Honoring Traditions of Health

Health insurance benefits for American Indians available through MNsure

What is MNsure?

MNsure is the official health insurance marketplace for Minnesota residents. It's where you can find the right coverage for you and your family, and information about the special protections and benefits provided for American Indians by the Affordable Care Act.

Even if you receive services from your IHS, Tribal or Urban Indian (I/T/U) healthcare facility, here's what MNsure can provide for you:

- Health insurance to help cover the costs you pay for services received outside of your I/T/U; things like a hospital stay or specialty care.
- One-stop shopping to compare and enroll in private insurance plans or public programs such as Medical Assistance and MinnesotaCare.

- Clear descriptions of all plans with side-by-side comparisons so you can choose the one that is best for you.
- Quality coverage, including doctor visits, hospital stays, maternity care, mental health services, emergency room care, prescriptions and more.
- More choices of doctors and clinics for your health care.
- Help to cover the cost of premiums if you have any.
- Consistent care so you can continue to get care from your I/T/U.

651-539-2099 / 855-366-7873   www.MNsure.org

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Get Help Paying for Health Insurance

Many, including those who are working, can receive financial help to purchase an insurance plan. Some Minnesota tribes are supporting qualifying members by paying their insurance premiums. Contact your tribal clinic for more information.

In 2024, any household with income at or above 200% of the federal poverty guidelines (FPG) may qualify for a tax credit. The credit reduces the cost of private health insurance premiums.

Household Size	Yearly Income Above
1	$29,160
2	$39,440
3	$49,720
4	$60,000
5	$70,280
6	$80,560

Verification of American Indian Status

Enrolled members of U.S. federally recognized tribes must be able to verify their enrollment (Source: 45 CFR § 155.350 (c)). Enrolled members can provide MNsure with a copy of one of the following documents to verify their tribal enrollment.

- Tribal enrollment card
- Tribal enrollment or membership document such as a certified letter from the tribe or BIA that must be on official letterhead.
- Certificate of Degree of Indian Blood (CDIB) issued by the BIA or Tribe if the CDIB includes tribal enrollment information.
- Documents issued by an Alaska Native village/tribe or an Alaska Native Corporation Settlement Act (ANCSA) regional or village corporation.

Special Rules for American Indians

Medical Assistance

- Adult American Indians and their adult household members up to 133% FPG are eligible for Medical Assistance. Their children are eligible for Medical Assistance up to 283% FPG.
- Medical Assistance is a premium-free program for all qualified participants.
- American Indians and Alaska Natives do not have Medical Assistance cost sharing if they currently receive or have ever received care from an I/T/U provider or a referral from an I/T/U facility to a non-Indian provider. Any non-Indian household members will be responsible for cost sharing.
- American Indians who qualify for Medical Assistance and live on a reservation are excluded from mandatory enrollment in managed care and will be covered on a fee-for-service basis. However, they may choose to enroll in managed care on an individual basis regardless of residence on a reservation. American Indians who enroll in managed care Medical Assistance, whether or not they live on a reservation, have direct access to I/T/U facilities, even if the provider is not in network.

MinnesotaCare

- Adult American Indians, Alaska Natives and their adult household members up to 200% FPG are eligible for MinnesotaCare.
- American Indians, Alaska Natives and their household members are not required to pay MinnesotaCare premiums.
- American Indians who are members of a federally recognized tribe are not subject to cost sharing for any covered services, regardless of where they receive care.
- American Indians do not have MinnesotaCare cost sharing if they receive care at I/T/U facilities or if they have a referral from an I/T/U facility when they receive covered services from other health care providers. This is true regardless of whether the person is a member of a federally recognized tribe.
- Non-Indian members of American Indian households are not required to pay MinnesotaCare premiums, but are responsible for cost sharing.
- American Indians and Alaska Natives eligible for MinnesotaCare must enroll in a managed care plan.

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Benefits for American Indians

American Indians enrolled in a U.S. federally recognized tribe may enroll in or change their enrollment in a QHP monthly.

Dependents on the same MNsure application as the tribal member may change plans one time per month, at the same time as the tribal member.

Cost-sharing Benefits

There are three ways cost sharing may be reduced for American Indians who enroll in a qualified health plan through MNsure:

1. **Zero-cost-sharing plans:** American Indians enrolled in a U.S. federally recognized tribe who have a household income at or below 300% of the federal poverty guidelines (FPG) and who enroll in a private health plan (also known as a qualified health plan, or QHP) through MNsure will have to pay premiums, but will not have cost sharing (such as deductibles, co-pays and co-insurance) regardless of where they receive care.

2. **Limited cost-sharing plans:** Members of a federally recognized tribe who have a household income above 300% FPG and enroll in a QHP through MNsure will have to pay for premiums, and may have to pay cost sharing if they get service outside of an I/T/U facility. IHS/Tribal Contract Health Services (CHS) funds may pay for cost sharing for CHS-eligible American Indians if CHS rules are followed.

3. **Reduced cost sharing:** Descendants of enrolled members of a federally recognized tribe who are below 250% FPG, who are enrolled in a silver-level QHP through MNsure, will have reduced cost sharing (such as deductibles, co-pays and co-insurance) when services are provided by a non-Indian health care provider.