

**ACCESSTN
FREQUENTLY ASKED QUESTIONS**

1. What is AccessTN?

AccessTN is a comprehensive health insurance program for Tennesseans who are uninsurable because of pre-existing medical conditions or health history. AccessTN functions as Tennessee's high-risk insurance pool.

2. What is the Pre-existing Condition Insurance Plan (PCIP)?

Those who are eligible for AccessTN may also qualify for the Pre-Existing Condition Insurance Plan (PCIP), a federally funded high-risk pool. PCIP is administered by the United States Department of Health and Human Services. The program provides coverage to those who prove a pre-existing medical condition with a denial letter from a private insurer and have been uninsured for at least six months. PCIP offers comprehensive coverage with no pre-existing condition exclusion and no annual or lifetime benefit limit. Like AccessTN, PCIP members are responsible for paying annual deductibles and monthly premiums, which vary from \$163 to \$699 per month, depending on the individual's age.

To learn more about PCIP, including how to apply, visit the Health and Human Services website at www.pcip.gov or call 1-866-717-5826.

3. What are the requirements for eligibility?

- Tennessee resident
- U.S. Citizen or qualified legal alien (see question #24)
- Uninsurable by medical or insurance determination
- No access to employer-sponsored health insurance (other than CoverTN) at the time of application
- The applicant has exhausted COBRA coverage, if it was available
- Uninsured for at least three months, except for those completing COBRA, being disenrolled from TennCare or losing CoverKids eligibility

4. What does “uninsurable” mean?

Uninsurable is the term used to identify those who have been declined for individual health insurance because of health issues.

It is NOT another term for “uninsured”. You must show that you are uninsurable to qualify for AccessTN.

5. How does an applicant prove uninsurable status?

In one of two ways:

- Provide a doctor's statement that the applicant has one of more than 50 medical conditions (See question #6)
- Show that the applicant has been denied for individual health coverage by an insurance carrier because of health conditions

If you qualify for Portability coverage, you do not have to prove that you are uninsurable. (See question #13 for more information on Portability coverage)

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6. What are the approved medical conditions, which qualify someone for AccessTN?

If, within the previous three years, an applicant has been diagnosed or treated for any of these medical conditions, he or she will qualify for AccessTN as medically uninsurable (it is important to know that these are not the only ways to qualify for AccessTN).

- AIDS/HIV+
- Alzheimer's
- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Aplastic Anemia, chronic
- Arteritis, necrotizing
- Arthritis, Rheumatoid
- Autistic Disorders
- Brain injury, traumatic
- Cancers, excluding skin cancers except melanoma
- Cerebral Embolism, Pulmonary Embolism
- Cerebral Palsy, moderate to severe
- Cerebral Vascular Accident (CVA) [Stroke] other than Transient Ischemic Attack
- Cirrhosis of the Liver
- Cleft Palate, requiring surgery, excluding microform cleft
- Congestive Heart Failure, including Cardiomyopathy
- Crohn's Disease, with current symptoms and requiring surgery
- Cystic Fibrosis
- Diabetes, Type I or Type II uncontrolled, or diabetes with complications (eyes, kidneys, feet, etc.)
- Friedrich's Ataxia
- Guillain-Barre Syndrome, Presenting
- Heart Attack (Myocardial Infarction) within 5 years
- Heart Bypass Surgery within 5 years
- Hemophilia
- Hepatitis B, C, D or G acute or chronic moderate or severe with Rx
- Hodgkin's Disease
- Huntington's Chorea
- Hydrocephalus
- Hypertensive Renal Disease
- Kidney, Chronic Renal Failure, including members receiving dialysis
- Kidney, Polycystic
- Lead Poisoning (Cerebral)
- Legge-Perthes Disease
- Leukemia
- Multiple Sclerosis, Post-lateral Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Pancreatitis, chronic
- Paralysis, including quadriplegia and paraplegia
- Parkinson's Disease
- Psychotic Disorders, including Schizophrenia & Delusional Disorders
- Pulmonary Emphysema, moderate to severe
- Pulmonary Fibrosis
- Sickle Cell Anemia
- Silicosis (Black Lung)
- Still's Disease
- Sturge-Weber syndrome
- Syringomyelia
- Systemic Lupus Erythematosus (Lupus Erythematosus)
- Tabes Dorsallis (Locomotor Ataxia)
- Thalassemia with present symptoms
- Topectomy and Lobotomy
- Transplants, completed or recommended, excluding donor or cornea transplant
- Tumors, Brain or Pituitary
- Ulcerative Colitis, present
- Wilson's Disease

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7. **How do former TennCare enrollees who were classified as uninsurable qualify for AccessTN?**
Those who were in an “uninsurable” category of TennCare must still qualify for AccessTN based on the program’s guidelines.
8. **Does receiving services from one of the Safety Net programs (i.e., dialysis, transplant, oxygen, etc.) make someone ineligible for AccessTN or is the Safety Net not considered insurance?**
Someone receiving Safety Net services is not considered insured, but they must meet program eligibility criteria in order to be eligible for AccessTN.
9. **Is there an income test or an asset test?**
There is no income test or asset test to join AccessTN. However, income guidelines are in place for current members who receive premium assistance.
10. **How do I demonstrate Tennessee residency?**
You will need one form of identification to prove residency, such as a driver’s license or other form of ID used to obtain a Tennessee driver’s license. For more information, please visit www.state.tn.us/safety/driverlicense/dlproof.htm.
11. **How much are AccessTN’s premiums?**
Premiums for 2011 will range between \$284 and \$1,225 per month, depending on a person’s age, weight and tobacco use. Furthermore, premiums are influenced based on the coverage plan selected by the member – Plan One, Two or Three – which carry various annual deductibles. 2011 premiums for the various plans are listed below.

| Plan One (\$1,000 deductible) | | | | |
|----------------------------------|-----------------------|--------------|---------------------|--------------|
| | Target Weight or Less | | Above Target Weight | |
| Age | Non-tobacco User | Tobacco User | Non-tobacco User | Tobacco User |
| <30 | \$410 | \$472 | \$456 | \$524 |
| 30-39 | \$477 | \$548 | \$530 | \$608 |
| 40-49 | \$579 | \$666 | \$643 | \$740 |
| 50-59 | \$688 | \$792 | \$765 | \$880 |
| 60-64 | \$812 | \$934 | \$902 | \$1,038 |
| 65+ | \$958 | \$1,102 | \$1,065 | \$1,225 |

| Plan Two (\$3,000 deductible) Health Savings Account eligible | | | | |
|---|-----------------------|--------------|---------------------|--------------|
| | Target Weight or Less | | Above Target Weight | |
| Age | Non-tobacco User | Tobacco User | Non-tobacco User | Tobacco User |
| <30 | \$318 | \$366 | \$353 | \$406 |
| 30-39 | \$369 | \$425 | \$410 | \$472 |
| 40-49 | \$449 | \$516 | \$498 | \$573 |
| 50-59 | \$534 | \$614 | \$593 | \$682 |
| 60-64 | \$630 | \$724 | \$699 | \$804 |
| 65+ | \$743 | \$855 | \$826 | \$950 |

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| Plan Three (\$5,000 deductible) | | | | |
|------------------------------------|-----------------------|--------------|---------------------|--------------|
| | Target Weight or Less | | Above Target Weight | |
| Age | Non-tobacco User | Tobacco User | Non-tobacco User | Tobacco User |
| <30 | \$284 | \$326 | \$315 | \$362 |
| 30-39 | \$330 | \$379 | \$366 | \$420 |
| 40-49 | \$399 | \$460 | \$444 | \$511 |
| 50-59 | \$475 | \$547 | \$528 | \$607 |
| 60-64 | \$561 | \$645 | \$623 | \$717 |
| 65+ | \$662 | \$761 | \$736 | \$847 |

12. What is considered “Target Weight or Less” or “Above Target Weight”?

Those with a weight at or less than what is listed in the chart below are considered to be at target weight. Those weighing more than what is listed are considered to be above target weight.

| Height | Target Weight |
|--------|---------------|
| 4' 10" | 142 |
| 4' 11" | 147 |
| 5' 0" | 152 |
| 5' 1" | 157 |
| 5' 2" | 163 |
| 5' 3" | 168 |
| 5' 4" | 173 |
| 5' 5" | 179 |
| 5' 6" | 185 |
| 5' 7" | 190 |
| 5' 8" | 196 |
| 5' 9" | 202 |
| 5' 10" | 208 |
| 5' 11" | 214 |
| 6' 0" | 220 |
| 6' 1" | 226 |
| 6' 2" | 232 |
| 6' 3" | 239 |
| 6' 4" | 245 |
| 6' 5" | 252 |

13. What is the difference between Regular and Portability coverage?

Regular coverage is for those members who have been without other health coverage for three months before joining AccessTN, and who will have a six-month period in which they have a reduced benefit for pre-existing conditions. (see FAQ #21 for more information about pre-existing conditions.)

Portability coverage is for those applicants who apply within 63 days of the end of other qualifying coverage of more than 18 months, including:

- those coming off TennCare
- those no longer eligible for CoverKids because of age

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- those completing COBRA or other group continuation coverage
- those whose groups have quit providing group coverage

Portability coverage can begin without any wait (no go-bare requirement) and provides full coverage for pre-existing conditions from day one.

14. Is AccessTN a limited benefit plan like CoverTN?

No. AccessTN is comprehensive health insurance. The benefits include a broad range of services which are most needed by chronically ill adults.

15. Does AccessTN include maternity coverage?

Yes. Maternity coverage is included as a core benefit of AccessTN. However, there is a 12-month waiting period from the date of enrollment before maternity services will be covered for those who are in the Regular category. Effective January 1, 2010, maternity coverage is included from day one of enrollment for those in the Portability category. See question 13 for more information about Regular and Portability categories.

16. Can people with HIPAA policies apply for AccessTN?

In general, people with HIPAA policies will not be eligible for AccessTN due to the program's requirement that an applicant be without health insurance for three months.

17. Can people with COBRA coverage apply for AccessTN?

An applicant must have exhausted all COBRA coverage available to them in order to be eligible to apply for AccessTN.

For applicants who exhaust COBRA coverage and apply within 63 days from the termination of COBRA, the applicant may apply directly to the Portability category without meeting the three-month go-bare requirement and without a pre-existing condition-waiting period.

If an applicant has access to COBRA and does not elect to take it, or discontinues COBRA insurance before exhausting the coverage available, the applicant will have a three-month go-bare requirement from the last date of coverage before AccessTN coverage can be effective.

18. Can someone apply before their COBRA or other coverage ends?

Yes, it is important to apply early to avoid a gap in coverage. An individual may apply up to 90 days before the loss of coverage to insure enough time for approval.

If an applicant exhausts COBRA and does not apply for AccessTN within 63 days, the earliest coverage date will be three months later, in accordance with the go-bare requirement and the pre-existing condition-waiting period will be in effect.

19. What if COBRA or other coverage ends in the middle of the month?

If you apply for Portability coverage, and apply within 63 days of the end of your COBRA, TennCare or CoverKids coverage, your AccessTN coverage will begin the day after your other coverage ended. You will be required to catch up any missed premium payments. You may apply for AccessTN before your other health plan ends.

Most applicants who have been uninsured for three months or more will have Regular coverage. All Regular coverage plans begin on the first of the month. Depending on when an application is processed, an applicant can choose during which month their coverage

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will begin. For regular plans, your application must be approved by the 15th of the month for your coverage to begin the first of the following month.

Be sure to apply early enough to avoid an interruption in coverage. Applicants should apply before their other coverage ends, if possible.

20. Why is there a requirement that someone go without insurance for three months before they can be eligible?

This period is required to insure AccessTN is available to those without other insurance options and to discourage individuals from dropping other commercial coverage. This is sometimes called a go-bare period.

The go-bare requirement does not apply to

- those exhausting COBRA coverage
- those completing TennCare or other qualifying eligibility
- those whose group ends coverage without a COBRA option

21. Why is there a six-month waiting period before pre-existing medical conditions are treated the same as other medical conditions?

Like traditional, commercial individual health insurance plans, a limitation on pre-existing conditions reduces premium rates and helps make an insurance program financially stable for its members. The AccessTN Board of Directors determined that not having a pre-existing condition-waiting period made premiums too expensive and decided on a six-month waiting period.

However, AccessTN will pay a 50 percent benefit for treatment of pre-existing conditions, rather than exclude coverage altogether. Prescription drug coverage is not subject to the pre-existing waiting period. Also, outpatient behavioral health services and outpatient drugs used for the treatment of cancer are not subject to either the pre-existing conditions exclusion or a deductible. The AccessTN Board approved these to help participants afford medications for chronic conditions and chemotherapy or radiation treatment.

22. How do I apply?

Applications are available for download at www.CoverTN.gov or by calling 1-866-CoverTN.

23. Is special assistance available for help completing the AccessTN application?

Yes. Those who need special assistance completing the AccessTN application may call 1-866-636-0080 and request help completing their application.

24. Who is a Qualified Legal Alien?

A qualified legal alien is someone who is not a U.S. Citizen, but who does live in the United States legally. To be a qualified alien, a person must meet certain conditions. These conditions are defined by federal law at 8 U.S.C. §1622(b). (See the qualified Legal Alien form for more detail on those immigrant categories, which qualify.) Note: this is a term with a special meaning under our law. Legal immigrants, including those with visas or green cards, must meet one of these specific categories to qualify. Otherwise, only U.S. citizens are eligible for AccessTN.

25. What is the best way to learn more about AccessTN?

Information for each of the programs is also available on Cover Tennessee's Web site at www.CoverTN.gov. For more detailed questions about AccessTN, call 1-866-636-0080.