



*******IMPORTANT NOTICE*******

The AccessTN Board has **reopened enrollment in the program**. AccessTN is now available to those who meet the eligibility requirements. The premium assistance program has reached its maximum budget. Therefore, **premium assistance is not available to new members**. Those who are eligible for AccessTN may also be eligible for the federal Pre-existing Condition Insurance Plan (PCIP). Information about PCIP is available at www.pcip.gov or by calling 1-866-717-5826.

Dear Applicant:

Thank you for your interest in AccessTN!

How do I apply?

Fill in the AccessTN Application for Health Coverage. Just work through it section by section. Be sure to read all pages, including important information about your choices, rights and responsibilities. Make sure the application is complete and sign it.

Call 1-866-636-0080 toll free if you have questions or need help with the application.

Where can I get an application? What about information on the health plans offered and on how to figure my premium?

An application and information about AccessTN are available:

- in this application packet
- online at www.AccessTN.gov and www.bcbst.com
- by calling 1-866-636-0080

You do not have to send a check or money order for your premium with this application. However, you should estimate your premium using the tables in the enclosed materials to see if you can afford to pay the premium each month, along with your deductible and co-insurance.

Remember: AccessTN does not return copies of the papers you submit. Please make copies of your application and supporting papers for your records before submitting.

It may take two weeks or more to process your application. You will be notified in writing when you are approved or denied, or if you need to submit additional information.

Please mail your completed application and papers to:

**AccessTN
c/o BlueCross BlueShield of Tennessee, Inc.
1 Cameron Hill Circle
Chattanooga TN 37402**

If you prefer, you may fax your application and papers
toll free to the secure fax line 1-866-636-0161.

Call 1-866-636-0080 toll free if you have questions or need help.

AccessTN and Pre-Existing Condition Insurance Plan (PCIP) Comparison

Those who are eligible for AccessTN may also be eligible for the federal Pre-existing Condition Insurance Plan, known as PCIP. Applicants are encouraged to explore all options when choosing a health insurance plan.

	AccessTN	Pre-Existing Condition Insurance Plan
Offered by	State of Tennessee	Federal Government / U.S. Dept. of Health and Human Services (HHS)
Plan administrator	BlueCross BlueShield of Tennessee (BCBST)	Government Employees Health Association (GEHA)
Eligibility	Tennessee residents who are U.S. citizens or are qualified aliens meeting one of nine listed categories	Tennessee residents who are U.S. citizens or are lawfully present in the U.S. (including Green Card or visa holders)
Medical eligibility	1) HIPAA-eligible 2) Denial by insurer 3) Diagnosed with one of 55 medical conditions	Proof of pre-existing medical condition by insurer denial
Uninsured period / “Go bare” requirement	Three months	Six months
Exceptions to go-bare requirement	1) Those HIPAA-eligible after COBRA 2) Those ending TennCare or losing eligibility for CoverKids or TennCare 3) Those with permanent exclusions in current coverage	Those with permanent exclusions in current coverage
Medical benefits	Comprehensive coverage with three benefit plan choices; annual limit of \$300,000	Comprehensive coverage with no annual or lifetime limit
Deductible	Choice of \$1,000, \$3,000 or \$5,000 (pharmacy not subject to deductible for \$1,000 or \$5,000)	Varies among three plan options and ranges from \$1,250 to \$2,500
Coverage of pre-existing medical conditions	No limitations for HIPAA-eligible plans; Other plans have 50 percent coverage for first six months; full pharmacy benefits from day one	Full coverage; no limitation for pre-existing conditions
Maternity coverage	No waiting period for HIPAA-eligible plans; Other plans have 12 month waiting period	No waiting period
Premiums	\$ 284 to \$1038 depending on age, weight, tobacco use and plan	\$163 to \$699 depending on plan selection
Premium assistance	Not currently available	None

LEARN MORE:

AccessTN
www.covertn.gov
1-866-636-0080

Pre-Existing Condition Insurance Plan
www.pcip.gov
1-866-717-5826



Plan Overview

State of Tennessee • Department of Finance and Administration
Return Application of Health Coverage* to:

AccessTN c/o BCBST
1 Cameron Hill Circle
Chattanooga, TN 37402
Secure Fax: 1-866-636-0161

AccessTN is administered by BlueCross BlueShield of Tennessee, Inc.
- an Independent Licensee of the BlueCross BlueShield Association.

2011 Application* Tips, Benefit Plans, & Premium Tables

This booklet is about AccessTN. We hope it will help you as you fill out the Application of Health Coverage* enclosed in your application packet. It is arranged by sections in the same order as the application* :

Section A – Applicant Info	Page 3
Section B – Choose Your Benefit Plan	Page 3
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Section I – Protected Health Information and Authorization	Page 9
Section J – Statement of Understanding and Affirmation	Page 9

In these and other AccessTN papers, we’ll use plural words like “we” or “our” or “us” to mean AccessTN. We’ll use individual words like “you” or “I” for the applicant, a person applying for coverage. We may also use “member” to refer to a person enrolled in AccessTN. When we say “Plan Document,” we mean the collection of papers, especially the Member Handbook, which provide the formal description controlling plan benefits, policies and definitions, as approved by the AccessTN Board.

Forms and information about AccessTN can also be found on the web at www.AccessTN.gov if you need more. Help with the application* is available toll free at 1-866-636-0080. This is the Member Services line at BlueCross BlueShield of Tennessee (BCBST). BCBST is AccessTN’s plan administrator. Forms and information are also available on their website at www.BCBST.com. You can find them under the “Plan Options - Cover Tennessee” tabs at the top of the www.BCBST.com webpage. Or you may request forms and information by calling 1-866-0080.

Our mailing address for completed applications* is:

AccessTN
c/o BlueCross BlueShield of Tennessee, Inc.
1 Cameron Hill Circle
Chattanooga TN 37402

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov.

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What is AccessTN?

AccessTN is a program sponsored by the State of Tennessee for people who can't get other health coverage because of their pre-existing medical conditions. The program is part of the Cover Tennessee initiative and is one of 35 state high risk pools across the country that provide this type of coverage. When we say "coverage," we mean payments for medical services and drug costs as health insurance does. We may use "Pool" as short for AccessTN, including those companies we use to administer services such as enrollment, claims payment, or premium assistance.

AccessTN is health coverage that works like individual insurance.

Insurance is a term we will use a lot. First, AccessTN is NOT TennCare, a medical assistance program regulated by federal Medicaid guidelines. It is not Medicare either. Insurance is rule-based, which can make it complicated. This booklet will tell you about some of our guidelines.

Insurance is an arrangement in which you pay a set fee (a premium) to receive coverage for a set schedule of medical and health services (benefit plan). The premium is based on the professional estimate of what those services will cost. "Covered services" are simply those the plan covers, or pays for. Please take some time to review page 4 showing the different benefit plan options. The meanings of some commonly used insurance terms are on page 11.

Insurance will NOT pay for other health services, called "non-covered services." If you have these services done, you will have to pay these claims yourself, even if a doctor prescribes them. That's why it's important to choose your benefit plan carefully and know what services we will and will not cover.

Who pays for AccessTN?

Our members may have serious health conditions and tend to have more medical claims. That makes our premiums higher than commercial rates but still may not cover actual Pool costs. State funds and contributions from other health plans in the state will help pay part of the losses of AccessTN.

We are part of the Cover Tennessee family of state programs to help Tennesseans improve their access to health insurance and to medical care, and we hope AccessTN can be an option for you. But we will enroll only the number of members we think the Pool can pay for. Please apply as early as you can if you think you may be eligible.

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov.

Section A - Applicant Info

Information you provide in Section A of the Application for Health Coverage* gives us details about who you are and where you live. We need it to know how to contact you, to confirm that you qualify for the program, and to assist you in managing your health conditions. We realize this is your personal health information (PHI) and must be handled carefully. We call this information your “health facts” but it also includes other information that identifies you, like your date of birth, or street address. We and those companies that provide AccessTN services will only use your health facts as state laws and privacy rules permit. Sections G and I of the Application for Health Coverage* will tell you more.

Section B – Choose Your Benefit Plan

What is a PPO and what are my options?

Our current benefit plan options are all based on a PPO (preferred provider organization) design. This means that the Plan contracts with a “network” of doctors, hospitals and other health providers. They agree to be paid a set amount called the “maximum allowed charge” (MAC) for each covered service. They will not collect more from you than a pre-set share of the claim, called “co-insurance.” This member share is frequently 20% in our benefit plans. Look at the Provider Directory on www.BCBST.com or call 1-866-636-0080 to see if your current doctors are “in-network,” or to look for other “in-network” doctors where you live.

You can also use other non-listed doctors and hospitals, called “out-of-network” providers. But if you do, you will pay a higher member share, frequently 40%. Those out-of-network providers can also charge you more than the Plan’s maximum allowed charge, the set amount which we pay “in-network”.

AccessTN has three different benefit plans - One, Two, and Three. Page 4 shows a general listing of services covered by each benefit plan. More detailed information on covered services, their limits, and exceptions can be found in the Plan Document.

- Plan One has a \$1,000 deductible. This plan offers the lowest deductible.
- Plan Two has a \$3,000 deductible and is the only plan eligible for use with a health savings account (HSA). There’s more information on HSAs below.
- Plan Three has a \$5,000 deductible. This is a high deductible health plan NOT eligible for use with an HSA. It might be a good choice for those who plan to pay most medical expenses on their own, but want coverage for pharmacy or high medical expenses from a disease or injury.

What makes Plan Two compatible with a health savings account?

We will not offer the “health savings account” (HSA) itself. You can start the HSA at banks or credit unions. An HSA is an individual savings account for current and future medical expenses which is given special federal tax treatment. See www.ustreas.gov or IRS Publication 969 for more information on HSAs. We cannot give you tax advice, so talk to a tax adviser about your choice.

AccessTN offers one high deductible health plan – Plan Two (\$3000 deductible) – that can be used with an HSA. HSAs have special rules and can only be used with a qualified high-deductible insurance plan like Plan Two. High-deductible plans used with HSAs require that ALL services except preventive care apply to the deductible. This means that, except for your annual physical, you will pay the full cost of all medical and pharmacy costs until you have paid \$3000 in qualifying expenses for the plan year.

Plan Two benefits are very different than Plans One and Three. See the benefit schedule on page 4. Notice that the maximum pharmacy benefit is lower than Plans One and Three. See www.BCBST.com or call 1-866-636-0080 if you have questions. Weigh these differences and the tax benefits of using an HSA in choosing your benefit plan.

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov.

AVAILABLE BENEFIT PLANS FOR 2011

These Plans are available for both Regular and Portability eligibility. Portability has no waiting period for pre-existing conditions. Regular coverage has a 6 month reduced benefit period for pre-existing conditions. Benefit Plans subject to change by AccessTN Board. Plan reimbursement based on the maximum allowable charge (MAC).

OUTLINE OF PPO MEDICAL BENEFITS	Plan One "lowest deductible"	Plan Two "health savings account-eligible"	Plan Three "high deductible" Not HSA-eligible
These plans are offered for either Portability and Regular eligibility (see Plan Document for more detail)			
DEDUCTIBLE per plan year:	In-network Out-of-network	\$1,000 \$2,000	\$3,000 \$3,000 \$5,000 \$10,000
PREVENTIVE CARE- specific services only	100% In-Network	100% In-Network	100% In-Network
Preventive care is first dollar coverage for specific wellness services such as an annual well woman exam, preventive screenings and an annual physical. Preventive care is not subject to the in-network deductible above or to co-insurance.			
SPECIALIST ALLOWANCE - a \$200 allowance toward the first claim(s) for specialist care services received each plan year; Not subject to deductible or co-insurance	100% up to \$200 in-network only	Not available due to federal HSA rules	100% up to \$200 in-network only
PRESCRIPTION DRUGS - subject to additional limits; Pharmacy not subject to deductible in Plans One & Three	No deductible for outpatient drugs	Deductible applies to drugs	No deductible for outpatient drugs
Generic Drugs	\$10 co-pay (cost if less)	\$10 co-pay (cost if less)	\$10 co-pay (cost if less)
Preferred Brand Drugs	25% co-payment to a maximum of \$50	25% co-payment to a maximum of \$50	25% co-payment to a maximum of \$50
Non-Preferred Brand Drugs	50% co-payment to a maximum of \$100	50% co-payment to a maximum of \$100	50% co-payment to a maximum of \$100
COVERED EXPENSES , as specified in Plan Document subject to maximum allowable charge (MAC)	80% in-network 60% out-of-network	80% in-network 60% out-of-network	80% in-network 60% out-of-network
PRE-EXISTING CONDITIONS- reduced benefit for 6 months in Regular plans – limitation does not apply to preventive care, prescription drugs, or outpatient mental health counseling; does <u>not</u> apply to Portability plans	50% in-network 50% out-of-network during first 6 months of coverage only	50% in-network 50% out-of-network during first 6 months of coverage only	50% in-network 50% out-of-network during first 6 months of coverage only
Maternity benefits in Regular Plans	Excluded during 12 month waiting period	Excluded during 12 month waiting period	Excluded during 12 month waiting period
Maternity benefits in Portable Plans from Day One and in Regular Plans after first 12 months	80% in-network 60% out-of-network	80% in-network 60% out-of-network	80% in-network 60% out-of-network
Chiropractic benefits	Subject to guidelines	Subject to guidelines	Subject to guidelines
Emergency services (in-network or out-of-network)	80% of reasonable charges	80% of reasonable charges	80% of reasonable charges
Emergency Room (ER) co-payment per visit – waived if admitted (Note: co-payment required even if out-of-pocket expenses have been met, except HSA)	\$50 co-payment per visit in addition to co-insurance	subject to deductible and co-insurance requirements	\$75 co-payment per visit in addition to co-insurance
Maximum Annual Out-of-Pocket Expense	\$5,000	\$5,950	\$10,000
Note: The Maximum Annual Out-of-Pocket Expense does not apply to pre-existing conditions during first 6 months; does not apply to out-of-network services or ER co-payments; and does not apply to pharmacy co-payments except for Plan Two			
Maximum Annual Benefits , except organ transplant	\$250,000 medical \$100,000 pharmacy	No medical maximum \$50,000 pharmacy	\$250,000 medical \$100,000 pharmacy
Supplemental Organ Transplant benefit (Plans One & Three only)	\$100,000	\$100,000 maximum Not supplemental	\$100,000
Maximum Lifetime Benefits	\$1,000,000	\$1,000,000	\$1,000,000
Substance Abuse Treatment Limitations	Lifetime maximums: Two inpatient stays – maximum of 28 days per stay. Two inpatient stays for detoxification – maximum of 5 days per stay.		

ANNUAL LIMITS FOR SPECIFIC BENEFITS

Pharmacy (may be additional limits for specific drugs)	\$100,000 maximum	\$50,000 maximum	\$100,000 maximum
Plans One and Three provide supplemental outpatient pharmacy coverage for anti-hemophilic factor which extends the max to \$180,000.			
Inpatient Rehabilitation Facility	No separate limit	45 days	No separate limit
Outpatient Rehabilitation Facility	45 days	45 days	45 days
Outpatient Physical Therapy, Occupational Therapy, Speech Therapy	45 sessions subject to Plan guidelines	45 sessions subject to Plan guidelines	45 sessions subject to Plan guidelines
Skilled Nursing Facility (Following approved hospitalization)	45 days	45 days	45 days
Home Health Care	30 visits	30 visits	30 visits
Durable Medical Equipment	\$3,000 Max	\$3,000 Max	\$3,000 Max
Inpatient Mental Health/ Substance Abuse	30 days	30 days	30 days
Outpatient Mental Health/ Substance Abuse	45 sessions	45 sessions	45 sessions

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov.

Section C – Info for Premium

We will calculate your premium

Premiums are different for Plans One, Two, and Three. Section C of the application* requires information about your weight and whether you smoke. Rates are the same whether you qualify for Portability or for Regular AccessTN coverage.

AccessTN will figure your premium. If you want, you can estimate what your monthly member share of premium will be using the tables on page 10.

There is no income or asset limitation to join AccessTN. It is open to people of all incomes. Premium assistance is not available.

Who can pay your premium for you?

Pool rules require that you tell us if you get help paying your share of the premium from anyone other than family and friends. But the rules allow a church or foundation to help if you let us know. Doctors, hospitals, or drug companies are not allowed to pay your premium. Neither can your employer.

Anyone can help with costs other than premiums. Pool rules do not restrict who can help you with co-insurance, deductibles, or payments for services not covered by your benefit plan.

Section D – How Do You Qualify?

Do you qualify as a State uninsurable, State Portable, or HIPAA-eligible?

There are three ways to qualify for AccessTN:

- D1 – State Uninsurable – if you have a pre-existing medical condition which keeps you from getting insurance. We call this Regular Coverage.
- D2 – State Portability – if you are just coming off TennCare, CoverKids, or off certain other insurance with less than 18 months of continuous coverage.
- D3 – HIPAA-eligible – if you are just coming off of COBRA or other qualifying coverage with more than 18 months of continuous coverage.

All benefit plans (Plans One, Two, and Three) are available for each type of eligibility.

We offer health coverage to those who can't get other insurance because of their health status. The main difference between the three categories is whether you've had insurance in the last 3 months and whether your pre-existing conditions can be covered at full benefit when you join.

*Pre-existing Conditions - For eligibility categories D1 – State Uninsurable (Regular), or D2 – State Portability, you **MUST SEND** us proof that you are uninsurable. This means you cannot get insurance because you have a pre-existing health condition.*

Pre-existing conditions are those for which you received or had reason to receive medical care or treatment during a six-month period immediately before you enrolled in AccessTN.

You can prove a **pre-existing condition** with either one of these:

- **One denial of coverage letter from an insurance company, based on ANY health condition or combination of conditions. It does NOT have to be one of the 55 listed pre-existing health conditions (listed on the next page).**

Use the separate Attending Physician's Statement* (enclosed in your packet) or a letter from your doctor showing that you have one of the 55 qualified pre-existing health conditions (listed on the next page)

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov.

⇒ If you use an insurance decline letter to show you are uninsurable, it can be for any condition or combination of conditions. It does not have to be one of the medical conditions listed below.

⇒ If you have one of these medical conditions, your doctor can sign the separate **Attending Physician's Statement*** (in your packet or online at www.AccessTN.gov) or **your doctor can write a separate letter if it also tells us the diagnosis and billing code for your condition.**

Medical Conditions which can qualify you for AccessTN without being declined by an Insurer.					
<i>Body System</i>		<i>Medical Condition</i>	<i>Body System</i>		<i>Medical Condition</i>
1	Major	AIDS/HIV+	29	Nervous System	Cerebral Palsy, mod. to severe
2	Major	Transplants, completed or recommended, excl. donor or cornea	30	Nervous System	Friedrich's Ataxia
3	Cancers	Cancers, excluding skin cancers except melanoma	31	Nervous System	Guillain-Barre Syndrome, Presenting
4	Cancers	Hodgkin's Disease	32	Nervous System	Huntington's Chorea
5	Cancers	Leukemia	33	Nervous System	Myasthenia Gravis
6	Circulatory	Aplastic Anemia, chronic	34	Nervous System	Sturge-Weber syndrome
7	Circulatory	Cerebral Embolism, Pulmonary Embolism	35	Nervous System	Tabes Dorsallis (Locomotor Ataxia)
8	Circulatory	Cerebral Vascular Accident (CVA) [Stroke] other than Transient Ischemic Attack	36	Nervous System	Hydrocephalus
9	Circulatory	Congestive Heart Failure, including Cardiomyopathy	37	Nervous System	Lead Poisoning (Cerebral)
10	Circulatory	Heart Attack (Myocardial Infarction) within 5 years	38	Nervous System	Multiple Sclerosis, Post-lateral Sclerosis
11	Circulatory	Heart Bypass Surgery within 5 years	39	Nervous System	Muscular Dystrophy
12	Circulatory	Hepatitis B, C, D or G acute or chronic moderate or severe with Rx	40	Nervous System	Parkinson's Disease
13	Circulatory	Sickle Cell Anemia	41	Nervous System	Syringomyelia
14	Circulatory	Thalassemia with present symptoms	42	Nervous System	Topectomy and Lobotomy
15	Circulatory	Arteritis, necrotizing	43	Nervous System	Tumors, Brain or Pituitary
16	Circulatory	Hemophilia	44	Nervous System	Paralysis, including quadriplegia and paraplegia
17	Digestive	Crohn's Disease, with current symptoms and requiring surgery	45	Other	Autistic Disorders
18	Digestive	Ulcerative Colitis, present	46	Other	Cystic Fibrosis
19	Digestive	Cirrhosis of the Liver	47	Other	Systemic Lupus Erythematosus
20	Digestive	Pancreatis, chronic	48	Other	Wilson's Disease
21	Endocrine	Diabetes, Type I or Type II uncontrolled, or diabetes with complications (eyes, kidneys, feet, etc.)	49	Psychiatric	Psychotic Disorders, including Schizophrenia & Delusional Disorders
22	Musculo Skeletal	Arthritis, Rheumatoid	50	Respiratory	Pulmonary Emphysema, moderate to severe
23	Musculo Skeletal	Cleft Palate, requiring surgery, excluding microform cleft	51	Respiratory	Pulmonary Fibrosis
24	Musculo Skeletal	Still's Disease	52	Respiratory	Silicosis (Black Lung)
25	Musculo Skeletal	Legge-Perthes Disease	53	Urinary	Kidney, Polycystic
26	Nervous System	Alzheimer's	54	Urinary	Kidney, Chronic Renal Failure, including those receiving dialysis
27	Nervous System	Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	55	Urinary	Hypertensive Renal Disease
28	Nervous System	Brain injury, traumatic			

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov.

For **D1 – State Uninsurable (Regular)** eligibility, you must meet the rules (a) through (f) below:

- (a) Be a Tennessee resident for 6 months and a U.S. citizen or qualified legal alien
- (b) Have a pre-existing health condition which makes you uninsurable
- (c) Not be eligible for employer coverage where you work, Medicare or Medicaid and not have other health insurance
- (d) Must show you are **uninsurable** as we describe on the previous pages. Uninsurable means you cannot get insurance because you have pre-existing health reasons.
- (e) Have been uninsured for the past 3 months before applying for coverage (or meet any approved exception to this requirement)
- (f) Send proof of prior insurance

D1 – State Uninsurable, or Regular coverage, is the eligibility category for those who have been without other health insurance for 3 months prior to AccessTN (some exceptions apply). This time without insurance is called a “go-bare” requirement.

Effective date: Forms for Regular coverage approved by the 15th of any month will have coverage starting the 1st of the next month.

(The Application for Health Coverage* has additional detail on the requirements of D1.)

For **D2 – State Portability** eligibility, you must meet the rules (a) through (f) below:

- (a) Be a Tennessee resident for 6 months and a U.S. citizen or qualified legal alien
- (b) You are applying within 63 days of prior coverage with TennCare (Medicaid), CoverKids or other specified coverage
- (c) Have a pre-existing health condition which makes you uninsurable
- (d) Not eligible for a group health plan, Medicare or Medicaid, and you do not have other health insurance coverage
- (e) Must show you are **uninsurable** as we describe on the previous pages. Uninsurable means you cannot get insurance because you have pre-existing health reasons
- (f) Send proof of prior insurance

D2 – State Portability coverage is the eligibility category for those who are just coming off of TennCare or Medicaid or who are losing certain other group coverage with less than 18 months coverage and no option for COBRA or continuation coverage. There is no “go-bare” requirement.

Effective date: State Portability coverage starts the day after the end of your prior coverage. You can apply before your prior coverage ends. You will have to pay all back premiums.

(The Application for Health Coverage* has additional detail on the requirements of D2.)

For **D3 – HIPAA** eligibility – you do **NOT** have to show you are **uninsurable**. You must be a Tennessee resident and meet **ALL** the rules (a) through (f) below:

- (a) Be a Tennessee resident and U.S. citizen or qualified legal alien
- (b) Have 18 or more months of combined health coverage with no break in coverage of more than 63 days
- (b) Coverage through an employer-sponsored GROUP health plan as your most recent coverage
- (c) Not eligible for employer coverage, Medicare or Medicaid and you do not have other health coverage
- (d) Have not terminated for nonpayment of premiums or fraud under your most recent coverage
- (e) Have taken and completed your full COBRA eligibility if COBRA or group continuation available
- (f) Send proof of prior insurance

Effective date: If you qualify as a HIPAA-eligible person, then you will check that box at Section D3. Your AccessTN coverage will start the day after your previous coverage ended, if you pay the premium due for all months due. This type of eligibility has no reduction in coverage for pre-existing medical conditions during the first six months.

(The Application for Health Coverage* has additional detail on the requirements of D3.)

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov.

The different types of eligibility (D1, D2 or D3) are also different in how we pay services for pre-existing conditions in the first six months of coverage.

Pre-existing conditions are those for which you received or had reason to receive medical care or treatment during a six-month period immediately before you enrolled in AccessTN.

The D2 – State Portability category and the D3 – HIPAA-eligible category pay the full benefit (usually 80%) for pre-existing conditions from Day One of coverage. This is true whether you choose Plan One, Plan Two, or Plan Three.

The D1 – State Uninsurable eligibility category, which we call Regular AccessTN coverage, offers a reduced benefit for Pre-existing Conditions for the first six months of enrollment. Plans One, Two and Three for this “Regular AccessTN” category all have a 6 month “pre-existing conditions” waiting period before we will pay the full benefit (usually 80%) of claims for any medical conditions you had at the time you enroll.

How the 6 month reduced benefit period for pre-existing conditions works: In Regular plans (D1 – State Uninsurable eligibility), we will pay 50% of the Maximum Allowable Charge (MAC) for services for pre-existing conditions during the first 6 months, subject to your deductible. You will be responsible for paying the remaining 50% of the MAC. The 50% you pay during this 6 months does NOT count toward your out-of-pocket maximum, so you may want to wait on some non-essential services until after you have been covered 6 months.

Exceptions to the pre-existing conditions limitation: The pre-existing conditions limitation does NOT apply to specific preventive care services related to an annual well woman exam, preventive screenings and an annual physical. Both Regular and Portability Plans also provide the full benefit from day one for outpatient pharmacy, outpatient chemotherapy and radiation drugs, outpatient counseling services and a new \$200 annual specialist allowance. None of these services will be subject to the Plan One or Plan Three deductible. However, because of the special rules for plans used with a health savings account (HSA), these benefits must be subject to the deductible for both Regular and Portability Plan Two.

D1 – State Uninsurable eligibility (Regular) Plans One, Two and Three also have a 12 month waiting period before maternity is covered.

Section E – Other Insurance Coverage

What other insurance is permitted?

AccessTN is health coverage for those who cannot get health insurance elsewhere. We cannot cover those who are able to get insurance through an employer. Availability of group coverage at your work or being enrolled in an individual major medical policy may disqualify you for immediate enrollment in AccessTN. Plan rules require that you let us know if you have other coverage or are able to get other coverage after you qualify for AccessTN. **Not all types of health insurance will disqualify you for AccessTN.** Tell us what you can about any other coverage. We may ask you for additional details.

Long term care, cancer-only and indemnity policies are examples of coverage that does not count as other insurance for purposes of AccessTN eligibility. This means you can have these policies during any “go-bare” requirement without disqualifying you and that you may keep them while in AccessTN.

Individual coverage that excludes a major body system like the heart may not disqualify you in some cases. The exclusion must be based on your personal medical history and must be a permanent exclusion of a body system.

Call 1-866-636-0080 toll-free with questions or for help with these papers.

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Section F - Health History

Why does AccessTN need my health history?

This information will help AccessTN assist you in managing your health conditions, including the possibility of disease management if you have asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, or diabetes. Please provide brief answers to the questions listed on pages 5 and 6 of the Application for Health Coverage*. Medical conditions are listed to help identify more of your needs for care management. Yes and No answers and what you remember are okay for this purpose.

Sections G – Applicant Signature

What does my signature on the application* mean?

By signing the application* in Section G, you are stating that you have read the required sections and that the information you have submitted in the application* is true. Please read this information carefully.

Section H – Fill Out This Section If Someone Helped You or Can Help Us With This Form

Tell us who helped you with your application* and if we can talk to people you name.

This tells us if someone helped you fill out the application*. You can also give us permission in this section to talk to those you name about your health facts.

Section I – Protected Health Information and Authorization

What is Protected Health Information and how are my health facts used?

Protected Health Information (PHI) means facts and records about your health, including:

- claims records
- laboratory reports
- hospital records
- correspondence
- medical records
- your address and birthday

Federal and state laws protect the privacy of your health facts. Privacy rules say AccessTN or your health providers can't give others information about you unless you give permission. These rules permit us to use this information for your health care, including AccessTN operations such as eligibility and enrollment. When you sign your application*, you are giving your authorization for your providers, employers or others you name in the application* to provide AccessTN information about you and for us to talk to them. This includes TennCare if you were ever enrolled in TennCare (Medicaid) program.

Sections J – Statement of Understanding and Affirmation

Please read this information carefully. Ask us any questions you have. When you sign the application* in Section G, you are stating that you have read this Section J and you understand its terms. You are also agreeing to our terms of coverage and that the information you have submitted in the application* is true.

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov.

MONTHLY PREMIUMS FOR ACCESSTN PLANS

Plan ONE: \$1,000 deductible

Age	Target Weight or Below		Above Target Weight	
	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

To determine your monthly premium, first find your height and weight on the chart below.

Next, go to the tables on the left side of this page for the benefit plan you have chosen (Plans One, Two, or Three) and find the row for your age group.

Then move across the row for your age to find the column that fits you:

- If your weight is equal to or less than what is listed in the chart, use the "Target Weight or Below" columns. If your weight is more than what is listed in the chart, use the "Above Target Weight" side.
- Finally, are you a tobacco user (cigarettes, chewing tobacco, pipe or cigars) or not?

This will be the monthly premium for your beginning coverage.

Plan TWO: \$3,000 deductible (Health Savings Account eligible)

Age	Target Weight or Below		Above Target Weight	
	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

Target Weight defined as having a Body Mass Index (BMI) of 30	
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

Plan THREE: \$5,000 deductible (not HSA compatible)

Age	Target Weight or Below		Above Target Weight	
	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

Note-

- 1) All Regular AccessTN benefit plans above subject to 6 months pre-existing conditions waiting period and 12 month waiting period for maternity coverage.
- 2) You are eligible for AccessTN coverage over the age of 64 ONLY if you are NOT eligible for Medicare.
- 3) AccessTN is not a Medicare supplement policy.

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov.

INSURANCE TERMS AND DEFINITIONS

Some insurance terms we've used (see your Plan Document for more complete information):

Board means the AccessTN Board of Directors, the body that the Tennessee State Legislature has made responsible for setting the rules, benefit plans, and premiums for AccessTN.

Care Management is all the activities the Plan does to coordinate your health care with you and your medical providers. Sometimes called "case management" or "utilization review" for medical events like going into a hospital, most of these services are done by the Plan Administrator's medical and nursing staff.

Claims are the requests for payment sent to AccessTN by doctors and other medical providers for health care they provide to you. We will only pay for "covered services." Payment to network providers is based on fees they have agreed to accept from the Plan.

Co-insurance is the portion of the claim you are responsible to pay, usually a percentage, such as 20%. This is listed in your benefit plan. It is sometimes called a "co-payment" if the member pays a set dollar amount, like \$20.

Deductible, such as \$1,000 or \$5,000, is the dollar amount a member must pay before the Plan starts paying for covered services. Some services, such as covered prescription medicines, are not subject to the deductible for Plans One and Three.

Disease Management is a targeted type of care management to assist you in caring for specific medical conditions like diabetes or asthma.

Drug Formulary is a list showing generic drugs and brand drugs that are preferred with lower member payments.

HIPAA is the Health Insurance Portability Accountability Act of 1996, which has many rules affecting privacy of personal information and which govern pre-existing conditions provisions of health insurance policies. As we use it with the Portability eligibility category, a HIPAA plan is a certain type of individual health insurance policy for which you can't be turned down if you apply for it in less than 63 days after losing certain other coverage.

Maximum allowed charge (MAC) is a set dollar fee that network providers agree to accept in full payment of a covered service they provide to you.

Out-of-pocket maximum is the maximum amount of your share (deductibles, co-insurance, and co-payments) of claims on covered services in a benefit plan before the Plan starts paying 100% of claims for certain benefits.

Plan Administrator is the company that has been selected to administer the daily operation of AccessTN, including enrollment, customer service eligibility verification, claims payment, and care management. BlueCross and Blue Shield of Tennessee, Inc. serves as Plan Administrator for AccessTN.

Plan Document is the collected series of documents, especially the Member Handbook, which provide the formal description controlling plan benefits, policies and definitions, as approved by the AccessTN Board of Directors.

Pre-authorization refers to a Plan rule that certain services, such as hospitalization or surgery, must be pre-approved by the Plan to be fully covered.

Pre-existing conditions are those for which you received or had reason to receive medical care or treatment during a six-month period immediately before you enrolled in AccessTN.

Resident means a person who is legally domiciled in Tennessee (makes his or her home here). One can be staying in several places, but you can only have one domicile, or legal residence. We may ask for periodic proof.

Network refers to all the health providers who are contracted with the Plan. Non-contracted providers are referred to as "out-of-network."

Waiting period is a set period of time you must wait before a benefit plan pays or pays a full benefit for services for a particular condition, such as maternity, or a pre-existing condition.

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov.

Review this checklist before sending your application to make sure it is complete

Did you **fill in all parts of the application** that apply to you and **sign in blue or black ink**? When you mail, make sure to **attach enough postage**.

Did you remember to provide **proof that you are a Tennessee resident**? A copy is required to show where you live. Any proof must show the residence address used on this application and your name. Or it can show the name of your guardian or spouse.

Examples of the papers you can use include those listed below. This is not a complete list and you only need ONE:

- Current utility bill including telephone, electric, water, gas, cable, etc. (Current within 90 days)
- Current bank statement (NOT copies of your checks)
- Current driver license or ID, or motor vehicle registration issued by the State of Tennessee
- Current IRS tax reporting W-2 Form

Did you **attach proof of your eligibility** (ONE of the ways below)?

If you are finishing COBRA coverage or using other State or HIPAA portability coverage, you must **attach a copy of your certificate of creditable coverage** or other proof of that insurance.

If you are using State Eligibility because you cannot get individual insurance (uninsurable), you are required to send one of these documents:

- If you are using an insurance denial letter, be sure to **attach a copy of the denial**.
- If you are using one of the 55 listed medical conditions, **you must have your doctor fill out the enclosed Attending Physician's Statement. Then be sure to attach a copy of it.** The form includes a listing of applicable medical codes. Or you may **attach a letter from your doctor** instead, but it must be signed and contain diagnosis information, including medical coding (ICD-9 or CPT) details.

If you believe you qualify for Portability coverage or any other exception to the 3 month period without insurance, you must **attach your certificate of creditable coverage** or other proof of your previous insurance.

If you are not a U.S. Citizen, did you **attach proof of your immigration status**? The Qualified Legal Alien Exception Statement lists the categories of legal immigrants that may enroll in AccessTN.

Call 1-866-636-0080 toll free with questions or for help with these papers.



Application for Health Coverage

State of Tennessee • Department of Finance and Administration

Return this application to:

AccessTN c/o BCBST

1 Cameron Hill Circle

Chattanooga, TN 37402

Secure Fax: 1-866-636-0161

AccessTN is administered by BlueCross BlueShield of Tennessee, Inc.

- an Independent Licensee of the BlueCross BlueShield Association.

Section A - Applicant Info

Last Name	First Name	MI	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yy)	Social Security Number
Home Address <i>(Attach one proof of residency)</i>		City	State	Zip Code	
IMPORTANT! You must send one proof of your residency with this form. It can be a copy of a driver's license, utility bill, etc. If you do not send proof of residency, your form will be denied.					
TN resident for at least 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you lived at this address? _____ If less than 6 months, list prior address:				
Mailing Address <i>(if not the same as Home Address)</i>		City	State	Zip Code	
Home Phone, with area code () ()	Work Phone, with area code () ()	Cell ()			
		Email			
State and # of the most recent Driver's License:	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Qualified Legal Alien <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, put papers with this form that prove your immigration status.)</i>		Primary language (optional) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Racial/Ethnic Heritage (for Title VI purposes) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Mixed Ethnicity/Other _____				

Section B – Choose Your Benefit Plan

Section C – Info for Premium

See the Plan Overview* for plan benefits and premiums. Note: Premium assistance is not available. <input type="checkbox"/> \$1,000 deductible – Plan One Plan that offers the lowest deductible. <input type="checkbox"/> \$3,000 deductible – Plan Two Qualified HDHP (High-Deductible Health Plan). <input type="checkbox"/> \$5,000 deductible – Plan Three High deductible plan NOT for use with a Health Savings Account	Height	Weight
	Have you used tobacco products during the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	No payment is required with application. We will bill your monthly premium if you are approved for coverage	

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov

Section D – How Do You Qualify? (Choose one of these three ways – D1, D2 or D3)

Pre-existing Conditions - For eligibility categories D1 and D2, you MUST SEND us proof that you are uninsurable. This means you cannot get insurance because you have a pre-existing health condition. You can prove a pre-existing condition with one of these:

- **One denial of coverage letter from an insurance company**, based on ANY health condition.
- **An Attending Physician’s Statement*** or **letter from your doctor** showing that you have one of the qualified pre-existing health conditions. See the Attending Physician’s Statement* for the list of conditions.

If your doctor writes a letter, this letter must also tell us the diagnosis and billing code.

This is in addition to **proof of state residency** as we describe on page one.

D1. **State Uninsurable (Regular coverage)**-You must:

- Be a Tennessee resident for 6 months and a U.S. citizen or qualified legal alien
- Have a pre-existing health condition which makes you uninsurable
- Not be eligible for employer coverage where you work, Medicare or Medicaid and not have other health insurance
- Have been uninsured for the past 3 months before applying for coverage (or meet any approved exception to this requirement)
- Send us proof that you are uninsurable or have one of the listed pre-existing conditions

IMPORTANT! Besides **proof of state residency** (as noted on page 1), **you MUST SEND us proof that you are uninsurable**. Acceptable proof is any one of these:

- **One denial of coverage letter from an insurance company**, based on ANY health condition.
- **An Attending Physician’s Statement*** showing that you have one of the qualified pre-existing health conditions. See the Attending Physician’s Statement* or Plan Overview* for the list of conditions.
- **A letter from your doctor** showing that you have one of the qualified pre-existing health conditions. See the Attending Physician’s Statement* or Plan Overview* for conditions. This letter must also tell us the diagnosis and billing code.

Effective date: Forms approved by the 15th of any month will have coverage starting the 1st of the next month.

Note: Regular Coverage plans have a reduced benefit for pre-existing conditions during the first 6 months of coverage. During this time, outpatient mental health counseling and pharmacy have the full benefit. Other health services for pre-existing conditions are paid as a 50% benefit during the first six months.

If you have chosen State Uninsurable (Regular coverage), mark box D1 above and go to Section E.

Section D continues on the next page.

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov

Section D – How Do You Qualify? (Choose one of these three ways – D1, D2 or D3 - continued)

D2. State Portability-If you are applying within 63 days of prior coverage with TennCare (Medicaid), CoverKids or other specified coverage, you must also:

- Be a Tennessee resident for 6 months and a U.S. citizen or qualified legal alien
- Have a pre-existing health condition which makes you uninsurable
- Not be eligible for employer coverage, Medicare or Medicaid and not have other health insurance
- Send us Proof that you are uninsurable (see below for acceptable proof)

IMPORTANT! Besides proof of state residency (as noted on page 1), you **MUST SEND proof that you are uninsurable, in order to qualify under State Portability.** Acceptable proof is any one of these:

- **One denial of coverage letter from an insurance company**, based on ANY health condition
- **An Attending Physician’s Statement*** showing that you have one of the qualified pre-existing health conditions. See the Attending Physician’s Statement* or Plan Overview* for conditions.
- **A letter from your doctor** showing that you have one of the qualified pre-existing health conditions. See the Attending Physician’s Statement* or Plan Overview* for conditions. The letter must also tell us the diagnosis and billing code.

Note. See AccessTN.gov for the latest list of “other specified coverage” such as a company’s ending its group coverage with no COBRA option.

Effective date: State Portability coverage starts the day after the end of your prior coverage. You can apply before your prior coverage ends.

If you have chosen State Portability, mark box D2 above and go to Section E.

Important: If you qualify for HIPAA Portability in D3, you do NOT have to show you are uninsurable or that you have a pre-existing condition.

D3. HIPAA Portability-If you are applying within 63 days of prior group coverage, you must also:

- Be a Tennessee resident and U.S. citizen or qualified legal alien
- Have 18 or more months of combined health coverage without a break in coverage of more than 63 days
- Coverage through an employer-sponsored GROUP health plan as your most recent coverage
- Not eligible for employer coverage, Medicare or Medicaid and not have other health coverage
- Have not been terminated for nonpayment of premiums or fraud under your most recent coverage
- Have taken and completed your full COBRA eligibility if COBRA or group continuation available
- Send proof of prior insurance (**see below for acceptable proof**)

IMPORTANT! Besides **proof of state residency** (as noted on page 1), you **MUST SEND proof of prior coverage.** Acceptable proof is:

- **A certificate of creditable coverage**
- **Any other proof of prior insurance**

Effective date: Portability coverage starts the day after the end of prior coverage. You can apply before your prior coverage ends.

Note: This category is for new HIPAA Portability only. It is not for people already on guaranteed issue HIPAA plans. Go to D1 State Uninsurable (Regular Coverage) to see if you qualify for that category.

This category is NOT for those just finishing TennCare or CoverKids or those with less than 18 months prior coverage. Go to D2 State Portability to see if you qualify for that category.

If you have chosen HIPAA Portability, mark box D3 above and go to Section E.

IMPORTANT! We will figure your premium. To estimate your payment, use the Premium Tables and Weight Status Table in the Plan Overview.*

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov

Section E - Other Insurance Coverage

Tell us what you know about other health insurance you have or recently had in the past.

Are you eligible for Medicare now? Yes No Have you applied for Disability benefits? Yes No

If you have applied for disability, please tell us where you are in the application process. (Just tell us what you can. Things like: Was it granted? Have you appealed? Who is helping you with your claim?)

Have you ever been covered by AccesTN? Yes No Have you ever been covered by TennCare? Yes No

Are you employed? Yes No If no, when were you last employed? _____

If yes, how are you employed? Full-time Contract worker Temporary Part-time

Name of Most Recent Employer (if self-employed, say that)	Street Address	City	State	Zip Code
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Does this employer offer group health coverage other than CoverTN or pay the cost of insurance? Yes No

If this employer has a group health plan and you are not covered, please tell why:

Note: You can still qualify for AccesTN if you have certain other kinds of coverage. This includes:

- long-term care policies
- cancer or disease-specific coverage.
- liability insurance. This includes medical payments in an auto policy.
- “fixed indemnity”. This is the type of insurance that pays you a set dollar amount if certain events take place. For instance, a plan that pays you \$250 for each day you spend in the hospital.
- nursing home coverage.
- accident or disability only coverage.
- some short-term policies.

Are you covered now or have you been covered by any other insurance in the last 3 months? *(This includes Medicare or TennCare)*

No **If No**, go on to section F.

Yes **If Yes, you can sign up for AccesTN before your other plan ends to reduce any break in coverage.**

Tell us what you can in the boxes below about any coverage you have had in the last 3 months. You may attach a copy of the face pages of the policy. But doing this is **not required** unless we ask. If you do not know the Policy # or other requested information, just write “I don’t know” in that box.

Type of Policy: Individual Group Medicare TennCare COBRA Group Continuation

If another type or you don’t know, tell us what you can about the coverage:

Primary Policy Holder	Social Security Number or ID Number of Policyholder	
Name of Insurance Company	Policy #	Group #
Start Date of Coverage	End Date of Coverage	Reason Coverage Ended

If a Group, COBRA or group continuation policy, give name of the employer.

If you marked “Group” above, did you meet the rules for: **COBRA** Yes No **Group Continuation** Yes No

If yes, tell us the Start Date of Coverage _____ End Date _____

If no, why?

If individual coverage and policy excludes a major body system, like circulatory (heart), please tell us about the limit:

Note: The limit must be based on your personal health history. It must also be a permanent exclusion of a major body system. See the first column of the Attending Physician’s Statement* for other examples. Attach a copy of the exclusion.

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccesTN.gov

Section F - Health History

Please answer the health questions below to the best of your knowledge. This will help AccessTN plan for your health care. (A five-year time period is used to help find out more of your needs for care management.) Your health history can be updated after the form is sent. Mail any changes to **AccessTN, c/o BCBST, 1 Cameron Hill Circle, Chattanooga TN 37402.**

Applicant Name	Date of Birth	Height	Weight
Have you used tobacco products in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cigarettes <input type="checkbox"/> Chewing tobacco <input type="checkbox"/> Pipe <input type="checkbox"/> Cigars		How Long?	How Often?
Have you gained or lost more than 10 pounds in the last year? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, <input type="checkbox"/> Gained weight <input type="checkbox"/> Lost weight		If yes, how much?	
If yes, tell the cause of the weight gain/loss if you know:			

In the past five years, have you been counseled about, consulted a health provider, or received health care for any of the below? If you answer "yes" to any of the questions, please list any facts that you recall, such as your doctor's name or date of service, in the space provided.

1. Heart disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ulcers, stomach or digestive system disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Urinary, kidney disorder or gynecological problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Diabetes, connective tissue, pituitary, thyroid or endocrine system disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Allergies, asthma or other respiratory system issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Arthritis, fibromyalgia, back/neck, joint/bone disorder or other musculoskeletal issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Brain disorder, aneurysm, paralysis, cerebral palsy, epilepsy or other seizures, headaches, multiple sclerosis or other nervous system issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Cancer, tumor or abnormal growth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Eye or ear disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Psychological disorder or mental illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Organ or other type of transplant or implant (including breast implants)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Any other injury, surgery, illness or health service for any condition not already listed; or given recommendation to have a test or surgery which was not done, for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. In the past month, have you often been bothered by feeling down, depressed or hopeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. In the past month, have you often been bothered by little interest or pleasure in doing things?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. In the past five years, have you been treated for alcoholism or chemical dependency; or joined any group for alcoholism or chemical dependency; used illegal drugs; or been told by a health professional to cut the use of alcohol or illegal drugs? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section F continues on the next page.

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov

Section F - Health History (continued)

16. In the past five years, have you sustained an injury due to an auto or work-related accident? If yes, please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. In the past five years, have you been treated by a health professional for HIV/AIDS? We are NOT seeking HIV test results.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are you pregnant? If Yes, tell us your due date:	<input type="checkbox"/> Yes <input type="checkbox"/> No

This is extra space if you need to write more on any question (tell us which number question).

Prescription History - If you are taking drugs or were ordered any in the past three years, please list them below. Tell us what you can in the space below:

- When you took it (for example, “three years ago” or “taking now”)
- What dosage if you know
- What Health problem is being treated by each drug if you know

Add more pages as needed. Print your name, sign, and date each page.

Name of drug	Health condition for which drug was ordered	Dosage & frequency (i.e., 20 mg 2X daily)	Year drug taken (i.e., 2007-2009)	Name and city of doctor ordering drug

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov

Section G - Applicant Signature

Your signature applies to the entire form and to any attachments. It applies to Section I "Protected Health Information" and to Section J "Statement of Understanding and Affirmation."

Be sure to read those sections carefully.

Applicant's Signature in ink (or by parent, legal guardian, or conservator, if applicant not legally competent or a minor)	Date
If signed by applicant, nothing has to be filled out in this block. If signed by parent, legal guardian or conservator for the applicant, please print name, address, phone number and relationship.	

Section H - Fill Out This section If Someone Helped You or Can Help Us With This Form

To the Applicant: YOU are responsible for information in your form. You are signing above that it is correct. You only need to fill out this part if a friend, family member or other person helped you fill out this application.

Helper Name	Group, Company, or Relationship		Phone
Helper Address	City	State	Zip Code
Fill out and sign below if you give us your OK to talk to the helper you listed above, or to your family or friend about your health facts. Tell us their names and phone numbers.			
(Optional) If it is OK for us to talk about your health facts and form to the people checked here, sign in the box below: <input type="checkbox"/> the helper or group named above <input type="checkbox"/> the other persons listed (tell us their names, who they are - family, friends, etc.- and how to reach them) _____			
See Sections G & I that let us get in touch with your health providers. You only need to list non-medical people.			
Applicant's Signature goes here if OK for AccessTN to contact those checked above			Date here if signing on a day different than in Section G

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov

Section I - Protected Health Information and Authorization

This part tells how AccessTN may use your personal information. Please read it closely.

Protected Health Information (PHI) means facts and records about your health. It may include:

- Claims records
- Correspondence
- Medical records
- Billing statements
- Diagnostic imaging reports
- Laboratory reports
- Dental records
- Hospital records, like nursing records or progress notes
- Facts, like your address and date of birth

Federal and state laws protect the privacy of your health facts. Privacy rules do not let AccessTN or your health providers give others your PHI unless you approve. State and federal law allow exceptions. These include:

- Releasing information for your health care or AccessTN operations

When we say "AccessTN" in this part, we mean:

- AccessTN
- Its contractors
- Its agents, and
- Its representatives

AccessTN contractors include:

- BlueCross Blue Shield of Tennessee (BCBST)
- Health Assist Tennessee
- Shared Health, Inc.

These contractors may change. All AccessTN contracts require contractors to keep your health facts private. This is an Authorization by you. By signing at Section G, you:

- Authorize your providers, employers, or any others you name on this form to give information to AccessTN about you as part of your enrollment or coverage. This includes TennCare if you were ever on TennCare.
- Authorize disclosure to and use by AccessTN of:
 - Information on your health insurance coverage
 - Health insurance forms
 - Health claims
 - TennCare or other Medicaid eligibility, and
 - Health record information about you for any purpose allowed by law. This includes use to:
 - ⇒ Decide eligibility for coverage
 - ⇒ Preauthorize or process claims for benefits
 - ⇒ Do case management. This includes utilization or quality assurance reviews, or
 - ⇒ Do an audit or look into possible fraud
- Authorize any of these to disclose your health information to AccessTN:
 - Doctor
 - Health care provider
 - Hospital
 - Health plan
 - Insurance company
 - Reinsurance company

Section I continues on the next page.

Call 1-866-636-0080 toll-free with questions or for help with these papers.

*Enclosed in application packet and available at BCBST.com or AccessTN.gov

- Insurance information bureau. This authorization includes the disclosure to an use by AccessTN of the below information, if any:
 - ⇒ Records of alcohol or chemical dependency and my care for those conditions
 - ⇒ Records of any mental health care, excluding psychotherapy notes
 - ⇒ Records of my care for HIV/AIDS
 - ⇒ Records of genetic testing about any health problem listed on this form, if you are using that problem as a basis for qualifying or for care management of that problem

Your Authorization starts on the date you sign the form. It is in force for twelve (12) months after that. If you are on AccessTN, it lasts through your coverage, plus twelve (12) months, or through any health claim, whichever is longer. A copy of this Authorization is as valid as the original.

You may ask for a copy of your Authorization pages. You may cancel this Authorization at any time. Send a request in writing to AccessTN to cancel. If you cancel this Authorization, it will not affect any action AccessTN took before it got your request. It will not affect AccessTN's use of your PHI health facts for its health care operations. If you do not get rid of this Authorization, it will come to an end on its own:

- twelve (12) months after the end of your coverage, or
- later if you have a health claim pending

Under Federal law, AccessTN must tell you: if the person or group you approve to get your PHI health facts is not a health plan or provider. State and federal privacy rules may no longer protect it. Alcohol and drug abuse records are protected against re-disclosure by special federal confidentiality rules (42 CFR, Part 2). Those rules ban: re-disclosure of alcohol and drug abuse record information without specific authorization in writing.

Section J - Statement of Understanding and Affirmation

Read this section closely. It has important terms of your coverage. When you sign at Section G, you affirm that you understand these statements:

- Access Tennessee (AccessTN) is a non-profit entity of the State of Tennessee.
- I am applying to AccessTN for coverage of: medical; surgical; prescription; and hospital services. This health plan will be partly supported by the State of Tennessee. It may have federal funding.
- I do not have to sign this form. But if I do not fill out this form and sign it, or if I take back my permission in Sections I and J, AccessTN may deny my eligibility. Forms not filled out or signed may be sent back.
- The AccessTN Board of Directors (Board) may change: the benefits; premium assistance; administration rules; and care management rules for all AccessTN plans. These may be changed at any time.
- THE INFORMATION GIVEN ON THIS FORM IS CORRECT. There are civil and criminal penalties: for not giving correct information; for letting someone else use my benefits; and for other acts of fraud. I will help with requests for more information.
- I have a duty to let AccessTN know about: changes in my work; my income; or access to other health insurance. I must do this in a timely manner.
- MY EMPLOYER(S) OR MY HEALTH PROVIDER(S) WILL NOT PAY FOR OR GIVE ME BACK MY PAYMENTS. I will make known any help with my AccessTN payments I get from any other person or group. This includes my health providers.
- I can check **AccessTN.gov** or call Member Services at 1-866-636-0080 to get the latest rules and member materials. This includes pre-existing conditions.
- My answers on this form are complete and correct to the best of my knowledge.
- If this form contains material misstatements or omissions, AccessTN may:
 - cancel the coverage as though it was never effective, and refund my payments, less any claims paid; and/or.
 - deny benefits under the pre-existing conditions period and recover claims paid; and/or.
 - take any other action available to it by law.

Section J continues on next page.

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AccessTN may do this within two years from the date that coverage was issued.
This time limit does not have to do with fraudulent statements.

This also has to do with my duty to let AccessTN know about changes in my eligibility for benefits. I will help with any investigation done on behalf of AccessTN.

- This is the definition of a pre-existing condition:

A pre-existing condition includes any condition which, during a period six months immediately preceding the effective date of my coverage, had manifested itself in such a manner as would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice, care, or treatment was recommended or received as to such condition.

- AccessTN may set rules to vary: deductibles: coinsurance: or treatment levels of its health plans.
- I will help with and adhere to AccessTN health promotion and disease prevention. This includes AccessTN care management guidelines. If I fail to follow through with these, my AccessTN coverage may be affected. This includes:
 - Reduction or elimination of my incentive discount, and
 - Reduction or termination of my health coverage
- Written notice mailed to my latest address of record with AccessTN is notice to me.
- When my form is approved by AccessTN, my coverage will start once:
 - the Plan Administrator informs AccessTN that I have been approved, and
 - my full correct first payment is processed
- My effective date for Regular coverage will be on the first day of the month. My effective date for Portability coverage will be on the day after the termination of my prior qualifying coverage, if I was an eligible Tennessee resident at that time. If I am not approved for coverage or if I do not make my payment, AccessTN will not cover me.
- After the first month of coverage, my payment must be received by the Plan Administrator on or before the due date. If I plan for automatic payment by bank draft or by credit or debit charge, such transaction will be made in accord with the schedule given by the Plan Administrator. It may be before the due date. I have a grace period of thirty-one (31) days from the due date, inclusive.
- MY COVERAGE MAY BE STOPPED ON THE FIRST DAY OF ANY MONTH IF THE PLAN ADMINISTRATOR HAS NOT GOTTEN AND CREDITED COLLECTED FUNDS TO MY ACCESSTN ACCOUNT BY THE DUE DATE. IT SHALL REMAIN SUSPENDED DURING MY GRACE PERIOD UNTIL THE FUNDS ARE RECEIVED AND PROCESSED. MY COVERAGE WILL BE ENDED AT THE END OF THE THIRTY-ONE (31) DAY GRACE PERIOD IF MY PAYMENT IS NOT RECEIVED AND PROCESSED.
- If my bank does not cover my check or other payment, my coverage will be ended at the end of the thirty-one (31) day grace period. This period does not begin on the date I got notice, but starts on the due date.
- IF MY COVERAGE IS ENDED FOR NONPAYMENT, I MUST WAIT ONE YEAR BEFORE I CAN ENROLL AGAIN.
- I have the right to appeal an enrollment decision. To appeal through the AccessTN grievance process, call 1-866-636-0080. Then ask for an appeal form.
- Important note regarding insurance agents: AccessTN does not employ insurance agents and does not pay commissions on AccessTN premiums. In certain cases an insurance agent may qualify for a referral fee from AccessTN. As applicant, my signature at Section G of this Application for Health Coverage confirms:

"I understand that I may be referred to AccessTN or helped in applying to AccessTN by an insurance agent licensed in Tennessee or by another individual. I am responsible for the information in my Application for Health Coverage. No insurance agent or other person referring me to AccessTN or assisting me is authorized as my representative or AccessTN's representative under Tennessee insurance law. No insurance agent may charge me any separate fee for help with AccessTN."

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Attending Physician's Statement

(to be completed by M.D., D.O. or by advanced practice nurses as authorized by supervising M.D.)
 Access TN c/o BlueCross BlueShield of Tennessee, 1 Cameron Hill Circle, Chattanooga TN 37402

Patient Name:	DOB:	SSN:	How long a patient?	Date:
M.D. Office Address:	Office Phone:	Med. Lic. #:	Print Name: _____	_____
			Dr. Signature: _____	

Presumptive Medical Conditions

In the last three (3) years, have you diagnosed and/or treated this patient for any of the medical conditions listed below **within the specified code ranges**? Please check all Medical Conditions that apply.

	Medical Condition	Acceptable ICD-9 or CPT Codes	Medical Condition	Acceptable ICD-9 or CPT Codes
Major	<input type="checkbox"/> AIDS / HIV+ <input type="checkbox"/> Transplants, completed or recommended, excluding donor or cornea transplant	042, V08, 079.53 996.8-996.89, V42.0-V42.4, V42.6-V42.9, V49.83; CPT codes: 38240, 38241, 38242, 33935, 33945, 44135, 44136, 47135, 47136, 32851, 32852, 32853, 32854, 48160, 48554, 50360, 50365, 50380	<input type="checkbox"/> Alzheimer's <input type="checkbox"/> Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) <input type="checkbox"/> Brain injury, traumatic <input type="checkbox"/> Cerebral Palsy, Moderate to Severe <input type="checkbox"/> Friedrich's Ataxia <input type="checkbox"/> Guillain-Barre Syndrome, Presenting <input type="checkbox"/> Huntington's Chorea <input type="checkbox"/> Hydrocephalus <input type="checkbox"/> Lead Poisoning (Cerebral) <input type="checkbox"/> Multiple Sclerosis, Post-lateral Sclerosis <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Myasthenia Gravis <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Paralysis, including Quadriplegia & Paraplegia <input type="checkbox"/> Sturge-Weber syndrome <input type="checkbox"/> Syringomyelia <input type="checkbox"/> Tabes Dorsalis (Locomotor Ataxia) <input type="checkbox"/> Topectomy & Lobotomy <input type="checkbox"/> Tumors, Brain or Pituitary	331 335.2 852, 854 - 854.1 343 - 343.9 334 357 333.4 331.3, 331.4, 741.0, 742.3 984.0 - 984.9 340, 335.24 359 - 359.1 358.0, 358.01 332 - 332.1 342 - 342.9, 344.0 - 344.09, 344.1 759.6 336 94 CPT 61323, 61537 - 61540, 61490 191 - 191.9, 198.3, 194.3, 196.89, 225.0, 227.3, 234.8, 237.0, 237.5, 239.6, 239.7
Cancer	<input type="checkbox"/> Cancers, excluding skin, except melanoma <input type="checkbox"/> Hodgkin's Disease <input type="checkbox"/> Leukemia <input type="checkbox"/> Aplastic Anemia, chronic <input type="checkbox"/> Arthritis, necrotizing <input type="checkbox"/> Cerebral Embolism, Pulmonary Embolism <input type="checkbox"/> Cerebral Vascular Accident (CVA) [Stroke] other than Transient Ischemic Attack <input type="checkbox"/> Congestive Heart Failure, incl. Cardiomyopathy <input type="checkbox"/> Heart Attack (Myocardial Infarction) within 5 yrs <input type="checkbox"/> Heart Bypass Surgery within 5 years <input type="checkbox"/> Hemophilia <input type="checkbox"/> Hepatitis B, C, D, or G acute or chronic, moderate or severe w/ Rx <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Thalassemia, with present symptoms	140.0 - 172.9, 174.0 - 208.9, 230.0 - 234.9 201.0 - 201.9 202.4, 204.0 - 208.9 284.0 - 284.9 446 434.1, 415.1 430 - 432.9, 433.01, 433.11, 433.21, 433.31, 434.01, 434.11, 434.91, 436 425.0 - 425.9, 428.0 - 428.9 410.0 - 410.9 V45.81; CPT codes: 33510 - 33545, 33572, 93556 286 - 286.2 070.2 - 070.713 282.60 - 282.69 282.4 - 282.49 571.0 - 571.2, 571.5 555.0 - 555.9 577.1 556.0 - 556.9 250.1 - 250.9, 250.01, 250.02, 250.03; 250.00 only if uncontrolled	<input type="checkbox"/> Autistic Disorders <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Systemic Lupus Erythematosus <input type="checkbox"/> Wilson's Disease <input type="checkbox"/> Psychotic Disorders, including Schizophrenia & Delusional Disorders <input type="checkbox"/> Pulmonary Emphysema, moderate to severe <input type="checkbox"/> Pulmonary Fibrosis <input type="checkbox"/> Silicosis (Black Lung) <input type="checkbox"/> Hypertensive Renal Disease <input type="checkbox"/> Kidney, Chronic Renal Failure, including Dialysis <input type="checkbox"/> Kidney, Polycystic	299 - 299.9 277 - 277.09 710 275.1 290.8, 290.9, 293.82, 293.9, 294, 294.8, 294.9, 295 - 295.9, 296.34, 296.44, 296.54, 296.64, 297 - 298.9 492 - 492.8 515 502 403 - 404.9 585 - 585.9; CPT codes: V45.1, V56 - V56.8 753.1, 753.10, 753.12 - 753.14
Digestive	<input type="checkbox"/> Cirrhosis of the liver <input type="checkbox"/> Crohn's Disease, with current symptoms, requiring surgery <input type="checkbox"/> Pancreatitis, chronic <input type="checkbox"/> Ulcerative Colitis, present <input type="checkbox"/> Diabetes, Type I (any) or Type II uncontrolled, or diabetes with complications (eyes, kidneys, feet, etc.) <input type="checkbox"/> Arthritis, Rheumatoid <input type="checkbox"/> Cleft Palate, requiring surgery, excluding microform cleft <input type="checkbox"/> Legge-Perthes Disease <input type="checkbox"/> Still's Disease	571.0 - 571.2, 571.5 555.0 - 555.9 577.1 556.0 - 556.9 250.1 - 250.9, 250.01, 250.02, 250.03; 250.00 only if uncontrolled 714.0 - 714.4 749.0 - 749.04, 749.2 - 749.25; CPT codes: 42200 - 42225 732.1 714.3	<input type="checkbox"/> Other <input type="checkbox"/> Psychiatric <input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary	

The codes above include all decimal series in the same code range (e.g. 331 includes 331.0 through 331.9 and 331.8 includes 331.81 through 331.89). **The physician may list additional ICD-9 or CPT codes below, or by separate letter, but such codes will not necessarily qualify the applicant for coverage.**

Please give Applicant copy to attach to Application, retain copy if possible, for verification.
 Form ACTN-006 (12/10) Call 1-866-636-0080 with questions about these pages.