

Health Connector Policy: Rules for American Indians / Alaska Natives (Indians)

Policy #: NG-3	Effective date: 9/1/2019
Category: Eligibility	Date revised: 9/1/2019
Approved by: Andrew Egan	Date reviewed: 9/1/2019

This policy applies to all non-group health and dental products.

There are certain provisions relevant to the treatment of Indians regarding eligibility, enrollment, and cost sharing. An Indian is defined as a person who has either been verified as having Indian status, or has attested to being an Indian, and is awaiting verification of Indian Status. See Indian Self-Determination and Education Assistance Act, 25 U.S.C. §450b(d); see also 45 CFR §155.350.

Rule Regarding Eligibility Determination:

Determination for American Indians/Alaska Natives (Indians) regarding both enrollment in a Health Connector Plan (Qualified Health Plan or QHP) and cost sharing must be made in accordance with these rules, regardless of whether the applicant requests consideration for those benefits.

The following policies apply only to Indians who want to enroll or have enrolled in a Non-Group product through the Health Connector.

Rule Regarding Enrollment in a QHP:

In order to enroll in a QHP, an Indian must meet all other eligibility criteria¹ and must also meet all enrollment criteria.² An Indian may enroll in a QHP or change from one QHP to another one time per month.

Rule Regarding Cost Sharing:

For Indians who are enrolled in any Non-Group product through the Health Connector at any level (metallic tier) of coverage and have household Modified Adjusted Gross Income (MAGI) at or below 300% of Federal Poverty Level (FPL), all member cost sharing (deductibles, co-pays, co-insurance) are eliminated.

This elimination of cost sharing also applies to services, items, or referrals for services or items provided by the Indian Health Service (IHS) for Indians who have household MAGI of any amount.

¹ Please reference the policy [NG-1: Eligibility for Individual/Family Plan](#)

² Please reference the policy [NG-7: Enrollment in Individual/Family \(Non-Group\) Plan](#)