

Covered Lives Worksheet **For 2010 Health Benefit Plan Reporting Form** **AccessTN Assessment**

Calculation of Covered Lives subject to AccessTN Assessment as of December 31, 2009

What counts as Health Coverage?

“Health Coverage” has a specific meaning for purposes of the AccessTN assessment. “Health Coverage” is any type of individual or group health benefit plan or other health benefits not specifically excluded by the AccessTN enabling statute or by the Board of Directors. It is **not** just Health Coverage by an Insurer. It also means any hospital and medical expense incurred policy, nonprofit health care service plan contract, health maintenance organization subscriber contract, or any other health care plan or arrangement that pays for or furnishes health care services, whether by insurance or otherwise. Note: AccessTN refers to “health insurance coverage” as “Health Coverage” to reduce confusion with health insurers regulated by the State of Tennessee. Calculations for Box A will be based on this worksheet. Attach additional pages as necessary. For any Health Coverage types on this worksheet for which your company has no Covered Lives, enter “0”. See page 2 for the meaning of “Covered Lives.”

Note: For Health Coverage in which benefits are divided between a Reporting Entity providing behavioral or mental health benefits **ONLY** and a Reporting Entity providing other medical benefits, the medical benefit provider shall be primary for purposes of assessment. See Section 6 if applicable.

Health Coverage does **NOT** include the following product lines - Accident Only, Auto Policy Medical Payment/PIP or Auto Policy Optional Medical With/Without Fault, Credit Only, Dental/Vision Only, Disability Only, General Liability Only or Medical Supplement to Liability Insurance, Long Term Care, or Worker’s Compensation Coverage. Those products are NOT deemed Health Coverage and are not included in the count of Health Coverage/health benefit plan Covered Lives in Section 2.

SECTION 1

*Some categories of Health Coverage are excluded for the purposes of assessment. These lives should be reported on Line 1 below, but should **NOT** be included in the total number of Covered Lives reported on Line 2 for the purposes of the assessment.*

1. Total Number of Covered Lives in Excluded Health Coverage products (sum of lines 1a thru 1j - including Insurers or Third Party Administrators providing coverage for individuals in these product lines).		1. <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>
<u>Type of Policy</u>	<u>Number of Covered Lives</u>	<u>Type of Policy</u>
1a. Cancer only or other Specified Disease only	1a. _____	1f. Hospital Indemnity only or other Fixed Indemnity only
1b. Medicare, including Part D Plans & Medicare Advantage	1b. _____	1g. Medicare, including Part D Plans & Medicare Advantage – behavioral and/or mental health coverage <u>only</u>
1c. Medicare Supplement Plans	1c. _____	1h. TRICARE/CHAMPUS
1d. SCHIP State Children’s Health Insurance Program – (CoverKids)	1d. _____	1i. SCHIP State Children’s Health Insurance Program – (CoverKids) – behavioral and/or mental health coverage <u>only</u>
1e. Medicaid (TennCare) medical or other health coverage	1e. _____	1j. Medicaid (TennCare) behavioral and/or mental health coverage <u>only</u>
		1j. _____