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AmeriCorps VISTA Healthcare FAQs

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The Affordable Health Care Act (ACA) reformed healthcare and ensures that essential healthcare 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 health coverage or pay a fee;
- Reduces the cost of monthly premiums for low-income individuals by offering premium tax credits;
- Caps out-of-pocket costs for individuals, i.e., \$6,600 in 2015.

AmeriCorps VISTA offers a **Healthcare Allowance** for AmeriCorps VISTA members who maintain their own health coverage for the duration of their service year.

VISTA also offers a basic **Health Benefit Plan** to **members who are exempt** from the ACA's requirement to maintain health coverage for the duration of their service year.

International Medical Group (IMG) provides all of the Administration and Oversight of the AmeriCorps VISTA Health Benefit Program to include Enrollment and Customer Service support. For contact information for IMG, please visit:

<https://americorpsvista.imglobal.com/Americorps/homepage.aspx>

Continue reading to learn more about these benefits. You can click on a question in the table of contents to go directly to that question and answer.

Definitions

Healthcare coverage – Commonly referred to as insurance. Plans that reimburse individuals for the cost of covered healthcare services.

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

Healthcare coverage provider – A public or private entity which 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.

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MEMBER START DATES AND ELIGIBILITY

I am starting service and/or recently started service, what are my VISTA health coverage options?

Unless you are exempt from the healthcare law's (ACA's) requirement to maintain other healthcare coverage, you only have one health plan option. You must maintain your own/other healthcare coverage and enroll in the **AmeriCorps VISTA Healthcare Allowance** to pay for out-of-pocket expenses. To remain eligible, you must maintain your own/other ACA-compliant healthcare coverage for your entire service term in AmeriCorps VISTA.

If you are **exempt from the health care law's requirement** to maintain other healthcare coverage, you are eligible for coverage through the **AmeriCorps VISTA Health Benefit Plan**. See the **question regarding exemptions** for more detail.

How are the healthcare coverage requirements for VISTAs who are members of Tribal communities 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 should receive an exemption from the individual mandate for having to maintain other healthcare coverage. To find out more information on exemptions and determine if you qualify, please visit: <https://www.healthcare.gov/fees-exemptions/exemptions-from-the-fee>. Members who demonstrate they are exempt may enroll in the **AmeriCorps VISTA Health Benefit Plan** during their term of service. If you are a member of a federally recognized Indian tribe and would like to find out more information about your healthcare options during your service term, please contact the AmeriCorps VISTA Health Benefit Administrator, IMG (International Medical Group) at <https://americorpsvista.imglobal.com> or 1-855-851-2974.

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

VISTAs who are residents of the United States Territories (i.e., Puerto Rico, I SUGGEST LISTING THE US TERRITORIES HERE), such as Puerto Rico, are not required to have healthcare coverage under the Affordable Care Act healthcare law and should receive an exemption from the individual mandate for having to maintain other healthcare coverage. To find out more information on exemptions and determine if you qualify, please visit: <https://www.healthcare.gov/exemptions>. Members who demonstrate 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 United States Territories and would like to find out more information about your healthcare options during your service term, please contact the AmeriCorps VISTA Health Benefit Administrator, IMG (International Medical Group) at <https://americorpsvista.imglobal.com> or 1-855-851-2974.

I have not yet attended my PSO (Pre-Service Orientation). When can I create an account and sign up for health benefits coverage?

Once you are activated, you will receive a notification email from IMG providing information about how to create your account and sign up for health benefits.

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

If you extend your yearlong service term for additional period of less than 12 months (in contrast to reenrolling for a new year-long term) you will remain on the same health benefits plan that you currently hold. You will not need to take any action to continue receiving coverage during your extended service period.

I was an active VISTA member prior to 1/1/2015 and I will be extending my current service term. Can I continue with the AmeriCorps Health Benefit Plan without having other healthcare coverage?

Yes. You may continue to receive coverage through the AmeriCorps VISTA Health Benefit Plan through the end of your extended service end date. Please note however that the Affordable Care Act requires certain individuals that reside within the U.S. to maintain healthcare coverage or pay a penalty. Unless you are certain that you are exempt from this requirement, you may be subject to the penalty depending upon your personal circumstances, including your household income. You may file for an exemption in order to determine if you will be subject to a penalty.

Please note, **if you re-enroll** for another full term of service, and are not exempt from the requirement, you must enroll in the AmeriCorps VISTA Healthcare Allowance Plan. You are not eligible to participate in the AmeriCorps VISTA Health Benefit Plan unless you are exempt from the requirement of the ACA. You will need to get other healthcare coverage if you are not exempt (or seek a waiver from the ACA if you are exempt) and submit a new health plan enrollment form to IMG.

If I re-enroll for another year of service, does the cap on the AmeriCorps VISTA Healthcare Allowance restart?

Yes. If you re-enroll in a new term of service, you are eligible for AmeriCorps VISTA health benefits in the new term and will need to submit an updated health plan enrollment form along with proof of other healthcare coverage (or proof of exemption from the ACA individual mandate requirement); once enrolled, the healthcare allowance cap restarts.

I'm about to begin VISTA service and I don't have health coverage. When should I begin to apply for other healthcare coverage (through the Marketplace, Medicare, Medicaid, etc.)?

Other healthcare coverage applications can take weeks or months to be processed. In order to avoid missing the 60 day deadline for AmeriCorps VISTA health benefits, **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?

Failure to submit proof of other healthcare coverage or an exemption number and enroll by the 60 day deadline may result in separation from AmeriCorps VISTA service and you may be responsible for your own healthcare costs.

If you find you are approaching the 60 day deadline and are still waiting on a response concerning another healthcare coverage application (such as through the ACA-based Healthcare Marketplace), please let International Medical Group (IMG) know immediately by sending an email to Vistacare@imglobal.com including proof of your other coverage application.

If you do not apply for other healthcare coverage within the first 30 days of service and miss the 60 day deadline, we cannot guarantee you coverage through the AmeriCorps VISTA Health Benefit Program during the gap between the 60 day deadline and when you secure other healthcare coverage (or proof of exemption).

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

Yes, however participation in the AmeriCorps VISTA Healthcare Allowance Plan requires active enrollment into the allowance plan through the submission of a Member Enrollment Form and proof of other healthcare coverage to IMG. The effective date of coverage in the Allowance Plan will begin on the date your service term begins (or the date your other healthcare coverage began, should it be later than your active start date).

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

Yes, Medicare, Medicaid, and Military Benefits are considered to be compliant with the ACA.

AMERICORPS VISTA HEALTHCARE ALLOWANCE

Who is eligible for the healthcare allowance?

All members, regardless of start date, who maintain other healthcare coverage for their entire service term, are eligible for the healthcare allowance. Please note: eligible members who are enrolled in the **AmeriCorps VISTA Health Benefit Plan**, are not eligible for the healthcare allowance.

How much is the healthcare allowance?

You can be reimbursed for eligible out-of-pocket healthcare expenses, up to the out-of-pocket maximum specified by the Health Insurance Marketplace. For VISTAs who begin service in 2015, the maximum healthcare allowance that a VISTA can receive is \$6,600. This amount may change in future years.

What can the healthcare allowance be used for?

The allowance is used to off-set your **out-of-pocket healthcare expenses**. You can use the allowance for:

- your annual deductible
- coinsurance
- copayments for qualified medical expenses
- other similar charges for qualified medical expenses

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

Does the Healthcare Allowance Reimburse for Mental Health Services?

Yes. The allowance reimburses for costs associated with qualifying healthcare expenses during a member's service year; mental health services are considered 'essential health benefits' under the Affordable Care Act. 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 insurance provider.

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

The allowance reimburses for costs associated with qualifying healthcare expenses during a member's service year. Since coverage details vary based on the specific coverage plan, you will need to contact your coverage provider for details on which dental or vision services, if any, are covered by your coverage plan. If you received covered dental or vision services and have out-of-pocket costs, the healthcare allowance can be used to reimburse you for those costs.

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

No. The AmeriCorps VISTA Healthcare Allowance Plan does not cover costs associated with the care of your spouse and/or dependents. You are responsible for purchasing coverage for yourself as an individual for the duration of your AmeriCorps VISTA service term if you want to access the healthcare allowance. If you would like to add your spouse or child, select an ACA plan that includes family coverage.

How do I access and use the healthcare allowance?

When visiting a medical provider for services, **present your Healthcare Allowance card** along with your primary healthcare coverage card. Presenting these cards encourages your medical provider to bill IMG directly for any costs not covered by your primary healthcare coverage and will lessen the likelihood you will have out of pocket expenses.

If you have not yet paid for any medical services and receive a bill from your medical provider requiring payment for any out-of-pockets costs IMG will need to receive the original bill along with the Explanation of Benefits (EOB) statement from your healthcare coverage provider to process payment. IMG will then assess the documentation to ensure it is complete and pay your healthcare provider directly.

If you have already paid for the service, IMG will need to receive the bill and any receipts you have demonstrating payment as well as an Explanation of Benefits (EOB) statement from your healthcare coverage provider to process your medical claim and submit payment directly to you.

The receipt of an EOB statement 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.

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

Yes. In order to enroll into the AmeriCorps VISTA Healthcare Allowance Plan you must maintain other healthcare coverage throughout the duration of your service term and submit proof of your coverage when you enroll in the Allowance.

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

You have 60 days following your AmeriCorps VISTA service start date to obtain other healthcare coverage and submit proof to IMG. You may rely on the [AmeriCorps VISTA Health Benefit Plan](#) during this time. However, you will not have access to the AmeriCorps VISTA Health Benefit Plan after 60 days.

I don't have my own/other healthcare coverage. How do I get it?

The following healthcare options may be available to you during your term of service: coverage through a spouse or parent, individual coverage purchased through the ACA-based Marketplace, or Medicaid. For more information on coverage options, see the **"Health Insurance Options"** section.

I'm starting my service term outside of the "Open Enrollment" period for the 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 healthcare coverage through the Marketplace. In such a case you would be applying for coverage during a Special Enrollment Period.

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

I'm currently under 26 years of age and on my parent's health coverage plan. However I 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 healthcare coverage through the Marketplace outside of open enrollment periods. Once you've applied for other healthcare coverage, you must submit updated documentation of your other healthcare coverage to IMG by way of 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 removal from the AmeriCorps VISTA program and are responsible for your own healthcare costs. Additionally, you may be subject to a penalty under the Affordable Care Act.

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

The Affordable Care Act requires Americans to maintain health coverage or pay a penalty. There are few exceptions to this requirement. Unless you are certain that you are exempt from this requirement, you may be subject to the penalty depending upon your personal circumstances, including your household income. You may **file for an exemption** in order to determine if you will be subject to a penalty.

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

The healthcare law provides certain exemptions to the requirement to maintain coverage (e.g. individuals with very low income, members of federally recognized tribes, and certain hardship situations. See <https://www.healthcare.gov/exemptions> for a full list). If you fall into one of these categories, you may enroll in the **AmeriCorps VISTA Health Benefit Plan** during your service term. You **must apply for an exemption via the health insurance Marketplace and** provide a copy of your exemption letter to the AmeriCorps VISTA Health Benefit Administrator no later than the 60th calendar day following your start date.

AMERICORPS VISTA HEALTH BENEFIT PLAN

Who is eligible for the AmeriCorps VISTA health benefit plan?

- Members who started service prior to January 1, 2015
- Members who started service on or after January 1, 2015 and are **exempt from the health care law's requirement** to maintain coverage. See the **question regarding exemptions** for more detail. Additionally, all members may rely on this health benefit for the first 60 days of service while they apply for and secure health coverage.

What is the AmeriCorps VISTA health benefit plan?

The plan covers expenses for most emergency, medical and surgical costs, hospitalization and prescription drug needs you may have during your term of service. It is not considered ACA-compliant coverage. Please see the AmeriCorps VISTA Health Benefit Guide for more information on plan details. The plan is administered by International Medical Group, Inc. (IMG).

If I do nothing, am I automatically enrolled in the AmeriCorps VISTA Health Benefit Plan?

No. You will still need to actively make an enrollment decision in order for your coverage through the AmeriCorps VISTA health benefit program to begin. All claims will be held until your Member Enrollment Form and supportive documentation has been received.

If you would like more information in the meantime about your options or about the details of the VISTA health benefit program, please visit <https://americorpstvista.imglobal.com> or call IMG at 855-851-2974.

What are the costs to VISTA members for enrollment in the AmeriCorps VISTA Health Benefit Plan?

You do not pay a premium for the benefits and have low 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.

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. Examples include prescription antibiotics to treat an infection or medication used to treat an ongoing condition, such as high cholesterol. At least one prescription drug must be covered for each category and classification of federally approved drugs, however limitations do apply. Some prescription drugs are excluded. 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?

The benefit only covers you, the AmeriCorps VISTA member, not your spouse/partner 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 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.

If I’m enrolled in the health benefit plan, do I need to maintain other health coverage?

Perhaps. The ACA healthcare law now requires all Americans to maintain health coverage or pay a tax penalty. There are few exceptions to this requirement. Unless you are certain that you are exempt from the healthcare law’s requirement and that the coverage under the AmeriCorps VISTA Health Benefit Plan meets your needs, we highly recommend you seek other health coverage. Please note, if you are deemed eligible and obtain ACA-compliant coverage, you will no longer be eligible for participation in the AmeriCorps VISTA Health Benefit Plan.

HEALTH COVERAGE OPTIONS

I'd like to seek other healthcare coverage. What are my options?

The following healthcare options may be available to you during your term of service:

- **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 www.HealthCare.gov or consult your family's provider.
- **Medicaid or Medicare healthcare coverage, or military healthcare benefits:** For those already receiving or eligible for Medicaid, Medicare, or military healthcare benefits, you may continue those benefits during your year of service. For more information about Medicare or Medicaid, please see www.cms.gov.
- **Healthcare coverage purchased through the Health Insurance Marketplace:** Every state has a health coverage marketplace where you can shop for coverage and find out if you qualify for lower costs, or they are connected to the federal Marketplace. You may be eligible to purchase a private coverage plan. For more information, please see www.HealthCare.gov.

I would like to apply for a healthcare plan through the Marketplace; where do I start?

The best place to get the resources you need to find and enroll in a plan that best fits your needs can be found at: <https://www.healthcare.gov/marketplace/individual/>. The Marketplace is an online resource for reviewing plan choices, completing applications, and getting assistance with questions about your healthcare options.

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

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.

Should VISTAs claim their living allowance as income?

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

Can I be reimbursed for the premiums for coverage I obtain on the Marketplace?

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

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 your AmeriCorps VISTA living allowance income, alone, will qualify for a premium tax credit that lowers monthly coverage premiums. You can view plans and prices available in your area by using a simple tool at www.HealthCare.gov. You'll provide some basic income and household information and be able to see how much you'd pay for each plan. Your final tax credit will be determined when you finish your Marketplace application. Other calculators are available through the Kaiser Family Foundation - <https://www.healthcare.gov/blog/calculating-your-costs-and-savings-in-the-health-insurance-marketplace/> and Get Covered America – <http://www.getcoveredamerica.org/calculator/>.

MAKING CHANGES TO YOUR HEALTH COVERAGE:

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

AmeriCorps 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 International Medical Group.

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

For more information and instructions on your healthcare coverage options, please see the section on “Special Enrollment Period and 2014 Tax Exemptions”. Also take note that if you have other healthcare coverage through the Marketplace and your income changes, you’ll want notify the Marketplace to find out if your subsidy needs to be adjusted so that you don’t end up receiving too much subsidy (and then have to pay it back at tax time).

VISTA SPONSOR SUPPORT

May VISTA Sponsors/Supervisors include VISTAs on our 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 to all VISTAs serving with your organization.

May VISTA Sponsors/Supervisors provide our members with a healthcare subsidy to off-set the costs of purchasing an ACA compliant health coverage plan?

Yes, you may. However, certain conditions apply:

- You must use your own funds. You must not use funds received from the AmeriCorps VISTA program. AmeriCorps 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 AmeriCorps VISTA members that the subsidy you provide 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.