



What is CoverKids?

CoverKids is full health coverage for children and pregnant women who cannot afford employer sponsored insurance or individual insurance and who make too much to be eligible for TennCare. CoverKids provides free medical and vision benefits. Preventive healthcare is free! Sick visits and medication have very low co-pays.

Children can get this coverage if:

- They are under the 19 years of age on the date of application.
- They are Tennessee residents.
- They have not had coverage in the last three months.
- They do not have access to state-sponsored health insurance.
- They are not eligible for or enrolled in TennCare. This is not TennCare. Applications are first reviewed for possible TennCare eligibility. If it appears that a child may be eligible for TennCare, the applicant will be asked to complete a TennCare application. Families can receive help to complete the TennCare application.
- They are citizens of the United States or qualified aliens. Examples of documents to prove qualified alien status include: Form I-551 or Form I-94.
- **CoverKids must be your only health plan. To get benefits, your child cannot be part of any other plan. You cannot use CoverKids as a second health plan.**

Pregnant women can get this coverage if:

- They have not had coverage with maternity benefits in the last three months.
- They are Tennessee residents.
- They do not have access to state-sponsored health insurance.
- They are not eligible or enrolled in TennCare.
- They are at or below 250% of the Federal Poverty Level (FPL).
- **CoverKids HealthyTNBabies covers pregnant women who do not have maternity health benefits. If you have another health plan, you cannot be part of CoverKids HealthyTNBabies. You cannot use CoverKids HealthyTNBabies as a second health plan.**

If your family falls **under** a certain income guideline (under 250% of the FPL) and eligibility requirements are met, **there are no monthly premium payments.**

Number of People in Family	250% of the FPL
1	\$27,925
2	\$37,825
3	\$47,725
4	\$57,625
5	\$67,525
6	\$77,425
7	\$87,325
8	\$97,225
9	\$101,185
10	\$105,145

Your family can still apply for children **over 250% of the FPL**, but full premiums must be paid every month for each child **over 250% of the FPL.**

Need help?

- If you are a person with a hearing or speech disability and need help with reading or writing to complete this application, under the Americans with Disabilities Act, you are invited to make your needs known by calling **1-866-620-8864 • TTY 1-866-447-0272 • (FAX 1-866-913-1046)**
- If you have any questions or need help completing this form, please call CoverKids at **1-866-620-8864** (this is a free call). The hours are Monday through Friday, 7 a.m. to 6 p.m. (Central Standard Time).
- Language interpreter services are available at no cost.

APPLICATION CHECKLIST

Before you send in, make sure you have...

- Completed **ALL** the items in Sections 1, 2, 4, 5, 6. (Section 3 should be completed **ONLY** if you are applying for pregnancy benefits for a responsible adult or pregnant child.)
- Checked yes for all children for whom you are applying.
- Supplied us with a Social Security Number for each child for whom you are applying.
- Attached copies of documents that prove children's qualified alien status if they are not U.S. citizens.
- Attached a provider's statement if you are applying for pregnancy benefits. (You or your doctor can download the statement from our website. http://www.covertn.gov/web/coverkids_app_english_provider.pdf.)
- Supplied us with all income information.
- Attached copies of federally recognized tribal papers if the child or pregnant woman is American Indian/Alaskan Native. (There are no co-pays only if these papers are received; otherwise, the low co-pays will apply.)
- Attached copies of insurance cards if you have insurance now or have had it in the last three months and also attached a copy of the confirmation letter if coverage was involuntarily lost.
- Attached a DHS denial letter (if you are being terminated or recently have been terminated from TennCare) - Send in your most recent DHS denial letter with the TennCare termination date along with the reason code.
- Attached a DHS denial letter (if applicant has been denied TennCare by DHS) - Send in your most recent DHS denial letter with the reason code.
- Signed the application.
- Made a copy for your records.



Section 6 - Certification, Understanding, and Authorization

- ◆ I understand that signing this authorization is required for enrollment in this health plan.
- ◆ I understand that if I get more benefits than I am entitled to through my fault, I may have to repay any extra benefits.
- ◆ Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, or national origin. If you have a complaint regarding discrimination, please call 1-855-286-9085 *TTY: 1-877-779-3103.
- ◆ I understand that enrollment in CoverKids will be continuous for 12 months unless any of the following occur: The child turns age 19; the child or pregnant woman gains access to state-sponsored health insurance through a family member's or their own employment with a public agency; the CoverKids beneficiary is enrolled into individual or group coverage; 60 days after the pregnancy ends for a woman enrolled because of pregnancy; the family fails to pay CoverKids premiums; an audit or periodic review indicates that a CoverKids beneficiary is not eligible; the CoverKids beneficiary dies; or for other reasons.
- ◆ I understand that computer crosschecking may be used to verify information I have provided on this application.
- ◆ I understand that I can report suspected fraud and abuse by calling toll-free 1-866-795-1977 or (615) 253-9955.
- ◆ I understand that I have the right to appeal an enrollment decision. I will be notified of my rights if my application is denied for any reason.

By signing, you are acknowledging that you have read and accept these statements and that the information you have supplied is correct to the best of your knowledge. Also, by signing you are granting permission to release protected health information as described below. Please read before signing.

Permission to Release Protected Health Information:

- I agree that my [and my child(ren)]'s information can be exchanged between CoverKids, Tennessee Department of Human Services, Tennessee Inspector General, TennCare and other State or Federal Agencies and their contractors. The following information can be shared:
 - Social security numbers;
 - Income information;
 - Health information; and
 - Eligibility information, which includes information about where I live, whether I have health insurance, whether the person applying for CoverKids is a U.S. citizen, and who lives in my house
- I understand that if my CoverKids application is denied for being potentially eligible for TennCare then my application will result in a Medicaid application for children only coverage.
- This information needs to be shared in order to check your eligibility for CoverKids and/or denial or eligibility for other State and Federal programs including TennCare, Medicaid and other Title V programs such as Children's Special Services programs.
- Additionally, this information may be used for audit purposes and the conducting of CoverKids business, which may include making payments to your healthcare provider and evaluating the performance of a health plan or healthcare provider.
- The income information provided on this application cannot be used by the Internal Revenue Service (IRS) for tax purposes.
- I agree on behalf of myself (and my child(ren), if applicable) to share the information listed above.
- I understand that I do not have to sign this form, however, if I do not sign this form or if I take back my permission, CoverKids may not be able to determine if I or my child(ren) is/are eligible and may deny my or my child(ren)'s eligibility to receive said benefits.
- I see the information on this agreement and understand that I can receive a copy of this signed agreement upon request from CoverKids' Administrative Contractor, Policy-Studies, Inc. (PSI) at 1.866.620.8864.
- I understand that this Release is valid from the date this application is signed. This authorization is valid until all family members included on this application cease participation in CoverKids.
- I understand that if the person or organization authorized to receive the information is not a health plan or a health care provider, the information released may no longer be protected by federal privacy regulations.
- I have read, or have had read to me, the above information, and understand how my protected health information is to be used. This authorization is valid until all family members included on this application cease participation in CoverKids.

1st Responsible Adult Signature _____ Date: ____/____/____
(Required)

2nd Responsible Adult Signature _____ Date: ____/____/____
(Suggested but not required.)

Authority: Titles XIX and XXI of the Social Security Act. Completion of this form is required to enroll in a health plan.
Policy Studies, Inc. (PSI) is the Administrative Services Contractor for CoverKids,
under contract with Benefits Administration.

FOR OFFICIAL USE ONLY

Certified Entity Identification Number: _____

APPLICATION PROCESSING TIME

If your application is complete, your family should receive notification within 10 business days that your application was received and is being processed for eligibility.

**When you have filled out
the application completely and signed,
send it with any required documents to:**

**CoverKids
P. O. Box 182261
Chattanooga, TN 37422-7261**

If you have any questions or need help completing this form, please call CoverKids at 1-866-620-8864 (this is a free call). The hours are Monday through Friday, 7 a.m. to 6 p.m. (Central Standard Time).

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