COVERED CALIFORNIA 101 FOR AMERICAN INDIANS/ALASKA NATIVES

Waynee Lucero, Tribal Liaison, Deputy Director
External Affairs and Community Engagement Division

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 (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***.

COVERED CALIFORNIA

*Copays and deductibles may apply to these services

MARKETPLACE BENEFITS AND COVERAGE LEVELS

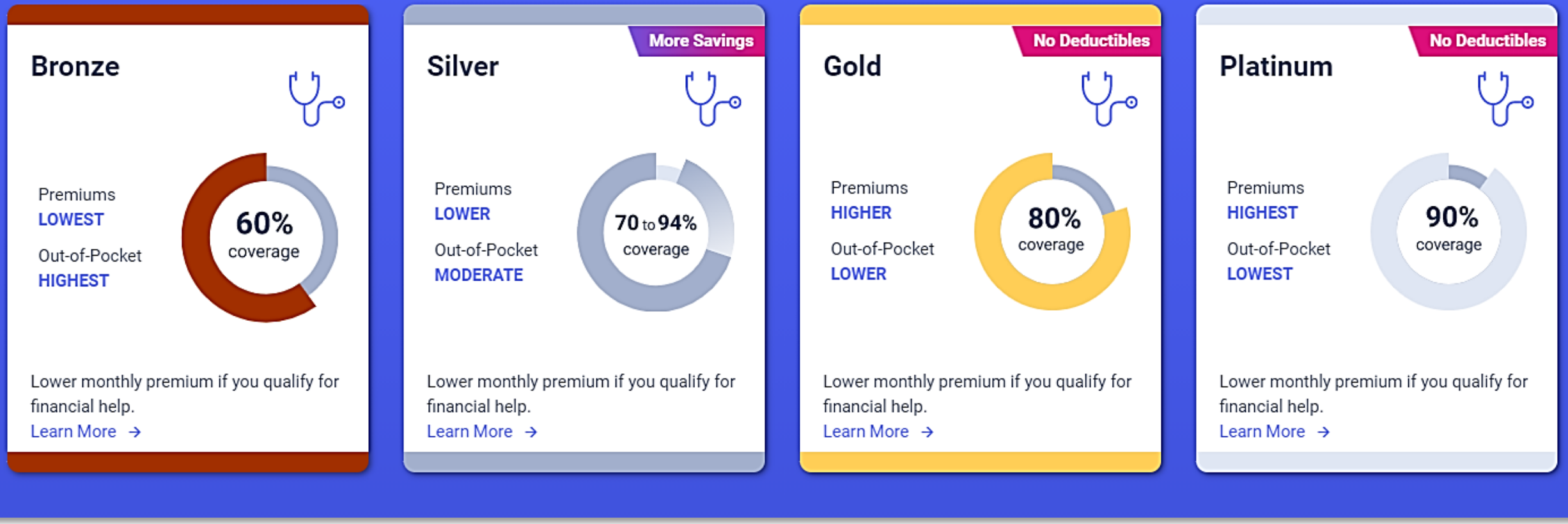
- The **ACA** defines four “metal tiers” of coverage for these benefits that vary by Actuarial Value (**AV**), which is the percentage of the total average costs that a health insurance plan will pay for covered benefits throughout the year.

- 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) 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**

COVERED CALIFORNIA

A list of federally recognized tribes is available at BIA Tribal Leaders Directory, and a list of village or regional corporations formed under ANCSA is available at Index of Regional Native Corporations.

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)** and cost-sharing reductions.

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)**.
- 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 and DHCS have partnered to create a Single Streamlined Application to apply for health coverage. Depending on income, consumers will be either eligible for Covered California and if they are Medi-Cal eligible, their information is sent to their county.

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.

2025 COVERED CALIFORNIA HEALTH PLAN OFFERINGS

12 Carriers Statewide

100%	2+ Carriers
92%	3+ Carriers
85%	4+ Carriers

RATING REGIONS

	AETNA	ANTHEM		BLUE SHIELD		CCHP	HEALTH NET		INLAND EMPIRE	KAISER	LA. CARE	MOLINA	SHARP		VHP	WESTERN HEALTH ADV.
	HMO	HMO	EPO	HMO	PPO	HMO	HMO	PPO	HMO	HMO	HMO	HMO	HMO-1 (CalPrg)	HMO-2 (Coinsurance)	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	Full cost per service until out-of-pocket maximum is met	$95*	$90	$85	$25	$8	$65	$30
Emergency Room Facility		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	$7
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.

COVERED CALIFORNIA

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

Anthem BlueCross

blue california

California Dental Network
A DentaQuest company

DELTA DENTAL

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.

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

EyeMed

vsp individual vision plans

SuperiorVision
A MetLife Company

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/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/U**s **(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**)

COVERED CALIFORNIA

SEE NOTE BELOW FOR INCOMES IN THIS RANGE

Federal Premium Tax Credit*

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%)

Household Size	% FPL	0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%*
	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

Medi-Cal

Medi-Cal for Adults | Medi-Cal for Pregnant Individuals | Medi-Cal Access Program (for Pregnant Individuals)

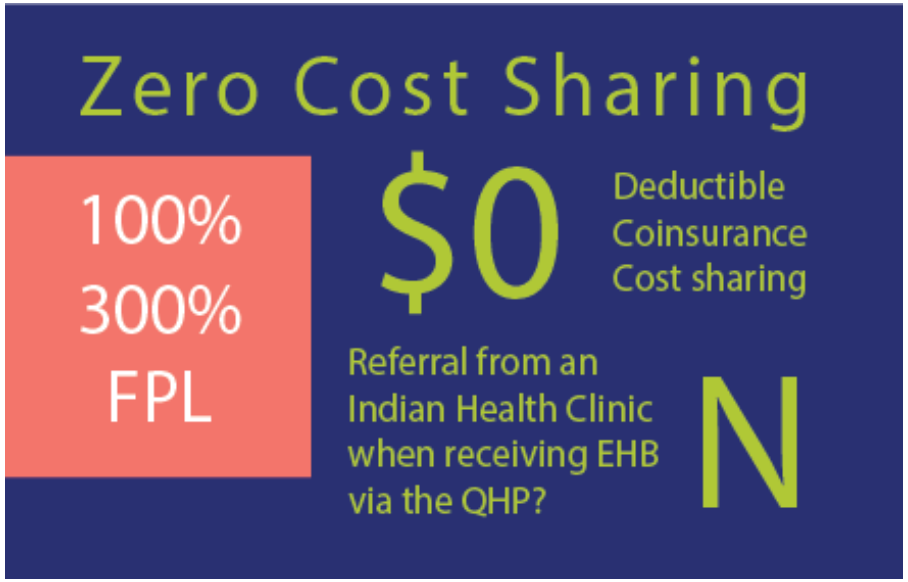
Medi-Cal for Kids (0-18 Yrs.) | CCHIP (San Francisco, San Mateo, and Santa Clara county residents)

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.

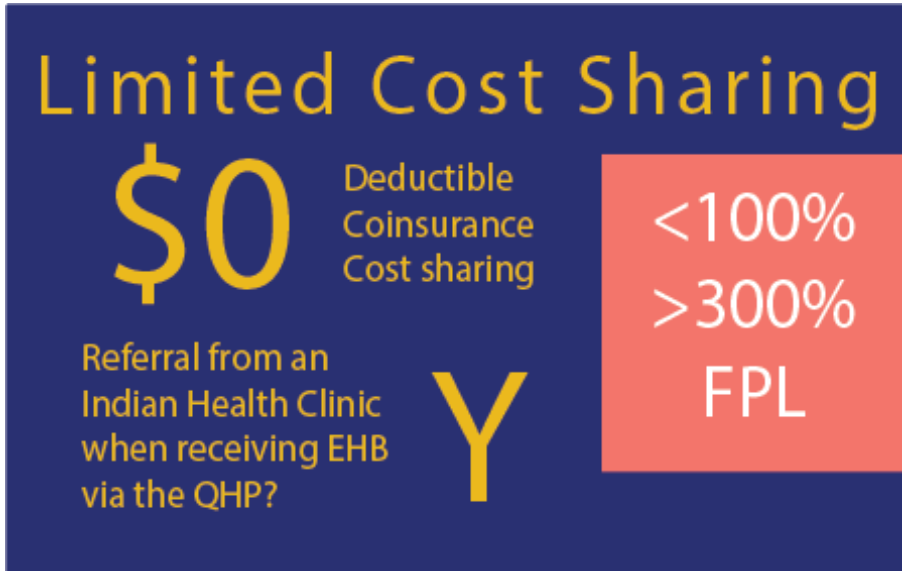
* Consumers at 400% FPL or higher may receive a federal premium tax credit to lower their premium to a maximum of 8.5 percent of their income based on the second-lowest-cost Silver plan in their area.

** 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

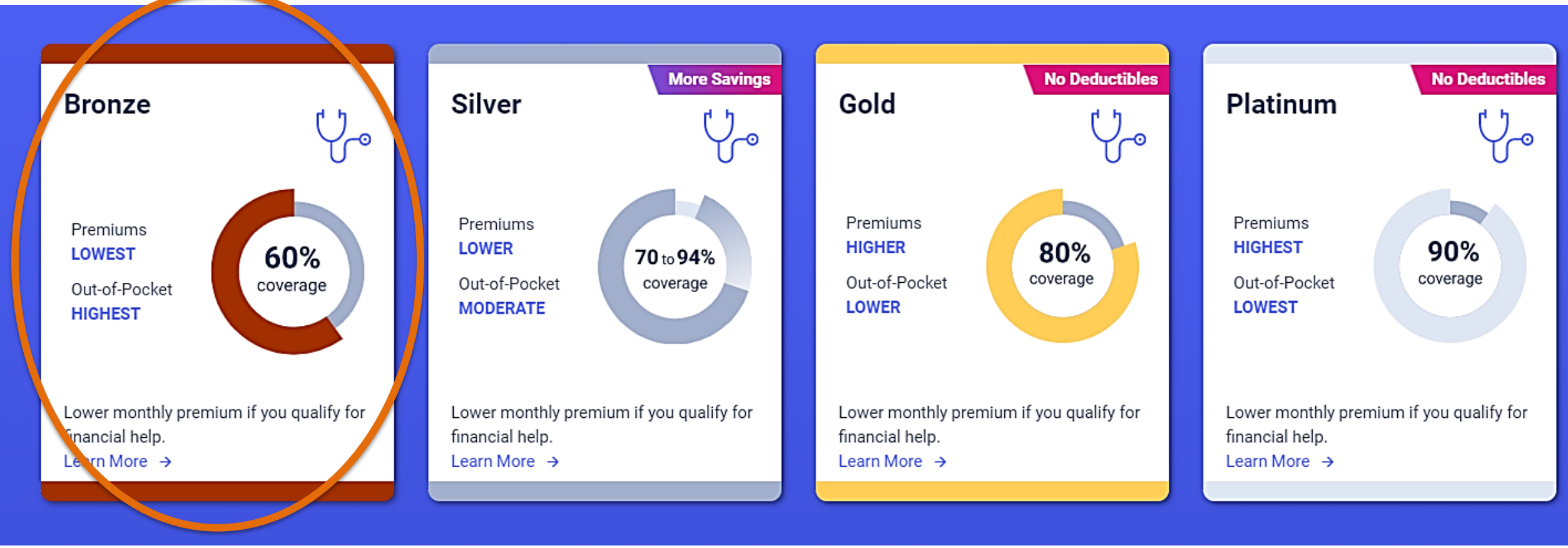


For incomes **between 100% and 300%** of the Federal Poverty Level, there are no deductibles, coinsurance, or cost sharing, and no referrals are required from an Indian Health Clinic when receiving Essential Health Benefits from a Qualified Health Plan.



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**.

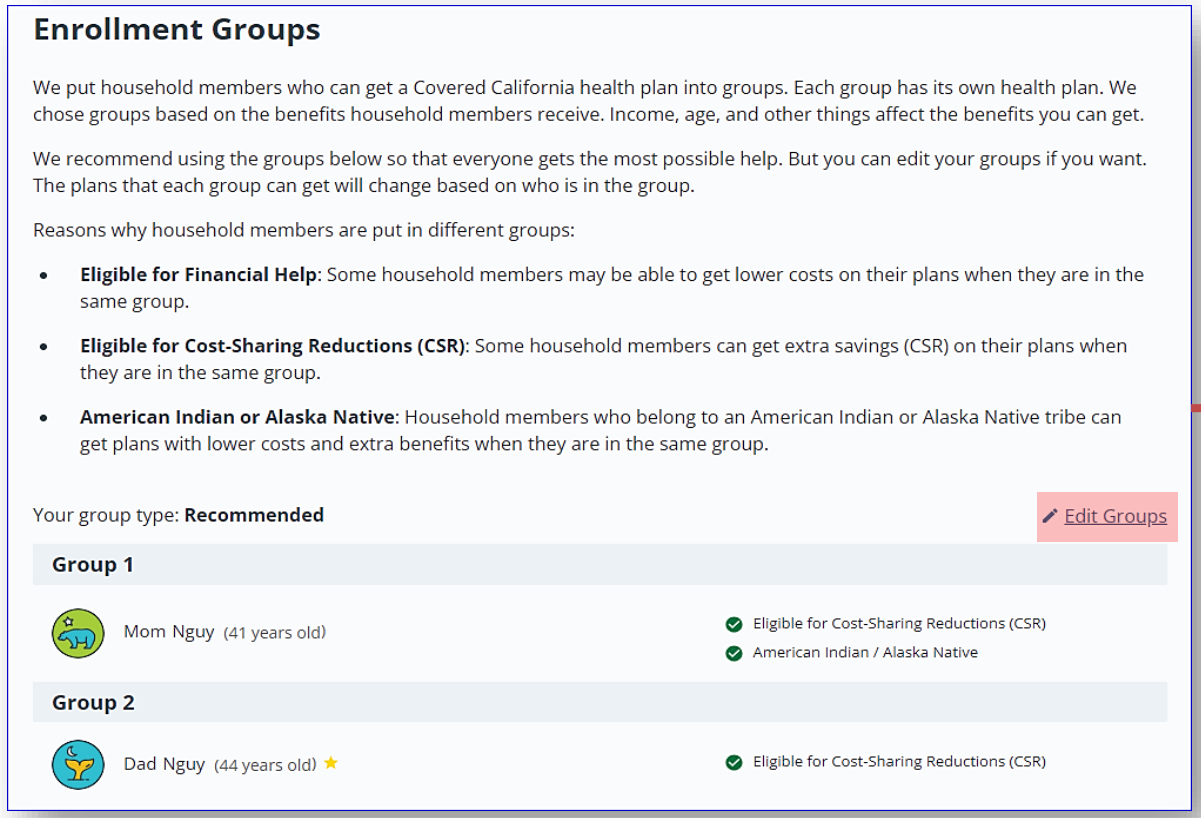
Covered services	Silver 70 Standard Plan	Zero Cost Share AI/AN Plan	Silver 70 Limited Cost Share AI/AN Plan	Silver 70 Limited Cost Share AI/AN Plan if Member Goes to an AI/AN Provider*
Primary Care Visit	$50	$0	$50	$0
Specialist Visit	$90	$0	$90	$0
Laboratory Tests	$50	$0	$50	$0
Urgent Care Visit	$50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

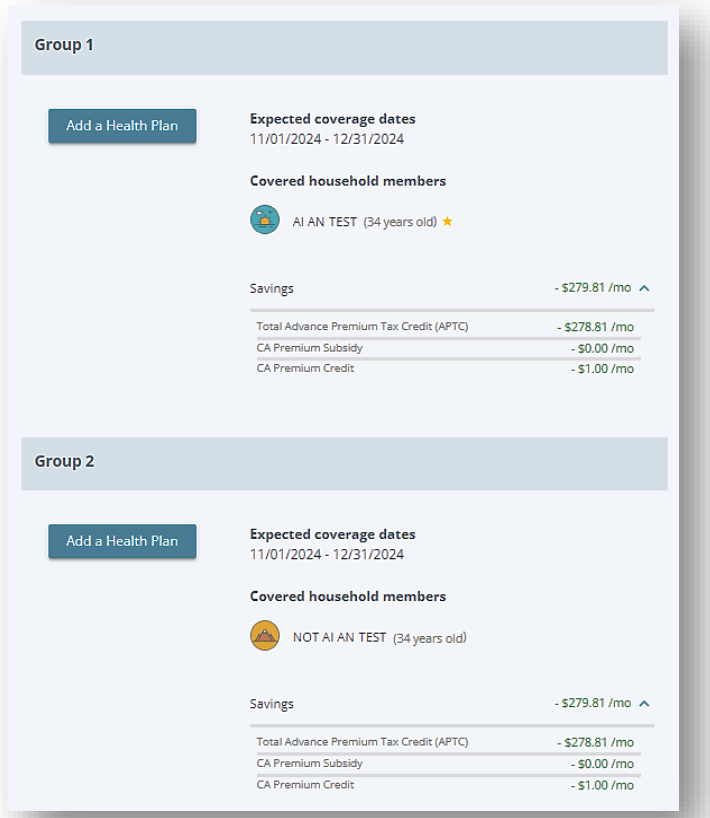
*Indian Health Service (IHS), an Indian tribe, Tribal Organization, Urban Indian Organization, or receives a referral to a QHP provider from an IHS clinic.

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

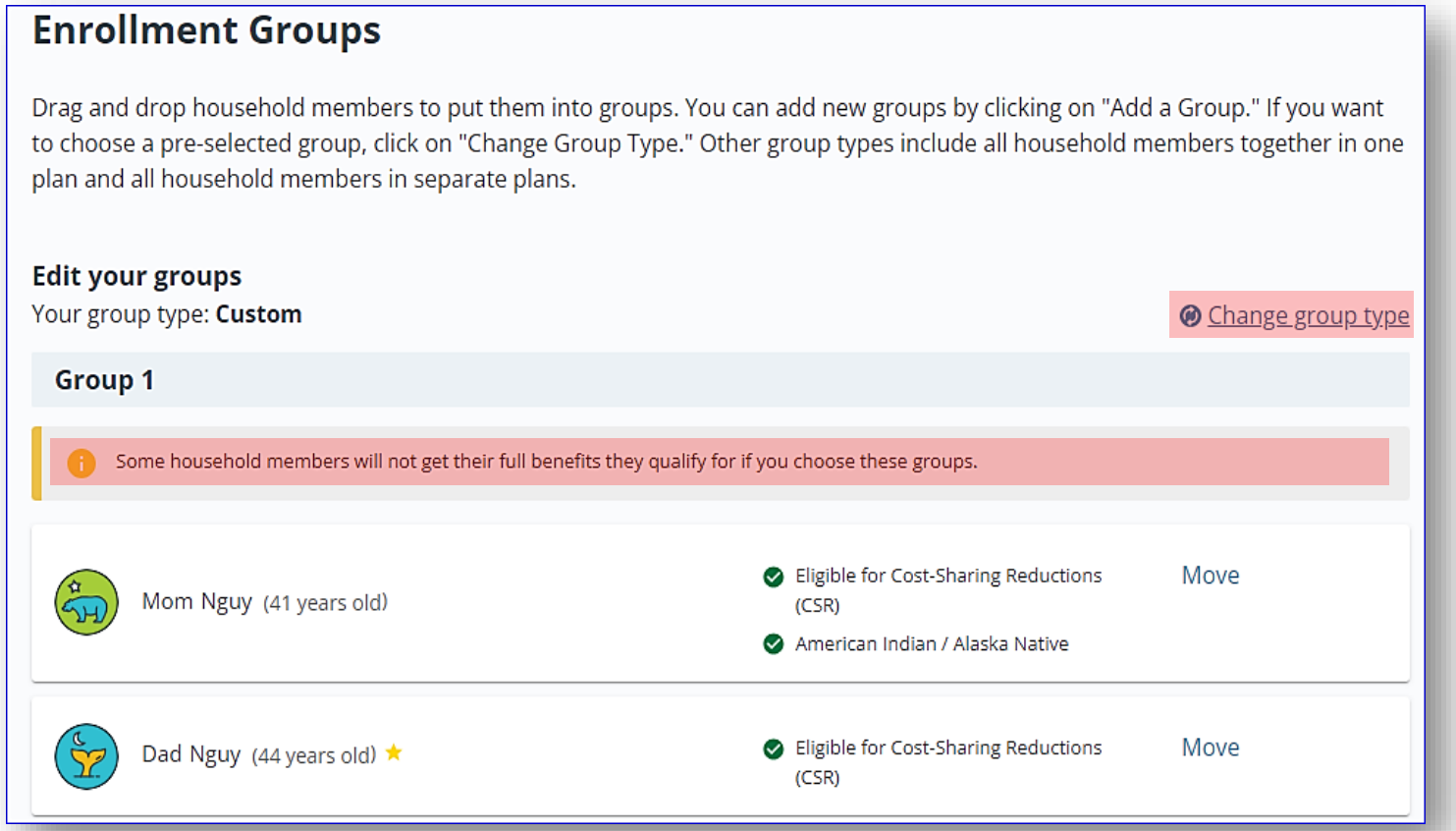




PLAN CHOICE FOR MIXED AI/AN HOUSEHOLDS

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



PROOF OF AMERICAN INDIAN AND ALASKA NATIVE STATUS

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

WHAT TRIBAL INCOME IS COUNTED*?

Income Type	MAGI Medi-Cal	Covered CA APTC/CSR*
Indian financing grants under title IV of the Indian Financing Act of 1974 to expand profit-making Indian-owned economic enterprises on or near reservations	Not counted	Not counted
Per-capita distributions of Indian gaming revenue	Count Taxable Portion	Count Taxable Portion
Public assistance payments, general assistance, Bureau of Indian Affairs general assistance	Not counted	Not counted
Distributions from Alaska Native corporations and settlement trusts	Not counted	Count taxable portion
Payments resulting from ownership interest in or usage rights to items that have a unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable Tribal Law or custom	Not counted	Count taxable portion
Student financial aid provided under the Bureau of Indian Affairs education programs	Not counted	Count taxable portion
Distributions from Alaska Native corporations and settlement trusts	Not counted	Count taxable portion

*Full List: https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Co-OPS-Sup/Income-and-Deductions-Chart06252021.pdf
**Advance Premium Tax Credits/Cost Sharing Reductions

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

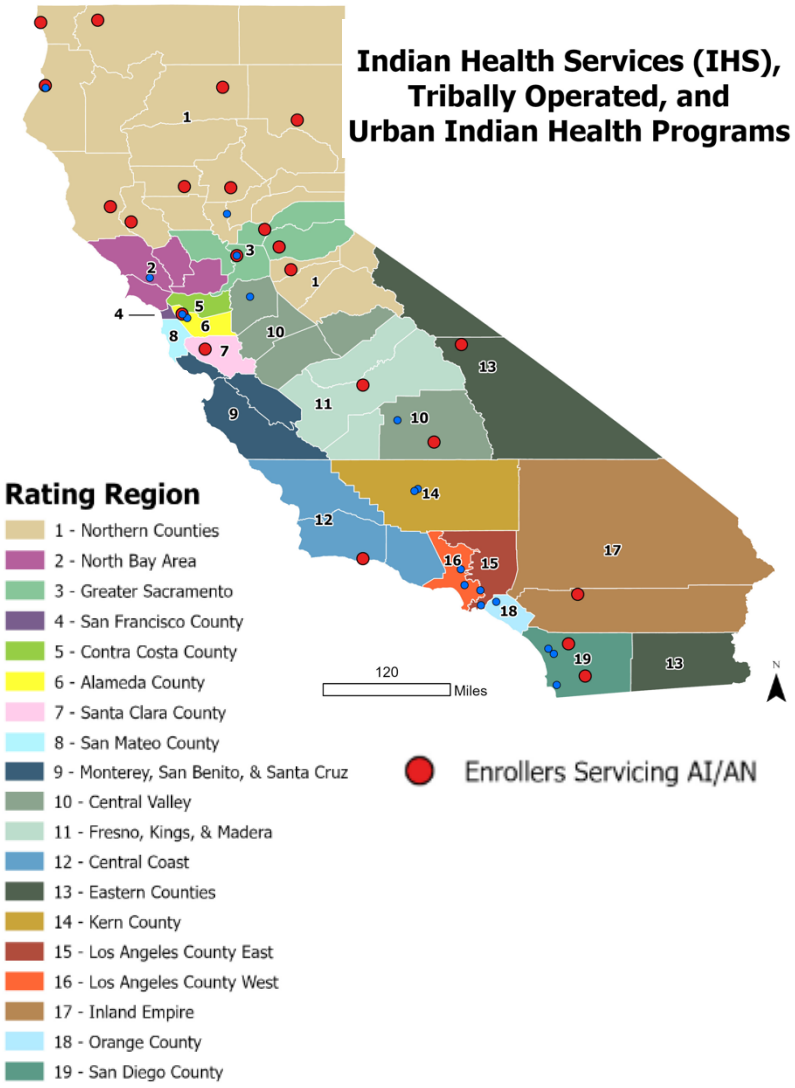
It's easy!

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/

QUESTIONS

COVERED CALIFORNIA FOR AMERICAN INDIANS

THANK YOU!

TRIBALCONSULTATION@COVERED.CA.GOV

Waynee Lucero

Tribal Liaison and Deputy Director

Waynee.Lucero@covered.ca.gov

APPENDIX

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

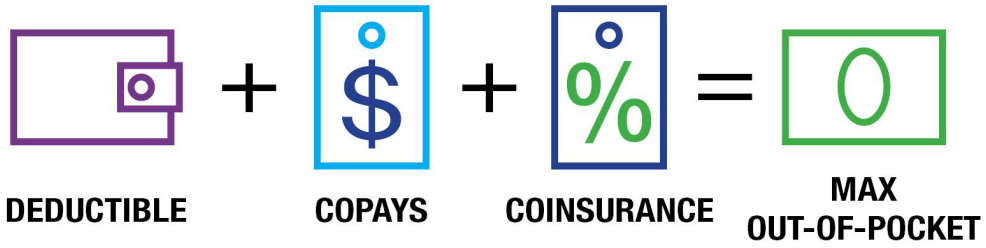
Copays:
A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

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.

Covered California Supplemental Slides

May 2025

FEDERAL UPDATE: IMPACT OF EXPIRATION OF ENHANCED FEDERAL SUBSIDIES

EXPANDED AFFORDABILITY FROM THE ENHANCED PREMIUM TAX CREDIT

The federal enhanced premium tax credit (ePTC) has dramatically increased affordability for marketplace consumers by:

- Increasing the amount of financial help for all consumers eligible to receive the advanced premium tax credit (APTC).
- Providing two free Silver plan options for consumers with incomes below 150% FPL ($22,590 for an individual and $46,800 for a family of four).
- Eliminating the “subsidy cliff” for middle-income consumers above 400% FPL who were previously ineligible for APTCs ($60,240 for an individual and $124,800 for a family of four).

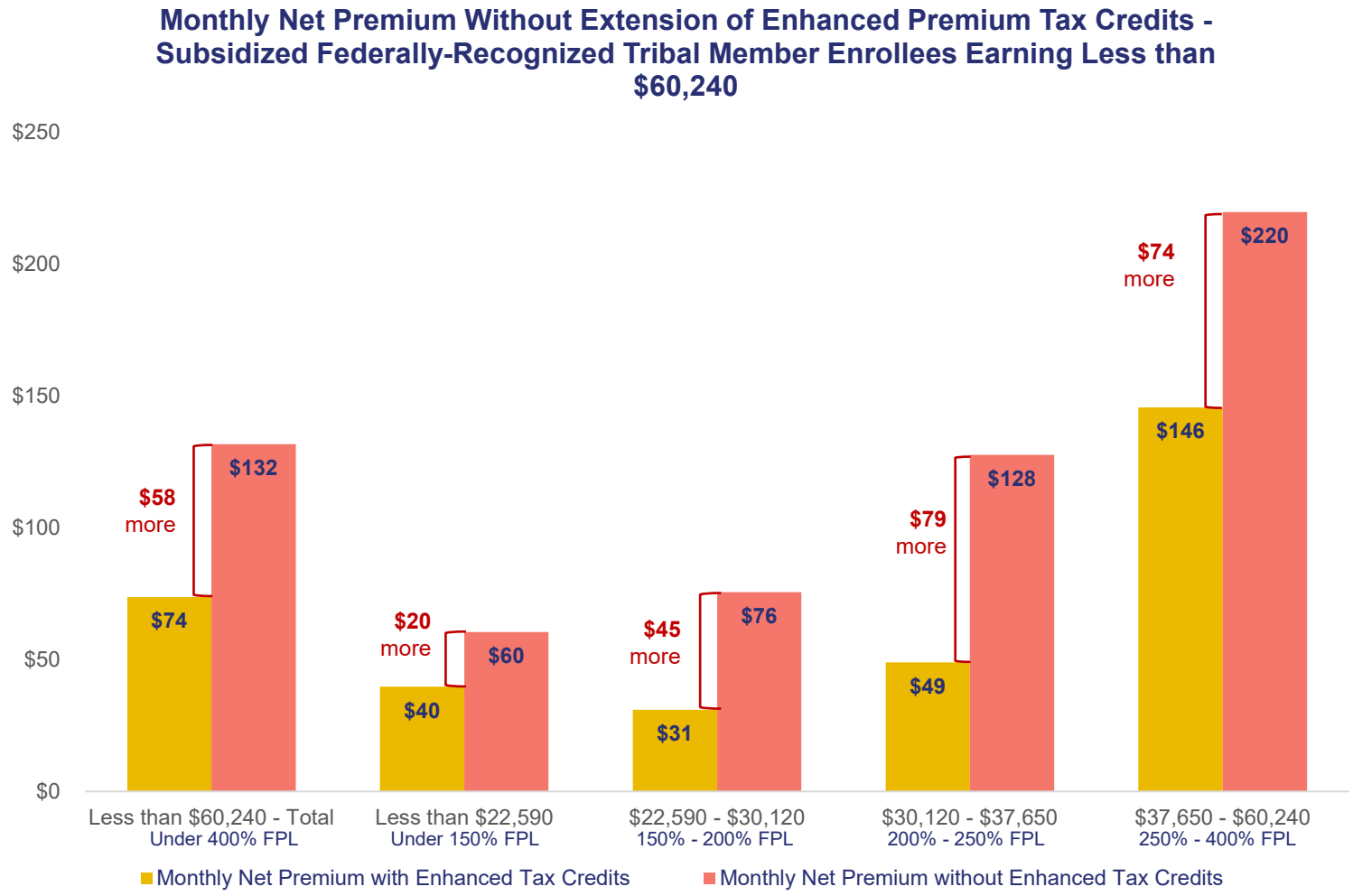
The savings from the enhanced tax credit have been substantial for Federally Recognized AI/AN consumers:

- On average, consumers save an additional $92 on premium costs each month.
- More than half of consumers pay less than $10 per member per month for coverage.
- More than 665 middle-income enrollees are now receiving a tax credit for their coverage where previously no financial help was available.

See Appendix for 2025 federal poverty level values.

PREMIUMS WILL INCREASE IF THE ENHANCED PREMIUM TAX CREDIT EXPIRES

- Consumers with incomes **less than 400% FPL** ($60,240 for an individual), could see, on average, a $58 monthly increase in net premiums without the enhanced premium tax credit.
- More than 665 AI/AN consumers with incomes over $60,240 will lose eligibility for tax credits entirely.
- A publicly-available data book comparing consumer net premiums under the Affordable Care Act and Inflation Reduction Act is available online and includes AI/AN data based on self-identified race.



COVERED CALIFORNIA

Source: Snapshot of January 2025 Covered California among Federally Recognized Tribal Members receiving monthly APTC. Income levels reflect plan year 2025 FPL for an individual.

TIMING CONSIDERATIONS FOR EXTENSION OF THE ENHANCED PREMIUM TAX CREDIT

- Without Congressional action, the enhanced premium tax credit will expire at the end of 2025.
- Covered California and marketplaces across the country are currently preparing for the 2026 plan year, but uncertainty around the extension of the enhanced premium tax credit will make projections challenging.
- Health insurance company premium rates were due to Covered California at the end of April. This is to allow consumers notice of changes in their costs well in advance of commencement of the next open enrollment period on November 1, 2025.
- Without extension of the enhanced premium tax credit, higher proposed rates, fewer enrollees, and market instability are likely.
- Urgent action on extension of the enhanced premium tax credit would prevent rate hikes and create more certainty in the market while maintaining affordable continuous coverage for enrollees.

INFORMING FEDERAL POLICY

- Covered California continues to engage with Congress and the federal administration to inform the federal policy dialogue surrounding the expiration of federal enhanced premium tax credits.

- In February, Covered California traveled to Washington, D.C. to brief members of congress on the impacts of enhance premium tax credit expiration. Covered California developed an issue brief series outlining statewide impacts, as well as impacts to self-employed, older enrollees, rural enrollees, and communities of color.

- In May, joined by state-based marketplaces from across the country, Covered California returned to Washington, D.C. to engage with federal administration officials. Covered California will also meet with key California congressmembers to discuss enhanced premium tax credits and the importance of taking action to extend them.

- Covered California continues to engage with stakeholder partners and policy leaders at state and national levels who are vested health care access and affordability.

CMS PROPOSED MARKETPLACE INTEGRITY AND AFFORDABILITY RULE

PROPOSED RULE OVERVIEW

On March 19, 2025, CMS issued a proposed rule aimed at addressing concerns of fraud, waste, and abuse occurring in marketplace coverage. The proposed rule introduces several changes to eligibility, enrollment, and affordability and coverage requirements.

Notably, the proposed changes:

- Impose substantial administrative and financial burdens on consumers, especially in Covered California and other state-based marketplaces that have not experienced widespread fraud.
- Mark a departure from the CMS's historical flexibility for state-based marketplaces, mandating uniform policy adoption rather than providing states with the discretion to align with federal policy or choose their own.
- Reflect the new administration's priorities, seeks to reverse expansions for DACA recipients and excludes gender affirming care from Essential Health Benefits.

POTENTIAL IMPACTS ON AI/AN MEMBERS

Direct Impacts:

- **Pre-enrollment SEP Verification:** Would require marketplaces to conduct pre-enrollment verification for at least 75% of all new Special Enrollment Period (SEP) selections
  - This would not impact new enrollments in the **AI/AN SEP**, as AI/AN status is already verified as part of the eligibility determination
  - May affect new enrollments in **other SEPs**, if the SEP is among those 75% requiring pre-enrollment verification

- **Bronze-to-Silver Affordability Crosswalk Elimination:** Would eliminate states' ability to automatically reenroll cost-sharing reduction eligible consumers from a bronze to a silver plan
  - Impacts only AI/AN members in limited cost-sharing plans
  - Zero cost-sharing AI/AN members are excluded from the Affordability Crosswalk

Broader Rule Provisions Impacting All, Including AI/AN:

- **Payment of Past-Due Premiums:** Would allow health plans to require consumers pay any past-due premiums owed before enrolling in new coverage
- **Shortened Open Enrollment Period:** Would require all marketplaces to shorten their Open Enrollment Periods to run Nov 1–Dec 15. Federally recognized AI/AN will not be impacted but non-federally recognized AI/AN who indicate their race is American Indian will be.
- **Failure to Reconcile (FTR) APTC:** Would modify the "failure to reconcile" process to determine an applicant ineligible for APTC if they failed to file taxes reconciling past APTC for one year (changed from two consecutive years)
- **Stricter Income Verification:** Would impose additional requirements on income verification for APTC applicants
- **$5 Premium for Passive Renewals:** Would eliminate automatic reenrollment for consumers who are in fully subsidized plans and instead charge them a $5 premium, which would be eliminated after the consumer confirmed their eligibility for the plan
- **Gender-Affirming Care:** Would prohibit states from including “sex-trait modification” (gender-affirming care) as an Essential Health Benefit. Gender-affirming care will still be a covered benefit, however, APTC can not be used.

COVERED CALIFORNIA COMMENT LETTER

On Friday, April 11th, Covered California submitted a comment letter on the federal proposed rule offering feedback on specific proposals and emphasizing the overall importance of:

- **Preventing unnecessary consumer burdens**: While there have been some identified issues of fraud on the federal marketplace, Covered California and state-based marketplaces (SBMs) more broadly have not experienced the same issues. With no indication of widespread fraud occurring in our markets, the proposed rule instead unnecessarily imposes substantial administrative and financial burdens on eligible consumers seeking to enroll.

- **Preserving state flexibility**: The proposed rule diverges from past norms regarding the relationship between CMS and State Based Marketplaces (SBM) and is very prescriptive in its intent that SBMs implement all the same policies as the federal marketplace. Historically, SBMs have been given discretion in many of these areas to align with federal policy or choose a different approach.

- **Upholding California values**: The proposed rule diverges from California's core values of safeguarding the rights of all communities and empowering all individuals to lead healthier, happier lives.