

Glossary

Children's Health Insurance Program (CHIP): Federal/state insurance program for children, and sometimes pregnant women, in families who earn too much to get Medicaid but can't afford to buy private insurance.

Coinsurance: Your share of the costs of a covered health care service, for example, 20 percent.

Copayment: A fixed amount you pay for a health care service covered by your plan, for example, \$15.

Cost Sharing: The share of costs covered by your insurance that you pay out of your own pocket. This includes deductibles, coinsurance, and copayments.

Deductible: The amount you must spend for health care services your plan covers before your plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you spend \$1,000 for covered health care. Deductibles don't apply to all services.

Essential Health Benefits (EHB): The things that must be covered by insurance offered in the Health Insurance Marketplace.

Medicaid: A state-run health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities, and, in some states, other adults.

Network: The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services. You will pay more to use providers outside your network.

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Out-of-Pocket Costs: Your expenses for medical care that aren't reimbursed by insurance, including deductibles, coinsurance, copayments, and costs for services not covered by your insurance.

Premium: Cost to buy insurance.

Qualified Health Plan (QHP):
An insurance plan that:

- Is certified by the Health Insurance Marketplace
- Provides essential health benefits
- Follows established limits on cost sharing

Signing up for health insurance is easy and affordable:

- Visit your Indian health program,
- Go online to healthcare.gov/tribal, or
- Call 1-800-318-2596

For more information:

Visit go.cms.gov/AIAN



HealthCare.gov

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#CMSNativeHealth

Health Insurance 101

For Alaska Natives



- ◆ How insurance works
- ◆ What is covered
- ◆ Special protections for Alaska Natives
- ◆ Glossary of insurance terms



HealthCare.gov



How does insurance work?

Insurance protects you from high costs when something bad happens. No one plans to get sick or hurt, but most people need to get treated for an illness or injury at some point, and health insurance helps pay these costs. How much it pays depends upon:

- If the service is covered by your plan
- If you are treated by a preferred provider
- Cost sharing rules of your plan

Insurance is also important when you are not sick. Most coverage includes immunizations for children and adults, annual visits for women and seniors, obesity screening and counseling for people of all ages, and more **prevention services for free.**

What does insurance cover?

Your insurance policy's **Summary of Benefits** will show what types of care, treatments, and services are covered, including how much the insurance company will pay for different treatments in different situations.

Essential Health Benefits for **all** plans include: doctor visits, ER visits, hospital stays, pregnancy/newborn care, mental health/ drug and alcohol abuse treatment, rehabilitation, medicine, lab tests, preventive care, and child health care.

Complete list: www.healthcare.gov/coverage

Special Protections for Alaska Natives

- **Sign up any time**, and change your insurance once a month if you want.
- **Sign up for limited or zero cost-sharing plans** through the Marketplace which make you exempt from most cost-sharing when receiving Essential Health Benefits (EHBs).
- **Qualify more easily for Medicaid and CHIP, and pay no premium or copayments.**
- **Get an exemption from the fee most other people are charged if they don't have health insurance.** You will have to file for the exemption through the Marketplace or on your taxes to avoid the fee. See healthcare.gov/tribal for how to get an exemption.

Why should I get insurance if I can go to Indian Health Service (IHS)?

Health insurance gives you:

- The ability to get care where there is no IHS
- Access to services IHS does not provide
- Choice of the doctors you see

If you want to go to IHS, it can bill your insurance and use the money to help other people.

What will I pay?

- A premium each month
- The cost-sharing spelled out in your plan, including any deductibles, coinsurance, and copayments (See the Glossary for more information about these terms.)

The maximum out-of-pocket amount is the most you will pay in a year. After you pay that much, your insurer pays for everything else.

Can I afford it?

Yes! Depending on how much you earn and the size of your family, you may qualify for:

- Free or low-cost coverage
- Special cost and eligibility rules for Medicaid and CHIP