Plan is if they have coverage from another source (e.g., spouse, parent). The corpsmember must provide documentation that he/she is covered elsewhere and complete a signed waiver form which is kept on file at the program.

This policy does not bar members from being enrolled on another policy (through another source) in addition to The Corps Network Health plan. The Corps Network plan will pay primary to most other insurance.

# Eligibility FAQs — Medical

### *How do the eligibility rules work for dental/vision?*

The program decides whether they want to purchase the dental/vision coverage for their corpsmembers. If the program enrolls in the dental/vision coverage for their corpsmembers, anyone enrolled in the medical must also be enrolled in the dental/vision and vice versa. Please reference the Program Enrollment Form for dental/vision insurance and the dental/vision FAQ for more details on the eligibility rules regarding the dental/vision benefits.

### *Can a corpsmember who waived coverage be enrolled on The Corps Network plan later?*

If the waiving corpsmember loses other coverage, the program is required to enroll him/her onto The Corps Network Health Plan in order to comply with the participation rules.

### *Can a corpsmember cover any dependents under this policy?*

No. The plan is designed to cover corpsmembers only.

### *What about COBRA/Continuation?*

COBRA is Employer/Employee legislation. Corpsmembers are not considered employees and more aptly meet the definition of a volunteer. Therefore, COBRA will not be offered.

### *What if our program has members returning for a second year?*

Your program may choose to allow "Gap" coverage for up to 2 months between one service term and the next when a corpsmember commits to a second term of service. If you require the returning member to pay for "Gap" coverage, you must collect the premium from them and remit to Ascension as part of the normal billing process.

### *What options are available to corpsmembers for health coverage when their active service ends and they are no longer eligible for The Corps Network plan?*

Losing coverage through completion of AmeriCorps service triggers a special enrollment period. The member has 60 days from the date coverage ends to sign up for a plan through the federal healthcare marketplace or applicable state exchange.

A free resource available to exiting corpsmembers is the Service United Marketplace, an online exchange for buying individual policies. Follow this link for information on the Service United Marketplace or contact the Willis Towers Watson team.

### *Is The Corps Network Plan Compliant with the Affordable Care Act and does it provide Minimum Essential Coverage?*

As of September 1, 2014 and thereafter, The Corps Network Plan is compliant with the Affordable Care Act (ACA). There are no caps on lifetime benefits or essential benefits. Therefore, it qualifies as Minimum Essential Coverage (MEC) and satisfies the Individual Mandate of the ACA.

# Eligibility FAQs — Medical

***Can our program offer The Corps Network Plan and a Reimbursement Option for coverage through a state or federal marketplace plan?***

No. In order to utilize The Corps Network Plan, a program must attest to the fact that there is no other program sponsored coverage. This includes reimbursement of the member's share of individual policy premiums on the marketplace. A program cannot offer both options to members.

***Will Members covered under this policy be subject to the Shared Responsibility tax penalty of the ACA?***

The Corps Network Plan qualifies as Minimum Essential Coverage (MEC), satisfying an individual's obligation under the ACA for the duration of coverage under The Corps Network Plan.

***Will Programs be assisted by the plan in meeting the ACA reporting requirements?***

Since AmeriCorps defines corpsmembers as volunteers, we believe that programs are not required to provide a 1095c to those covered by this plan. If you decide to provide this form to your covered members anyway, Ascension can assist with a report that reflects who was actually covered during the year, but of course, not all who were offered coverage. Form 1094c must be submitted to the IRS. This form will be submitted to the IRS by Cigna.

***Does The Corps Network Plan satisfy our obligation as an AmeriCorps grantee?***

According to the 2015 Terms and Conditions for AmeriCorps State and National Grants, a program may satisfy its requirement related to health insurance for full time members by purchasing a private policy. The policy must be considered Minimum Essential Coverage and meet the requirements of the Affordable Care Act. The Corps Network Plan meets these standards and satisfies a program's obligation.

***Who will answer any additional questions that I have?***

The broker for The Corps Network plan is Willis Towers Watson. The contacts at Willis Towers Watson are Julie Nelson, Chris Rooney or another member of the Benefits team. They can be reached at julie.nelson@willistowerswatson.com or chris.rooney@willistowerswatson.com.

***Note About Plan Administration After Initial Sign Up***

Once your Program is set up for coverage at Ascension, the Program Administrator will receive an email from "donotreply" with portal login instructions. Adds, terminations and changes of corpsmember information will all be done by the Program Administrator on Ascension's online enrollment portal. On the 13th of each month, you will receive an email alert from Ascension Benefits & Insurance Solutions that your invoice is ready to download.

# How to Use Your Coverage

## *Medical Claims*

1. **Choose your provider** –You receive better benefits based on discounted charges when you choose a Preferred Provider from CIGNA's Open Access Plan (OAP) network. To look up a specific provider or obtain a list of preferred providers, please visit www.cigna.com or call 1-800-244-6224.

2. **Make the appointment** – When asked, your insurance provider is CIGNA.

3. **Bring your ID card** to the provider's office/facility. If you have lost your ID card or have not received one, print a temporary ID card from myCigna.com or use the myCigna mobile app.

***Looking up Preferred Providers:***

- Go to www.cigna.com
- Click on 'Find a Doctor"
- Click "Select a Plan for your search"
- Select "Open Access Plus, OA Plus, Choice Fund Plus" plan
- Enter search criteria
- Narrow your search along left side of results page

**Preferred Provider Network:** CIGNA OAP
**Group #:** 3338030
**Claims Processor/Administrator:** CIGNA
**Member ID #:** Your Social Security Number

4. The provider's office will probably want to **verify your eligibility and benefits**. They can do this by contacting CIGNA customer service at 1-800-244-6224.

***Why use a Preferred Provider?***

- Preferred provider fees are discounted
- Benefit level is higher (80% vs. 60%)
- Preferred providers will request all necessary prior authorizations on your behalf
- Preferred providers are obligated to bill insurance on behalf of the covered member

Non-network providers are not obligated to bill insurance first and may require you to pay upfront. If billed directly, ask for a claim form to submit for reimbursement. Medical claims should be sent to:

**The Corps Network Claims**
**CIGNA**
**PO BOX 182223**
**Chattanooga, TN 37422-7223**

***Prior Authorization for Medical***

Some procedures, and all inpatient admissions, must be authorized with CIGNA before they will be covered. If you use a Preferred Provider, the provider will handle the prior authorization for you. A partial list of outpatient procedures that require prior authorization includes:

- Certain outpatient surgeries
- Advanced Radiology such as MRI, CAT and PET scans
- Durable medical equipment
- Speech therapy
- Diagnostic cardiology
- Radiation therapy

## *Prescription Drug Claims*

Fill your prescription at a CIGNA preferred pharmacy to minimize your out of pocket expenses. Prescriptions are subject to the deductible and then covered by the plan at 80% if you use a CIGNA preferred pharmacy. You will pay your co-insurance at the time you fill your prescription (after the deductible is met) and the plan will process the balance of the claim.

The plan requires prior authorization for some prescription drugs. Ask your pharmacist or contact CIGNA at 1-800-244-6224.

# Online Resources

## *myCigna.com*

Register on myCigna.com after your coverage effective date. The site is completely personalized for you, secure and it's easy to quickly find exactly what you're looking for. Resources available on the site include:

- Find doctors, pharmacies and hospitals in the CIGNA network
- Manage and track claims
- Print a temporary ID card
- Verify coverage details
- Estimate medical costs and prescription tool
- Compare providers/quality and efficiency ratings

*Health and Wellness*

- Confidential online health assessment
- Interactive library of health conditions, first aid, wellness and more
- Cigna Health Rewards Discounts – Weight management, nutrition, fitness, hearing and more

***Register on my Cigna.com***

- myCigna.com>Learn How to Register

***Take the Tour***

- myCigna.com>Site Benefits

***myCigna Mobile App***

Download the app to your smartphone to access information on the move. Look up providers, access ID cards, view claims, research drug information and store important contacts.

## *Accessing Ascension Benefits & Insurance Solution's Website*

Ascension Benefits & Insurance Solutions' website houses benefits information and other helpful documents. The site provides:

- Benefit Summary
- Forms and Resources
- Online Tutorial

*To log in:*

1. Go to http://4studenthealth.ascensionins.com/
2. Locate "Start Here"
3. Select "The Corps Network" from the School/Organization drop down box
4. Select "TCN Health Plan for Members" from the "Select Your Plan" drop down box

***Online Tutorial***

The online tutorial provides a clear explanation of how to use The Corps Network Plan. It can be displayed by a program at orientation or accessed any time on Ascension Benefits & Insurance Solution's website.

## *24 Hour Nurseline*

Cigna provides a health information line 24 hours a day, 7 days a week. When you dial **800-564-9286**, you will be connected with a nurse who is ready to help answer your health questions. It can be a fever in the middle of the night or a question about a popular medication.

# Health Plan Contact List

| Organization | Primary Contact |
|---|---|
| ***The Corps Network***<br>The Corps Network is a national membership organization that provides various services to its member corps, including sponsorship of The Corps Network Health Plan. The Corps Network Plan complies with all AmeriCorps/CNCS requirements. Service organizations must be members in good standing with The Corps Network to be eligible for the program. | **Bobby Tillett**, Member Services Coordinator<br>*Phone:* 202-737-6272<br>*Email:* btillett@corpsnetwork.org<br>*Website:* www.corpsnetwork.org |
| ***Willis Towers Watson***<br>Willis Towers Watson, as the broker for The Corps Network, created the Health Plan in February of 1992. They provide ongoing management of the insurance program. Willis Towers Watson is also available for general questions and concerns from either directors or individual participants. | **Julie Nelson**, Assistant Vice President<br>*Phone:* 206-812-7296<br>*Email:* julie.nelson@willistowerswatson.com |
| ***CIGNA – Group Number 3338030***<br>Administration of corpsmembers' medical/prescription drug coverage is done by CIGNA. Claims processing and customer service, as well as generation of welcome packets, is handled by CIGNA. All medical/prescription claims should be submitted to the address below.<br><br>*Claims Address*<br>The Corps Network Claims<br>CIGNA<br>PO Box 182223<br>Chattanooga, TN 37422-7223 | **Customer Service (Medical/Prescription)**<br>*Phone:* 1-800-244-6224<br>*Website:* www.cigna.com or: www.myCigna.com |
| ***CIGNA Open Access Plus (OAP) Preferred Provider Networks***<br>The OAP network allows you to receive a higher benefit from the plan and reduce your out-of-pocket expenses for both medical and prescription drugs. | **Provider Lookup**<br>*Phone:* 1-800-244-6224<br>*Websites:* www.cigna.com; www.myCigna.com |
| ***Ascension Benefits and Insurance Solutions (formerly Summit)***<br>Eligibility, billing, generation/mailing of ID cards and premium collection are handled by Ascension Benefits. Ascension Benefits and Insurance Solutions also handles any questions related to these functions.<br>*Ascension Benefits and Insurance Solutions*<br>*PO Box 25936*<br>*Overland Park, KS 66225* | **Eligibility**<br>Diann Williams, Client Service Specialist<br>*Email*: diannwilliams@ascensionins.com<br>*Phone:* 1-800-955-1991 ext. 2593<br>*Group email:* corps@ascensionins.com<br>*Fax:* 913-327-0201<br><br>Eligibility passes through Ascension and questions regarding eligibility should be directed to them rather than Cigna. |
| ***CIGNA – Group Number 3338030***<br>CIGNA is the insurance company contracted to handle the dental/vision benefits available under The Corps Network insurance plan. They process the claims and provide customer service.<br><br>*Claims Address*<br>The Corps Network Claims<br>CIGNA – Dental/Vision Claims<br>PO Box 182223<br>Chattanooga, TN 37422-7223 | **Customer Service/Claim Forms**<br>*Dental - Phone*: 1-800-244-6224<br>*Vision – Phone*: 1-877-478-7557<br>*Website*: www.cigna.com |