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AmeriCorps VISTA Health Benefits and FAQs

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AmeriCorps VISTA Health Benefits

Overview

Under the Affordable Care Act, all Americans – including VISTAs – are required to have health care coverage; as such, you’re expected to have health care coverage when you become an AmeriCorps VISTA member, unless you are exempt from this ACA requirement. For detailed information on the ACA, see the section below, ‘Affordable Healthcare Act and VISTA’.

If you have healthcare coverage

VISTA members who maintain qualifying health coverage during their service term may enroll in the **AmeriCorps VISTA Healthcare Allowance**. This allowance is a supplemental healthcare allowance program that covers out-of-pocket costs associated with healthcare. Out-of-pocket expenses may include: your annual deductible, coinsurance, copayments, other qualified medical expenses as outlined by your primary health plan and/or basic dental or vision plans. The Healthcare Allowance will help offset these expenses up to \$7,150 in 2017. The Healthcare Allowance does not cover costs associated with purchasing insurance, costs for non-essential health expenses, costs for abortion services, or charges associated with dependents or other individuals covered under your healthcare plan.

Examples of qualifying healthcare coverage that would make the AmeriCorps VISTA Healthcare Allowance beneficial:

- Family health insurance coverage: If you are age 26 or younger and on a parent’s plan, or married and covered by a spouse’s plan;
- Health insurance purchased through the Health Insurance Marketplace;
- Medicaid, Medicare, or military healthcare benefits; or
- Coverage under a separate government-sponsored program or act such as benefits available to individuals in the U.S. territories or who belong to a federally recognized Indian tribe.

If you are exempt from the healthcare coverage requirement

VISTA members who are legally exempt by the ACA from needing to maintain qualifying health coverage during their term of VISTA service are eligible to enroll in the **AmeriCorps VISTA Health Benefit Plan**. This limited benefit plan is available to eligible members at no cost and covers eligible expenses for medical office visits, most lab and x-ray services, limited preventive care (e.g., an annual ob-gyn visit for women), limited dental and vision, medical emergencies, surgical and hospitalization expenses, and certain prescription drug costs. The plan does not cover pre-existing conditions, costs for abortion services, or care for dependents, including your spouse.

The AmeriCorps VISTA Health Benefit Plan is not insurance. It does not meet the Minimum Essential Coverage (MEC) requirements and therefore does not satisfy the “individual responsibility” requirement of the Affordable Care Act (ACA).

International Medical Group (IMG) is the administrator of the AmeriCorps VISTA Healthcare Allowance and the AmeriCorps VISTA Health Benefit Plan. For details about either benefit, please visit: americorpsvista.imglobal.com.

Soon after you begin VISTA service, you will receive an email from IMG with instructions for creating a “MyIMGVISTA” account and completing the Member Enrollment Form online. Submit the enrollment form as soon as possible (**within the first 30 days of VISTA service**) to ensure enrollment.

If you need healthcare coverage

Special Enrollment Periods for AmeriCorps VISTA Members in the Health Insurance Marketplace:

If you would like to buy insurance through the Health Insurance Marketplace, you can take advantage of the [special enrollment periods for all AmeriCorps members](#). These special enrollment periods consist of: 1) the **first** 60 days of your service term; and 2) the 60 days **after** your term concludes. During these two periods, you are allowed to buy insurance or obtain an ECN through the Health Insurance Marketplace outside of the public open enrollment period. To apply for coverage under the Special Enrollment Period, shop for coverage and learn more about enrolling in the Health Insurance Marketplace please visit www.healthcare.gov or contact the Marketplace Call Center at 1-800-318-2596.

When applying for coverage through the Health Insurance Marketplace, please remember that AmeriCorps members are not employees and therefore are not being offered employee-sponsored plans. When completing the application, members should select **“I’m not eligible for insurance through my employer or a family member’s employer”**.

AmeriCorps VISTA Healthcare Allowance

Eligibility

VISTA members who maintain qualifying health coverage for their entire service term are eligible to enroll in the VISTA Healthcare Allowance Plan. Please note: VISTA members who are enrolled in the AmeriCorps VISTA Health Benefit Plan are not eligible for the healthcare allowance.

How to Enroll

VISTA members are not automatically enrolled in the AmeriCorps VISTA Healthcare Allowance. In order to enroll into the Healthcare Allowance Plan you must:

- maintain qualifying health coverage throughout the duration of your VISTA service term, and
- submit a completed Member Enrollment Form to IMG **within the first 30 days** of VISTA service and include details of your qualified healthcare coverage on the IMG Enrollment Form.

If you don't currently have qualified health coverage, you will need to visit the Health Insurance Marketplace at [healthcare.gov](https://www.healthcare.gov) to see what options are available to you and purchase coverage. It can take several weeks for your Marketplace application to be processed, so in the meantime you must **enroll** in the AmeriCorps VISTA Health Benefit Plan (below) for up to 60 days while you await a response.

Once IMG receives and processes your Member Enrollment Form, you will receive a Healthcare Allowance identification card from IMG to use when receiving medical or prescription services.

How to use the Healthcare Allowance

When visiting a medical, dental, or vision care provider for services, **present both your primary health insurance card (or dental/vision card) and your IMG Healthcare Allowance ID card**, and encourage your medical provider to bill IMG directly for any out-of-pocket expenses after your primary health coverage. This will lessen the likelihood you will have to pay these expenses up front.

Out of pocket expenses covered under the Healthcare Allowance include:

Routine Dental Coverage - oral exams, x-rays, fillings, the emergency alleviation of pain (see 'Routine Dental Coverage' outlined below as a reference).

Routine Vision Coverage - annual eye exam and a complete pair of glasses (or contacts) annually.

If you have primary coverage for routine dental and routine vision, you must first process your claim through your primary plan and then submit any remaining out of pocket expenses to IMG.

If you are billed by your provider for a medical service that is eligible to be paid for through the Healthcare Allowance benefit, submit a completed [Healthcare Allowance Medical Reimbursement Form](#) (IMG/VISTA claim form) along with the Explanation of Benefits (EOB) from your primary qualifying health coverage provider. IMG will process the claim and, upon approval, pay your healthcare provider directly.

If you have already paid for an eligible medical service, submit a completed IMG/VISTA claim form ([Healthcare Allowance Medical Reimbursement Form](#)) and any receipts documenting payment, as well as the Explanation of Benefits (EOB) from your primary health coverage provider. IMG will process your reimbursement claim and, upon approval, issue payment directly to you.

The receipt of an EOB from your healthcare coverage provider can often take several weeks; to expedite the process; you may call your healthcare coverage provider and request a copy.

AmeriCorps VISTA Health Benefit Plan

Eligibility

To be eligible for the AmeriCorps VISTA Health Benefit Plan, VISTA members must demonstrate they are **exempt from the Affordable Care Act's requirement** to maintain qualifying health coverage.

Additionally, all members who enter VISTA service without qualifying health coverage may **enroll temporarily** in the AmeriCorps VISTA Health Benefit Plan for their first 60 days of service while obtaining qualifying coverage or an Exemption Certification Number. Please note: VISTA members who are enrolled in the AmeriCorps VISTA Healthcare Allowance Plan are not eligible for the AmeriCorps VISTA Health Benefit Plan.

How to Enroll

VISTA members are not automatically enrolled in the AmeriCorps VISTA Health Benefit Plan.

Enrolling in Full-Year Coverage

To enroll in the Health Benefit Plan for the duration of your service term, submit a completed Member Enrollment Form to IMG including your **Exemption Certification Number (ECN)**.

Once your enrollment is processed and approved, you will receive a Health Benefit plan identification card from IMG to be used as proof of healthcare coverage when you need medical or prescription services.

**ECN – The Exemption Certification Number (ECN) is a unique identifier, provided by the Health Insurance Marketplace that demonstrates you qualify for an exemption from the mandate of the ACA. The ECN is unique to each person and is based on certain exemption criteria.*

Enrolling in Temporary Coverage for 60 days

To enroll in the Health Benefit Plan for up to the first 60 days of your service term, submit a completed Member Enrollment Form to IMG requesting temporary coverage. Prior to the expiration of your 60 days, you will be required to submit an updated member enrollment form with either your Exemption Certification Number (to continue being covered by the AmeriCorps VISTA Health Benefit Plan) or details of your qualifying healthcare coverage (to enroll in the AmeriCorps VISTA Healthcare Allowance Plan).

Once your enrollment is processed and approved, you will receive a Temporary Health Benefit Plan identification card from IMG to be used as proof of healthcare coverage when you receive medical or prescription services.

How to use the Health Benefit Plan

When visiting an in-network medical provider or pharmacy, present your Benefit ID card allowing the provider to bill IMG directly.

Though there is not an exclusive preferred provider network for your newly added routine dental and vision benefits, there may be some dentists and optometrist listed in the PPO directory. You are encouraged to seek the most cost effective provider to ensure you get the most for your service term maximum. You should present your ID card at time of service and request the provider bill IMG directly keeping in mind that these provider types may request additional information from IMG. Feel free to request that they call so that the team of IMG Care Representative may assist.

Members enrolled in the VISTA Health Benefit Plan are eligible for routine dental and vision coverage as outlined below. Present your Benefit Plan Identification Card to dental and vision providers at the time of service to ensure claims are sent directly to IMG. To find a participating dental provider, do a search of the [First Health Network](#). To take advantage of Vision Benefits, present your Identification Card to any Vision Provider of your choice.

Routine Dental Coverage - Plan year maximum \$1,000.

Preventive and Diagnostic Dental Procedures - Paid at 100%

Includes:

- Routine oral exams including the cleaning and scaling of the teeth: Once every 6 months.

*Please note, emergency treatment for pain is already covered by the Health Benefit Plan and is not subject to the \$1,000 year maximum.

Basic Dental Procedures - Paid at 80%

Includes:

- Dental X-Ray: 1 Bitewing per year
- Periodontics (gum treatments)
- Endodontics (root canals)
- Extractions - including local anesthesia and routine post-operative care
- Fillings other than gold

Routine Vision Coverage - Plan year maximum \$200 per service year.

Includes:

- 1 eye exam per year
- 1 pair of glasses (or contacts) per year

The Affordable Care Act and VISTA

The **Affordable Care Act (ACA)** has reformed healthcare in the United States, and continues to ensure that qualifying essential health benefits are made available to all Americans through state and federal Health Insurance Marketplaces. Additionally, the law:

- **requires** all Americans, who can afford it, to purchase qualifying health coverage which meets Minimum Essential Coverage (MEC) requirements or pay a tax penalty;
- **reduces the cost of monthly premiums** for low-income individuals by offering premium tax credits;
- **caps out-of-pocket costs** for individuals who maintain a qualifying health coverage plan. The maximum out-of-pocket amount may change annually - i.e., \$7,150 in 2017

The ACA also provides an exemption from the requirement to have health coverage for individuals who meet certain criteria, such as limited household income, membership in a federally recognized tribe, and others.

Administration of the AmeriCorps Health Benefit Program

International Medical Group (IMG) administers the VISTA Health Benefit Program including enrollment, claim processing, and customer service support. Please contact IMG at:

International Medical Group
P.O. Box 88506, Indianapolis, IN 46208
Telephone: 855-851-2974 (toll-free) or 317-833-1711
Fax: 855-851-2971
Email: vistacare@imglobal.com
Website: americorpsvista.imglobal.com

How to Get Qualifying Healthcare Coverage

If you do not currently have qualifying healthcare coverage (e.g., through a family insurance plan, Medicaid, Medicare, Military Benefits, or other qualifying healthcare coverage), the best place to start is the Health Insurance Marketplace at: www.healthcare.gov. The Health Insurance Marketplace is an online resource for reviewing plan choices, submitting applications, and getting assistance with questions about your healthcare options.

IMG, the AmeriCorps VISTA Health Benefit Administrator, also has staff who can assist you with understanding your options.

Definitions

Exemption Certification Number (ECN) – This unique identifier, provided by the Health Insurance Marketplace, demonstrates that you qualify for an exemption from the mandate of the ACA. The ECN is unique to each person and is based on certain exemption criteria, which may change yearly. If you apply for and are granted an exemption, the Marketplace will mail you a notice of exemption eligibility which will include your ECN. You will need your ECN when enrolling for the AmeriCorps VISTA Health Benefit Plan and when filing a federal tax return to avoid a tax penalty.

Explanation of Benefits (EOB) – A statement from a health insurance company that explains how the claim for medical services was processed.

Healthcare provider – A doctor, clinic, hospital, laboratory, etc. that provides professional healthcare services to diagnose or treat illnesses or injuries.

Health coverage provider – A public or private entity that provides healthcare coverage in the form of insurance *or* other reimbursement for costs. Includes private insurance companies, Medicare, Medicaid, Tricare, and the AmeriCorps VISTA health plans.

Minimum Essential Coverage (MEC) – Any insurance that meets the Affordable Care Act requirements for qualifying health coverage. Examples include: Marketplace Health Insurance plans, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. For more information on plans that qualify, visit www.healthcare.gov.

Qualifying health coverage – Health insurance plans that meet the minimum essential coverage standards as set by the Affordable Care Act. Examples include: plans purchased through the Health Insurance Marketplace, individual health plans purchased outside of the Health Insurance Marketplace, coverage under a parent’s plan, most Medicaid plans, Medicare Part A or Part C, most Tricare plans, etc.; to see if your plan qualifies, please visit www.healthcare.gov.

Qualifying life event – A change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events are moving to a new state, certain changes in your income, and changes in your family size (for example, if you marry, divorce, or have a baby). For information on examples of all qualifying life events, please visit www.healthcare.gov.

Special Enrollment Period – A time outside of the open enrollment period during which you and your family have a right to sign up for health coverage. In the Health Insurance Marketplace, you qualify for a special enrolment period 60 days following certain life events that involve a change in family status, loss of other health coverage, or starting and ending service as an AmeriCorps member. For more information on special enrollment periods, please visit www.healthcare.gov.

Health Coverage Options FAQs

I don't have health insurance or other coverage. When do I need to apply for other healthcare coverage through the Health Insurance Marketplace?

Other **qualifying health coverage** applications through the Healthcare Insurance Marketplace can take weeks or months to be processed. In order to avoid missing the 60 day deadline to enroll in a VISTA health benefit plan, **complete your application for other healthcare coverage immediately and no later than the first 30 days of your VISTA service.**

What happens if I miss the 60 day deadline to enroll in the AmeriCorps VISTA Health Benefit Plan?

If you miss the 60 day enrollment deadline, we cannot guarantee you coverage through the VISTA Health Benefit Program during the gap between the day you begin service and the day you secure other healthcare coverage (or proof of exemption). As a reminder, you are not allowed to serve in AmeriCorps VISTA without healthcare coverage.

Failure to submit your Member Enrollment Form to IMG including details of other **qualifying health coverage** or an Exemption Certification Number (ECN) by the 60 day enrollment deadline may result in separation from AmeriCorps VISTA service and you may be responsible for your own healthcare costs.

If you are approaching the 60 day enrollment deadline and are still waiting on a response concerning your **health coverage** or Marketplace application, please contact IMG immediately.

I'm concerned that I won't be able to afford other health coverage as a VISTA. What are my options?

Most VISTAs, based on their income, qualify for lower monthly insurance coverage premiums. By using a simple tool and submitting an application at www.healthcare.gov, you provide some basic income and household information, and view plans and prices available in your area. (See also: "[If you need healthcare coverage](#)".)

Are Medicare, Medicaid, and Military Benefits considered ACA compliant coverage?

Yes, Medicare, most Medicaid plans, and Military Benefits are considered to be **qualifying health coverage** and compliant with the ACA. To confirm that a plan is compliant, visit www.healthcare.gov.

I am a member of a Tribal community. Are the healthcare coverage requirements different from those of other VISTAs?

VISTAs who have membership in a federally recognized Indian tribe or receive benefits through an Indian Health service provider may receive an exemption from the ACA's individual mandate for having to maintain qualified health coverage. To find out more information on exemptions and determine if you qualify, please visit: www.healthcare.gov/exemptions. Members who demonstrate they are exempt by providing an ECN may enroll in the AmeriCorps VISTA Health Benefit Plan during their term of service. For more information about your VISTA healthcare options during your service term, please contact the International Medical Group (IMG) at 1-855-851-2974 or visit americorpsvista.imglobal.com. (See also: "[If you are exempt from the healthcare coverage requirement](#)".)

Are the healthcare coverage requirements for VISTAs who are residents of Puerto Rico or other U.S. Territories different from those of other VISTAs?

The Affordable Care Act does not apply to the U.S. Territories; therefore, VISTAs who are residents of the U.S. Territories (Puerto Rico, American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands) are NOT required to have qualified health coverage under the health care law. To find out more information on exemptions and determine if you qualify, please visit: www.healthcare.gov/exemptions.

Members who demonstrate that they are exempt may enroll in the **AmeriCorps VISTA Health Benefit Plan** during their term of service. If you are a member living in one of the U.S. Territories and would like to find out more information about your VISTA healthcare options during your service term, please contact IMG at 1-855-851-2974. (See also: "[If you are exempt from the healthcare coverage requirement](#)".)

I'm starting my service term outside of the "Open Enrollment" period for the Health Insurance Marketplace. Is entering VISTA considered a qualifying life event for access to the Marketplace outside of "Open Enrollment"?

Yes. If you started service after an ACA open enrollment period ended, **you have 60 days from your service start date** to apply for qualifying health coverage through the Health Insurance Marketplace. In such a case you would be applying for coverage during a Special Enrollment Period. (See also: "[Special Enrollment Period](#)".)

To apply for coverage under the Special Enrollment Period, contact the Health Insurance Marketplace call center at 1-800-318-2596 or visit <http://LocalHelp.HealthCare.Gov> for assistance from a Certified Navigator.

Things that May Affect My Health Benefits

I have not yet started my VISTA service. When can I create an account and sign up for VISTA health benefits?

Once you are activated as an AmeriCorps VISTA member (this typically occurs 2 to 5 business days after your swearing in as a VISTA), IMG will send you an email (from Vistacare@imglobal.com) with instructions on creating a MyIMGVISTA account and enrolling in health benefits. Prior to activation, you may contact IMG for information about your VISTA healthcare options.

I'm currently on my parent's health plan but I will turn 26 during my term of service. What should I do?

Turning 26 years old is considered a Qualifying Life Event and allows you to apply for health coverage through the Health Insurance Marketplace outside of open enrollment periods. Once you've applied for qualifying health coverage through the Marketplace, you must submit documentation of your new coverage to IMG by completing an updated Enrollment Form.

What happens if I don't maintain coverage throughout my service term?

If you become sick or are injured during your service term and seek healthcare assistance from VISTA, but cannot provide proof of coverage or exemption from the requirement, you may be subject to separation from the VISTA program and be responsible for your own healthcare costs. Additionally, you may be subject to a tax penalty under the Affordable Care Act. Please contact IMG to discuss your options for coverage.

What will happen to my coverage if I extend my VISTA service?

If you extend your service term for an additional period of less than 12 months (as opposed to re-enrolling for a new year-long term) you will remain on the same VISTA health benefit plan that you currently hold. You will not need to take any action to continue receiving your VISTA benefits during your extended service period.

Can I change the AmeriCorps VISTA health benefit that I receive?

VISTA will permit a change from one benefit plan to another only when a qualifying life-event warrants the need for such a change. To see if your situation is a qualifying life event, please contact IMG.

When I end my service, what do I need to do to make changes to my own health coverage?

If you are currently on the VISTA Health Benefit Plan, at the end of your VISTA service you are eligible for a 'Special Enrollment Period' through the Health Insurance Marketplace to apply for qualifying health coverage. Applying through the Marketplace will ensure that you have access to qualified health coverage after you leave service and are no longer eligible for coverage through the VISTA Health Benefit Plan. To apply for coverage under the Special Enrollment Period, you must visit www.healthcare.gov or call the Marketplace at 1-800-318-2596.

If you are currently on the VISTA Healthcare Allowance and had obtained coverage through the Health Insurance Marketplace, at the end of your VISTA service you should contact the Marketplace to find out if your subsidy needs to be adjusted based on a change in your income. If your income goes up and your subsidy is not adjusted, you may have to pay back the excess at tax time. To update your information with the Marketplace, visit www.healthcare.gov.

Exemptions and Penalties

I believe that I am exempt from the healthcare law's requirement to maintain qualified health coverage. What benefit am I eligible for?

Members who demonstrate they are exempt are eligible to enroll in the **AmeriCorps VISTA Health Benefit Plan** during their VISTA term of service. (See also: "[AmeriCorps VISTA Health Benefit Plan](#)".)

You must first apply for an exemption through the Health Insurance Marketplace (complete your application for an exemption with the Health Insurance Marketplace **no later than 30 days after starting VISTA service**) and then provide your Exemption Certification Number as verification of your exemption when you submit your Member Enrollment Form to IMG. You must submit your Member Enrollment Form to IMG to enroll in the AmeriCorps VISTA Health Benefit Plan **no later than 60 days after you start VISTA service**.

How do I know if I'll be subject to a penalty?

The Affordable Care Act requires Americans to maintain qualifying health coverage or pay a tax penalty. However, there are few exceptions to this requirement based on personal circumstances such as household income. Unless you obtain an ECN to demonstrate that you are exempt from this requirement, you may be subject to the tax penalty. To find out more information on exemptions and determine if you qualify, please visit: <https://www.healthcare.gov/fees-exemptions/exemptions-from-the-fee>.

When you fill out an application for exemption, the Health Insurance Marketplace will review it and determine if you qualify. If you qualify for an exemption, you will receive a written notice that includes your Exemption Certification Number (ECN). You will need your ECN when you file your federal taxes to avoid paying a penalty.

AmeriCorps VISTA Healthcare Allowance FAQs

What can the healthcare allowance plan be used for?

The allowance is used to off-set your **out-of-pocket healthcare expenses** such as:

- your annual deductible
- copayments
- prescription copay
- coinsurance
- other qualified medical expenses as outlined by your primary health plan (to include dental and vision plans)

The healthcare allowance **may not be used** for any other purpose, such as to pay your healthcare coverage premiums or to pay for non-essential health expenses.

Does the Healthcare Allowance Reimburse for Mental Health Services?

Yes. Mental health services are considered ‘minimum essential health benefits’ under the Affordable Care Act and the allowance covers costs associated with qualifying health expenses as outlined by your primary health plan that you incur during your service year. For a list of essential health benefits, please see <https://www.healthcare.gov/blog/10-health-care-benefits-covered-in-the-health-insurance-marketplace/> or contact your primary insurance provider.

Under what circumstances, if any, does the Healthcare Allowance Reimburse for Dental and Vision benefits?

Yes. The allowance reimburses for out-of-pocket costs associated with basic dental and vision services. For more information on eligible allowance reimbursements, please contact the International Medical Group (IMG) at 1-855-851-2974 or visit americorpsvista.imglobal.com

Can I use the VISTA Healthcare Allowance for costs related to healthcare for my spouse or child?

No. The AmeriCorps VISTA Healthcare Allowance does not cover costs associated with the care of your spouse or dependents. The allowance covers only the VISTA member, regardless of how many people are covered on the primary health plan. Though you are responsible for obtaining coverage for yourself as an

individual for the duration of your VISTA service term, if you would like your qualifying health coverage to include your spouse or child, you must select an ACA plan that includes family coverage as your primary plan.

Can I be reimbursed for the premiums for coverage I obtain through the Health Insurance Marketplace?

No. The healthcare allowance cannot be used towards premiums associated with your healthcare coverage (to include vision and dental plans). You'll need to pay the premiums yourself. Other eligible out-of-pocket expenses, such as deductibles and co-payments are covered by the allowance.

Do I need to submit proof of healthcare coverage to participate in the Healthcare Allowance?

Yes. In order to enroll into the AmeriCorps VISTA Healthcare Allowance you must maintain qualifying health coverage throughout your VISTA service and submit coverage plan information to IMG when you submit the Member Enrollment Form.

How long do I have to submit proof of coverage to AmeriCorps VISTA?

You have 60 days from your VISTA service start date to obtain qualifying health coverage and submit proof to IMG by way of a completed Member Enrollment Form.

If you do not have qualifying health coverage on the first day of your VISTA service term, you may enroll for temporary coverage under the AmeriCorps VISTA Health Benefit Plan for the first 60 days of your VISTA service while you obtain qualifying healthcare coverage. However, you will not have access to the AmeriCorps VISTA Health Benefit Plan after 60 days.

Will the effective date of my Healthcare Allowance be retroactive to when my service term started?

Maybe. Participation in the AmeriCorps VISTA Healthcare Allowance **requires you to enroll** by submitting a Member Enrollment Form and proof of qualifying health **coverage** to IMG. The effective date of enrollment in the Healthcare Allowance will be either the date your service term began or the date your healthcare coverage began, whichever is later.

If I re-enroll for another year of service does the cap on the allowance restart?

Yes. If you re-enroll in a new term of VISTA service, you are eligible for VISTA health benefits in the new term and will need to submit an updated Member Enrollment Form to IMG including details of **qualifying health coverage (under Section 3 of the Enrollment form)**; once enrolled, the healthcare allowance cap restarts.

AmeriCorps VISTA Health Benefit Plan FAQs

Am I automatically enrolled in the Health Benefit Plan?

No. You will need to submit a Member Enrollment Form in order to be covered by the AmeriCorps VISTA Health Benefit Plan. You will not be able to submit medical, dental, vision and prescription claims until your Member Enrollment Form is submitted and approved.

For more information about your VISTA healthcare options during your service term, please contact the AmeriCorps VISTA Health Benefit Administrator, IMG (International Medical Group) at 1-855-851-2974 or <https://americorpsvista.imglobal.com>.

What are the costs to VISTA members?

The VISTA Health Benefit Plan is free to qualifying VISTA members and it has low out-of-pocket expenses. Co-payments are limited to \$5 for medical office visits and prescriptions (\$0 co-pay for generic prescriptions) and there are no co-payments for emergency hospitalizations. There are no annual or lifetime limits on the coverage.

What does the prescription drug benefit cover?

The prescription drug benefit of the AmeriCorps Health Benefit Plan covers most medications that are prescribed by a doctor to treat an illness or condition. For more information on prescription coverage as well as exclusions, please visit <https://americorpsvista.imglobal.com>. For name-brand drugs, there is a \$5 co-pay per prescription; for generics, the co-pay is \$0. "Over the counter" drugs are not covered, even if a doctor writes you a prescription for them.

What are the limitations with the AmeriCorps VISTA Health Benefit Plan?

This is a limited benefit plan that only covers you, the VISTA member, not your spouse, partner or dependents. The benefit **does not cover costs associated with pre-existing conditions**. In addition, 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 the medical service is not covered by the plan (such as treatment related to a pre-existing condition). Please see the [AmeriCorps Health Benefit Guide](#) for more information on plan details.

VISTA Sponsor Support FAQs

May VISTA sponsors include VISTAs on their health benefit policy?

Yes, you may. However, you may not define the members as employees for the purpose of enrolling them in such benefit programs. Moreover, you must offer the benefit equally to all VISTAs serving with your organization.

May VISTA sponsors provide members with a healthcare subsidy to offset the costs of purchasing a qualifying health coverage plan?

Yes, you may. However, certain conditions apply:

- You must use your organization's 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 any subsidy your organization chooses to provide. CNCS will not be involved in any such issues that may 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 your organization provides is considered taxable income and they must report it as such.
- You are required to develop and document your organization's policy and process for implementation.

If a VISTA member is assessed a penalty for not obtaining ACA compliant coverage, may the VISTA sponsor reimburse the VISTA using federal funds or their organization's 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.

Miscellaneous FAQs:

Is VISTA service considered employment?

No. AmeriCorps VISTA is not considered employment. For the purpose of the Affordable Care Act, VISTAs are not considered employees of either the federal government or the sponsoring organizations where they are assigned to serve.

I am shopping for coverage on the Health Insurance Marketplace; I have found that if I answer the question that my employer offers health insurance, I am informed I am ineligible for a health insurance plan?

AmeriCorps members are not employees and therefore are not being offered employer-sponsored plans. In the exchange, members should select “I’m not eligible for insurance through my employer or a family member’s employer”.

Should VISTAs claim their living allowance as income?

Yes. When completing an application for health coverage in the Health Insurance Marketplace, VISTAs should report all household income, including any VISTA income they receive, such as VISTA living allowance.