Questions and Answers

Membership information you need to know

Why is this called a *limited* benefits insurance plan?

"Limited" means that the plan has limits on the amount of money it will pay. Some limits may be overall maximums, and some may be limits on particular kinds of charges. After a particular limit or maximum is reached, the plan will not pay any more for that benefit. Your Benefits Summary, found in this enrollment kit, explains these limits, maximums, and other features of your plan, such as deductibles. Please read it carefully so that you understand what your plan will pay.

Who is eligible?

An active member of an AmeriCorps program may be eligible for coverage under this special health insurance plan. Coverage can begin immediately, unless you are covered by another health care plan. There is no family or dependent coverage available under this plan.

If you are covered under another plan (other than Medicaid or Medicare), you are not eligible for this benefit. If your coverage under another plan terminates, you can request to be covered under this plan. To decline coverage, you must complete a Waiver Form.

When does coverage begin?

Your coverage is effective on the first day you become active in the AmeriCorps program, provided you are eligible and do not waive coverage. There is no waiting period.

Will I get ID cards?

You will get membership information and plastic member identification (ID) cards in the mail after you enroll. Until you get your plastic IDs, please use the temporary member ID at right. This ID is valid on the first day you becomes active in the AmeriCorps program, provided you do not waive coverage.

What do I need to take with me when I visit a provider?

You should always carry your Member Identification and a claim form with you when you receive treatment.

* In all states except NY, this plan is filed as a major medical plan that contains an annual benefit maximum and a number of additional coverage limitations and exclusions.

More questions?

To get help in any language, call toll free **1-800-788-6557** Monday through Friday 8 a.m. to 8 p.m. ET.

¿Tiene más preguntas?

Si necesita ayuda en cualquier idioma, llame sin cargo al **1-800-788-6557** de lunes a viernes de 8 a.m. a 8 p.m. hora del Este.

Cut out your temporary member identification along the dotted line.

DOI

Aetna®

SRC
An Aetna Company

MEDICAL/DENTAL PPO

AETNA AFFORDABLE HEALTH CHOICES® PPO

AmeriCorps Grantee
PPO Option II

MEMBER NAME: _____
AND COVERED DEPENDENTS

FOR MEMBER SERVICES CALL 1-888-772-9682

PAYOR NUMBER 57604 0039

12.03.321.1 B (07/09)

We want you to know®

Aetna®

What if a provider refuses to provide treatment unless I pay first?
If the provider is requiring that you pay in advance because he/she is unsure of the coverage, the provider should contact SRC at **1-888-772-9682** to verify coverage and to receive a summary of benefits. If you, the member, need to contact SRC, please call **1-800-788-6557.**

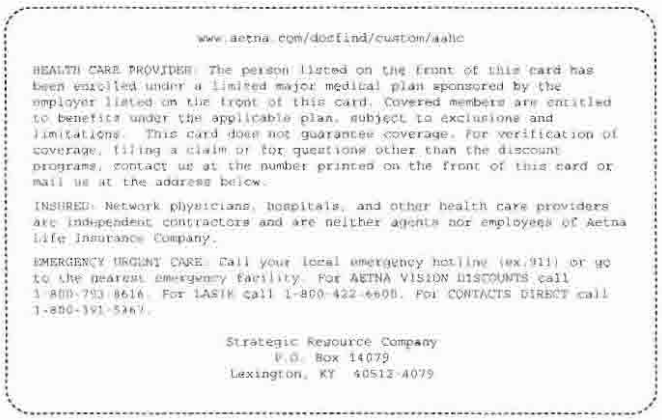
How do I file a claim?
If you file your own claim, you must complete and submit a claim form for every itemized bill. But if your provider submits the claim, you do not need to complete a claim form. You can obtain a claim form by:

- Following the link for AmeriCorps participants from **www.aetna.com/docfind/custom/aahc/**
- Calling Claims Customer Service at **1-800-788-6557**
- Contacting the AmeriCorps Program Director
- Writing to:
  SRC, an Aetna Company
  Attn: AmeriCorps Claims
  PO Box 14079
  Lexington, KY 40512-4079

How do I use my prescription drug benefit?
You will pay the full price at the pharmacy. Then, please submit a claim for reimbursement as explained above.

How do I declare a beneficiary for my Accidental Death Benefit?
Please complete a Beneficiary Designation Form and return it to your Program Director. Keep a copy for your personal records. If you later need to change your beneficiary, you may use the Beneficiary Change Form.

If I leave the AmeriCorps program, can I continue my coverage?
Yes. This plan has a special provision that allows the insured to continue coverage under the Plan after your service with your AmeriCorps Program has ended, as long as certain requirements are met and the program itself has not terminated.


www.aetna.com/docfind/custom/aahc

HEALTH CARE PROVIDER: The person listed on the front of this card has been enrolled under a limited major medical plan sponsored by the employer listed on the front of this card. Covered members are entitled to benefits under the applicable plan, subject to exclusions and limitations. This card does not guarantee coverage. For verification of coverage, filing a claim or for questions other than the discount programs, contact us at the number printed on the front of this card or mail us at the address below.

INSURED: Network physicians, hospitals, and other health care providers are independent contractors and are neither agents nor employees of Aetna Life Insurance Company.

EMERGENCY URGENT CARE: Call your local emergency hotline (ex.911) or go to the nearest emergency facility. For AETNA VISION DISCOUNTS call 1-800-793-8616. For LASIK call 1-800-422-4608. For CONTACTS DIRECT call 1-800-391-5367.

Strategic Resource Company
P.O. Box 14079
Lexington, KY 40512-4079

Notice to members concerning health care services: Your share of the payment for health care services may be based on the agreement between your health plan and your provider. Under certain circumstances, this agreement may allow your provider to bill you for amounts up to the provider's regular billed charges.