



## AmeriCorps Health Plan Options Form

The Palouse-Clearwater Environmental Institute (PCEI) is committed to the safety, health and wellbeing of our AmeriCorps members. Beginning in 2014, AmeriCorps members have new options for quality, affordable health insurance made available by the Affordable Care Act. Please review and research the options available during the service term and choose the option below that fits your needs and interests best.

More info can be found online at: [www.nationalservice.gov/programs/ameri-corps/current-members/health-care-options](http://www.nationalservice.gov/programs/ameri-corps/current-members/health-care-options)

### Option 1: Family, Spouse, or Other Independent Health Plan

Under the Affordable Care Act, most members are eligible to stay on their parent or guardian’s health insurance plan until their 26<sup>th</sup> birthday. Members may also elect to enroll in coverage through a spouse’s employer or choose to enroll in an individual plan outside of the options below. In this case, the program does not pay any portion of the premium directly and does not provide any reimbursement to the member. If selecting this option, members must attach proof of insurance to this form, which may include a copy of their current and valid insurance card.

### Option 2: Individual Health Plan via HealthCare.gov (Health Insurance Marketplace)

All AmeriCorps members are eligible to enroll in an individual health insurance plan through the Health Insurance Marketplace established by the Affordable Care Act (ACA). Members *may* qualify for Medicaid through the Health Insurance Marketplace, which is free of cost to participants. If a member does not qualify for Medicaid, the program will reimburse members for no more than 100% of the out-of-pocket monthly premium cost, up to approximately \$327.00 per month. To qualify for reimbursement, members must enroll in a plan that meets the Minimum Essential Coverage requirements set forth by the ACA at the Bronze or Silver level. Members must enroll and attach proof of insurance to this form. Note: This reimbursement is taxable income. To be eligible for reimbursement, the proof of insurance must be provided and monthly requests for reimbursement clearly show the monthly out-of-pocket premium that the member has paid. Monthly statements are required each month for reimbursement. At the end of the relevant Tax Year(s) the member will receive a form 1099 showing the total amount the member was reimbursed for health insurance premiums.

### Option 3: The Corps Network/PCEI AmeriCorps Health Plan

All AmeriCorps members are eligible to enroll in health insurance plan provided by the PCEI AmeriCorps Program. The program pays 100% of the monthly premium cost directly to the provider for members during the service term. If this option is selected, no additional documents are required and the member will be enrolled or remain enrolled in the plan.

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I elect for the following health insurance plan option: (Please check 1)

**Option 1: Other Family, Spouse, or Independent Health Plan.** Proof of insurance is attached.

**Insurance Company**                      **Coverage #**

**Option 2: Individual Health Plan via HealthCare.gov.** Proof of insurance and monthly premium is attached.

**Option 3: The AmeriCorps Health Plan.**

I also agree to notify the PCEI AmeriCorps Program if my health plan enrollment changes or is terminated during my service term.

Member Name

Signature

Date

PCEI AmeriCorps Program reserves the right to modify, add to or delete specific insurance benefits at any time, with or without prior notice in compliance with all applicable laws. Annually, our benefits programs will be reviewed and PCEI AmeriCorps Program reserves the right to adjust any and all cost sharing associated with our benefits programs. We do not currently provide an option for COBRA benefits coverage upon termination of service.