



GUIDE TO COMPLETING YOUR APPLICATION

The information in this Guide will help you complete your application for AccessWV. Please read through it as you fill out your application. A correctly completed application can speed up your acceptance into AccessWV. If you have any questions or need help in completing your application, please call us at **1-866-864-6142**.

1. Applicant Information

Applications for Couples and Two-Person Families. If each person would be independently eligible for AccessWV, two applications may be completed with each person as the Applicant for his/her own policy. If only one member of the family is eligible, that person would be the Applicant and a "Family" policy would be issued.

Family Applications. The Applicant must be a parent who is eligible for AccessWV. If each of two parents is eligible, you may select the one who will be the Applicant. See details below.

- If your family is federally eligible through the Health Insurance Portability and Accountability Act (HIPAA), you may select the parent with the lower premium as the Applicant.
- If your family is Health Coverage Tax Credit (HCTC) eligible, the Applicant is the parent who is the qualified HCTC person. It is NOT the person who is considered the dependent for the HCTC program.
- If the eligibility category is "medically eligible", the parent who is medically eligible is the Applicant. If there are two parents and both qualify as "medically eligible", you may select the parent with the lower premium as the Applicant.

Child as Applicant. If the Application is only for a minor child, a parent or legal guardian should complete the application. The child will be the Policyholder.

When the Application is accepted, the Applicant will be the Policyholder. If you need assistance in identifying who should be the Applicant, please call us.

"Bill To" Information

In general, AccessWV premiums must be paid by the Policyholder, a spouse, a parent or an adult child. If the "bill to" person is not the Applicant, please indicate the relationship to the applicant.

2. Residence

To be eligible for AccessWV, a person must be a resident of West Virginia for at least thirty days at the time the application is signed and submitted to us. This 30-day residency requirement does not apply to persons who are HIPAA or HCTC eligible. However, they must be West Virginia residents at the time the application is submitted to AccessWV.

3. Eligibility for Public Programs

Persons who are eligible for coverage in Medicare, Medicaid and the West Virginia Children's Health Insurance Program (WVCHIP) are not eligible for coverage in AccessWV. Members are required to inform AccessWV immediately upon enrollment in any of these programs. Membership in AccessWV will be canceled retroactively to the effective date of coverage in Medicare, Medicaid or WVCHIP. A child who has exhausted WVCHIP benefits may be eligible for AccessWV coverage.

If you are receiving Social Security Disability Benefits, you must tell AccessWV when you expect to start Medicare coverage. AccessWV coverage will end when Medicare begins. You must inform AccessWV when your Medicare coverage begins.

4. Previous Insurance

We request this information for evaluation purposes and to determine your eligibility for AccessWV.

5. Eligibility Category and Documentation

Three categories of persons are eligible for coverage in AccessWV:

- **Federally Qualified Eligible Individuals** under the Health Insurance Portability and Accountability Act (HIPAA).
- **Persons Eligible for the Health Coverage Tax Credit (HCTC)** through the Trade Act of 2002. This includes eligible workers impacted by foreign trade and certain Pension Benefit Guaranty Corporation benefit recipients.
- **Medically Eligible Persons**, who are individuals with medical issues who have been refused coverage in the regular market or who would not qualify for this coverage due to specific medical conditions.

Please read the descriptions of these categories carefully. **It is important that you designate the correct category on your application and provide whatever documentation is requested.**

Before You Begin—a Note on the Waiting Period for Pre-Existing Conditions

In general, AccessWV has a six-month waiting period for pre-existing conditions. A pre-existing condition is defined as one for which medical advice, care or treatment was recommended or received during the six month period immediately preceding your effective date of coverage in AccessWV. During this waiting period, AccessWV will not pay for any services, including prescriptions drugs, which are related to the pre-existing conditions. We will, however, cover any new conditions that arise according to the terms of our Policy.

The waiting period does not apply to Federally Qualified Eligible (HIPAA) Individuals and **certain** persons who are eligible for the Health Coverage Tax Credit. If you are eligible in one of these categories, it is extremely important that you check this category on the application and provide all requested documentation.

All persons who qualify in the "medically eligible" category must meet this six-month waiting period before AccessWV will cover pre-existing conditions.

"Medically eligible" persons are those who have had difficulty getting insurance in the regular market or who have one or more of the presumptive health conditions that automatically qualify for membership in AccessWV. **By law, AccessWV is not able to make any exceptions to this requirement.** It is extremely important, if you are in this eligibility group to consider your willingness to accept this restriction before you submit your application to AccessWV.

Federally Qualified Eligible Individual through HIPAA

To be eligible for AccessWV in this category a person must meet all of the following:

- Have 18 months of creditable coverage.
- Have had the most recent coverage through a **group** health plan.
- Not have a break of 63 days or more since the last day of coverage and the date the application is received at AccessWV.
- Have elected and exhausted COBRA or other state continuation coverage, if this was available.
- Not be eligible for Medicare, Medicaid, a group health plan or have any other health insurance.
- Not have had the most recent coverage terminated due to nonpayment or fraud.

To document your eligibility in this category, you must attach the following to your application:

If you were eligible for COBRA: Copy of the letter indicating your COBRA is ending AND Copy of the Certificate of Group Health Insurance Coverage.

If you have lost group coverage and do not have COBRA available:

- Statement from your employer or insurance carrier indicating COBRA is not available AND
- Certificate of Group Health Insurance Coverage showing the coverage period and the last day of coverage. If the Certificate shows fewer than 18 months of coverage, additional documentation will be needed to qualify in this category.

If you have a question about what is required, please call us on 1-866-864-6142.

Person Eligible for the Health Coverage Tax Credit

Workers who are HCTC eligible are certified as such by the Department of Labor and may receive partial coverage for their premiums from the federal government.

To be eligible for AccessWV in the HCTC category, an individual must have a notice of eligibility from this program. **You must submit a copy of this notice with your application.**

Any person who is HCTC eligible may purchase health coverage through AccessWV. Some HCTC eligible persons will not have a waiting period for pre-existing conditions. To qualify for a waiver of the waiting period, a HCTC eligible person must:

- Have 3 months of creditable coverage.
- Not have a break of 63 days or more since the last day of coverage and the date their application is received by AccessWV.

You will need to provide documentation of your previous coverage showing the length of coverage and the end date. ***If you have a question about what is required, please call us on 1-866-864-6142.***

"Medically Eligible" Person

A "medically eligible" person is an individual who has had difficulty obtaining coverage in the regular market because of a health condition or who has a presumptive health condition that automatically qualifies for AccessWV coverage.

If you have had difficulty getting coverage through the regular market, please read the check-offs on this section of the application and indicate which applies. You must attach the requested documentation to your application.

If you have one or more of the Qualified Health Conditions shown on p. 2 of the Application, you do not actually have to be denied coverage to be eligible for AccessWV. **Simply check all the conditions that apply. You do NOT have to provide documentation of the medical conditions.**

6. Other Eligibility Information

You must provide the information requested in this section for your Application to be considered complete. The information regarding employer-sponsored insurance will be used in determining your eligibility. If the applicant is a child, please provide information for the parents' employers.

7. Statistical Information

The information regarding income and household size is for program evaluation only. ***There are no income requirements for membership in AccessWV***

8. Plan You Wish to Select

To select your coverage, please refer to the "Summary of Benefits" and "Monthly Premiums" chart included with the Application materials.

AccessWV offers four plans: Plan A, Plan B, Plan C and Plan D. All four plans cover the same comprehensive benefits. The Plans differ in their premiums, deductible levels and medical out-of-pocket maximums. ***Be sure to select the plan that best meets your health insurance needs and budget.***

The AccessWV Plan Year begins in July. The deductibles and out-of-pocket maximums are administered on a Plan Year basis. The medical deductible is prorated if you join the plan after the first quarter. For example, if you join in December, which is in the second quarter, your medical deductible for the remainder of that Plan Year would be 75 percent of your annual deductible. The pharmaceutical deductible is not prorated, and you will be responsible for the full pharmaceutical deductible no matter when your coverage begins during the Plan Year. At the start of the next Plan Year, the full pharmaceutical deductible will again apply.

Once you are enrolled in a plan, you may not transfer to another plan unless you experience a qualifying change in life situation such as the birth or adoption of a child, a divorce etc. However, you may change plans during the program's open enrollment period, which is held in the Spring. All elections made during open enrollment are effective July 1.

9. Kind of Coverage (Single or Family)

If you are eligible for AccessWV, you may elect to cover your dependents through family coverage. They may include a spouse, unmarried children under age 19, children under age 23 who are students and financially dependent on you, and disabled, adult children who are your dependents.

If you are applying for coverage as a couple, you may have a more favorable premium if each member of the couple applies separately, assuming that each individual is independently eligible for AccessWV. A two person (parent/child) family may also apply in this manner, if both would be independently eligible.

An Applicant who is a child is not viewed as having eligible dependents and must elect "single" coverage.

Dependent Information

Please provide the indicated information for all dependents you wish to include on a "Family" policy. If you wish to cover a college student as a dependent, **you must include documentation that shows current student status.** If you are applying for coverage for a dependent adult child who is incapable of self-sustaining employment by

reason of a physical or mental disability, **you must provide a physician's letter documenting this condition.**

Your dependents who are eligible for Medicare, Medicaid or WVCHIP are not eligible for AccessWV. The exception is a child who exhausts the annual benefit maximum in the WVCHIP program. It is the Policyholder's responsibility to notify AccessWV immediately if a dependent becomes eligible for Medicare, Medicaid, WVCHIP or any other health insurance. Coverage for the dependent will be terminated as of the effective date of the other coverage.

10. Premium Payment

Please use the following questions to guide you through the "**Monthly Premiums**" chart which is part of the Application material.

1. Locate your region based on your county of residence.
 North South East Central

If you wish **Single** coverage, refer to the columns on the left of the chart.

If you want **Family** Coverage, refer to the columns on the right of the chart. Please note Family rates are determined by the county of residence and age and gender of the Applicant. The rates do not vary by the number of dependents in the family.

2. Locate the columns that show the available Plans.
Which plan have you selected? Plan A Plan B Plan C Plan D

Note: If you are applying for Family coverage, the Policyholder must be the parent who is eligible for AccessWV. If both parents are eligible you may select the person with the more favorable premium as the Policyholder.

3. Refer to the shaded "Age Band" column to locate the age band for the Policyholder.

What is the age band? under 25 25 to 29 30 to 34 35 to 39
 40 to 44 45 to 49 50 to 54 55 to 59 60+

4. What is the gender of the Policyholder? Male Female

5. What is the premium for this Policyholder? _____.

This is the amount you must pay. **Please fill in this amount on the application.** For coverage to become effective, you must submit your first month's premium with your application. If you are NOT approved, your check will be returned to you. Please make your check payable to AccessWV.

AccessWV does NOT accept third party checks. Your premium must be paid by your own personal check or that of a spouse, parent or adult child. You may also pay by

money order. A third party check will not be accepted and your Application will be returned.

11. Affidavit Related to Premium Payment

West Virginia State Law prohibits employers from paying premiums for AccessWV coverage in lieu of purchasing group coverage. It also prohibits providers from paying premiums on behalf of patients.

Please read the affidavit. Then sign and date to indicate your agreement.

12. Future Method of Premium Payment

You may pay your premium directly to AccessWV each month or arrange for direct deposit. Please indicate how you plan to pay your premium.

If you are paying directly, you will receive monthly invoices for your premiums. The premium is due the first of the month for coverage in that month. For example, the premium for April coverage is due by April 1. Failure to pay on a timely basis and within the allowable 15 day grace period will result in the cancellation of your coverage.

If you wish to arrange for automatic payment from your bank account, please complete the "**Authorization Agreement for Monthly Automatic Bank Payment**" on page 8 (back page) of the Application. Be sure to attach your voided check as requested.

13. Affirmation of Pre-Existing Conditions

A pre-existing condition is any condition for which medical advice, care or treatment, including the use of prescription drugs, was recommended or received during the six months immediately preceding the application to AccessWV. Please complete the grid for all persons (applicant and dependents) named on the application. Indicate the person, the medical condition, the names of any prescriptions, and the names of the attending physicians. Please refer to the sample at the top of the chart.

This information will be used by AccessWV for care management and claims administration and is required of all applicants and any dependents that will be covered by AccessWV.

14. Affirmations and Understandings

Please read these affirmations carefully taking care to initial where indicated. This will show you have read and understood the referenced paragraphs. If all initials are not entered as requested, the application will be considered incomplete, and this may delay your acceptance by AccessWV, if you are otherwise eligible.

15. Certification and Signature

Please sign and date the Application where indicated. Failure to do so will delay the processing of your Application.

If a parent or guardian is completing the application on behalf of a minor Policyholder under the age of 18, the parent or guardian must sign and date the application where indicated.

16. Authorization Agreement for Monthly Automatic Bank Payment

Please complete this Authorization and attach a voided check, if you wish to arrange for automatic payment from bank account. If you will pay directly each month, you do NOT have to complete this page of the Application.

17. For Use Only When Agent Has Assisted with Application

This section should be completed ONLY when an insurance agent has assisted with the application. If you are an applicant who has filled out this application on your own, please SKIP this section.

Part 1: Agent Information and Signature. The agent who assisted with this application should provide the information requested. The agent should sign and date the affidavit.

Part 2: Payment Information. The agent should provide the requested information so that the referral fee can be paid. The agent may assign payment of the referral fee to a licensed insurance agency. Please provide the requested information for the agent (or agency) that is to be paid the referral fee.

A W9 must be attached to the application, if this is the first time the payee is requesting a referral fee from AccessWV. If the payee has submitted a W9 previously, a new one is not needed. A W9 may be found at www.accesswv.org under "Agent Information."

Part 3: Applicant Authorization. Completion of this section is OPTIONAL. You, the applicant, may authorize AccessWV to discuss this application with the assisting agent by signing and dating where indicated. Such an authorization may be helpful in the event that additional information is needed to process the application.

Under federal privacy laws, AccessWV will NOT be able to discuss the application with an assisting agent unless you, the applicant, provide this written authorization to do so. If you do not provide this authorization, any communication about your application will be restricted to you, the applicant.

This authorization is voluntary and is not needed for the application to be considered by AccessWV. If you, the applicant, wish to provide this authorization, please read the authorization and sign and date where indicated.

Other Important Information

When Coverage Begins. If an application is received at AccessWV by the 15th of the month and is approved for enrollment, coverage will be effective the 1st of the following month. If it is received after the 15th of the month, coverage will be effective the second month after receipt. For example, if an application is received March 5 and approved, it

will be effective April 1. If an application is received March 22 and approved, it will be effective May 1. When the fifteenth of the month falls on a weekend or holiday, the deadline will be the next business day after the fifteenth.

If you are applying ahead of time and wish to delay your coverage beyond this schedule, please attach a note to that effect to your application. For example, you may find yourself in this situation if you are enrolled in COBRA and it will be ending shortly.

Incomplete Applications. Applications which are not complete or lack any necessary documentation will not be accepted and will be returned to the applicant. It is likely this will delay your acceptance for coverage.

Notification. If your application is approved for coverage in AccessWV, you will receive a letter notifying you of your effective date of coverage and your member number prior to the first day of your coverage. A medical identification card and your Policy with AccessWV will be mailed by the 15th of your first month of coverage.

Returning Your Application.

Please use the enclosed envelope to return your application by mail. Send to:
AccessWV, P.O. Box 3782, Charleston, WV 25332-3782.

Please be sure to include:

- The correct and full premium for the first month of coverage. There is no fee for applying to AccessWV.
- Any requested documentation to support your eligibility.
- Any documentation needed for your dependents, if you are applying for coverage for a college student or a dependent adult child.
- **If you wish automatic payment**, the completed form to authorize direct withdrawal from your bank account with a voided check from the account

Please be sure that you have initialed and signed the application in all of the locations indicated.

If you have any questions or need help in completing your application, please call our Eligibility Staff on 1-866-864-6142.