



BlueCross BlueShield
of Oklahoma

HEALTH INSURANCE CHOICES FOR AMERICAN INDIANS



HEALTH INSURANCE IS AN IMPORTANT RESOURCE THAT CAN KEEP YOU AND YOUR FAMILY HEALTHY.

If you have ongoing health issues, health insurance can help pay for treatment and medicine. If you have an unexpected illness or injury, health insurance can help you get the care you need, when you need it. Health insurance can also limit your medical costs and pay for services to help you stay well.

You may already know about some of your options for health care. But did you know there are many choices for American Indians when it comes to your health? Learn how insurance can help you, your family, and your community.

- 1 What are the health care choices for American Indians?
- 2 How does insurance work for American Indians?
- 3
- 4 What does insurance cover?
- 5 How can insurance keep you healthy?
- 6 Continuous Coverage
- 7 How can American Indians sign up for insurance?
- 8 What do you need to sign up?
- 9 What do insurance terms mean?



WHAT ARE THE HEALTH CARE CHOICES FOR AMERICAN INDIANS?

If you are a member of a federally recognized tribe, you can get health care in several ways:

Indian Health Care Providers

Indian health care providers treat American Indians and Alaska Natives at Tribal and Urban Indian clinics, and Indian Health Services (IHS) facilities. IHS is the government agency that provides health services to most American Indians and Alaska Natives.

Indian health care is not considered health insurance.

Health Insurance

Health insurance is something you buy to help pay for health care expenses. You can see doctors or hospitals who have agreed to provide care to the members of that insurance plan.

Health insurance does not replace Indian health care - **it supports it.**

- The insurance pays your Indian health care provider, not IHS.
- You can get care when you need it, throughout the year.
- You can get access to a wider network of doctors and hospitals when you need specialized care.
- You can keep up with important preventive health screenings to help stay healthy.

Why Health Insurance Matters

Health insurance puts you in control of your health. If you have ongoing health conditions like diabetes or high blood pressure, health insurance can help pay for treatment and prescriptions. If you have an unexpected illness or serious injury, health insurance can help pay for urgent treatment and limit your medical expenses. Even if you are already healthy, health insurance pays for many preventive services and vaccinations to help you stay that way.

Medicaid and Children's Health Insurance Program (CHIP)

Medicaid is a government program that provides health coverage to certain low-income people.

Children's Health Insurance Program (CHIP) is a government program that provides health coverage to children whose parents have incomes below a certain level.

American Indians who meet their state's requirements may also qualify for Medicaid or CHIP coverage.

- With Medicaid, there is little or no cost for care.
- Certain types of Indian income and resources are not counted as income when you apply for Medicaid or CHIP.

HOW DOES HEALTH INSURANCE BENEFIT AMERICAN INDIANS?

The Affordable Care Act (ACA) is a law that changed the way people can get individual health insurance. If you get insurance through work, you already have coverage. However, not all jobs offer insurance. People who don't have insurance through work can buy it through the Health Insurance Marketplace (healthcare.gov).

The Health Insurance Marketplace gives American Indians special help to sign up and buy insurance.

Most Americans have to sign up for insurance during certain times of the year. American Indians can sign up once per month on the Marketplace.



Federally recognized tribal citizens can also get help to pay for insurance on the Marketplace:

Premium Tax Credits

Depending on your income, you may qualify for tax credits to help lower monthly costs. You can apply for tax credits if you sign up for insurance on the Health Insurance Marketplace.

Cost-Sharing

Cost sharing is the amount you have to pay for medical care covered by your insurance plan. All American Indians/Alaska Natives plans on the Health Insurance Marketplace have either zero or limited cost-sharing for plans at any level.

Zero Cost-Sharing.

Zero cost-sharing is available for American Indians/Alaska Natives whose income is between 100 percent and 300 percent of the federal poverty level (FPL).

- You don't pay for care from either an Indian health care provider or a non-Indian health care provider in your insurance plan's network.
- You don't need a referral from an Indian health care provider to get zero cost-sharing from a non-Indian health care provider or to fill a prescription at an outside pharmacy.
- You do need to stay in your insurance plan's network.

Limited Cost-Sharing.

Limited cost-sharing is available to American Indians/Alaska Natives whose incomes are below 100 percent and above 300 percent of the FPL.

- You don't pay for care from an Indian health care provider or with a referral from an Indian health care provider.
- You don't pay for prescriptions at an Indian health care provider or with a referral from an Indian health care provider
- You do need a referral from an Indian health care provider to get zero cost-sharing from a non-Indian health care provider or to fill a prescription outside of an Indian health care provider.
- You do need to stay in your insurance's plan network.

NOTE: To get zero or limited cost-sharing plans, you need to apply through the Marketplace.

Need more information? Here are some common questions about insurance for American Indians:

Q: Why should I sign up for health insurance if I can see doctors through the tribal health system?

A: You can keep visiting your Indian health care provider. Health insurance pays for your care when you do. However, health insurance may help you get more advanced care for serious injuries and illnesses.

- Some medical conditions, such as cancer, may need specialized treatment that your Indian health care provider does not offer.
- Waiting to get medical care can turn a routine medical problem into something more serious. Insurance can help you pay for care when you need it.
- When insurance pays your Indian health care provider, more money is left in the tribal health system.
- If you are seriously injured or become very sick, you may need urgent care right away. Health insurance covers your care in an emergency, even if you need to get treated at a hospital that is out of your insurance plan's network.

Q: What if I can't afford to pay for health insurance?

A: American Indians can get help paying for health insurance on the Health Insurance Marketplace. Depending on your income, you may be able to get help to pay for most or even all of your health care costs.

Q: How can I find out what kind of financial help is available for my family?

A: You can apply for financial help through the Marketplace at healthcare.gov.

Q: If I sign up for health insurance, do I have to use certain doctors or hospitals?

A: Your insurance plan will have a network of doctors and hospitals who have agreed to participate in it. However, you can always see your Indian health care provider even if you sign up for an insurance plan.

Q: What if my Indian health care provider refers me to another doctor?

A: If your Indian health care provider refers you to another doctor for more specialized treatment, what you pay depends on your insurance plan, and whether your doctor is in your insurance plan's network.

Q: Can American Indians get Medicaid or CHIP?

A: Depending on your income, you may be able to get Medicaid or your children may be able to get insurance through CHIP.

WHAT DOES INSURANCE COVER?

Guaranteed Coverage

You cannot be turned down for health insurance for health conditions you already have. Even if you have ongoing medical conditions like diabetes or heart disease, you can still get health insurance.

Essential Health Benefits

Most insurance plans have to cover certain benefits considered essential to good health, including:

- Emergency services
- Prescription drugs
- Hospitalization
- Maternity and newborn care
- Rehabilitative services and devices
- Ambulatory services
- Laboratory services
- Mental health/substance abuse
- Preventive/wellness services and chronic disease management
- Pediatric services, including vision and dental care for children up to 19

Preventive Services

Certain types of care are considered preventive because they help prevent health problems. These include vaccinations, tests for cancer, diabetes, heart disease and other serious health issues. Many of these are covered by health insurance with no cost to you.

This means that as long as you visit a provider in your plan's network, you may not have to pay anything for services including:

- Annual exams and well-child visits
- Recommended vaccines and flu shots
- Cancer screenings such as mammograms, cervical and colorectal exams
- Obesity screening and counseling
- Alcohol abuse and tobacco use screenings, and help to stop
- Screenings for blood pressure, high cholesterol, diabetes and depression
- Preventive services for women, such as:
 - Well-woman visits
 - Pap smears
 - Osteoporosis screenings
- Counseling and screening for intimate partner violence
- Testing and counseling for STDs
- FDA-approved contraception methods and counseling
- Breastfeeding support, supplies and counseling



HOW CAN INSURANCE HELP YOU MANAGE YOUR HEALTH?

Health insurance can help you keep up with important exams and screenings. Insurance can also help you stay on top of more serious health issues. Here are some ways insurance can help you manage ongoing health conditions.

Obesity

- Being overweight puts you at a higher risk for health problems, like heart disease, high blood pressure and diabetes.
- If you are concerned about your weight, you can get help.
- Insurance covers screenings and counseling for obesity.

Diabetes

- Diabetes is one of the leading causes of disability and death in the United States.
- If it's not controlled, diabetes can cause blindness, nerve damage, kidney disease and other health problems.
- Screenings and counseling for diabetes are covered by insurance.

Mental Health

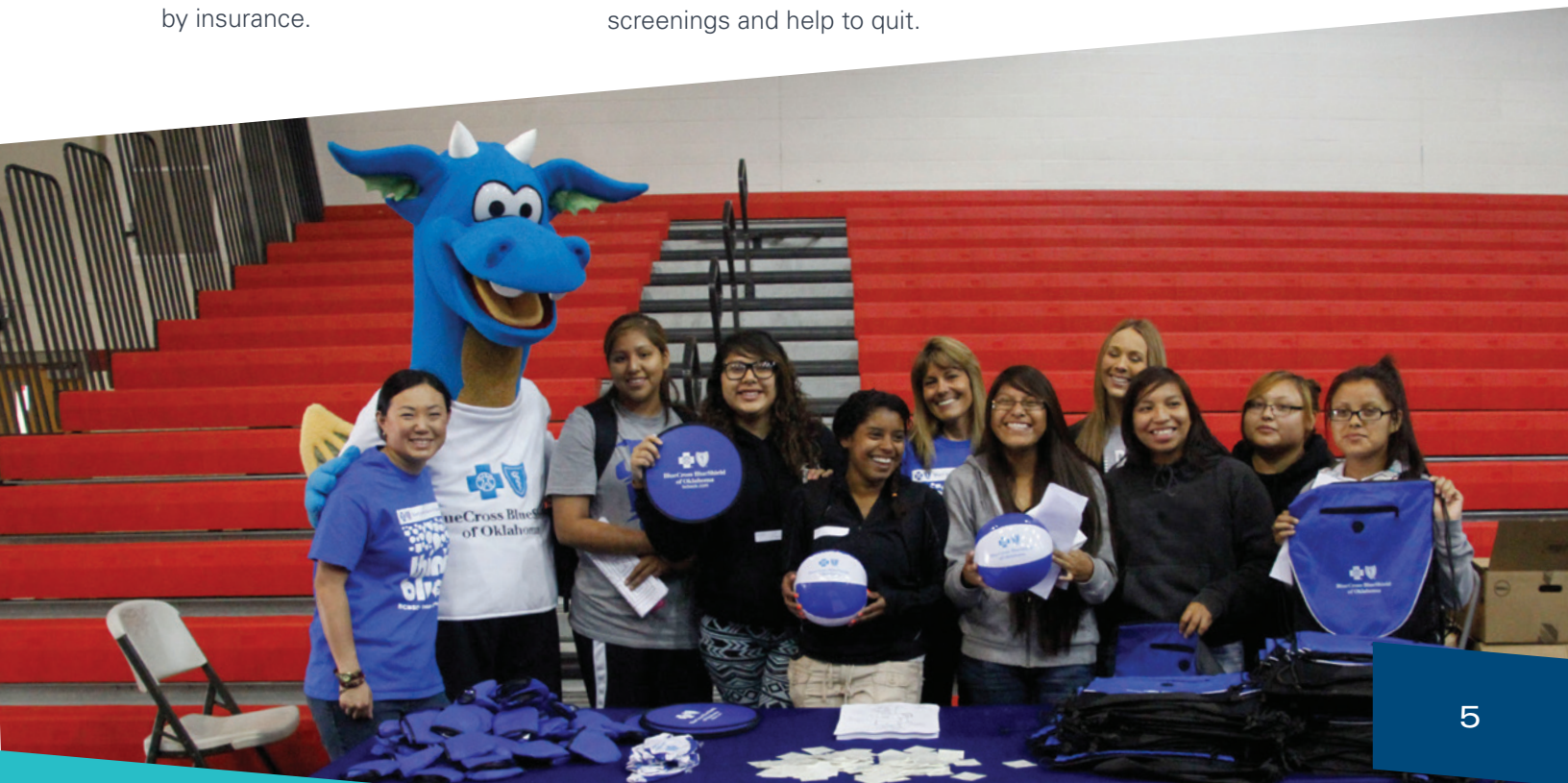
- Insurance covers mental health and substance abuse help and treatment.
- You can get treated as soon as your insurance starts – no waiting for help.
- Screenings for depression and other mental health issues are covered by insurance

Smoking Cessation

- Quitting smoking is one of the most important things you can do for your health.
- Smoking is the most preventable cause of death and disease in the United States – but there is help available.
- Insurance covers tobacco use screenings and help to quit.

Hypertension

- High blood pressure, also known as hypertension, increases your risk for getting heart disease and/or kidney disease and for having a stroke.
- Unlike many other conditions, hypertension has no warning signs or symptoms. In fact, high blood pressure is often called the “silent killer.”
- Insurance covers blood pressure testing – and can help you get the treatment you need to keep your blood pressure under control.



CONTINUOUS COVERAGE

Keeping health insurance all year long is an important part of managing your health.

- Health insurance is a key component to staying healthy. Most preventive medical screenings and condition management programs are available at no cost, and can help with the early detection and treatment of ongoing illnesses.
- Keeping health insurance coverage throughout the entire year gives you access to more doctors, clinics and hospitals where you can receive medical care. These providers may be closer to your home or work, which makes it easier to care for minor illness, specialty procedures or emergencies.
- Year round health insurance coverage also helps protect you from the financial risks associated with an emergency or long term illness. Health plans set a maximum amount that you can be asked to pay in a given year.
- Keeping health insurance coverage all year can also help support the tribal health system. Your Indian health care provider can bill your insurance company for the services you receive, which helps stretch limited resources.



HOW CAN AMERICAN INDIANS SIGN UP FOR HEALTH INSURANCE?

Members of federally recognized tribes can enroll in health insurance during any month – not just during the “Open Enrollment” period that happens once each year.

IMPORTANT: You can go online to bcbsok.com to learn more about our plans, but to get tax credits and cost-sharing reductions, you will need to sign up for insurance on the Health Insurance Marketplace at healthcare.gov or call 800-318-2596. Note: you may not see all the financial help you qualify for until you complete the application process.

Here’s how it works:

- 1** Compare plans offered in your area. Rates may vary depending on where you live.
- 2** Shop for a plan that fits your needs and budget. Find out what kind of financial help you can get to cover some or all of the costs.
- 3** Sign up for a plan. You can sign up for coverage online, over the phone, or with a paper application. Remember: you can look up different plans on our website, but to get premium tax credits or cost-sharing subsidies, you must sign up for insurance on the Health Insurance Marketplace (healthcare.gov).

Keep in mind that signing up for health insurance does not mean you can no longer visit your Indian health care provider. Insurance is not meant to replace tribal health – but it can support it.

- You can keep seeing your Indian health care provider.
- When you use your insurance card at an Indian health care provider, the insurance pays for the visit – not your tribal health system. This means more resources are left in your tribal health system to cover health care in your community.
- If you need care that you can’t get from an Indian health care provider, your health insurance plan may have doctors and hospitals that provide the services you need.

Things to Consider:

- American Indians do not have to buy insurance.
 - If you do not want to buy insurance, you will need to fill out an exemption form to avoid a tax penalty.
- American Indians can get help paying for insurance.
 - Tax credits and zero or limited cost-sharing plans

WHAT DO YOU NEED TO SIGN UP?

When you're ready, visit bcbsok.com or healthcare.gov. Gather the following information before you sign up:

- Income for all family members who will be enrolled on the plan
- Proof of American Indian status – this will allow you to sign up outside of Open Enrollment and it will help you get help in paying for insurance. Either of these documents will work
 - A document or enrollment card issued by a federally recognized Tribe indicating Tribal membership
- If you want to use certain doctors or hospitals (outside of IHS providers, which you can always continue to see), make a list of those, too — you may want to check to see which doctors are included on a plan before you sign up
- Age and tobacco use status for all family members who will be enrolled on your plan
- Social Security numbers or proof of legal residency for all family members who will be enrolled on your plan
- You can check out the Provider Finder® on our website by visiting bcbsok.com and clicking on “Find a Doctor or Hospital”
 - The Provider Finder allows you to look for doctors, hospitals, pharmacies or dentists.

When you sign up for insurance, here's what to expect:

- A welcome letter or email with your member ID and group numbers
- A notice that explains when you can start using your benefits
- A BCBSOK insurance member ID card
- A benefit booklet
- Regular communications from BCBSOK about programs, health and wellness
- Access to our secure member website, Blue Access for MembersSM
 - You will be able to go online to bcbsok.com to register for a Blue Access for Members account.
 - Blue Access for Members has tools to help you manage your health care coverage and get the most out of your insurance plan.



WHAT DO INSURANCE TERMS MEAN?

Health insurance can seem confusing if you don't understand the language. Here are some of the most common insurance terms. Want to learn more? Check out the Glossary of Health Insurance Terms on bcbsok.com, under the "Insurance Basics" tab.

Premium: the ongoing amount that must be paid for your health insurance or plan every month.

Deductible: a fixed amount of expenses you have to pay when you receive care before you are reimbursed for a covered service.

Copay: a fixed dollar amount you are required to pay for a covered service at the time you get care.

Cost-sharing: the amount of health care costs you, as a member, are expected to pay.

Zero cost-sharing plans: these are plans in which members don't pay copays, coinsurance or deductibles. American Indians/Alaska Natives who make between 100 percent and 300 percent of the federal poverty level can get zero cost-sharing plans.

Limited cost-sharing plans: these are plans in which members don't have to pay copays, coinsurance or deductibles for care provided or referred by an Indian health care provider. American Indians/Alaska Natives who make below 100 percent or above 300 percent of the federal poverty level can get limited cost-sharing plans.

Coinsurance: your share of the costs of a covered health care service — usually a percentage of an eligible expense.

Open Enrollment period: the time of year when you can sign up for health insurance. Most people can only sign up for insurance during a certain time each year. Members of a federally recognized tribe can sign up each month, because they qualify for what is called "special enrollment."

Special enrollment: a time outside of Open Enrollment, during which people who meet certain criteria, such as a life event or change, or membership in a federally recognized American Indian tribe, may sign up for insurance.

Network: the doctors, hospitals and other health care providers that an insurance plan has contracted with to deliver health care services to the people it insures.

In network: covered services provided or ordered by your primary care physician (PCP) or another provider who is in your plan's network.

Out-of-pocket costs: these are costs you have to pay out of your own pocket for medical care.

Out-of-pocket maximum: the most you have to pay out of your own pocket for expenses under your insurance plan during the year.

Indian health care provider: doctors who work for health programs operated by the Indian Health Service (IHS), tribes and tribal organizations, and urban Indian organizations. These health programs are sometimes called ITUs (IHS/Tribal/Urban).

American Indian/Alaska Native (AI/AN): members of federally recognized Indian tribes, Alaska Native Claims Settlement Act (ANCSA) Corporation shareholders (regional or village), their descendants, and other individuals Indians who are eligible for services through an Indian health care provider.

Referrals: when your doctor decides that you need services that he or she cannot provide, and refers you to another provider. A referral from an Indian health care provider can pay for your care or prescription, if you are on a limited cost-sharing plan.

ADDITIONAL RESOURCES FOR AMERICAN INDIANS

- BCBSOK Customer Service:
[866-520-2507](tel:866-520-2507)
- IHS information on the Affordable Care Act:
ihs.gov/aca/faq/ or [405-951-3820](tel:405-951-3820)
- Details on special Marketplace protections and benefits for AI/ANs:
healthcare.gov/tribal or [800-318-2596](tel:800-318-2596) (TTY: [855-889-4325](tel:855-889-4325))
- Bureau of Indian Affairs:
bia.gov/cs/groups/public/documents/text/idc006989.pdf
or [202-513-7641](tel:202-513-7641)
- Information on State Medicaid programs:
Medicaid.gov or [877-267-2323](tel:877-267-2323) (TTY: [866-226-1819](tel:866-226-1819))
- Information on Children's Health Insurance Programs:
insurekidsnow.gov or [877-543-7669](tel:877-543-7669)