

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



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



programs:



Cover Tennessee offers health insurance to uninsured individuals in Tennessee through three insurance programs and a pharmacy benefit program. CoverTN is an affordable and portable basic health insurance initiative for uninsured small businesses. Comprehensive insurance for children is provided through CoverKids and chronically ill adults and children are eligible for AccessTN. CoverRx is a statewide pharmacy benefit program designed to assist those who have no pharmacy coverage but have a need for medication. Please note that enrollment to new members in CoverTN is closed.

1-866-COVERTN

www.CoverTN.gov



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**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 visits
- ★ 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 (at or below 150% FPL)	Group Two (150% to 250% FPL)
1	\$11,170 - \$16,755	\$16,756 - \$27,925
2	\$15,130 - \$22,695	\$22,696 - \$37,825
3	\$19,090 - \$28,635	\$28,636 - \$47,725
4	\$23,050 - \$34,575	\$34,576 - \$57,625
5	\$27,010 - \$40,515	\$40,516 - \$67,525
6	\$30,970 - \$46,455	\$46,456 - \$77,425
7	\$34,930 - \$52,395	\$52,396 - \$87,325
8	\$38,890 - \$58,335	\$58,336 - \$97,225

(2012 FPL effective 3/1/12)

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
Pre-existing 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 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 and 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
• Annual Benefit Maximum Per Child	\$1,000	\$1,000
Orthodontic Services	\$5 co-pay	\$15 co-pay
• 12-month waiting period*		
• Lifetime Maximum Per Child**	\$1,250	\$1,250
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 Maximum	5% of annual family income	5% of annual family income

* There is a 12-month waiting period before orthodontic benefits are paid.

** The lifetime orthodontics maximum limit does not apply to the family annual out-of-pocket maximum.

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