

## **AccessTN Frequently Asked Questions**

### **If I was disenrolled from TennCare when the category for "uninsurable" was categorically disenrolled, am I automatically considered medically uninsurable for purposes of AccessTN eligibility?**

No. All applicants must demonstrate medical uninsurability according to one of the three criteria set forth by the AccessTN Board of Directors.

### **How do I demonstrate Tennessee residency?**

You will need two types of identification to show residency, such as a current Tennessee driver's license, motor vehicle registration or voter registration, utility bill, bank statement or employer paycheck stub.

### **What will the premiums be?**

Premiums are capped at 1.5 to 2 times the standard market rates...which is frequently less than the rates that these same applicants would pay in Tennessee for HIPAA plans. In general, premiums will range between \$273 and \$1,100 per month, depending on weight, tobacco use, age and the coverage plan chosen by the participant.

### **How will premium assistance for AccessTN work?**

The General Assembly has appropriated \$13 million in funds for premium assistance to make monthly premiums more affordable for low income participants. The AccessTN Board of Directors has made some initial determinations about how the premium assistance program will be structured. Among these early decisions, the Board has determined that premium assistance:

- Will be available for applicants up to 250% of federal poverty level, up to an annual household income of \$60,000

- Is limited to available funding; not all of those meeting eligibility criteria will necessarily qualify

- Will range from 30% of premium to 75% of premium based on household income

- Will only be available for Plan 1000, which has the lowest deductible and highest premiums

### **Is AccessTN a limited benefit plan like CoverTN?**

AccessTN is comprehensive health insurance. The benefits are modeled after the insurance plan that is offered to state employees and includes broad coverage of services that are needed by chronically ill adults.

### **Is there maternity coverage under AccessTN?**

Maternity is included as a core benefit under each of the AccessTN plans, but there will be a 12-month waiting period from the date of enrollment before an AccessTN participant can file a claim for maternity services.

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### **Why is there a requirement that someone go without insurance for 6 months before they can be eligible?**

According to statute, for the first 12 months of AccessTN eligibility includes a period of at least 6 months without insurance.

### **Why is there a 6 month waiting period before certain conditions are covered?**

This is an insurance plan. Health insurance premiums are based on actuarial estimates of anticipated expenses. The AccessTN Board of Directors determined that having no pre-existing condition waiting period made the premiums too expensive, and thus, chose a less expensive rate structure which required a 3 month pre-existing condition waiting period.

Of the 31 states that offer high-risk pools like AccessTN, 25 have a waiting period for pre-existing conditions of at least 6 months. This requirement makes the program stable and dependable for participants in the long-run. However, the AccessTN Board has determined that members will be eligible for coverage for prescription coverage from the first day of enrollment and not subject to the plan deductible, to help participants afford medications for chronic conditions.