AmeriCorps VISTA Healthcare FAQs

In 2010, the Affordable Care Act (ACA) was signed into law, ensuring that healthcare is available to all Americans. We will continue to provide the AmeriCorps Healthcare Benefits Plan, as administered by Seven Corners, to all currently serving and future AmeriCorps VISTA members.

We recognize that you may have questions about how this law impacts the healthcare benefit you receive through the AmeriCorps VISTA program. Below are a series of Frequently Asked Questions and Answers about our benefit and the impact of the ACA on this benefit.

Note: The ACA and the Health Insurance Marketplace is administered by the Department of Health and Human Services. The Internal Revenue Service administers the tax provisions included in the law. For specific information about new healthcare benefits that are available to you and provisions of the law (including requirements and exemptions), visit http://www.hhs.gov/healthcare or http://www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions-Home.

What is the AmeriCorps VISTA Health Benefit Program?
The AmeriCorps VISTA Health Benefit Program is a health coverage program and is not considered insurance. The plan covers expenses for most emergency, medical and surgical costs, hospitalization and prescription drug needs members may have during their term of service.

Please see the AmeriCorps Healthcare Guide for more information on plan details.

What is included in the AmeriCorps VISTA Health Benefit Program?
The benefits meet most of the needs of our VISTAs. The program includes:

- highly sought after preventative care services
- immunizations
- coverage for illnesses
- emergency care
- catastrophic care

What are the costs to VISTA members?
VISTAs pay no premiums for the benefits, and have very low—and in many instances no—cost-sharing expenses. Cost-share is limited to $5 for medical office visits and prescriptions ($0 co-pay for generics) and no cost-share for emergency hospitalizations. There are no annual or lifetime limits on the coverage for VISTA members.

What are the limitations?
The benefit only covers the VISTA member, not spouses, partners, or dependents. The benefit does not cover costs associated with pre-existing conditions. Further, there are instances where you may be required to pay a co-payment for an office visit or prescription; you may also be required to cover the full cost of services if they are not covered by the plan (such as treatment related to a pre-existing condition).

Please see the AmeriCorps Healthcare Guide for more information on plan details.

Am I eligible to participate in the AmeriCorps VISTA Health Benefits Program and if so, how do I enroll?
All AmeriCorps VISTA members are eligible to participate in the AmeriCorps VISTA Health Benefits Program. Currently serving members are already enrolled in the program and do not need to take any action.

New members need to complete the Other Health Coverage Questionnaire and submit it at Pre-Service Orientation registration. This information is needed to ensure you receive the maximum benefits available.

What is the impact of the Affordable Care Act on the AmeriCorps VISTA Health Benefit Program?
We have made no changes to the health benefit we offer.

Does the AmeriCorps VISTA Healthcare Benefits Plan satisfy the individual responsibility requirement of the ACA?
No. The AmeriCorps VISTA Healthcare Benefits Plan does not satisfy the individual responsibility requirement of the ACA.

Does AmeriCorps VISTA have plans to offer a benefit plan that is compliant with the ACA?
We are continuing to explore options for the future. If there are any changes to the healthcare benefit, we will notify members and sponsors as soon as information is available.

As a VISTA, am I required to have ACA compliant coverage?
Your status as a VISTA has no impact on whether you are required to have ACA compliant coverage. Review your individual circumstances (household income, family circumstances, age, etc.) to determine if the ACA requires you to have minimal essential coverage or if you are eligible for an exemption.

What are the exemptions and how do I apply for one?
The ACA is administered by the Department of Health and Human Services (HHS) and the Internal Revenue Service administers the tax provisions included in the law. Exemptions are dependent on your individual circumstances and are granted by these agencies.

Is there a specific exemption for AmeriCorps VISTA members?
Yes. On May 2, 2014, HHS issued guidance exercising its authority to establish a hardship exemption for national service members who did not have minimum essential coverage (MEC) in 2014. This hardship exemption means that you will not be subject to the Individual Shared Responsibility payment for not maintaining MEC coverage in addition to the short-term and self-funded coverage

offered through the AmeriCorps VISTA Healthcare Benefit in 2014.

If you elect to exercise the exemption extended to AmeriCorps VISTA members, use the hardship exemption form available at http://www.healthcare.gov/exemptions and select reason #14. When prompted, fill in "VISTA" as the reason.

The Federal healthcare marketplace does not process hardship exemptions for the State of Connecticut. Residents of Connecticut need to contact Access Health CT to apply for the hardship exemption.

For a complete list of exemptions and information about how to apply, please visit: HealthCare.gov/exemptions.

I've done my research, and I'd like to seek additional coverage beyond the benefit offered by AmeriCorps VISTA. What are my options? The following healthcare options may be available to you during your term of service with the AmeriCorps VISTA program:

- **Family healthcare coverage:** If you are 26 or younger and on a parent's plan, or married and covered by a spouse's plan, you may continue this coverage during your term of service. For more information about these options, visit HealthCare.gov or consult your family's provider.

- **Healthcare coverage purchased through the Health Insurance Marketplace:** Every state has a Health Insurance Marketplace where you can shop for coverage and find out if you qualify for lower costs. You may be eligible to purchase a private insurance plan or enroll in Medicaid. For more information, please see HealthCare.gov.

- **Medicaid or Medicare healthcare coverage, or military healthcare benefits:** For those already receiving or eligible for Medicaid, Medicare, or military healthcare benefits, you may receive those benefits during your year of service. For more information about Medicare or Medicaid, please see CMS.gov.

Open Enrollment for the Marketplace ends March 31, 2014. After this date, is entering VISTA or ending VISTA considered a qualifying life event for access to the Marketplace?
Yes. On May 2, 2014, HHS issued guidance that creates a special healthcare enrollment period for AmeriCorps VISTA members.

Starting Service: If you started your AmeriCorps VISTA service after the open enrollment period ended (March 30, 2014), you have 60 days from your service start date to sign-up for healthcare coverage through the federal healthcare marketplace.

Ending Service: At the conclusion of your service, you are able to purchase a qualified health plan from the federal healthcare marketplace outside of the annual open enrollment period. You have 60 days from your service end date to sign-up for healthcare coverage. For example, if you conclude your service this summer, you will now be able to purchase a qualified health plan at the conclusion of your service, rather than waiting until open enrollment season.

To apply for coverage under the Special Enrollment Period, contact the Marketplace call center at 1-800-318-2596.

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If I have other coverage (such as those listed above), can I also enroll in the AmeriCorps VISTA Health Benefits Program?
Yes. If you have another insurance policy or are enrolled in Medicaid or Medicare, please complete the Other Health Coverage Questionnaire. While our benefit becomes secondary to your insurance, there is no cost to you to be enrolled and our benefit may be able to pick-up costs your insurance provider does not.

Will CNCS require Sponsors to verify proof of insurance for all VISTA applicants or members?
No. Maintaining insurance is not a requirement of VISTA service.

I'm a VISTA Sponsor/Supervisor; I'd like to include our VISTAs on our health benefit policy, may I?
Yes, you may. However, you may not define the members as employees for the purpose of enrolling them in such benefit programs. You must offer the benefit to all VISTAs serving with your organization.

I'm a VISTA Sponsor/Supervisor; I'd like to provide our members with a healthcare subsidy to off-set the costs of purchasing an ACA compliant health insurance plan. May I?
Yes, you may. However, certain conditions apply:

- You must use your own funds. You must not use funds received from the VISTA program. VISTA grant funds are intended to cover the costs of supervision, service-related transportation, and administrative fees, not member support or benefits. Your organization is responsible for tracking and documenting which of your funds are used for healthcare subsidies.
- You must offer the benefit equally to all VISTAs serving with your organization.
- Your organization must manage, respond to, and resolve, any issues raised by VISTAs or others related to the subsidy. CNCS will not be involved in any such issues that arise.
- The subsidy must be in the form of a reimbursement. Members must provide proof of coverage and cost in order to receive the reimbursement.
- You must inform the VISTA members that the subsidy is considered taxable income and they must report it as such.
- You are required to develop and document your policy and process for implementation.

I'm a VISTA Sponsor/Supervisor; if one of our members is assessed a penalty for not obtaining ACA compliant coverage, may I provide them with a reimbursement using federal funds or our own funds?
No, you may not reimburse a VISTA for a penalty associated with not having ACA compliant coverage. All Americans are subject to the provisions of the ACA. It is the responsibility of your VISTA member(s) to review their individual circumstances and determine if the ACA requires them to have compliant coverage and pay a penalty, if assessed one.

If you have additional questions, please contact:
SevenCorners at 1-866-699-4186 for questions about the AmeriCorps VISTA Health Benefits Program.
HealthCare.gov for questions about ACA coverage options and assistance.