

10 Important Facts about Indian Health Service and Health Insurance

For American Indians and
Alaska Natives

Why your Indian health
benefits may not be enough



HealthCare.gov



You may be wondering why you should consider getting health insurance when you are eligible for health care from Indian health care programs, including Indian Health Service (IHS), your tribe, or an urban Indian health program. Here are some facts to help answer those questions.

FACT #1: IHS is not health insurance

The Indian Health Service (IHS) is a part of the federal government that delivers health care to American Indians and Alaska Natives (AI/ANs) and provides funds for tribal and urban Indian health programs. Health insurance, on the other hand, pays for health care covered by your plan. It protects you from paying the costs of medical services when you are injured or sick and pays for services to prevent you from becoming ill.



FACT #2: Even people eligible for IHS need insurance

Health insurance covers many things Indian health care programs do not provide. With health insurance, you can:

- Get in to see specialists
- Get health care for covered services without IHS Purchase Referred Care authorization
- Get health care when you are away from home

FACT #3: You'll pay little or nothing

American Indians and Alaska Natives can find affordable insurance.

If your income is:

- Between 100% to 300% of the federal poverty level (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 qualified health plan (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.
- If 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.**

Medicaid and CHIP insurance

- There are no premiums, enrollment fees, copays, deductibles, or coinsurance if eligible to receive (or have received) care from the IHS or through an IHS PRC Program.



Health care from IHS, tribal health programs, or urban Indian health programs

- There are no deductibles, coinsurance, or copayments for covered services provided directly or when referred to non-Indian health providers under the IHS Purchased/Referred Care (PRC) program.

FACT #4: Marketplace plans, Medicaid, and CHIP are not welfare

Marketplace plans, Medicaid, and the Children's Health Insurance Program (CHIP) are health insurance programs for individuals, families, and children who meet income and eligibility requirements. Medicare and employer-sponsored insurance plans are other examples of health insurance with eligibility requirements.

FACT #5: You can stay with your Indian health clinic, get health care somewhere else, or both

Indian health care programs gladly accept health insurance, Medicaid, and CHIP. You won't have to change doctors or facilities



if you don't want to, even if your state has a Medicaid managed care network. If you want a choice about who to see for health care, you will have more options.

FACT #6: You won't have to wait to sign up

Members of federally recognized tribes and Alaska Native Claims Settlement Act shareholders can purchase or change Marketplace health insurance coverage every month, rather than waiting for the yearly open enrollment period. So can non-enrolled family members, if they are included on the same application. This special protection for American Indians and Alaska Natives can be a lifesaver during a health crisis because it means insurance coverage can start much sooner. And you can enroll in Medicaid or CHIP at any time. But why wait? The sooner you sign up, the sooner you can get the services you need.



FACT #7: Indian Trust income won't stop you from qualifying for Medicaid or CHIP

Certain types of income, such as income from selling culturally significant jewelry or basketwork and payments received from farming, fishing, and natural resources on Indian trust lands, are not

used to decide Medicaid or CHIP eligibility. For example, the money you make fishing won't count against you, as long as your tribe has fishing treaty rights.

FACT #8: Medicaid estate recovery doesn't apply to your Indian Trust property

Don't let concerns about Medicaid estate recovery stop you from signing up. Indian trust property and income cannot be recovered to pay Medicaid back for long-term care. This includes:

- Trust property located on reservations, certain trust lands, and Alaska Native regions
- Income from treaty-protected natural resources
- Cultural, religious, or spiritually significant items
- Items that support traditional or lifestyles

FACT #9: Signing up for Medicare, Medicaid, CHIP or the Marketplace will benefit you, your family and your community.

- You and your family benefits by having greater access to health services.
- Your Tribal health program benefits through increased resources to provide more services
- Your Tribal community benefits because Tribal members stay healthy. Go to www.healthcare.gov for more information.

FACT #10: Even though health care is a treaty right, you should still get insurance

IHS has to work within yearly budgets approved by Congress and does not receive enough funds to meet all the health needs of American Indians and Alaska Natives. That is why IHS does not offer certain services and why some services aren't available at certain times of year. In fact, the IHS budget only meets about half of the need, so enrollment in health insurance helps expand needed care. And with insurance, health care is available when you need it.



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- Ask for help from your Indian health care provider,
- Call 1-800-318-2596, or
- Go online to healthcare.gov/tribal



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