

Frequently Asked Questions

CoverTN Health Plan Overview

1) What is CoverTN?

CoverTN is one of Governor Phil Bredesen's Cover Tennessee programs. It is a state-sponsored limited benefit plan designed to offer coverage where no coverage options have existed previously. CoverTN provides low-cost coverage for basic medical services to encourage regular doctor visits and preventive screenings. It serves:

- Small businesses and their employees
- Self-employed individuals
- Workers who don't have health insurance
- Tennesseans Between Jobs (*This includes individuals who have experienced a recent job loss or reduction in work hours*)

2) What is the role of BlueCross BlueShield of Tennessee in CoverTN?

BlueCross BlueShield of Tennessee is the company that underwrites and administers CoverTN.

3) How is CoverTN different from traditional health plans?

CoverTN is a limited benefit plan and does not provide financial protection in the event of a major illness or accident. CoverTN plan benefits are limited in nature compared to traditional insurance. For instance, these plans do not have an out-of-pocket maximum, and, therefore, do not protect against the potential of catastrophic medical costs. In other words, there is no limit to the amount of medical bills a member might have to pay for a major illness or injury, such as disease treatment or injuries sustained in an automobile accident. Because of this, CoverTN should not be confused as an inexpensive replacement for traditional insurance coverage.

4) Does CoverTN have more than one plan option? If so, what's the main difference between the plan offerings?

CoverTN offers a choice of two plans: Plan A and Plan B. The main difference between the two is that Plan A provides basic benefits with more benefits for prescription drugs than Plan B, while Plan B provides basic benefits with coverage for more physician office visits and a higher payment limit for hospital stays than Plan A. People with a need for more prescriptions should probably select Plan A. People who anticipate a hospital inpatient stay or multiple physician office visits should probably choose Plan B.

5) What are some of the plan specifications?

The CoverTN plans are simple copay plans. In other words, medical services, such as physician office visits, may be accessed with just a copay. There are no deductibles to be met in order to start receiving benefits, and no coinsurance liability to the member. However, annual limits on the number of visits apply to most services.

Annual maximum payments also apply. Once the CoverTN plan has paid \$25,000 in claims for a member's covered medical services, the member is responsible for 100 percent of his/her medical expenses until the next plan year. Members will continue to receive network discounts on their medical services and prescription drugs when they use network providers and pharmacies.

6) Does CoverTN have a pre-existing condition waiting period?

Yes. CoverTN has a 12-month pre-existing condition waiting period. No benefits will be paid for conditions that were pre-existing during the six months prior to enrolling in CoverTN. After the member has been enrolled for 12 months, the plan will begin covering these conditions. The pre-existing condition waiting period can be shortened or waived for members with prior creditable coverage who apply within 63 days of an involuntary loss of their coverage.

7) Are these plans portable?

Yes. Once covered, an employee may continue coverage even after leaving a job. In these cases, however, the employee would be responsible for two-thirds of the monthly premium and the state would continue to contribute one-third. And, in order to continue CoverTN, a person must live within Tennessee's border. The spouse's coverage is also portable and may be maintained by the spouse regardless of the employee's employment status.

8) Is CoverTN considered creditable coverage, and will a Certificate of Creditable Coverage (CCC) be issued once CoverTN is terminated?

Yes. CoverTN is considered creditable coverage. However, if a CoverTN member has 18 or more months of creditable coverage and terminates CoverTN coverage, the member would not be eligible for access to a guaranteed issue individual policy. That's because the last coverage in place was not employer-based coverage. CoverTN is a government plan.

9) What has changed about CoverTN?

Eligibility changes:

1. Added the membership eligibility category Tennesseans Between Jobs (This category includes individuals who have experienced a recent job loss or reduction in work hours)
2. Increased the CoverTN income limit from 250 percent of the federal poverty level to 300 percent of the federal poverty level (from \$43,000 to \$55,000)
3. Added a waiver to the go-bare exception for employees whose employers contribute 50 percent or less of the employee premium
4. Expanded the enrollment time limit for businesses from 90 days of qualifying for CoverTN to one year

Benefit changes:

1. Reduced the pre-existing condition waiting period by the amount of prior creditable coverage for individuals applying within 63 days of losing coverage
2. Made these benefit enhancements:
 - Doubled the number of visits to primary care physicians, or PCPs, to 12 visits, with no change in copay (*includes preventive services*)
 - Reduced brand copay for insulin and test strips from \$25 to \$10
 - Removed quarterly prescription limits for insulin, test strips and diabetic supplies

Rate Changes: None. No rate increases.

10) What is a non-participating employer?

A non-participating employer is one who:

1. Does not qualify for CoverTN
2. Qualifies for CoverTN, but chooses not to participate, or
3. Does not offer employer-sponsored health insurance

Eligibility Requirements

1) What are the qualification guidelines for a small business?

- Located in Tennessee
- 50 or fewer full-time equivalent employees
- At least 50 percent of employees must earn \$55,000 or less per year
- Cannot have offered employer-sponsored health insurance the previous six months. (*Exceptions may apply. To find out where to view the exceptions, go to FAQ #16 on p. 5 of this document.*)
- Offer CoverTN to all eligible employees
- Agree to abide by the program guidelines, including:
 1. Paying one-third share of the monthly premium for all enrolled employees
 2. Remitting both the employer's and the employee's/spouse's portions of the premium through a debit transaction

- 3. Deducting the employee's share through payroll deduction.
- Limit coverage to employees who are U.S. citizens or qualified legal aliens.

NOTE:

- If the employer qualifies, all employees qualify regardless of income.
- If an employee leaves the participating employer, or the employer decides to no longer participate, the member will be billed directly for two-thirds of the premium.

2) Can a company still participate in CoverTN if its eligibility status changes during the year (i.e., grows to more than 50 employees, etc.)?

Yes. There are two eligibility requirements relating to the size of the company and income limit to be eligible. These are required only during the initial qualifying step of enrollment in the program. One requirement is that the company must have 50 or fewer full-time equivalent employees. The other is that half of the employees must earn \$55,000 or less per year.

3) What are the qualification guidelines for a self-employed individual?

- Age 19 or older
- U.S. citizen or qualified legal alien
- Tennessee resident for at least six months
- No full-time equivalent employees
- Work an average of at least 20 hours (*Must be able to show income from the business equal to at least 20 hours per week at maximum wage, or about \$6,800*)
- Annual adjusted gross income of \$55,000 or less
- Does not currently have health insurance, or has not voluntarily stopped health insurance in the past six months
- Has been without health coverage for six months or more (*Exceptions may apply. To learn where to see the exceptions, go to FAQ #16 on p. 5 of this document.*)
- Commit to pay two-third of the monthly premium

4) What are the qualification guidelines for a working individual with no health insurance?

- Age 19 or older
- U.S. citizen or qualified legal alien
- Tennessee resident for at least six months unless working for participating employer
- Works an average of 20 hours per week
- Annual income of \$55,000 or less
- Does not currently have health insurance, or has not voluntarily stopped health insurance in the past six months
- Has been without health coverage for six months or more (*Exceptions may apply. Go to FAQ #16 on p. 5 of this document to learn where you can view a list of the exceptions.*)
- Commit to pay two-third of the monthly premium, or agree to pay one-third of the monthly premium if working for a participating employer

5) What are the qualification guidelines for someone who recently lost his/her job?

- Age 19 or older
- U.S. citizen or qualified legal alien
- Tennessee resident for at least six months
- Been unemployed in the last six months
- Earned \$55,000 or less per year in his/her last job
- Not currently insured
- Commit to pay two-third of the monthly premium

6) What are the qualification guidelines for someone who has had his/her work hours reduced?

- Age 19 or older
- U.S. citizen or qualified legal alien
- Tennessee resident for at least six months
- Work hours have been reduced to less than 20 hours per week in the past six months
- Annual income of \$55,000 or less

- Not currently insured
- Commit to pay two-thirds of the monthly premium

7) Can someone who enrolls as a Tennessean Between Jobs keep his/her CoverTN coverage if hired by a company offering employer-sponsored health insurance?

Yes. Once enrolled, any change in employment status will not affect a member's continued eligibility for the program as long as other eligibility requirements are met and monthly premiums are paid. However, both benefit plans should be compared to see which plan best suits an individual's health insurance needs.

8) Who is a qualified alien?

A qualified alien is someone who is not a U.S. citizen but lives in the U.S. legally. To be a qualified alien, a person must also meet certain conditions. These conditions are defined in federal law at 8 U.S.C. & 1622(b). If a person is not a U.S. citizen or qualified alien, he/she cannot enroll in CoverTN.

9) Do employees living outside Tennessee qualify for CoverTN?

Employees of participating employers who work in Tennessee but live in states bordering Tennessee are also eligible for CoverTN coverage, as long as they meet all of the other employee qualification guidelines. The only difference is that the employer or employee must pick up the state's portion of the monthly premium. Plus, these employees must visit network providers within the state of Tennessee to receive benefits. Employees of non-participating employers living outside Tennessee do not qualify. Neither do individuals who have experienced a job loss or reduction in work hours.

10) Are employers required to offer coverage to seasonal employees who work at least 20 hours a week, but only work approximately six months out of the year?

Employers are not required to offer coverage to classes of employees not normally considered eligible for the employer's health plan. However, seasonal employees would otherwise be eligible if they work an average of at least 20 hours per week annually.

11) Can an employer impose a waiting period (also referred to as a probationary period or eligibility waiting period) for employees before becoming eligible for CoverTN benefits?

No. Eligible employees must enroll within the first 90 days from their employer's participation date in CoverTN. Newly hired employees and their spouses are given 30 days from their hire date to sign up for coverage. Employees required to go bare six months must also enroll within 30 days of becoming eligible. After the initial enrollment period, eligible employees may only enroll during the annual CoverTN open enrollment period, which takes place every October.

12) What if a prospect has more than one job? Is the income from the other employer(s) considered when applying for CoverTN?

Only the salary from the state-approved businesses will be considered.

13) Some small businesses offer coverage to only certain classes of employees, such as management or owners. Are those businesses eligible to participate in CoverTN?

Yes. However, only those employees who are not eligible for the employer-sponsored coverage may enroll.

14) An eligibility requirement is that a prospect must not have voluntarily stopped health insurance coverage within the past six months. Does this six month rule still apply to employees who are classed out?

Yes. The six-month "go-bare" rule still applies to those employees classed out.

15) What if an employee or his/her employer terminates coverage? Does the employee have to wait to go without health insurance for six months before re-enrolling?

Yes. The employee may not be eligible again for CoverTN until he/she has been without health insurance for six months. For instance, if an employer decides to drop health coverage for his/her employees, the employee still has to go bare for six months before becoming eligible for CoverTN. The employee may sign up for coverage immediately after satisfying the "go-bare" requirement. He/she does not have to wait until the next open enrollment period to enroll.

16) Are there any exceptions to the six-month “go-bare” requirement?

Yes. To view exceptions to this requirement, refer to p. 3 in the [CoverTN Application Instructions](#).

17) What is considered an involuntary loss of coverage?

For purposes of eligibility for CoverTN, an involuntary loss of coverage means that an individual did not choose to stop his/her health benefits. An involuntary loss of coverage allows a person to enroll in CoverTN without having to meet the six-month go-bare-requirement.

18) Why is there a requirement that the company cannot have offered insurance for the previous six months?

CoverTN is not intended to replace existing, comprehensive health insurance coverage. Rather, it is designed to provide health insurance options where none currently exist. The six month “go-bare” requirement helps protect the program from being used by companies that already offer health insurance.

19) Other CoverTN eligibility categories require employers, employees and individuals to have been without health insurance for six months. Do Tennesseans Between Jobs have to meet this requirement to join CoverTN?

No. The six-month waiting period is only for individuals who have dropped health coverage. Anyone who has lost health insurance as a result of a job loss can join CoverTN without waiting six months.

20) Can a county or city government, or a school district participate in CoverTN if they meet eligibility criteria?

Yes. However, they also have access to broader coverage at favorable terms through the state’s public sector health insurance programs. The state-sponsored Local Government Plan is a pool for counties, municipalities and qualified quasi-governmental agencies. Information is available at www.state.tn.us/finance/ins/.

21) What is a full-time equivalent employee?

One full-time equivalent employee is any combination of employees who work a total of 40 hours per week. For example, one employee who works 40 hours per week counts as one full-time equivalent employee, or two part-time employees who each work 20 hours per week count as one full-time equivalent employee.

Other Health Insurance

1) One of the state’s eligibility requirements is that a business/individual must not have existing health insurance (individual or group coverage) or must not have had any within the past six months. What is considered health insurance?

The following are considered health insurance policies and, if in force or in force within the past six months, would make a business/individual ineligible for CoverTN:

- Basic medical coverage (hospitalization plans)
- Major medical insurance
- Comprehensive medical insurance
- Short-term medical policies
- Limited benefit plans
- Mini-medical plans
- Catastrophic health insurance plans with deductibles less than \$15,000
- Qualified High-Deductible Health Plans (HDHPs)

The following are not considered health insurance and would be permissible to keep with CoverTN in force:

- Supplemental insurance policies
- Critical illness plans (i.e. cancer insurance)
- Veteran’s Administration (VA Benefits)
- Disability insurance
- Dental insurance
- Catastrophic health insurance plans with deductibles greater than \$15,000

2) Is an individual permitted to obtain other coverage once enrolled in CoverTN?

Yes. A CoverTN member can pick up any other coverage as long as he/she remains enrolled in CoverTN. The only exception is if a member leaves a participating employer and takes the CoverTN coverage with him/her (portability). In this case, we ask the member if he/she has coverage. If the member does, then the member cannot keep the CoverTN coverage.

3) Are employees over the age of 65 with Medicare Part A and/or Part B permitted to enroll in CoverTN?

No. If the employees are covered under Medicare Part A and/or Part B, then they would not be uninsured and, therefore, ineligible to purchase CoverTN.

4) Would a prospect have to exhaust his/her COBRA coverage before CoverTN coverage can become effective?

Yes. Someone who is receiving COBRA benefits must exhaust those benefits in order to qualify for CoverTN. Individuals who exhaust COBRA coverage will not have to wait to join CoverTN.

Also, individuals are not required to take COBRA when leaving their job in order to qualify for CoverTN.

Eligible Members of the Family

1) Are spouses eligible for CoverTN?

Yes. Spouses may be eligible for CoverTN. To qualify, a spouse must meet these requirements:

- Age 19 or older
- U.S. citizen or qualified legal alien
- Tennessee resident for at least six months
- Does not currently have health insurance, or has not voluntarily stopped health insurance in the past six months
- Has been without health coverage for six months or more (*Exceptions may apply. To find out where to see a list of the exceptions, check FAQ #16 on p. 5 of this document.*)
- Commit to pay two-thirds of the monthly premium

NOTE:

- After enrollment, the spouse's coverage is portable and may be maintained by the spouse regardless of the employee's employment status.
- The employer does not have to pay any part of the spouse's premium. If the employer chooses not to pay any of the premium, the employee will be responsible for it.

2) If an employer has an employee married to a spouse with an individual policy, and the employee opts to be covered under CoverTN, could the spouse drop his/her individual policy to join the CoverTN plan with the employee?

Spouses are subject to the same eligibility rules as the employee, with the exception of working more than 20 hours each week and earning \$55,000 a year or less. Employees and spouses must "go bare" six months before applying for CoverTN.

3) Can domestic partners enroll in CoverTN?

No. Domestic partners are not eligible.

4) Are the children of employees eligible for CoverTN?

No. Children are not eligible for CoverTN. However, they may be eligible for coverage under CoverKids, another Cover Tennessee program also administered by BlueCross BlueShield of Tennessee. For further information, visit coverkids.com or log on to bcbst.com and go to the Cover Tennessee section. For questions about eligibility and enrollment, call 1-866-620-8864.

Monthly Premiums

1) How are monthly premiums determined?

Monthly premiums vary per member depending on age, tobacco use and Body Mass Index (BMI), which is the ratio between height and weight. Total premium costs will range between \$112.58 and \$327.08 per month. This means that the share of the cost for an employee at a participating employer will range between \$37.53 and \$109.03. The share of the cost for a self-employed individual, an employee of a non-participating employer or a Tennessean Between Jobs will range between \$75.06 and \$218.06.

2) How are premiums paid for employees of participating employers?

CoverTN premiums are divided three ways to make them more affordable to qualified employers and their employees. Because CoverTN is part of the Cover Tennessee program, the state of Tennessee contributes one-third of all monthly premiums. Then, the participating employer pays the remaining two-thirds through a bank draft, and collects the employees' third through payroll deduction.

3) How are premiums paid for self-employed individuals, employees of non-participating employers and Tennesseans Between Jobs?

The state of Tennessee also contributes one-third of all monthly premiums to participants in these eligibility groups to help keep premiums low. However, the employee pays the remaining two-thirds of the premium. Payment may be made by check, bank draft, debit card, or credit card.

4) Does the state pay any portion of the premiums for county government employees?

No. The state does not contribute to the premiums of these employees. The county will pay the entire premium and collect the employee's third through payroll deduction.

5) What about the premiums of spouses? How are premiums paid for them?

The state pays one-third of the monthly premium for spouses of all members, except for those whose husband/wife work for county governments. The remaining two-thirds is paid by the member. Participating employers are not responsible for covering one-third of the spouse's premium, but may do so if they choose. If the employer does not pay the one-third share, the employee will be responsible for it. The state will not pay any of the premium for spouses of county employees.

6) Are participating employers and self-employed individuals required to make payment of premiums using the ACH Debit method, or can they request a monthly paper bill?

ACH Debit is the only option for employers or self-employed individuals to remit payment. To initiate this payment method, they are required to complete the Participating Employer Agreement (PEA)/ACH Debit Agreement form that was included in their enrollment packet from BlueCross BlueShield of Tennessee. A copy of the form may be requested by calling Member Services toll-free at 1-888-887-3224.

The PEA/ACH Debit Agreement form, along with other requested documents, must be mailed to:

Attn: Membership Administration – CoverTN 4.2
BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402

7) Would participating employers have the option of deducting premiums from their employee's payroll pre-tax, or are they required to deduct after tax?

Employers and employees may benefit by establishing a Section 125 plan and deducting CoverTN premiums pre-tax. However, neither the state of Tennessee nor BlueCross BlueShield of Tennessee are plan administrators and, therefore, cannot provide tax advice. As such, we encourage employers and employees to consult with their tax advisor.

8) When does the premium increase for a CoverTN member who moves into another age band prior to open enrollment?

Age band increases become effective for all members on Jan. 1 of the following year.

9) Can CoverTN premiums be increased?

The law that governs CoverTN allows, on an annual basis, a premium increase not to exceed 10 percent per year. In 2009, THERE WILL BE NO PREMIUM INCREASE.

Covered Services

1) What services are covered?

Covered services include:

- Inpatient and outpatient hospital services
- Emergency room visits and ground ambulance
- Inpatient and outpatient behavioral health services
- Physician visits
- Surgery
- Preventive services
- Diagnostic services, including radiology
- Urgent care
- Pathology
- Diabetic supplies, and
- Generic drugs

In addition, CoverTN plans include:

- Radiation and chemotherapy
- Home health skilled care
- Hospice
- Durable medical equipment (Plan A only)
- Prosthetics (Plan A only)
- Insulin
- Reconstructive breast surgery
- BluePerks discount program

2) Are maternity benefits covered?

No. Maternity coverage is not included as a benefit under the CoverTN plans. CoverTN members who become pregnant would remain enrolled in CoverTN but may be eligible for maternity benefits under the CoverKids HealthyTNBabies program, the maternity portion of CoverKids. For further information about CoverKids HealthyBabies, visit covertn.gov. or log on to bcbst.com and go to the Cover Tennessee section. Call 1-866-620-8864 for questions about eligibility and enrollment.

3) Where can members get a copy of the CoverTN Formulary drug brochure to find out which generic drugs are covered?

Upon enrollment in CoverTN, members are mailed a CoverTN Formulary drug brochure as part of their welcome packet. Members can also view the entire list of generic drugs that are covered by visiting bcbst.com. Just click on "Plan Options," choose "Cover Tennessee," go to "CoverTN," select "Pharmacy Details," and click on "CoverTN Formulary" to pull up the formulary. Members may also call Member Services at 1-888-887-3224 to find out which generic drugs are on the list.

4) What is BluePerks?

CoverTN members have access to BlueCross BlueShield of Tennessee's BluePerks discount program. This program features discounts of up to 50 percent for some non-covered products and services, such as weight loss programs, gym memberships, LASIK vision correction surgery, vision service and eyewear, and more.

5) What happens if a member exceeds the \$25,000 annual maximum?

Individuals who reach the annual benefit maximum during the year are responsible for all expenses exceeding \$25,000 until the next plan year begins. The new plan year begins annually on Jan. 1.

Members exceeding the \$25,000 annual maximum benefit will continue to receive network discounts on medical services and prescription drugs when they use network providers or pharmacies.

6) Does CoverTN have a deductible?

No. Because CoverTN is designed to provide coverage for the most needed services, the plan does not have a deductible. Members need only meet their co-pay requirements to gain immediate access to services.

Qualifying, Enrolling and Disenrolling

1) How do interested individuals apply for CoverTN?

Those interested must first become qualified by visiting CoverTN.gov or calling 1-866-COVERTN (1-866-268-3786). Applicants must indicate who they are on the initial online registration form based upon these categories:

- Self-employed
- Employee of non-participating employer
- Self-employed individual
- In between jobs or working reduced hours
- County government

Once approved, the applicant will receive an enrollment packet from BlueCross BlueShield of Tennessee. The packet for small businesses and self-employed individuals will contain a Participating Employer Agreement (PEA)/ACH Debit Agreement form, as well as some employee enrollment forms. In order to enroll their business in CoverTN, they must mail a completed PEA/ACH Debit Agreement to BlueCross BlueShield of Tennessee. To enroll employees, employers are required to submit an enrollment form for each eligible employee. Individuals seeking to obtain coverage directly from CoverTN must mail a completed enrollment form to BlueCross BlueShield of Tennessee once they become qualified.

2) Can employees of participating employers enroll at any time?

No. When an employer initially qualifies and is approved by the state as a participating employer, the employees (and spouses) have 90 days from the employer's participation date to submit an enrollment form to BlueCross BlueShield of Tennessee. This approval date is printed on the enrollment packet's cover letter that the employer receives from BlueCross BlueShield of Tennessee. After the initial 90-day period, employees may only enroll during the annual open enrollment period, which is from Oct. 1 to 31 annually for a Jan. 1 effective date. New employees have 30 days from their first day of employment to enroll. Employees who were required to go bare for six months must sign up for coverage within 30 days of becoming eligible.

3) When do other qualified participants have to enroll?

Employees of non-participating employers may enroll at any time throughout the year. Individuals who have had their work hours reduced and those who have lost their job must enroll within the first 90 days of being approved for CoverTN. The approval date is printed on the enrollment packet's cover letter that they receive from BlueCross BlueShield of Tennessee.

4) What if an employee's spouse does not elect to take coverage when the employee is first eligible?

The spouse would have to wait until the annual open enrollment period. This period occurs from Oct. 1 to 31 each year.

5) What if the eligible employee has an individual plan, but the spouse doesn't have coverage. Could the spouse enroll? Or, what if the eligible employee decides not to take CoverTN. Could the spouse enroll?

No. A spouse may only enroll when the eligible employee enrolls.

6) What happens when an employer with commercial coverage from BlueCross BlueShield of Tennessee qualifies for CoverTN because it no longer meets minimum participation requirements for commercial coverage?

If an employer with commercial coverage no longer meets minimum participation requirements, such as contributing less than 50 percent of the premium for employer-sponsored coverage, BlueCross BlueShield of Tennessee will cancel the employers' commercial coverage. In these cases, the employee would be able to move directly to CoverTN if the carrier cancels his/her employer-sponsored coverage.

7) What are the requirements for termination of coverage?

STEP 1: Write a letter on employer letterhead requesting to terminate coverage. The request must be submitted 30 days prior to the termination request date in order to stop the bank draft process. For example, if an employer requests termination on March 31, then BlueCross BlueShield of Tennessee must be notified no later than March 1.

To end an employee's coverage, the letter must contain:

- A statement that the employer is terminating an employee's coverage
- The employee's name
- The employee's CoverTN member ID card number
- The employee's termination date

To drop out of CoverTN as an employer, the letter must contain:

- A statement that the employer is requesting to terminate the entire subgroup
- The employer's name
- The subgroup ID number
- The employer's termination date

STEP 2: Mail or fax the termination letter to:

Attn: Membership Administration – CoverTN 4.2
BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402

Fax: 1-866-636-0161

8) Can an employee who no longer works for a participating employer keep CoverTN?

Yes. An employee who no longer works for a participating employer can keep the coverage, as long as the employee has had coverage for at least one month and continues living in Tennessee. This is also the case for an employee whose employer drops out of CoverTN. Out-of-state residents cannot keep coverage if they lose employment at a Tennessee-based participating employer or if that employer drops out.

CoverTN is portable, meaning that an employee can continue enrollment even though he/she no longer works for a participating employer. Once the employer notifies BlueCross BlueShield of Tennessee that an employee is terminating from the employer-sponsored CoverTN plan, we will bill the member directly for both the employee's third of the premium and the employer's third of the premium. The state will continue paying one-third of the premium. The employee keeps the same member ID number and member ID card since the coverage is exactly the same, except the employee will now be paying two-thirds of the premium. In cases where the employee worked for a Tennessee employer but lived in a bordering state, that individual will no longer be eligible for CoverTN.

A CoverTN member who is billed directly has 31 days in which to make a premium payment. Failure by the member to pay his/her premiums on a timely basis will result in the coverage being canceled. To be eligible to reenroll, the individual would have to first re-qualify for CoverTN as an employee of a non-participating employer, or as a Tennessean Between Jobs, or be hired by another participating employer.

How to Find Out More

Need more information about CoverTN?

If you have questions about eligibility or enrollment, call 1-866-COVERTN (1-866-268-3786). Or you may contact your broker or the sales team at 1-866-636-0082. If you have any questions about benefits, call Member Services at 1-888-887-3224.

You can also visit CoverTN.gov to find out more. Or go to the Cover Tennessee section of bcbst.com, which includes the [CoverTN Business Owner's Reference Manual](#). This comprehensive guide provides participating employers with information that is important to the daily administration of their CoverTN health plan.



bcbst.com

One Cameron Hill Circle
Chattanooga, TN 37402

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