Health Insurance Marketplace

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Enroll in the Marketplace:

- For your Yourself
- For your Family
- For your Community

American Indians and Alaska Natives can sign up for health insurance all year.

BUT WHY WAIT?

Enroll November 1 through January 31.

As soon as you get coverage, you can start taking control of your health.

HEALTH INSURANCE MARKETPLACE

What is HealthCare.gov

- HealthCare.gov was launched on October 1, 2013 following the passage of Affordable Care Act (ACA)
- HealthCare.gov is a website used to help individuals to shop for and enroll in health insurance on
- The Patient Protection and Affordable Care Act was passed on March 23, 2010
  - Increase health accessibility
  - Affordability
  - Quality

ACA: Benefits for Tribal Communities

- **Permanently reauthorizes** the Indian Health Care Improvement Act (IHCIA) and strengthens the Indian Health Service's role in health delivery
- **Strengthens the IHS** and ensures that AI/ANs will be able to continue to receive services from IHS, Tribes or Tribal organizations, and Urban Indian organizations

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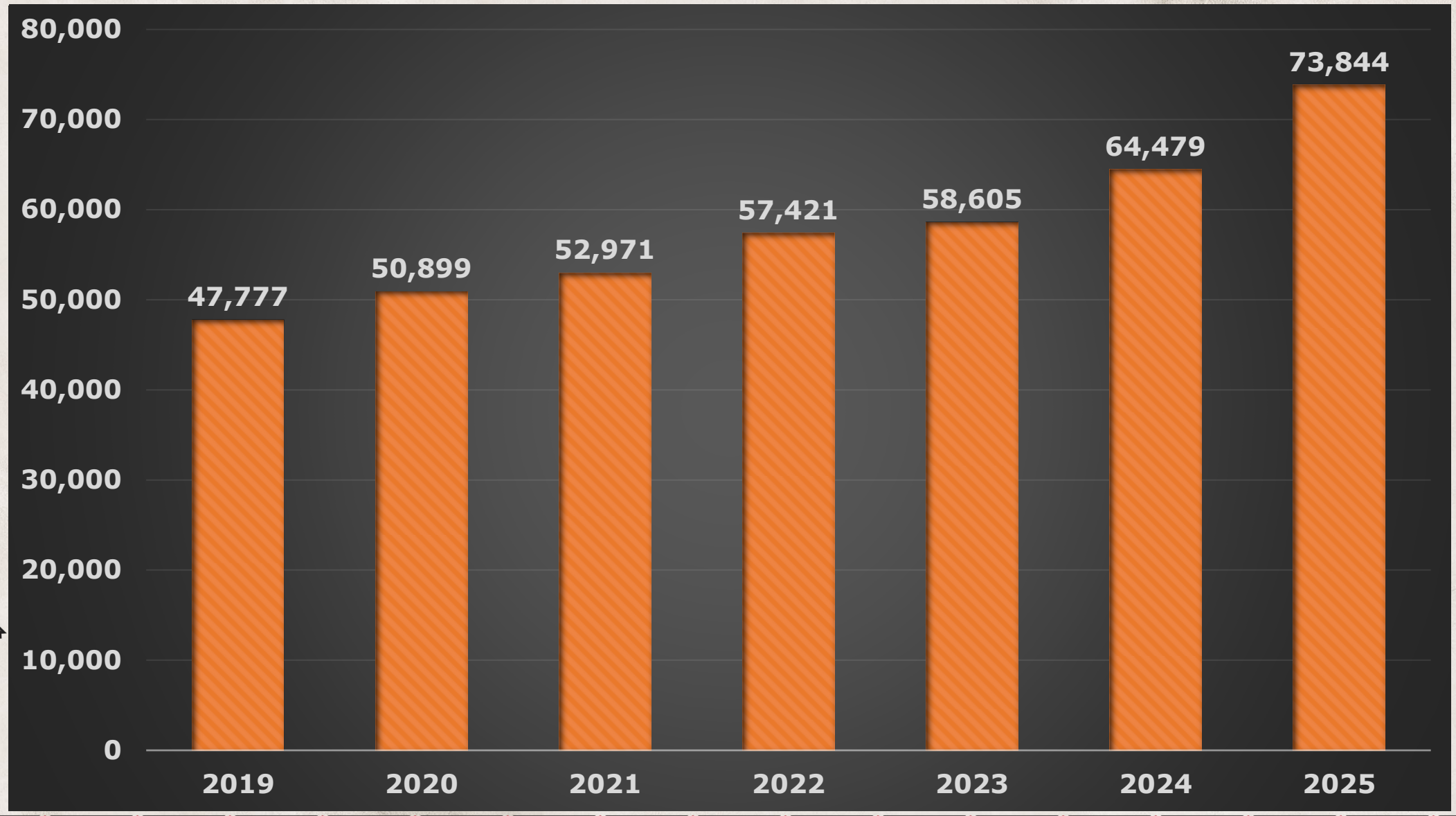
Special Protections for AI/ANs

- Congress enacted special protections in the Marketplace and through Medicaid based on the government-to-government relationship with Indian tribes
- Marketplace considers only TAXABLE AI/AN Monies
  - Does not consider trust settlement payouts, IIM account distributions, any other AI/AN monies not subject to federal income tax
  - Casino earnings paid out to AI/AN are counted for Marketplace and Medicaid

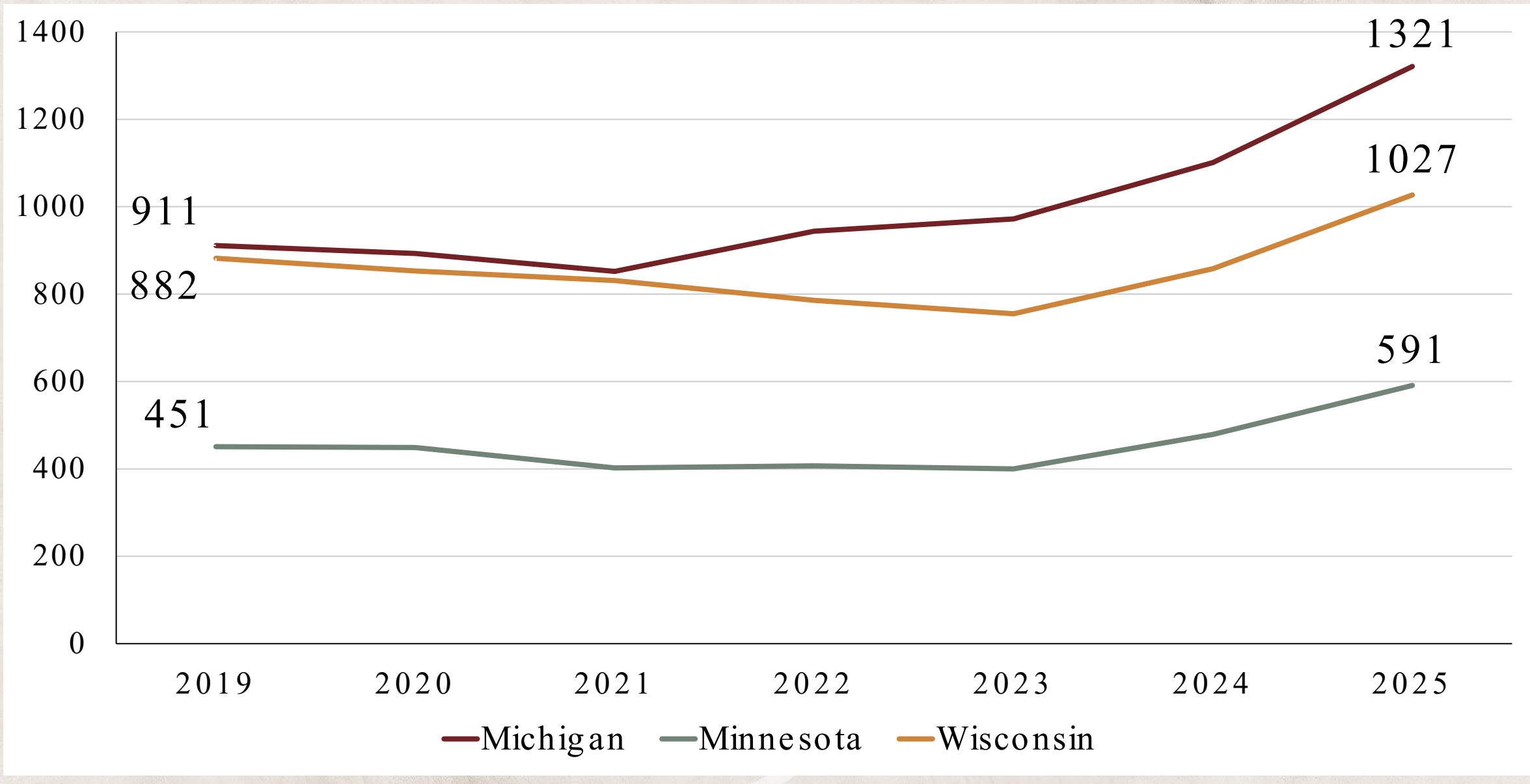
Special Benefits for AI/ANs

- AI/AN consumers with income between 100 percent to 300 percent of the FPL can enroll in a "zero cost-sharing plan" through the Marketplace and have no out-of-pocket costs – like deductibles, copayments, and coinsurance – when they get care
- AI/AN consumers at any income level can enroll in a "limited cost-sharing plan" through the Marketplace and will have no out-of-pocket costs when they receive care from an Indian health care provider
- Limited and zero cost-sharing plans are available to AI/AN consumers in any plan category

AI/AN Marketplace Open Enrollment in the US



Marketplace AI/AN Open Enrollment



Overview of the Health Insurance Marketplace

1. Who's eligible for coverage
2. Affordability programs
   - Premium tax credits
   - Cost Sharing Reductions

If your income is:

between 100 to 300% FPL, enroll in a **zero cost sharing plan** and have **NO out of pocket costs** for services received from an Indian health provider or a QHP.

below 100% FPL or above 300% FPL, enroll in a **limited cost sharing plan** (regardless of income). **NO out of pocket expenses for services** received from an Indian health provider or through a referral to a QHP.

less than $12,000 for an individual, and you reside in a state that has not expanded Medicaid, **limited cost sharing plans are an important option to receive low cost health care coverage.**

ENROLL NOW!
See healthcare.gov/tribal for more information.

CMS Product No. P11816-N
August 2015

Visit healthcare.gov/tribal and go.cms.gov/AIAN for more information.

ENROLL NOW!

How Does the Marketplace work?

- Geared toward individuals who don't have health insurance through their job, Medicare, Medicaid or Children's Health Insurance Program.
- Advanced premium tax credits and Cost-savings are reductions based on income and number of people in your household.

Operation of the Marketplaces

- A Marketplace can be operated by a state or the Federal Government.
- There are key differences between Marketplace types including:
  1. State-based Marketplace (SBM)
  2. Federally-facilitated Marketplace (FFM)
  3. State-based Marketplace-Federal platform (SBM-FP)

Marketplace Types

State-Based Marketplace:

- States that manage all Marketplace functions are SBMs.

State-Based Marketplace-Federal Platform:

- Some states have an SBM that uses the federal platform (SBM-FPs), meaning they hold primary responsibility for managing Marketplace functions, but rely on the federal HealthCare.gov platform to manage their eligibility and enrollment functions.

Federally Facilitated Marketplace:

- States that choose to have the Federal Government manage all Marketplace functions have an FFM.
- Some states with an individual market FFM also operate their own SHOP Marketplace.

Overview of Qualified Health Plans

1. Essential Health Benefits (EHBs)
2. Health Plan Categories
3. Catastrophic Health Plans

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Essential Health Benefits

Marketplace plans must provide coverage for the following items and services in the 10 EHB categories:

1. Ambulatory patient services (like doctor and clinic visits)
2. Emergency services (like ambulance, first aid, and rescue squad)
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices (like, therapy sessions, wheelchairs, and oxygen)
8. Laboratory services
9. Preventive and wellness services and chronic disease management (like blood pressure screening, and immunizations)
10. Pediatric services, including dental and vision care

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
Insurance Company 1: AI/AN Zero Cost Sharing

Coverage Period: 01/01/2022-12/31/2022
Coverage for: Individual + Spouse | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.[insert].com or call 1-800-[insert] to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Not Applicable.	This plan does not have an out-of-pocket limit on your expenses.
What is not included in the out-of-pocket limit?	Not Applicable.	This plan does not have an out-of-pocket limit on your expenses.
Will you pay less if you use a network provider?	Not Applicable.	This plan does not use a provider network. You can receive covered services from any provider.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

Summary of Benefits & Coverage

- All Marketplace health plans must use the standard form
- Consumers are legally entitled to a Summary of Benefits
- Consumers can request a Summary of Benefits anytime
- Consumers can use the Summary of Benefits to compare plans, coverage, and costs

Health Plan Categories

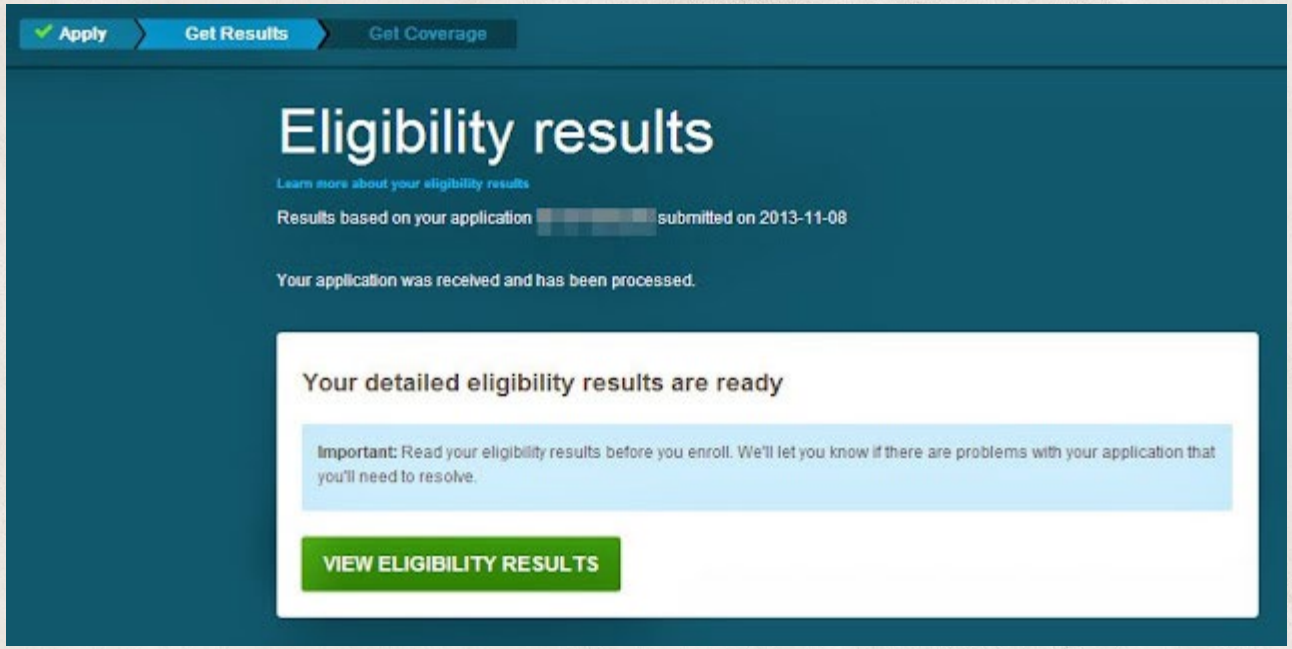
- Bronze level – a health plan that has an Actuarial Value (AV) of 60 percent (Consumers pay 40 percent of costs on average)
- Silver level – a health plan that has an AV of 70 percent (Consumers pay 30 percent on average)
- Gold level – a health plan that has an AV of 80 percent (Consumers pay 20 percent on average)
- Platinum level – a health plan that has an AV of 90 percent (Consumers pay 10 percent on average)

Catastrophic Health Plans

- What is a Catastrophic plan?
  - Plans with high deductibles and generally lower premiums
  - Consumers pay all medical costs for covered care up to the annual limit on cost sharing for the plan year
  - Includes at least three primary care visits per year and certain recommended preventive services with no out-of-pocket costs before the plan's deductible is met
  - Protects consumers from high out-of-pocket costs
- Who is eligible?
  - Young adults under 30 at the time they enroll or those who qualify for a hardship or affordability exemption

Eligibility & Enrollment Basics

1. Who's eligible for coverage
2. Affordability programs
   - Premium tax credits
   - Cost Sharing Reductions



Who's Eligible for Coverage through the Marketplace

- To be eligible for coverage through a Marketplace, individuals and households must:
  - Live in the United States (U.S.) in a state served by the Marketplace where they're applying;
  - Be U.S. citizens, U.S. nationals, or lawfully present immigrants for the entire time they plan to have coverage; and
  - Not be incarcerated (unless pending disposition of charges)

Members of Federal Recognized Tribes or Alaska Native Claims Settlement (ANCSA) Corporation shareholders have special health coverage protections and benefits.

Affordability Program: Premium Tax Credits

- Consumers with certain household incomes who aren't eligible for other qualifying coverage, like through a job, Medicare, most Medicaid coverage, or CHIP, may be eligible for savings through the Marketplace
- If consumers' projected annual household income for the coverage year falls between 100 percent and 400 percent of the Federal Poverty Level (FPL), they may qualify for a premium tax credit (PTC)

- PTCs are only available to consumers who enroll in an individual market Marketplace plan through the Marketplace
  - Eligible consumers can use all, some, or none of their PTCs in advance to lower their monthly premiums—these are called advance payments of the premium tax credit (APTC)
- If a consumer is ineligible for Medicaid based on immigration status, they may be eligible to enroll in a Marketplace plan with PTC even if they're under 100 percent of the FPL, if otherwise eligible

Affordability Program: Premium Tax Credits (cont.)

- Reconciling APTC:
  - The amount of PTC a consumer is eligible for may change throughout the coverage year, if there are changes to the consumer's household income, household size, or other determining factors.
  - It's very important that consumers report life changes to the Marketplace.
  - When consumers file their income taxes, they'll have to reconcile any ATPC that were paid on their behalf to reduce their monthly premiums with the amount of PTC they were ultimately eligible for based on their actual annual household income.
- If consumers use APTC in excess of the PTC they are determined eligible for, they may be required to repay all or some of the difference when they file their federal income tax return.
- If consumers use less PTC than they're determined eligible for when they file their federal income tax return, they may receive the difference as a refundable credit.

Affordability Programs: Cost-Sharing Reductions

- Members of federally recognized tribes and ANCSA shareholders qualify for cost sharing reductions, which means no out-of-pocket costs, like copays, deductibles, and co-insurance, when you are enrolled in a QHP and receive EHBs
- To be eligible for CSRs based on income, consumers must:
  - Have a household income between 100 percent and 300 percent of the FPL

Fact Sheet: Zero and Limited Cost Sharing: https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education/pdf/CMS4_ZeroToLimited_CostSharing_FactSheet_909526-N.pdf

Applying for Coverage through the Marketplace

1. When to enroll
2. How to enroll
3. Enrollment assistance
    - Marketplace Call Center
    - In-person help
4. Renewal process

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When to Enroll

- Eligible consumers can enroll in or change Marketplace plans during the annual Open Enrollment Period (OEP) or during a Special Enrollment Period (SEP)
  - Exception: AI/AN consumers can enroll in the Marketplace or change plans throughout the year, not just during the yearly OEP or during a SEP
- In the FFM for individuals and families, the OEP starts on November 1 and ends on December 15
  - In most cases, coverage can begin as soon as January 1 for consumers who enroll by December 15

How to Apply

- Consumers can apply for Marketplace coverage through:
  - HealthCare.gov
  - The Marketplace Call Center
  - Marketplace enrollment assisters
  - Paper Application
- Language assistance is available through interpreters, Call Center support, print, and web resources

You have the right to get help with the Health Insurance Marketplace® in your language at no cost.

To talk to an interpreter, call **1-800-318-2596** and say "**Agent**" or press "**0**." Once an agent is on the line, say the name of the language you need. TTY users can call 1-855-889-4325.

Marketplace Call Center

- Marketplace Call Center:
  - Assists consumers in FFMs and SPMs:
    - 1-800-318-2596 (TTY: 1-855-889-4325)
  - Customer service representatives are available 24/7
  - Help with eligibility, enrollment, and referrals
  - Oral interpretations
  - State Based Marketplaces have their own call centers

Assistance with Applying

- In-person assisters may provide face-to-face, one-on-one assistance to applicants and enrollees submitting Marketplace eligibility applications in their FFM service area. *Depending on I/T/U facility protocols
- Marketplace-approved in-person help is available through several programs to help consumers with the process of applying for enrolling in health insurance coverage, including:

1. Benefit Coordinators
2. Tribal Enrollment Assisters
3. Navigators
4. Certified Application Counselors

- Consumers can use the Find Local Help tool (LocalHelp.HealthCare.gov) to search for a list of local people and organizations who can help them apply, pick a plan, and enroll in Marketplace coverage

Renewal Process

- Marketplace Open Enrollment Notice
  - Redetermination and re-enrollment process
    - Multiple reminders to update and compare plans
    - If a consumer does not contact the Marketplace, the details of the amount of Advanced Premium Tax Credits and Cost Sharing Reduction amount are determined
    - Some consumers may get a warning if no action is taken, the individual will be re-enrolled without Advanced Premium Tax Credits or Cost Sharing Reduction

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After Applying for Marketplace Coverage

- Premium payments
- Report life changes
- Cancellation of coverage
- Coverage to care

Premium Payment

- For coverage to become effective, consumers generally must pay the first month's premium directly to their insurance company by the insurer's deadline
- Consumers must pay the premium each month or they could lose coverage

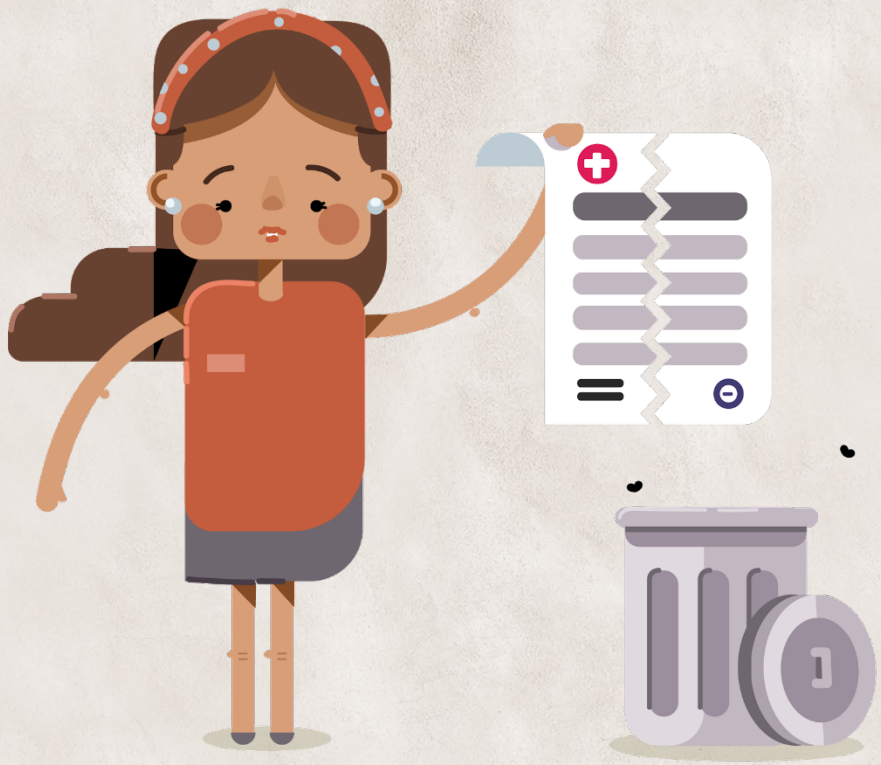
- Issuers of individual and family Marketplace plans must accept at least these payment methods:
  - Paper check
  - Cashier's check
  - Money order
  - Electronic fund transfer (EFT)
  - General-purpose pre-paid debit card
- Some issuers may also accept online, credit card, or debit card payments (check with the plan)

Report Life Changes

- A Tribal member loses their job
- Becoming a new parent
- Change in the size of your household
- Change in income
- Change in location
- Loss of a family member
- Marriage
- Retirement

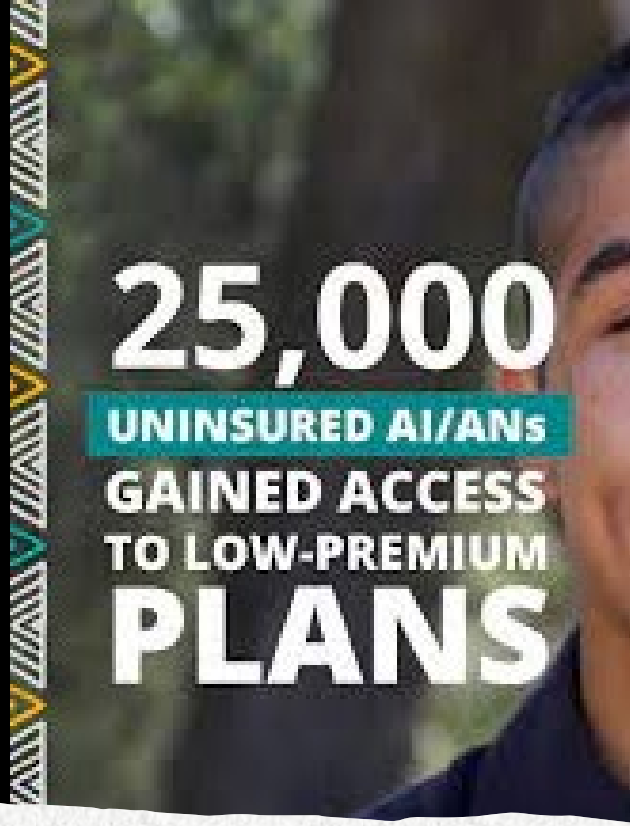
Termination of Coverage

- Consumers may want, or need, to end their Marketplace insurance plan if they get other health coverage, or for other reasons
- How consumers should end their Marketplace plan depends on whether the consumer is:
  - Terminating the plan for everybody, or
  - Terminating coverage for only some people on the application



From Coverage to Care (C2C)

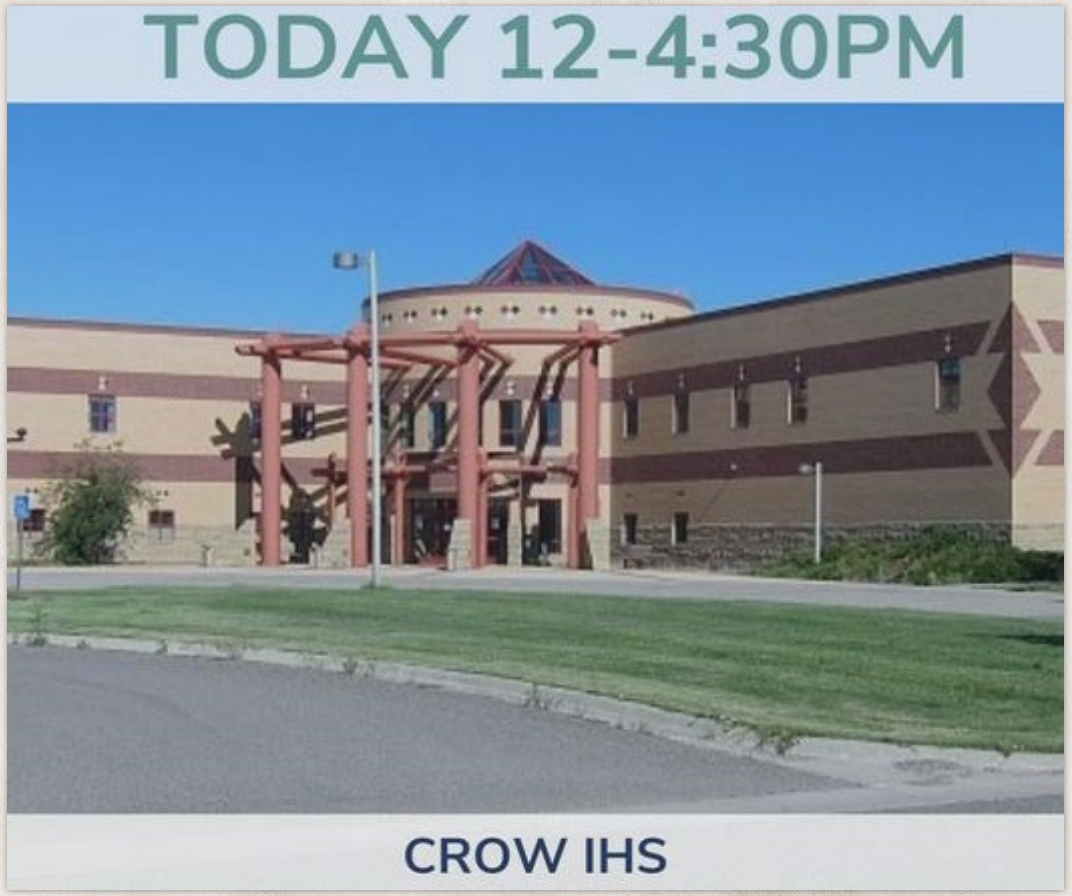
- Roadmap to Better Care-Tribal Version
  - https://www.cms.gov/files/document/c2c-roadmap-booklet-tribal.pdf
- C2C Enrollment Toolkit
- C2C Consumer Resources
- C2C Partnership Toolkit
  - https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/c2c

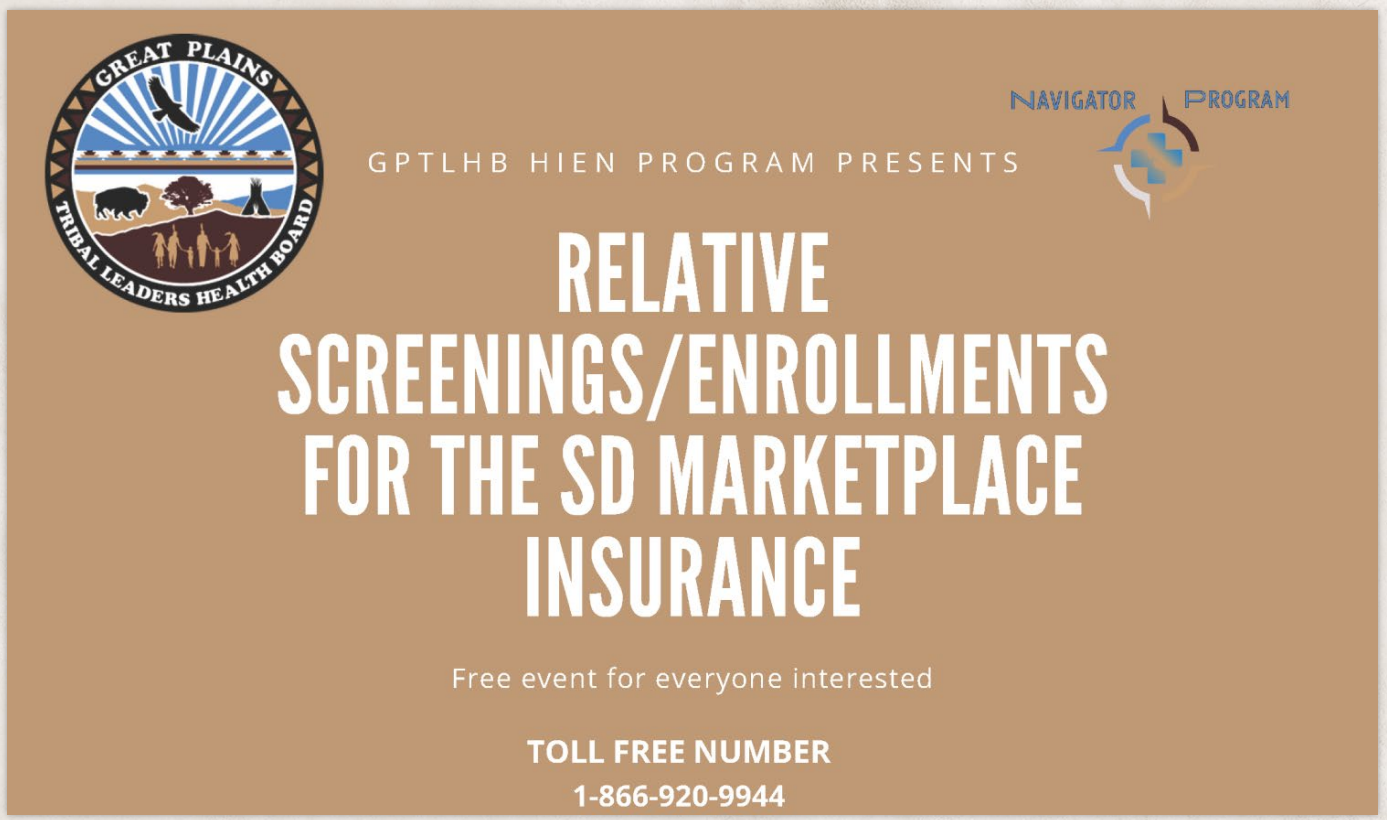


AI/AN Graphics

Navigator Programs

Cover Montana





Great Plains Tribal Leaders' Health Board

beWellnm Native Americans with incomes under 300% FPL DO NOT pay co-pays or deductibles

How many people are in your household?	Medicaid for Adults (age 19-64) 0-100% FPL	138% FPL	Medicaid for Kids (age 6-18) 139% FPL	250% FPL	Medicaid for Kids (age 0-5) 300% FPL	beWellnm With Premium Assistance 400% FPL	beWellnm With Premium Assistance NEW with Covid Relief Bill Over 400% FPL
Individuals	$1,133	$1,563	$1,564	$2,831	$3,398	$4,530	$4,530+
Family of: 2	$1,526	$2,106	$2,107	$3,815	$4,578	$6,103	$6,103+
Family of: 3	$1,919	$2,648	$2,649	$4,798	$5,758	$7,677	$7,677+
Family of: 4	$2,313	$3,191	$3,192	$5,781	$6,938	$9,250	$9,250+
Family of: 5	$2,706	$3,734	$3,735	$6,765	$8,118	$10,823	$10,823+
Family of: 6	$3,099	$4,277	$4,278	$7,748	$9,298	$12,397	$12,397+
Family of: 7	$3,493	$4,820	$4,821	$8,731	$10,478	$13,970	$13,970+
Family of: 8	$3,886	$5,362	$5,363	$9,715	$11,658	$15,543	$15,543+

The FPL amounts are valid through December 2023. If you think you qualify or are unsure what you qualify for, give us a call so we can help!

Services beyond Indian Health Service or Tribal Health Center coverage.

Qualified Health Plan Covered Services

This table shows you what healthcare services you can receive, beyond your IHS or Tribal Health Center coverage, when you sign up for health insurance through beWellnm.

Services Covered:	Indian Health Service or Tribal Health Center	Qualified Health Plans
Acupuncture		•
Chiropractic Care		•
Colonoscopy		•
Diabetes Care	•	•
Diagnostic Test (X-Ray/bloodwork)	•	•
Durable Medical Equipment [1]		•
Emergency Care [1]		•
Emergency Medical Transportation [1]		•
Emergency Room [1]		•
Home Health Care		•
Hospital Stay (Facility fee/physician/surgeon fees) [1]		•
Imaging (Ct/PET/MRI scans)	•	•
Lab Services	•	•
Mental/Behavioral Health Services (Outpatient/Inpatient) [1]		•
Nutrition	•	•
Optometry [1]		•
Outpatient Surgery (ambulatory surgery center/physician/surgeon fees)		•
Pediatrics	•	•
Outside Pharmacy (Walmart/Walgreens/CVS etc.)		•
Pregnancy Services (Office visits/Childbirth classes/delivery services)		•
Prenatal Care (Delivery not covered at most facilities) [2]	•	•
Preventive Care/Screening/Immunizations	•	•
Primary Care	•	•
Public Health Nursing	•	•
Radiology (Not available at all facilities) [1]		•
Rehabilitation/Habilitation Services	•	•
Skilled Nursing Care	•	•
Specialist Visits	•	•
Substance Abuse Services (Outpatient/Inpatient)	•	•
Urgent Care		•
Women's Health	•	•

BeWellnm

nevada health link

Tribal Resource Guide:

General Health Care & Enrollment Information

General Health Care & Enrollment Information

ENROLL TODAY WITH THESE SPECIAL PROVISIONS PROMOTING HEALTHY TRIBAL COMMUNITIES IN NEVADA.

“You have more access to services along with utilizing your access to Indian Health Services.”

Benefits for enrolled members of federally recognized Tribes

Members of federally recognized Tribes and Alaska Native Claims Settlement Act (ANCSA) Corporation stakeholders may qualify for the following benefits:

- **You can get care at a Tribal clinic or another provider**
  If you usually go to a Tribal, Indian Health Service, or urban Indian clinic (ITU), you can continue that care when you get a HealthCare.gov plan. No matter your income, you will pay nothing to use ITU providers.
- **You can sign up at any time**
  You can enroll in a plan through HealthCare.gov in any month. You do not have to wait for open enrollment, which is Nov. 1 to Dec. 15. You also can switch plans at any time, without waiting for open enrollment.

Financial help

Your premium is the amount you pay each month to have health insurance. Out-of-pocket costs are what you pay when you get care. You may qualify for help paying your premium, and your out-of-pocket costs may be nothing.

Anyone, even if they are not a member of a Tribe, may qualify for help paying their premium if they earn less than the yearly incomes shown below:

Household size	Yearly income at or below
1	$49,960
2	$67,640
3	$85,320
4	$103,000
5	$120,680
6	$138,360

Enrolled members of federally recognized Tribes may qualify for plans that offer **free care from other providers,** or for plans that allow you to **pay nothing when your Tribal clinic refers you to another provider.**

These benefits are in addition to help paying your premium.

Household size	Yearly income	Below the income shown?	Above the income shown?
1	$37,470	You may qualify for a plan that allows you to pay nothing when you get care.	You may qualify for a plan that allows you to pay nothing when your Tribal clinic refers you to another provider
2	$50,730		
3	$63,990		
4	$77,250		
5	$90,510		
6	$103,770		

Health Insurance for Enrolled Members of Federally Recognized Tribes in Oregon

All year, you can buy a private insurance plan that covers care you get at your Tribal clinic, or care from other providers.

If you qualify, financial assistance lowers the cost of your plan and allows you to pay nothing when you get care from your Tribal clinic, or from another provider (some plans require referrals from your Tribal clinic).

Ask for more information at your Tribal clinic, or call the Oregon Health Insurance Marketplace at **855-268-3767.**

OregonHealthCare.gov


Healthier Oklahoma
BlueCross BlueShield of Oklahoma
Committed to
Tribal Communities
Across the State

THANK YOU!

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