



Agreement of Understanding  
Medical Insurance Registration  
For Participation in JVC Health Insurance

JESUIT VOLUNTEER CORPS

I understand that:

1. **JVC is providing me with health and dental insurance through Christian Brothers Employee Benefit Services from September 1, 2016 through August 31, 2017. Continuing coverage is not available after completion of JVC.** The cost of my premium is covered; JVC will also reimburse my co-pays, deductibles and co-insurance costs during the year (certain exclusions are outlined in the group policy) for an annual maximum of up \$1,500.
2. **JVC covers coinsurance costs related to dental services up to the calendar year maximum established by Christian Brothers.** After the calendar year maximum has been reached, JVC will not reimburse dental costs and these costs are my responsibility.
3. **I am responsible for managing my insurance issues and medical/dental bills.** Though JVC may reimburse all or a portion of the costs, the bills are in my name and I am responsible for their timely payment, for requesting reimbursement/payment from JVC in a timely way (within one month of service) and for submitting any requested follow-up paperwork to Christian Brothers and/or to JVC.
4. **JVC covers reimbursement for medical/hospital/dental costs only up to the in-network provider rate.** If I use an out-of-network provider, the difference in price is my responsibility.
  - It is my responsibility to be sure each provider I see is in-network, including referrals from an in-network provider or for follow-up work from an emergency visit.
  - If I am unable to find an in-network provider after my insurance and network resources, it is my responsibility to get pre-approval from JVC to go out of network. If I do not seek pre-approval, JVC cannot cover the additional cost of out-of-network medical, hospital or dental service.
5. **It is my responsibility to use the maintenance drug process for any on-going prescriptions.** If I do not and it results in higher costs, JVC will reimburse me up to the lower co-pay.
6. **Vision coverage is not included** in JVC reimbursements. Discounted pricing may be available through a partner vendor, but all vision-related costs are my responsibility.
7. **It is my responsibility to review Explanation of Benefits (EOBs) from Christian Brothers** when I receive them, particularly the Remarks section. If Christian Brothers is seeking further information from me or the provider before it can process a claim, it is my responsibility to respond in a timely manner.
8. **JVC reimbursement requests must be made within one month of the appointment/purchase.**
9. **I will need to submit an Explanation of Benefits (EOB) to JVC with select reimbursement requests.** Requests related to medical services that are not the standard \$20 co-pay and requests for all dental services must be accompanied by an EOB from Christian Brothers.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Name (print): \_\_\_\_\_ JV Community City: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**\*Must submit either this or the Medical Insurance Waiver form.**

*Please fax, mail, or scan & email this completed form to Nicole Cronin by **July 20, 2016***

*801 Saint Paul Street, Baltimore, MD 21202*

*Fax: 410-244-1766 Email: [jvhealthinsurance@jesuitvolunteers.org](mailto:jvhealthinsurance@jesuitvolunteers.org)*