AmeriCorpsBenefits' Insurance Program
A plan designed for AmeriCorps Grantees and their volunteers

Welcome to the 2015 – 2016 AmeriCorpsBenefits Insurance Program!

GRANTEE CHECKLIST

Follow these easy steps to enroll your eligible AmeriCorps Volunteers under the AmeriCorpsBenefits Program.

☐ Review the two Plan Overviews inside this brochure and decide which AmeriCorpsBenefits plan best fits your Volunteers' needs. Remember, you may select only one of the AmeriCorpsBenefits plans to cover your entire active, full-time, AmeriCorps Volunteers. Please be sure to review the options that increase the hospital/facility benefit limit.

☐ **Make sure to provide ALL of the requested information on the Request for Group Insurance form.**
- Make sure to provide your e-mail address.
- Select the plan for your Organization.
- Sign the Request for Group Insurance form.

☐ Return the completed Request for Group Insurance form one of the following ways:
- E-mail – admin@americorpsbenefits.com
- Fax – 1-856-231-7995
- Mail –

  AmeriCorpsBenefits
  505 South Lenola Road, Suite 231
  Moorestown, NJ 08057

Once you have received your Volunteers' enrollment data and paid the first month's premium, a **Welcome Kit** will be e-mailed to you including: **Temporary ID Cards** and **Plan Information Summaries** for your covered Volunteers; an **Administrative Reference Guide** to help you with your program; your Organization's **Insurance Policy Information and Participation Agreement(s)**; **Continuation Forms**; and **Claim Forms**.

So, sign on NOW! It's to the benefit of your Volunteers!

We are available to answer any questions you may have. Feel free to **call us between 8:30 am and 5:00 pm, Eastern Time at 1-800-359-7475.** Our AmeriCorpsBenefits plan specialists are eager to help you in your decision making process.

BCS PLAN 1 OVERVIEW

PREMIUM COSTS
$110 PER VOLUNTEER/MONTH FOR PLAN 1a
$132 PER VOLUNTEER/MONTH FOR PLAN 1b

MEDICAL CARE BENEFITS

BASE BENEFIT: Combined Outpatient and Hospital Inpatient Covered Expenses

Coverage Year Maximum Benefit $3,600
Benefit Percentage Payable[1, 2] 80%
Coverage Year Deductible $100

SUPPLEMENTAL BENEFIT: Combined Outpatient and Hospital Inpatient Covered Expenses

Coverage Year Maximum Benefit for each Accident or Sickness[3] $50,000
Benefit Percentage Payable[1, 2] 100%
Coverage Year Deductible ..... NONE

LIMITATIONS ON MEDICAL CARE BENEFITS - All benefit limits are the same under both Plan 1a & Plan 1b except for the limit on hospital/facility expenses as shown below.

- Benefits for hospital room and board charges are limited to: the charges for semi-private accommodation or $750 per day, whichever is less; and, the charges for confinement in an intensive care unit or $1,500 per day, whichever is less.
- Benefits for the following expenses are limited to $2,000 per coverage year under Plan 1a or $4,000 per coverage year under Plan 1b: a) all covered expenses incurred at and billed by a hospital, except inpatient room and board charges, regardless of whether such expenses are for inpatient or outpatient treatment; and b) all covered expenses incurred at and billed by a facility for outpatient surgery.
- Benefits for the treatment of substance abuse are payable for only one occurrence and are limited to: $10,000 per coverage year for covered expenses incurred as an inpatient; and, $35 per visit and a 60-visit maximum when provided on an outpatient basis.
- Benefits for the treatment of mental illness are limited to: 45 days of confinement in a hospital and/or a non-hospital residential care facility per coverage year; and, 75% of charges for covered expenses for the first 40 outpatient visits, and 60% of charges for any additional outpatient visits in that coverage year.
- Benefits for covered expenses incurred due to elective termination of pregnancy are limited to $500.
- Benefits for covered expenses incurred due to injury to sound natural teeth are limited to $250 per tooth per injury.
- Benefits for covered expenses for emergency professional ambulance services to the nearest hospital are limited to $250.
- Benefits for specified therapies, including acupuncture, physiotherapy and chiropractic services, are limited to: $10,000 when provided on an inpatient basis; and, $1,000 when provided on an outpatient basis. Outpatient specified therapies must be provided immediately following a covered hospital confinement or surgery for benefits to be payable.
- Supplemental benefits are payable only after the base benefit has been exhausted in each coverage year.
- All covered expenses must be incurred while coverage is in force.

[1] Based on Usual & Customary (U&C) or Negotiated Charges
[2] Includes Prescription Drugs
[3] Once this Maximum Benefit has been paid for a specific Accident or Sickness, no additional Base Benefits or Supplemental Benefits will be paid for that same Accident or Sickness during that same coverage year.

BCS PLAN 2 OVERVIEW

PREMIUM COSTS
$150 PER VOLUNTEER/MONTH FOR PLAN 2a
$180 PER VOLUNTEER/MONTH FOR PLAN 2b

MEDICAL CARE BENEFITS

BASE BENEFIT: Combined Outpatient and Hospital Inpatient Covered Expenses

Coverage Year Maximum Benefit $3,600
Benefit Percentage Payable[1, 2] 80%
Coverage Year Deductible $100

SUPPLEMENTAL BENEFIT: Combined Outpatient and Hospital Inpatient Covered Expenses

Coverage Year Maximum Benefit for each Accident or Sickness[3] $50,000
Benefit Percentage Payable[1, 2] 100%
Coverage Year Deductible ..... NONE

LIMITATIONS ON MEDICAL CARE BENEFITS - All benefit limits are the same under both Plan 2a & Plan 2b except for the limit on hospital/facility expenses as shown below.

- Benefits for hospital room and board charges are limited to: the charges for semi-private accommodation or $750 per day, whichever is less; and, the charges for confinement in an intensive care unit or $1,500 per day, whichever is less.
- Benefits for the following expenses are limited to $2,000 per coverage year under Plan 2a or $4,000 per coverage year under Plan 2b: a) all covered expenses incurred at and billed by a hospital, except inpatient room and board charges, regardless of whether such expenses are for inpatient or outpatient treatment; and b) all covered expenses incurred at and billed by a facility for outpatient surgery.
- Benefits for the treatment of substance abuse are payable for only one occurrence and are limited to: $10,000 per coverage year for covered expenses incurred as an inpatient; and, $35 per visit and a 60-visit maximum when provided on an outpatient basis.
- Benefits for the treatment of mental illness are limited to: 45 days of confinement in a hospital and/or a non-hospital residential care facility per coverage year; and, 75% of charges for covered expenses for the first 40 outpatient visits, and 60% of charges for any additional outpatient visits in that coverage year.
- Benefits for covered expenses incurred due to elective termination of pregnancy are limited to $500.
- Benefits for covered expenses incurred due to injury to sound natural teeth are limited to $250 per tooth per injury.
- Benefits for covered expenses for emergency professional ambulance services to the nearest hospital are limited to $250.
- Benefits for specified therapies, including acupuncture, physiotherapy and chiropractic services, are limited to: $10,000 when provided on an inpatient basis; and, $1,000 when provided on an outpatient basis. Outpatient specified therapies must be provided immediately following a covered hospital confinement or surgery for benefits to be payable.
- Supplemental benefits are payable only after the base benefit has been exhausted in each coverage year.
- All covered expenses must be incurred while coverage is in force.

WELLNESS CARE BENEFIT	ACCIDENTAL DEATH BENEFIT
Coverage Year Maximum Benefit ..... $150 Benefit Percentage Payable ..... 80% Coverage Year Deductible ..... NONE	24-HOUR Accidental Death Benefit $10,000

DENTAL CARE BENEFITS	
Coverage Year Maximum Benefit $1,500	Fillings: Benefits ..... $31 to $85 Waiting Period ..... NONE
Coverage Year Deductible $25	
Diagnostic & Preventative Services Benefit Percentage Payable ..... 80% Waiting Period ..... NONE	Oral Surgery: Benefits ..... $35 to $80 Waiting Period ..... NONE

[1] Based on Usual & Customary (U&C) or Negotiated Charges
[2] Includes Prescription Drugs
[3] Once this Maximum Benefit has been paid for a specific Accident or Sickness, no additional Base Benefits or Supplemental Benefits will be paid for that same Accident or Sickness during that same coverage year.

EXCLUSIONS

No Medical Care Benefits will be paid for loss caused by or resulting from:

- intentionally self-inflicted injuries, suicide or any attempt thereat while sane or insane;
- declared or undeclared war or any act thereof;
- serving on full-time active duty in the Armed Forces of any country or international authority;
- flying as a pilot or crew member of any aircraft or travel or flight, including boarding or alighting, in any vehicle or device while being used for any test or experimental purposes or while being operated by, for or under the direction of any military authority other than the Military Airlift Command (MAC) of the United States or similar air transport service of any other country; and
- work-related injury or sickness, whether or not benefits are payable under Workers' Compensation or similar law, automobile medical payments or No-fault plans, public assistance programs, government plans, or any other valid and collectible group insurance.

In addition to the above exclusions, no Medical Care Benefits will be paid for:

- eye examinations for glasses, any kind of eye glasses, or prescriptions therefore;
- ear examinations or hearing aids;
- treatment of teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, TMJ, dysfunction or skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia;
- cosmetic surgery, except cosmetic surgery that is needed for breast reconstruction following a mastectomy or as a result of an accident that happens while covered and that required treatment of the Injury within 24 hours of the accident;
- expenses used to meet any deductible, or in excess of the percentages payable, or in excess of negotiated or usual and customary charges.
- services rendered by an immediate family member or services provided by the Grantee Organization;
- injury or sickness resulting from use of alcohol or intoxicants, or any other drugs, unless as prescribed by a doctor;
- treatment of congenital anomalies and conditions arising from them;
- treatment of deviated nasal septum, including submucous resection and/or surgical correction;
- expenses incurred in connection with an organ transplant;
- expenses incurred due to riot or civil commotion; and
- care or treatment which is not medically necessary.

No Dental Care Benefits will be paid for:

- procedures begun before coverage started;
- any procedure begun after coverage ends;
- treatment that is unnecessary, experimental, or does not offer a favorable prognosis;
- expenses covered under another group plan or coverage required by law;
- expenses for which there is no legal obligation to pay;
- expenses payable under Workers' Compensation or other coverage required by law;
- declared or undeclared war or any act thereof;
- services rendered by a member of your family or your household;
- elective or cosmetic treatment;
- correction of congenital malformations;
- procedures involving vertical dimension, correction of attrition or abrasion, occlusion, splinting, bite registration or bite analysis;
- services in any way related to TMJ or myofascial pain;
- orthognathic surgery;
- prescribed drugs, analgesics, or anesthetics;
- instruction for diet, plaque control, and oral hygiene;
- charges for implants or their removal and other customized services or attachments;
- treatment of malignancies, cysts, and neoplasms;
- orthodontic treatment; and
- charges for forms or missed appointments.

No Accidental Death Benefit will be paid for death caused by or resulting from:

- sickness of any kind;
- an accident that occurs when this coverage was not in force, or death which occurs more than 365 days from the date of the accident;
- intentionally self-inflicted injuries, suicide or any attempt thereat while sane or insane;
- use of alcohol or intoxicants, or any other drugs, unless as prescribed by a doctor;
- declared or undeclared war or any act thereof;
- serving on full-time active duty in the Armed Forces of any country or international authority; and
- flying as a pilot or crew member of any aircraft or travel or flight, including boarding or alighting, in any vehicle or device while being used for any test or experimental purposes or while being operated by, for or under the direction of any military authority other than the Military Airlift Command (MAC) of the United States or similar air transport service of any other country.

Policy Issuance – Coverage under the program will be provided through your Organization's participation in policies issued by BCS Insurance Company to the Partnership Trust in Washington, D.C. The program's benefits and rates are subject to change. Your Organization will be notified in advance of any change to its benefits or rates under the program.

Termination of an Organization's Coverage – Your Organization's coverage under the program may be continued in force by payment of premiums at the rate determined by BCS Insurance Company unless it is terminated. BCS Insurance Company may terminate your Organization's coverage only due to: a) fraud or misrepresentation; b) non-payment of premiums or failure to pay premiums according to the terms of the program; c) violation of any applicable participation or contribution rules; or, d) upon termination of the entire program.

IMPORTANT NOTES: Your Volunteers are free to use any licensed doctor or any certified hospital; however, your Organization's coverage under the program allows access to an important medical provider network that utilizes negotiated charges which may save your Volunteers money. Your Volunteers may contact MultiPlan at 1-800-877-0005 to find network providers in your area. VSP Access Plan discounts from Vision Service Plan.

Benefit Limits – The program places limits on how much it will pay for certain medical care. Once your Volunteer has met the overall maximum or limit on specific benefits, the program will not pay any more. Additionally, the program does not provide catastrophic coverage or limit your Volunteers' out-of-pocket costs. Your Volunteers may have large out-of-pocket costs if they have a serious or chronic medical condition.