

CoverKids can help
qualifying children get
high-quality health
insurance with no
monthly premiums!



**COVERKIDS IS
GOOD NEWS
FOR YOU!
APPLY NOW!**

COVER+TENNESSEE

programs:

COVERTN
COVER+TENNESSEE

COVERKids
COVER+TENNESSEE

COVERRx
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ACCESSoTN
COVER+TENNESSEE

Cover Tennessee offers health insurance to uninsured individuals in Tennessee through three insurance programs and a pharmacy assistance program. CoverTN is an affordable and portable basic health insurance initiative for uninsured small businesses, individuals, the self-employed and the recently unemployed. Comprehensive insurance for children is provided through CoverKids, and chronically ill adults are eligible for AccessTN. CoverRx is a statewide pharmacy assistance program designed to assist those who have no pharmacy coverage but have a need for medication.

1-866-CoverTN • www.CoverTN.gov



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6/15/09

COVERKids
COVER+TENNESSEE



**Free
comprehensive
health insurance
to keep your
children healthy**

**1-866-620-8864
WWW.COVERKIDS.COM**



What's covered

- ★ Doctor visits, including check-ups
- ★ Prescriptions
- ★ Hospitalization and physician services
- ★ Mental health services
- ★ Routine eye exams, glaucoma testing, eyeglasses and contacts
- ★ Dental cleanings, x-rays and treatment

Who qualifies

- ★ Age 18 or younger
- ★ Tennessee resident
- ★ U.S. citizen or qualified legal alien (babies born in the U.S. will be considered U.S. citizens)
- ★ Uninsured for at least 3 months prior to application
- ★ Not eligible for TennCare
- ★ No access to state employee health insurance
- ★ Household income up to 250% of federal poverty level
- ★ Maternity coverage available for pregnant women at or below 250% of the federal poverty level who meet other eligibility criteria

Costs

- ★ FREE for families within 250% FPL
- ★ Affordable monthly premiums for families above 250% FPL
- ★ Affordable co-pays based on income group

Persons in Family Unit	Group One (0% to 150% FPL)	Group Two (151% to 250% FPL)
1	\$10,830 - \$16,245	\$16,246 - \$27,075
2	\$14,570 - \$21,855	\$21,856 - \$36,425
3	\$18,310 - \$27,465	\$27,466 - \$45,775
4	\$22,050 - \$33,075	\$33,076 - \$55,125
5	\$25,790 - \$38,685	\$38,686 - \$64,475
6	\$29,530 - \$44,295	\$44,296 - \$73,825
7	\$33,270 - \$49,905	\$49,906 - \$83,175
8	\$37,010 - \$55,515	\$55,516 - \$92,525

(effective 3/1/09)

How to enroll

- ★ Download and complete a CoverKids application, or apply online at www.CoverKids.com
- ★ Call 1-866-620-8864 to have an application mailed to you
- ★ Be sure to sign and date the application before mailing it back
- ★ If you need assistance completing the application, please call 1-866-620-8864

CoverKids Benefits Overview

BENEFIT	FAMILY INCOME AT OR BELOW 150% FPL	FAMILY INCOME BETWEEN 150%-250% FPL
Annual Deductible	None	None
Preexisting Condition Requirement	None	None
Physician Office Visit	\$5 co-pay (primary care physician or specialist)	\$15 co-pay (primary care physician) \$20 co-pay specialist
Hospital Care	\$5 per admission (waived if readmitted within 48 hours for same episode)	\$100 per admission (waived if readmitted within 48 hours for same episode)
Prescription Drug Coinsurance/Co-pay	\$1 generic; \$3 preferred brand; \$5 non-preferred brand	\$5 generic; \$20 preferred brand; \$40 non-preferred brand
Maternity	\$5 co-pay obstetrician or specialist, first visit only \$5 hospital admission	\$15 co-pay obstetrician, first visit only \$20 co-pay specialist; \$100 hospital admission
Routine Health Assessment and Immunizations	No co-pays for services rendered under American Academy of Pediatrics guidelines	No co-pays for services rendered under American Academy of Pediatrics guidelines
Emergency Room	\$5 co-pay per use (waived if admitted) \$10 co-pay per use for non-emergency	\$50 co-pay per use (waived if admitted)
Chiropractic Care	\$5 co-pay (maintenance visits not covered when no additional progress is apparent or expected to occur)	\$15 co-pay (maintenance visits not covered when no additional progress is apparent or expected to occur)
Ambulance Service (air and ground)	No co-pay (100% of reasonable charges when deemed medically necessary by claims administrator)	No co-pay (100% of reasonable charges when deemed medically necessary by claims administrator)
Lab and X-ray	No co-pay - 100% benefit	No co-pay - 100% benefit
Physical, Speech & Occupational Therapy	\$5 co-pay per visit (limit of 52 visits per year per type of therapy)	\$15 co-pay per visit (limit of 52 visits per year per type of therapy)
Inpatient Mental Health Treatment (pre-authorization required)	\$5 co-pay per admission	\$100 co-pay per admission
Inpatient Substance Abuse Treatment (pre-authorization required)	\$5 co-pay per admission	\$100 co-pay per admission
Outpatient Mental Health and Substance Abuse Treatment (pre-authorization required)	\$5 co-pay per session	\$20 co-pay per session
Dental	\$5 co-pay per visit No co-pay for routine preventive oral exam, x-rays, cleaning and fluoride application	\$15 co-pay per visit No co-pay for routine preventive oral exam, x-rays cleaning and fluoride application
Vision Care	\$5 co-pay for prescription lenses and frames OR contact lenses No co-pay for preventive annual exam and glaucoma testing	\$15 co-pay for prescription lenses and frames OR contact lenses No co-pay for preventive annual exam and glaucoma testing
Annual Out-of-Pocket Maximums	5% of annual family income	5% of annual family income

No co-pays for Native American/Alaskan Natives (with federally recognized tribal papers) within 250% FPL.

VISIT WWW.COVERKIDS.COM FOR APPLICATIONS AND MORE INFORMATION OR CALL 1-866-620-8864.