



General Health Care & Enrollment Information

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

Family health coverage for American Indians and Alaska Natives



MORE COVERAGE MEANS MORE OPTIONS

You can change your Qualified Health Plans (QHP) once a month without worrying about enrollment dates.

The special monthly enrollment periods and cost-sharing reductions apply only to members of a federally recognized tribe or Alaska Native Claims Settlement Act (ANCSA) Corporation shareholders.

The Indian Health Service, tribal programs, or urban Indian programs may not provide full access to some services. By adding more health coverage, you can still use services the same way as you do now and it's all billed to your insurance program. Choosing to enroll in a health insurance plan through Nevada Health Link you get to:

- Continue getting services from the Indian Health Service, Tribal Health Programs, or Urban Indian health programs. (I/T/Us) This benefits the tribal community.
- Get services from any providers on the Qualified Health Plans through NV Health Link.

Qualified Health Plans on NV Health Link offer a comprehensive package of items and services, known as Essential Health Benefits (EHBs):

- Outpatient care your get without being admitted to a hospital
- Visits to the emergency room
- Hospitalization
- Maternity and newborn care
- Mental health, behavioral health, and substance abuse treatment
- Prescription drugs
- Rehabilitation and habilitative services and devices
- Laboratory services
- Preventative and wellness services and chronic disease management
- Pediatric services

AS FAMILY, WE'RE IN THIS TOGETHER.

Tax credits divide across plans when family members enroll separately.

By enrolling in health coverage through Nevada Health Link, you have more access to services along with utilizing your access to Indian Health Services, tribal programs, or urban Indian programs.

Enrolling mixed status households

Open enrollment is an important time for tribal members who are not a member of a federally recognized tribe and/or mixed status households.

Some households consist of both members of federally recognized American Indian/Alaska Native tribes and non-tribal members.

If a federally recognized tribal member and non-tribal members enroll in the same Marketplace plan, the tribal family member will not be able to use cost-sharing savings.

Federally recognized tribal members and non-tribal family members with an income under 300 percent of the Federal Poverty Level should consider enrolling in separate plans if they want to take advantage of all potential savings.

Qualified Health Plan eligibility

When you apply for financial help through Nevada Health Link, your application includes information for each person listed on your federal income tax return (also referred to as your "tax household"). You may also need to enter information about others in your family. If you (and others on your application) are eligible for help paying for coverage, the amount is based on your family size and any income you tell us that you expect your household members to make during the year you want health coverage.

It is important to reach out to report any changes regarding your income and household to Nevada Health Link; this will update your eligibility, changing cost-sharing protections. Cost Sharing

What is cost sharing? Cost sharing is what you pay out of pocket for medical services covered by your health insurance. Types of cost sharing include:

Deductible: The amount you must spend for health care services that your plan covers before your health insurance begins to pay. Your deductible may not apply to all services. For instance, most plans do not require you to pay off your deductible before having insurance cover routine doctor visits or preventive care.

Copayment: A fixed amount that you pay for a covered health care service. For example, you may need to pay \$20 to visit your doctor or for a prescription.

Coinsurance: Your share of the costs of a covered health care service, calculated as a percentage. For example, you may pay 30% for lab tests or 80% for a prescribed medication that is not listed on your insurance plan's approved medication list.

Cost-savings: It's a discount that lowers the amount you have to pay for deductibles, copayments, and coinsurance. In the Health Insurance Marketplace, cost-sharing reductions are often called "extra savings." If you qualify, you must enroll in a plan in the Silver category to get the extra savings.

Subsidized coverage: This is a health plan benefit provided at reduced or no cost for people with incomes below or within a specific range of the Federal Poverty Level.

Tax credit: These are used to lower your monthly insurance payment, also known as your premium.

Premium: The amount that must be paid for your health insurance or plan — you or your employer usually pay the premium monthly, quarterly, or yearly.

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



Cost Sharing Options

Zero Cost Sharing

- Zero cost sharing for income between 100%–300% of the Federal Poverty Level.
- You do not have to pay copayments, deductibles, or coinsurance when getting care from an Indian health care provider or when getting essential health benefits through a Marketplace plan.
- You do not need a referral from an Indian health care provider when getting essential health benefits through a Marketplace plan.

Limited Cost Sharing

- Limited cost sharing for income below 100% or above 300% of the Federal Poverty Level.
- You do not have to pay copayments, deductibles, or coinsurance when getting care from an Indian health care provider.
- You do need a referral from an Indian health care provider when getting essential health benefits through a Marketplace plan to avoid paying copayments, deductibles, or coinsurance.

Members of federally recognized tribes who qualify for cost-sharing reductions are not exempt from premiums. However, you may qualify for the advance payment of premium tax credits, depending on your income. Some tribes participate in a tribal sponsorship program where they pay premiums on behalf of their tribal members. Please contact your tribe for more information.

Take a look at this [chart](#) that shows family income levels specific to AI/ANs.

AI/AN Specific Cost-Sharing Protections:

All Tribal citizens who enroll in a Qualified Health Plan on NV Health Link are eligible for one of the two AI/AN specific cost-sharing protections.

Type 1: Zero Cost-Sharing – Benefits:

Zero cost sharing for income between 100%–300% of the Federal Poverty Level.

- You DO NOT have to pay copayments, deductibles, or coinsurance when receiving care from an Indian health care provider or when getting essential health benefits through a Qualified Healthcare Provider (QHP).
- You DO NOT need a referral from an Indian health care provider when getting essential health benefits through a Qualified Healthcare Provider (QHP).

Eligibility for receiving Zero Cost-Sharing:

- Enroll in health insurance coverage through NV Health Link
- Tribal citizen (*provide documentation of enrollment status*)
- Eligibility for premium tax credits
- Income is between 100% and 300% of the federal poverty level.

Type 2: Limited Cost-Sharing – Benefits:

(*available to enrolled Tribal members of any income level*)

- You DO NOT have to pay copayments, deductibles, or coinsurance when getting care from an Indian health care provider.
- You DO NEED a referral from an Indian health care provider when getting essential health benefits through a qualified health plan to avoid paying copayments, deductibles, or coinsurance.

What is needed to qualify

- Enroll in health insurance coverage through NV Health Link
- Tribal citizen (*provide documentation of tribal status*)
- No requirement for eligibility for Premium Tax Credits

- Any household income level
- A “Referral for Cost-Sharing” is needed to secure Cost-Sharing Protections outside the Tribal/HIS system.

FAST FACT: The Affordable Care Act (ACA) supports those covered through Medicaid, specifically household incomes that fall below 100 percent on the Federal Poverty Level.

Plans for you and your loved ones: AI/ANs can enroll in a zero cost sharing or limited cost sharing plan at any metal level. Thus for AI/ANs a Bronze or Silver plan might be the most beneficial. Talk to your local Tribal health clinic or a professional who can further explain this.

Bronze plan: lowest premium rates and the federal government picks-up the greatest amount of cost-sharing.

Silver plan: cost-sharing protections for the general population, especially beneficial for families with a household income at or below 250 percent.

Gold plan: ideal for lower out-of-pocket costs, compared to bronze plan.

THE AMERICAN RESCUE PLAN ACT

Under the American Rescue Plan, there are no changes to benefits and protections afforded to American Indians or Alaska Natives.

- American Indian/Alaska Native eligibility for zero cost-sharing plans (between 100-300% Federal Poverty Level) or limited cost-sharing plans (below 100-300% Federal Poverty Level).
- Consumers enrolled in zero cost sharing plans won't have to pay any out of pocket costs-like deductibles, copayments, and coinsurance-when they receive care.
- American Indians enrolled in a U.S. federally recognized tribe who have a household income between 100-300% Federal Poverty Level may have to pay premiums. Enrolling in a bronze plan will provide the same zero-cost-sharing benefit as a silver or gold plan, but bronze plan premiums usually cost less.

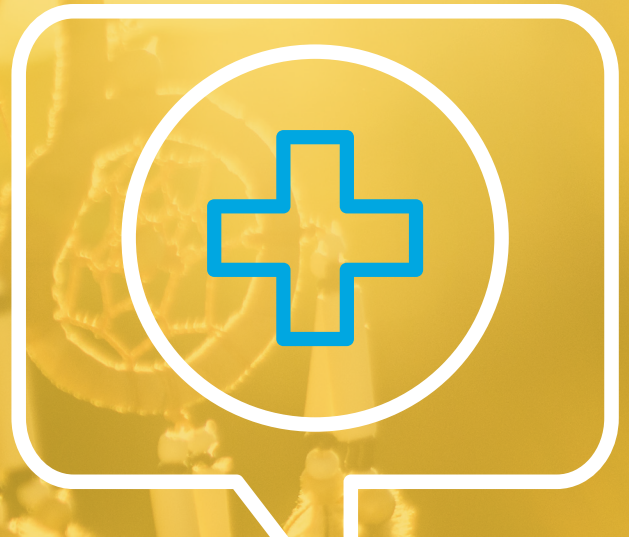
ENROLLMENT PERIOD

Individuals of federally recognized tribes, Alaska Native Claims Settlement Act (ANCSA) shareholders, and non-tribal members who apply on the same application can enroll in a Marketplace health insurance plan any time, not just during the yearly Open Enrollment Period. You can change plans as often as once a month through a special enrollment period.

Open Enrollment Period (Nov. 1 - Jan. 15)

- Enrollment on or before the 15th of any month will provide active coverage on the first of the following month. For example, enroll on or before April 15 for coverage on May 1).
- After the 15th of any month, coverage will activate on the first day of the second month. For example, enroll July 28 for coverage on September 1.





QUALIFYING FOR PREMIUM SUBSIDIES

You may qualify for premium tax credits

Expanded marketplace premium subsidies, enacted under ARPA, took effect in 2021 and remain in effect for 2022. The dollar amount of premium tax credits increased and now fully covers the cost of enrolling in the benchmark silver plan for consumers with income up to 150% Federal Poverty Level.

If you earn less than 300 percent of the Federal Poverty Level (FPL), you are exempt from cost sharing and qualify for premium tax credits.

While you are not exempt from paying monthly premiums for an insurance plan you buy through Nevada Health Link, you may qualify for tax credits that lower your premium based on your income. Premium means the monthly cost to buy insurance.

Advanced Premium Tax Credits:

These are credits that help pay your monthly insurance premium, thus making your premium payment affordable. To receive these credits you must have a household income between 100% - 300% of the federal poverty level and purchase health insurance through Nevada Health Link.

NOTE: Due to changing health policy please always speak with a broker, Enrollment Professional, or your local Tribal Health Clinic/IHS clinic.

NO PENALTY FOR CURRENT AND FUTURE PLANS

Members of a federally recognized tribe are exempt from the individual mandate.

Starting with the 2019 plan year, the fee no longer applies for anybody, regardless of Indian status (the fee is sometimes called the “Shared Responsibility Payment” or “mandate”).

If you didn’t have coverage during 2019 to current, you don’t need an exemption in order to avoid the penalty.

Guidance for your health insurance and taxes

No penalty for claiming the Indian exemption for 2018 & prior years.

You can claim an exemption if filing 2018 and prior federal income tax returns. Apply for an exemption in 4 steps:

1. Download the [IRS Form 8965](#)—Health Coverage Exemptions and Instructions.
2. On Part III of the form, enter the code for the Indian Exemption (Code E) in column C.
3. Check the box in column D for “Full Year” (no additional documentation needed).
4. Include completed Form 8965 when filing tax returns.

It's important to file taxes annually in order to receive tax credits. If you take out funds from a retirement account, like an IRA or 401, this could affect your eligibility for premium tax credits.

Please ask the one assisting you with enrollment or a tax professional what you need to know about filing your taxes to determine the particulars of your filing and tax credits. When you receive a premium tax credit/subsidy to purchase health insurance through NV Health Link you will reconcile those taxes through the IRS.

DOCUMENTS REQUIRED TO APPLY FOR NEVADA HEALTH LINK COVERAGE

You must be able to verify that you are a member of a federally recognized tribe, Band, Pueblo or Rancheria, or shareholder in an Alaska Native Corporation in order to be eligible for special benefits available to AI/ANs.

- A document issued by a federally recognized tribe indicating tribal membership.
- A document issued by an Alaska Native village/tribe, or an ANCSA Corporation (regional or village) indicating shareholder status.

ASSISTANCE & RESOURCES

Talk to someone who can help you find answers like your local:

**Indian Health Care providers
Community Health Representative**

Or

Nevada Health Link Tribal Assistance for Enrollment in a Qualified Health Plan

Brokers and Certified Enrollment Counselor (CECs) who have worked with our local NV Tribal Nations. These assistants can help you navigate what health care coverage options are best and available for you and your family. They provide free support and are happy to assist you.

- Gina Aguerre (Broker): Office 775-829-1221; Email gina@nvsilver.com
- Samantha Harjo (Broker): Phone 208-724-4800; Email sam@ioidaho.com
- Sonia Alegria (CEC): Phone 775-432-3615; Email salegria@chanevada.org
- Abby Amadore (CEC): Phone 775-888-6643; Email amadore@nvhealthcenters.org



Other helpful resources for you:

<https://www.nevadahealthlink.com/consumer-resources/>
<https://www.nevadahealthlink.com/tribes/>
<https://www.tribalselfgov.org/health-reform/health-q-a/section-b-premium-tax-creditscost-sharing/>

