

Corps Member Health Insurance

All City Year corps members are eligible for enrollment in a health insurance plan as of their first day actively serving. There is no insurance premium cost to the corps member for this benefit. Coverage may be waived if corps members are enrolled in another policy

To enroll or waive coverage: Once serving, log into cyresource and find the “Benefits Event” waiting in your Inbox or by selecting “Benefits” and then “Change Benefits” under “All About Me”. There, you simply indicate if you wish to enroll or waive coverage.

Corps members who enroll are covered by the City Year Corps Group Health Plan effective their first day of active service.

Coverage ends:

- On the last day of the month in which a corps member is dismissed or withdraws OR
- On the last day of the month in which a corps member completes service/graduates OR
- On the last day of any month in which a corps member has not performed service for a period of three weeks or more (if inactivity spans two months, termination is retroactive to the last day of the earlier month)

The plan provides medical coverage that fully complies with the Patient Affordable Care Act; it does not include dental or vision. There is no charge for certain preventive In-Network services.

The [Summary of Benefits & Coverage document](#) outlines the plan coverage, co-insurance and deductible fees associated with various medical visits. Refer to the document prior to scheduling appointments and try to see In-Network doctors to minimize co-pays (In-network is generally a 20% co-pay and out-of network 50%). If you want more detail about your coverage and costs, you can get the complete terms in the plan document at <http://www.healthplansinc.com> or by calling 1-800-532-7575.

You will receive a member ID cards within 2-3 weeks after your enrollment election. Cards will be sent to City Year site addresses for distribution to corps members.

FAQs:

Q: What is the name of the health insurance plan?

A: It is called The City Year Corps Group Health Plan.

Q: What is the Group Number of the plan?

A: The Group Number is AN7.

Q: What is my ID number?

A: You will be assigned a random individual ID number which will be on your member ID card.

Q: Who administers the plan?

A: HealthPlans Inc. manages member enrollments and processes all medical claims.

Q: Will my prescription drugs be covered?

A: Yes, the pharmacy benefit is the same as the medical benefit (in-network and out-of-network deductibles and co pays apply).

Q: What is the in-network deductible for medical coverage?

A: The in-network deductible for non-preventative care is \$100 per plan year (OUT-OF-NETWORK is \$500 per plan year). Whenever possible, members should utilize In NETWORK services to avoid (much) higher co-pays.

Q: What if I have to see a doctor or need a prescription before I receive my ID card?

A: If you have an urgent need for a service before receiving your ID card, the doctor or pharmacy can contact HealthPlans, Inc. at 800-532-7575 to verify your enrollment. You will need to provide the following:

Medical Plan Administrator: Health Plans, Inc.

Plan Name: City Year Corps Group Medical Plan

Group Number: AN7

Individual ID#: -----

Network Provider: **MA, NH, RI** -- Harvard Pilgrim HealthCare (HPHC)

All other locations – Private HealthCare Systems (PHCS)

Q: How do I find a doctor or hospital in network?

A: You can log onto the health plan website at www.healthplansinc.com for a list of providers. This web site address will be on the backside of your ID card.

Corps Members in MA, NH or RI:

- Click "Members"
- Select "Search for a Provider"
- Select "Harvard Pilgrim provider network"
- Select Provider (by name or location)

Corps Members in all other locations:

- Click "Members"
- Select "Search for a Provider"
- Select "PHCS"
- Select "PHCS Network (PPO)" and "Submit"
- Choose Provider Type (Doctor or Facility)

If you have difficulty navigating the website, call HealthPlans Inc. Customer Service at 800-532-7575