

Health Coverage for American Indians

The Affordable Care Act (ACA), also known as Obamacare, improves access to quality health care for all Americans, including American Indians.

What you need to know:

- You can buy private health insurance through the Montana Marketplace website at www.healthcare.gov.
 - You may qualify for no-cost insurance.
- If you purchase health insurance through www.healthcare.gov, you can continue to get healthcare services through the Indian Health Service (IHS), tribal health programs or urban Indian health clinics. You will also have expanded health care options and better access to specialists for chronic diseases such as asthma or diabetes.
- Members of federally recognized tribes and all Indians eligible for IHS care are exempt from the requirement to buy health insurance. **Please be aware that you must apply for an exemption through the Marketplace.**
- **No extra costs for obtaining healthcare from a provider that is “out-of-network.”** Most health insurance plans have lower cost-sharing for consumers who go to providers in their network. Plans will still pay some portion of the costs of out-of-network care, but the consumer’s share is higher. If you are a member of a federally recognized tribe, however, your plan cannot charge you more for out-of-network care. [Be aware: Although your insurance may not require you to pay more for out-of-network care, the provider can still send you a bill for the difference.]
- If you qualify for Medicaid or your children qualify for the Healthy Montana Kids (HMK) program — and you’re eligible for or have received services from the Indian Health Service, tribal health programs, or urban Indian health programs — you won’t have to pay Medicaid or CHIP premiums, enrollment fees, and out-of-pocket costs

Montana Marketplace Protections

- **No copayments or other cost-sharing* if your yearly household modified adjusted gross income (MAGI) is below 300% of the federal poverty line —approximately \$72,900 for a family of four in 2017.** This means you will pay no co-pays and have no deductible. Your only costs will be *your share of the monthly health insurance premium*. If your income is below 400% of the federal poverty line, you may be eligible for a premium tax credit, advanceable on a monthly basis, to assist you with your premium payment. If you have a serious illness or accident and surgery, hospitalization or specialist care is required, these services are covered 100%, even if you buy a bronze plan. Your tax credit can be applied to the lowest cost premium available, making your share of the premium nearly \$0.

In order to get these protections, *you will need proof of your tribal membership at the time you purchase insurance*, or you will need to provide the proof within 90 days after enrolling. This proof must be available in an electronic format so it can be submitted through the Montana Marketplace website at www.healthcare.gov.

In families with tribal members and non-tribal members, the tribal members must have a separate health plan. The family’s premium tax credit can be split between the policies.

Medicaid Expansion

Also known as Medicaid expansion, HELP Plan coverage began January 1, 2016. The HELP Plan offers medical, behavioral health, dental, vision, prescription drug benefits, and much more. The HELP Plan works to keep you healthy, not just treat you when you are sick. Now households with an annual income up to 138% FPL (\$16,394 for an individual, \$33,534 for a family of 4) can qualify for Medicaid.

Need Help?

If you do not know how to get an electronic copy of your tribal membership card or other proof of tribal enrollment we recommend you work with a certified “navigator” or a licensed and exchange-certified Montana insurance agent or broker.

There are also certified application counselors (CACs) at Indian Health Service offices across the state. For the complete list of Montana navigators and certified application counselors, go to www.montanahealthanswers.com or call the CSI at 800-332-6148.

GLOSSARY

**Cost-sharing is a way of sharing the cost of a service between the insurance company and the customer; it includes co-pays, deductibles, and coinsurance.*

Co-pay is a set dollar amount you pay for a covered health care service. The amount you pay can vary by the type of service. A co-pay is usually required at the time of service.

Deductible is the amount of money you’ll need to pay before your insurance begins to pay. However, your deductible may not apply to all services. For example, your insurance must pay for preventive health care or certain other services even if you haven’t paid your full deductible yet.

Coinsurance is your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service.

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