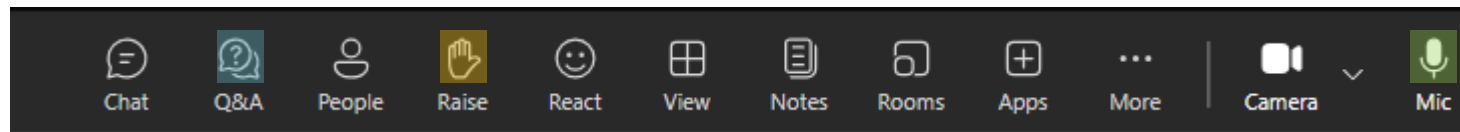




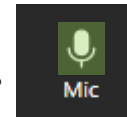
Covered California 101 for American Indians and Alaska Natives

October 2026

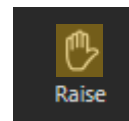
Teams Webinar



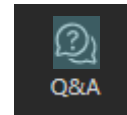
- Please keep your mics muted unless called on.



- Use the Raise Hand feature if you'd like to speak and the host will unmute you.



- Submit questions anytime using the Q&A box.



Agenda

- **Affordable Care Act**
- **What is Covered California**
- **Benefits available for American Indians/Alaska Natives through Affordable Care Act/Covered CA**
- **Open Forum**

Affordable Care Act



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



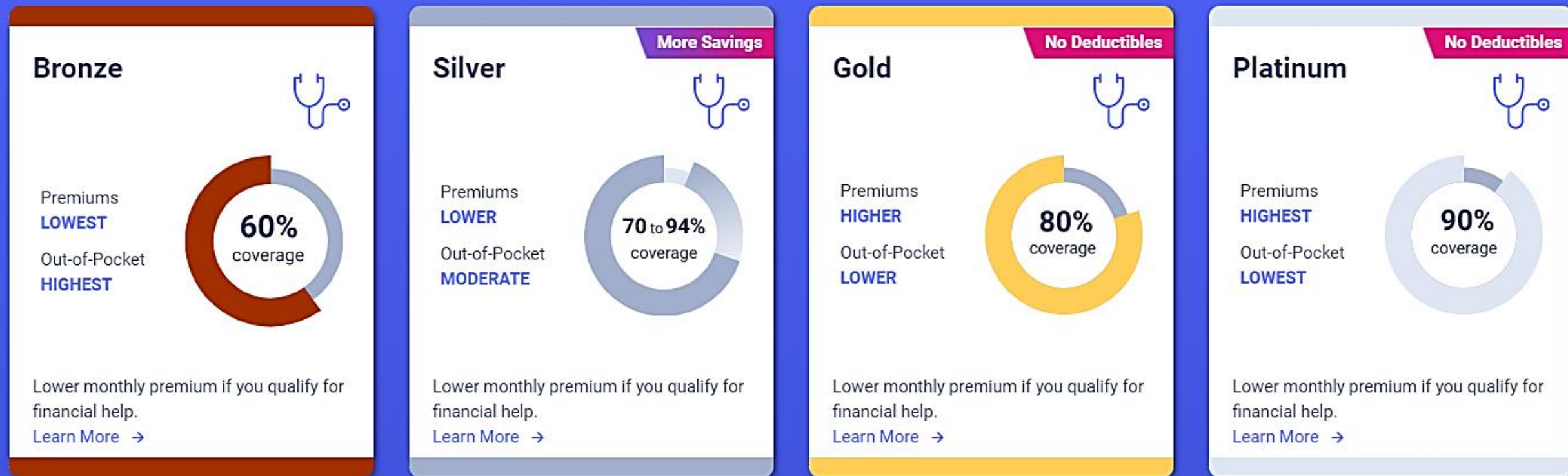
Hospitalization

*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.

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**). 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.

2027 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 and 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.

The Anthem logo features the word "Anthem" in a blue sans-serif font, followed by a blue cross icon with a white circle in the center.The "blue california" logo consists of the word "blue" in a lowercase blue font, with "california" in a smaller lowercase blue font below it. To the right is a blue shield icon containing a white caduceus.The Kaiser Permanente logo features a blue icon of three stylized human figures on the left, and the words "KAISER PERMANENTE" in a blue sans-serif font on the right.The "Balance by CCHP" logo includes the word "Balance" in a blue sans-serif font, with "by CCHP" in a smaller blue font below it. To the right is a blue circular icon containing a white geometric pattern.The IEHP logo features the letters "IEHP" in a bold black font, with a red heart icon between the "E" and "H". Below the letters is the text "Inland Empire Health Plan" in a smaller black font.The "health net" logo features a colorful circular icon made of many small dots on the left, and the words "health net" in a lowercase black sans-serif font on the right.The L.A. Care Health Plan logo features a blue square icon with a yellow sun and a red heart in the center. Below the icon is the text "L.A. Care HEALTH PLAN" in a black sans-serif font.The Molina Healthcare logo features a blue icon of two stylized human figures on the left, and the words "MOLINA HEALTHCARE" in a blue sans-serif font on the right.The SHARP Health Plan logo features the word "SHARP" in a bold black font, with a yellow horizontal line above it, followed by the words "Health Plan" in a blue sans-serif font.The VHP Valley Health Plan logo features a green "V" icon on the left, and the words "VHP Valley Health Plan" in a blue sans-serif font on the right.The western health logo features a green and yellow icon of a stylized "W" on the left, and the words "western health" in a green sans-serif font on the right.The CalOptima Health logo features a colorful circular icon made of many small squares on the left, and the words "CalOptima Health" in a black sans-serif font on the right.

2027 Covered California Health Plan Offerings



Rating Region	ANTHEM		BLUE SHIELD		CCHP	HEALTH NET		INLAND EMPIRE	KAISER	L.A. CARE	MOLINA	SHARP		VHP	WESTERN HEALTH ADV.
	HMO	EPO	HMO	PPO		HMO	PPO					HMO-1	HMO-2		
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

2027 Health Benefit Design By Metal Tier

	MINIMUM COVERAGE Covers 0% until out-of-pocket max is met	BRONZE Covers 60% of average annual cost	SILVER Covers 70% of average annual cost ¹	SILVER 73 Covers 73% of average annual cost ¹	SILVER 87 Covers 87% of average annual cost ¹	SILVER 94 Covers 94% of average annual cost ¹	GOLD Covers 80% of average annual cost	PLATINUM Covers 90% of average annual cost
Cost-Sharing Reduction Single-Income Range	N/A	N/A	N/A	\$31,921-\$39,900 (≥200% to <250% FPL)	\$23,941-\$31,920 (≥150% to <200% FPL)	up to \$23,940 (≥100% to <150% FPL)	N/A	N/A
Free Preventive Care Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	Full cost per instance until out-of-pocket maximum is met (after first three non-preventive visits)	\$60	\$50	\$50	\$15	\$5	\$40	\$20
Urgent Care Visit		\$60	\$50	\$50	\$15	\$5	\$40	\$20
Specialist Visit	Full cost per service until out-of-pocket maximum is met	\$100 ¹	\$100	\$100	\$30	\$8	\$80	\$45
Emergency Room Facility		40% after deductible is met	\$400	\$400	\$200	\$50	\$350	\$225
Laboratory Tests		\$50	\$50	\$50	\$35	\$10	\$40	\$25
X-Rays and Diagnostics		40% after deductible is met	\$95	\$95	\$50	\$10	\$85	\$35
Imaging	Full cost per script until out-of-pocket maximum is met		\$325	\$325	\$100	\$50	\$125 copay or 25% coinsurance ³	\$90 copay or 10% coinsurance ³
Tier 1 (Generic Drugs)		\$20	\$20	\$20	\$10	\$3	\$19	\$10
Tier 2 (Preferred Drugs)			\$65 ²	\$55 ²	\$30 ²	\$10	\$60	\$25
Tier 3 (Non-Preferred Drugs)			\$95 ²	\$95 ²	\$50 ²	\$15	\$90	\$45
Tier 4 (Specialty Drugs)			20% up to \$250 ² per script	20% up to \$250 ² per script	15% up to \$150 ² per script	10% up to \$150 per script	20% up to \$250 per script	15% up to \$250 per script
Medical Deductible	N/A	Individual: \$5,800 Family: \$11,600	Individual: \$4,700 Family: \$9,400	Individual: \$4,700 Family: \$9,400	Individual: \$1,100 Family: \$2,200	Individual: \$200 Family: \$400	N/A	N/A
Pharmacy Deductible	N/A	Individual: \$450 Family: \$900	Individual: \$50 Family: \$100	Individual: \$50 Family: \$100	Individual: \$50 Family: \$100	N/A	N/A	N/A
Annual Out-of-Pocket Max	Individual: \$12,000 Family: \$24,000	Individual: \$11,650 Family: \$23,300	Individual: \$11,650 Family: \$23,300	Individual: \$9,600 Family: \$19,200	Individual: \$4,000 Family: \$8,000	Individual: \$3,000 Family: \$6,000	Individual: \$9,600 Family: \$19,200	Individual: \$5,500 Family: \$11,000



**COVERED
CALIFORNIA**

2027 Patient- Centered Benefit Designs and Medical Cost Shares

Benefits in beige are **NOT** subject to a deductible.

Benefits in orange are subject to a deductible after the first three visits.

**For the
love of
Californians**

Drug prices are for a 30-day supply.

Deductible = The amount you pay before the plan pays.

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

2. Price is after pharmacy deductible amount is met.

3. See plan Evidence of Coverage for imaging cost share.

Covered California may approve deviations from the benefit plan designs for certain services on a case-by-case basis if necessary to comply with the California Mental Health Parity Act or federal Mental Health Parity and Addiction Equity Act (MHPAEA).

ENG-0826 | D-CCA-XXXXXXX

2027 Family Dental and Vision Companies



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.

Benefits Available to AI/AN Through Covered California



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**

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 2027

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 California State Subsidy (100%-200%) 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%-250%) Federal Premium Tax Credit*															
% FPL	100%	138%	DHCS monthly 138%	150%	200%	213%	DHCS monthly 213%	250%	266%	DHCS monthly 266%	300%	322%	DHCS monthly 322%	400%*	
Household Size	1	\$15,960	\$22,025	\$1,836	\$23,940	\$31,920	\$33,995	\$2,833	\$39,900	\$42,454	\$3,538	\$47,880	\$51,392	\$4,283	\$63,840
	2	\$21,640	\$29,864	\$2,490	\$32,460	\$43,280	\$46,094	\$3,843	\$54,100	\$57,563	\$4,799	\$64,920	\$69,681	\$5,809	\$86,560
	3	\$27,320	\$37,702	\$3,143	\$40,980	\$54,640	\$58,192	\$4,851	\$68,300	\$72,672	\$6,057	\$81,960	\$87,971	\$7,332	\$109,280
	4	\$33,000	\$45,540	\$3,795	\$49,500	\$66,000	\$70,290	\$5,858	\$82,500	\$87,780	\$7,315	\$99,000	\$106,260	\$8,855	\$132,000
	5	\$38,680	\$53,379	\$4,450	\$58,020	\$77,360	\$82,389	\$6,868	\$96,700	\$102,889	\$8,576	\$116,040	\$124,550	\$10,382	\$154,720
	6	\$44,360	\$61,217	\$5,102	\$66,540	\$88,720	\$94,487	\$7,875	\$110,900	\$117,998	\$9,835	\$133,080	\$142,840	\$11,905	\$177,440
	7	\$50,040	\$69,056	\$5,755	\$75,060	\$100,080	\$106,586	\$8,883	\$125,100	\$133,107	\$11,093	\$150,120	\$161,129	\$13,428	\$200,160
	8	\$55,720	\$76,894	\$6,409	\$83,580	\$111,440	\$118,684	\$9,892	\$139,300	\$148,216	\$12,354	\$167,160	\$179,419	\$14,954	\$222,880
add'l, add	\$5,680	\$7,839	\$655	\$8,520	\$11,360	\$12,099	\$1,010	\$14,200	\$15,109	\$1,261	\$17,040	\$18,290	\$1,527	\$22,720	
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.

Silver 94, 87 and 73 plans provide lower deductibles, co-pays and out-of-pocket maximum costs.

*Consumers with income above 400% FPL are not eligible for a federal premium tax credit.

Medi-Cal monthly values are provided above, for reference. Source: DHCS ACWDL 26-01

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

This infographic has a dark blue background. On the left, a red box contains the text '100%', '300%', and 'FPL' in white. In the center, a large green '\$0' is displayed. To its right, the words 'Deductible', 'Coinsurance', and 'Cost sharing' are listed vertically in green. Below these, a question is posed in green: 'Referral from an Indian Health Clinic when receiving EHB via the QHP?'. To the right of the question is a large green letter '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?

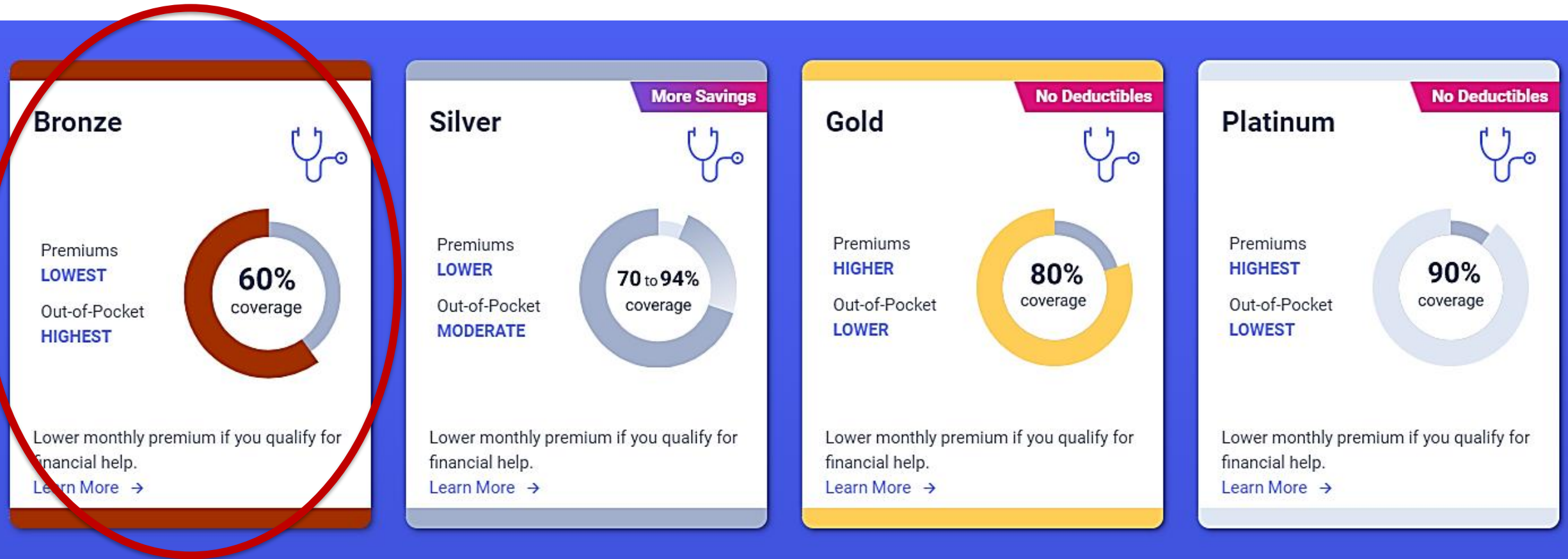
Y

<100%
>300%
FPL

This infographic has a dark blue background. On the right, a red box contains the text '<100%', '>300%', and 'FPL' in white. In the center, a large yellow '\$0' is displayed. To its right, the words 'Deductible', 'Coinsurance', and 'Cost sharing' are listed vertically in yellow. Below these, a question is posed in yellow: 'Referral from an Indian Health Clinic when receiving EHB via the QHP?'. To the right of the question is a large yellow letter 'Y'.

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	\$100	\$0	\$100	\$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.

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.

Source: <https://www.cms.gov/marketplace/technical-assistance-resources/aian-health-coverage-options.pdf>

Additional Source: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Co-OPS-Sup/Income-and-Deductions-Chart06252021.pdf>

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



For new enrollees

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 Affiliated with Tribes

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
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
San Diego American Indian Health Center	Navigator Entity (sub)	Non-Profit
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
Tuolumne Me-Wuk Indian Health Center	Certified Application Entity	Community Clinic
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

- Top 3 regions: Region 1 (Northern CA), Region 17 (Inland Empire), and Region 6 (Alameda County)

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



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Appendix



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:

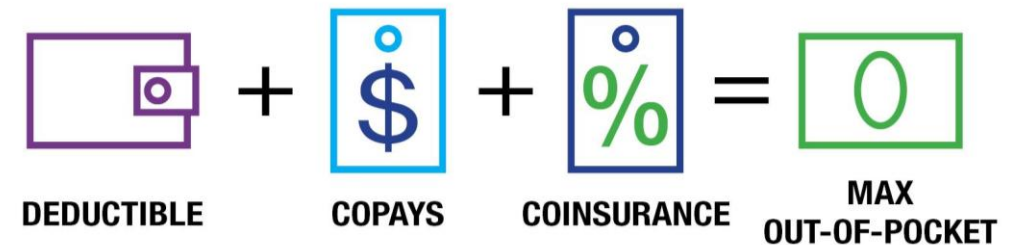
The amount you owe for health care services your health insurance plan covers before your plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you have met your deductible for covered health care services. The deductible may not apply to all services.

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.