NAIC NATIONAL MEETING
SUMMER 2022

Date: 8/3/22

2022 Summer National Meeting
Portland, Oregon

NAIC/AMERICAN INDIAN AND ALASKA NATIVE LIAISON COMMITTEE
Thursday, August 11, 2022
2:00 – 3:00 p.m.
Oregon Convention Center—Portland Ballroom 251 & 258—Level 2

ROLL CALL

Troy Downing, Chair	Montana	Mike Causey	North Carolina
Russell Toal, Vice Chair	New Mexico	Jon Godfread	North Dakota
Lori K. Wing-Heier	Alaska	Glen Mulready	Oklahoma
Trinidad Navarro	Delaware	Andrew R. Stolfi	Oregon
Dean L. Cameron	Idaho	Larry D. Deiter	South Dakota
Grace Arnold	Minnesota	Mike Kreidler	Washington
Edward M. Deleon Guerrero	N. Mariana Islands	Jeff Rude	Wyoming

NAIC Support Staff: Lois E. Alexander

AGENDA

1. Consider Adoption of its June 28 Minutes
   —Commissioner Troy Downing (MT)—5 minutes

2. Hear a Presentation on Sovereign Nations Health Consortium and Sovereign Nations Insurance from Mark A. Echo Hawks, Chief Legal Counsel, Sovereign Nations Health Consortium (SNHC)
   —Commissioner Troy Downing (MT)—30 minutes

3. Discuss Survey Results of Growing Insurance Markets by Tribal Nations and Sovereign Nations Insurance and its Business Model
   —Commissioner Troy Downing (MT)—15 minutes

4. Hear an Update on Ad Hoc Drafting Groups
   —Commissioner Troy Downing (MT)—10 minutes

5. Discuss Any Other Matters Brought Before the Liaison Committee
   —Commissioner Troy Downing (MT)

6. Adjournment

Agenda - AIAN Liaison Cmte - 8.11.22.docx

Draft Pending Adoption

Draft: 8/2/22

NAIC/American Indian and Alaska Native Liaison Committee
Virtual Meeting
June 28, 2022

The NAIC/American Indian and Alaska Native Liaison Committee met June 28, 2022. The following Liaison Committee members participated: Troy Downing, Chair (MT); Russell Toal, Vice Chair (NM); Trinidad Navarro represented by Frank Pyle (DE); Dean L. Cameron (ID); Grace Arnold (MN); Mike Causey represented by Tracy Biehn (NC); Jon Godfread (ND); Glen Mulready (OK); Larry D. Deiter represented by Tony Dorschner (SD); Mike Kreidler represented by Todd Dixon (WA); and Jeff Rude (WY). Also participating were: Kate Harris (CO); Molly Plummer and Bob Biskupiak (MT); and Paige Duhamel (NM).

1. Adopted its Spring National Meeting Minutes

Commissioner Downing said the Liaison Committee met April 6.

Superintendent Toal made a motion, seconded by Commissioner Mulready, to adopt the Liaison Committee's April 6 minutes (*see NAIC Proceedings – Spring 2022, NAIC/American Indian and Alaska Native Liaison Committee, Attachment One*). The motion passed unanimously.

2. Heard a Presentation on Consumer Outreach and Education Regarding Fraud

Commissioner Downing said the next item on the agenda is a presentation by Matthew J. Smith, Executive Director of the Coalition Against Insurance Fraud (CAIF) and an NAIC appointed consumer representative, on consumer outreach and education regarding fraud. He said Mr. Smith was meant to give this presentation during the Spring National Meeting, but the Liaison Committee was short on time; therefore, Mr. Smith graciously consented to postponing his presentation until this interim meeting could be arranged.

Mr. Smith said fraud is up by over 400%, with most of it motivated by financial crime causing a pandemic of insurance fraud. He said a study completed by consumer representatives in 2021 was done to determine if there was a system of discrimination and bias. He said the study showed a lack of state insurance regulator engagement, and people were not seeing the outreach to American Indians and Alaska Natives with these groups not receiving the insurance education that was needed. He said only 26% of those responding said they were receiving such information, and the awareness of state insurance departments came in at less than 24%. He said the CAIF wanted to partner with state departments of insurance (DOIs) by providing valuable information to public information officers that could be used for this much-needed outreach. He said the CAIF has 50 customizable videos that it will work with NAIC members to customize, or the CAIF will customize videos for each state by adding insurance department contact information at the end of the videos. He said the CAIF has new customized infographics coming out every six weeks that could be customized free of charge. He said the CAIF could also provide state DOIs with information that could be added to the states' websites, along with other tools and resources, such as multilingual educational information, training, a searchable database of fraud laws and regulations, and access to antifraud materials dealing with insurance fraud.

Commissioner Downing asked if the CAIF has done any specific outreach targeted to the American Indian and Alaska Native consumer. Mr. Smith said he is sad to say that the CAIF is not yet doing enough to reach this population. Commissioner Downing said more culturally appropriate material is needed. Superintendent Toal

asked if any insurers are targeting vulnerable populations, and he would appreciate the additional materials. Mr. Smith said he has not seen any company or tracking patterns, but he would like to be more culturally engaged. Commissioner Downing said while labeling materials is helpful, it would also be good to collaborate with the CAIF and other state insurance departments. He asked what type of licensing requirements the CAIF offer to state insurance regulators who want to take advantage of CAIF materials. Mr. Smith said there are no additional steps, and all materials are available free of charge with full access to use as much as the state wants. Commissioner Navarro said Delaware has partnered with the CAIF for a few years and has used its materials. He said Delaware put the materials on its own website and took full credit for it. He said the American Indian and Alaska Native community is close knit with not a lot of outside access. Tribal victims of insurance fraud do not come forward because they are ashamed and do not want their family to know about it.

3. Heard a Presentation on "Maximizing Collaboration Between Health Insurers and Tribal Communities – What Blue Cross and Blue Shield of New Mexico and Blue Cross and Blue Shield of Oklahoma are Doing to Build Partnerships"

Commissioner Downing said next on the agenda is a presentation by Bonnie Vallo, Community Outreach Specialist and Tribal Liaison of the Blue Cross and Blue Shield of New Mexico (BCBSNM), and Lucinda Myers, Tribal Relations Specialist of the Blue Cross and Blue Shield of Oklahoma (BCBSOK), on what the BCBSNM and the BCBSOK are doing to build partnerships that will maximize the collaboration between health insurers and tribal communities.

Ms. Vallo said this is the second Blue Cross Blue Shield Association (BCBSA) Tribal Markets Workgroup since 2018 focused on how to get more people involved, and the Health Care Service Corporation (HCSC) Tribal Relations Workgroup is focused on bridging communications across tribes, so it is important to be as local as possible through photos that provide a dual role in educating internally and externally. Ms. Myers said Native Americans in Progress is one of nine business resource groups (BRGs) with subject matter experts (SMEs) serving as resources for companies and helping natives progress in business and diversity in Oklahoma, Montana, and New Mexico. She said BRGs identify needs, host donations, and engage in local communities using volunteer time to help with local health issues and needs. She said BRGs also serve as brand ambassadors and engage in business activities with Native American employees. She said best practices for working with Native American populations include: 1) having a common goal; 2) improving the health of citizens; 3) investing in dedicated positions as a tribal liaison to accomplish strategies; 4) because the communities being served are the experts on their issues, listening and engaging them; doing research; and going to tribal websites and social media outlets, especially regarding health; 5) identifying challenges and how resources can help; 6) being open-minded; and 7) providing ongoing support and resources, including food and other personal necessities. Ms. Myers said mobile assistance centers (MACs) provide enrollment specialists and hold enrollment fairs because 60% of their outreach to tribal members in Oklahoma is rural, so Oklahoma has nine Caring Foundation vans under a 501(c) that provide free preventative health services, three of which are staffed by tribal nations, which enhances face-to-face meetings.

Ms. Vallo said it is important for outreach volunteers to be trustworthy, as they provided Medicaid assistance to 1,222 touchpoints in 2022. She said COVID-19 is still a serious concern, so they are still practicing safe distancing via virtual outreach, which has led to higher vaccination numbers. Superintendent Toal said New Mexico is the fifth largest state for tribal challenges. Ms. Vallo said preventative dental care screenings were provided by the BCBSA in vans to 139 kids due to the use of a mascot known as Blue Bear; $40,000 was donated to the COVID-19 Relief Fund; $50,000 was raised for schools; and the goal for Montana in 2022 is to donate $25,000 to this cause. Commissioner Downing thanked Ms. Vallo and Ms. Myers for underlining the issues. He said he likes the phrase, "Remember those you serve are the experts," and he said Montana does this. He also said later during this meeting, the Liaison Committee members would discuss action plans to create tools for effective communication

with tribal nations. Superintendent Toal asked the speakers what they perceive to be the biggest challenge. Ms. Vallo said she prefers to call challenges opportunities, which are to make sure to get the education and information out to tribal communities in flexible ways. Ms. Myers said educational PCs with access to the Indian Health Service (HIS) have the perception that the IHS is health insurance; however, it is not. Ms. Duhamel asked if federal Affordable Care Act (ACA) coverage is an opportunity to enroll in tribal community health care as well. Ms. Vallo said the ACA includes benefits of third-party and additional services. Ms. Duhamel asked if that works. Ms. Myers said tribal members unfortunately do not think about the ACA when the IHS is closed or when there is no access to services. Ms. Vallo said partnerships with the IHS and the ACA is the best way to do this.

4. Heard a Presentation on "New Mexico's Health Insurance Exchange – American Indian Program"

Superintendent Toal said it is with great pleasure that he introduces the next agenda presentation, "New Mexico's Health Insurance Exchange – American Indian Program," by his friend and colleague, Teresa Gomez, MA, a beWellnm Board member and Board vice chair of the Native American Standing Committee. Ms. Gomez said she is speaking both as an advocate and a consumer as a two times ovarian cancer survivor, but not as an industry person. She said she had employee coverage through her employer and commercial insurance through the IHS to reduce costs for cancer. She said enabling legislation in the form of the New Mexico Health Insurance Exchange Act, which was enacted in 2013, gave Superintendent Toal powers and duties to implement and enforce the provisions in this act. She said the act included Native American specific provisions on diversity; an advisory committee to guide Native American provisions of the ACA; a designated Native American liaison; provisions regarding the consultation of all tribes; a Board of Directors with a Native American Standing Committee that is promoted in its Plan of Operations and in enabling legislation calls for cultural competency training to staff of the exchange; a Native American Service Center with a cabinet-level department and a Native American Advisory Committee. Superintendent Toal encouraged all Liaison Committee members to have a tribal advocate assigned to help their respective DOIs.

5. Discussed Other Matters

Commissioner Downing said his office noticed that sovereign nation programs are just starting to be formed in New Mexico and Oklahoma. He asked if any other Liaison Committee members had seen this type of activity in their states, and he said the Liaison Committee would continue to follow the issue.

Commissioner Downing announced the formation of three ad hoc drafting groups that were created with deliverables based on the results of the state insurance regulator and consumer representative surveys about the goals of the Liaison Committee for 2022. He said an ad hoc drafting group consists of no more than four to five members and meets for a limited time to address specific deliverables. He said Drafting Group 1 will create a tool at the NAIC to address cultural awareness and communication, as Montana has found that words matter within tribal communities, such as using the phrase "financial empowerment" rather than "financial literacy," as well as not saying "Save for yourself" but rather, "Use funds to help tribal members in need." He said volunteers for this group include himself, Mr. Dixon, and a representative for Superintendent Toal. He said Drafting Group 2 will produce a report identifying problems with access and outreach through the IHS and the ACA. He said Drafting Group 3 will review COVID-19 vaccination access accomplishments to prepare a simple report that is not COVID-19-specific about the lessons learned and what worked that could be used for the next emergency. Superintendent Toal suggested combining Drafting Groups 2 and 3 into one that will include Commissioner Downing, Mr. Dixon, and a person to be nominated by Superintendent Toal.

Having no further business, the NAIC/American Indian and Alaska Native Liaison Committee adjourned.

SNHC
Sovereign Nations Health Consortium

NAIC & SNHC—A Collaborative Approach

An Introduction & Proposal to NAIC by:

Mark Echo Hawk
Chief Legal Counsel
Sovereign Nations Health Consortium

DISCUSSION OVERVIEW

- **WHO?**

  Nature of SNHC, SNI, NARA

- **WHY?**

  Tribal purpose

- **WHAT?**

  Proposal for collaboration

FOUNDING
FEDERALLY RECOGNIZED TRIBES

Kanosh Band of Paiutes

Kanosh Band of Paiute Indians

Confederated Tribes of the Goshute Reservation

GOSHUTE INDIAN RESERVATION
GOSHUTE TRIBE

Shivwits Band of Paiutes

Shivwits Band of Paiutes

SNHC Sovereign Nations Health Consortium —*A Growing Tribal Consortium*


SNHC
Sovereign Nations Health Consortium
NATIVE AMERICAN
RESTORATION
ASSOCIATION
SOVEREIGN NATIONS
INSURANCE
100% Tribally owned and controlled
Sovereign consortium of Federally recognized Tribes
Collectively establishes Tribal law,
administers Tribal health & insurance Departments, and
regulates Tribally owned insurance companies
100% Tribally owned and controlled
Non-profit Tribal health membership organization
dedicating policy proceeds to members' charitable healthcare
and health insurance purposes
100% Tribally owned and controlled
Tribal health & insurance company
offering health care & health insurance
to all members of the Tribal Health Community

Why?

Problem:

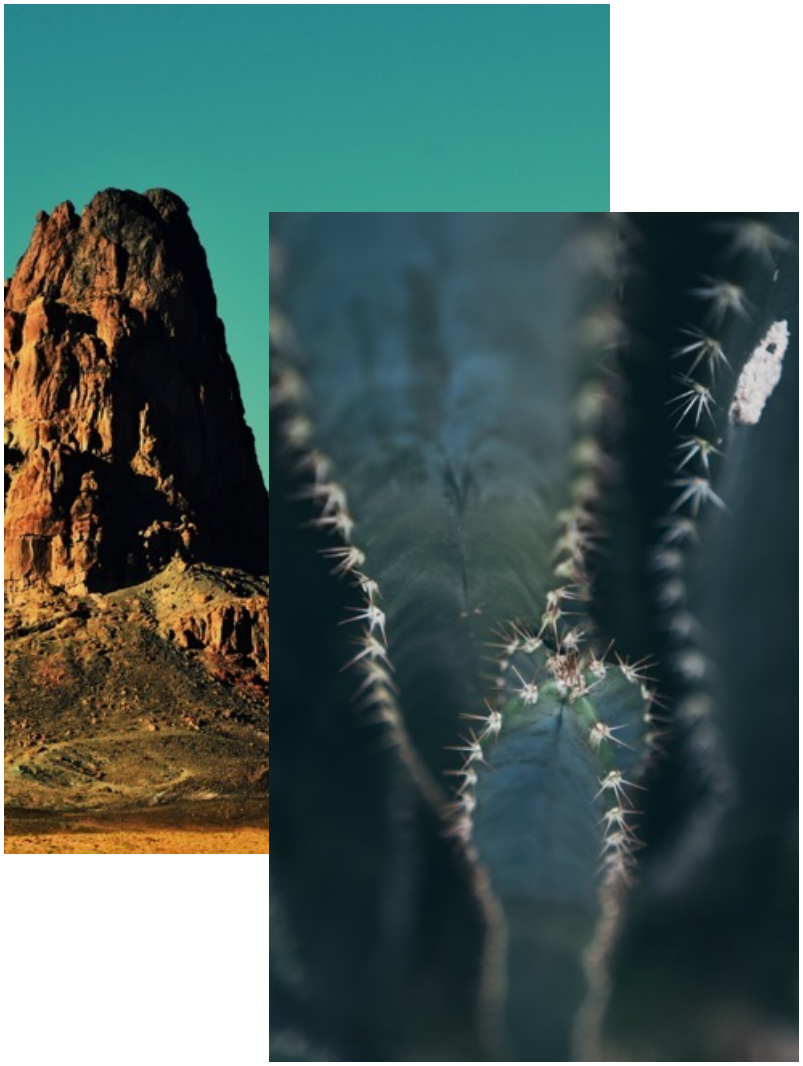
- Snyder Act of 1921 (25 USC 13)
- Federal Trustee & the Indian Health Service
- Indian Self-Determination & Education Assistance Act (P.L. 93-638) & Tribal Health Facilities
- Indian Health Care Improvement Act
- Plenary and Preemptive Congressional Authority
- Underserved, underfunded, uninsured, underinsured, rural, deficient resources, no participation, no accountability
- Indian Country health care: systemic deficiencies with existential consequences

Solution:

- Merits-based fix
- Inextricably interwoven Tribal Health Insurance & Health Care Delivery System
- i.e., CTGR Sacred Circle
- Essential government services through Tribal government economic development
- NARA's reinvestment into Indian Country
- SNI – accountable health care & health insurance

Federally recognized Tribes:

- Sovereignty—long-standing, recognized authority to create and enforce Tribal laws
- Protected by Sovereign Immunity
- Federal Trust Relationship
- Plenary Congressional Authority
- Preemptive Tribal law
- Can derive economic opportunity through interstate and inter-Tribal commerce (exclusive Federal jurisdiction)
- Positioned to provide a solution to U.S./State health care challenges - Connected stakeholders
- Can establish a system of accountability and cooperation between Tribal regulator and Tribal insurance



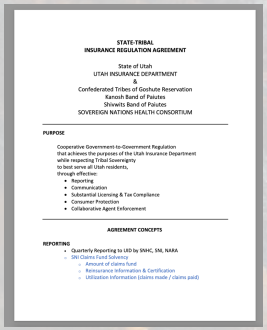
SNHC LEGAL PREMISES

- Inter-Tribal Agreement (Inherent Sovereignty)
- Inter-Tribal Commerce (Exclusive Federal Constitutional Protection of traditional Tribal trade networks)
- Inter-State Commerce (Indian Commerce Clause)
- Tribal Sovereign Immunity & Economic Arm of the Tribes
- Tribal Sovereign Membership Authority
- Indian Self-Determination and Education Assistance Act (ISDEAA) (Tribal organization)
- Indian Health Care Improvement Act (IHCIA) (non-beneficiary eligibility) and Snyder Act
- Tribal Exhaustion of Remedies Judicial Doctrine
- Judicial Interpretation with Tribal Canons Construction
- ACA Tribal Government Status
- Tribal Civil Regulatory Jurisdiction over Health and Welfare & Consensual Relationships

Kanosh Band of Paiute Indians

1. Tribal Insurance is not prohibited by federal law and is emerging market
2. Federal Courts already protect Tribal rights related to health care and insurance
3. Tribes are competent regulators and have similar regulatory goals as States and NAIC
4. Historical oppression and barriers to entry for Tribes justify unique treatment by regulators
5. Tribal interests and health needs require special plan designs not offered by States
6. Tribal communities involve non-Indians & Tribes are not confined to Reservations
7. Tribes can distribute insurance on Reservations without State Regulation
8. Large insurers do not price in savings Tribes should have from IHS.
9. IHS clinics and payors are often not available for Tribes and their non-Indian family members
10. Demand for creative insurance products that might be offered by Tribes will push large insurers to Tribal insurance markets and SNHC licenses

State-Tribal Insurance Regulation Compacts



STATE-TRIBAL
INSURANCE REGULATION AGREEMENT

State of Utah
UTAH INSURANCE DEPARTMENT
&
Confederated Tribes of Goshute Reservation
Kanosh Band of Paiutes
Shivwits Band of Paiutes
SOVEREIGN NATIONS HEALTH CONSORTIUM

PURPOSE

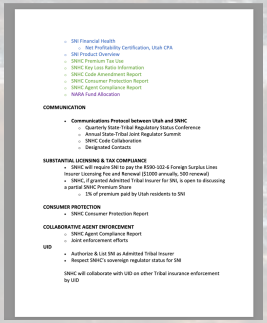
Cooperative Government-to-Government Regulation
that achieves the purposes of the Utah Insurance Department
while respecting Tribal Sovereignty
to best serve all Utah residents,
through effective:

- Reporting
- Communication
- Substantial Licensing & Tax Compliance
- Consumer Protection
- Collaborative Agent Enforcement

AGREEMENT CONCEPTS

REPORTING

- Quarterly Reporting to UID by SNHC, SNI, NAWA
- SNI Claims Fund Solvency
  - Amount of claims fund
  - Reinsurance Information & Certification
  - Utilization Information (claims made / claims paid)



  - SNI Financial Health
    - Net Profitability Certification, Utah CPA
  - SNI Product Overview
  - SNI Premium Volume
  - SNHC Financial Solvency Information
  - SNHC Code Amendment Report
  - SNHC Consumer Protection Report
  - SNHC Agent Compliance Report
  - NAWA Fund Allocation

COMMUNICATION

- **Communications Protocol between Utah and SNHC**
  - Quarterly State-Tribal Regulatory Status Conference
  - Annual State-Tribal Joint Regulator Summit
  - SNHC Code Collaboration
  - Designated Contacts

SUBSTANTIAL LICENSING & TAX COMPLIANCE

- SNHC will require SNI to pay the R590-102-6 Foreign Surplus Lines Insurer Licensing Fee and Renewal ($1000 annually, 500 renewal)
- SNHC, if granted Admitted Tribal Insurer for SNI, is open to discussing a partial SNHC Premium Share
  - 1% of premium paid by Utah residents to SNI

CONSUMER PROTECTION

- SNHC Consumer Protection Report

COLLABORATIVE AGENT ENFORCEMENT

- SNHC Agent Compliance Report
- Joint enforcement efforts

UID

- Authorize & List SNI as Admitted Tribal Insurer
- Respect SNHC's sovereign regulator status for SNI

SNHC will collaborate with UID on other Tribal insurance enforcement by UID

To advance common interests, while preserving Tribal sovereignty, SNHC and SNI will be offering to cooperate with State Departments of Insurance to become a sovereign Admitted Tribal Insurer.

SNHC and SNI would provide

- Quarterly reporting
- Communication
- Licensing and Tax Compliance
- Collaboration - Consumer Protection and Agent Enforcement

SNHC and SNI do not have any State-Tribal Insurance Regulation Agreements in place presently.

Upside of Cooperation:

SNHC
Sovereign Nations Health Consortium

- Add Credibility and Relevance to NAIC AIAN Committee
  - Tribes cooperate with SNHC and give SNHC valuable intel
  - Expand Influence over dozens if not all 574 Tribes
- Annual Reporting to NAIC (Financial Health, Solvency, etc.)
- Collaborative Communication Protocol
- Consumer Protection, Licensing, and Tax Updates in Indian Country
- Collaboration regarding Agent Enforcement
- NAIC control - Common Tribal Insurer Criteria
- Help NAIC ensure other Tribes abide by SNHC Code and State-Tribal Insurance Regulation Agreements

SNHC/NAIC can work together to develop and enforce Common Tribal Insurer criteria

- Obtain NAIC Company Code
- SNHC Tribal Insurer Certificate of Authority
- Central registry of Tribal insurance activities
- Distribution channel awareness & control
- Compliance with model Tribal Insurance Code
- NAIC Licensing fees
- Percentage of Profits must go to Tribal Government and Health

Tribal Coalitions:
A Common, Recognized Practice

Kanosh Band of Paiute Indians

Examples of such organizations include:

- National Indian Health Board (NIHB)
- National Congress of American Indians (NCAI)
- Council of Energy Resource Tribes (CERT)
- Inter Tribal Council of Arizona (ITCA)
- Intertribal Timber Council (ITC)
- California Tribal Business Alliance (CTBA)

Together, Tribes are developing a new, sovereign Tribal Health Community-based health insurance & health care system

SNHC
Sovereign Nations Health Consortium

SNI SIERRA PLAN

SOVEREIGN NATIONS
INSURANCE

MONTHLY PREMIUMS

Sierra 2500

AGE BANDS	MEMBER	MEMBER + SPOUSE	MEMBER + Child(ren)	MEMBER + FAMILY
18-29	$327.84	$534.02	$519.59	$773.20
30-39	$353.61	$583.51	$567.01	$845.36
40-49	$378.35	$632.99	$613.40	$916.49
50-59	$425.77	$730.93	$706.19	$1,057.73
60-64	$648.45	$1,173.20	$1,126.80	$1,701.03

Sierra 5000

AGE BANDS	MEMBER	MEMBER + SPOUSE	MEMBER + Child(ren)	MEMBER + FAMILY
18-29	$320.62	$516.49	$503.09	$749.48
30-39	$345.36	$567.01	$550.52	$821.65
40-49	$353.61	$583.51	$567.01	$845.36
50-59	$393.81	$664.95	$643.30	$962.89
60-64	$591.75	$1,058.76	$1,018.56	$1,535.05

Sierra 10,000

AGE BANDS	MEMBER	MEMBER + SPOUSE	MEMBER + Child(ren)	MEMBER + FAMILY
18-29	$286.60	$451.55	$441.24	$653.61
30-39	$300.00	$475.26	$463.92	$688.66
40-49	$315.46	$508.25	$494.85	$736.08
50-59	$355.67	$589.69	$572.16	$853.61
60-64	$528.87	$934.02	$900.00	$1,353.61

* Tobacco Usage - Add $75 per household
* Pricing is based on the oldest enrolling member

SOVEREIGN NATIONS INSURANCE

Note: This information is subject to change and should not be distributed for public use.

SNI SIERRA PLAN

SOVEREIGN NATIONS INSURANCE

Connected Care**

Connected Care – Non Emergent Care 24/7	$0 Copay
Connected Urgent Care – 24/7 Unlimited Visits	$0 Copay
Mental Health AI Chatbot – 24/7 Unlimited Access	$0 Copay
Behavioral Health Telehealth Consultations (3 visits per calendar year)	$0 Copay

Deductible & Coverage Maximums

Deductible (per plan year)	$2,500 | $5,000 | $10,000 (3x per family)
Coinsurance	20%
Coinsurance Out-of-Pocket Maximum (per plan year)	$2,500 | $5,000 | $10,000 (3x per family)
Total Out-of-Pocket Maximum (per plan year)	$5,000 | $10,000 | $20,000 Does not include office visits or prescriptions (3x per family)
Lifetime Coverage Maximum	$1,000,000

Outpatient Services*

Networks	PHCS Practitioner and Ancillary Only PNOA Network
Preventive Services (waiting period applies) Max coverage for mammograms is $1,000 and colonoscopies is $2,500. Waiting period of 1 month on all preventive care except colonoscopies which are subject to a 6 month waiting period.	In-Network: $0 copay*** then covered at 100% Out-of-Network: $100 copay*** then covered at 100% Deductible does not apply
PCP Visits (5 visits per plan year combined with specialist)	$50 copay*** then 20% coinsurance After 5 visits deductible must be met before services are covered
Specialist Visits (5 visits per plan year combined with PCP)	$75 copay*** then 20% coinsurance After 5 visits deductible must be met before services are covered
Urgent Care	$150 copay*** plus 20% coinsurance

Maternity*

Maternity coverage is subject to a $5,000 deductible, separate from plan deductible, for a normal delivery plus 20% coinsurance. Must have an expected due date for delivery at least 300 days after your plan effective date for bills to be covered.

Note: This information is subject to change and should not be distributed for public use.

Facility/Inpatient Services*

In / Out patient surgery	Deductible then 20% coinsurance plus amounts exceeding the Reasonable and Allowed Amounts and/or the plan maximum.
Hospital / Facility Services	
Emergency Room Additional $1,500 copay applies (waived if admitted)	
Ambulance Additional $1,500 copay applies	

Prescription Coverage*

LEVEL 1	Medications under $50 for 30 Day Supply	$10 copay
LEVEL 2	Medications costing $50 – $149 for 30 Day Supply	$20 copay or 20% copay
LEVEL 3	Medications costing $150 – $400 for 30 Day Supply	40% copay (1 Fill Only)

High-Cost Medications**

Members needing access to maintenance and specialty medications costing over $150 per month work with an advocate after registering online. Advocates access these medications using our proprietary program.

Additional Services*

Chiropractic 6 month waiting period applies	$50 Copay (max 10 visits per plan year)
Substance Abuse Treatment 6 month waiting period applies Subject to plan deductible and coinsurance	$10,000 annual max
Mental Health Treatment 6 month waiting period applies Subject to plan deductible and coinsurance	$10,000 annual max
Contraceptive Implants & IUDs	50% Coinsurance
Mental Health Therapy (In-Person Visits) 6 month waiting period applies	$75 Copay (max 10 visits per plan year)
Outpatient Therapy – Physical, Speech, and Occupational 6 month waiting period applies	$75 Copay (max 10 visits per plan year combined)

*Services facilitated by SNI, please refer to Plan Documents for limitations and restrictions.
**These programs are accessed through outside vendors not affiliated with SNI.
***Additional services rendered during an office visit may be subject to coinsurance and/or plan deductible.

CONNECTED CARE

Save time and money with immediate access to licensed medical care for you and your family - anytime, anywhere!

24/7 Access to a virtual physician from anywhere in the world.

Treatment by phone for common conditions.

24/7 Behavioral Health Virtual Consultations

Powered by 24 HR Virtual Clinic

Virtual Pediatric Visits*

*For minor pediatric ailments

SIGN IN TO SEE A DOCTOR THROUGH YOUR SECURE TELEHEALTH PATIENT PORTAL

- 24 HOURS, 7 DAYS A WEEK
- SECURE ACCESS TO IMMEDIATE CARE
- PHYSICIAN CREATED TREATMENT PLANS
- NO MORE WAITING ROOMS

BEHAVIORAL HEALTH VIRTUAL CONSULTATIONS

24/7 Virtual Care brings confidential services from licensed behavioral health counselors who may help with any issues or concerns.

Up to 3 consultations per individual per year plus unlimited electronic access to our online resources' library. Services are available by a phone call, smartphone app, or webcam when you need care for acute conditions.

Powered by 24 HR Virtual Clinic

MENTAL HEALTH @ YOUR FINGERTIPS

If you are looking for support right now, you can try our free text-based wellness support service called Tess. Tess is a supportive chatbot that is available for unlimited, 24/7 conversations.
It's as easy as 1, 2, 3!

Powered by X2ai

Note: This information is subject to change and should not be distributed for public use.

SOVEREIGN NATIONS INSURANCE

FAIR PRICE LABS

Substantially reduce your out-of-pocket cost for lab services!

Order and pay online for your tests.

Enter your discount code at checkout for an extra 10%.

Print your receipt and visit your local Quest for your test.

GREEN IMAGING

SOVEREIGN NATIONS INSURANCE

Substantially reduce your out-of-pocket cost for scheduled imaging services!

The cash-pay price is the final price you pay! No extra charge for the radiologist fee.

Board-certified and fellowship-trained radiologists evaluate your images.

You are directed to only high quality facilities and experts.

PROCEDURES OFFERED

MRI
PET/CT
CT Scan
Arthrogram
Ultrasound
X-Ray
Mammogram
Bone Density
Echocardiogram
Myelogram
Nuclear Medicine
Interventional Pain Management

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Mark Echo Hawk
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STATE-TRIBAL
INSURANCE REGULATION AGREEMENT

[STATE] INSURANCE DEPARTMENT
&
Confederated Tribes of Goshute Reservation
Kanosh Band of Paiutes
Shivwits Band of Paiutes
SOVEREIGN NATIONS HEALTH CONSORTIUM

PURPOSE

Cooperative Government-to-Government Regulation
that achieves the purposes of the [State] Insurance
Department while respecting Tribal Sovereignty
to best serve all [State] residents,
through effective:

- Reporting
- Communication
- Substantial Licensing & Tax Compliance
- Consumer Protection
- Collaborative Agent Enforcement

AGREEMENT CONCEPTS

REPORTING

- Quarterly Reporting to [State] DOI by SNHC, SNI, NARA
  - SNI Claims Fund Solvency
    - Amount of claims fund
    - Reinsurance Information & Certification
    - Utilization Information (claims made / claims paid)

- SNI Financial Health
  - Net Profitability Certification, CPA
- SNI Product Overview
- SNHC Premium Tax Use
- SNHC Key Loss Ratio Information
- SNHC Code Amendment Report
- SNHC Consumer Protection Report
- SNHC Agent Compliance Report
- NARA Fund Allocation

COMMUNICATION

- **Communications Protocol between [STATE] and SNHC**
  - Quarterly State-Tribal Regulatory Status Conference
  - Annual State-Tribal Joint Regulator Summit
  - SNHC Code Collaboration
  - Designated Contacts

SUBSTANTIAL LICENSING & TAX COMPLIANCE

- SNHC will require SNI to pay the Foreign Surplus Lines Insurer Licensing Fee and Renewal ($1000 annually, 500 renewal)
- SNHC, if granted Admitted Tribal Insurer for SNI, is open to discussing a partial SNHC Premium Share
  - 1% of premium paid by non-Indian State residents to SNI

CONSUMER PROTECTION

- SNHC Consumer Protection Report

COLLABORATIVE AGENT ENFORCEMENT

- SNHC Agent Compliance Report
- Joint enforcement efforts

Dept. of Insurance Commitment:

- Authorize & List SNI as Admitted Tribal Insurer
- Respect SNHC's sovereign regulator status for SNI

SNHC will collaborate with State DOI on other Tribal insurance enforcement by UID

AIAN 7.11.2022 Survey:
Requesting information from states about Tribal insurers operating on and off reservations

Name	Title	State	Contact	Email	Notes
Willard (Dusty) Smith	Consumer Services Manager	AL	334-241-4103	willard.smith@insurance.alabama.gov	AL has not had any related complaints in Alabama.
Franklin Pyle	Spec. Deputy Commissioner	DE	302-674-7353	Frank.Pyle@delaware.gov	Delaware has not seen any Tribal Insurance providers.
Shannon Hohl	Market Oversight Bureau Chief	ID	208-334-4315	shannon.hohl@doi.idaho.gov	Idaho is aware of Shasta Administrative Services, a third-party administrator of Tribal Self Insurance (TSI) for self-governance tribes. https:/ /www.shastatpa.com/. Idaho would also like to mention the Northwest Portland Area Indian Health Board (NPAIHB), https://www.npaihb.org/ which is a Northwest non-profit organization serving the federally recognized tribes ofldaho, Oregon, and Washington. They provide support and advocacy to member tribes. This group may be a resource for additional information or to speak at a future committee meeting.
Vicki Schmidt	Commissioner of Insurance	KS	785-291-3299	vicki.schmidt@ks.gov	Suggested the letter to TAIC (Tribal Association of Insurance Commissioners) in addition to Allan Barnes, the Insurance Commissioner for the Delaware Tribe of Indians, which I believe has offices in both Kansas and Oklahoma. His contact information is abarnes@delawaretribe.org, 601 High St., Caney, KS, 67333. The phone number listed is 620-879-2189. I also believe that you are probably aware of other Tribal Insurance Commissioners as well. As far as we know the Delaware Tribe issue in Kansas and OK appears to be far more sophisticated and geared toward commercial and reinsurance risks, not health coverage. It also seems that the questionnaire is aimed at gathering information that would support the efforts to understand insurance matters, possibly by highlighting the legitimate. Collaboration is important.
Robert Wake	Atty	Maine	207-624-8430	robert.a.wake@maine.gov	2003 [Winnebago Tribe of NE] "Supreme Court has held that tribal immunity protects only the tribe, not individuals acting on the tribe's behalf, and does not confer any exemption from insurance licensing, employee leasing registration, and other applicable regulatory laws."
Peter Brickwedde	Asst. Commissioner	MN	651-539-1443	peter.brickwedde@state.mn.us	Minnesota has not seen any instances of operations of the kind outlined there. We have flagged it for our enforcement, insurance and consumer services team and our Tribal Liaison.
Jason Dexter	Dir., Life & Health	N. Hampshire	603-271-3041	jason.g.dexter@ins.nh.gov	NH has no federally recognized Indian tribes today. No complaints Our department is aware of Sovereign Nations Insurance (SNI) marketing in New Hampshire. We first became aware of their presence in NH by a well known producer who contacted the Department after his clients, who are not members of any tribe, were directed to their site (https://sniprotect.com [sniprotect.com]) after trying to obtain coverage through healthcare.gov [healthcare.gov].
Leatrice Geckler	Compliance Div. Dir.	NM	505-383-0804	leatrice.geckler@state.nm.us	The only one NM was aware of was AMERIND, an insurance provider established in 1986, which is 100% tribally owned.

Name	Title	State	Contact	Email	Notes
Judith L. French	Dir., Ohio DOI	Ohio	614-981-1819	judith.french@insurance.ohio.gov	Not aware of any such instances.
Melissa Manning	Legislative Counsel & Policy Advisor	SC	803-737-6204	mmaning@doi.sc.gov	South Carolina is not aware of any instances of an American Indian/Tribal owned insurance company operating in South Carolina
Frank A. Marnell	Sr. Legal Counsel, Ins. Div.	SD	605-773-3563	frank.marnell@state.sd.us	South Dakota is not aware of the product/company operating in South Dakota. No complaints, no notifications.
Todd Dixon	Deputy Ins. Commissioner & Agency Tribal Liaison	WA	360-725-7262	todd.dixon@oic.wa.gov	The Washington State Office of Insurance Commissioner (OIC) has an open investigation of Sovereign Nations Insurance Consortium (SNIC). We are awaiting responses to our inquiries about SNIC doing business in Washington State. We are waiting on a response from SNIC regarding their business in our state. We suspect that they will assert sovereign immunity as they have already done so in Maine. To date, not aware of any complaints. From what we can tell from documents we received from Maine (again we don't have any responses to our inquiries), SNIC asserts the ability to sell insurance on and off reservation as well as to all individuals not just members of federally recognized tribes.
Philip Barlow	Assoc. Commissioner for Ins.	Washington D.C.	202-442-7823	philip.barlow@dc.gov	Department is not aware of instances of any American Indian/Tribal-owned insurance-related entity(ies) serving Indian Country, other indigenous populations, or all individuals.
Rebecca Rebholz	Administrator, Market Regulation & Enforcement	WI	608-264-8111	rebecca.rebholz@wisconsin.gov	The question posed in the letter was whether our insurance bureau is aware of instances of any American Indian/Tribal-owned insurance-related entity(ies) serving Indian Country, other indigenous populations, or all individuals. For Wisconsin, the answer is 'No'. I checked with our Consumer Affairs and Market Analysis sections. They haven't seen any issues in this area.
Jeff Rude	Commissioner	WY	307-777-7401	jefff.rude@wyo.gov	There is a company based in Oklahoma named First Nation. They are the TPA (specializing in tribal business) for a large group employer on the reservation in Wyoming. Some of the covered employees have non-native spouses who are covered over the plan. WY had issues with First Nation. WY contacted by one of our tribes concerning the nonpayment of claims and lack of transparency. First Nation has generated a number of complaints over the years in that they will arbitrarily not cover a claim. The hospitals are left will eating the cost or balance billing the consumer.