

Eligibility Guidelines

- ▶ Only federally recognized California Indian tribes whose names are published in the Federal Register are eligible for coverage.
- ▶ For each participating tribe, 100 percent participation of all eligible tribal members is required.
- ▶ The governing body of the tribe will choose EITHER the PPO \$30 Copay Plan OR the PPO \$40 Copay Plan for its tribal members.
- ▶ The governing body of the tribe must contribute 100 percent of the eligible tribal members' and eligible dependents' medical premiums.
- ▶ At initial enrollment, the governing body of the tribe has the option to allow enrollment of dependents who are not members of the tribe. If the governing body of the tribe elects not to offer enrollment to dependents who are not members of the tribe, then those dependents will not be considered eligible.

Eligible Members

- ▶ Tribal members who are permanent residents of California AND
- ▶ Enrolled members of a federally recognized California Indian tribe

Eligible Dependents

An eligible dependent has one of the following relationships with the enrolled tribal member:

- ▶ Lawful spouse of the opposite sex
- ▶ Unmarried child under age 19 (natural or legally adopted) of the tribal member or the tribal member's enrolled spouse
- ▶ Unmarried child (between the ages of 19 and 24) who is a full-time student and qualifies as a dependent for Federal Income Tax purposes

Out-of-State tribal members are not eligible for coverage.

Adding Dependents

Newly enrolled tribal members and dependents must submit completed applications to Blue Cross within 30 days of becoming eligible for coverage. Applications must be received no later than the last day of the month prior to the requested effective date.

Late Applications for Coverage

Tribal members and dependents eligible for coverage who choose to apply at a later date may not be eligible for coverage until the tribe's next anniversary date.

Waiting Period for Pre-existing Conditions

A pre-existing condition is an illness, disease or physical condition for which medical advice, diagnosis, care or treatment was recommended or received from a licensed health practitioner during the six months before the effective date of coverage. The waiting period for pre-existing conditions is six (6) months following the effective date of coverage. Reduction of the waiting period may be given for prior qualifying coverage. Please refer to the EOC for additional details.

Terms of Coverage

Coverage remains in force as long as the group pays the required premium on time and remains eligible for membership. Coverage will cease if the group becomes ineligible for reasons including, but not limited to, the following:

- ▶ Failure to provide timely, accurate eligibility information or other breach of contract
- ▶ Material misrepresentations
- ▶ Nonpayment of premium
- ▶ Failure to meet minimum contribution and participation requirements

Rate Guarantees

Medical rates may be guaranteed for six months. The rating formula for the tribe will not change during the guarantee period. Beyond the guarantee period, Blue Cross reserves the right to change rates, change coverage or amend the tribe's contract with 30 days' notice as permitted by law. Tribal member's rate may be adjusted at any time because of changes in the following:

- ▶ Age
- ▶ Residence
- ▶ Number of dependents

Note: A benefit modification does not start a new rate guarantee period.