



AmeriCorps VISTA

Health Allowance Plan Member Guide

Want
to better
understand
your
healthcare
program?

The information in this
guide is designed to help.



Identification Card

As an AmeriCorps member enrolled in the Healthcare Allowance plan you will receive an identification card to be presented along with your primary coverage card at the time of medical service.

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

Lost or misplaced cards can be replaced a few ways:

- A virtual ID card can be downloaded by you online through americorpsvista.imglobal.com.
- You can request an ID card via email to vistacare@imglobal.com and one will be emailed to you within 24 hours.
- You can call IMG at 855-851-2974 or 317-833-1711.

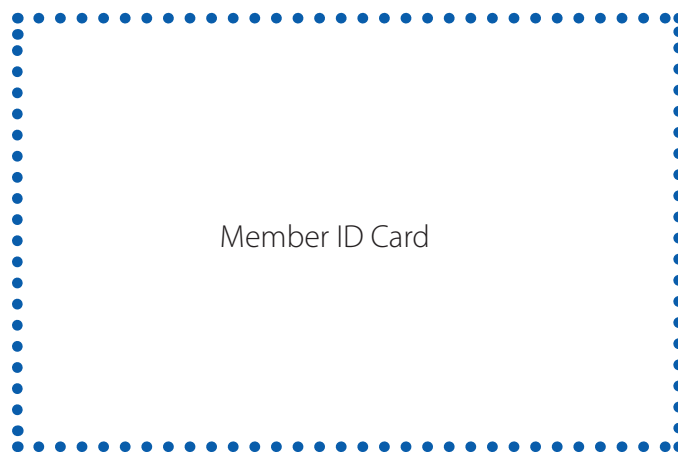


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1. Eligibility

The AmeriCorps VISTA Healthcare Allowance is designed to reimburse you for the out of pocket expenses in your other primary health insurance policy; such expenses might include: your annual deductible, coinsurance, copayments and other charges for qualified medical, dental or vision expenses. This is an allowance to help you offset covered expenses up to the current marketplace individual maximum out-of-pocket amount associated with your primary coverage regardless of type.

This benefit will also reimburse you for out of pocket expense related to Routine Dental expenses such as cleanings, x-rays and fillings up to a maximum of \$1,000.00 per service term and Routine Vision expenses such as an eye exam and prescribed glasses or contacts up to a maximum of \$200.00 per service term, regardless of any primary coverage.

The Healthcare Allowance cannot be applied to insurance premiums, costs for non-essential health benefits such cosmetic or elective services including but not limited to elective abortion services or any costs associated with abortion services, or costs associated with the care of your spouse and/or dependents.

At a minimum, essential health benefits covered under your primary healthcare coverage should include the following items and services:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (such as surgery)
- Pregnancy, maternity, and newborn care (care before and after your baby is born)
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative services and devices (services and devices to help people recover mental and physical skills following injuries, disabilities, or resulting from chronic conditions); and habilitative services and devices (services and devices to help people learn new mental and physical skills following injuries, disabilities, or resulting from chronic conditions).
- Laboratory services
- Preventive and wellness services and chronic disease management

Benefits are subject to exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in any way the Certificate of Insurance or the Application, Master Policy and any riders or other governing documents (the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

You are eligible for the **AmeriCorps VISTA Healthcare Allowance**, based on the information you provided about your primary insurance coverage. Primary insurance coverage may include:

- **Family healthcare coverage** (such as if you are 26 or younger and on a parent's plan, or married and covered by a spouse's plan);
- **Medicaid or Medicare healthcare coverage, or military healthcare benefits;**
- **Healthcare coverage purchased through the Health Insurance Marketplaces** (every state has a health insurance marketplace where you can shop for coverage and find out if you qualify for lower costs);
- **Coverage afforded to you under separate government sponsored programs or acts** such as benefits available to members in the US territories or federally recognized tribes.

To participate in the Healthcare Allowance, simply elect to enroll by creating a MyIMG VISTA account login, navigate to the enrollment page, and make the selection "I DO have other healthcare coverage and wish to enroll in the Healthcare Allowance plan in order to assist with the copays, deductibles, and coinsurance applied by my other plan." You may also enroll by submitting a hard copy form that may be obtained online under the Resources tab of americorpsvista.imglobal.com or by calling 855-851-2974 or 317-833-1711.

Election into the AmeriCorps VISTA Healthcare Allowance plan must be completed within 60 days of your service start date. Failure to enroll during this time indicates your waiver of this benefit.

Please note that maximum allowance amount applies to your service term and does not reset on the calendar year.

Administration of your Healthcare Allowance

This allowance is administered by International Medical Group (IMG). This is NOT an insurance policy or program.

International Medical Group (IMG) provides all General Administration and Oversight of your Enrollment, Customer Service, and Healthcare Allowance. As a member enrolled in the **AmeriCorps VISTA Healthcare Allowance**, you will receive information from IMG. Please open and review all information as it is important to your use of **AmeriCorps VISTA Healthcare Allowance**.

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

2. Reimbursement

Provider requirements regarding payment at time of service may vary. IMG will make every attempt to help mitigate your up-front out of pocket expenses. Following are the steps you should follow in an effort to receive timely and accurate reimbursement.

Please present your primary coverage ID card as well as your VISTA Healthcare Allowance plan ID card to your provider at the time of service. If your primary coverage requires a copayment at time of service, please encourage your service provider to file the reimbursement request directly with International Medical Group, Inc. as opposed to requiring payment from you.

Please make sure to tell the medical provider to send their bill/claim to your other coverage **first**, and then to the VISTA Healthcare Allowance Plan after the other plan **second**. Failure to submit their bill/claim in the correct order will cause delays in claims handling.

If you receive a balance due invoice from a medical provider, please contact their billing to ensure they send their bills/claims to both of your other plan and then to IMG in this order.

Provider Reimbursement/Copayments

Providers should send the copayment invoice along with remittance advice directly to:

IMG AmeriCorps VISTA
P.O. Box 550
Farmington, MI 48332
Secure Email*: vistacare@imglobal.com
Secure Fax: 855.851.2971

Member Reimbursement

If the service provider or insurance company requires payment from you directly, please proceed with the reimbursement request instructions below.

1. File all healthcare expenses first under your primary

healthcare plan.

2. You will receive an Explanation of Benefits (EOB) statement from your primary health plan indicating how that plan processed and paid the healthcare expenses. If the EOB statement shows that eligible charges were applied toward the primary plan's deductible, coinsurance or copayments, a claim for reimbursement may be filed under the Healthcare Allowance plan.
3. Complete the Healthcare Allowance Medical Reimbursement Form which can be found on the americorpsvista.imglobal.com website along with:
 - Your Explanation of Benefits (EOB) or other statement of patient responsibility received from your health insurance provider, or
 - Original paid receipts indicating type of payment, e.g. Co Payment, Out of pocket expense, Dental or Vision expense.

Upon receipt of the completed information, IMG will promptly process and return the appropriate payment using the method you have indicated. You may receive reimbursement from your Healthcare Allowance plan via check or ACH transfer direct deposit into your bank account.

Please note: Reimbursement filing instructions for both providers and members are located on the back of your ID card.

**If sending sensitive information via email, please only use encrypted email.*

Appealing a Decision

If you do not agree with a Healthcare Allowance payment or reimbursement decision, you or your authorized representative may appeal a denial of reimbursement for any out of pocket expense by sending your appeal and any additional information related to the claim and comments in writing directly to IMG.

Benefits are subject to exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in any way the Certificate of Insurance or the Application, Master Policy and any riders or other governing documents (the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

3. Customer Care

AmeriCorps has contracted with IMG to help you answer any questions, concerns, or requests you may have regarding your AmeriCorps VISTA Healthcare Allowance plan. You can contact IMG Customer Care in any of the following ways:

1. Go on-line to the IMG / AmeriCorps VISTA Website – americorpsvista.imglobal.com

It's easy to get information about your benefits through the IMG AmeriCorps VISTA Healthcare Website. The website is designed for members to find information regarding the **AmeriCorps VISTA Healthcare Allowance plan** quickly and easily.

On the website you can:

- Print necessary forms or complete them electronically
- Review the guide electronically
- Access customer service in a secure manner to ask questions about personal and private healthcare information
- Create your MyIMG VISTA member portal account to be able to obtain an electronic version of your ID card, review results of claims, or submit claims online anytime
- Initiate a chat session
- Access and review FAQ's (Frequently asked questions)

2. Call IMG Toll Free at 855-851-2974 or 317-833-1711

3. Email* IMG at vistacare@imglobal.com

4. Write IMG:

IMG / AmeriCorps VISTA
Attn: Customer Service
P.O. Box 550, Farmington, MI 48332

Customer Care business hours are **9:00 a.m. to 8:00 p.m. EST Monday through Friday**. If you call after hours, you can leave a message and a representative will call you back within 1 business day.

You may access plan information, view claim details, request a new ID card, and see answers to Frequently Asked Questions 24 hours a day, 7 days a week at americorpsvista.imglobal.com.

**If sending sensitive information via email, please only use encrypted email.*



Thank you for your service to
America's communities in need!



AmeriCorps

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