



SHINGLE SPRINGS BAND OF MIWOK INDIANS

Shingle Springs Rancheria, (Verona) Tract, California
5281 Honpie Road, Placerville CA 95667
P.O. Box 1340, Shingle Springs CA 95682
(530) 676-8010 Office; (530) 676-8033 Fax

RESOLUTION 2016-69

SUBJECT: APPROVAL OF AMENDMENTS TO THE SHINGLE SPRINGS TRIBAL HEALTH PROGRAM SPOUSE AND FAMILY POLICY.

WHEREAS, the Shingle Springs Band of Miwok Indians (the “Tribe”) is a federally recognized Indian tribe eligible for the special programs and services provided by the United States to Indians because of their status as Indians and is recognized as possessing powers of self-government; and

WHEREAS, the Shingle Springs Tribal Council is the duly-elected governing body of the Tribe and is authorized to act on behalf of the Tribe; and

WHEREAS, on February 11, 2016 the Tribal Council approved the Shingle Springs Tribal Health Program Spouse and Family Policy (“Policy”), which authorizes the Shingle Springs Tribal Health Program (“SSTHP”) to provide health insurance to the Spouses of Tribal members, as well as to write off the co-pays for the family of Tribal employees and spouses of Tribal members seeking services at the Tribe’s Health and Wellness Center; and

WHEREAS, the Tribal Council desires to amend the Policy in order to; 1) provide health insurance for spouses of deceased Tribal members until the next open enrollment period after a period of time equal to the length of their marriage/domestic partnership with the deceased Tribal member; 2) charge orthodontics and dental implants at a rate of 50% the self-pay 3 rate; and

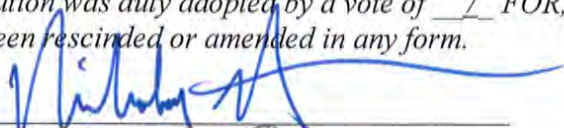
WHEREAS, the Tribal Council has reviewed the amended “SSTHP Spousal and Family Policy,” a copy of which is attached, and has determined that it is consistent with the Tribe’s goals for the SSTHP.

NOW THEREFORE, BE IT RESOLVED that the Tribal Council hereby approves the attached amended “SSTPH Spouse and Family Policy” and authorizes the Chairman or his designee to execute any and all documents and agreements necessary as may be required to give effect to the transaction, herein contemplated, and to take such other actions as may hereby be necessary and appropriate to carry out the obligations thereunder.

BE IT FURTHER RESOLVED that this resolution will take effect immediately.

CERTIFICATION

As a duly-elected official of the Shingle Springs Band of Miwok Indians, I do hereby certify that, at a meeting duly called, noticed, and convened on the 27th day of October, 2016 at which time a quorum of 7 was present, this resolution was duly adopted by a vote of 7 FOR, 0 AGAINST, 0 ABSTAINED, and said resolution has not been rescinded or amended in any form.



Chairperson

October 27, 2016
Date

ATTEST:


Secretary

October 27, 2016
Date



SHINGLE SPRINGS BAND OF MIWOK INDIANS

Shingle Springs Band of Miwok Indians
(Verona) Tract, California
5281 Honpie Road, Placerville CA 95667
P.O. Box 1340, Shingle Springs CA 95682
(530) 676-8010 Office; (530) 676-8033 Fax

SHINGLE SPRINGS TRIBAL HEALTH PROGRAM SPOUSE AND FAMILY POLICY

SECTION 1- PURPOSE

The Shingle Springs Tribal Health Board (“Health Board”) desires to provide health insurance to the Spouses of Tribal Members, as well as to write off the co-pays for the Family of Tribal Employees and Spouses of Tribal Members seeking health services through the Shingle Springs Tribal Health Program (“SSTHP”).

SECTION 2- DEFINITIONS

For the purpose of this Policy, the following words shall have the following meaning:

- (A) **“Clinic”** shall mean the Shingle Springs Health and Wellness Center.
- (B) **“Family”** shall include Spouse and children who are residing in the same house.
- (C) **“Tribal Employee”** shall mean an employee of the Tribe including, but not limited to, employees of the Community Development/EPA Department, Cultural Resources Department, Facilities Department, Finance Department, Gaming Commission, Gaming Authority, Human Resources Department, Information Technology Department, Legal Department, Shingle Springs Tribal Health Program, Shingle Springs Tribal TANF Program, and Tribal Administration.
- (D) **“Tribal Member”** shall mean an enrolled member of the Shingle Springs Band of Miwok Indians.
- (E) **“Policy”** shall mean this SSTHP Spouse and Family Policy.
- (F) **“Spouse”** for purposes of this Policy shall mean the individual who is legally married to, or who has registered domestic partnership with, a Tribal Member or Employee.
- (G) **“Tribe”** shall mean the Shingle Springs Band of Miwok Indians.

SECTION 3- HEALTH INSURANCE FOR SPOUSES OF TRIBAL MEMBERS

The SSTHP shall provide health insurance to Spouses of Tribal Members by assisting them in signing up for coverage through Covered California. Tribal Members who live outside of the area of the Clinic may sign up through Covered California, or the equivalent program in their state, and receive a reimbursement from the SSTHP. In order to receive assistance under this Policy, Spouses of Tribal Members must provide the SSTHP with a copy of either the marriage certificate or certificate of domestic partnership evidencing the relationship to the Tribal member.

- 1. Upon the death of the Tribal member, the non-Tribal member spouse receiving coverage under this Policy shall continue to be provided health insurance until the next open enrollment period after a period of time equal to the length of their marriage/domestic partnership with the deceased Tribal member. The spouse will then no longer be eligible for coverage under this Policy.

SECTION 4- WAIVING COPAYS FOR FAMILIES OF TRIBAL EMPLOYEES AND SPOUSES OF TRIBAL MEMBER

Family of Tribal Employees and Spouses of Tribal Members will not be required to pay co-pays for health services at the Clinic. The SSTHP will bill the Spouse’s medical insurance and write off any amount that the insurance will not cover. The SSTHP will write off the amount of the co-pay, the deductible, and out-of-pocket expenses, within reason. The following services will not be covered under this Section, but will only be charged at a rate of 50% the Self-pay 3 rate:


- 1. Orthodontics.
- 2. Dental implants.

SECTION 5- DENIAL OF SERVICES

The SSTHP reserves the right to deny services on a case by case. All decisions by the SSTHP are final.

CERTIFICATION

As a duly-elected official of the Shingle Springs Band of Miwok Indians, I do hereby certify that, at a meeting duly called, noticed, and convened on the 27th day of October 2016 at which time a quorum of 7 was present, this Policy was duly adopted by a vote of 7 FOR, 0 AGAINST, 0 ABSTAINED, and said Policy has not been rescinded or amended in any form.



Tribal Chairperson

October 27, 2016
Date

ATTEST:


Tribal Secretary
SSTHP Spouse and Family Policy

October 27, 2016
Date