



Tennesseans With Medical Conditions Now Have More Insurance Choices

If you or a family member have a pre-existing medical condition and they do not have health insurance, you now have more choices on both the state and the federal level. Yesterday, [AccessTN](#), Tennessee's health insurance plan for people with medical conditions, was re-opened. And recently, the [federal pre-existing condition insurance plan, PCIP](#), added new options, making it more affordable.

"There are pros and cons about each plan," states Tony Garr, Deputy Director. So spend some time checking them out.

Pro for the State Plan (AccessTN): If you have COBRA and you have paid your premiums for 18 months and it will end, then with AccessTN you will be able to continue your coverage immediately with no gap in coverage. **Con for the federal plan:** If you wanted to sign up for the federal plan (PCIP), then you would have to be un-insured for six (6) months before you are eligible for the federal program.

Pro for Federal Plan (PCIP): If you have been uninsured for 6 months and need health insurance, then you most likely will want to apply for one of the three plans available under the PCIP. Your benefits would kick in immediately and there are lots of preventive services available. **Con for the state plan:** If you signed up for AccessTN, then for the first six months AccessTN would only pay 50% for care for your medical condition. After six (6) months, AccessTN will pay 80% of the medical expenses.

A few other things to think about your choices:

1. Neither plan provides premium assistance. The state plan used to provide premium assistance, but it has run out of state dollars;
2. Federal plan has no lifetime limit;
3. Federal plan protects your out-of-pocket costs and caps this at \$5,950 for in-network and \$7,000 for out-of-network care;
4. Federal plan has cheaper premiums;
5. State plan has more ways to continue coverage if your health insurance coverage has ended.

Danger: If you should sign up for the state plan, and then you decided that you wanted to move to the federal plan, then you would have to be un-insured for 6 months before you would be eligible.

On January 1, 2014, when the Affordable Care Act kicks in fully, these plans will go away and you will not have to pay more because of your medical condition. You would have many more affordable choices and if you fall under 400% of the federal poverty level (~\$88,000/year for a family of four) you will qualify for premium tax credits to help you pay for premiums.

Until then, understand the benefits for you, your family, and Tennessee by going to <http://www.thcc2.org/WhatsHot/home.html>

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