



Federally Recognized AI/AN Tribal Benefits Quick Guide for Enrollers

Overview

This Quick Guide explains the benefits for federally recognized American Indian/Alaskan Native (AI/AN) tribal members.

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Background

The Affordable Care Act (ACA) provides special benefits for federally recognized Indians/Alaska Natives (AI/AN) tribal members. Covered California offers health plans that are available only to members of these federally recognized tribes.

For a full list of Federally Recognized tribes, visit the [Bureau of Indian Affairs](#) page.

Zero Cost Sharing Plan Benefits

A zero-cost sharing plan means eligible tribal members will not:

- Pay deductibles, copayments, or coinsurance for covered services.
- Be required to get referrals for services.

Zero Cost Sharing Plan Requirements

- Eligible tribal members must have incomes between 100% and 300% of the federal poverty level (FPL).
- They must not be eligible for full-scope Medi-Cal, free Medicare, or affordable minimum value health coverage through their employers.
- They must agree to have their income verified.



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- They must meet the eligibility requirements for enrollment in a qualified health plan (QHP) and advanced premium tax credit (APTC).

Zero Cost Sharing Plan Options

The Bronze tier plans are the most beneficial choice for most eligible tribal members.

- The Silver tier plans may be more beneficial. This is because of options available in the consumer's region.

Because of the zero-cost sharing option, the coverage and benefits will be the same as the Gold and Platinum plans, but with much lower premiums.

Note: When assisting a federally recognized tribal member enrolled in a higher premium plan, let them know they can switch to a more affordable premium with the same benefits.

Limited Cost Sharing Plans

Federally recognized AI/AN tribal members are eligible for limited cost sharing plans when:

- Income amount is above 300% FPL or enrolling through an unsubsidized application. Income amount is below 100% FPL.
- The consumer is not eligible for full-scope Medi-Cal.

Under these plans, eligible tribal members receiving care directly through the federal Indian Health Service, tribes, tribal organizations, or urban American Indian organizations:

- Do not pay copayments, deductibles, or coinsurance.
- Do not need to have their income verified to enroll.
- Can pick a limited cost sharing plan at any metal level.

To avoid the costs above, they must get a referral from one of the organizations listed above.

Effective January 1, 2025, AI/AN tribal members with household income above 300% FPL who have applied through a subsidized application and are APTC eligible will be eligible for the CA Enhanced CSR Silver 73 with no deductibles regardless of where they receive care or whether they have a referral.

General Benefits For AI/AN Tribal Members

- Enroll any time throughout the year.
 - A qualifying life event is not required.
- Can change plans once a month.
- A qualifying life event is not required.



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- Are eligible for an exemption from the requirement to maintain minimum essential health coverage (the individual mandate).

AI/AN Tribal Members and Medicare

Federally recognized AI/AN tribal members who are eligible for free Medicare part A are treated the same as the similarly situated non-AI/AN consumers. Consumers become eligible for Medicare when they either:

- Turn 65.
- Have a disability.

Tribal members who are eligible for Medicare will no longer qualify for financial assistance through Covered CA. They will still retain the AI/AN CSR benefit.

- If they are enrolled in a QHP when they become eligible for free Medicare Part A, they must either terminate their QHP or pay the full price for it without subsidies.
- If they are not enrolled in a QHP when they become eligible for free Medicare Part A, they cannot enroll in a QHP regardless of subsidies.

Mixed Tribal Households

- If a mixed tribal household is created that contains both federally recognized AI/AN and non-AI/AN members, the group will **not** be able to select an AI/AN zero cost-share or AI/AN limited cost-share plan.
 - The household may choose a standard plan, with APTC (and CSR if applicable), that the household, including non-AI/AN members may enroll in together.

Plan Selection for Multiple Groups and Roll Over of APTC

- If a household chooses to enroll in separate plans, their enrollment groups will display separately.
- Plan selection is completed one group at a time.
- APTC is split proportionally for each group before plan selection, but if the first group chooses a plan that requires less than that group's share of APTC, any leftover APTC will roll over to the next group.
- The only exception is when one group chooses the change the amount of APTC by using the APTC slider. If the consumer uses the slider to decrease APTC amount, the APTC amount that removed from monthly distribution will NOT roll over to the next group.
- This allows the consumer to control their APTC distribution and tax liability.
 - **Note:** The California Premium Credit can't be adjusted.



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- When going through plan selection for multiple groups, it is usually best to choose the least expensive plan first. That way the extra APTC, if any, can roll over to subsequent groups.

Resources

<https://www.coveredca.com/learning-center/american-indians-and-alaskan-natives/questions/>