**Member Healthcare Insurance**

***Guidance for Member Healthcare Insurance Policies and Procedures***

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| **Overview** |

Specific Terms and Conditions outline the following requirements for providing Healthcare Insurance to AmeriCorps members:

*D. Healthcare Coverage. Except for EAPs, Professional Corps, or members covered under a collective bargaining agreement, the recipient must provide, or make available, healthcare insurance to those members serving a 1700-hour full-time term who are not otherwise covered by a healthcare policy at the time the member begins his/her term of service. The recipient must also provide, or make available, healthcare insurance to members serving a 1700-hour full-time term who lose coverage during their term of service as a result of service or through no deliberate act of their own. CNCS will not cover healthcare costs for dependent coverage.*

*Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (e.g. full-time summer projects) are eligible for healthcare benefits. Programs may provide health insurance to less-than-full-time members serving in a full-time capacity, but they are not required to do so. For purposes of this provision, a member is serving in a full-time capacity when his/her regular term of service will involve performing serving on a normal full-time schedule for a period of six weeks or more. A member may be serving in a full-time capacity without regard to whether his/her agreed term of service will result in a full-time Segal AmeriCorps Education Award.*

*Any of the following health insurance options will satisfy the requirement for health insurance for full-time AmeriCorps members (or less than full-time members serving in a full-time capacity): staying on parents’ or spouse plan; insurance obtained through the Federal Health Insurance Marketplace of at least the Bronze level plan; insurance obtained through a private insurance broker; Medicaid, Medicare or military benefits. AmeriCorps programs purchasing their own health insurance for members must ensure plans are minimum essential coverage (MEC) and meet the requirements of the Affordable Care Act.*

*On Friday, May 2, 2014 the U.S. Department of Health and Human Services (HHS) announced a Special Enrollment Period (SEP) for members in AmeriCorps State programs, who are not provided health insurance options or who are provided short-term limited-duration coverage or self-funded coverage not considered MEC. Members in the AmeriCorps State programs and their dependents in the Federally-facilitated Marketplace (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 ends. (Source: 45 CFR § 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. A copy of the HHS Notice, which provides instructions on how to activate the special enrollment period, is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/SEP-and-hardship-FAQ-5-1-2014.pdf. Members can also visit healthcare.gov for additional information about special enrollment periods: https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/.*

*If coverage is being provided via the Healthcare Marketplace, and thus third party payment is not an option, programs must develop a process to reimburse members for monthly premiums.*

*Reimbursements for health insurance premiums are considered taxable income for the member, and programs must have a way to document such reimbursements.*

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| **WHAT IS COMPLIANT MEMBER HEALTHCARE INSURANCE?** |

Starting with the [2015-2016 AmeriCorps State and National Terms and Conditions](http://www.nationalservice.gov/sites/default/files/upload/AmeriCorps%20TermsConditions%204%200215.pdf) it is required that programs provide a member healthcare plan meets the [minimum essential coverage (MEC) requirements](http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/minimum-essential-coverage.html) established in the Affordable Care Act by July 1, 2015, for members serving a 1700-hour full-time term who are not otherwise covered by a healthcare policy at the time the member begins his/her term of service.

The AmeriCorps State and National Terms and Conditions designate the following member healthcare options to be compliant for 2015-16:

1. staying on parents’ or spouse’s plan;
2. insurance obtained through the Federal Health Insurance Marketplace of at least the Bronze level plan;
3. insurance obtained through a private insurance broker;
4. Medicaid, Medicare or military benefits.

However, if the program is paying for or otherwise providing the member’s health insurance, the program must keep in mind the following:

1. It is the program’s responsibility to ensure the member healthcare plan offered to members meets Minimum Essential Coverage. Questions about the details of your insurance plan should be directed to your insurance provider.
2. If coverage is being provided via the federal health insurance marketplace, and thus third party payment is not an option, **programs must develop a process to reimburse members for monthly premiums.**
   1. Reimbursements for health insurance premiums are considered taxable income for the member, and programs must have a way to document such reimbursements.
   2. The program is responsible for ensuring the member has continuous health coverage during their term of service. This puts the burden on the program to ensure members are paying their premium upfront while awaiting reimbursement from the program.
   3. According to the [AmeriCorps State and National Member Health Care Q&A](https://docs.google.com/a/pdx.edu/viewer?a=v&pid=sites&srcid=cGR4LmVkdXxvdi1hbWVyaWNvcnBzLXJlc291cmNlc3xneDoyMzE1OTNjYWU1ZDZlNDRl) issued on May 5, 2014, programs may decide what amount they are willing to reimburse members to cover the costs of insurance so long as the amount is sufficient to obtain insurance on the exchange of at least a Bronze level plan, and all members are offered the same amount of reimbursement. If a member elects coverage above what the program is offering, the additional cost is the member’s responsibility.
   4. For additional guidance on determining a reimbursement amount, see the CNCS Healthcare FAQs found here: [http://www.nationalservice.gov/sites/default/files/page/AmeriCorps\_Health\_Care\_FAQs\_5\_12\_2014.pdf](http://www.nationalservice.gov/sites/default/files/page/AmeriCorps_Health_Care_FAQs_5_12_2014.pdf%20%20)

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| **CREATE MEMBER HEALTHCARE INSURANCE POLICY AND PROCEDURES** |

Programs should adapt an existing policy or create a new policy detailing how the program will ensure members have health insurance coverage that is compliant with the AmeriCorps Regulations and Terms and Conditions.

This policy should include the following components:

1. How the program will ensure continuous healthcare coverage from the member’s start of service to end of service, including:
   1. How the program will document if a member is enrolled in a healthcare plan at the start of his/her term of service
   2. When and how the program will monitor to ensure that members are continuously covered
   3. What documents are required from members to notify the program of a change in their health insurance status
2. How members can choose to participate in the program’s member healthcare plan (if available).
3. If the program chooses to reimburse members to purchase insurance through the health insurance marketplace, the program must include their policy for premium reimbursement, including:
   1. Reimbursements for members will be considered taxable income
   2. The maximum reimbursement amount that will enable all members to get coverage on the health care exchange
   3. The reimbursement process and timeline
   4. What documentation is required as back-up for accounting purposes

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| **UPDATE DOCUMENTS** |

Programs should revise their member and program documents to include updated information based on the program’s healthcare insurance policy. At minimum, these documents include:

1. **Member handbook.** The program’s 2015-16 member healthcare insurance care policy should be included in a member handbook (if applicable). Members should sign to indicate that they have received and understand this policy.
2. **Member Service Agreement.** The program should include a statement in the member service agreement that requires members to notify the program if there are any changes to their healthcare plan eligibility or status.

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| **GUIDANCE FOR MEMBERS SERVING IN LESS-THAN-FULL-TIME POSITIONS** |

Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (e.g. a full-time summer project) are eligible for healthcare benefits. Programs may choose to provide health insurance to less-than-full-time members serving in a full-time capacity, but they are not required to do so. For purposes of this provision, a member is serving in a full-time capacity when his/her regular term of service will involve performing service on a normal full-time schedule for a period of six weeks or more. A member may be serving in a full-time capacity without regard to whether his/her agreed term of service will result in a full-time Segal AmeriCorps Education Award.

For members serving in less-than-full-time positions that are not eligible for program provided healthcare insurance, and are not already covered when they begin their service, programs can refer them to <https://www.healthcare.gov/> for coverage options. In this case it is the member’s responsibility to find and pay for coverage.