P.O. Box 50540
Charleston, WV 25305-0540
1-866-445-8491
www.AccessWV.org

What is AccessWV?
AccessWV is a health plan created by West Virginia state statute to provide health insurance to West Virginians who have been unable to find health insurance in the private market because of a medical condition. It also serves those who have lost coverage due the closing of their employers' business or decision to no longer offer group insurance to their employees.

When did AccessWV begin operations?
AccessWV began operations on July 1, 2005. Coverage for first enrollees is expected to be effective as of August 1, 2005.

Who is eligible for AccessWV insurance coverage?
Eligible individuals have to have been a resident of West Virginia for at least 30 days AND:

- Are not eligible to receive coverage under a group insurance plan offered either by employer or their spouse's; and
- Are not eligible for medical coverage under a federal or state program including Medicare, Medicaid, WVCHIP; and
- Are not residents of a public institution (i.e. a federal or state correctional institution or a Veteran's Home)

Applicants must also have experienced at least one of the following:

- Been rejected for health insurance coverage by a carrier selling health insurance in West Virginia within the last six months; or
- Received coverage from a carrier selling health insurance in West Virginia that offers less coverage or similar coverage at a greater price than AccessWV; or
- Became eligible under the Health Care Tax Credit (HCTC) Program (TAA, ATAA, PBGC) or HIPAA; or
- Have a pre-existing, severe or chronic medical condition (see web site www.AccessWV.org for details)

Does AccessWV guarantee coverage?
AccessWV guarantees that all West Virginia residents who meet eligibility requirements can purchase health insurance through the plan, regardless of their current and past health circumstances. The plan is offered by the State of West Virginia through the Department of Insurance.

How many different plans are available through AccessWV?
Individuals are able to apply for either single or family coverage and one of three different benefit plans under either option. Please see "AccessWV Summary of Benefits" online at www.AccessWV.org for a complete description of what is covered by the different plans.

How are AccessWV premiums determined?
Premiums for AccessWV are set based on either single or family coverage and the age, and gender of the applicant, and the geographic area where the applicant resides. Please see the "AccessWV Premium Schedule for 2005" online at www.AccessWV.org for specific premiums which will be in effect as of August 1, 2005.

What do the AccessWV plans cover?
Deductibles, copayments and out-of-pocket maximums vary depending upon the plan chosen. These plans cover hospital, physician services, out-patient services, home care, prescription drugs, maternity care, rehabilitation, out-patient therapies, and other medical services. In some cases, there is a 6 month waiting period before the plan will provide coverage for services related to a pre-existing condition of a new enrollee. Health care needed for other reasons are covered according to the plan design.

How does someone obtain AccessWV coverage?
An application for coverage may be obtained through any insurance agent licensed by the State of West Virginia to write health insurance or by contacting AccessWV directly. Generally, policies become effective on the first of the month following approval of the application.

Who manages AccessWV?
The Public Employee Insurance Agency (PEIA) oversees the administrative functions of AccessWV. They subcontract with Acordia National and Express Scripts, Inc. to provide medical claims administration and pharmacy benefit management.

Can members go to any doctor or hospital?
The legislation that created AccessWV does not require West Virginia providers to accept AccessWV enrollees but since this plan provides competitive benefits and a reasonable payment rate, AccessWV and the governor encourage all providers to accept those individuals covered by AccessWV.

Is out-of-state coverage available?
Out-of-state providers will be paid based upon Acordia PPO contracts. Claims from out-of-state providers are subject to higher co-insurance and higher out-of-pocket maximums.

Can coverage be terminated?
Once enrolled, you will continue to be member of AccessWV as long as you continue to pay your premiums and answer our once a year survey regarding your continued residency in West Virginia unless one of the following things occurs:

- You are eligible to obtain individual coverage because your condition has improved; or
- You are eligible to obtain group coverage through your employer or union or your spouses employer or union; or
- You move out of West Virginia; or
- You, or your dependents, become eligible for Medicare, Medicaid, WVCHIP; or
- You become a resident or inmate of a public institution; or
- The plan spends more than $1,000,000 lifetime maximum of benefits per enrollee, per year; or
- You request disenrollment in writing; or
- You have committed an act of fraud to circumvent the statutes or regulations of AccessWV.

Enrollees who have terminated coverage for any reason are not eligible to re-apply for 12 months.

Who sets the premiums charged?
By law, premiums are required to be based on the price charged by other insurers offering health insurance coverage to individuals in West Virginia. The participants in AccessWV will be charged somewhat higher premiums compared to standard insurance, however there is a cap on premiums that can be charged. West Virginia's risk pool rates can be no more than 150 percent of standard rates for comparable individual market plans.

Who are the current members of the Board?
The Board, by law, is made up of 7 representatives of the following areas: at least 2 members are individuals or the parent, spouse or child of an individual that may qualify for coverage by the plan. Currently one of these members has been appointed, Laura Phillips of The Phillips Group. At least 2

members represent insurance companies. Currently one of these members has been appointed. Fred Earley of Mountain State Blue Cross Blue Shield. At least one member needs to be a hospital administrator. David Ramsey of Charleston Area Medical Center is appointed in this position. One community member at large has been appointed. Christopher Plein, West Virginia University Division of Public Health. The Commissioner of Insurance, Jane Cline or her designee serves as the chairperson and ex officio member.

How are operations of AccessWV financed?

AccessWV is financed through premiums paid by members of the plan and by special assessments made by all hospitals that are based in West Virginia. No public or state funds are used to support the plan at this time. To cover the cost of developing the plan and for first year of operations, the plan has received a federal grant which is dedicated to supporting AccessWV. This grant is unlikely to continue after June 2006.

Can my employers pay premiums on behalf of employees?

No, the law specifically prohibits employers from paying premiums on behalf of enrollees. However, the federal HCTC program may pay a portion of your premium if you qualify for that program.