



AmeriCorps

**AmeriCorps VISTA
Health Benefits Overview**

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AmeriCorps VISTA Health Benefits

Overview

AmeriCorps members serving with the VISTA program are eligible to receive one of two healthcare benefits. The benefit they select will depend on their own healthcare situation. This document outlines how to know which healthcare benefit applies to a member's situation, details on each of the two options, as well as definitions and answers to frequently asked questions for each benefit.

If you have healthcare coverage

AmeriCorps members serving with the VISTA program (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 \$8,550 in 2021. 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 don't have healthcare coverage

AmeriCorps members serving with the VISTA program who do not have health coverage are eligible to enroll in the AmeriCorps VISTA Health Benefit Plan. This limited benefit plan is available to 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.

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 AmeriCorps 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 service) to ensure enrollment.

If you need healthcare coverage

Special Enrollment Periods for AmeriCorps 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 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, visit 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

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

How to Enroll

Members are not automatically enrolled in the AmeriCorps VISTA Healthcare Allowance. To enroll, you must:

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

If you don't currently have qualified health coverage, you can visit the Health Insurance Marketplace at 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.

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 prior to receiving care.

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/AmeriCorps 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. (You can find links to the Healthcare Allowance Medical Reimbursement Form and other forms on the [Member Forms](https://americorpsvista.imglobal.com/resources/member-forms) [https://americorpsvista.imglobal.com/resources/member-forms] page of IMG's website.)

If you have already paid for an eligible medical service, submit a completed IMG/AmeriCorps 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, members must not have other qualifying health coverage. Members who are enrolled in the AmeriCorps VISTA Health Benefit Plan are not eligible for the AmeriCorps VISTA Healthcare Allowance.

How to Enroll

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

To enroll in the Health Benefit Plan for the duration of your service term, submit a completed Member Enrollment Form to IMG.

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.

How to use the Health Benefit Plan

The Health Benefit Plan uses a network called [First Health Network](#) for doctors, hospitals, and other providers, and a network called [Universal Rx](#) for pharmacy visits. Using in-network providers and pharmacies minimizes the cost to you; if you go to a provider outside the network, you will be responsible for more of the cost. When visiting an in-network medical provider or pharmacy, present your Benefit Plan ID card so the provider can bill IMG directly.

Members enrolled in the VISTA Health Benefit Plan are eligible for routine dental and vision coverage as outlined below. Present your Benefit Plan ID 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 within the First Health Network. Dental and vision providers who request additional information about coverage can call IMG directly.

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

Includes:

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

Access to Telehealth

In addition to an elected health benefit, AmeriCorps VISTA members can now access telehealth, i.e., virtual care, at no cost. This free service is done through International Medical Group (IMG), the administrator of the AmeriCorps VISTA Healthcare Allowance and the AmeriCorps VISTA Health Benefit Plan, via a partnership with Teladoc.

Telehealth allows members to promptly consult with board certified physicians, psychologists, social workers, and professional counselors 24/7/365 via phone or video chat, at no cost to the member. Find more information and [connect with a telehealth provider](#).

Administration of the AmeriCorps Health Benefit Program

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

International Medical Group
P.O. Box 550, Farmington Hills, MI 48332
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: 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

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. It includes private insurance companies, Medicare, Medicaid, Tricare, and the administrator/provider of 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 [healthcare.gov](https://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 [healthcare.gov](https://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 [healthcare.gov](https://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 enrollment 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 [healthcare.gov](https://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. To avoid missing the 60-day deadline to enroll in an AmeriCorps VISTA health benefit plan, complete your application for other healthcare coverage immediately and no later than the first 30 days of your AmeriCorps 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 AmeriCorps VISTA Health Benefit Program during the gap between the day you begin service and the day you secure other healthcare coverage.

Failure to submit your Member Enrollment Form to IMG including details of other **qualifying health coverage** 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 an AmeriCorps member.

What are my options?

Most AmeriCorps members serving in the VISTA program, based on their income, qualify for lower monthly insurance coverage premiums. By using a simple tool and submitting an application at 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 coverage that makes me eligible for the AmeriCorps VISTA Healthcare Allowance?

Yes, Medicare, most Medicaid plans, and Military Benefits are considered qualifying health coverage that would make you eligible to select the AmeriCorps VISTA Healthcare Allowance.

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

AmeriCorps members who are enrolled in a federally recognized Indian tribe may be eligible to receive benefits through an Indian health service provider. 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.

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

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 AmeriCorps VISTA considered a qualifying life event for access to the Marketplace outside of “Open Enrollment”?

Yes. If you started service after an 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 <https://localhelp.healthcare.gov> for assistance from a Certified Navigator.

Things that May Affect My Health Benefits

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

Prior to officially starting AmeriCorps service, you should review your health benefit options and contact IMG if needed for additional information. Once you are activated as an AmeriCorps VISTA member (this typically occurs 2 to 5 business days after your swearing in as an AmeriCorps member with the VISTA program), IMG will send you an email (from vistacare@imglobal.com) with instructions on creating a MyIMGVISTA account and enrolling in health benefits.

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 AmeriCorps VISTA, but cannot provide proof of coverage, you may be subject to separation from the VISTA program and be responsible for your own healthcare costs. Please contact IMG to discuss your options for coverage.

What will happen to my coverage if I extend my AmeriCorps 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 AmeriCorps VISTA health benefit plan that you currently hold. You will not need to take any action to continue receiving your AmeriCorps VISTA benefits during your extended service period.

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

You may 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 AmeriCorps VISTA Health Benefit Plan, at the end of your 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 AmeriCorps VISTA Health Benefit Plan. To apply for coverage under the Special Enrollment Period, you must visit [healthcare.gov](https://www.healthcare.gov) or call the Marketplace at 1-800-318-2596.

If you are currently on the AmeriCorps VISTA Healthcare Allowance and had obtained coverage through the Health Insurance Marketplace, at the end of your AmeriCorps 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 [healthcare.gov](https://www.healthcare.gov).

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:

- meeting 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. 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.

Does the Healthcare Allowance reimburse for dental and vision services?

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

Does the Healthcare Allowance include access to telehealth?

Yes. In addition to their elected health benefit, AmeriCorps members in the VISTA program can access telehealth, i.e., virtual care, at no cost. For more information and to access this benefit, please visit: <https://americorpsvista.imglobal.com/my-benefits/connect-with-a-telehealth-provider>.

Can I use the AmeriCorps 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 AmeriCorps 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 service term, if you would like your qualifying health coverage to include your spouse or child, you must select a healthcare 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. To enroll into the AmeriCorps VISTA Healthcare Allowance, you must maintain qualifying health coverage throughout your 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 health coverage on the first day of your service term but you want to obtain your own health coverage, you may enroll for temporary coverage under the AmeriCorps VISTA Health Benefit Plan for the first 60 days of your service while you obtain qualifying healthcare coverage. Upon securing your own health coverage, you would need to contact IMG to show proof of coverage and inquire about switching to the AmeriCorps VISTA Healthcare Allowance.

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 AmeriCorps service with the VISTA program, you are eligible for AmeriCorps 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 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 AmeriCorps 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 AmeriCorps VISTA Health Benefit Plan is free to qualifying 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 many 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 AmeriCorps 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 Plan Guide](#) on the [Member Forms](#) page of the IMG website for more information on plan details.

Does the Healthcare Benefit Plan include access to telehealth?

Yes. In addition to their elected health benefit, AmeriCorps VISTA members can now access telehealth, i.e., virtual care, at no cost. For more information and to access this benefit, please visit: <https://americorpsvista.imglobal.com/my-benefits/connect-with-a-telehealth-provider>.

AmeriCorps VISTA Sponsor Support FAQs

May AmeriCorps VISTA sponsors include members 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 members serving with your organization.

May AmeriCorps 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 because 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 AmeriCorps VISTA members serving with your organization.
- Your organization must manage, respond to, and resolve any issues raised by members or others related to any subsidy your organization chooses to provide. AmeriCorps 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 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 an AmeriCorps VISTA member is assessed a penalty for not obtaining ACA compliant coverage, may the VISTA sponsor reimburse the member using federal funds or their organization's own funds?

No, you may not reimburse a member for a penalty associated with not having ACA compliant coverage. All Americans are subject to the provisions of the ACA and state laws. It is the responsibility of your VISTA member(s) to review their individual circumstances and determine if the law requires them to have compliant coverage and pay a penalty, if assessed one.

Miscellaneous FAQs

Is AmeriCorps service considered employment?

No. AmeriCorps VISTA is not considered employment. For the purpose of the Affordable Care Act, members 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 VISTA members claim their living allowance as income?

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