VHCB AmeriCorps
Member Handbook

Health Care

Section 7
Health Care Options

All members serving in AmeriCorps must have health care coverage. VHCB AmeriCorps has a health care plan for those without outside coverage.

The Corps Network

The Vermont Housing and Conservation Board AmeriCorps Program provides member healthcare through The Corps Network.

- The Corps Network plan is provided by the program. The entire premium is covered by the program and there are no additional costs or withholding on behalf of the member.
- The plan only covers the member. Family members are not covered on the plan.
- There is a $175 deductible for the program year.
- The plan pays 80% of cost incurred when using in-network providers, and 60% when using out of network providers.
- Information on coverage is included in the following pages.

Medicaid

As an alternative to the Corps Network, members may be eligible for Medicaid through the state of Vermont Health Care Exchange. More information is included in the following pages.

Other Options

Members may also seek their own Health Care Coverage, access (if 24 years of age or under) parents or partners health care plan, or seek health care coverage elsewhere.

Coverage Required

All members MUST be covered by an ACA compliant health care plan while serving in AmeriCorps. Documentation must be submitted to the program to verify coverage if using a plan other than The Corps Network. If members are not able to provide documentation of coverage, they must enroll in The Corps Network plan.

Members may enroll in The Corps Network at any point in their service term. In order to enroll, members should request a health care enrollment form from Program Staff.

Open Enrollment Periods and Continuation of Coverage

The Department of Health and Human Services (HHS) issued guidance that created a special healthcare enrollment period for AmeriCorps members.
Starting Service: If you started your AmeriCorps service after an open enrollment period ended, you have 60 days from your service start date to sign-up for healthcare coverage through the federal healthcare marketplace.

Ending Service: At the conclusion of your service, you are able to purchase a qualified health plan from the federal healthcare marketplace outside of the annual open enrollment period. You have 60 days from your service end date to sign-up for healthcare coverage. When you conclude your service, you will be able to purchase a qualified health plan immediately, rather than waiting until open enrollment season.

Open Enrollment periods do not apply to health care provided by the Program. Members may enroll in The Corps Network at any time during their service. At the conclusion of your service, members are not eligible for Continuation of Coverage through the Corps Network.
# CorpMember Health Plan — Medical and AD&D

**September 1, 2019 to August 31, 2020**

**Medical by Cigna, AD&D by Genber**

**Medical Group Number:** 3398000

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<table>
<thead>
<tr>
<th>Benefit / Provision</th>
<th>Cigna Open Access Plus Provider</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (Applies to all services except in-network Preventive)</td>
<td>$175 per Plan Year (September 1 – August 31)</td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (Includes Deductible)</td>
<td>$2,750</td>
<td></td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td>Preventive (Routine) Care</td>
<td>100% (no deductible)</td>
<td>80%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Professional Services (Office, Surgery, Lab &amp; X-Ray, Allergy Injections)</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Telehealth (includes Behavioral Health)</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$20 co-pay, then covered at 80%</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$100 co-pay, then covered at 80%</td>
<td></td>
</tr>
<tr>
<td>Hospital (Inpatient pre-authorization required)</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Mental Health (Inpatient and Outpatient)</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Chemical Dependency (Inpatient and Outpatient)</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Outpatient Rehabilitation (20 visits per Plan Year) (Physical, Speech, Occupational, Cardiac therapies and Chiropractic)</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>24/7 Telephonic support, 5 free face-to-face visits for life events Call 877-227-1492</td>
<td></td>
</tr>
<tr>
<td>AD&amp;D</td>
<td>$12,000</td>
<td></td>
</tr>
<tr>
<td>Rate [Per CorpMember, Per Month]</td>
<td>$321.62*</td>
<td></td>
</tr>
</tbody>
</table>

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**Notes:**
- Cigna requires pre-authorization for all inpatient hospital, some outpatient procedures and certain drugs.
- 100% of premium is paid by your program.
- This is a summary of your coverage. Further details can be found by contacting Cigna.
- Out of network coverage is based on Cigna’s maximum allowable charge and may result in additional out-of-pocket expenses.
Your Coverage Checklist

✓ Read your Benefit Summary
  - Know your benefits before you use them
✓ Find your virtual ID card on the Cigna app
✓ Do the Scavenger Hunt on the Cigna app after September 1st and enter to win a $100 Gift Card!
✓ Locate a Cigna Open Access Plus Preferred Provider
  - Click on “Find a Doctor” at myCigna and follow the prompts
✓ Know your options for care when you need it – and choose the most appropriate
  - Nurseline — Can help determine appropriate place to seek care
  - Telehealth — Convenient and inexpensive for routine ailments
  - Doctor’s Office — Continuity of care from routine to chronic
  - Urgent Care — Quick access in and out of traditional office hours
  - Emergency Room — Most expensive but important for serious situations
✓ Pre-register for convenient Telehealth on myCigna.com
  - Phone or chat doctor visits
  - Anywell or MDLIVE for medical, or both!
  - Behavioral health (under Specialty in the Behavioral Directory link)
✓ Get your Preventive Care
  - Routine care free with Preferred Provider
✓ Questions? Call Cigna at the number on your ID card.

Get started:
1. Launch the myCigna app or go to the myCigna.com website and select “Register Now”
2. Enter your requested information
3. Confirm your identity
4. Create your security information and provide your email address
5. Review and submit

Average Cost Per Visit

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth</td>
<td>$42</td>
</tr>
<tr>
<td>Office Visit</td>
<td>$517</td>
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<tr>
<td>Urgent Care</td>
<td>$198</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$1,811</td>
</tr>
</tbody>
</table>

Serve. Experience. Lead
YOU’RE NOT ALONE

The Cigna Total Behavioral Health Program can help you move forward.

Studies show that behavioral problems, such as depression, can contribute to heart disease. Many physical conditions can worsen with stress, substance use and other behavioral health issues. Our Cigna Total Behavioral Health program can help.

Our whole-person approach

If you or a loved one has been diagnosed with a behavioral health condition, Cigna is here for you. Our comprehensive program provides help with life events, dedicated support, lifestyle coaching, and online tools. We help you take control of your health — mind and body.

Services to help manage life events — At no additional charge to you, you can receive face-to-face sessions with a licensed mental health professional in Cigna’s Employee Assistance Program network. You also get online, on-demand seminars, as well as community resources and referrals on a range of topics, including:

- Child care
- Adoption
- Senior care
- Pet care
- Legal and financial consultation services
- Education
- Summer camps
- Parenting
- Convenience services

Virtual behavioral care — Use your smartphone, tablet or computer for online video conferencing. And your out-of-pocket cost is the same as a behavioral health outpatient office visit. Refer to your plan documents for costs and details of coverage.

iPrevail

On-demand coaching and personalized learning with iPrevail offered through Cigna — Learn how to boost your mood and improve mental health with on-demand coaching 24/7. After completing a brief assessment, you receive a program tailored to your needs that includes interactive lessons and tools. You get access to a peer coach who is matched based on your symptoms. You can also join support communities focused on stress, anxiety, depression and more.

happify

Science-based activities and games for stress and worries, with Happify offered through Cigna — Everyday stressors can impact your relationships, work, health and emotional well-being. But you can change your outlook — and the way you see the world — with Happify. Happify’s activities and games are designed to help you overcome life’s challenges and can be accessed at any time.

Together, all the way.

Cigna
You can call us anytime, any day. We’re here 24/7 to assist you with your routine and urgent needs.

In addition, our community support program can help you meet your basic needs. We can help you to find resources to feed your family, find a place to stay, find care for a family member and other related needs.

Behavioral support – Our programs give you access to behavioral experts with extensive experience. Our experts can help you and your family address the challenges of:

- Autism spectrum disorder
- Child and adolescent mood and anxiety disorders
- Eating disorders
- Substance use
- Young adult major depression, bipolar disorder and substance use

Our team can help for as long as needed. (You must stay covered under your plan to continue service.) They can help you:

- Understand a behavioral diagnosis.
- Learn about treatment choices and how your choices can affect what you’ll pay out of pocket.
- Identify and manage triggers that affect your condition.
- Find a health care professional or facility in Cigna’s network geared to your needs. Our network includes Designated Substance Use Treatment providers that provide quality, cost-effective care.

- Find community resources and programs near you.
- Get referrals to other Cigna wellness and lifestyle programs available to you.

Take control of your health with extra support.

Lifestyle management programs – Get help to reach your goals like losing weight, quitting tobacco or lowering your stress level. Each program offers support with phone and online coaching.

Behavioral awareness webinars – Cigna offers free monthly seminars on autism, eating disorders, substance use and behavioral health awareness for children and families. The seminars are taught by industry experts and offer tips, tools and helpful information.

Enhanced online tools – Visit myCigna.com or use the myCigna app to access on-demand support, including:

- Information about your benefits, in-network providers and treatment options
- Health and well-being articles
- Self-assessment, stress management and mindfulness podcasts and tools

Additional resources can be found on Cigna.com.

100% of program participants were very satisfied with the service their case manager provided.*

To learn more or access services:

To access services to help manage life events, visit myCigna.com. Review My Coverage, Employee Assistance Program. You can call 977.231.1492 for referrals or go online, search the provider directory and obtain an authorization.

For links to iPrevail and HappyFit, visit the Stress and Emotional Wellness page on myCigna.com.

You can also call the toll-free number on your Cigna ID card. If there isn’t a number on your card, call Cigna Behavioral Health at 800.274.7603.

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4. Waverly and HappyFit® programs are provided by independent licensees and not by Cigna. Programs and services are subject to applicable program terms and conditions. Program availability is subject to change. These programs do not provide medical advice and are not associated with proper medical care provided by a physician. Information provided should not be used in lieu of medical advice. Always consult with your physician for appropriate medical advice.
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Choice is good. More choice is even better.

Cigna provides access to two telehealth services as part of your medical plan - Amwell and MDLIVE.

Cigna Telehealth Connection lets you get the care you need - including most prescriptions (when appropriate) - for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office. When, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays.
Choose where: Home, work or on the go.
Choose how: Phone or video chat.

Say it’s the middle of the night and your child is sick. Or you’re at work and not feeling well. If you pre-register on both Amwell and MDLIVE, you can speak with a doctor for help with:

- Sore throats
- Headaches
- Stomachaches
- FEVER
- Colds and flu
- Allergies
- Rashes
- Acne
- Shingles
- Bronchitis
- Urinary tract infections and more

The cost savings are clear.

Televisits with Amwell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life-threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

Together, all the way.

Offered by Cigna Health and Life Insurance Company or its affiliates.
Choose with confidence.

Amwell and MDLIVE are both quality national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you.

Amwell for Cigna®
855.667.9722

MDLIVE for Cigna®
888.726.3171

Signing up is easy!

Connect to both Amwell and MDLIVE through myCigna.com. No separate login needed.

Complete a medical history using their virtual clipboard.

Download the MyCigna App and you'll be able to access both telehealth providers on your smartphone/mobile device.

On the go? Register for the MyCigna® App today and you'll be able to access both telehealth providers through the app.

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Approved by Cigna Health & Life Insurance Company, 7000 Cigna Drive, Bloomfield, CT 06002; Cigna Behavioral Health Services, Inc., 3201 Broadway, San Diego, CA 92102-2576; or Cigna Behavioral Health Management, Inc., 3000 South Cigna Center Drive, Bloomfield, CT 06002.
Green Mountain Care: Medicaid

Medicaid

- For the Aged, Blind and Disabled (MABD): Medicaid for people who are 65 or older, blind or disabled. Go to the Department for Children and Families website to get details about the program and to apply.
- For Children and Adults (MCA): Medicaid for children as well as adults under age 65 who are not blind or disabled. Eligibility is based on household income size (this includes Dr. Dynasaur which is specifically for children under age 19 and pregnant women). Go to Vermont Health Connect to get details about the program and to apply.

### Covered Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Covered?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>Y</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>Y</td>
</tr>
<tr>
<td>Chiropractic *</td>
<td>Y</td>
</tr>
<tr>
<td>Community Mental Health Center</td>
<td>Y</td>
</tr>
<tr>
<td>Dental *</td>
<td>Y</td>
</tr>
<tr>
<td>Dentures</td>
<td>N</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>Y</td>
</tr>
<tr>
<td>Eye Exams*</td>
<td>Y</td>
</tr>
<tr>
<td>Eyeglasses</td>
<td>N</td>
</tr>
<tr>
<td>Family Planning</td>
<td>Y</td>
</tr>
<tr>
<td>Gynecological Services (ob-gyn)</td>
<td>Y</td>
</tr>
<tr>
<td>Hearing Aids *</td>
<td>Y</td>
</tr>
</tbody>
</table>

* = Limitations
+ = More Information

Go to VermontHealthConnect to get details about the program and to apply.
<table>
<thead>
<tr>
<th>Service</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Nursing</td>
<td>Y</td>
</tr>
<tr>
<td>Home Health Aide</td>
<td>Y</td>
</tr>
<tr>
<td>Hospice</td>
<td>Y</td>
</tr>
<tr>
<td>Immunizations</td>
<td>Y</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>Y</td>
</tr>
<tr>
<td>Lab Tests and X-rays/Imaging</td>
<td>Y</td>
</tr>
<tr>
<td>Medical Equipment</td>
<td>Y</td>
</tr>
<tr>
<td>Maxillofacial Surgery</td>
<td>Y</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>Y</td>
</tr>
<tr>
<td>Mental Health Counselors</td>
<td>Y</td>
</tr>
<tr>
<td>Naturopaths *</td>
<td>Y</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>Y</td>
</tr>
<tr>
<td>Nursing Facility *</td>
<td>Y</td>
</tr>
<tr>
<td>Nutrition Therapy</td>
<td>Y</td>
</tr>
<tr>
<td>Occupational Therapy *</td>
<td>Y</td>
</tr>
<tr>
<td>Ophthalmologist</td>
<td>Y</td>
</tr>
<tr>
<td>Organ Transplants</td>
<td>Y</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>N</td>
</tr>
<tr>
<td>Outpatient Hospital *</td>
<td>Y</td>
</tr>
<tr>
<td>Over-the-Counter Drugs</td>
<td>Y</td>
</tr>
<tr>
<td>Physical Therapy*</td>
<td>Y</td>
</tr>
<tr>
<td>Podiatry*</td>
<td>Y</td>
</tr>
</tbody>
</table>
### VHCB AmeriCorps

<table>
<thead>
<tr>
<th>Service</th>
<th>Covered?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Drugs</td>
<td>Y</td>
</tr>
<tr>
<td>Primary Care Providers (PCP)</td>
<td>Y</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>Y</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>Y</td>
</tr>
<tr>
<td>Psychologists</td>
<td>Y</td>
</tr>
<tr>
<td>Psychiatric Hospital *</td>
<td>Y</td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>Y</td>
</tr>
<tr>
<td>Specialist Services (non-PCP)</td>
<td>Y</td>
</tr>
<tr>
<td>Speech/Language Therapy *</td>
<td>Y</td>
</tr>
<tr>
<td>Substance Abuse Treatment +</td>
<td>Y</td>
</tr>
<tr>
<td>Transportation +</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Copayments

Copayments are never required for the following beneficiaries:

1. Individuals in a long-term care facility
2. Those under age 21
3. Those who are pregnant or in a 60 day post-pregnancy period

**Prescriptions:**

- $1.00 for prescriptions costing less than $30.00
- $2.00 for prescriptions costing $30.00 or more, but less than $50.00
- $3.00 for prescriptions costing $50.00 or more

**Dental:**

- $3.00 per visit for dental services

**Outpatient:**
$3.00 per day per hospital for outpatient services

**Limitations**

**Chiropractic:**

Chiropractic services are limited to treatment by means of manual manipulation of the spine for the correction of a misalignment of the spine. Coverage is limited to ten (10) treatments per calendar year per beneficiary. Treatments beyond ten per year require prior authorization.

**Dental:**

The dental benefit is limited to $510.00 per beneficiary per calendar year. Non-covered services include; cosmetic procedures; and certain elective procedures, including but not limited to: bonding, sealants, periodontal surgery, comprehensive periodontal care, orthodontic treatment, processed or cast crowns and bridges. Prior authorization is required for most special dental procedures.

**Eye Exams:**

One comprehensive eye exam and one intermediate eye exam within a two year period, or Two intermediate eye exams within a two year period

**Hearing Aids:**

Hearing aids are limited to one hearing aid per ear every three years for specified degrees of hearing loss.

**Lab Tests and X-rays/Imaging:**

The following outpatient high-tech imaging services require prior authorization:

- Computed tomography (CT) (previously referred to as CAT scan);
- Computed tomographic angiography (CTA);
- Magnetic resonance imaging (MRI);
- Magnetic resonance angiography (MRA);
- Positron emission tomography (PET); and
- Positron emission tomography-computed tomography (PET/CT).

Laboratory services for urine drug testing is limited to eight (8) tests per calendar month. This limitation applies to tests provided by professionals, independent labs and hospital labs for outpatients. Exceptions to this limitation require prior authorization.

**Naturopaths:**

Services are limited to those specified in protocols for licensure and reviewed and accepted by the State of Vermont, Director of the Office of Professional Regulation, and are services covered by Medicaid.

**Nursing Facility:**
Short-term Skilled Nursing Facility (SNF) stay that is limited to not more than 30 days per episode and 60 days per calendar year.

**Outpatient Hospital:**

Administratively necessary or court ordered tests are not covered, unless they are medically necessary.

**Podiatry:**

Podiatrists’ services are limited to non-routine foot care.

**Physical Therapy, Occupational Therapy and Speech/Language Therapy:**

Services are limited to thirty (30) therapy visits per calendar year, and include any combination of physical therapy, occupational therapy and speech/language therapy. Prior authorization beyond 30 therapy visits in a calendar year will only be granted to beneficiaries with the following diagnoses:

- Spinal Cord Injury
- Traumatic Brain Injury
- Stroke
- Amputation
- Severe Burn

**More Information**

For more information or to apply, please visit: [http://www.greenmountaincare.org/vermont-health-insurance-plans/medicaid](http://www.greenmountaincare.org/vermont-health-insurance-plans/medicaid). You may also call Green Mountain Care Member Services at **1-800-250-8427**