

Answers to health care coverage questions

To learn more about the opportunities through the Affordable Care Act and Cover Oregon, visit the Warm Springs clinic or the Warm Springs Library. At both locations there are trained specialists who can help answer any questions, and also assist in the health care coverage sign-up process. Meanwhile, here are some answers to frequently asked questions about the health care law:

Question: Are Indians required to have health insurance after 2014?

Answer: The Affordable Care Act requires most individuals to have health coverage or pay a penalty to the IRS—this is called the “individual mandate.” Native Americans qualify for an exemption from the individual mandate, but they must apply for the exemption and provide documents to show that they are eligible for ei-

ther an exemption for members of federally recognized tribe; and/or a hardship exemption for people who are eligible to receive services from the Indian Health Service.

Question: Is IHS coverage going away under the Affordable Care Act?

Answer: No. The IHS, tribal and urban Indian health programs will not be going away.

Question: What counts as health coverage for purposes of the individual mandate?

Answer: Generally, health coverage includes employment-based insurance, Medicaid, Medicare, CHIP, Tricare and certain other types of coverage. Health coverage is also referred to as minimum essential coverage. IHS is not considered minimum essential coverage; however, IHS beneficiaries have access to

a hardship exemption to avoid the tax penalty for not have minimum essential coverage. VA coverage varies for different individuals, so veterans should check with the VA representative to see if they have minimum essential coverage.

Question: If Indians sign up for insurance, will they lose their IHS access or coverage?

Answer: No, a person does not lose eligibility for IHS services if they sign up for Medicaid, Medicare, Marketplace plans or other health coverage.

Question: Why do Indians need health insurance coverage if Indians get services from the Indian Health Service, a tribal program, or an urban Indian health program.

Answer: By enrolling in health coverage through the Marketplace, Medicaid, or CHIP, you have better access to services. The Indian

Health Service, tribal programs, or urban Indian programs may not have enough money to provide all the health care you need. You clinic can bill the insurance company for the care they provide you, which makes more funding available for health care in your community. You will help your tribe save valuable resources that can be used to provide care to other members of your community that may not be eligible for other forms of coverage.

Question: If Indians enroll in a Marketplace plan, will they have to get their health care from a clinic far away from where they live?

Answer: You can continue to use your tribal or IHS clinic. Let them know that you have insurance so that they can receive payment for services they provide to you.

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Question: Will there be a cost for tribal members to enroll in a health insurance plan?

Answer: When you use the Health Insurance Marketplace website, you will find out if you qualify for programs that pay all or a portion of the costs of health insurance. Your tribe may be able to help with any additional costs.

Question: Is it “double dipping” for IHS or my tribal clinic to receive funding from Congress and also bill my Marketplace insurance?

Answer: No. Congress included special benefits and protections in the Affordable Care Act intended to encourage Indian participation in the new insurance Marketplace. Congress funds the Indian health system at only about half of the level of need, and expects the IHS or tribal programs to bill insurance plans. The funding for Indian health care comes from many sources and is needed to provide services for everyone in tribal communities.

Question: What is the difference between the Exchanges and Marketplace?

Answer: Exchanges and the Marketplace are the same thing. The word “Exchange” is used in Affordable Care Act legislation and regulations. The word “Marketplace” is used by the federal government in marketing and advertising because they think the public is more likely to understand it. State Exchanges have their own names, such as “CoverOregon.”

Question: What kind of documents do I need to get enrolled in a Marketplace plan?

Answer: Everyone needs a documents to show he or she is a U.S. citizen (birth certificate, tribal enrollment card, or voter ID.)



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