

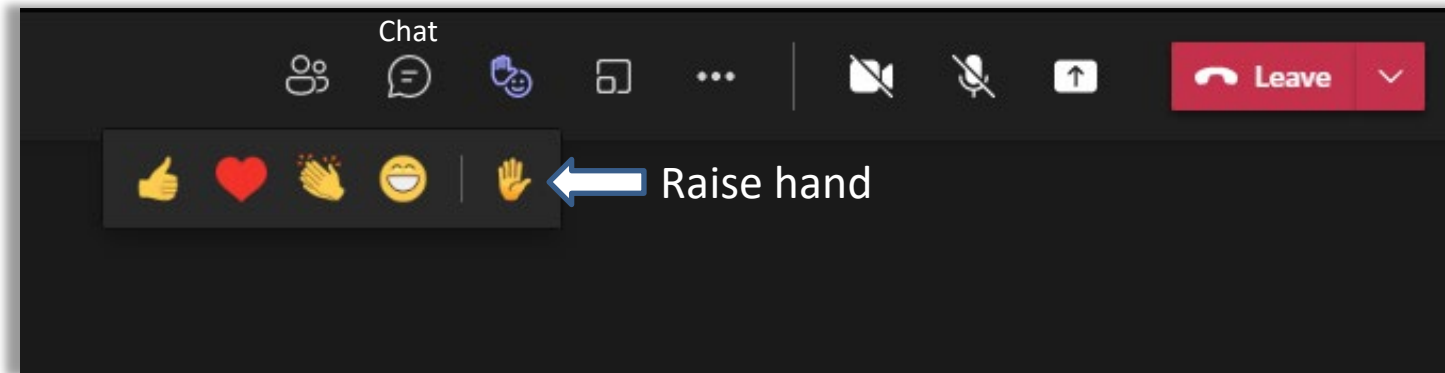


COVERED CALIFORNIA 101 FOR AMERICAN INDIANS/ALASKA NATIVES

October 2, 2024

MICROSOFT TEAMS FUNCTIONS

- If you have a question, please raise your hand or type your question in the chat.



- During the presentation, please keep your microphone on mute.

AGENDA

- Affordable Care Act
- What is Covered California
- Benefits available for American Indians/Alaska Natives through Affordable Care Act/Covered CA
- Questions & Answers

AFFORDABLE CARE ACT AND AMERICAN INDIANS AND ALASKA NATIVES

AFFORDABLE CARE ACT (ACA)

- The Patient Protection and Affordable Care Act (**ACA**) is a comprehensive reform law, enacted in 2010, that increases health insurance coverage for the uninsured and implements reforms to the health insurance market.
- A State-Based Marketplace (**SBM**) is a government agency offering subsidized ACA plans for the state, like Healthcare.gov but created and maintained by the individual state.
- **Insurance Market Reforms:** Guaranteed issue and renewal; no annual or lifetime limits; coverage for essential health benefits; dependent coverage up to age 26
- **Medicaid Expansion:** Inclusion of low-income childless adults.

MARKETPLACE BENEFITS AND COVERAGE LEVELS

The Affordable Care Act (ACA) requires that products sold in the individual market cover **10 essential health benefit categories***.



Laboratory Services



Emergency Services



Prescription Drugs



Mental Health & Substance Abuse Disorder



Preventive & Wellness Services



Pediatric Services



Rehabilitative Services



Ambulatory Patient Services



Maternity & Newborn care

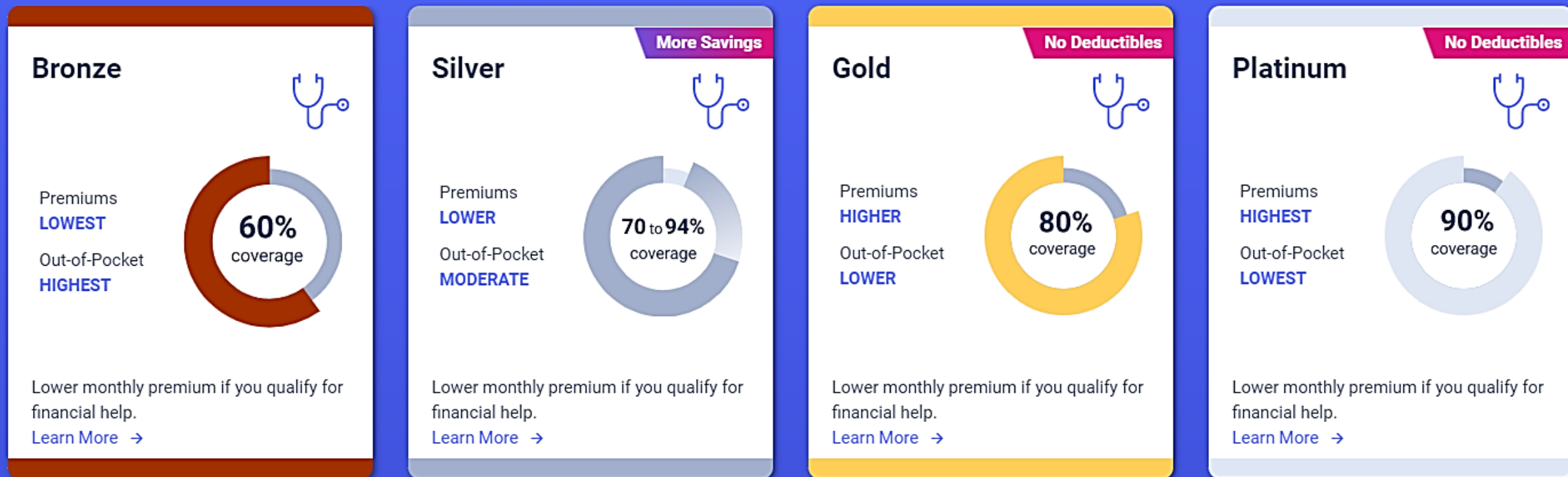


Hospitalization

MARKETPLACE BENEFITS AND COVERAGE LEVELS

- The **ACA** defines four “metal tiers” of coverage for these benefits that vary by Actuarial Value (**AV**), which is the percentage of the total average costs that a health insurance plan will pay for covered benefits throughout the year.
- The four metal tiers, from the plan that requires the most out-of-pocket expenses to the least, are **Bronze**, **Silver**, **Gold**, and **Platinum**.
- The tiers are not related to the quality of medical care, and all plans cover the same essential benefits.
- Plans with a lower AV have lower monthly premiums but higher cost-sharing.

HEALTH PLAN COVERAGE LEVEL: METAL TIERS



- A plan with a lower premium results in a larger copayment with higher deductibles and maximum out-of-pocket expense.
- Minimum coverage plans are also available to people who meet certain requirements, although these plans are not eligible for financial help.

AFFORDABLE CARE ACT (ACA) AND AMERICAN INDIANS/ALASKA NATIVES

- In the United States, there's a special **government-to-government relationship** between the Federal Government and federally recognized Indian tribes.
- The definition of AI/AN is different for the United States Census Bureau, eligibility for services from the Indian Health Services (IHS), special benefits under Medicaid and CHIP, and for the Marketplaces.
- For purposes of the special protections in the **Marketplaces**, an AI/AN is a member of a federally recognized Indian tribe or a shareholder in an Alaska Native Claims Settlement Act (ANCSA) corporation.

AFFORDABLE CARE ACT (ACA) PROVISIONS FOR AMERICAN INDIANS

AI/AN consumers have special benefits and protections in the Health Insurance Marketplace

- 1 Special monthly enrollment status
- 2 Zero cost sharing plan option for household incomes **between 100% and 300%** of the Federal Poverty Level
- 3 Limited cost sharing plan option for household incomes **below 100% or above 300%** of the Federal Poverty Level
- 4 No copays, deductibles, coinsurance for zero and limited cost sharing plans when receiving care from Indian health care providers or with a referral

WHAT IS COVERED CALIFORNIA?

WHAT IS COVERED CALIFORNIA?

- Covered California is the State-Based Marketplace under the Affordable Care Act where Californians can shop for health plans and access financial assistance, if they qualify for it.
- The **only** place where eligible Californians can receive federally-funded financial assistance to help pay for healthcare premiums.
- Financial assistance includes tax credits paid in advance to the health plans — also known as **Advanced Premium Tax Credits (APTC)**.
- Starting in plan year 2024, Covered California is also offering state-funded **Enhanced Cost Sharing Reductions** to lower out of pocket costs for many of our consumers.

COVERED CALIFORNIA AND MEDI-CAL

- Medi-Cal is a separate state program, managed by the Department of Health Care Services (**DHCS**) that offers low-cost or free health coverage to eligible Californian residents with limited income.
- Health plans available through Medi-Cal and Covered California both offer a similar set of important benefits, called Essential Health Benefits (**EHBs**). You can apply for both programs at the same time when you use our single streamlined application.
- Most consumers with incomes at or below **138 percent or below** of the Federal Poverty Level (**FPL**) may be eligible for Medi-Cal coverage.



COVERED CALIFORNIA ELIGIBILITY

Applicant Eligibility Criteria for Covered California

- 1 Be a California resident or person who intends to reside in California**
- 2 Be a U.S. citizen or national, or lawfully present in the U.S**
- 3 Not be incarcerated**

FINANCIAL ASSISTANCE ELIGIBILITY REQUIREMENTS

Factors that determine eligibility for financial assistance and the amount:



- Household **income**,
- Household **size**,
- **Age** of household members, and
- **Location** of the household (which determines the pricing region)
- **Not enrolled** in Minimum Essential Coverage (MEC) or have MEC made available to them.
- **Note** - this does not apply to tribal members receiving care from a Tribal Health Program

Members who receive federal financial assistance (APTC) must file their federal taxes to reconcile the APTC amount with the IRS.

2025 COVERED CALIFORNIA HEALTH PLAN COMPANIES

- Covered California provides quality health coverage from private health insurance companies.
- These **12** companies meet all the state and federal requirements for health plans, plus additional contractual requirements set by Covered California.
- Health companies offer one or more of these products: PPO, HMO, and/or EPO; and a wide variety of doctors and hospitals.



COVERED CALIFORNIA HEALTH CARRIER OFFERINGS BY REGION FOR 2024 PLAN YEAR



QHP Issuer	Pricing Region
Aetna	3, 5, 6 & 11
Anthem	HMO - 11, 15, 16, 17, 18, 19 EPO - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14
Blue Shield	HMO - all regions except 13 PPO - all regions
CCHP	4 & 8
HealthNet	HMO - 13, 14, 15, 16, 17, 18, 19 PPO - 3, 15, 16, 17, 18, 19
Inland Empire	17
Kaiser	all regions
LA Care	15 & 16
Molina	13, 15, 16, 17, 18, 19
Sharp 1 & 2	19
VHP	7 & 9
WHA	2 & 3

12 Carriers Statewide



Rating Region	AETNA		ANTHEM		BLUE SHIELD		CCHP	HEALTH NET		INLAND EMPIRE	KAISER	LA. CARE	MOLINA	HMO-1 County	HMO-2 Consumers	SHARP	VHP	WESTERN HEALTH ADV.
	HMO	EPO	HMO	PPO	HMO	PPO		HMO	HMO									
1 Northern counties		●																
2 North Bay Area		●																
3 Greater Sacramento	●								○									
4 San Francisco County							●											
5 Contra Costa County	●																	
6 Alameda County	●																	
7 Santa Clara County																		
8 San Mateo County							●											
9 Santa Cruz, San Benito, Monterey																		
10 Central Valley																		
11 Fresno, Kings, Madera counties	●																	
12 Central Coast																		
13 Eastern counties																		
14 Kern County																		
15 Los Angeles County East																		
16 Los Angeles County West																		
17 Inland Empire																		
18 Orange County																		
19 San Diego County																		

● Full Region
○ Partial Region

2025 HEALTH BENEFIT DESIGN BY METAL TIER

Coverage Category	Minimum Coverage	Bronze	Silver	Silver 73 CA Enhanced CSR	Silver 87 CA Enhanced CSR	Silver 94 CA Enhanced CSR	Gold	Platinum
Percent of cost coverage	Covers 0% until out-of-pocket maximum is met	Covers 60% average annual cost	Covers 70% average annual cost	Covers 73% average annual cost	Covers 87% average annual cost	Covers 94% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A	N/A	>\$30,120 (Above 200% FPL)	\$22,591 to \$30,120 (>150% to ≤200% FPL)	up to \$22,590 (100% to ≤150% FPL)	N/A	N/A
Free Preventive Care Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	After first 3 non-preventive visits, full cost per instance until out-of-pocket maximum is met	\$60	\$50	\$35	\$15	\$5	\$35	\$15
Urgent Care		\$60	\$50	\$35	\$15	\$5	\$35	\$15
Specialist Visit		\$95*	\$90	\$85	\$25	\$8	\$65	\$30
Emergency Room Facility	Full cost per service until out-of-pocket maximum is met	40% after deductible is met	\$400	\$350	\$150	\$50	\$330	\$150
Laboratory Tests		\$40	\$50	\$50	\$20	\$8	\$40	\$15
X-Rays and Diagnostics		40% after deductible is met	\$95	\$95	\$40	\$8	\$75	\$30
Imaging			\$325	\$325	\$100	\$50	\$75 copay or 25% coinsurance***	\$75 copay or 10% coinsurance***
Tier 1 (Generic Drugs)		Full cost per script until out-of-pocket maximum is met	\$19	\$18	\$15	\$5	\$3	\$15
Tier 2 (Preferred Drugs)	40% up to \$500 per script after drug deductible is met		\$60**	\$55	\$25	\$10	\$60	\$16
Tier 3 (Non-preferred Drugs)			\$90**	\$85	\$45	\$15	\$85	\$25
Tier 4 (Specialty Drugs)	20% up to \$250** per script		20% up to \$250 per script	15% up to \$150 per script	10% up to \$150 per script	20% up to \$250 per script	10% up to \$250 per script	
Medical Deductible - The amount you pay before the plan pays	N/A	Individual: \$5,800 Family: \$11,600	Individual: \$5,400 Family: \$10,800	N/A	N/A	N/A	N/A	N/A
Pharmacy Deductible - The amount you pay before the plan pays	N/A	Individual: \$450 Family: \$900	Individual: \$50 Family: \$100	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$9,200 individual \$18,400 family	\$8,850 individual \$17,700 family	\$8,700 individual \$17,400 family	\$6,100 individual \$12,200 family	\$3,000 individual \$6,000 family	\$1,150 individual \$2,300 family	\$8,700 individual \$17,400 family	\$4,500 individual \$9,000 family

Benefits in blue are NOT subject to a deductible. Benefits in blue with a white corner are subject to a deductible after the first three visits.

Drug prices are for a 30-day supply.

* Copay is for any combination of services (primary care, specialist, urgent care) for the first three visits. After three visits, future visits will be at full cost until the medical deductible is met.

** Price is after pharmacy deductible amount is met. *** See plan Evidence of Coverage for imaging cost share.



2025 FAMILY DENTAL AND VISION COMPANIES



California Dental Network
A DentaQuest company



vsp individual
vision plans

SuperiorVision®
A MetLife Company



Humana

All health plans include dental care for **children** at no extra cost.

Adults can purchase a family dental plan when they enroll in a Covered California health insurance plan.

- There must be at least **one** adult (age 19 or older) enrolled in a family dental plan for a child in the family to enroll. (Not all adults in the household are required to enroll.) If a family chooses to enroll children in a family dental plan, all children younger than 19 who live in the household must enroll.

Children under age 19 get free vision care included with their parent's Covered California health plan.

Adults can enroll directly with one of our three contracted vision companies. All offer excellent benefits.

<https://www.coveredca.com/individuals-and-families/getting-covered/dental-coverage/family/>

<https://www.coveredca.com/vision/adult/>

<https://www.coveredca.com/vision/childrens-vision/>

BENEFITS AVAILABLE TO AI/AN THROUGH COVERED CALIFORNIA

BENEFITS FOR AMERICAN INDIAN/ALASKA NATIVE (AI/AN)

- Many AI/AN currently receive health care from Indian health care providers, which include health programs operated by the Indian Health Service (**I**), Tribes and Tribal organizations (**T**), and Urban Indian organizations (**U**). These health programs are sometimes collectively referred to as **I/T/Us (IHS/Tribal/Urban)**.
- If AI/AN enroll in a plan through Covered California, they **can continue to** receive services from their local Indian health care provider. Most I/T/Us do **not** provide **specialty or emergency care** but those are covered under the ACA when enrolled in Covered California.
- AI/AN can enroll in or switch plans (as often as once a month) in Covered California **throughout the year**, not just during the annual open enrollment period.
- Depending on income, AI/AN can enroll in a **zero cost** or **limited cost sharing** plan.

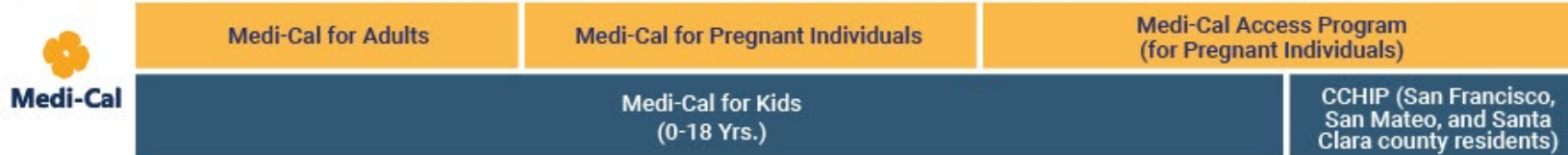
AMERICAN INDIAN/ALASKAN NATIVE PROGRAM ELIGIBILITY

Program Eligibility by Federal Poverty Level for 2025

Your financial help and whether you qualify for various Covered California or Medi-Cal programs depends on your income, based on the Federal Poverty Level (FPL)



		Federal Premium Tax Credit*										
		SEE NOTE BELOW FOR INCOMES IN THIS RANGE		American Indian / Alaska Native (AIAN) Zero Cost Sharing (100%-300%)						AIAN Limited Cost Sharing ** (over 300%)		
				Silver 94 (100%-150%)	Silver 87 (>150%-200%)	Silver 73 (>200%)						
% FPL		0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%*
Household Size	1	\$0	\$15,060	\$20,783	\$22,590	\$30,120	\$32,078	\$37,650	\$40,060	\$45,180	\$48,494	\$60,240
	2	\$0	\$20,440	\$28,208	\$30,660	\$40,880	\$43,538	\$51,100	\$54,371	\$61,320	\$65,817	\$81,760
	3	\$0	\$25,820	\$35,632	\$38,730	\$51,640	\$54,997	\$64,550	\$68,682	\$77,460	\$83,141	\$103,280
	4	\$0	\$31,200	\$43,056	\$46,800	\$62,400	\$66,456	\$78,000	\$82,992	\$93,600	\$100,464	\$124,800
	5	\$0	\$36,580	\$50,481	\$54,870	\$73,160	\$77,916	\$91,450	\$97,303	\$109,740	\$117,788	\$146,320
	6	\$0	\$41,960	\$57,905	\$62,940	\$83,920	\$89,375	\$104,900	\$111,614	\$125,880	\$135,112	\$167,840
	7	\$0	\$47,340	\$65,330	\$71,010	\$94,680	\$100,835	\$118,350	\$125,925	\$142,020	\$152,435	\$189,360
	8	\$0	\$52,720	\$72,754	\$79,080	\$105,440	\$112,294	\$131,800	\$140,236	\$158,160	\$169,759	\$210,880
	add'l. add	\$0	\$5,380	\$7,425	\$8,070	\$10,760	\$11,460	\$13,450	\$14,311	\$16,140	\$17,324	\$21,520



Note: Most consumers up to 138% FPL will be eligible for Medi-Cal. If ineligible for Medi-Cal, consumers may qualify for a Covered California health plan with financial help including: federal premium tax credit, Enhanced Silver (94, 87, 73) plans and Zero Cost Sharing and Limited Cost Sharing AIAN plans.

Enhanced Silver 94, 87 and 73 plans have no deductibles, and lower co-pays and out-of-pocket maximum costs.

* Consumers at 400% FPL or higher may receive a federal premium tax credit to lower their premium to a maximum of 8.5 percent of their income based on the second-lowest-cost Silver plan in their area.

** AI/AN members with household incomes above 300% FPL will be eligible for the Limited Cost Sharing and the Silver 73.



AMERICAN INDIAN/ALASKA NATIVE ZERO-COST AND LIMITED-COST SHARING PLANS

Zero Cost Sharing

100%
300%
FPL

\$0 Deductible
Coinsurance
Cost sharing

Referral from an Indian Health Clinic when receiving EHB via the QHP?

N

For incomes **between 100% and 300%** of the Federal Poverty Level, there are no deductibles, coinsurance, or cost sharing, and no referrals are required from an Indian Health Clinic when receiving Essential Health Benefits from a Qualified Health Plan.

Limited Cost Sharing

\$0 Deductible
Coinsurance
Cost sharing

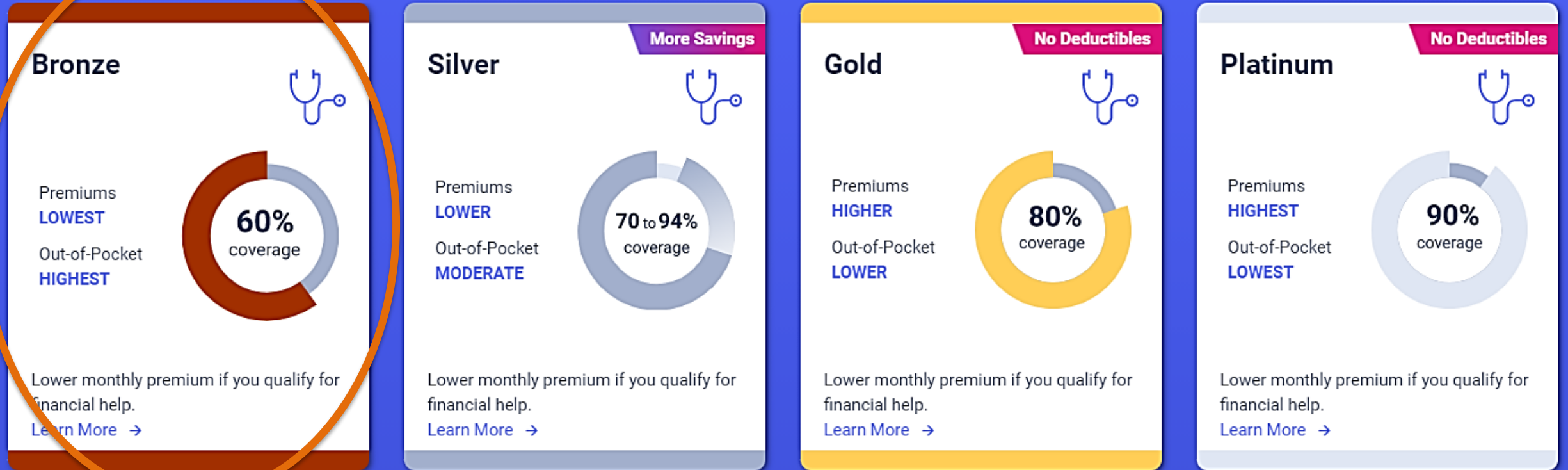
Referral from an Indian Health Clinic when receiving EHB via the QHP?

Y

<100%
>300%
FPL

For incomes **below 100% or above 300%** of the FPL, there are no deductibles, coinsurance, or cost sharing when health care services are received from an Indian Health Clinic or with a referral from one when receiving Essential Health Benefits from a Qualified Health Plan.

AI/AN AND THE FOUR METAL TIERS



Covered California encourages AI/AN who are eligible for a **zero-cost sharing plan** to enroll in a **BRONZE** plan because cost-sharing is always zero and they will have low monthly payments.

AMERICAN INDIAN/ALASKA NATIVE BENEFIT EXAMPLE

The following is an example of the differences in cost sharing between a Silver 70 standard plan, a Zero Cost Share AI/AN plan and a Limited Cost Share AI/AN plan for some **covered services**.

Covered services	Silver 70 Standard Plan	Zero Cost Share AI/AN Plan	Silver 70 Limited Cost Share AI/AN Plan	Silver 70 Limited Cost Share AI/AN Plan if Member Goes to an AI/AN Provider*
Primary Care Visit	\$50	\$0	\$50	\$0
Specialist Visit	\$90	\$0	\$90	\$0
Laboratory Tests	\$50	\$0	\$50	\$0
Urgent Care Visit	\$50	\$0	\$50	\$0

*Indian Health Service (IHS), an Indian tribe, Tribal Organization, Urban Indian Organization, or receives a referral to a QHP provider from an IHS clinic.

PLAN CHOICE FOR MIXED AI/AN HOUSEHOLDS

- On selecting Shop for Health Plans, the online application system creates separate **default groups**:
- Federally recognized AI/AN members are grouped together and Non-AI/AN members are in a separate group, since they qualify for different benefits.
 - Once you finalize your grouping, the system will give you a summary of your expected coverage and savings for each member

Enrollment Groups

We put household members who can get a Covered California health plan into groups. Each group has its own health plan. We chose groups based on the benefits household members receive. Income, age, and other things affect the benefits you can get.


We recommend using the groups below so that everyone gets the most possible help. But you can edit your groups if you want. The plans that each group can get will change based on who is in the group.

Reasons why household members are put in different groups:


- **Eligible for Financial Help:** Some household members may be able to get lower costs on their plans when they are in the same group.
- **Eligible for Cost-Sharing Reductions (CSR):** Some household members can get extra savings (CSR) on their plans when they are in the same group.
- **American Indian or Alaska Native:** Household members who belong to an American Indian or Alaska Native tribe can get plans with lower costs and extra benefits when they are in the same group.

Your group type: **Recommended** [Edit Groups](#)

Group 1

 Mom Nguy (41 years old) ✓ Eligible for Cost-Sharing Reductions (CSR)
✓ American Indian / Alaska Native


Group 2

 Dad Nguy (44 years old) ★ ✓ Eligible for Cost-Sharing Reductions (CSR)

Group 1

[Add a Health Plan](#) **Expected coverage dates** 11/01/2024 - 12/31/2024

Covered household members

 AI AN TEST (34 years old) ★


Savings - \$279.81 /mo ^

Total Advance Premium Tax Credit (APTC)	- \$278.81 /mo
CA Premium Subsidy	- \$0.00 /mo
CA Premium Credit	- \$1.00 /mo

Group 2

[Add a Health Plan](#) **Expected coverage dates** 11/01/2024 - 12/31/2024

Covered household members

 NOT AI AN TEST (34 years old)

Savings - \$279.81 /mo ^

Total Advance Premium Tax Credit (APTC)	- \$278.81 /mo
CA Premium Subsidy	- \$0.00 /mo
CA Premium Credit	- \$1.00 /mo

PLAN CHOICE FOR MIXED AI/AN HOUSEHOLDS

If you choose to create a **custom/mixed group**:

- Cannot select AI/AN zero or limited cost-share plans.
- May choose a standard plan with APTC (and CSR if applicable) for the entire household.
- The system will show a warning sign that your grouping may not give members the full benefits that they may be eligible for


Enrollment Groups



Drag and drop household members to put them into groups. You can add new groups by clicking on "Add a Group." If you want to choose a pre-selected group, click on "Change Group Type." Other group types include all household members together in one plan and all household members in separate plans.

Edit your groups

Your group type: **Custom** [Change group type](#)

Group 1

 Some household members will not get their full benefits they qualify for if you choose these groups.

 Mom Nguy (41 years old)	<ul style="list-style-type: none">✓ Eligible for Cost-Sharing Reductions (CSR)✓ American Indian / Alaska Native	Move
 Dad Nguy (44 years old) ★	<ul style="list-style-type: none">✓ Eligible for Cost-Sharing Reductions (CSR)	Move

ENROLLMENT IN COVERED CALIFORNIA



Find a Licensed Insurance Agent

They are Certified Enrollers who are ready to help

Get Personalized Help



Help On-Demand

Have a certified enroller call you. Most calls are returned in under 20 minutes.

Get a Call



Storefront / Enrollment Offices

Find a place to enroll in your area. Appointments and walk-ins available.

Find a Storefront



Call Us

Speak with a service center representative during our regular business hours.

(800) 300-1506



Online Application

Create your application account, provide required information, select a plan, pay your premium.

CoveredCA.com

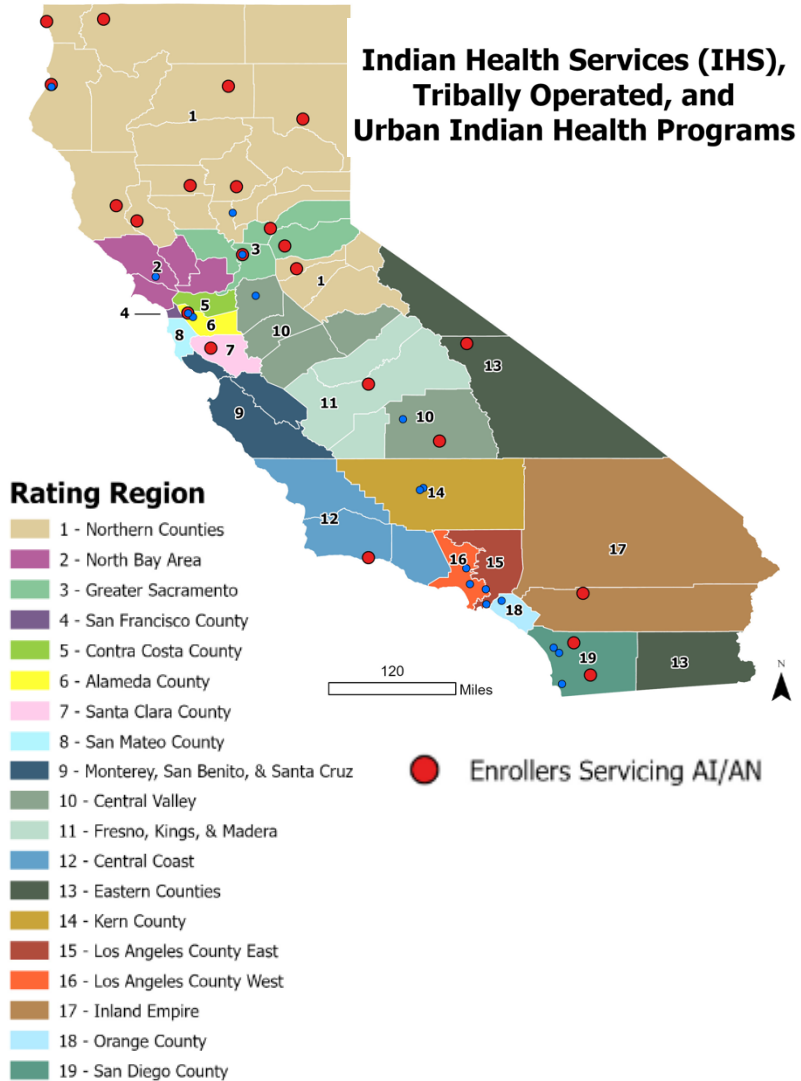
It's easy!

Apply on our website at CoveredCA.com or get free, confidential help by dialing **800.300.1506**.

Covered California and Medi-Cal use the **same** application. This means that once you apply, you'll find out which program you qualify for (some households qualify for both).

CERTIFIED ENROLLMENT ENTITIES

Account Name	Program	Organization Type
American Indian Health and Services, Inc	Certified Application Entity	American Indian Tribes or Tribal Organizations
Chapa-De Indian Health	Certified Application Entity	Licensed health care clinics
Consolidated Tribal Health Project, Inc	Certified Application Entity	American Indian Tribes or Tribal Organizations
Elk Valley Rancheria	Certified Application Entity	American Indian Tribes or Tribal Organizations
Feather River Tribal Health, Inc	Certified Application Entity	Indian Health Services Facilities
Fresno American Indian Health Project	Certified Application Entity	American Indian Tribes or Tribal Organizations
Indian Health Center of Santa Clara Valley	Certified Application Entity	Licensed health care clinics
Indian Health Council, Inc.	Certified Application Entity	Indian Health Services Facilities
Karuk Tribe	Certified Application Entity	American Indian Tribes or Tribal Organizations
Lake County Tribal Health Consortium, Inc.	Certified Application Entity	American Indian Tribes or Tribal Organizations
Lassen Indian Health Center	Certified Application Entity	American Indian Tribes or Tribal Organizations
MACT Health Board, INC.	Certified Application Entity	American Indian Tribes or Tribal Organizations
Native American Health Center	Navigator Entity (sub)	Non-Profit
Northern Valley Indian Health, Inc.	Certified Application Entity	Indian Health Services Facilities
Pit River Health Service, Inc	Certified Application Entity	American Indian Tribes or Tribal Organizations
Riverside San Bernardino Co Indian Health	Certified Application Entity	Indian Health Services Facilities
Sacramento Native American Health Center, Inc	Certified Application Entity	Licensed health care clinics
Shingle Springs Tribal Health Program	Certified Application Entity	American Indian Tribes or Tribal Organizations
Southern Indian Health Council, Inc.	Certified Application Entity	American Indian Tribes or Tribal Organizations
Toiyabe Indian Health Project	Certified Application Entity	American Indian Tribes or Tribal Organizations
Tule River Indian Health Center, Inc.	Certified Application Entity	Indian Health Services Facilities
United Indian Health Services	Certified Application Entity	Licensed health care provider



COVERED CALIFORNIA QHP AI/AN NETWORK

- There are currently 85 Indian Health Service (IHS), tribally operated, and urban Indian health programs in Covered California's QHP networks
 - Majority are in Region 1 (Northern CA) and Region 17 (Inland Empire)
- Covered California continues to encourage QHP Issuers to include and expand the number of Indian Health Service (IHS), tribally operated, and urban Indian health programs in their networks
- A list of Indian Health Service (IHS), tribally operated, and urban Indian health programs that are currently in Covered California's QHP networks are available on the AI/AN toolkit:

<https://hbex.coveredca.com/california-tribes/>



COVERED CALIFORNIA TRIBAL CONSULTATION & ADDITIONAL RESOURCE LINKS



Tribal Consultation Meeting

October 9, 2024

1:00PM-4:00PM

Virtual Link: [Click HERE](#)

Please RSVP to attend in person:

TribalConsultation@covered.ca.gov

1601 Exposition Blvd,
Sacramento, CA 95835

The purpose of this Tribal Consultation Policy is to help structure and build meaningful relationships with California's Indian Tribes and to establish a clear, concise and mutually- acceptable process through which consultation can take place between the Exchange and Tribes. The Exchange will strive to engage in consultation prior to finalizing policies impacting Tribes.

- [The Centers for Medicare and Medicaid Services' "Outreach & Education Resources" page](#)
- [Information About the Affordable Care Act From the Indian Health Service](#)
- [The Centers for Medicare and Medicaid Services' information page for special populations](#)
- [The California Rural Indian Health Board's website about Covered California and the Affordable Care Act](#)
- [The California Consortium for Urban Indian Health](#)
- [Covered California Tribal Consultation](#)

QUESTIONS

THANK YOU!

TRIBALCONSULTATION@COVERED.CA.GOV

APPENDIX

PROOF OF AMERICAN INDIAN AND ALASKA NATIVE STATUS

Members of **federally-recognized** tribes can submit a copy of **one** of the following documents for verification:

1. Tribal Enrollment/Membership Card.
2. Authentic document from a tribe declaring membership for an individual.
3. I-872 American Indian Card.
4. U.S. American Indian/Alaska Native tribal enrollment or shareholder documentation.
 - Enrollment or membership document from a federally-recognized tribe or the Bureau of Indian Affairs. It *must* be on tribal letterhead or an enrollment/membership card that contains the tribal seal and/or an official signature.
 - Document issued by an Alaska Native village/tribe, or an Alaska Native Corporation Settlement Act (**ANCSA**) regional or village corporation acknowledging shareholder status.
5. Certificate of Degree of Indian Blood (**CDIB**) issued by the Bureau of Indian Affairs or a tribe, if the CDIB includes tribal enrollment information.
6. Letter from the U.S. Department of Health and Human Services (**HHS**) granting a tribal exemption based on tribal membership or Alaska Native shareholder status

AI/AN INCOME CALCULATION

Modified Adjusted Gross Income (MAGI) is used to determine eligibility for premium tax credits and cost-sharing reductions in Marketplace plans, Medicaid, and CHIP. MAGI starts with taxable adjusted gross income (AGI) and includes certain adjustments. For American Indians and Alaska Natives (AI/ANs), certain types of income specific to AI/ANs are excluded from MAGI because they are non-taxable. When filling out an application for health insurance in the Marketplace, you will be asked to list your taxable income. You should provide the same income that you report to the IRS when you file your federal income tax. Do not include AI/AN income that the IRS exempts from taxation as part of your taxable income

Excludable Categories:

- ANCSA Corporations/Settlement Trusts Distributions
- Trust/Reservation Property Distributions
- Hunting, Fishing, and Natural Resource Income
- Sale/Use of Cultural or Subsistence Property
- BIA/Tribal Student Financial Assistance
- IRS General Welfare Doctrine Income
- Non-taxable Indian Trust Income

Tribal gaming per capita payments are taxable and must be reported as part of MAGI for Marketplace, Medi-Cal, and CHIP eligibility.

PURCHASE/REFERRED CARE (PRC) AND THE ACA

- The Indian Health Service (**IHS**) health system delivers care through direct care services provided in IHS, tribal, and urban (**I/T/U**) health facilities (e.g., hospitals, clinics) and through PRC services provided by non-IHS providers.
- The general purpose of PRC is for **IHS** and tribal facilities to purchase services from private health care providers in situations where: 1) no IHS or tribal direct care facility exists; 2) the existing direct care element is incapable of providing required emergency and/or specialty care; 3) utilization in the direct care element exceeds existing staffing; and 4) supplementation of alternate resources (e.g., Medicare, Medicaid, or private insurance) is required to provide comprehensive health care to eligible AI/AN.
- The **IHS** continues to explore alternatives to stretch limited resources for the PRC program through regulations and the Affordable Care Act Marketplace.

PURCHASE/REFERRED CARE (PRC)

- PRC funds are used in situations where the direct care element is incapable of providing required emergency and/or specialty care. PRC funds are used to compliment and supplement other health care resources available to eligible Indian people
- PRC funds **may not** be expended for services that are reasonably accessible and available at IHS facilities
- PRC is not an entitlement program, and a PRC referral is not an implication that care will be paid for; it is a referral for medical services
- Authorization of services is dependent on appropriations
- IHS pays for authorized PRC care only after all other alternate resources are exhausted, including an available IHS facility

AMERICAN INDIAN/ALASKA NATIVE QUALIFIED HEALTH PLAN (QHP) REQUIREMENTS

- Covered California requires QHP issuers to offer the lowest cost AI/AN Zero Cost Share plan variation in the standard set of plans for each product (HMO, PPO, EPO).
- The QHP issuer may not offer the Zero Cost Share AI/AN plan variation at the higher metal levels within the set of plans for each product .
 - For example, if a QHP offers a PPO product for Platinum, Gold, Silver and Bronze metal tiers, the QHP must offer a Bronze AI/AN Zero cost share plan because it's the lowest cost premium.

AMERICAN INDIAN/ALASKA NATIVE QUALIFIED HEALTH PLAN (QHP) REQUIREMENTS (CONTINUED)

- QHP issuers offering additional plans, that do not include a Bronze plan, must offer the AI/AN Zero Cost Share plan variation at the lowest cost.
- If a QHP issuer offers an HMO product for Platinum, Gold and Silver metal tiers, the QHP issuer must offer a Silver AI/AN Zero Cost Share plan because it's the lowest cost premium.
- QHP issuers are required to offer Limited Cost Share plans at all metal levels for all product types.

AMERICAN INDIAN/ALASKA NATIVE ELIGIBILITY: ZERO COST SHARE PLANS

- AI/AN applicants are eligible for a **zero-cost sharing** qualified health plan (QHP) if the applicant:
 - Meets the eligibility requirements for APTC (Advance Premium Tax Credit) and **CSR** (Cost Sharing Reduction)
 - Is expected to have a household income **between 100 percent and 300 percent** of the federal poverty level (FPL) for the benefit year for which coverage is requested
 - Is a member of a federally-recognized tribe
- If the AI/AN applicant meets the above eligibility requirements for Zero Cost Sharing plans, the QHP issuer **must** eliminate any cost sharing.
- AI/AN enrollees can only access these benefits **if** enrolled in a Zero Cost Sharing plan through Covered California.

AMERICAN INDIAN/ALASKA NATIVE ELIGIBILITY: LIMITED COST SHARE PLANS

- AI/AN applicants are eligible for **Limited Cost Sharing** plans at every metal level if the applicants:
 - Household income is **below 100 percent or exceeds 300 percent of the FPL** for the benefit year for which coverage is requested, or income is not reported
 - Are a member of a federally recognized tribe
- If the AI/AN applicant meets the above eligibility requirements for Limited Cost Sharing plan, the QHP issuer must:
 - Eliminate any cost sharing under the plan for the services or supplies received directly from an Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization, **or** through Purchased **Referred Care**
 - Apply standard cost sharing for the QHP's provider network outside of Indian and Tribal providers
- AI/AN enrollees can only access these benefits **if** enrolled in a Limited Cost Sharing plan through Covered California.

COVERAGE FOR OUT-OF-NETWORK SERVICES

- The requirement for a QHP issuer to offer Zero Cost Share or Limited Cost Share benefits applies to “covered services” under the plan.
- QHP issuers are **not** required to offer Zero Cost Share or Limited Cost Share benefits for services received from out-of-network providers.
- American Indian/ Alaska Native enrollees would be responsible for 100% of the cost of services received from out-of-network providers when enrolled in a plan with a closed provider network.
- Closed provider networks include:
 - Health Maintenance Organizations (**HMO**)
 - Exclusive Provider Organizations (**EPO**)

GLOSSARY

Copays:

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Coinsurance:

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20 percent) of the allowed amount for the service. You pay coinsurance plus any deductible you owe.

Deductibles:

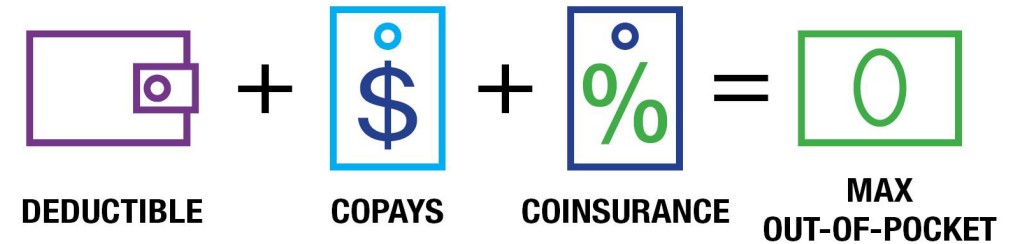
The amount you owe for health care services your health insurance plan covers before your plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you have met your deductible for covered health care services. The deductible may not apply to all services.

Maximum Out-of-pocket (MOOP):

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments and coinsurances for in-network care and services, your health plan pays 100% of the costs of covered benefits.

Premium:

A health insurance premium is the recurring payments you make to manage your health insurance plan.



Copays do not go towards your deductible.
Only to your max out-of-pocket.

GLOSSARY

Advanced Premium Tax Credit (APTC)

Financial assistance eligible consumers may receive when enrolling in a Covered California health insurance plan, to assist them in paying their monthly premium costs. The amount of premium assistance an individual may receive is determined based on his or her income as a percentage of the federal poverty level. This tax credit may also be described as “premium assistance.” Tax credits are also available to small businesses with fewer than 25 full-time-equivalent employees to help offset the cost of providing coverage

Exclusive Provider Organization (EPO)

An exclusive provider organization (EPO) is a type of health care doctor and hospital network that offers a full array of covered benefits from a single network. Covered benefits are not paid for services rendered by a doctor or hospital that is not part of the network, except in the case of emergency or plan-approved care outside the network.

Federal Poverty Level (FPL)

A measure of income level issued annually by the U.S. Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits. In California, for example, Medi-Cal is available to those making up to 138 percent of the federal poverty level.

Federally Recognized Tribe

Any American Indian or Alaska Native tribe, band, nation, pueblo, village or community that the U.S. Department of the Interior acknowledges to exist as an American Indian tribe.

Health Maintenance Organization (HMO)

A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the health maintenance organization (HMO). It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.

Preferred Provider Organization (PPO)

A type of health insurance plan that contracts with participating doctors and hospitals to create a network. You pay less if you use doctors and hospitals that belong to the plan's network. You can use doctors, hospitals and others outside the network for an additional cost.