

CoverTN

Frequently Asked Questions

What are CoverTN plans?

CoverTN is part of Tennessee Governor Phil Bredesen's Cover Tennessee program, which was developed to create health insurance options that are affordable and portable, and meet the needs of the uninsured in our state. However, CoverTN is not intended to be a low-cost alternative to traditional insurance. CoverTN provides low-cost coverage for basic medical services in order to encourage regular doctor visits and preventive screenings.

How are these plans different from traditional health plans?

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 for example. Therefore, CoverTN should not be confused as an inexpensive replacement for traditional insurance coverage.

What are some of the plan specifications?

CoverTN is a simple copay plan. 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, there are also benefit caps and no out-of-pocket maximum to protect members from the potential of catastrophic medical bills.

What's the main difference between the two plan offerings?

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What are the Employer's qualification guidelines?

State legislation eligibility requirements include:

- Reserved for groups with 25 or fewer full-time equivalent employees and self-employed individuals.
- At least half of employees must earn less than \$41,000 per year.
- Groups must either:
 - 1) have been without coverage for the past 6 months, or
 - 2) had coverage where the employer contributed less than 50% of premiums.
- The employer must agree to abide by the program guidelines, and
- If the employer qualifies, the employees qualify regardless of income.

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What are the Employee's qualification guidelines?

- Work at least 20 hours a week on average.
- U.S. Citizen or qualified alien.
- Did not voluntarily stop health coverage in the last six months.
- Commit to paying one-third of premium (unless employer agrees to pick up employees' third).
- Employees with existing individual coverage are not eligible.

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.

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Are spouses of employees also eligible?

Yes, however the employee or employer would have to pick up two-thirds of those premiums. And, a spouse's eligibility is dependent on the employees' eligibility. After enrollment, the spouses coverage is portable and may be maintained by the spouse regardless of the employee's status.

Are these plans portable?

Yes. Once covered, an employee and spouse 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 either live or work within Tennessee's border.

What about groups with employees living outside Tennessee?

Yes. Once covered, an employee and spouse 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 either live or work within Tennessee's border.

What services are covered?

The State requires that covered services include:

- Inpatient and outpatient hospital services

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- 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 also include:

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

Are maternity benefits covered?

No, but CoverTN members who become pregnant are eligible for benefits under the CoverKids HealthyTNBabies program.

What are the details on Open Enrollment?

When an employer initially qualifies and is verified by the State as a participating employer, the employees (and spouses) have 90 days during which they can submit an application to us. After the initial 90-day period, they may only enroll during the open enrollment period, which is from October 1-31 annually for a 1/1 effective date. New employees have 30 days from their first day of employment in which to send us an application. If an employee voluntarily terminates CoverTN coverage, he or she may not enroll again until he or she has been uninsured for six months.

How can I find out more about CoverTN?

Visit bcbst.com or call 1-866-636-0082 for sales or 1-888-887-3224 for member service.

Providers may call the Provider Service line 1-800-924-7141.