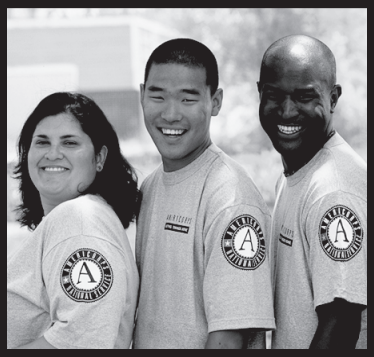
AmeriCorps*VISTA
AmeriCorps*NCCC

MEMBER HEALTH CARE GUIDE



Your Guide to Health Care Coverage

Corporation for
NATIONAL & COMMUNITY SERVICE

AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

WELCOME

Description of the Corporation

Created in 1993, the Corporation for National and Community Service (CNCS) engages more than 2 million Americans annually in improving communities through service. CNCS supports service at national, state, and local levels through:

* Senior Corps, the network of programs that helps Americans age 55 and older use their skills and experience in service opportunities that address the needs of their communities. Senior Corps includes the Retired and Senior Volunteer Program (RSVP), Foster Grandparent Program, and Senior Companion Program;

* AmeriCorps, whose members serve with local and national organizations to meet community needs while earning education awards to help finance college or training; and

* Learn and Serve America, which helps link community service and learning objectives for youth from kindergarten through college as well as youth in community-based organizations.

Upon request, this material will be made available in alternative formats for people with disabilities.

Corporation for NATIONAL & COMMUNITY SERVICE

This guide is an overview of your health care program and reading it will familiarize you with the program's main provisions.

CNCS is pleased to welcome you as an AmeriCorps*VISTA or AmeriCorps*NCCC member. As a member you are entitled to an exclusive health care plan designed by CNCS and administered by Seven Corners, Inc. This plan should not be construed as an insurance policy.

This guide describes the health care benefits you are entitled to while serving as an AmeriCorps*VISTA or AmeriCorps*NCCC member. It also explains how payments are made for covered health care expenses. Throughout this guide, the covered services you are entitled to are called "your benefits." This guide is an overview of your health care program and reading it will familiarize you with the program's main provisions.

The AmeriCorps health care plan provides you with 24 hour health care coverage automatically upon your entry into training or service.

Your health care benefits will terminate automatically on the date your service ends.

If you re-enter service with AmeriCorps*VISTA or AmeriCorps*NCCC within 90 days of the termination of your previous service, those medical conditions covered during your previous term of service will be covered during the new term of service. However, illnesses or injuries incurred during the gap in service will not be covered and will be considered to be pre-existing conditions.

QUICK REFERENCE GUIDE

Use this Quick Reference Guide for easy access to frequently asked questions regarding your AmeriCorps health care benefits.

Select a provider from the PPO network		Search for a provider online at www.americorps.sevencorners.com or call customer service at 1.866.699.4186. Also, verify with provider they are a participating member of the network prior to receiving services.
Replace your ID card		Call Customer Service toll free at 1.866.699.4186, or request a card on-line from our web site at www.americorps.sevencorners.com.
Check on eligibility or benefits		Call Customer Service toll free at 1.866.699.4186, or visit us on-line at www.americorps.sevencorners.com.
Request a claim form		Call Customer Service toll free at 1.866.699.4186, or download a form from our web site at www.americorps.sevencorners.com.
Schedule provider visits		Call your provider.
Seek precertification		Call provider to coordinate. If you are reporting this yourself, call Customer Service toll free at 1.866.699.4186.
Be admitted to a hospital		Have provider initiate precertification for all non-emergency admissions by calling 1.866.699.4186.
Receive emergency care		Seek care at nearest hospital / source of medical care. If admitted to hospital, call Customer Service toll free at 1.866.699.4186, within two business days.
Submit claims		Have network provider submit claims for services or see page 11 of this guide for instructions.
Inquire about bills you receive from a provider or facility		Call Customer Service toll free at 1.866.699.4186, or e-mail Customer Service via our website at www.americorps.sevencorners.com
Convert coverage upon termination		Call Customer Service toll free at 1.866.699.4186, visit us on-line at www.americorps.sevencorners.com, or call Celtic Life Insurance Company at 1.800.365.2365.

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CUSTOMER SERVICE

Providing quality customer service is important to AmeriCorps. For that reason, we offer access to customer service through our toll-free customer service line at 1.866.699.4186 and via the Internet at www.americorps.sevencorners.com. Now, you can get answers to your health care questions at any time of the day or night.

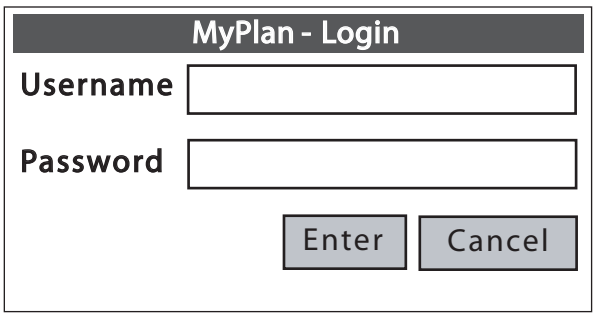
Correspondence Mailing Address:
AmeriCorps
Attn: Customer Service
P.O. Box 3430
Carmel, IN 46082-3430

USING THE AMERICORPS *E-SERVICE*

It's easy to access information about your health plan through www.americorps.sevencorners.com. Just log in for access to:

- Customer Service Representatives
- Claim status
- Benefit Plan Guidelines
- Downloadable forms
- Eligibility information
- Printable ID cards
- Pharmacy Network
- Provider Network

When viewing areas where personal health information is present, a username and password are required. Your username, password and identification card will be issued to you within 24 hours of receipt of eligibility information.

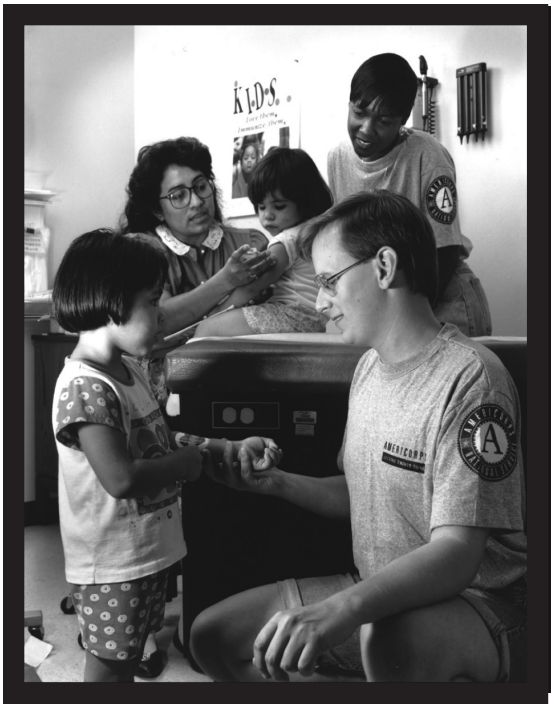


IDENTIFICATION CARD

As an AmeriCorps member you will receive an identification card to be used as proof of health care coverage when you need medical services. Simply show your identification card to the hospital, physician or provider at the time of service. You should carry your identification card with you at all times in case you need emergency treatment. The identification card also serves as a prescription drug card for use when filling prescriptions at all PharmaCare network pharmacies.

The back of your identification card contains important information regarding procedures and the address used to file claims.

Lost or misplaced cards can be replaced by calling Customer Service at 1.866.699.4186. A copy of your card can be emailed to you and a new card will be mailed within 24 hours.



COVERED SERVICES
(Subject to the pre-existing condition limitation)

EMERGENCY SERVICES

The plan covers emergency outpatient services for injuries resulting from an accident, including an automobile accident and emergency illness. A $25 copay applies to each emergency room visit. The copay is waived for AmeriCorps*VISTA members only if you are admitted to the hospital through the emergency room. It is waived for AmeriCorps*NCCC members for all emergency room visits.

HOSPITAL INPATIENT SERVICES

If you are confined to a hospital, the health plan will pay hospital charges for the services listed below which are not related to pre-existing conditions. If you are hospitalized prior to your service termination date and the hospitalization continues past the termination date, medical expenses for the duration of the hospitalization will not be covered under this health plan.

NOTE: When you leave the AmeriCorps program you should always consider Conversion Coverage. (see page 13.)

ROOM AND BOARD

The AmeriCorps health care plan provides care up to 21 days per benefit year and no more than 60 days per lifetime of service. Room and board, general nursing care, meals and dietary services provided by the hospital are covered for a semi-private room or ward accommodations. If a private room is medically necessary, the plan will cover the cost.

INPATIENT HOSPITAL SERVICES

Inpatient hospital services include charges incurred for operating, recovery, delivery, labor, intensive care, coronary care and cystoscopic rooms. An annual maximum of 21 days of inpatient room and board can be used for mental health treatment and for alcohol or substance abuse for detoxification in a hospital or licensed inhospital detoxification facility.

NOTE:
* Covered services are subject to the pre-existing condition clause.

* Outpatient treatment of alcohol or substance abuse is not a covered service. (see page 10.)

PRECERTIFICATION

All inpatient hospital stays, including detoxification facilities, must be precertified. If a network hospital is in your area, you should use that facility in order to avoid the potential risk of being billed for charges in excess of usual and customary fee schedules. (See page 5 for information about the preferred provider organization network.)

If your provider recommends hospitalization, you must call 1.866.699.4186 for precertification. (See page 6 for instructions on how to precertify a hospital stay.) A $300 penalty will be applied if precertification is not obtained prior to hospitalization. The member is responsible for paying all applicable penalties.

Note: Precertification is not a guarantee of payment , but a process to document medical necessity.

LIFETIME MAXIMUM

You will realize unlimited medical benefits for most covered services. (See Pre-existing Conditions on page 3 and Excluded Benefits on page 10.)

MATERNITY CARE

AmeriCorps provides maternity benefits for members who are in active service prior to becoming pregnant and through delivery of the child. A pre-existing condition limitation applies to any member who is pregnant prior to entering service.

Covered maternity services include prenatal care, delivery of the child, hospitalization and treatment of the mother relating to the delivery of the child including any complications affecting the mother. Complications affecting the infant are not covered. For newborn coverage, see Nursery Care under Other Services.

Benefits will be paid for all covered services provided by a certified nurse midwife who is a licensed registered nurse and certified as a nurse midwife by the American College of Nurse Midwives or meets other requirements as mandated by law. (Continued on next page.)

Checking the list of covered services prior to having services performed saves you money.

MATERNITY CARE (continued)

A member who enters service or a member who becomes pregnant during service may continue their service provided they can continue to perform full-time duties. If the member wishes to remain in service beyond the delivery date, the member must have sufficient leave available for recuperation after giving birth (additional information on pregnancy and your services can be found in the appropriate AmeriCorps member handbook).

MENTAL HEALTH SERVICES

Inpatient care: The AmeriCorps health plan covers mental health care for inpatient hospital services subject to the pre-existing condition clause. (See Inpatient Hospital Services on page 2.)

Outpatient care: When outpatient mental health care is provided by a physician, a psychiatrist, a licensed clinical psychologist or a master of social work, the following benefits apply:

1. Three outpatient mental health visits are covered per benefit year that are not subject to limitations on pre-existing conditions.
2. Any additional outpatient mental health visits are subject to the pre-existing condition clause.

PROFESSIONAL SERVICES

Professional services include services provided by a physician for the treatment of a medical condition in a hospital, physician's office or your home. The AmeriCorps health care plan will pay up to the usual, customary and reasonable charges for these types of services.

Consultation services are covered if a second surgical opinion is needed in order to confirm your diagnosis or treatment.

Approved providers of service include Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgeries (DDS or DMD), Psychologist (PhD) and any other provider licensed in the state where services are provided. Special nursing services by actively practicing nurse practitioners, registered nurses, licensed practical nurses and licensed vocational nurses, as prescribed by a physician, are also included.

PRE-EXISTING CONDITIONS

AmeriCorps does not provide benefits for any diagnosis that is considered a pre-existing condition. 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 coverage.

Exception: All members who are medically terminated and reinstated at a later date will have the condition for which they were medically terminated covered by the health plan.

If a claim is submitted that appears to be a pre-existing illness or condition, medical records will be required to make a determination.

PRESCRIPTION DRUGS

PharmaCare prescription drugs must be obtained from a participating pharmacy. (See page 7 for more information.)

PREVENTIVE CARE

The AmeriCorps health care plan pays for only the following preventive / routine care services for female members:

1. **One** GYN health visit per service year that includes one pelvic examination, Pap smear, breast examination and lab work related to GYN health when performed at the time of the annual GYN exam. Contraceptive management is covered **only** when performed at the annual GYN health visit.
2. One mammogram for women over 40 is covered per service year. All other routine mammograms are not included as part of these services.

For males over 50, one prostate examination, including a PSA, is covered by the plan per service year.

SURGICAL CARE

AmeriCorps pays for surgical expenses whether on an inpatient or outpatient basis. Surgical expenses include usual pre-operative and post-operative care for treatment of a disease, injury or ailment; cutting or incision; and/or suturing of wounds; treatment of fractures and dislocated bones; and endoscopic procedures where a tube is inserted to examine internal organs or for the treatment of fractured and dislocated bones.

OTHER SERVICES

Anesthesia - General anesthesia, spinal anesthesia, and epidurals will be covered when administered by an anesthesiologist. Other anesthesia, including conscious sedation, may be administered by the attending physician, dentist or registered nurse as dictated by hospital or facility policy.

OTHER SERVICES (continued)

Ambulance - Professional ambulance service to the nearest hospital where the member can be treated or to another hospital in the area if necessary treatment is not available at the nearest hospital is covered. Ambulance service from the hospital to the member's home, only if medically necessary, is also covered.

Artificial Limbs or Eyes - Prosthetic appliances and orthopedic braces for disabilities arising during service, and the repair of such appliances and their replacement when medically necessary.

Birth Control - Oral contraceptives, diaphragms, IUDs and contraceptive injections when prescribed by a medical doctor.

Blood - Blood, blood plasma or blood expanders when not donated or replaced.

Dental - Dental services necessary for the performance of a surgical service to correct non-chewing accidental injuries of the jaw, cheeks, lips, tongue, roof and floor of the mouth as well as x-rays, teeth, supporting bone and tissue that occur while the member is covered under this contract including x-rays as the result of an accidental bodily injury.

Emergency dental services covering care which must be provided immediately for the **relief of pain** and the correction of the disorder causing the pain. Emergency services covered may include treatment of abscesses, root canals and extractions, but will not include cleaning, crowns, dentures, routine fillings or the routine removal of wisdom teeth.

Diabetic Supplies - Insulin, lancets, alcohol swabs, glucometers, test strips, disposable needles and syringes only.

Equipment - Includes casts, splints, trusses, braces, crutches or surgical dressings.

Equipment Rental (DME) - Includes rental or purchase (whichever is less) of durable medical equipment deemed necessary for therapeutic use including crutches, wheel chair, hospital bed and oxygen and rental of equipment for its administration.
Note: Physician's order required to be considered for payment.

Facility Expenses - Charges associated with operating, recovery, delivery, labor, intensive care, coronary care and cystoscopic rooms.

Hearing - Repair of hearing aid when device is broken or lost in the line of duty.

Hemodialysis - Services provided by a freestanding hemodialysis center (except in the case of Chronic Renal Failure and End Stage Renal Disease).

Immunizations - Those immunizations recommended by the United States Center for Disease Control. All other immunizations required for travel outside of the United States are not covered. (see Page 10.)

Laboratory Tests and X-Rays - Services are covered if recommended or performed by a licensed provider for diagnostic purposes due to symptoms, illness or injury.

Ostomy Supplies

Nursery Care - Routine care for newborn while mother is hospitalized for covered maternity care.

Radiation Therapy - Radiation and chemotherapy including treatment of disease by chemical, biological antineoplastic agents, x-rays, radium or radioactive isotopes.

Therapy

Occupational Therapy - Services covered when provided by a physician or by a licensed occupational therapist when prescribed by a physician.

Phototherapy - Services covered when provided by a physician or by a licensed phototherapy nurse when prescribed by a physician. Note: tanning / tanning salons are not covered.

Physical Therapy - Services covered when provided by a physician or by a licensed physical therapist when prescribed by a physician.

Speech Therapy - Services covered when provided by a physician or by a licensed speech therapist when prescribed by a physician.

Vision - Charges for an eye examination, replacement of eyeglasses or contact lenses lost or damaged in the line of duty are subject to the following schedule:

Replacement/repair of frames and lenses (combined)	$50
Eye examination for eyeglass replacement	$25
Replacement of contact lenses	$50
Eye examination for contact lens or lens replacement	$25

NOTE: Services related to the treatment of eye disease or eye injury are covered, subject to the pre-existing condition limitation.

QUALITY SERVICE

The AmeriCorps health care plan is administered by Seven Corners, Inc. As a specialist in claims and billing administration, you can be assured of quick personalized service. Customer service representatives are available to answer any questions you may have regarding the PPO network, claim payments or covered benefits by calling **Customer Service toll free** at **1.866.699.4186** or visit us on-line at**:**

www.americorps.sevencorners.com.

COPAYMENT

You will be responsible for a $5.00 copay for each medical office visit. This charge will be expected to be paid at the time of your visit and will be deducted from the total cost of the services. No copay will be charged for inpatient services.

Effective 8/1/2005 AmeriCorps*NCCC members will be responsible for a $5.00 copay for each prescription drug purchased.

PREFERRED PROVIDER ORGANIZATION (PPO)

Your health plan contains a Preferred Provider Organization (PPO) benefit. A PPO is a network of physicians, hospitals and clinics who have entered into an agreement with AmeriCorps to accept discounted fees for services they provide to AmeriCorps members.

Using a PPO provider saves you money because AmeriCorps will pay 100% of the covered charges (or up to the policy limit). In most states, payment will not be required at the time of services (except for the co-pay amount).

Failure to use an available PPO provider in a network area will result in your being responsible for charges over the usual and customary amount. This means you will be responsible for any costs not paid by the health care plan and providers may require payment at the time of service. AmeriCorps*NCCC members on spike are exempt from this requirement.

AmeriCorps uses the ChoiceCare national PPO network. Claims for services provided by a PPO provider should be mailed directly to Seven Corners at the address on the back of your identification card.

You may search for a network provider from the provider directory on our website at www.americorps.sevencorners.com or call customer service toll free at 1.866.699.4186 for assistance in locating a provider.

If your residence is over 35 miles from the nearest PPO provider, you are exempt from the PPO guideline. You are free to see any provider of your choice. AmeriCorps*NCCC members on spike are encouraged to use the PPO network but are not required to use it.

Using a PPO provider saves you money.

UTILIZATION MANAGEMENT

The AmeriCorps health plan includes a utilization management program to review the use of your health care benefits. This program applies to members who receive services within the United States, Puerto Rico, the Virgin Islands and territories of the United States. The program ensures that the care you receive is medically necessary, cost effective and the type of care you need is appropriately provided.

The utilization management program is administered by registered nurses and board certified physicians.

The following services are provided through the utilization management program:

* Preadmission and admission review of all hospital admissions, including inpatient psychiatric and obstetrical admissions.

* Continued stay review of all hospitalizations.

* Individual case management of potentially catastrophic and costly cases.

HOW THE PRECERTIFICATION PROGRAM WORKS

If your physician recommends that you be hospitalized, you must call 1.866.699.4186 for preadmission certification. All hospitalizations require preadmission and admission review, including obstetrical and psychiatric admissions. **Preadmission approval must be obtained at least one business day before a planned hospitalization, and within two business days after admission date for an emergency admission or an admission due to an unexpected illness or injury.**

To obtain the necessary precertification approval, call toll free 1.866.699.4186. Preadmission certification hours are 9:00 am to 5:00 pm EST Monday through Friday. After service hours, you may leave a message that will be answered during the next business day.

Be prepared to give the following information:

1. Member name and identification number
2. Provider name and telephone number
3. Hospital name and date of planned admission
4. Type of procedure to be performed

The preadmission certification process may be initiated by you, a family member, your provider or a hospital representative. Once the preadmission certification has taken place, you, your provider and the hospital will receive written notice within 24 hours of the precertification decision and the approved number of hospital days. **Precertification approval does not mean coverage approval.** Coverage approval is based on the terms and conditions described in this guide.

If your hospital admission has been precertified, AmeriCorps will review your admission and determine if additional hospital days are medically necessary. If an extension cannot be approved, a physician advisor will review your case, discuss your admission with your provider and render a decision.

Share the preadmission certification information from this guide with a family member or other responsible person who could contact AmeriCorps and arrange for your medical care in the event you are unable to do so yourself.

YOU SHOULD KNOW...

Failure to consult and obtain precertification of your inpatient hospital admission will result in a $300 reduction in benefits. You will be responsible for paying this amount.

PRESCRIPTION DRUG PROGRAM

The AmeriCorps health care plan provides a prescription drug program to be used in combination with your health care benefits. PharmaCare is your prescription drug plan administrator. Through their nationwide network community and chain pharmacies, and their mail-service pharmacy option, you have the broadest choice of pharmacies to choose from to satisfy your prescription drug needs.

PHARMACY COPAYMENT

Effective 8/1/2005 AmeriCorps*NCCC members will be responsible for a $5.00 copay for each prescription drug purchased.

HOW TO FILL A PRESCRIPTION

Your health care identification card contains all of the information your pharmacist needs. Simply present your card to have your prescriptions filled at any one of the network pharmacies in your area. The pharmacy will then electronically transmit a claim for that medication and within minutes have approval for filling the prescription.

You may obtain up to a one-month supply of your prescription medication from a retail network pharmacy and up to a three-month supply through the PharmaCare Direct Mail Service. Your health plan requires that all maintenance medications or medications taken on an ongoing basis must be purchased though the PharmaCare Direct Mail Service. You may obtain the application online at www.americorps.sevencorners.com, click on "Forms", and then click on the "PharmaCare Direct Mail Service" form. You may also access the online application at www.pharmacare.com, click on "PharmaCare Direct", then click on "Enroll".

HOW TO FIND A PARTICIPATING PHARMACY

The PharmaCare network includes over 53,000 pharmacy locations nationwide. A listing of participating pharmacies is included beginning on this page. To locate the pharmacy nearest you, consult this listing, visit the PharmaCare website at www.pharmacare.com or call member services at 1.800.777.1023.

For each initial prescription or refill obtained at a network pharmacy you may obtain up to a one-month supply of your medication.

WHAT YOU SHOULD DO IF YOUR PHARMACY IS NOT PART OF THE PHARMACARE NETWORK

In the unlikely event a pharmacy in your area is not part of our network then please ask your pharmacist to request a participation agreement by calling PharmaCare's Network Service Department at 1.800.237.6184 x7555.

A list of participating pharmacies, including national and regional chain drug stores, begins on this page.

A & P U.s.
Accesshealth
Accredo Health Group, Inc
Acme Pharmacy
Albertson's, Inc
Allcare/Malone's Pharmacy
Allina Community Pharmacies / MBP, Inc
Allscripts, LLC
American Drug Stores, Inc
Anchor Pharmacies
Appalachian Regional Health Care
Arbor Drugs, Inc.(Acq.by CVS)
Atlas Drugs
Aurora Pharmacy, Inc
B & R Stores, Inc
Balls Four B Corp / Price Chopper / Hen House
Bartell Drug Company
Baystate Pharmacy
Big "A" Drugstores, Inc
Big Y Foods, Inc
Bi-lo Holding, Llc
Bi-mart Corporation
BJ's Wholesale Club, Inc
Brooks Pharmacy/Maxi Drug, Inc
Brookshire Brothers Pharmacy
Brookshire Grocery Co
Bruno's Pharmacy
Buehler Pharmacies
Buehler's Foods, Inc
Buffalo Pharmacies
Care Pharmacies, Inc (Independents)
Caremark Inc Therapeutic Svcs
Carle Rx Express Pharmacy
Carrs Quality Centers
Cbc Professional Pharmacy, Inc
Chronimed Holding, Inc Dba Statscript Phcy
City Market / Dillon Companies
CJM Incorporated
Coborns, Inc
Columbus Health Services Inc.
Community Dist, Inc/drug Fair
Community Pharmacies, Lp
Costco Pharmacies
Curascript Pharmacy, Inc.
CVS
D & W Food Centers, Inc.
Dahl's Foods
Dartmouth Hitchcock Phcy Admin.
Davidson Drugs, Inc.
Department Of Veterans Affairs
Dierberg Family Markets, Inc
Dillon's Pharmacy
Discount Drug Mart, Inc
Doc's Drugs
Dominick's Finer Foods, Inc
Drug World Pharmacies
Duane Reade
Duluth Clinic
Eaton Apothecary
Eckerd Drug Company
Epic Pharmacy Network, Inc.
Fagen Pharmacy
Fairview Pharmacy Services
Fairview Pharmacy Services, LLC
Family Care Plus
Familymeds, Inc
Farm Fresh Pharmacy
Felpausch Pharmacy
Fitzgerald's Pharmacy (F & F Pharmacies)
Food Lion Pharmacy
Fred Meyer, Inc
Fred's, Inc
Fruth Pharmacy
Fry's Food & Drug (Kroger Corp)
Gemmel Pharmacy Group, Inc
Giant Eagle, Inc
Giant Food Stores, LLC
Giant of Maryland, LLC
Golub Corporation / Price Chopper
Greco Enterprises, Inc
Gristedes Pharmacy

Gu Markets, LLC
H.e.b Grocery
Haggen, Inc
Hannaford Brothers, Inc (Shop & Save)
Happy Harry's Inc
Harmons Pharmacy
Harp's Food Stores, Inc
Harris Teeter Pharmacy
Hartig Drug
Healtheast Pharmacies
Henry Ford Health System Pharmacies
His Infusion Services dba Ambulatory Pharmaceutical Serv.
Hi-School Pharmacy
HLS Pharmacies, Inc
Homeland Stores, Inc
Horton & Converse
Hy-vee, Inc.
Ingles Markets, Inc
Integrity Healthcare Services, Inc
Intermountain Health Care
J.H. Harvey Co., LLC
Kash N Karry Food Stores, Inc.
Kelsey-Seybold Pharmacy
Kerr Drug, Inc.
Keystone Med-chest
King Kullen Pharmacies Corp
King Soopers, Inc.
Kinney Drugs, Inc.
Kleins Pharmacy
Klingensmith's Drug Stores, Inc
K-mart Corporation
Knight Drugs, Inc
Kohll's Pharmacy & Homecare
Kopp Pharmacy
Kroger Co Corporate
K-VA-T Food Stores, Inc dba Food City Phcies
Leader Drug Stores
Lifechek Drug
Longs Drug Stores (Except Ca, Hi)
Louis & Clark Drug
M.K. Stores, Inc
Major Value Pharmacy Network
Managed Pharmacy Care
Marc Glassman, Inc
Market Basket Pharmacies
Marsh Drugs, LLC
Marshfield Clinic Pharmacy
Martin's Super Markets, Inc
Maxor National Pharmacy
May's Drug Stores, Inc
Mckesson Valurite Pharmacies
Med-fast Pharmacy
Medic Drug, Inc
Medicap Pharmacies, Inc
Medicap Pharmacy / Company Owned
Medicine Centers Of Atlanta, Inc Dba Traceys Medicine Ctr
Medicine Shoppe
Medicine Shoppe Poi
Mediserv, Inc
Med-x Corporation/Drug Mart
Meijer, Inc
Memorial Sloan Kettering
Mercy Health System Retail Pharmacies
Metro Pharmacy
Minyard & Sack 'N Save Pharmacies
Moore & King Pharmacy
Morton Drug Company, Inc
Nash Finch Company/ Ekicksons
Navarro Discount Pharmacies
NCS Healthcare
Neigborcare Pharmacies
Network Pharmaceuticals Dba Network Phcy
Northwest Health Ventures, Inc / Lehman
Nova Factor, Inc
Oakwood Pharmacy, Inc
Omnicare, Inc
Oncology Pharmacy Services, Inc (Form:tops Phcy)
Owl Drug Stores, Inc
P & C Food Market - Penn Traffic Co
Pacmed Clinic Pharmacies
Pamida Pharmacy
Park Nicolett Pharmacies
Pathmark Stores, Inc
Pavilion Plaza Pharmacies
Payless Drug Stores
Payless Drugs
Pediatric Services Of America, Inc
Peoples Pharmacy
Pharma-card Mgmt Services, Inc
Pharmacare Pharmacy
Pharmacare Specialty Pharmacy
Pharmacy Express Services, Inc
Pharmacy Plus
Pharmacy Providers Of OK Pharmerica, Inc.
Piggly Wiggly Carolina Co, Inc / Price Wise
Professional Village Pharmacy, Inc
Publix Super Markets, Inc
Quality Food Centers, Inc
Quality Markets - Penn Traffic Co
Quick Chek Food Stores
Raleys Drug Center/Bel Air
Ralph's Pharmacies
Randall's Food & Drugs, Inc
Recept Pharmacy, LP
Revco (Acq. By CVS)
Ridley's Food Corporation
Rinderer's Drug Stores, Inc
Risch Drug Stores, Inc
Rite Aid Corporation
Ritzman Pharmacies, Inc
Riverside Div of Penn Traffic (Bi-lo)
Rogers Pharmacies
Rosauers Supermarkets, Inc
RPCS, Inc
Rx Plus
Rxd Pharmacy
Rxpride, Llc
Safescript Pharmacy/RTIN Holdings, Inc
Safeway, Inc
Save Mart Supermarkets
Sav-mor Drug Stores
Schnucks Pharmacy
Scolari's Food & Drug Co
Seaway Food Town, Inc
Sedano's Pharmacies
Sedell's Pharmacy
Shelby Shore Drugs, Inc dba Family Drug Stores
Shelly's Pharmacies
Shopko Stores, Inc
Shoppers Pharmacy
Shoprite Pharmacy (Wakefern)
Smith's Food & Drug Centers, Inc
Snyder's Drug Stores, Inc
Sparten Retail (Form:Family Fare/ glen's Phcy)
St John Health System
St Joseph Mercy Pharmacy
Star Markets dba Shaws Pharmacy
Stewart Memorial Community Hospital
Sunscript Medical Services
Sunscript Pharmacy
Super D Drugs, Inc
Supermarket Investors, Inc dba Harvest Foods
Supervalu Pharmacies
Target Stores
The Pay-less Pharmacy Group
The Pharmacy Cooperative
The Stop & Shop Supermarket Co, LLC
Third Party Station
Third Party Station-CP
Thrifty Drug
Thrifty Drug Stores, Inc
Tidyman's, LLC
Tom Thumb Food & Pharmacy
Tops, Inc
Truecare Pharmacy-NR
Twin Knolls Pharmacy, Inc
Ukrop's Supermarkets Inc
United Drugs
United Supermarkets, Ltd
Unity Retail Pharmacies
University Health System Pharmacies
University Of Utah Health
Usa Drug
Usa Drug/M & H Drugs
U-Save Pharmacy
UW Health Outpatient Pharmacy
Vaden Corp dba Med-RX Drug
Valu Merchandisers/A W G Network
Von's Companies, Inc
Walgreen Drug Stores
Wal-mart
Wayne Drug Co.
Wayne-Oakland Pharmacy Mgmt
Weber & Judd Kahler Co, Inc
Wegmans Food Markets, Inc
Weis Markets, Inc
Western Drug Distrib dba Drug Emporium NW
Winn Dixie Stores, Inc.
Yoke's Washington Foods, Inc.

WHAT ABOUT GENERICS?

Are generic drugs as effective as brand name drugs? Almost always, the answer is "yes". Not every medication is available as a generic alternative, but many of the most commonly prescribed medications are. You can help lower your cost, and the cost AmeriCorps pays each year for medications, by using generics whenever possible. When you need a new prescription, ask your doctor whether a generic can be substituted for a brand name. You can also ask your pharmacist. In many cases they can substitute a generic for the brand without further approval. In some cases your pharmacist may need your doctor's permission.

MAIL SERVICE PHARMACY

Mail-Service pharmacy provides a convenient way for you to have your medication delivered right to your home or office. **PharmaCare Direct** should be the first choice for people using maintenance medications. These are medications taken on an ongoing basis such as asthma, heart and cardiovascular conditions, diabetes and even oral contraceptive medications. And with mail-service you are authorized 90 day supplies of your medications at each fill.

To start using mail-service you'll need a prescription from your doctor for each medication. Ask your doctor to authorize a 90 day supply and four refills. Be sure to also obtain a prescription for an initial fill at your local pharmacy if you need to use the medication right away or don't have existing supplies of your medications at each fill.

To obtain a PharmaCare Direct enrollment kit, contact AmeriCorps Customer Service **toll free at 1.866.699.4186** or enroll directly on-line using the easy to complete on-line enrollment form found at **www.pharmacare.com.**

PRESCRIPTION DRUG PROGRAM EXCLUSIONS

- Any over-the-counter drug that can be bought without a prescription.
- Therapeutic devices or appliances or other non-medical substances, regardless of their intended use.
- Nonprescription contraceptives and supplies related to birth control, injectable and implantable contraception, with the exception of birth control pills and diaphragms which are covered.
- Drugs used to deter smoking.
- Anorexiants, anti-obesity drugs.
- Any drug for cosmetic purposes, including, but not limited to, Rogaine.
- Any quantity of drugs dispensed which exceeds the supply and refill limits.
- Any prescription or refill dispensed more than one year after the original prescription.
- Prescriptions filled prior to the effective date or after the termination date of the member's coverage.
- Drugs labeled "Caution-Limited by Federal Law to Investigational Use," drugs which are experimental or investigational in nature, or which are in connection with experimental or investigative services or supplies, including drugs requiring federal or other governmental agency approval not granted at the time they are prescribed.
- Related services or supplies including, but not limited to, administration of high dose chemotherapy, radiation therapy, or any other form of therapy, or immunosuppressive drugs are not covered when associated with any tissue or solid organ transplant procedure.
- Immunization agents
- Biological sera
- Unreceipted blood, blood plasma or blood expanders.
- Betaseron, Avonex, Copaxone, Tysabri
- Fertility drugs
- Fluoride preparations
- AIDS-related drugs
- Non-insulin syringes/needles
- Vitamins, vitamin A derivatives
- Human growth hormones
- Anti-narcolepsy drugs/anti-hyperkinesis (treatment for ADD)
- All drugs related to Erectile Dysfunction (ED)

EXCLUSIONS TO COVERED SERVICES

Abortion or Sterilization Surgery

Acupuncture Therapy

Alcohol, Drug Abuse or Detoxification Treatment - For services beyond what is covered under hospital coverage. (see page 2)

Allergy Tests or Injections - Any services related to the treatment of allergies including allergy tests and surveys, injection, medication and treatment (except for emergency treatment including medication and hospitalization for asthma).

Biofeedback Therapy

Cardiac Rehabilitation Services

Chiropractic Services

Contraceptives - Charges for non-prescription contraceptives.

Cosmetic Surgery - Any services performed in connection with cosmetic surgery (except for conditions required for the repair of accidental injury suffered while the member is enrolled) for a non-functional condition or for any condition that existed on the effective date of the member's coverage.

Counseling - For marriage or parent counseling or evaluation. Exception: See Mental Health Services under Covered Services, page 3.

Equipment (DME) - Purchase or rental of equipment such as air conditioners, humidifiers, purifiers or similar devices.

Experimental Procedures - Any treatment or supplies which are experimental or unproven by scientific evidence or generally not accepted by informed health care professionals as effective in treating the condition, diagnosis or illness for which their use is proposed.

Feet - Expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails. Orthopedic shoes and other supportive devices for the feet. This does not apply to infections of the toenails or feet and does not apply to casts, splints or braces for treatment of injuries.

Hemodialysis - For Chronic Renal Failure and End Stage Renal Disease

Home Health - Unless a covered inpatient service is less expensive when administered at home.

Note: Medical necessity is required. (see page 14)

Hospice Care

Hospital Care - When primarily for diagnostic purposes (unless the condition or type of tests require hospitalization), convalescent or custodial care (unless in conjunction with regular hospital confinement within the previous seven days), institutional care, rest or rehabilitation. Also hospitalization primarily for physical therapy or occupational therapy, unless the therapy could not have been provided on an outpatient basis and the complexity of the member's condition required additional skilled care.

Immunizations - Required for travel outside of the United States

Newborn - Complications affecting the infant.

Nursing - Private duty nursing care or services of special nurses and payment for their meals.

Obesity or Weight Reduction Treatment

Orthopedics - Shoes or other supportive devices for the feet.

Physicals - Care provided as part of an annual or routine physical examination including routine lab work. Exception: See Preventative Care under Covered Services on page 3.

Preconception Services or Supplies - For the purpose of inducing pregnancy, such as "in vitro" (test tube) fertilization, artificial insemination or experimental services.

Pre-existing Conditions - Benefits are not paid for pre-existing conditions. 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 coverage.

Personal Comfort Items - Any personal comfort item (purchased or rented) such as a telephone, television, air conditioner, dehumidifier, air cleaner, barber or beauty services.

Exclusions to Covered Services (continued)

Services or Supplies -

- ❖ Which are not medically necessary for the diagnosis or treatment of an illness
- ❖ Provided by a member's spouse, parent, sibling or child
- ❖ Filed for payment later than two years from the date the services were provided
- ❖ Which would not have been incurred if the patient did not have this coverage
- ❖ Eligible for payment under worker's compensation benefits
- ❖ Related to a military service disability or other condition resulting from war
- ❖ Provided in an extended care facility
- ❖ For room or board in an institution that is not a hospital
- ❖ When benefits are available under a personal injury protection contract
- ❖ No-fault motor vehicle insurance
- ❖ Any private group health insurance plan
- ❖ As a result of subrogation from liable third parties.

Sexual Transformations, Sexual Impairment or Inadequacy Treatment

Skilled Nursing/Extended Care
(Unless a covered service is less expensive when administered under skilled nursing or extended care.)

Surgery - Services that are not medically necessary.

Temporomandibularjoint Disease (TMJ) - Medical or dental services or supplies for the treatment of TMJ.

Transplant, tissue or solid organ - Services or supplies for or related to any tissue or solid organ surgical transplants and any complications resulting from any such procedures including, but not limited to, heart, lung, kidney, pancreas, cornea, liver, bone marrow, (autologous or allogeneic for any diagnosis), skin graft and bone grafts. Related services or supplies including, but not limited to, administration of high dose chemotherapy, radiation therapy, or any other form of therapy, or immunosuppressive drugs are not covered when associated with any tissue or solid organ transplant procedure.

Transportation - Other than covered ambulance service.

Vision - Services or supplies for the medical or surgical treatment of myopia (nearsightedness) or hyperopia (farsightedness) including, but not limited to, radial keratotomy and the other forms of refractive keratoplasty, including laser surgery.

COORDINATION OF BENEFITS

Most group health care programs, including this program, contain a Coordination of Benefits provision. This provision is used when you are eligible for payment of claims under more than one group health program.

Coordination of benefits assures that your covered expenses will be paid, but that the combined payments of all of the programs do not amount to more than the actual cost of your care. Coordination of benefits prevents duplicate payments and helps control the cost of health care coverage.

When you have health care coverage from two or more insurance carriers, coordination of benefits determines which carrier is the primary payer and must pay claims up to the limit of its policy. The other insurer is then designated as the secondary payer and must pay any remaining amount covered by the plan.

If you have health care coverage other than this AmeriCorps plan, use the following guidelines to determine when claims should be submitted to AmeriCorps as the primary payer:

Coordination of Benefits (continued)

DO YOU HAVE OTHER HEALTH INSURANCE COVERAGE?

1st: Submit claims to private insurance carrier.

2nd: Submit remaining charges to the AmeriCorps plan using the claim address on the back of your identification card.

DO YOU RECEIVE MEDICARE BENEFITS OR MEDICAID BENEFITS?

If you become disabled prior to age 65 or are otherwise entitled to Medicare benefits (ex., for renal dialysis), the benefits you are entitled to receive from Medicare will be reduced by the amount AmeriCorps would pay.

You must first use the AmeriCorps health plan benefits to which you are entitled before submitting charges to Medicare or Medicaid for reimbursement.

HOW TO SUBMIT YOUR CLAIMS

Claims are automatically submitted for you when you use a PPO network provider. You will not be responsible for charges (except for your copayment) over the usual, customary and reasonable charges. All covered services are paid according to the negotiated fee schedule. Payment will not be expected in advance.

If you have a claim from a non-PPO network provider, complete the AmeriCorps claim form and attach all of the itemized original bills needed to support your claim. If you need additional claim forms, please call Customer Service at the number on page 1 of this guide or download a form from the web site at www.americorps.sevencorners.com.

Itemized original bills must be submitted to verify the information we need to process your claim. Cancelled checks are not acceptable proof of a claim. Bills do not need to be marked paid before you can claim your benefits.

Original bills **will not** be returned. Keep a photocopy of all bills and receipts for your personal records. Claims must be filed for reimbursement no later than two years from the date the services were provided. The bills you submit must include the following information:

a) Name, address and professional status of the person or organization providing the service
b) Provider Tax ID number
c) Name of patient receiving service
d) Date of service
e) Description of each service
f) Diagnosis
g) Charge for each service
h) For eligible psychotherapy expenses, include the length of each session and session type (ex., group or individual)

Sign the completed claim form and mail it to the address on the back of your identification card. (Note: claims for emergency dental services should be sent directly to the address on the back of your identification card.)

Requests for reimbursement of pharmacy prescriptions require completion of the pharmacy claim form found in the back of this guide. See pharmacy form for required information and mailing address.

APPEAL PROCEDURES & SUBROGATION

APPEALING A PRECERTIFICATION DECISION

Should you or your physician not agree with the precertification decision, you have the right to appeal. The appeal process is available for continued stay requests or for future admissions or procedures. The appeal may be initiated by you, your attending physician or the utilization review staff of the facility where the service is performed.

The appeal can be initiated by telephone, fax or other means of rapid communication. The appeal should occur prior to the service or admission and, for a continued stay, prior to discharge from the facility. The decision will be communicated via telephone to the attending physician and the utilization review department of the facility within 24 hours of receipt of all necessary information.

APPEALING A CLAIMS DECISION

Decisions regarding benefit eligibility are generally made within two to three weeks after receiving a claim. In special situations, additional time may be needed to make benefit determinations regarding your claim. If a benefit determination decision is delayed for more than 90 days, a notice will be sent to you explaining the reason for delay.

If any claim or portion of a claim is denied, you will receive an explanation of the denial. You may request further explanation or provide additional information to be considered regarding your claim.

How to appeal your claim – You or your authorized representative may appeal a denial of benefits for any claim or portion of a claim by sending your appeal and any additional information related to the claim and comments in writing to:

AmeriCorps
Attn: Appeals
P.O. Box 3430
Carmel, IN 46082-3430

SUBROGATION

If the member is injured or becomes ill through the act or omission of another person, and if benefits are paid under this plan due to that injury or sickness, then to the extent the member recovers for the same injury or sickness from a third party, its insurer, or the member's uninsured motorist insurance, AmeriCorps will be entitled to a refund from such recovery of all benefits it has paid.

AmeriCorps may file a lien in a member's action against a third party and have a lien upon any recovery that the member receives, whether a settlement, judgment or otherwise, and regardless of how such funds are designated. AmeriCorps shall have a right to recovery of the full amount of benefits paid under this program for the injury or sickness, and that amount shall be deducted first from any recovery made by member. AmeriCorps will not be responsible for the member's attorney's fees or other costs.

Upon request, the member must complete the required forms and return them to AmeriCorps. The member must cooperate fully with AmeriCorps in asserting its right to recover. The member will be personally liable for reimbursement to AmeriCorps to the extent of any recovery obtained by the member from any third party. If it is necessary for AmeriCorps to institute legal action against the member for failure to repay AmeriCorps, the member will be personally liable for all costs of collection including reasonable attorney's fees.

CONVERSION

Upon termination from service, you may convert from your health plan provided by CNCS to a private plan administered by Celtic Life Insurance Company. This conversion option is available for those who do not have other insurance options. Your option to convert to private insurance 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 provided to you. You may receive information by calling toll free 1.800.365.2365 or online at www.americorps.sevencorners.com, click on "Forms", then click on Conversion Coverage.

Note: COBRA coverage is not available through CNCS.

GLOSSARY OF TERMS

Benefit Year - The one-year period that begins on your start date in the AmeriCorps*VISTA or AmeriCorps*NCCC program. You accumulate your inpatient room and board benefits in this period of time.

Copay - The amount the member is responsible to pay for each medical office visit.

Covered Charges - Charges that are not excessive for covered services. Judgment will be based on one or a combination of the following: a negotiated rate based on services provided; a fixed rate per day; or the usual, customary and reasonable allowance for similar providers who perform like covered services.

Covered Services - Services or supplies for which benefits will be paid when provided by a provider acting within the scope of his/her/its license. In order to be considered a covered service, charges must be incurred while your coverage is in force.

Exclusions - Any service or supply related to pre-existing conditions or other non-covered plan benefits.

Experimental - Any treatment, procedure, facility, equipment, drug, device or supply which:

1. Is not accepted as standard medical treatment for the condition being treated; or
2. Requires but has not received federal or other governmental agency approval at the time of service.

Identification Card - A card issued by the AmeriCorps health care plan that bears the member's name, identifies the membership by number and may contain information about his or her coverage.

Medically Necessary or Medical Necessity - Services or supplies, provided by a provider facility or an individual provider, which are required for treatment of illness, injury, diseased condition or impairment and are:

1. Consistent with your diagnosis or symptoms;
2. Appropriate treatment, according to generally accepted standards of medical practice;
3. Not provided only as a convenience to you or to the provider;
4. Not experimental or unproven; and
5. Not excessive in scope, duration or intensity to provide safe, adequate and appropriate treatment. Any service or supply provided at a provider facility will not be considered medically necessary if your symptoms or condition indicates that it would be safe to provide the service or supply in a less comprehensive setting.

Medicare - The program of health care for the aged and disabled established by Title XVIII of the Social Security Act of 1965, as amended.

Outpatient - An insured who is a patient, other than a bed patient, at a provider facility.

Preferred Provider - Providers of service who have been selected or have decided to become part of a preferred network to work with an insurer to help control costs to patients.

Pre-Existing Condition - 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 coverage.

Exception: All members who are medically terminated and reinstated at a later date will have the condition for which they were medically terminated covered by the health plan.

GLOSSARY OF TERMS

Spike - Assignment to projects away from your NCCC regional campus.

Usual, Customary and Reasonable (UCR) - The allowance measured and determined by comparing actual provider charges with the charges customarily made for similar services and supplies to individuals with similar medical conditions. When covered charges are based on the UCR allowance, the AmeriCorps health care plan will pay the UCR allowance or billed charges, whichever is less.

Approved Providers of Service - When you are ill or injured, your coverage helps pay the hospital and your physician as well as appropriate charges for other approved health care professionals. These providers include but are not limited to:

Hospital – any hospital accredited by the Joint Commission on the Accreditation for Health Organizations, including Veterans Administration Hospitals and Department of Defense Hospitals.

Physicians – any provider licensed in the state where the services were provided. These include: Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgeries (DDS or DMD), Podiatrist (POD) and Psychologist (Ph.D.).

Certified Nurse Midwife – Must be a licensed registered nurse and certified as a nurse midwife by the American College of Nurse Midwives.

Other Providers – Nurse anesthetist, nurse practitioner, psychiatric social worker, respiratory therapist, speech therapist, occupational therapist, optician, optometrist, physicians' assistant, private duty nurse, technical surgical assistant, registered physical therapist or physiotherapist. All of the above mentioned providers must be licensed or certified in the jurisdiction where the services were provided.

YOU SHOULD KNOW ...

ABOUT PRE-EXISTING CONDITIONS

AmeriCorps does not provide benefits for any diagnosis that is considered a pre-existing condition. 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 coverage.

Exception: All members who are medically terminated and reinstated at a later date will have the condition for which they were medically terminated covered by the health plan.

If a claim is submitted that appears to be a pre-existing illness or condition, medical records will be required to make a determination.

ABOUT EMERGENCY ROOM TREATMENT

If you seek emergency room treatment and are not immediately admitted to the hospital, you are responsible for a $25 copay prior to benefits being paid (this $25 copay is waived for AmeriCorps*NCCC members).

ABOUT PRECERTIFICATION REQUIREMENTS

Failure to consult and obtain precertification of your inpatient hospital admission will result in a $300 reduction in benefits. You will be responsible for paying this amount.

ABOUT PREVENTIVE CARE COVERAGE

The AmeriCorps health care plan pays for only the following preventive / routine care services for female members:

1. **One** GYN health visit per service year that includes one pelvic examination, Pap smear, breast examination and lab work related to GYN health when performed at the time of the annual GYN exam. Contraceptive management is covered **only** when performed at the annual GYN health visit.

2. One mammogram for women over 40 is covered per service year. All other routine mammograms are not included as part of these services.

For males over 50, one prostate examination, including a PSA, is covered by the plan per service year.

CLAIM FORMS

This guide provides two copies of the AmeriCorps claim form. Please detach one copy for your provider and keep the other for times when you may need to submit a claim yourself.

Additional claim forms can be requested by calling Customer Service toll free at **1.866.699.4186** or download a form from the web site at **www.americorps.sevencorners.com**.

NOTES:

Corporation for NATIONAL & COMMUNITY SERVICE

AmeriCorps*VISTA
AmeriCorps*NCCC

REQUEST FOR INFORMATION

Date: _____

Dear AmeriCorps Member:

Please give this form to your healthcare provider with your identification card.

Provider Name: _____ Patient Name: _____

Provider Address: _____ SSN: _____

City: _____State: _____Zip: _____

Dear Healthcare Provider:

Please provide the following medical information and staple this form to the claim prior to submission for reimbursement. Receiving this information with the claim will expedite claim processing and payment. Thank you.

1. On what date did the patient first consult you with symptoms related to this condition? _____
2. On what date was this condition was originally diagnosed?

   Date: _____ Diagnosis Code: _____ Date: _____ Diagnosis Code: _____
3. If the patient was referred to you, please indicate the name and address of the referring physician:

   Name: _____

   Address: _____

   City: _____State: _____Zip: _____
4. Was the patient taking prescription drugs on a daily, weekly or monthly basis before consulting you for treatment?

   Yes ___ No ___

   If yes, please specify medication: _____

I certify the above information is true to the best of my knowledge.

Signature: _____ Date: _____ Tax ID#: _____

Please staple this form to your medical claim and mail to:

AmeriCorps
Attn: Claims
P.O. Box 3430
Carmel, IN 46082-3430

Customer Service
AmeriCorps Programs

Corporation for NATIONAL & COMMUNITY SERVICE

AmeriCorps*VISTA
AmeriCorps*NCCC

REQUEST FOR INFORMATION

Date: _____

Dear AmeriCorps Member:

Please give this form to your healthcare provider with your identification card.

Provider Name: _____ Patient Name: _____

Provider Address: _____ SSN: _____

City: _____State: _____Zip: _____

Dear Healthcare Provider:

Please provide the following medical information and staple this form to the claim prior to submission for reimbursement. Receiving this information with the claim will expedite claim processing and payment. Thank you.

1. On what date did the patient first consult you with symptoms related to this condition? _____
2. On what date was this condition was originally diagnosed?

   Date: _____ Diagnosis Code: _____ Date: _____ Diagnosis Code: _____
3. If the patient was referred to you, please indicate the name and address of the referring physician:

   Name: _____

   Address: _____

   City: _____State: _____Zip: _____
4. Was the patient taking prescription drugs on a daily, weekly or monthly basis before consulting you for treatment?

   Yes ___ No ___

   If yes, please specify medication: _____

I certify the above information is true to the best of my knowledge.

Signature: _____ Date: _____ Tax ID#: _____

Please staple this form to your medical claim and mail to:

AmeriCorps
Attn: Claims
P.O. Box 3430
Carmel, IN 46082-3430

Customer Service
AmeriCorps Programs

Prescription Drug Program Direct Member Reimbursement Form

Member Information

Employer Name	Group Name	Group Number
Member Name (Last Name, First Name)	Member I.D. Number	Daytime Phone Number

Patient's Name (Last Name, First Name)	Patient's Sex	Relationship of Patient to Member	Date of Birth
	❑ Male ❑ Female	❑ Self ❑ Spouse ❑ Child ❑ Other	

Mailing Address of Member	Number and Street	City	State	Zip Code

I CERTIFY THAT THE PATIENT FOR WHOM THIS CLAIM IS MADE IS A COVERED PERSON IN THIS PRESCRIPTION DRUG PROGRAM AND THAT THE PRESCRIPTION IS FOR THE SOLE USE OF THE NAMED PATIENT. I ALSO CERTIFY THAT THE CLAIM(S) BEING SUBMITTED FOR PAYMENT ARE NOT ELIGIBLE FOR PAYMENT UNDER A NO-FAULT AUTOMOBILE OR WORKERS' COMPENSATION INSURANCE PROGRAM.

(Member/Authorized Representative) _____

PLEASE READ ALL INSTRUCTIONS

We will only accept a FULL PRINTOUT (a full printout with name of medication(s), quantity, days supply, strength, NDC number, date and pharmacy information) from the pharmacist, or the ORIGINAL ATTACHED RECEIPT that was on your medication bag at time of purchase. The cash register receipt is **NOT** satisfactory evidence of purchase.

This form and FULL PHARMACY PRINTOUT or this form and the ORIGINAL ATTACHED RECEIPT(S) **must be mailed to:**
PharmaCare P.O. Box 2860 Pittsburgh, PA 15230-2860

IMPORTANT INFORMATION ABOUT YOUR SUBMITTED CLAIM

* Will only reimburse at the retail day supply allowance.
* Will only be reimbursed for medications covered under the plan or medications that already have been authorized.
* Submit this form for reimbursement because it was necessary to purchase a prescription when you did not have your identification card or because the pharmacy where your prescription was filled is a non-participating pharmacy. (Plan specific, please check individual plans).
* Submit a separate claim form for each patient.
* Submit this form as soon as you have your prescription(s) filled. Claims may not be reimbursed after one year.
* Claim forms submitted without the required information will cause payment delays or may be returned to you.
* If you have any questions or concerns regarding your claim, please call the toll-free telephone number on your prescription identification card.

FOR COMPOUND PRESCRIPTIONS ONLY

If your pharmacist tells you this is a compounded prescription, have your pharmacist complete the area below. Should you have more than two compounded prescriptions, please use additional forms.

Claim #	NDC #	Compound Ingredients Drug Names	Qty	Cost

PRIVACY NOTICE: We will use the address provided above to send your reimbursement, even if contrary to any confidential communications instructions you may have on file with PharmaCare. If you desire this reimbursement to be sent to a confidential address that has previously been communicated to PharmaCare, please indicate that address on this form. In any case, the address that you provide here will be used only for mailings related to this Direct Member Reimbursement.

Prescription Drug Program Direct Member Reimbursement Form

Member Information

Employer Name	Group Name	Group Number
Member Name (Last Name, First Name)	Member I.D. Number	Daytime Phone Number

Patient's Name (Last Name, First Name)	Patient's Sex	Relationship of Patient to Member	Date of Birth
	❑ Male ❑ Female	❑ Self ❑ Spouse ❑ Child ❑ Other	

Mailing Address of Member	Number and Street	City	State	Zip Code

I CERTIFY THAT THE PATIENT FOR WHOM THIS CLAIM IS MADE IS A COVERED PERSON IN THIS PRESCRIPTION DRUG PROGRAM AND THAT THE PRESCRIPTION IS FOR THE SOLE USE OF THE NAMED PATIENT. I ALSO CERTIFY THAT THE CLAIM(S) BEING SUBMITTED FOR PAYMENT ARE NOT ELIGIBLE FOR PAYMENT UNDER A NO-FAULT AUTOMOBILE OR WORKERS' COMPENSATION INSURANCE PROGRAM.

(Member/Authorized Representative) _____

PLEASE READ ALL INSTRUCTIONS

We will only accept a FULL PRINTOUT (a full printout with name of medication(s), quantity, days supply, strength, NDC number, date and pharmacy information) from the pharmacist, or the ORIGINAL ATTACHED RECEIPT that was on your medication bag at time of purchase. The cash register receipt is **NOT** satisfactory evidence of purchase.

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IMPORTANT INFORMATION ABOUT YOUR SUBMITTED CLAIM

* Will only reimburse at the retail day supply allowance.
* Will only be reimbursed for medications covered under the plan or medications that already have been authorized.
* Submit this form for reimbursement because it was necessary to purchase a prescription when you did not have your identification card or because the pharmacy where your prescription was filled is a non-participating pharmacy. (Plan specific, please check individual plans).
* Submit a separate claim form for each patient.
* Submit this form as soon as you have your prescription(s) filled. Claims may not be reimbursed after one year.
* Claim forms submitted without the required information will cause payment delays or may be returned to you.
* If you have any questions or concerns regarding your claim, please call the toll-free telephone number on your prescription identification card.

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Claim #	NDC #	Compound Ingredients Drug Names	Qty	Cost

PRIVACY NOTICE: We will use the address provided above to send your reimbursement, even if contrary to any confidential communications instructions you may have on file with PharmaCare. If you desire this reimbursement to be sent to a confidential address that has previously been communicated to PharmaCare, please indicate that address on this form. In any case, the address that you provide here will be used only for mailings related to this Direct Member Reimbursement.

Corporation 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 * VISTA
   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 pleasemake sure the diagnosis code, procedure code and providerÕ PIN# are included on the claim and/or receip*

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

PARTICIPANT INFORMATION

Name_____ Date of Birth _____
First Middle Initial Last 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.

_____

INSURANCE INFORMATION

Are you covered under Social Security (Medicare) Health Insurance?
• Yes • No
Identification Number:_____

If "Yes," indicate your coverage by checking the appropriate boxes:
• Hospital Only (Part A)
• Medical Only (Part B)
• Hospital and Medical (Part A & B)

Effective Date:_____

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: _____

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 ☛

PERMISSION TO OBTAIN INFO

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

HEALTH CLAIM FORM

READ INSTRUCTIONS BEFORE COMPLETING OR SIGNING THIS FORM

TYPE OR PRINT • MEDICARE • MEDICAID • CHAMPUS • OTHER

PATIENT & PARTICPANT INFORMATION

1. PATIENT'S NAME *(First name, middle initial, last name)*	2. PATIENT'S DATE OF BIRTH	3. PARTICIPANT'S NAME *(First name, middle initial, last name)*
4. PATIENT'S ADDRESS *(Street, city, state, zip code)*	5. PATIENT'S SEX • Male • Female	6. PARTICIPANT'S I.D. NO. or **MEDICARE NO.** *(Include any letters)*
	7. PATIENT'S RELATIONSHIP TO PARTICIPANT SELF SPOUSE CHILD OTHER	8. PARTICIPANT'S GROUP NO. *(Or Group Name)*
9. OTHER HEALTH INSURANCE COVERAGE — Enter Name of Policyholder and Plan Name and Address and Policy or Medical Assistance Number	10. WAS CONDITION RELATED TO A. PATIENT'S EMPLOYMENT • Yes • No B. AN AUTO ACCIDENT • Yes • No	11. PARTICIPANT'S ADDRESS *(Street, city, state, zip code)*
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE *I Authorize the Release of any Medical Information Necessary to Process this Claim and Request Payment of Benefits Either to Myself or to the Party Who Accepts Assignment Below.* *SIGNED* *DATE*		13. *I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW* *SIGNED (Participant or Authorized Person)*

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF: • ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)	15. DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION	16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS? • Yes • No
17. DATE PATIENT ABLE TO RETURN TO WORK	18. DATES OF TOTAL DISABILITY FROM THROUGH	DATES OF PARTIAL DISABILITY FROM THROUGH
19. NAME OF REFERRING PHYSICIAN		20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITAL DATES ADMITTED DISCHARGED
21. NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED *(If other than home or office)*		22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? • Yes • No CHARGES

23. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE TO NUMBERS 1, 2, 3, ETC. OR DX CODE •

1.
2.
3.
4.

24. A DATE OF SERVICE	B* PLACE OF SERVICE	C FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN PROCEDURE CODE (IDENTIFY:) *(EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES)*	D DIAGNOSIS CODE	E CHARGES	F

25. SIGNATURE OF PHYSICIAN OR SUPPLIER SIGNED DATE	26. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) • Yes • No	27. TOTAL CHARGE	28. AMOUNT PAID	29. BALANCE DUE
	30. YOUR SOCIAL SECURITY NO.	31. PHYSICIAN'S OR SUPPLIER'S NAME, ADDRESS, ZIP CODE & TELEPHONE NUMBER		
32. YOUR PATIENT'S ACCOUNT NO.	33. YOUR EMPLOYER I.D. NO.	I.D. NO.		

*PLACE OF SERVICE CODES

1 - (IH) - INPATIENT HOSPITAL
2 - (OH) - OUTPATIENT HOSPITAL
3 - (O) - DOCTOR'S OFFICE
4 - (H) - PATIENT'S HOME
5 - DAY CARE FACILITY (PSY)
6 - NIGHT CARE FACILITY (PSY)
7 - (NH) - NURSING HOME
8 - (SNF) - SKILLED NURSING FACILITY
9 - AMBULANCE
O - (OL) - OTHER LOCATIONS
A - (IL) - INDEPENDENT LABORATORY
B - OTHER MEDICAL/SURGICAL FACILITY

Corporation 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 * VISTA
   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 pleasemake sure the diagnosis code, procedure code and providerÕ PIN# are included on the claim and/or receip*

TO BE COMPLETED BY PARTICIPANT

ANSWER ALL QUESTIONS THAT APPLY. SIGN WHERE INDICATED BY ☛

PARTICIPANT INFORMATION

Name_____ Date of Birth _____
First Middle Initial Last 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.

_____

INSURANCE INFORMATION

Are you covered under Social Security (Medicare) Health Insurance?
• Yes • No
Identification Number:_____

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• Medical Only (Part B)
• Hospital and Medical (Part A & B)

Effective Date:_____

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• Yes • No
Identification Number: _____

Effective Date: _____

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9 - AMBULANCE
O - (OL) - OTHER LOCATIONS
A - (IL) - INDEPENDENT LABORATORY
B - OTHER MEDICAL/SURGICAL FACILITY

FREQUENTLY USED NUMBERS

CUSTOMER SERVICE:
www.americorps.sevencorners.com
1.866.699.4186

CONVERSION COVERAGE:
1.800.365.2365

PHARMACY LOCATOR:
www.americorps.sevencorners.com
www.pharmacare.net
1.800.777.1023

PHARMACY CUSTOMER SERVICE:
1.800.777.1023

PPO NETWORK PROVIDER SEARCH:
www.americorps.sevencorners.com
1.866.699.4186

PRECERTIFICATION:
1.866.699.4186

Corporation for
NATIONAL & COMMUNITY SERVICE

AmeriCorps*VISTA
AmeriCorps*NCCC
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Carmel, IN 46082-3430
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www.americorps.org

Administered by:

SevenCorners

6/1/2006