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FEBRUARY 28, 2010

VIRGINIA LOCAL GROUP

 PRINT  FEEDBACK



Advisor Update

IN THIS ISSUE...

NEW eRenewal tool available for 15-99 group markets

We heard your suggestions. We listened and took them to heart. So, now you have access to your group renewals sooner and electronically, online. That's right! Now you can access your renewals for groups in our Community (15-50 employees) and Mid-Size (51-99 employees) markets via Online Broker Services on our broker web site at [anthem.com](#).

It's as easy as 1-2-3-4 to use!

Here's how it will work:

1. In early March, you will receive an e-mail notification listing each of your June renewals that are ready to be retrieved
2. Simply log-in to [anthem.com](#) with your regular user name and password
3. Click the NEW **Launch eRenewal** link. This link will be located below the current link for I-QUE. The I-QUE tool will continue to deliver your renewals for the 2-14 group market.
4. In the new eRenewal tool, you will be able to access the renewal PDF and generate renewal options in a more formal appearing proposal format.

But there's more coming soon...

NEW eQuote Tool for 2-99 Markets

1. Our NEW online quoting tool will be available in early spring
2. It will also be available through Online Broker Services, and accessible with your regular user name and password
3. eQuote allows you to generate your own tentative proposal for groups of 2-99 employees
4. Census data can be keyed into the tool or uploaded from an Excel program using our census template. This template is available within the tool.
5. eQuote even allows you to quote our Specialty lines of business - Life, Disability, Dental and Vision!

Join us and learn more!

Both new online tools will be discussed at our upcoming broker meetings. One of two break-out sessions is dedicated to unveiling these new tools. Please contact your Anthem Sales Representative with any questions.

[New eRenewal Tool](#)

[New eQuote Tool Coming Soon](#)

[Limited Mandate PPO Plans Approved](#)

[Broker Meetings](#)

GOOD NEWS! Limited Mandate PPO plans now available to the 2-50 group market segment

We're pleased to inform you that our Limited Mandate PPO plans for the small group market (2-50 employees) have been approved by the Virginia State Corporation Commission's Bureau of Insurance (BOI).

Limited Mandate PPO plans should be of particular interest to small group employers looking for more affordable health plan options. The new benefit plan options offered to employers with 2 to 50 employees carve out most of the state-mandated health plan benefits that must be included when offered to the fully-insured market.

Early intervention services are an example of the type of mandated benefit that may now be excluded; however, coverage for mammograms, Pap tests, PSA testing and colorectal cancer screenings will continue to be included. This is good news, because the cost and cumulative impact of mandated health insurance benefits enacted over many years limited our flexibility to offer more affordable benefit plans to the communities we serve.

The four new Limited Mandate PPO products we are offering are similar in design to our KeyCare 25 and KeyCare 30 products but have increased deductibles, out-of-pocket maximums and out-of-network cost share amounts to achieve lower pricing. Highlights of the 4 products are as follows:

| Limited Mandate PPO Plans for Group Size 2-14 Only | | |
|---|-------------------------------------|-------------------------------------|
| | Limited Mandate PPO 1 | Limited Mandate PPO 2 |
| Office visit | \$25 | \$30 |
| In-network calendar year deductible | \$1500 Individual / \$3000 Family | \$3000 Individual / \$6000 Family |
| In-network out-of-pocket (OOP) maximum | \$4000 Individual / \$8000 Family | \$5500 Individual / \$11,000 Family |
| Out-of-network calendar year deductible | \$2000 Individual / \$4000 Family | \$4500 Individual / \$9000 Family |
| Out-of-network OOP maximum | \$6000 Individual / \$12,000 Family | \$7500 Individual / \$15,000 Family |
| Prescription drug | \$10 Generic Only | \$10 Generic Only |
| Maternity | Excluded | Excluded |

| Limited Mandate PPO Plans for Group Size 15-50 Only | | |
|--|-------------------------------------|-------------------------------------|
| | Limited Mandate PPO 3 | Limited Mandate PPO 4 |
| Office Visit | \$25 | \$30 |
| In-network calendar year deductible | \$1500 Individual / \$3000 Family | \$3000 Individual / \$6000 Family |
| In-network out-of-pocket (OOP) maximum | \$4000 Individual / \$8000 Family | \$5500 Individual / \$11,000 Family |
| Out-of-network calendar year deductible | \$2000 Individual / \$4000 Family | \$4500 Individual / \$9000 Family |
| Out-of-network OOP maximum | \$6000 Individual / \$12,000 Family | \$7500 Individual / \$15,000 Family |
| Prescription drug | \$10 Generic Only | \$10 Generic Only |
| Maternity | Covered | Covered |

What is the pharmacy plan design?

- All Limited Mandate products include a \$10 Generic Only pharmacy plan.
- Mail order is included at 2 times the retail cost.
- Like our Anthem Limited 30/30 product, brand-name drugs are specifically excluded, even if a generic equivalent is not available.
- Members have access to network pharmacy discounts for brand-name drugs.

How can maternity coverage differ by market segment?

- Accounts with 15 or more employees must include maternity coverage in health plan coverage offered to employees as this is a requirement of the employer under the federal Pregnancy Discrimination Act of 1974.
- State law in Virginia requires obstetrical services as an option for all groups. So while state law requires, in effect, all groups to have the option to add maternity coverage, groups with 15 or more employees must select that option.
- For 2-14 accounts enrolled with a Limited Mandate product, if their employee base (full- and part-time) during the previous calendar year was 15 or more during 20 or more weeks of the year, the group is subject to the act and must elect the maternity option, even though the group is currently under 15 employees.
- If the group did not meet that threshold in the previous calendar year, but grows to 15+ for 20 weeks during the current calendar year, the account can then no longer offer employees the 2-14 Limited Mandate product, which excludes maternity coverage.
- The 20 weeks do NOT have to be consecutive. It is the responsibility of the account to ensure that it meets the federal requirement to have maternity coverage.
- Conversely, accounts that decrease in size will be allowed to maintain their current Limited Mandate product until renewal, at which time they may continue with their current 15+ Limited Mandate product or move to the 2-14 Limited Mandate product.

Which state mandates are impacted?

- **Cancer Clinical Trials** - Coverage excludes medical and pharmacy services incurred during participation in clinical trials for treatment studies on cancer, including ovarian cancer trials.
- **Contraceptives** - Coverage excludes prescription contraceptives for the use of contraception.
- **Hospitalization and Anesthesia for Dental Procedures** - Coverage excludes general anesthesia and admission to a hospital or outpatient surgery facility for children under age five, severely disabled members and members with a medical condition that requires admission to a hospital or outpatient surgery facility requiring anesthesia for dental care treatment.
- **Diabetes Education and Training** - Coverage excludes outpatient self-management training and education, including medical nutrition therapy.
- **Early Intervention** - Coverage excludes speech and language therapy, occupational therapy, physical therapy and assistive technology services and devices for dependents from birth to age three who are certified by the Department of Mental Health, mental retardation and substance abuse services as eligible for services under Part H of the Individuals with Disabilities Education Act.
- **Hemophilia** - Coverage excludes medical and pharmacy services for hemophilia and congenital bleeding disorders, including blood infusion equipment, blood products (such as Factor VII, Factor VIII, Factor IX, and cryoprecipitate) and home treatment programs for training to provide home infusion therapy.
- **Lymphedema** - Coverage excludes medical and pharmacy services for equipment, supplies, complex decongestive therapy, and outpatient self-management training and education for the treatment of lymphedema, which is an accumulation of lymphatic fluid in the interstitial tissue that causes swelling, most often in the arm(s) and/or leg(s), and occasionally in other parts of the body. Lymphedema can develop when lymphatic vessels are missing or impaired, or when lymph vessels are damaged or lymph nodes removed.
- **Mental Health and Substance Abuse** - Coverage excludes mental health and substance abuse services. The Federal Mental Health Parity Act (FMHP) does not impact this exclusion, as FMHP does not mandate coverage of these services.
- **TMJ (Temporomandibular Joint Disorder)** - Coverage excludes services, including surgical treatment, for TMJ pain dysfunction syndrome.
- **Obstetrical (2-14 only)** - Maternity care, maternity-related checkups, interruption of pregnancy, delivery, fetal screenings, ultrasounds, etc. are also excluded in Limited Mandate plans offered in the 2-14 market only. This is the only difference between the products offered in the 2-14 and 15-50 market segment.

What riders and options are available?

Because Limited Mandate products are at the lowest end of our non-consumer-driven-health product portfolio spectrum, medical coverage "buy-up" riders/options will not be available. This

includes the following:

- PPO Dependent Maternity
- PPO Well Baby at 100%
- PPO Preventive Care at 100%
- PPO Morbid Obesity
- PPO Drug Options

Specialty riders such as Dental, Vision and EAP are available with these plans.

What Blue Advantage pairings are allowed?

Only the following pairings will be allowed:

- Limited Mandate PPO 1 & 3 with KeyCare 25 with 70/30 coinsurance
- Limited Mandate PPO 2 & 4 with KeyCare 30/2000 with 70/30 coinsurance

What enrollment materials are required?

Revised PPO 2-99 Group and Member Applications have been approved and are now available for use. These applications include changes to support the Virginia Limited Mandate products that are now available to sell, with a first possible effective date of March 1, 2010.

Please note that the new Group and Employee applications **are required** for this product, due to the BOI disclosure requirements related to state-mandated benefits. Older versions of the applications can NOT be used if an account or member is electing a Limited Mandate product (this means no "write-ins" are allowed). The newly approved applications are available in interactive PDF format on the broker web site at the following links:

- [**Group Application for PPO Health Benefits 111220 \(1/10\)**](#)
- [**Employee Health Enrollment Application \(2-14 employees\) 490760 \(1/10\)**](#)
- [**Employee Health Enrollment Application \(15+ employees\) 490773 \(1/10\)**](#)

Applications are also currently being printed. We will notify you when they are available in the warehouse for ordering. Meanwhile, please use the online interactive versions available on the broker web site at www.anthem.com.

Coming soon

Please also note that the BOI has not yet approved HMO Limited Mandate products for sale at this time. When approved, we will notify you promptly and provide the appropriately revised materials.

Western and Mid-Atlantic Regional Broker Meetings Rescheduled

In early February, Virginia was slammed with back-to-back snow storms across the state that made it necessary for us to postpone the broker meetings in our Western and Mid-Atlantic regions. Originally set for February 9 and 11, the meetings for these two regions have been rescheduled as follows:

- | NEW DATE | REGION |
|-----------------------------|---|
| • Tuesday, March 16 | Western Region Broker Meeting |
| • Thursday, March 18 | Mid-Atlantic Region Broker Meeting |

The locations and addresses for these two rescheduled broker meetings are as follows:

- **March 16, Western Region:**
Sheraton Roanoke Hotel & Conference Center
2801 Hershberger Road, Roanoke, VA 24017
- **March 18, Mid-Atlantic Region:**
Sheraton Reston Hotel

Please note that if you previously registered for one of the original Western or Mid-Atlantic meetings set in early February, you will need to **RE-REGISTER** for the new March date of the meeting of your choice. A new invitation with a registration link for the rescheduled meetings has been sent. Please check your inbox.

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