AmeriCorps NCCC
Health Benefit Program

POWERED BY IMG

Please share the below statement with any provider or other insurance if they are disputing that your plan is secondary to your other Commercial Health Insurance Plan.

E-mail*: **NCCCcare@imglobal.com** Fax: **(855) 851-2971**
Postal Mail: **International Medical Group ATTN: AmeriCorps NCCC Claims, P.O. Box 21605, Eagan, MN 55121**
If you have any questions, please call IMG at **(855) 851-2974** or **(317) 833-1711**

The Americorps Health Benefit Program is Secondary to all Commercial Insurance

The health benefit provided by AmeriCorps to its volunteer members is secondary to all commercial insurance, including when the AmeriCorps Member is listed as a dependent on a commercial product.

AmeriCorps is an independent federal agency created to connect Americans of all ages and backgrounds with opportunities to give back to their communities and their nation. AmeriCorps is a wholly-owned federal corporation, in accordance with 5 U.S.C. § 103, and is the federal agency responsible for all domestic volunteer programs, including the NCCC and FEMA Corps programs (also known as FEMA Corps and AmeriCorps NCCC). These programs are authorized by Title I, Part A of the Domestic Volunteer Service Act of 1973, (DVSA), 42 U.S.C. §§ 4951 et seq. These programs are neither a work nor a work-relief program, but rather a federal service program to strengthen and supplement efforts to alleviate poverty.

In accordance with the DVSA, during their service terms, AmeriCorps makes available only to AmeriCorps volunteers "health and dental care" as AmeriCorps "deems necessary and appropriate to carry out the purpose" of the AmeriCorps program [42 U.S.C. § 4955(b)]. Pursuant to §4955 (C) (2) (b) (1) "The director shall also provide volunteers such...health and dental care...and such other support as the Director deems necessary and appropriate to carry out the purpose and provisions of this part, and shall insure that each volunteer has available such allowances and support as will enable the volunteer to carry out the purpose and provisions of this part and to effectively perform the work to which such volunteer is assigned."

Congress, through this legislation, requires the Director to ensure that some type of health care support is available to the volunteer. The subsequent AmeriCorps health benefit was created to provide limited benefits in lieu of other health benefit plans already optioned by the AmeriCorps Member. This legislation **does not** establish or create a health insurance product or policy intended to act like commercial health insurance:

- AmeriCorps Members are Federal volunteers; they are not employees and are not given an employer sponsored insurance, which they can buy into.
  - AmeriCorps Members do not pay into AmeriCorps health benefits
  - There is not a deductible to be met.
- As this is a limited self-funded benefit for being a volunteer and not insurance it is not regulated like insurance by HIPAA or State Insurance Regulatory Agencies.
  - The nature of this benefit means there is no portability
  - There is no coordination guideline, such as the 'birthday rule'
- The AmeriCorps health benefit is taxpayer supported. AmeriCorps has an obligation to be fiscally responsible with public money. If an AmeriCorps Member is paying for Insurance, even as a dependent, it is fiscally responsible to the public and in the Member's interest to utilize coverage they are paying for.

The AmeriCorps health benefit is not health insurance and is not to be construed to take the place of any existing health insurance product. When any commercial health care coverage is available, it is to be used prior to AmeriCorps. This is the intention of the Domestic Volunteer Service Act (as amended by Public Law 106-170, approved December 17, 1999), the Federal legislation Congress used to create the AmeriCorps program.

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