

Changes to Your Healthcare Benefit: Understanding Your Options

To join the audio portion, please dial:

888-469-0868 Passcode: **1756851**.

This session will begin shortly.

To download the handout for this webinar, go to

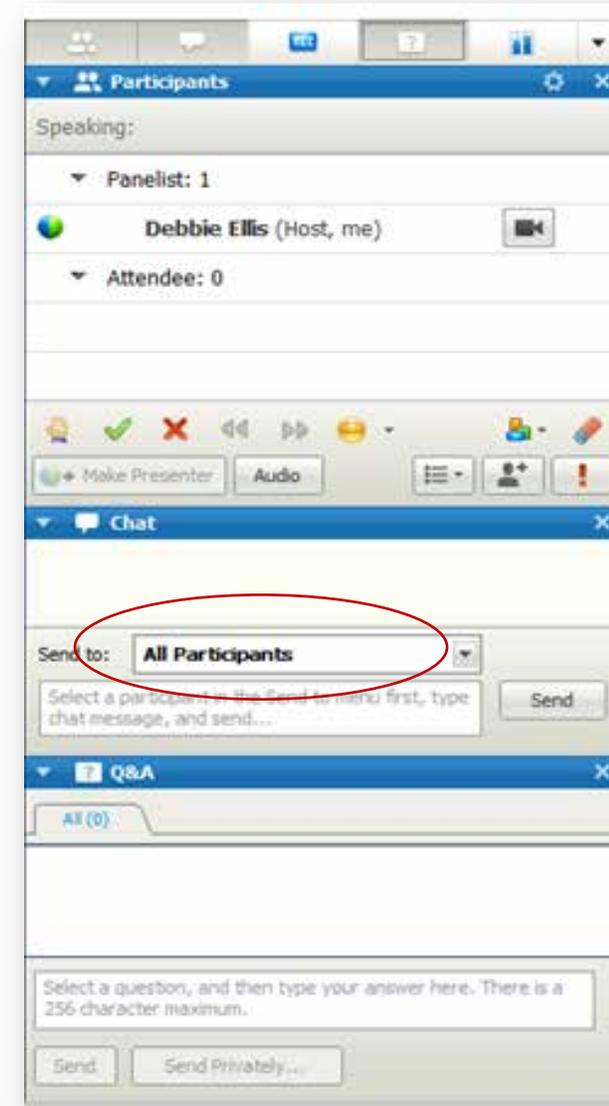
<http://www.vistacampus.gov/healthcare>

and click on "Healthcare Allowance Option – Beginning Jan. 1, 2015"

Tips For Participating

Webinars for VISTAs

- Phones are muted
 - Phones will be open for Q&A later
- To ask questions, use the Q&A panel
- To share comments and ideas, use Chat
 - Send to "All Participants" will be disabled later
- Links and recording will be available after the session
- Closed Captions can be viewed in the Media Viewer panel



Webinars for VISTAs

Welcome to

Changes to Your Healthcare Benefit: Understanding Your Options

Today's Team

Webinars for VISTAs



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Dial: **888.469.0868** Passcode: **1756851**

Today's Agenda

- The Affordable Care Act
- Your AmeriCorps VISTA Healthcare Benefit
 - What's staying the same – your current benefit
 - What's Changing – new option
- Steps for researching and making decisions about your healthcare
- Resources
- Question and Answers

Definitions

Co-Pays

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you get the service.

Deductible

The amount you must pay before your health insurance or plan begins to cover expenses; e.g. if your deductible is \$1,000, you'll need to pay all covered costs up to this amount before your plan covers services.

Out-of-Pocket Expenses

Costs include deductibles and copayments and any costs for services not covered by your plan.

Premium

The amount that must be paid for your health insurance or plan. You might pay premiums on monthly, quarterly or yearly basis.

The Affordable Care Act Basics

- Requires all U.S. citizens to purchase health insurance
- Reduces monthly premium costs
- Caps out-of-pocket expenses for qualified healthcare costs
- Protects those with pre-existing conditions
- Reduces costs for preventative care
- Resulted in changes to state-based laws

The Affordable Care Act and VISTA

As a VISTA member, you:

- are subject to the terms of the ACA
- need to factor in:
 - the state where you live
 - marital status
 - how many children you have
 - whether you can be covered on someone else's plan



What's Staying the Same – Your Healthcare Coverage

VISTAs who began serving prior to January 1, 2015:

- can remain covered by the AmeriCorps Health Benefit Plan
- may choose to rely on this benefit for the remainder of their service year

Note: If the AmeriCorps Health Benefit Plan is your sole health coverage, you may be subject to a penalty under the Affordable Care Act

What's Changing – Healthcare Allowance

- Beginning January 1, 2015, we will offer a new healthcare allowance to all members **who maintain insurance throughout their service year**
- Healthcare Allowance: up to \$6,660
- Can be used towards
 - annual deductible or coinsurance costs
 - co-payments for office visits
 - prescriptions

Healthcare Allowance – How it Works

1. You become ill or injured
2. You seek medical services (e.g. doctor/pharmacy) **in the network of your insurance**. You may be asked to pay a co-pay.
3. After your appointment, you submit to our plan administrator:
 - Statement of coverage from your insurance
 - Receipts for your co-pay (and other costs associated with qualified healthcare expenses)
4. Plan administrator will either pay your medical professional directly or reimburse you for any costs you have incurred

Your Choices

You have two choices:

Option 1: Maintain (or get) your own insurance and enroll in the VISTA healthcare allowance

Option 2: Remain enrolled in the AmeriCorps Health Benefit Plan and forgo the healthcare allowance

Option 1: Healthcare Allowance

- You must maintain other insurance during your service year in order to receive the healthcare allowance.
- Do you have other insurance?
 - No - I only have the VISTA Health Benefit Plan
 - Yes – I have insurance through:
 - My family (spouse, partner, parent)
 - Self (purchased through the Marketplace)
 - Medicaid, Medicare, Tricare

Getting Health Insurance

Step 1 – Research your options and complete an application at <http://www.healthcare.gov>

Step 2 – Shop for coverage and seek financial assistance

Step 3 – Submit your enrollment form to the VISTA program

Step 1: What are my health insurance options?

- Fill out application with the Health Insurance Marketplace
 - Online – <http://www.HealthCare.Gov>,
<http://CuidadoDeSalud.Gov>
 - Phone - 1.800.318.2596
 - Paper
 - With in-person assistance – A Navigator, CAC, or IPA
 - <http://LocalHelp.HealthCare.Gov>

Step 2: Shop for coverage and seek financial assistance

- You will be given an affordability assessment. Nearly all VISTAs will end up in one of the following categories.
 - Medicaid
 - Purchase Health Insurance with tax credits and subsidies
 - Exempt from the insurance requirement
- All of the assessments will give you a detailed report of what you need to do next.

Resources

www.vistacampus.gov/healthcare



The screenshot shows the VISTA Campus website interface. At the top left is the AmeriCorps VISTA logo. To its right is the text 'VISTA Campus' and the tagline 'Volunteers In Service To America'. A 'LOG IN' button and a search bar are located in the top right corner. Below the header is a navigation menu with the following items: 'ABOUT VISTA', 'LIFE AS A VISTA', 'THE WORK', 'CONNECT & LEARN', and 'SUPERVISORS'. Below the navigation menu are social media icons for Twitter, LinkedIn, Facebook, and RSS. The main content area is titled 'VISTA Healthcare Options'. It features a green circular arrow icon on the left. To the right of the icon is a paragraph of text: 'AmeriCorps VISTA provides a basic health benefit to all of its members at little to no cost. This page provides links to resources about the benefit and addresses questions about the benefit in the context of the Affordable Care Act. This page will be updated as more resources become available.' Below this paragraph are three links: 'AmeriCorps VISTA Healthcare FAQs (PDF)', 'VISTA Health Benefits Plan (link)', and a link to 'This FAQ explains the AmeriCorps Health Benefit Plan, how to enroll, and how the Affordable Care Act applies to VISTA. Updated 5/27/2014.' At the bottom left of the content area, there is a rating section: 'Your rating: None', 'Average: 5', and '(2 votes)'.

Other resources

- Official Health Insurance Marketplace resources
 - <http://marketplace.cms.gov/getofficialresources/publications-and-articles/publications-and-articles.html>
 - Glossary
 - An application checklist
 - Brochures, fact sheets, and articles
 - Paper applications
 - Eligibility appeal forms

Other resources

- Estimate the monthly cost of your health insurance premium:
 - Kaiser Family Foundation – Calculator
 - <https://www.healthcare.gov/blog/calculating-your-costs-and-savings-in-the-health-insurance-marketplace/>
 - Pros: shows expected actuarial value of plan and several other details
 - Cons: no mention of tax credits nor tax subsidies
 - Get Covered America – Calculator
 - <http://www.getcoveredamerica.org/calculator/>
 - Pros: shows cost with and without subsidies
 - Cons: very few additional details

More resources

- Enroll America and Get Covered America
 - <http://www.enrollamerica.org/resources/>
- FamiliesUSA
 - <http://www.familiesusa.org/health-reform-central/>
- Doctors For America
 - <http://www.drsforamerica.org/learn/health-reform>
- Kaiser Family Foundation
 - <http://kff.org/>
- Robert Wood Johnson Foundation
 - <http://www.rwjf.org/en/research-publications.html>
- National Immigration Law Center
 - <http://www.nilc.org/health.html>

In-person Assistance

- Navigators
- Certified Application Counselors (CACs)
- In-Person Assisters (IPAs)

- Find local in-person assistance by going to <http://LocalHelp.HealthCare.Gov>

Important Dates

- Open Enrollment
 - Began: November 15, 2014
 - Ends: February 15, 2015
- Special Enrollment
 - 60 Days after Starting VISTA
- “Qualifying Life Event”

Step 3: Enroll in the Healthcare Allowance

- Fill out a new Coordination of Benefit (COB) form
- Available Dec. 15 at www.vistacampus.gov/healthcare
- Send it to our plan administrator



AmeriCorps VISTA

COORDINATION OF BENEFITS OTHER HEALTH COVERAGE QUESTIONNAIRE

In order to accurately process your claims and ensure that you receive the maximum benefits available, information regarding other health care coverage is needed. Please complete the information below, sign at the bottom of the form and return the form to the address below.

SECTION I: GENERAL INFORMATION

Cert Number: _____ AmeriCorps NSPID: _____
Your Name: _____ Telephone Number: _____
Your Address: _____ Street _____ City _____ State _____ Postal Code _____

SECTION II: TYPE OF COVERAGE

Do you have any other insurance coverage for health, dental, vision, Medicare or Medicaid?

- YES (if YES, please complete all sections below)
 NO (if NO, please sign form and return)

If this is an update to indicate you no longer have other coverage, please attach a certificate of coverage letter from your insurance carrier.

Type of Coverage	Relationship to You		
Health <input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent <input type="checkbox"/> Other
Dental <input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent <input type="checkbox"/> Other
Vision <input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent <input type="checkbox"/> Other
<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent <input type="checkbox"/> Other

SECTION III: INFORMATION RELATED TO OTHER INSURANCE COVERAGE

Policy Holder Name _____ Policy Holder Date of Birth _____ Policy Number _____
Employer/Sponsoring Organization Name _____ Employer/Sponsoring Telephone Number _____ Policy Effective Date _____
Employer/Sponsoring Organization Street Address _____ City _____ State _____ Zip Code _____
Name of Insurance Company _____ Location of Insurance (City/State) _____ Insurance Company Telephone _____

SECTION IV: POLICYHOLDER SIGNATURE

I permit any physician, pharmacist, hospital or other health care provider, any insurer, prepayment organization or other health plan provider to give the Corporation for National Service any medical information about me, including information about physical and mental health, medical history, and any drug or alcohol benefits. This authorization shall remain in effect until all matters relating to these claims are concluded. A copy of this authorization will be as valid as the original. I understand that I may receive a copy of this authorization if I ask for one in writing.

Policyholder Signature/Date _____

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Your Choices

- Option 1:** Maintain (or get) your own insurance and enroll in the VISTA healthcare allowance
- Option 2:** Remain enrolled in the AmeriCorps Health Benefit Plan and forgo the healthcare allowance

Option 2: The AmeriCorps Health Benefit Plan

- AmeriCorps offers a limited health care plan
- The Plan is
 - free
 - individual coverage
 - designed to reduce your out-of-pocket costs
 - not full major medical coverage
 - not ACA-compliant
- Currently administered by Seven Corners; transitioning to International Medical Group (IMG) by December 15, 2014.

For More Information on Benefit Plan

- For more information, visit:
<https://www2.sevencorners.com/americorps/>
 - Current information about health benefits
 - Medical provider directory
 - Pharmacy directory
 - FAQs
 - Forms
 - Glossary
 - Contact Information

This URL will change in Jan. 2015

Option 2: Considerations and Enrollment

- Pre-existing conditions
- Dental Care – Routine dental care
- Vision care – routine eye exams or glasses/contacts
- Routine examinations – e.g., general physical exam
- Not considered Minimal Essential Coverage under the healthcare law

Your Choices

You have two choices for January 2015:

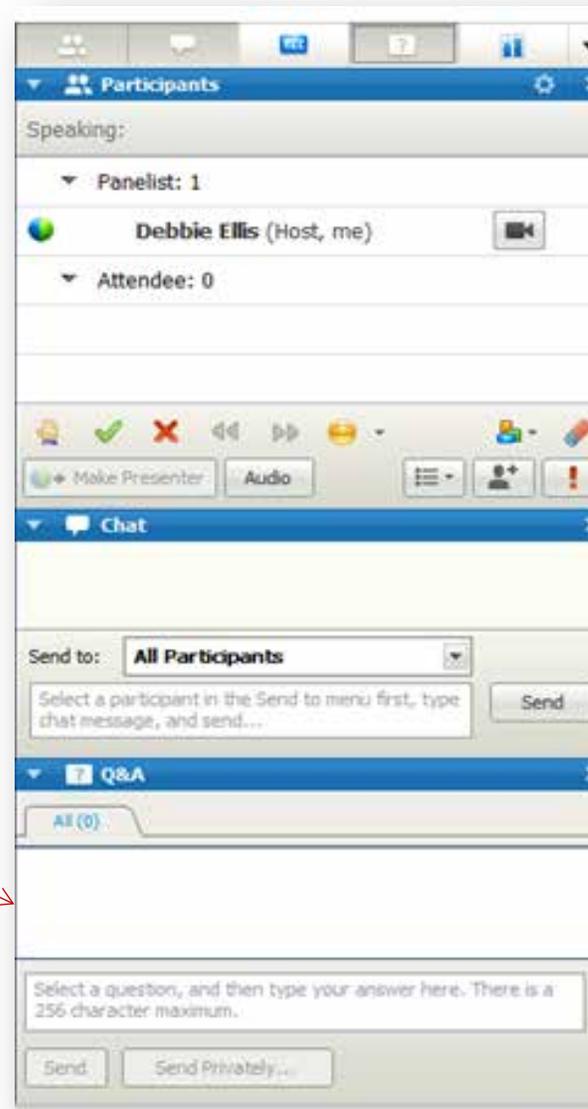
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How to Ask Questions

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- Ask questions by:
 - Pressing *1 on your touchtone phone
 - Posting in Q&A



Evaluation

Webinars for VISTAs

When the session ends, please take a few moments to share your feedback. How can we improve these sessions? What topics should we include in future webinars?

Thank you very much for your time and participation!

Thank You for Your Participation!

Webinars for VISTAs

If you have further questions or for more information, contact us:
VISTAwebinars@cns.gov

Visit:

www.vistacampus.gov/healthcare
for more resources

Visit the Webinars for VISTAs page on the VISTA Campus for a complete schedule of VISTA webinars