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# Anthem Advisor Update

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## **REMINDER: Anthem's Individual KeyCare HealthSmart \$2,250 Family Deductible Plan No Longer HSA-compatible in 2009**

### **Other Product Options Available for a Specified Period of Time**

As we announced in our October Advisor Update, Anthem's KeyCare HealthSmart \$2,250 deductible plan will no longer be compatible with a Health Savings Account (HSA) for family plans, beginning January 1, 2009. We have some additional information about product options available to affected members for a specified period of time.

### **Why is This Changing?**

Effective January 1, 2009, IRS regulations state that for a high deductible health plan (HDHP) to be compatible with a Health Savings Account, the deductible must be more than the IRS-required minimum deductible. The IRS minimum family deductible beginning 2009 will be \$2,300. Affected members in family contracts were notified in writing of this change in mid-November. Please click [HERE](#) to view the member letter.

Click [HERE](#) to view our **2009 Annual Contribution Limits for Health Savings Accounts** buckslip. This buckslip needs to be included with all Individual KeyCare HealthSmart sales materials until further notice.

**Please read on to learn what options members have as a result of this change.**

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## **Anthem's Individual KeyCare HealthSmart \$2,250 Family Deductible Plan No Longer HSA-compatible in 2009**

**Anthem members with the KeyCare HealthSmart \$2,250 family deductible plan were recently advised of the following options in a mailing that went out the week of November 10:**

1. For those who do not have and/or do not intend to purchase a Health Savings Account, no change is needed. Members will continue to have the same plan with all of the benefits and features they currently enjoy - just without the ability to add a Health Savings Account.
2. For those who currently have a Health Savings Account with a banking institution and wish to continue to make contributions after January 1, 2009: They will need to choose one of the HealthSmart higher deductible options below:

		Family Out-of-Pocket Maximum*
Family Deductible*	Coinsurance*	(The total annual amount the

		member is responsible for paying out of pocket, includes deductible.)
\$3,500	20%	\$5,000
\$5,000	0%	\$5,000
\$7,500	0%	\$7,500
\$10,000	0%	\$10,000

\*Information provided above is for in-network services.

If a member chooses to move to a higher deductible, the premium will decrease and will be reflected on the Endorsement to Premium Explanation. Members will receive this in the mail after the Product Selection form mentioned below has been received and processed. To make this change, members must complete the Product Selection form (AVA1558 with the code "HS Mandate" in the lower right-hand corner of the form), which has been modified for this mailing, and return it to us by December 10, 2008. The completed form can be faxed to us at 1-800-618-2589.

- For those who choose not to change their deductible and have a Health Savings Account with a banking institution: They will not be able to contribute to this account as of January 1, 2009. However, they can continue to use the funds that are already in this account for qualified medical expenses. For questions regarding the Health Savings Account, please refer the member back to his or her banking institution or financial advisor.

*In addition, for your clients who feel that the HealthSmart \$3,500 family deductible option does not meet their needs, you can advise them of the family options available with Anthem's Individual Lumenos HSA or Individual KeyCare HSA products. Your affected clients will be allowed to move to a family deductible of equal or higher out-of-pocket liability with either product without medical underwriting for a specified period of time.*

### Important Notes to Remember:

- This option is only available to HealthSmart members who currently have the family \$2,250 deductible option. All other members on this product will have to follow normal Product Movement Guidelines by completing an application and going through medical underwriting in order to change to Lumenos HSA or KeyCare HSA.
- Benefits for these plans are different, such as (but not inclusive): KeyCare HSA does not cover any benefits prior to the deductible and Lumenos HSA covers in-network preventive health care prior to the deductible at 100%. In addition, both plans have higher out-of-pocket maximums than HealthSmart.
- Optional riders may be different from product to product -
  1. KeyCare HSA does not offer term life coverage. If the member has this rider on HealthSmart he/she will not be able to add term life coverage to KeyCare HSA. However, he/she will have the option of keeping the plan as a separate policy through Anthem Life and would be billed separately from the health plan.
  2. Lumenos HSA does not offer the Supplemental Accident rider.
  3. The Supplemental Accident rider on HealthSmart is the new rider with the annual maximum of \$750 per person. KeyCare HSA has the old rider that covers up to \$500 per accident.
- If the member would like Lumenos HSA and wants to add the integrated banking option with ACS Mellon - the member will need to include a signed/dated note with the modified Product Selection Form (AVA1558) advising of this. This question was mistakenly left off of the current form and we are working with the Virginia State Corporation Commission's Bureau of Insurance to get a new form approved for the future.
- This option will only be allowed until January 31, and the effective date of coverage must be January 1, 2009.
- To make this change, the member will need to complete a Product Selection Form designed for this purpose (AVA1558). This is new form will have "HS Mandate (11/2008)" in the lower right hand corner. The member can return the form to the address found on the top of the form or fax the completed form to 1-800-618-2589.

For your reference, here's a link to the [2009 U.S. Department of the Treasury press release](#) with more details about the changes in indexed amounts for Health Savings Accounts.

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## **New HMO Deductible Products for Group Business**

### **Coming January 1, 2009!**

Effective January 1, 2009, we will introduce 12 new Anthem HealthKeepers deductible products for all group market segments. The new HMO products expand consumer choice and provide additional opportunities for savings. All 12 products automatically include direct access to specialty care, with no referral from a Primary Care Physician required. Also, in keeping with our current deductible benefit design, these products include preventive care services covered in front of the deductible.

Below, we've listed the new plans. We've also attached the Benefit Summary that corresponds to each plan. **Please click on the plan name to bring up the Benefit Summary.**

**Four new Anthem HealthKeepers Value Advantage plans offer a choice of copayments, coinsurance and calendar-year deductibles:**

- [Anthem HealthKeepers Value Advantage 25/500](#) MVASB4658A 1/09
- [Anthem HealthKeepers Value Advantage 25/500/30](#) MVASB4659A 1/09
- [Anthem HealthKeepers Value Advantage 30/1000](#) MVASB4660A 1/09
- [Anthem HealthKeepers Value Advantage 30/1000/30](#) MVASB4649A 1/09

### **Anthem HealthKeepers HMO Deductible plans**

Our newest Deductible plans are our lowest-priced HMO plans. They have predictable copays for covered services received in network after the plan calendar-year deductible has been satisfied. Our Deductible POS plans have coverage for out-of-plan services subject to coinsurance and an out-of-plan deductible.

Our four new Anthem HealthKeepers Deductible plans are:

- [Anthem HealthKeepers 20/1000](#) MVABR4650A 1/09
- [Anthem HealthKeepers 20/2000](#) MVABR4652A 1/09
- [Anthem HealthKeepers 25/1000](#) MVABR4654A 1/09
- [Anthem HealthKeepers 25/2000](#) MVABR4656A 1/09

Our four new Anthem HealthKeepers POS Deductible plans offer reliable coverage at a low price with out-of-network coverage:

- [Anthem HealthKeepers 20/1000 POS](#) MVASB4651A Rev. 1/09
- [Anthem HealthKeepers 20/2000 POS](#) MVASB4653A Rev. 1/09
- [Anthem HealthKeepers 25/1000 POS](#) MVASB4655A Rev. 1/09
- [Anthem HealthKeepers 25/2000 POS](#) MVASB4657A Rev. 1/09

Out-of-plan coverage gives your employees the freedom to see the doctor of their choice at a price that's a good value for you.

### **Some HMO Products Will Be Retired**

With the introduction of our new HMO deductible products for the Group market, we will simultaneously retire our current group HMO coinsurance deductible options (all versions, including Open Access and Point of Service options). While the new products should be presented to new sales, we will allow accounts currently enrolled in one of the "retired" products to renew with their existing product through a "grandfather" provision.

Below is a list of the products targeted for "retirement":

- Anthem HealthKeepers 15/20/500
- Anthem HealthKeepers 15/20/1000
- Anthem HealthKeepers 20/20/500
- Anthem HealthKeepers 20/20/1000
- Anthem HealthKeepers 25/30/500
- Anthem HealthKeepers 25/30/1000

- Anthem HealthKeepers 25/30/2000

#### **Additional Product Eliminations:**

Also effective January 1, 2009, we will close the following products for **new** sales due to low enrollment. We will allow accounts currently enrolled in these retired products to renew with their existing product through a "grandfather" provision:

- Anthem HealthKeepers 15/20
- Anthem HealthKeepers 15/20 POS (100+ group size only)
- Anthem HealthKeepers 20/20 POS (2-99 group size only)
- Anthem BlueCare 100 (51-99 market segment only)

**Note:** All Anthem HealthKeepers products retired include Open Access versions as well.

### **Questions Raised During Our Recent New Group Product Webinar**

Many of you tuned in to our New Group Product Webinar and asked questions that needed some additional research or confirmation. We are pleased to provide those answers here:

#### **Q: Do Value Advantage plans meet BOI requirements for out-of-network pairing with an HMO product?**

A: That depends on the HMO product being offered alongside the Value Advantage plan. The POS plan cannot be a lower benefit option for the member.

#### **Q: Can groups still enroll in the retired products by December 1, 2008?**

A: Yes, the retired products are targeted for retirement beginning January 1, 2009. If accounts enroll prior to December 1, they will be eligible for the grandfather provision when they come up for renewal in 2009.

#### **Q: What services are covered in front of the deductible for ALL of the new deductible plans?**

A: The following services are not subject to the deductible:

- Spinal manipulation and manual medical therapy services
- Office-based lab services sent to LabCorp (excluding stat tests)
- Annual Routine Eye Exam
- Preventive Care Services
- Office Visits (including mental health and substance abuse); Value Advantage Plan only

#### **Q: What services ARE subject to the deductible under the new deductible products?**

A: All services other than the ones outlined above are subject to the deductible

### **Missed Our Recent Webinar on the New Products?**

Not to worry. We recorded the session, so you can hear playback via the **Internet** through: 12/19/2008.

1. To access the conference specified above, click on the link below or paste the entire URL into your browser:

<http://www2.eintercall.com/moderator/presentation/Playback?id=62194357-5f18-482e-b71d-c444ca05cf26.rpm>

2. At the prompt, enter your name and email address
3. Click "Submit". The playback will begin.

#### **Playback by Phone through: 12/19/2008**

1. To access the conference specified above, dial the phone number 1-888-899-7904
2. At the prompt, enter the Playback ID 089975325 followed by the pound sign (#).
3. The playback will begin.

The following keypad commands are available during the conference playback:

- 3 Fast forward 30 seconds
  - 7 Rewind 30 seconds
  - # Pause/Resume playback
  - \* Exit playback
- 

## **Holiday Closings**

Anthem Blue Cross and Blue Shields office locations will be closed for the holidays on December 25th, December 26th, and January 1st.

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