



# Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

## American Indian and Alaska Native (AI/AN) Marketplace Enrollment, Including Access to Cost-Sharing Protections<sup>1</sup>

May 6, 2026

This brief provides data to Tribes on: (1) the number of AI/ANs enrolled in health insurance coverage through the Marketplace in 2025; (2) trends in AI/AN Marketplace enrollment and access to cost-sharing protections over the past 11 years; and (3) ongoing efforts by Tribes and Tribal organizations (T/TOs) to ensure that eligible AI/ANs receive the comprehensive cost-sharing protections to which they are entitled. In addition, this brief includes several recommendations to further efforts to help AI/ANs secure comprehensive health insurance coverage through the Marketplace and receive the most generous cost-sharing protections available.

### KEY FINDINGS

Marketplace data provided by the Centers for Medicare and Medicaid Services (CMS) and analyzed in this brief counts enrollment in three ways (1) the number of individuals enrolled at any time during a given year; (2) the number of individuals with an active enrollment status at the end of the year; and (3) the number of individuals enrolled during the annual open enrollment period. According to the data:

- **The number of Tribal members and non-Tribal member AI/ANs enrolled in Marketplace coverage in 2025 at some point during the year is estimated at more than 160,000, a 5.6% increase from 2024<sup>2</sup>:**
  - **Among Tribal members, Marketplace enrollment at some point during the year reached more than an estimated 104,000 in 2025, compared with about 96,000 in 2024 (a 9.1% increase);**
  - **Among non-Tribal member AI/ANs, Marketplace enrollment at some point during the year remained about the same in 2025 as in 2024, at an estimated 55,000 enrollees.<sup>3</sup>**
- **Based on year-end data, enrollment of Tribal members in Marketplace coverage increased by 4.1% from 2024 to 2025, while enrollment of non-Tribal member AI/ANs declined by 7%<sup>4</sup>:**
  - **When combining the two populations, year-end data indicate that Marketplace enrollment of AI/ANs increased slightly, by 0.8%, from 2024 to 2025;**

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<sup>1</sup> This brief is for informational purposes only and is not intended as legal advice.

<sup>2</sup> The Affordable Care Act (ACA) established an Indian-specific special enrollment period (SEP), under which Tribal members can enroll in Marketplace coverage at any time of the year and can change plans as often as once per month.

<sup>3</sup> Due to data limitations, these estimates rely on year-end data for the number of Tribal members enrolled in State Based Marketplaces (SBMs) and exclude SBM enrollment of non-Tribal member AI/ANs.

<sup>4</sup> Due to data limitations, the figure for non-Tribal member AI/ANs excludes SBM enrollment.

- Among the general population, Marketplace enrollment increased by 13.4% from 2024 to 2025.<sup>5</sup>
- Enrollment changes in the Federally Facilitated Marketplace (FFM) varied by state, with six states (Florida, Hawaii, Montana, Utah, West Virginia, and Wyoming) showing a 20% or greater increase in enrollment of Tribal members and non-Tribal member AI/ANs; 13 states reported more modest gains (measured by enrollment levels *at the end of the year*), while 12 states reported a decline in enrollment.
- Based on *year-end data*, State-Based Marketplaces (SBMs) experienced more growth than the FFM in enrollment of Tribal members (18.5% vs. 1.3%), although some of that growth is attributable to Georgia moving from an FFM to an SBM in 2025; excluding Georgia, SBM enrollment growth among Tribal members was 14.2%.
- The Marketplace continues to provide substantial federal resources to AI/AN Marketplace enrollees in the form of premium tax credits (PTCs) and cost-sharing reductions (CSRs), even with the expiration in 2026 of increased subsidies offered under the extension of the American Rescue Plan Act (ARP).
- Possibly in response to the expiration of the expanded PTCs, **during the 2026 Marketplace open enrollment period, FFM enrollment of Tribal members declined to 72,230 (or by 5.9%) from 76,757 during the 2025 open enrollment period; enrollment of non-Tribal member AI/ANs also decreased, falling to 60,614 (or by 7.6%) from 65,582.**
- Although T/TOs, working with Tribal members, CMS, and health plans, have achieved a measure of success in ensuring that Tribal member Marketplace enrollees select plans with the most beneficial cost-sharing protections for which they are eligible, 4,500 (or about 6%) of these individuals received no cost-sharing protections in 2025 (likely because they enrolled in a plan with a non-Tribal member).
- In addition, during the *2026 Marketplace open enrollment period*, the percentage of non-Tribal member AI/AN FFM enrollees who qualified for the two most generous levels of the general cost-sharing protections but did not receive these protections because they did not enroll in a silver plan increased to about 48%—representing almost 17,000 individuals—from about 31% during the 2025 open enrollment period; among these 17,000 enrollees, about 11,500 enrolled in a bronze plan instead.
- T/TOs have expressed concerns as to whether Tribal members enrolled in health plan variants with comprehensive Indian-specific cost-sharing protections are receiving the out-of-pocket cost protections to which they are entitled; earlier data indicate that Tribal members enrolled in zero cost-sharing plans are, in fact, receiving these protections, while consistent receipt of these protections is less certain for those enrolled in limited cost-sharing plans (see discussion on page 9 below).

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<sup>5</sup> See the *Health Insurance Marketplaces 2025 Open Enrollment Report* released by CMS earlier this year.

## **RECOMMENDATIONS**

A number of recommendations to further efforts to help AI/ANs secure comprehensive health insurance coverage through the Marketplace, as well as ensure that AI/ANs receive the most generous cost-sharing available, appear below. T/TOs should consider:

- Conducting outreach to T/TOs to reiterate the continued benefit of Tribal members enrolling in Marketplace coverage—particularly the availability of Indian-specific cost-sharing protections—despite the expiration of expanded PTCs in 2026;
- Conducting a survey of a broad sample of limited cost-sharing plan Summary of Benefits and Coverage (SBC) documents to determine whether health insurance issuers accurately describe these protections, including using the recommended (although no longer mandated) phrase “Cost sharing waived at non-IHCP with IHCP referral” when describing the limited cost-sharing variation protections and process;
- Working with CMS to determine the extent to which health insurance issuers are providing the comprehensive Indian-specific cost-sharing protections to Tribal members enrolled in limited cost-sharing plans;
- Requesting that CMS continue to refine efforts to educate Tribal member Marketplace applicants on enrolling in a separate plan from non-Tribal member family members to avoid the loss of Indian-specific cost-sharing protections, as this issue resulted in more than 7% of FFM Tribal member enrollees forgoing these protections during the 2026 Marketplace open enrollment period;
- Requesting that CMS provide data on the number of non-Tribal member AI/ANs who attested to Tribal membership in their Marketplace application but did not successfully submit the documentation needed to prove their status (and, as such, did not receive Indian-specific cost-sharing protections); and
- Working with CMS to educate non-Tribal member AI/AN Marketplace applicants who qualify for the general cost-sharing protections based on their household income on the value of enrolling in a silver plan, as increasing numbers of these individuals have enrolled in non-silver plans over the last two open enrollment periods.<sup>6</sup>

## **BACKGROUND**

The Health Insurance Marketplace, established by the Affordable Care Act (ACA), allows consumers to compare available health plans, determine eligibility for federal financial assistance (such as PTCs), and enroll in comprehensive health insurance coverage. To assist AI/ANs in accessing health services when enrolled in Marketplace coverage, the ACA established Indian-specific cost-sharing protections, under which

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<sup>6</sup> It is worth noting that non-Tribal member AI/ANs who qualify for only the least generous level of the general cost-sharing protections (those with a household income of 201%-250% FPL) might benefit from enrolling in a gold plan instead. In some Marketplaces, due the practice of “silver loading,” gold plans, which cover a larger share of health care costs than silver plans with the least generous level of general cost-sharing protections (80% vs. 73%), have premiums that are almost the same as, or lower than, premiums for silver plans.

AI/ANs who meet the ACA definition of Indian (*i.e.*, Tribal members)<sup>7</sup> pay no deductibles, co-insurance, or copayments when receiving essential health benefits.<sup>8</sup> Tribal members can enroll in either a zero or limited cost-sharing plan, depending on their income level.<sup>9</sup> Other Marketplace enrollees, including non-Tribal member AI/ANs who have a household income at or less than 250% of the federal poverty level (FPL), can obtain general (partial) cost-sharing protections if they enroll in a silver plan.<sup>10</sup>

Marketplace enrollment data are not available specifically for individuals who are not considered Tribal members but who are eligible for services through the Indian Health Service (IHS) (*i.e.*, “other IHS-eligible individuals”); as such, enrollment data for “non-Tribal member AI/ANs” serve here as a proxy.<sup>11</sup> For the purposes of this brief, “non-Tribal member AI/ANs” refers to Marketplace enrollees (1) who did not attest to Tribal membership in their application but did self-identify as an AI/AN in the “Household information” section or (2) who did attest to Tribal membership in their application but did not submit the required documentation. It might prove beneficial to obtain from CMS data on the number of non-Tribal member AI/ANs who attested to Tribal membership in their Marketplace application but did not successfully submit documentation of their status.

The ARP, enacted in March 2021, included several provisions that increased federal subsidies for Marketplace enrollees, including AI/ANs, for 2021 and 2022.<sup>12</sup> The ARP reduced the amount of the required household contribution to Marketplace plan premiums for PTC-eligible enrollees, effectively providing more generous tax credits to these individuals. The ARP also extended eligibility for PTCs to Marketplace enrollees with a household income higher than 400% FPL for 2021 and 2022. The Inflation Reduction Act, enacted in August 2022, extended these provisions through 2025. Congress has considered extending these provisions beyond 2025 but to date has declined to do so.

### **AI/AN MARKETPLACE ENROLLMENT**

The graph in **Attachment A** below shows AI/AN Marketplace enrollment *at any point during the year*, rather than at a specific point in time. In 2025, the total number of Tribal members and non-Tribal member AI/ANs enrolled in (FFM and SBM) Marketplace coverage at some point during the year exceeded 160,000, with enrollment increasing by more than 8,500 (or 5.6%) from 2024 to 2025. In addition, a second graph

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<sup>7</sup> The ACA defines “Indian” as a member of an Indian tribe or shareholder in an Alaska Native regional or village corporation (Tribal member).

<sup>8</sup> The ACA also prohibits health insurers from reducing payments to Indian health care providers (IHCPs) by the amount of any cost-sharing that Tribal members would have owed without these protections.

<sup>9</sup> Tribal members who have a household income between 100% and 300% of the federal poverty level (FPL) *and* qualify for premium tax credits (PTCs) are eligible for the “zero” cost-sharing protections. All other Tribal members who enroll in coverage through a Marketplace are eligible for the “limited” cost-sharing protections. Both cost-sharing variations provide comprehensive cost-sharing protections.

<sup>10</sup> These general protections require Marketplace plan issuers to reduce cost-sharing in their standard silver plans, which have an AV of 70%, to meet a higher AV, based on the household income of enrollees: 94% for individuals at or less than 150% FPL, 87% for those from 151-200% FPL, and 73% for those from 201-250% FPL.

<sup>11</sup> It is important to note that at least some of these non-Tribal member AI/ANs likely are not, in fact, IHS-eligible individuals.

<sup>12</sup> In addition to the provisions discussed in this paragraph, for 2021 only, the ARP provided PTC-eligible individuals who received unemployment compensation (and their family members) with expanded tax credits, regardless of the income level of these individuals.

compares annual growth of Marketplace coverage among Tribal members vs. the general population for 2018 through 2025.

**Attachment B** below includes a graph on AI/AN Marketplace enrollment in states with an FFM for 2015 through 2025, as well as a table with data on enrollment **in the 32 states with an FFM** in 2024 and/or 2025.<sup>13</sup> The table shows, by state, the number of Tribal members, as well as the number of non-Tribal member AI/ANs,<sup>14</sup> who were enrolled in Marketplace coverage in 2024 and 2025 on the report run dates in states with an FFM.<sup>15</sup> The table also shows the change in FFM enrollment of AI/ANs, by state, from 2024 to 2025. Overall, FFM enrollment of AI/ANs (*i.e.*, Tribal members and non-Tribal member AI/ANs) in 2025 totaled about 102,600 on the report run date (*i.e.*, March 17, 2026), a 1.5% decrease from 2024. It is worth noting that, although the report run dates for both the 2024 and 2025 data sets on FFM enrollment of AI/ANs occurred in the early part of the following year, the data are understood to reflect enrollment of AI/ANs at the end of the prior year.<sup>16</sup>

**Findings:** Enrollment of Tribal members—for whom enrollment in the Marketplace provides the greatest financial benefits, including comprehensive cost-sharing protections—increased by 1.3% from 2024 to 2025. In contrast, for non-Tribal member AI/ANs, enrollment decreased by 7%.<sup>17</sup> Overall, FFM enrollment of AI/ANs declined by 1.5% from 2024 to 2025. It is worth noting that a significant portion of this decrease in enrollment occurred because of (1) an 11% drop in enrollment in Oklahoma, accounting for about 4,300 fewer AI/AN enrollees, and (2) the move by Georgia from an FFM in 2024 to an SBM in 2025. Excluding these two states, from 2024 to 2025, FFM enrollment of Tribal members increased by 15.2%, while enrollment of non-Tribal member AI/ANs rose slightly (0.3%).

In **Attachment C**, data are presented on AI/AN Marketplace enrollment **in the 20 states with a State-Based Marketplace (SBM)** in 2024 and/or 2025. The table shows, by state, the number of Tribal members who enrolled in a health plan through the Marketplace in states with an SBM in 2024 and 2025.<sup>18</sup>

**Findings:** SBM enrollment of Tribal members increased by about from about 13,600 to 16,100, or by 18.5%, from 2024 to 2025. The vast majority of this gain occurred because of (1) increased enrollment of Tribal members in California and New Mexico, accounting for a combined 1,247 additional Tribal

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<sup>13</sup> The data in Attachment B include figures for 32 states with an FFM, State-Based Marketplace on the Federal Platform, or State Partnership Marketplace (all states using the HealthCare.gov platform).

<sup>14</sup> These AI/ANs do not meet the ACA definition of Indian (or have not successfully submitted documentation of their Tribal member status) and, as such, do not qualify for Indian-specific cost-sharing protections.

<sup>15</sup> It is believed that the figures included in reports with an early-year run date represent FFM enrollment of AI/ANs on the last day of the prior coverage year (*i.e.*, December 31), not enrollment of AI/ANs on the run date (and not the total number of AI/ANs enrolled in Marketplace coverage at any point during the prior coverage year). Prior to 2020, the report run date for the data set on FFM enrollment of AI/ANs for a given year occurred in the latter part of that year (with the exception of the 2016 data set, which had a report run date in May 2016).

<sup>16</sup> This is important to note because the typical pattern of Marketplace enrollment levels for AI/ANs is a decline between December and January (of approximately 15%), followed by a rebuilding of enrollment over the following months.

<sup>17</sup> Again, it is important to note that enrollment figures for non-Tribal member AI/ANs might include individuals who are Tribal members but have not successfully submitted documentation of their status.

<sup>18</sup> Data are not available on the number of non-Tribal member AI/ANs who enrolled in a plan through the Marketplace in states with an SBM.

member enrollees, and (2) the move by Georgia from an FFM in 2024 to an SBM in 2025, accounting for 586 additional enrollees. Excluding these three states, SBM enrollment of Tribal members increased by only 10.4% from 2024 to 2025.

### **ENROLLMENT TRENDS**

- ***Enrollment of Tribal Members vs. Non-Tribal member AI/ANs:*** As noted above, although overall enrollment of AI/ANs in Marketplace coverage in states with an FFM increased by 1.3%, this growth did not occur evenly between Tribal members and non-Tribal member AI/ANs.<sup>19</sup> In 2025, FFM enrollment among Tribal members continued to increase (as has occurred in every year since at least 2016), albeit slightly (1.3%). Among non-Tribal member AI/ANs, in contrast, FFM enrollment declined by 7% after two consecutive years of more than 20% enrollment growth.

Some potential reasons for the differing enrollment trajectories of Tribal members as compared with non-Tribal member AI/ANs are:

- Awareness of the availability of PTCs, as well as comprehensive cost-sharing protections, to Tribal members under Marketplace coverage likely has continued to increase across Tribal communities, leading to greater interest and enrollment of Tribal members over time;
  - Some individuals who applied as enrolled Tribal members in prior years but failed to secure and provide documentation of Tribal membership to the Marketplace might have since successfully secured and provided this documentation to the Marketplace, thereby increasing enrollment growth among Tribal members and decreasing enrollment growth among non-Tribal member AI/ANs over time;
  - The realization that indicating AI/AN status (or IHS eligibility) on the Marketplace application does not result in additional benefits might have led to declining responses to this voluntary question, resulting in a decline in enrollment of non-Tribal member AI/ANs over time; and
  - In more recent years, the expanded PTCs provided under the ARP might have resulted in greater interest and enrollment of non-Tribal member AI/ANs in Marketplace coverage, despite the lack of comprehensive cost-sharing protections available to this population; however, the expiration of the expanded PTCs likely will lead to a decline in enrollment among this population in 2026, as indicated by 2026 open enrollment period data.
- ***Differences in Enrollment Among States:*** Enrollment of AI/ANs in Marketplace coverage in states with an FFM varies substantially by state. Among FFM states with a relatively large AI/AN population, Florida in 2025 reported the largest rise in the number of additional enrollees at about 1,900, representing an 34.2% increase over 2024 enrollment; Texas and Utah also reported a significant number of additional enrollees (907 and 883, respectively).

However, Wyoming showed the most significant growth in FFM enrollment of AI/ANs from 2024 to 2025 *on a percentage basis*. From 2024 to 2025, FFM enrollment of AI/ANs in Wyoming increased by 72.8%, or by about 600 enrollees.

- **Enrollment by Metal Level:** Among AI/AN FFM enrollees, the preferred “metal level” of the selected Marketplace plan varies for Tribal members vs. non-Tribal member AI/ANs. Most Tribal members enroll in bronze plans (86% in 2025), while non-Tribal member AI/ANs tend to enroll in silver plans (43% in 2025). This difference among AI/ANs in the selection of plans by metal level largely results from varying eligibility for cost-sharing protections.

Tribal members qualify for comprehensive cost-sharing protections, regardless of the metal level of the plan in which they enroll, and generally receive the greatest value by enrolling in bronze plans, where the premiums are the lowest and the federal government covers the greatest share of health care costs. In contrast, lower-income non-Tribal member AI/ANs in most cases should enroll in silver plans to gain access to the general cost-sharing protections.<sup>20</sup>

As indicated by the graph in **Attachment D** below, the percentage of Tribal members enrolled in bronze plans through the Marketplace increased each year during the 2015-2023 period—rising from 68% to 87%—followed by a slight decline to 86% in 2024 and 2025. Over the same period, a majority or plurality of non-Tribal member AI/ANs has enrolled in silver plans (which might make them eligible for the general cost-sharing protections). However, on a percentage basis, silver plan enrollment among non-Tribal member AI/ANs has declined each year since 2017, while gold plan enrollment generally has increased among this population; bronze plan enrollment among non-Tribal member AI/ANs increased significantly during the 2015-2020 period (from 19% to 40%) and has remained roughly at the same level in subsequent years.

#### **ACCESS TO COST-SHARING PROTECTIONS**

As noted earlier, among AI/AN Marketplace enrollees, the type of cost-sharing protections for which they qualify depends on whether they meet the ACA definition of Indian and their income level. Figure 4 in **Attachment E** below shows the percentage breakdown of the type of cost-sharing protections received by AI/AN FFM enrollees over time.

- **Tribal Members:** As Figure 4 indicates, the percentage of Tribal member FFM enrollees receiving the comprehensive Indian-specific cost-sharing protections (through either a zero or limited cost-sharing plan) has *increased* over time (85% in 2015 and 2016, 87% in 2018, 89% in 2019, 91% in 2020, and 92% during the 2021-2025 period). Conversely, the percentage of Tribal member enrollees receiving no cost-sharing protections has *continued to decline* (12% in 2015; 10% in 2016; 9% in 2017; 8% in 2018; 7% in 2019; and 6% during the 2020-2025 period).

CMS has indicated that FFM enrollees who are Tribal members do not receive the comprehensive Indian-specific cost-sharing protections through either a zero or limited cost-sharing plan for one of

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<sup>20</sup> For non-Tribal member AI/ANs who have a household income above 250% FPL, and therefore are not eligible for the general cost-sharing protections, enrollment in a gold plan is sometimes the preferred option, as gold plans can have lower premiums than silver plans due to the practice of “silver loading.”

two reasons: (1) because they enrolled in a plan with non-Tribal members, meaning the least comprehensive cost-sharing protections available to any of the plan enrollees would apply to all plan enrollees, or (2) because they enrolled in a plan with individuals who attested to Tribal membership but did not submit the required documentation in time.<sup>21</sup>

It also is worth noting that, among Tribal member FFM enrollees receiving the comprehensive Indian-specific cost-sharing protections, the percentage enrolled in a zero cost-sharing plan generally has increased over time (from 72% in 2015 to 80% in 2025), while the percentage enrolled in a limited cost-sharing plan has remained relatively constant (between 10% and 12% since 2016). The percentage of Tribal member FFM enrollees receiving the less-comprehensive general cost-sharing protections has continued to decline since 2018, decreasing from 5% to a low of 1% during the 2022-2025 period.

The increased enrollment of Tribal members in Marketplace plans with comprehensive cost-sharing protections has resulted, in part, from efforts since 2014 by T/TOs and CMS to ensure that eligible Tribal members receive these protections. An example of these efforts involves recent changes made to HealthCare.gov to help individuals in households comprised of both Tribal members and non-Tribal members enroll in the most beneficial Marketplace plans.<sup>22</sup> Despite the progress made on this issue, continued efforts are needed, as thousands of Tribal member FFM enrollees potentially eligible for either the zero or limited Indian-specific cost-sharing protections fail to receive these protections each year.

As shown in Figure 5 in **Attachment F**, during the 2026 Marketplace open enrollment period, about 7%, or more than 5,300, of the 72,230 Tribal member FFM enrollees eligible for these protections did not receive them—a rate that has remained largely unchanged since the 2020 open enrollment period.<sup>23</sup> It also is worth noting that a far higher rate of Tribal member FFM enrollees eligible for the limited cost-sharing protections failed to receive these protections when compared with the failure rate among those eligible for the zero cost-sharing protections. Of the 12,725 Tribal member FFM enrollees eligible for the limited cost-sharing protections in the 2026 Marketplace open enrollment period, 19.7% did not receive these protections, while only 4.7% of the 59,505 Tribal member FFM enrollees eligible for the zero cost-sharing protections did not receive them.

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<sup>21</sup> If Tribal members enroll in the same Marketplace plan as non-Tribal members, the least comprehensive cost-sharing protections available to any of the plan enrollees would apply to all plan enrollees. As such, Tribal members and non-Tribal members in the same household should enroll in separate Marketplace plans to ensure that Tribal members retain access to the comprehensive Indian-specific cost-sharing protections.

<sup>22</sup> In response to concerns raised by T/TOs, CMS in 2021 updated HealthCare.gov to help educate AI/AN Marketplace applicants and their household members about this issue. A help text pop up now appears in the Marketplace application when applicants click on a link to “Learn more about the benefits that American Indians and Alaska Natives can get through the Marketplace.”

<sup>23</sup> CMS did not specify the number of Tribal member FFM enrollees eligible for either the zero or limited Indian-specific cost-sharing protections who failed to receive these protections because they enrolled in a plan with non-Tribal members vs. the number who failed to receive these protections because they enrolled in a plan with individuals who attested to Tribal membership but did not submit the required documentation in time.

- **Non-Tribal Member AI/ANs:** Non-Tribal member AI/AN FFM enrollees, as discussed above, do not qualify for the Indian-specific cost-sharing protections but do qualify for the general protections if they meet certain household income requirements, qualify for PTCs, and enroll in a silver plan. As Figure 4 indicates, the percentage of non-Tribal member AI/AN FFM enrollees receiving the general cost-sharing protections has declined since 2017, decreasing from 59% to 40% in 2025, while the percentage of those receiving no cost-sharing protections reached a high of 58% in 2025. CMS, however, has indicated that a significant portion of the 58% of non-Tribal member AI/AN FFM enrollees who received no cost-sharing protections would have qualified for the general protections based on their household income but did not receive these protections because they did not enroll in a silver plan.

As shown in Figure 6 in **Attachment F**, during the 2025 Marketplace open enrollment period, about 48% (16,909) of the 35,495 non-Tribal member AI/AN FFM enrollees eligible for the two most generous levels of the general cost-sharing protections<sup>24</sup> did not receive these protections because they did not enroll in a silver plan; of these 16,909 individuals, 68.5% enrolled in a bronze plan instead.<sup>25</sup> It also is worth noting that the percentage of non-Tribal member AI/AN FFM enrollees who are otherwise eligible for the general cost-sharing protections enrolling in non-silver plans has increased significantly over the past two years, rising from roughly 25% during the 2020-2024 open enrollment periods to about 31% in the 2025 open enrollment period and, as noted above, 48% in the most recent open enrollment period.

#### **ONGOING ISSUES REGARDING ZERO AND LIMITED COST-SHARING PLANS**

- **Value of Cost-Sharing Protections:** The current monetary value of the Indian-specific cost-sharing protections, averaged across all zero and limited cost-sharing plan enrollees nationally, appears to be significant.<sup>26</sup> For example, recent changes to the CSR risk adjustment factors for Tribal members enrolled in zero and limited cost-sharing plans indicate that enrollees in these plans have higher

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<sup>24</sup> This analysis excludes non-Tribal member AI/ANs who qualify for the least generous level of the general cost-sharing protections (those with a household income of 201%-250% FPL) because these individuals might benefit from enrolling in a gold plan instead. In some Marketplaces, due the practice of “silver loading,” gold plans, which cover a larger share of health care costs than silver plans with the least generous level of general cost-sharing protections (80% vs. 73%), have premiums that are almost the same as, or lower than, premiums for silver plans.

<sup>25</sup> It is important to note that “non-Tribal member AI/ANs” in these data refers to individuals in the category of non-Tribal member AI/ANs defined in this brief *and* those in a second category: individuals who (1) did not attest to Tribal membership in their application and did not self-identify as an AI/AN in the “Household information” section but (2) did self-identify as an AI/AN when asked to select their race.

<sup>26</sup> In response to a request for these data from the TSGAC, CMS reiterated that the value of cost-sharing protections under zero cost-sharing plans averages \$218 per enrollee per month (\$2,616 annualized), while the value of these protections under limited cost-sharing plans averages \$153 per member per month (\$1,836 annualized). The figures are national averages based on de-identified enrollment and claims data for 2021, the latest year for which data are available. As noted previously by CMS, the figures are estimates and are not exact amounts or substitutes for cost-sharing reduction (CSR) reconciliation data (which the agency no longer collects from health insurance issuers, as the federal government no longer pays for CSRs). The figures represent the difference in the amount of allowed costs paid by issuers for zero or limited cost-sharing plans vs. the amount paid by plans with no cost-sharing protections at the same metal level.

utilization of health services, on average, than previously anticipated.<sup>27</sup> CMS uses CSR risk adjustment factors as part of the federal risk adjustment program, which transfers funds from Marketplace plan issuers with low-risk enrollees (*i.e.*, lower-than-average utilization of health services) to issuers with high-risk enrollees based on the plan liability risk scores for each issuer. Based on the recent changes to the risk adjustment factors for Tribal members enrolled in zero and limited cost-sharing plans, these plans might have more value in terms of health services provided to enrollees—as well as revenues generated under Tribal sponsorship programs—than previously assumed.

Based on a review of data provided by Marketplace plan issuers, for 2025 and beyond, CMS changed the risk adjustment factor for Tribal members enrolled in zero cost-sharing bronze plans from 1.15 to 1.51, an increase of 36 percentage points, and the risk adjustment factor for Tribal members enrolled in limited cost-sharing bronze plans from 1.15 to 1.19, an increase of 4 percentage points; at the same time, the agency made no changes to the risk adjustment factors for individuals enrolled in plans with the general cost-sharing protections.<sup>28</sup> The increase in the risk adjustment factors means that health plan issuers, for each zero-cost-sharing plan enrollee and limited cost-sharing plan enrollee, will receive a 51% and 19% add-on, respectively, to their plan premiums (transferred from plans with lower-risk enrollees). This compares with a current 15% add-on for these enrollees. In summary, zero cost-sharing plan enrollees (and to a lesser degree, limited cost-sharing plan enrollees) are receiving significantly greater health services and/or greater cost-sharing reductions than the general population in comparable plans.

Although the reason for the significant difference in utilization of health services and/or reductions in cost-sharing for Tribal members enrolled in zero cost-sharing plans vs. those enrolled in limited cost-sharing plans is not known, it is possible that this gap results because:

- Limited cost-sharing plan enrollees have a higher income, which is statistically linked with better health, than zero cost-sharing plan enrollees;
- Limited cost-sharing plan enrollees must obtain a Referral for Cost-Sharing to receive cost-sharing protections when receiving health services from a non-IHCP, a requirement that might prove burdensome (or is not well understood by enrollees), while zero cost-sharing plan enrollees do not have to obtain a referral; and/or
- Marketplace plan issuers generally could be complying with requirements to provide cost-sharing protections to Tribal members enrolled in zero cost-sharing plans but not to those enrolled in limited cost-sharing plans.

- **Accuracy of Summary of Benefits and Coverage (SBC):** The TSGAC has continued efforts to ensure

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<sup>27</sup> See CMS-9895-F, “Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2025; Updating Section 1332 Waiver Public Notice Procedures; Medicaid; Consumer Operated and Oriented Plan (CO-OP) Program; and Basic Health Program” (89 FR 26218), at <https://www.govinfo.gov/content/pkg/FR-2024-04-15/pdf/2024-07274.pdf>.

<sup>28</sup> As noted in CMS-9895-F, “AI/AN CSR plan variant enrollees experienced higher expenditures than non-CSR silver enrollees, which may reflect increased demand associated with enrollee receipt of the AI/AN zero cost sharing or limited cost sharing CSR plan variants or risk characteristics specific to the AI/AN population.”

that the SBCs prepared by Marketplace plan issuers accurately reflect the comprehensive cost-sharing protections. A TSGAC review in 2018 of SBCs prepared for zero and limited cost-sharing plans offered by eight issuers in four states found a number of inaccuracies, which can have the effect of depressing Marketplace enrollment and resulting in eligible Tribal members not securing the comprehensive cost-sharing protections to which they are entitled. A subsequent review of the same SBCs found that many of the inaccuracies identified in 2018 persisted in 2019.

In response to concerns raised by T/TOs about errors in some SBCs, CMS in 2021 indicated that “[i]ssuers must conform to the sample SBCs for American Indian/Alaska Native (AI/AN) zero and limited cost sharing plans.”<sup>29</sup> A recent sampling of SBCs to determine issuer compliance with this CMS requirement showed mixed results. In fact, when evaluating the description of the Indian-specific cost-sharing protections in SBCs prepared by a number of issuers, the sampling determined that a majority of the SBCs for limited cost-sharing plans did not comply with the CMS requirement to use the phrase “Cost sharing waived at non-IHCP with IHCP referral.”<sup>30</sup>

It is important to note that CMS, as of 2026, will no longer require Marketplace plan issuers to provide SBCs for zero and limited cost-sharing plans that conform to the sample SBCs for those plans. Instead, “QHP issuers **must follow the SBC Instruction Guide** for the Indian-specific zero and limited cost-sharing variations” and “**may find it helpful to refer to the AI/AN limited cost sharing and AI/AN zero cost sharing sample** completed SBCs for examples of how to complete SBCs for those variations” (emphasis added).<sup>31</sup> The SBC Instruction Guide does not incorporate all of the relevant items included in the sample SBCs for zero and limited cost-sharing plans. For example, the sample SBC for limited cost-sharing plans includes the statement “Cost sharing waived at non-IHCP with IHCP referral” in the “Limitations, Exceptions, & Other Important Information” column for each covered service, but the SBC Instruction Guide does not specify that issuers must use this language.

SBCs have the potential to educate T/TOs and Tribal members about the value of the comprehensive, Indian-specific cost-sharing protections, as well as to educate health care providers who collect cost-sharing payments from patients. Inaccurate SBCs—or at least unclear SBCs—fail to achieve that potential. In addition, if Marketplace plan issuers are not preparing clear and accurate SBCs, uncertainty exists as to whether their plans are providing the cost-sharing protections to which Tribal members are entitled.

- **Issuer Compliance with Cost-Sharing Protection Requirements:** The TSGAC also has explored methods to evaluate whether Marketplace plan issuers are complying with requirements to provide cost-sharing protections to Tribal members enrolled in zero or limited cost-sharing plans. Although CMS has reported that issuers are paying more than 99% of allowed costs under zero cost-sharing

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<sup>29</sup> See page 15 of the “Final 2021 Letter to Issuers in the Federally-Facilitated Exchanges” issued by CMS on May 7, 2020, at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2021-Letter-to-Issuers-in-the-Federally-facilitated-Marketplaces.pdf>.

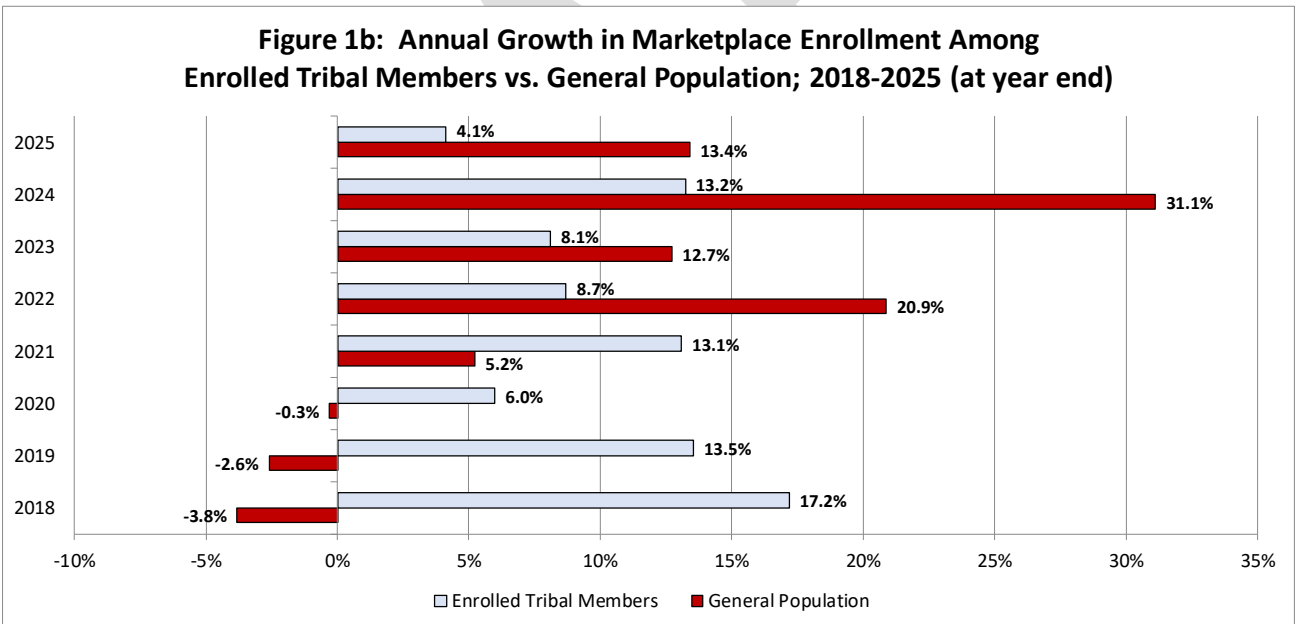
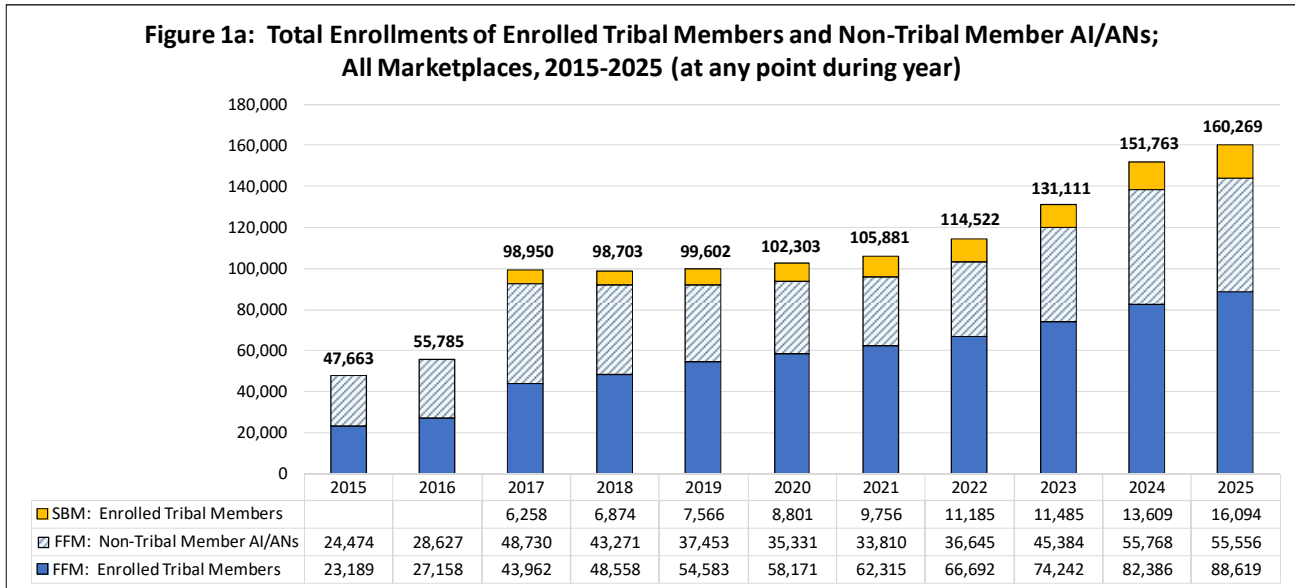
<sup>30</sup> The sample SBC developed by CMS uses the following phrase to explain the limited cost-sharing variation protections: “Cost sharing waived at non-IHCP with IHCP referral.”

<sup>31</sup> See page 31 of the “Final 2026 Letter to Issuers in the Federally-Facilitated Exchanges” issued by CMS on January 15, 2025, at <https://www.cms.gov/files/document/final-2026-letter-issuers.pdf>.

plans—indicating general compliance with these requirements—the agency has not provided data on the percentage of allowed costs that issuers are paying under limited cost-sharing plans. As discussed above, the disparity in the proposed changes to the risk CSR adjustment factors for Tribal members enrolled in zero cost-sharing bronze plans vs. those enrolled in limited cost-sharing plans might indicate a lack of compliance with these requirements among some issuers with respect to limited cost-sharing plan enrollees. An additional, or alternative, explanation could be that limited cost-sharing plan enrollees are failing to secure a Referral for Cost-Sharing needed to secure cost-sharing protections when served outside Tribal/IHS health systems.

Additional research would help determine the extent to which Marketplace plan issuers are complying with requirements to provide cost-sharing protections under limited cost-sharing plans. In response to a request from the TSGAC regarding these concerns, CMS noted that the agency is “exploring what options we can explore in terms of which providers are providing comprehensive cost-sharing protections to Tribal members enrolled in zero or limited cost-sharing variation plans.”

Attachment A



**Notes:**

<sup>1</sup> Growth for enrolled Tribal members is based on Marketplace enrollment on the date that CMS ran a report for a given year (i.e., October 2018, November 2019, January 2021, January 2022, January 2023, January 2024, January 2025, and March 2026). The change in report run dates from October/November to January between 2019 and 2020 might have resulted in undercounting of Tribal member Marketplace enrollees. The typical pattern of Marketplace enrollment levels for Tribal members is a decline between December and January (of approximately 15%), followed by a rebuilding of enrollment over the following months.

<sup>2</sup> Growth for the general population is based on Marketplace enrollment during the open enrollment period for a given year.

**Attachment B**

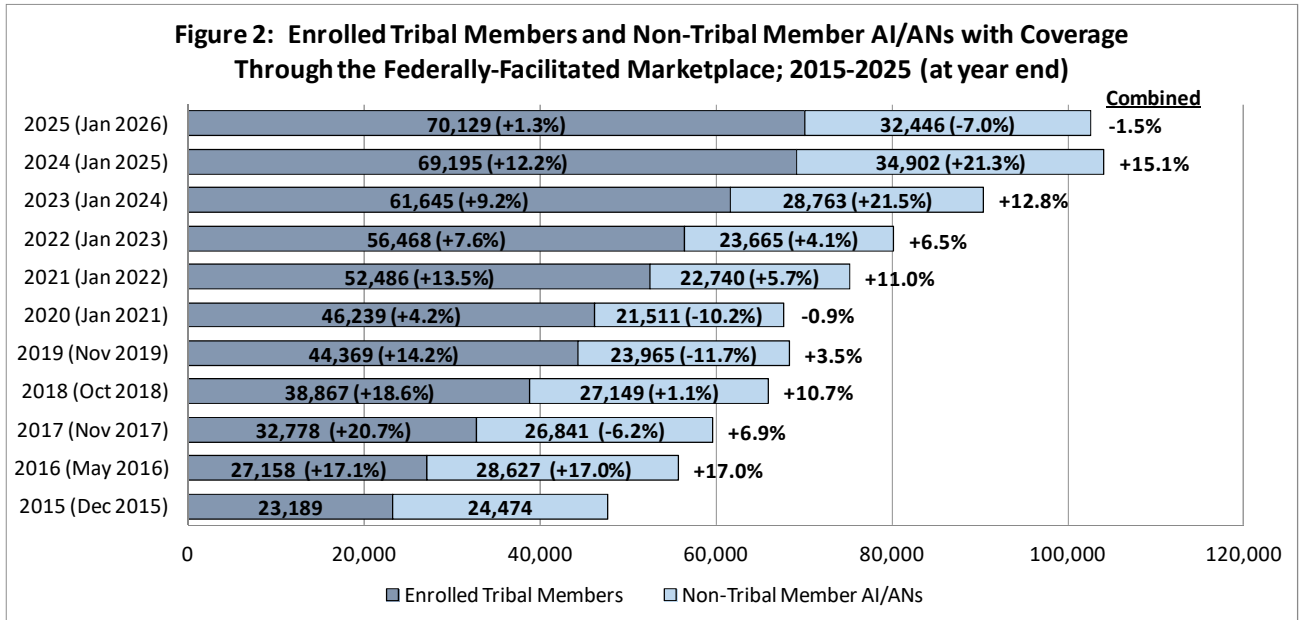


Table 1: Enrolled Tribal Members <sup>1</sup> and Non-Tribal Member AI/ANs <sup>2</sup> with Coverage Through the Federally-Facilitated Marketplace (FFM), by State; 2024 and 2025 (at year end) <sup>3,4</sup> (Suppress Cells <=11)								
State	Enrolled Tribal Members <sup>5</sup>			Non-Tribal Member AI/ANs <sup>5</sup>			All	
	2024	2025	% Change	2024	2025	% Change	2025 vs. 2024	% Change
Alabama	656	635	-3.2%	1,600	1,565	-2.2%	-56	-2.5%
Alaska	1,468	1,666	13.5%	278	359	29.1%	279	16.0%
Arizona	1,741	2,179	25.2%	1,298	1,220	-6.0%	360	11.8%
Arkansas	1,529	1,695	10.9%	517	627	21.3%	276	13.5%
Delaware	32	28	-12.5%	193	134	-30.6%	-63	-28.0%
Florida	1,776	3,614	103.5%	3,672	3,698	0.7%	1,864	34.2%
Georgia <sup>6</sup>	587	--	--	1,829	--	--	-2,416	--
Hawaii	105	158	50.5%	194	231	19.1%	90	30.1%
Illinois	389	360	-7.5%	630	626	-0.6%	-33	-3.2%
Indiana	231	229	-0.9%	432	405	-6.3%	-29	-4.4%
Iowa	139	171	23.0%	215	192	-10.7%	9	2.5%
Kansas	1,573	1,757	11.7%	632	680	7.6%	232	10.5%
Louisiana	358	381	6.4%	682	836	22.6%	177	17.0%
Michigan	1,589	1,703	7.2%	1,005	961	-4.4%	70	2.7%
Mississippi	133	135	1.5%	383	416	8.6%	35	6.8%
Missouri	1,216	1,334	9.7%	766	696	-9.1%	48	2.4%
Montana	2,011	2,345	16.6%	642	898	39.9%	590	22.2%
Nebraska	632	641	1.4%	250	317	26.8%	76	8.6%
New Hampshire	41	43	4.9%	127	141	11.0%	16	9.5%
North Carolina	1,006	879	-12.6%	2,897	2,126	-26.6%	-898	-23.0%
North Dakota	860	841	-2.2%	344	320	-7.0%	-43	-3.6%
Ohio	232	208	-10.3%	739	669	-9.5%	-94	-9.7%
Oklahoma	35,083	31,498	-10.2%	4,263	3,538	-17.0%	-4,310	-11.0%
Oregon	1,024	909	-11.2%	551	494	-10.3%	-172	-10.9%
South Carolina	413	456	10.4%	1,102	1,051	-4.6%	-8	-0.5%
South Dakota	1,664	1,652	-0.7%	433	426	-1.6%	-19	-0.9%
Tennessee	641	667	4.1%	1,003	888	-11.5%	-89	-5.4%
Texas	7,744	8,553	10.4%	6,550	6,648	1.5%	907	6.3%
Utah	2,434	3,315	36.2%	788	790	0.3%	883	27.4%
West Virginia	39	56	43.6%	123	141	14.6%	35	21.6%
Wisconsin	1,259	1,354	7.5%	541	615	13.7%	169	9.4%
Wyoming	590	667	13.1%	223	738	230.9%	592	72.8%
<b>All States</b>	<b>69,195</b>	<b>70,129</b>	<b>1.3%</b>	<b>34,902</b>	<b>32,446</b>	<b>-7.0%</b>	<b>-1,522</b>	<b>-1.5%</b>

Source:

CMS, "Table 1: American Indian and Alaska Native Applicants and Enrollees in the Federally-Facilitated Marketplace," coverage year 2024-2025 data

Notes:

<sup>1</sup> An enrolled Tribal member is an individual who meets the definition of Indian under the Affordable Care Act as a member of an Indian Tribe or shareholder in an Alaska Native regional or village corporation.

<sup>2</sup> This population consists of Marketplace enrollees (1) who did not attest to Tribal membership in their application but did self-identify as an AI/AN in the "Household information" section or (2) who did attest to Tribal membership in their application but did not submit the required documentation.

<sup>3</sup> Figures are for January 2025 and January 2026. Totals include values in suppressed cells.

<sup>4</sup> The FFM includes State-Based Marketplaces on the Federal Platform and State-Partnership Marketplaces.

<sup>5</sup> Enrolled Tribal members are eligible for comprehensive Indian-specific cost-sharing protections; non-Tribal member AI/ANs are not.

<sup>6</sup> Georgia operated a State-Based Marketplace in 2025.

Attachment C

State	Tribal Members with Zero CSRs			Tribal Members with Limited CSRs			All	
	2024	2025	% Change	2024	2025	% Change	2025 vs. 2024	% Change
California	3,997	4,461	11.6%	1,629	1,826	12.1%	661	11.7%
Colorado	631	721	14.4%	299	328	9.6%	119	12.8%
Connecticut	127	171	34.3%	18	25	42.0%	51	35.2%
District of Columbia	**	**	--	**	**	--	--	--
Georgia <sup>3</sup>	--	485	--	--	102	--	586	--
Idaho	600	719	19.9%	110	119	8.0%	128	18.1%
Kentucky	45	46	1.9%	**	**	--	--	--
Maine	63	95	50.6%	18	25	37.5%	39	47.8%
Maryland	87	83	-4.4%	26	22	-12.6%	-7	-6.3%
Massachusetts	176	251	43.1%	44	46	4.6%	78	35.4%
Minnesota	245	330	34.7%	198	189	-4.6%	76	17.1%
Nevada	530	554	4.5%	95	104	10.0%	34	5.4%
New Jersey	141	165	16.9%	36	45	25.1%	33	18.6%
New Mexico	1,131	1,799	59.0%	292	207	-29.1%	582	40.9%
New York	121	59	-51.3%	100	108	8.3%	-54	-24.3%
Pennsylvania	207	224	8.0%	43	53	23.3%	27	10.7%
Rhode Island	49	66	33.8%	**	**	--	--	--
Vermont	16	18	12.5%	**	**	--	--	--
Virginia	325	344	5.9%	74	87	17.3%	32	8.0%
Washington	1,520	1,589	4.5%	592	628	6.0%	105	5.0%
Totals	10,011	12,180	21.7%	3,574	3,915	9.5%	2,509	18.5%

Source:

CMS, "Average Effectuated Enrollment (as of December 2024)"; CMS, "Average Effectuated Enrollment (as of December 2025)"

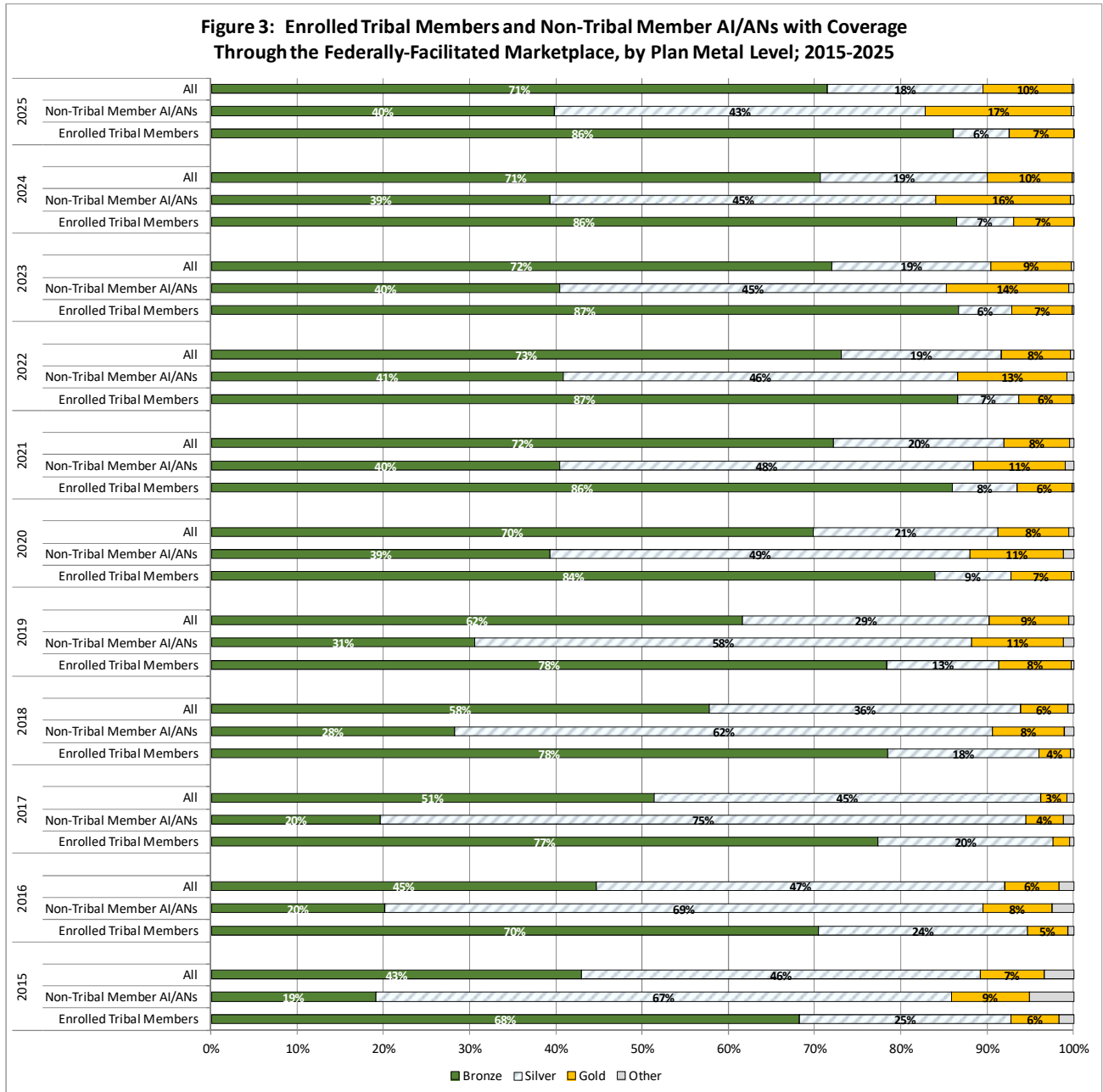
Notes:

<sup>1</sup> An enrolled Tribal member is an individual who meets the definition of Indian under the Affordable Care Act as a member of an Indian Tribe or shareholder in an Alaska Native regional or village corporation.

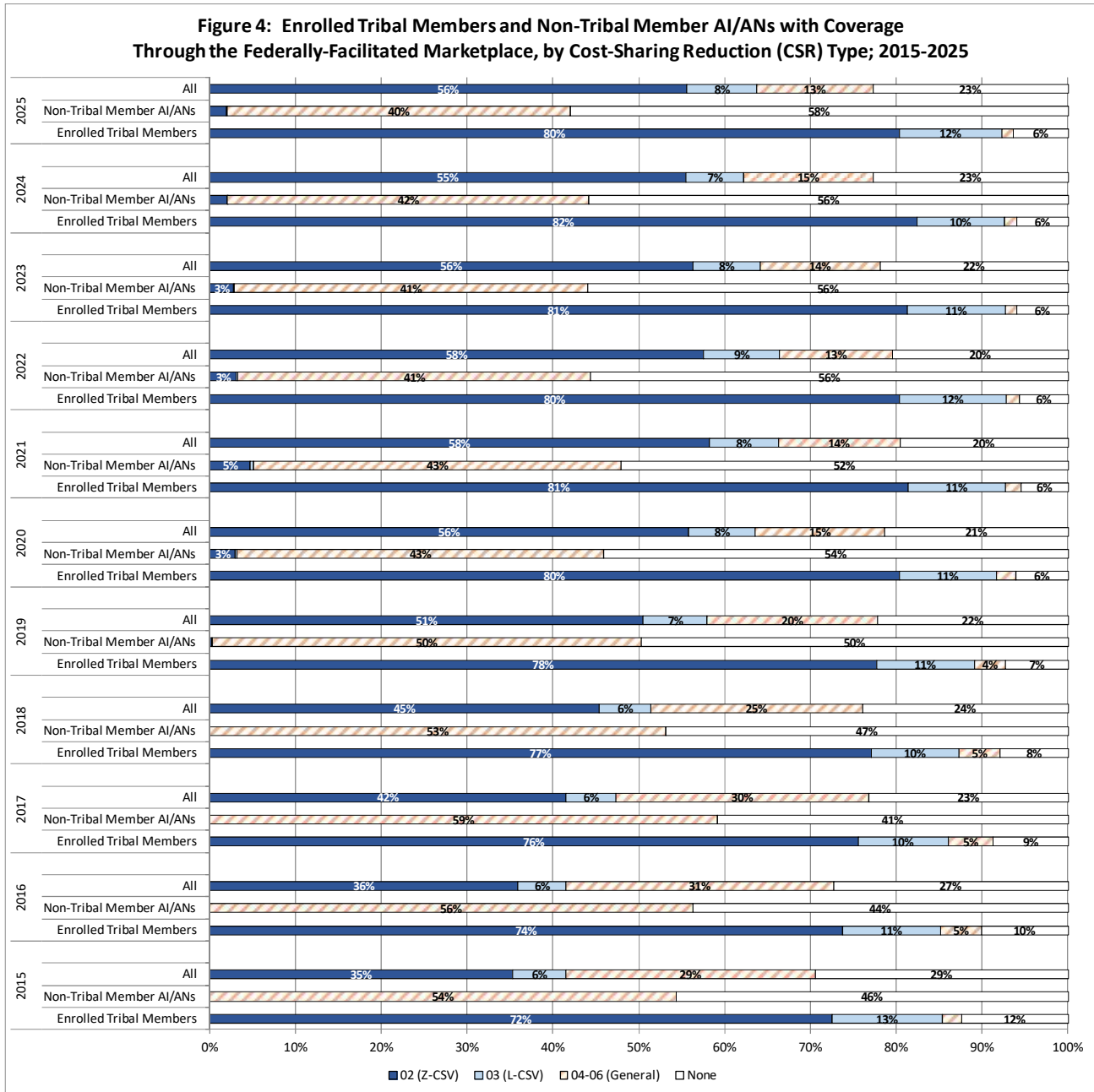
<sup>2</sup> Figures are for December 2024 and December 2025. Totals exclude values in suppressed cells.

<sup>3</sup> Georgia operated a Federally-Facilitated Marketplace in 2024.

Attachment D

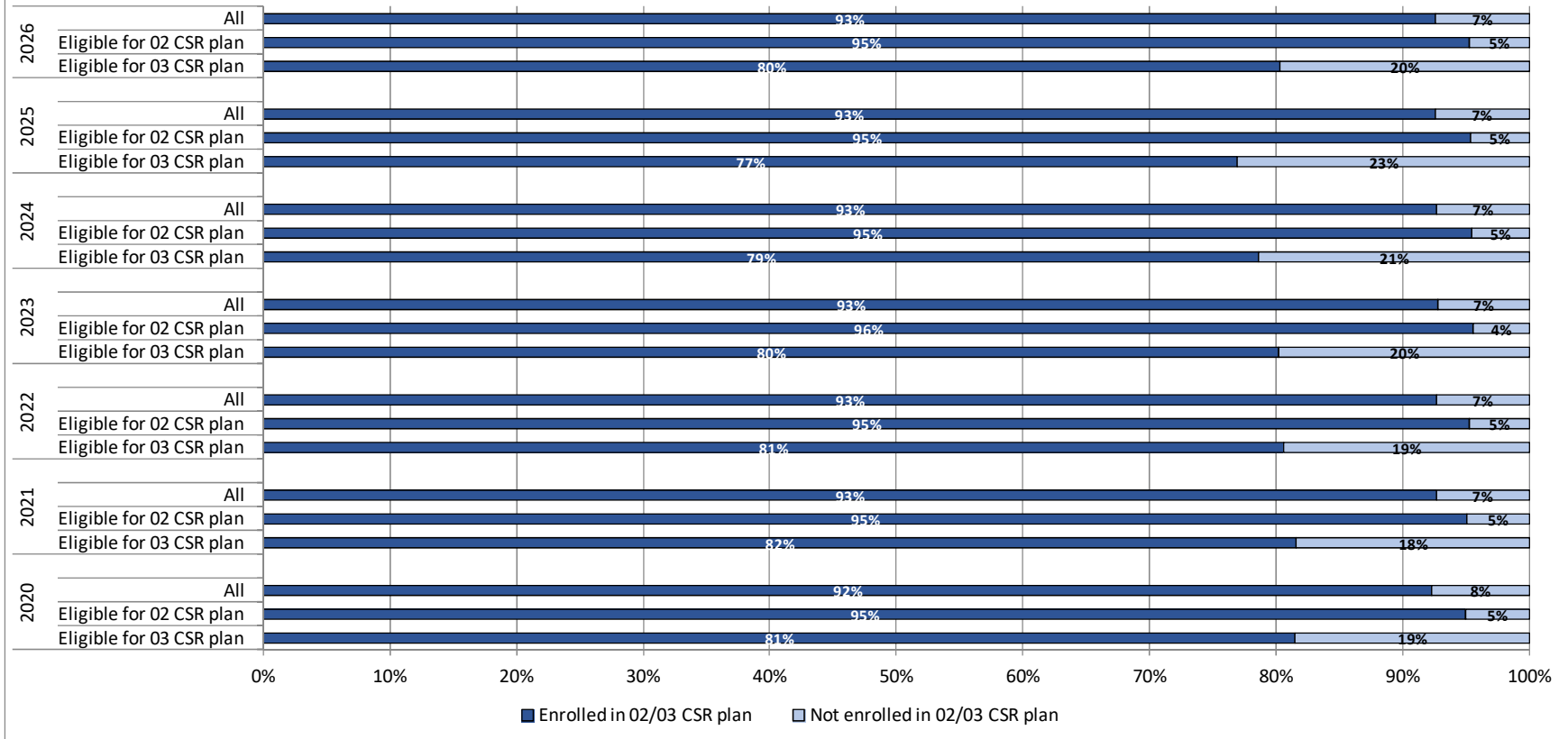


Attachment E



Attachment F

**Figure 5: Enrolled Tribal Members with Coverage Through the Federally-Facilitated Marketplace, by Enrollment in Zero/Limited (02/03) CSR Plan; OE 2020-2026**



**Figure 6: Non-Tribal Member AI/ANs with Coverage Through the Federally-Facilitated Marketplace and 87%/94% CSR Plan Eligibility, by Plan Metal Level; OE 2020-2026**

