

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 are the requirements for eligibility?

- Tennessee resident
- U.S. Citizen or qualified legal alien
- Age 19 or older
- 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

3. How does an applicant prove uninsurable status?

In one of three ways:

- Provide a doctor's statement that the applicant has one of more than 50 medical conditions (See question #4)
- Show that the applicant has been denied for individual health coverage by two separate insurance carriers because of health conditions
- Request medical underwriting (See question #7 for more information.)

4. 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).

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| • AIDS/HIV+ | • Cerebral Vascular Accident (CVA) [Stroke] other than Transient Ischemic Attack |
| • Alzheimer's | • Cirrhosis of the Liver |
| • Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) | • Cleft Palate, requiring surgery, excluding microform cleft |
| • Aplastic Anemia, chronic | • Congestive Heart Failure, including Cardiomyopathy |
| • Arteritis, necrotizing | • Crohn's Disease, with current symptoms and requiring surgery |
| • Arthritis, Rheumatoid | • Cystic Fibrosis |
| • Autistic Disorders | • Diabetes, Type I or Type II uncontrolled, or diabetes with |
| • Brain injury, traumatic | |
| • Cancers, excluding skin cancers except melanoma | |
| • Cerebral Embolism, Pulmonary Embolism | |
| • Cerebral Palsy, moderate to severe | |

- 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
- Pancreatis, 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

5. 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. (See question #3 for more information.)

6. 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.

7. What is medical underwriting?

It is an evaluation of an applicant’s health history by an insurance reviewer to

see if they have medical conditions would disqualify them for other health coverage. This provides an way for applicants to qualify who may not have one of the medical conditions which will automatically qualify them , who may have several different conditions which combine to make them uninsurable, or who have not applied for commercial health insurance within the last six months.

Medical underwriting requires a separate fee be paid with the application for AccessTN. The fee must be paid by cashier's check or money order for \$75, made payable to Fort Dearborn Life Insurance Company, which should be included with the completed enrollment application. The fee is non-refundable. As part of the underwriting process, if needed, applicants may be also responsible for getting additional medical records at their own expense.

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 for AccessTN. However, income guidelines are in place for those applicants who request premium assistance.

10. How do I demonstrate Tennessee residency?

You will need two types of identification to show residency, consistent with the standards for proving residency for a current Tennessee driver's license, which can be found at www.state.tn.us/safety/driverlicense/dlproof.htm.

11. How much are AccessTN's premiums?

Premiums of the three regular coverage plans for 2009 are listed below. Rates and information for portability coverage can be found in question #13.

Premiums for 2009 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. 2009 premiums for the various plans are listed below.

Plan One (\$1,000 deductible) Eligible for premium assistance				
	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

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 #22 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
- 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. Portability coverage in Plan One is more expensive than regular coverage in Plan One, but is the same cost for Plan Two and Plan Three regular coverage.

Plan One (\$1,000 deductible) Eligible for premium assistance				
Age	Target Weight or Less		Above Target Weight	
	Non-tobacco User	Tobacco User	Non-tobacco User	Tobacco User
<30	\$496	\$571	\$551	\$634
30-39	\$576	\$661	\$640	\$737
40-49	\$700	\$805	\$777	\$894
50-59	\$833	\$958	\$925	\$1,064
60-64	\$984	\$1,131	\$1,093	\$1,256
65+	\$1,160	\$1,335	\$1,289	\$1,482

14. Is premium assistance available for low-income participants?

Tennessee has allocated more state funding to premium assistance for this kind of high-risk pool than any state in the nation. However, due to enrollment growth in the program, premium assistance funding is being fully used by those already on the program.

A waiting list is available for those applicants who cannot afford to pay full premiums. As space becomes available, applicants on the waiting list will receive assistance based on their annual household income.

For those who need coverage as soon as possible and must wait for premium assistance, CoverRx may be an option to provide prescription coverage during the waiting period.

It is also important to note that anyone may contribute to the cost of premiums, co-pays and deductibles and other out-of-pocket expenses for an AccessTN applicant.

There are restrictions on who can contribute to an individual's premium. Health care providers, government sponsored programs and employers are specifically restricted

from contributing to the monthly premium. Charitable organizations, family and personal friends are not restricted from offering financial assistance to an AccessTN member.

15. Is AccessTN a limited benefit plan like CoverTN?

AccessTN is comprehensive health insurance. The benefits include a broad range of services which are most needed by chronically ill adults.

16. Does AccessTN include maternity coverage?

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.

17. 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.

18. 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.

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

Yes, it is important to apply early to avoid a gap in coverage. All AccessTN coverage begins on the 1st of the month, and applications must be approved by the 15th of the previous month for coverage to be effective.

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.

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

All AccessTN coverage begins on the first of the month. Depending on when an application is processed, an applicant can choose during which month their coverage will begin. Be sure to apply early enough to avoid an interruption in coverage. Applicants should apply before their other coverage ends, if possible.

21. Why is there a requirement that someone go without insurance for 3 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

22. Why is there a six month waiting period before pre-existing medical conditions are covered?

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.

Outpatient drug coverage is available from the first day that is not subject to either the pre-existing conditions exclusion or a deductible. The AccessTN Board approved this to help participants afford medications for chronic conditions and chemotherapy or radiation treatment.

23. How do I apply?

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

24. 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 with completing their application.

25. What Language Assistance is available?

A Spanish language version of the application is available, in addition to language assistance in the following languages:

Spanish/ Español 1-866-626-3409 o al (615) 214-4944 en Nashville.

Bosnian/Croatian/Serbian Bosanski (615) 313-9382 ili 1-877-652-3069 izvan Nashville

Somali Soomaali (615) 313-9894 Nashville gudaheeda, dibadeedana
1-877-652-3054

Vietnamese Tiếng Viet Xin g_i so (615) 313-9899 hoac so mien phi
1-800-269-4901

Kurdish-Badinani 1-866-626-3411

Kurdish-Sorani 1-866-626-3411

Arabic لفش ان جراخ نم 1-866-626-3411 ةيبرعلا

26. 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.

26. 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.