



CAC AmeriCorps Health Benefits 2020-2021

Available for All Full-Time State/National & VISTA members

Health Insurance

State/National members are required to carry health insurance during their entire term of service. There are two options for meeting this requirement, both of which will require the completion of the ***Health Insurance Verification sheet*** at the end of this document.

I. Family Health Care Coverage

Under the Affordable Care Act, you can stay on your parent's health insurance policy until your 26th birthday. You can also remain on your parent's plan if you are married, not living with your parent(s), attending school, or not financially dependent on your parent(s). For more information about this option, please see:

<https://www.healthcare.gov/can-i-keep-my-child-on-my-insurance-until-age-26/>

In addition, if you are married you may be able to get coverage on your spouse's plan.

II. Health Care Coverage Purchased Through the Health Insurance Marketplace

CAC AmeriCorps State/National members are eligible to obtain health care coverage through the Health Insurance Marketplace (HealthCare.gov) and qualify for financial assistance to lower the cost of this coverage. **CAC AmeriCorps will cover the full monthly premium of any Bronze Plan after the federal tax credit is applied, or up to \$60 towards the monthly premium on a Silver or Gold plan after the federal tax credit is applied.** This gives the member the maximum flexibility in identifying the health care option that best meets their needs while assuring that every member is able to access health insurance for \$0 or reduced cost depending on the member's coverage selection.

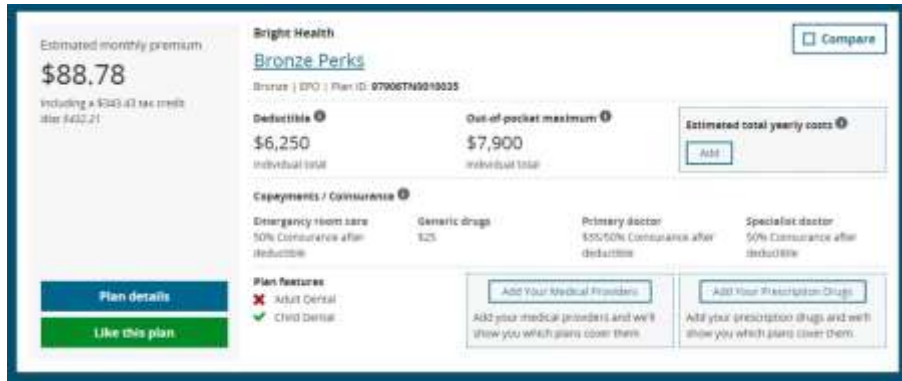
Examples

Sarah is a 24-year-old Female, non-smoking, AmeriCorps member living in the 37921 Zip Code with a program income of \$14,500. Upon searching for options at HealthCare.gov, there were numerous Bronze options presented that carry \$0 cost, but the deductible and out-of-pocket cost did not meet her needs. BUT there was also a Silver plan that carried an estimated monthly premium of \$16.03 with a low deductible of \$20 and out-of-pocket maximum of \$600. CAC AmeriCorps covers up to \$60 a month on premiums for Silver or Gold plans so Sarah could receive this plan at \$0 out-of-pocket after reimbursement.

The screenshot displays the details for a health plan from BlueCross BlueShield of Tennessee. The plan is identified as 'Silver 5045 Network S' with Plan ID '940027M0409107'. The estimated monthly premium is \$16.03, which includes a \$356.90 tax credit, resulting in a net cost of \$314.83. The plan features a \$20 deductible and a \$600 out-of-pocket maximum. Copayments for emergency room care, generic drugs, primary care, and specialist care are all 50% after the deductible. Plan features include Adult Dental (marked with a red X) and Child Dental (marked with a green checkmark). There are buttons to 'Add Your Medical Providers' and 'Add Your Prescription Drugs'. A 'Compare' button is located in the top right corner.

Category	Value
Estimated monthly premium	\$16.03
Including a \$356.90 tax credit	Net \$314.83
Deductible	\$20
Out-of-pocket maximum	\$600
Estimated total yearly costs	Add
Emergency room care	50% Coinsurance after deductible
Generic drugs	50% Coinsurance after deductible
Primary doctor	50% Coinsurance after deductible
Specialist doctor	50% Coinsurance after deductible
Plan features	Adult Dental (X), Child Dental (✓)

James is a 29-year-old Male, AmeriCorps member, that smokes, living in the 37921 Zip Code with a program income of \$14,500 and a second income from an outside part-time job of \$6,000. James' total projected income for the year is \$20,500. Upon searching for options at HealthCare.gov, there are numerous Bronze options presented that range in cost from \$0 to \$161.00 a month. There was a Bronze Plan that carried an estimated monthly premium of \$88.78 with a \$25 generic drug copay on a 30-day supply through retail prescription. CAC AmeriCorps covers the full premium on any selected Bronze plan so James could receive this plan at \$0 out-of-pocket after reimbursement.



III. Medicaid or Medicare healthcare coverage, or military healthcare benefits

For those already receiving or eligible for Medicaid, Medicare, or military healthcare benefits, you may still receive those benefits during your year of service. For more information about Medicare or Medicaid, please see: <http://www.cms.gov>. Medicaid benefits are non-transferable to another state; as programs vary by state, it is important you contact the state you plan to be living in to find out more about benefits options.

Other Benefits

Teladoc and Health Advocate

All members are enrolled in Teladoc / Health Advocate benefits that provide 24/7 access to US-licensed doctors and counseling services, free-of-charge.

Workers Compensation

If a member is injured while performing duties related to their service, their injury may be processed under workers compensation.

Accidental Death and Dismemberment (AD&D)

All members are covered under an AD&D policy that pays benefits to the beneficiary if the cause of death is an accident.

Childcare:

A Child Care Benefit Program is offered independently from CAC AmeriCorps through Gap Solutions for qualified, active, full-time AmeriCorps State/National members. Child care benefits are paid directly to qualified child care providers for all or of part of the member's child care cost during their active time of service with AmeriCorps; child care benefit payments cannot be paid directly to AmeriCorps members. Visit americorpschildcare.com for full details.

CAC AmeriCorps Health Insurance Selection Sheet

State/National Programs

Program Year: 2020-2021

Health Insurance Options

NOTE: A photocopy of your ID card from your insurance carrier must accompany this form.

Option I. Family Health Care Coverage

I, Print Name, have been offered a subsidy for coverage for health insurance through the health insurance marketplace (healthcare.gov), but I am declining this subsidy because I am already covered by another plan as a subscriber or dependent.

Insurance Company: _____ Policy # _____

Option II. Health Care Coverage Purchased Through the Health Insurance Marketplace

I, Print Name, have elected to seek coverage through the State of Tennessee's health insurance marketplace and the total subsidy I am requesting, after the federal tax credit, is either the **full balance of the Bronze Plan** I have selected coverage under, **or, is a maximum of \$60 towards the balance of a Silver or Gold plan** that I have selected coverage under.

Insurance Company: _____ Policy # _____

Option III. Medicaid or Medicare healthcare coverage, or military healthcare benefits

I, Print Name, have been offered a subsidy for coverage for health insurance through the health insurance marketplace (healthcare.gov), but I am declining this subsidy because I am already covered by Medicaid, Medicare, or military healthcare benefits.

Insurance Company: _____ Policy # _____

I understand that, as an AmeriCorps member, I am eligible to apply for health insurance coverage under a Special Enrollment Period (SEP). At the start and conclusion of my term of service, I am able to purchase a qualified health plan from the federal healthcare marketplace outside of the annual open enrollment period. The special enrollment period is 60 days from the service start date and again, 60 days from my service end date to sign-up for healthcare coverage. In addition, loss of a current individual or family plan, due to no-fault of my own, will qualify me for a Special Enrollment Period (SEP) as well. I understand that if I fail to pay premiums or drop the insurance, I will not qualify for a SEP. I understand that if I elect to secure coverage under the Tennessee Health Insurance Marketplace, my coverage will not begin until the following month, at the earliest. I understand that reimbursement is not offered for family health care coverage, Medicaid, Medicare, military healthcare, or other health benefits. I understand that, to receive reimbursement, I must submit evidence of payment for my coverage through the TN Health Insurance Marketplace, on a monthly basis, to the CAC AmeriCorps Office

Signature

Date

FAQ on Health Insurance Marketplace

Q. If I enroll in the exchanges, will that coverage take effect immediately? What's the earliest my coverage will take effect after I complete the enrollment process.

A. Outside of open enrollment (ie, if you're enrolling due to a qualifying event), the regular schedule works like this:

- If you enroll by the 15th of the month, your coverage will take effect the first of the following month.

- If you enroll between the 16th and the end of the month, your coverage will take effect the first of the second following month.

So, an enrollment completed on August 5th, would have a September 1st effective date, but an enrollment completed of August 17th would have an October 1st effective date.

See Appendix A. for the May 6th, 2014 guidance released on this topic.

Q. How do I apply for coverage under the Special Enrollment Period?

A. Contact the Marketplace call center at 1-888-318-2596.

Q. How do I get reimbursed for the premium I paid to the Tennessee Health Insurance Marketplace? How long will it take?

A. You must submit signed evidence of your payment to lauren.bird@knoxcac.org or in-person at the CAC AmeriCorps office at 2247 Western Ave, Knoxville, TN 37921 by the 10th of each month for which you are seeking reimbursement. All reimbursements will be submitted for processing at this time, and reimbursement will be included in the subsequent pay check before the end of that month. For example, when you pay your October premium in September, the latest you can submit this for reimbursement is the 10th of September.

Special Enrollment Period (SEP) and Hardship Exemptions for AmeriCorps Members

Posted May 6, 2014

This is an explanation of information provided by CMS in the [Special Enrollment Periods and Hardship Exemptions for Persons Meeting Certain Criteria Bulletin](#) on May 2, 2014.

On Friday May 2, the U.S. Department of Health and Human Services (HHS) announced a Special Enrollment Period (SEP) for members of the AmeriCorps State and National, Volunteers in Service to America (VISTA), and National Civilian Community Corps (NCCC) programs, who are not provided health insurance options or who are provided short-term limited-duration coverage or self-funded coverage not considered minimum essential coverage (MEC).

Members in the AmeriCorps State and National, VISTA, and NCCC programs and their dependents in the FFM are eligible to enroll in Marketplace coverage when they experience the following triggering events:

- On the date they begin their service terms; **and**
- On the date they lose any coverage offered through their program after their service term ends. (Source: 45 C.F.R. § 155.420(d)(9)).

Members have 60 days from the triggering event to select a plan. Coverage effective date is prospective based on the date of plan selection.

HHS also announced on May 2, 2014 that consumers engaged in AmeriCorps State and National, VISTA, and NCCC programs, are eligible to receive a hardship exemption for any months in calendar year 2014 in which the member is engaged in AmeriCorps service. This hardship exemption is available for consumers in both an FFM and SBM state.

