

THE SELF-EMPLOYED PERSON'S GUIDE TO

Health Insurance in Tennessee

What nobody tells you — and how to find coverage that actually works

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INTRODUCTION

A Note From Denton

If you work for yourself, finding health insurance can feel like navigating a system that wasn't built for you.

That's because it wasn't.

The traditional health insurance market was designed around employer-sponsored coverage. If you're self-employed, a 1099 contractor, a freelancer, or a small business owner, you're operating outside that system — and the options available to you look very different from what your employed friends have.

This guide breaks down everything you need to know: what your real options are, how to compare them, what to watch out for, and how to make a decision that actually protects you when it matters.

No jargon. No sales pitch. Just the information you need to make a smart choice.

— Denton Casey

Independent health insurance specialist. DC Insurance, Smyrna, TN.

OUR CLIENTS

Who We Help Most

DC Insurance specializes in health coverage for people who work for themselves. Here are the most common clients we serve:

<p>Independent Contractors & 1099 Workers</p> <p>Skilled trades, consultants, IT professionals, and anyone receiving 1099 income. No employer plan means no coverage unless you find it yourself.</p>	<p>Realtors & Real Estate Agents</p> <p>Commission-based income and no employer benefits is the reality for most agents. We help realtors find coverage that works around variable income.</p>
<p>Freelancers & Consultants</p> <p>Graphic designers, marketing consultants, copywriters, coaches — independent professionals who run their own business.</p>	<p>Owner-Operators & Truck Drivers</p> <p>Independent owner-operators who own their rig and their business need coverage that travels with them. Nationwide PPO networks are critical.</p>
<p>Salon Owners & Beauty Professionals</p> <p>Booth renters, independent stylists, estheticians, and nail techs — most work as 1099 contractors and handle their own benefits.</p>	<p>Contractors & Skilled Trades</p> <p>Electricians, plumbers, HVAC technicians, roofers, and general contractors who run their own operation.</p>
<p>Travel Nurses & Healthcare Contractors</p> <p>Travel nurses and per diem healthcare workers who need portable coverage that works across multiple states and assignments.</p>	<p>Small Business Owners</p> <p>Entrepreneurs who need individual coverage for themselves, with options for employees without the complexity of a full group plan.</p>
<p>Gig Economy Workers</p> <p>Platform workers classified as independent contractors — without access to employer benefits and responsible for their own coverage.</p>	<p>Therapists & Private Practice Professionals</p> <p>Therapists, counselors, chiropractors, and other healthcare professionals in private practice who handle their own benefits.</p>

YOUR OPTIONS

Your Three Real Options

Most self-employed Tennesseans don't realize they have three distinct lanes of health insurance. Understanding the difference is the first step to making the right choice.

LANE 1

ACA Marketplace Plans

The ACA marketplace at healthcare.gov offers plans available to any Tennessee resident who meets basic eligibility requirements. These plans are guaranteed-issue — you cannot be turned down based on your health history.

Best for: Lower to moderate income self-employed individuals who qualify for premium tax credit subsidies.

Watch out for: Narrow regional networks, high deductibles on lower-tier plans, and income cliffs that can eliminate subsidies entirely.

LANE 2

Medically Underwritten Private PPO Plans

Private PPO health insurance is purchased outside the ACA marketplace directly from an insurance carrier. These plans go through medical underwriting — your health history affects eligibility and premium. In exchange you typically get broader nationwide networks, lower deductibles, and more flexibility.

Best for: Self-employed individuals in good health who earn above the ACA subsidy threshold or want nationwide network access.

Watch out for: Pre-existing conditions may affect eligibility or increase premiums. Not available to everyone.

LANE 3

Supplemental & Gap Coverage

Supplemental plans — accident, critical illness, hospital indemnity, dental, vision — layer on top of a primary health plan to fill coverage gaps and reduce out-of-pocket exposure.

Best for: Anyone who wants to reduce financial risk beyond what their primary plan covers.

Watch out for: Supplemental plans are not a replacement for primary health coverage. They work alongside it.

COST COMPARISON

The 4 Numbers That Actually Define Your Coverage

Most people shop for health insurance by looking at one number: the monthly premium. That's a mistake. Here are the four numbers that determine how your plan actually performs when you use it.

Monthly Premium

#1

What you pay every month regardless of whether you use your insurance. Lower premiums usually mean higher costs when you actually need care.

Deductible

#2

The amount you pay out of pocket before your insurance starts sharing costs. A \$6,000 deductible means you pay the first \$6,000 of covered medical expenses yourself every year.

Coinsurance

#3

After you meet your deductible, insurance and you split costs. An 80/20 coinsurance means insurance pays 80%, you pay 20% — until you reach your out-of-pocket maximum.

Out-of-Pocket Maximum

#4

The absolute ceiling on what you'll pay in a given year. Once you hit this number, your insurance covers 100% of covered costs for the rest of the year. This is the most important number for protecting yourself against a serious health event.

Key insight: A plan with a \$300 monthly premium and an \$8,700 out-of-pocket max could cost you \$12,300 in a bad year. A plan with a \$500 premium and a \$3,000 OOP max costs \$9,000 at most. The cheaper plan isn't always cheaper.

WHAT TO AVOID

Common Mistakes Self-Employed People Make

Choosing a plan based on premium alone

#1

The cheapest monthly premium often comes with the highest deductible and out-of-pocket costs. Always model what the plan costs in a moderate and worst-case scenario before deciding.

Assuming the ACA marketplace is the only option

#2

Many self-employed Tennesseans in good health qualify for private PPO plans that offer better networks and lower deductibles than comparable ACA plans — often at similar or lower total cost.

Skipping supplemental coverage

#3

A major health event — a serious accident, a cancer diagnosis, a hospitalization — can generate costs far beyond what your primary plan covers. Supplemental plans fill those gaps and pay cash benefits directly to you.

Not reviewing coverage annually

#4

Your income, health, and coverage needs change every year. A plan right for you two years ago may not be the best fit today. An annual review costs nothing and could save you thousands.

Going it alone

#5

An independent agent who shops the whole market can compare every option available to you and explain what you're actually buying. It costs you nothing — broker compensation comes from the carrier, not from you.

PRIVATE PPO PLANS

Is a Private PPO Right for You?

Private PPO health insurance isn't right for everyone — but for many self-employed Tennesseans it's the best option available. Here's how to know if it might fit your situation:

You might be a good candidate if:

- ✓ In generally good health with no major pre-existing conditions
- ✓ Income too high to qualify for meaningful ACA subsidies
- ✓ Want access to a broader nationwide network of doctors and specialists
- ✓ Prefer lower deductibles and more predictable out-of-pocket costs
- ✓ Value flexibility — seeing any doctor or specialist without a referral
- ✓ Travel for work and need coverage that follows you across state lines

An ACA plan may serve you better if:

- ✗ You have significant pre-existing conditions that affect underwriting
- ✗ Your income qualifies you for substantial ACA premium tax credits
- ✗ You're between jobs and need temporary short-term coverage

Bottom line: The only way to know for certain which option wins for your situation is to compare both side by side with real numbers. That's exactly what a free consultation with DC Insurance provides — no obligation, no pressure.

NEXT STEPS

What to Expect From a Consultation

A free 15-minute call with DC Insurance is not a sales call. Here's what actually happens:

We start with your situation.

Your income, your health, your current coverage if you have it, and what matters most to you in a plan.

We pull quotes across every lane.

ACA marketplace options, private PPO plans, and supplemental coverage — real numbers for your specific situation.

We walk through the comparison.

Deductibles, networks, out-of-pocket maximums — what each plan actually costs in a normal year versus a bad year.

You decide.

No pressure. No timeline. If what you already have is the best option, I'll tell you that too. Most people leave with more clarity than they came in with.

No commitment required.

Most conversations take 15 minutes. Some go longer because people have questions they've never had answered before. Either way, you leave knowing more than you did when you called.

READY TO SEE YOUR REAL OPTIONS?

Book Your Free 15-Minute Consultation

No sales pitch. No pressure. Just clarity on your actual options.

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