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VIRGINIA EDITION

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 PRINT

Anthem Advisor Update

IN THIS
ISSUE...

Introducing the One Solution Savings Program

At Anthem Blue Cross and Blue Shield, we're pleased to introduce the **One Solution Savings Program**, our new medical and specialty packaging savings program. **One Solution Savings** not only rewards groups through product savings, but also rewards employees with discounts on products and services aimed at helping them maintain their health and a healthy lifestyle.

The new multiple purchase savings program applies to fully insured groups with 51 to 250 enrolled employees who purchase medical benefit coverage through Anthem while adding new specialty product coverage. This began with effective dates of October 1, 2007, or with groups renewing with Anthem as of October 1, 2007 or later and who purchase new specialty product coverage effective on their renewal date.

Click [here](#) to see the savings the packaging program delivers!

Anthem's specialty product offerings are the perfect complement to Anthem Blue Cross and Blue Shield's health coverage, bringing your clients a wide range of benefit solutions. We offer a broad array of products and eliminate the hassles of working with multiple carriers:

- Anthem's dental plans offer choice, flexibility and broad access to meet the needs of your groups.
- Anthem Life provides products and services that can help protect the assets and income of your client's employees. Members enrolled in our life and disability coverage receive value-added programs, such as face-to-face counseling and legal/financial counseling for beneficiaries and/or employees who become disabled. Members also have access to other programs, such as assistance while traveling, online will preparation and identity theft information.
- Anthem Vision provides a combination of competitive pricing and broad coverage, a variety of choices and access to a network with retail and independent locations.

One Solution Savings Program Guidelines

- New business or renewals only with 51 - 250 enrolled employees. Total maximum savings on any combination of products not to exceed 2%.
- Applicable to Fully Insured Medical and Dental plans only.

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- Discount may not be applied to self-funded accounts.
- Discounts will be applied to all the medical products that are offered to the same class of employees offered the sold specialty products.
 - Discounts on medical will only occur on anniversary date of medical only. However, if specialty products are sold 3 months or less prior to the group's upcoming renewal, the specialty discount will be applicable at the group's renewal.
 - Existing specialty discount programs (i.e. reductions in the specialty rate) may be applied in conjunction with this offering.
 - The total life benefits must be at least equivalent in volume to a \$25,000 flat benefit for each covered subscriber.
 - Any other rate concessions require underwriting approval.
 - Discount applies for the first year only.
 - If the specialty coverage sold under this program is terminated prior to the first renewal, the medical rates may be increased to the pre-discounted level as of the Specialty plan termination date.
 - Increasing existing specialty benefits does not qualify for the medical discount.
 - The medical discount is not applicable for sold voluntary specialty coverage.
 - Final medical rate discount is dependent upon underwriting approval. The maximum specialty discount is subject to other prior rate considerations.

The power of packaging provides your clients with big savings and rewarding benefits! Please contact your Anthem Sales Representative for more information.

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BLUE RIBBON REPORT

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Lumenos Materials Update for Group Business

We've added the plan-specific 2-99 Lumenos Plan Benefit Summaries to the broker website at anthem.com. The PDFs include the necessary supporting materials, including the Virginia Ins and Outs of Coverage. You'll find them under Sales Materials, or click [here](#) to go directly to the site.

We've also revised the Lumenos HRA Blended Bank Authorization Form, due to a change in the banking routing number. You can find the new form on the broker website under Sales Materials, Anthem Lumenos Materials for Group Business, Important Forms and Other Materials, or click [here](#).

New Point-of-Service group plan choices

We frequently review our group health plans to make sure they meet the different needs of employer groups. We take your feedback seriously, and we're happy to announce several new Anthem HealthKeepers **Point-of-Service (POS) plans available January 1, 2008** for groups with 100+ employees. Under a Point-of-Service (POS) plan, employees are allowed to receive services from out-of-network providers. Most out-of-network services are subject to a calendar-year deductible. Here is an overview of these new plans:

Anthem HealthKeepers 15/20 POS

- Same general in-network design as HealthKeepers 15/20

- Out-of-Pocket Maximum is \$2500 Individual/\$5000 Family (combined in and out-of-network)
- Out-of-Network Coinsurance is 70/30
- Out-of-Network Deductible is \$400 (Individual)

Anthem HealthKeepers 25/30 POS

- Same general in-network design as HealthKeepers 25/30
- Out-of-Pocket Maximum is \$3500 Individual/\$7000 Family (combined in and out-of-network)
- Out-of-Network Coinsurance is 70/30
- Out-of-Network Deductible is \$1000 (Individual)

Anthem HealthKeepers POS Coinsurance Deductible Options (varies by plan)

- **HK20/20/1000 POS**
Out-of-Pocket Maximum is \$4000 Individual/\$8000 Family
Deductible (combined in and out-of-network) is \$1000 Individual/\$2000 Family
- **HK25/30/500 POS**
Out-of-Pocket Maximum is \$4000 Individual/\$8000 Family
Deductible (combined in and out-of-network) is \$500 Individual/\$1000 Family
- **HK25/30/1000 POS**
Out-of-Pocket Maximum is \$4500 Individual/\$9000 Family
Deductible (combined in and out-of-network) is \$1000 Individual/\$2000 Family
- **HK25/30/2000 POS**
Out-of-Pocket Maximum is \$5000 Individual/\$10,000 Family
Deductible (combined in and out-of-network) is \$2000 Individual/\$4000 Family

Please note that all of the Anthem HealthKeepers POS plans offer "Open Access" options. For additional details about the new point-of-service plans, including exclusions and limitations, please refer to the brochures and plan summaries listed on the [Group Broker Supply List and Order Form](#).

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Blue View VisionSM 130 plans to include additional benefit with no increase

Effective January 1, 2008, our Blue View Vision 130 plans – available to all group sizes – will be enhanced to include coverage for a contact lens fitting and follow-up appointment. Click [here](#) for a table that shows what will be added to Blue View Vision 130 plan benefit overviews. During December 2007, all members currently enrolled in a Blue View Vision 130 Plan will receive a mailing about this change.

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Update to laser vision discounts

Since glasses or contact lenses may not be the answer for everyone, members of group and individual plans may choose to enjoy discounts on corrective surgery from a national network of board-certified ophthalmologists. Our network of Lasik and PRK providers use only FDA-approved lasers.

More information about this corrective sight program can be found by visiting the member home page at [anthem.com](#). Click on [Answers@Anthem](#) and select [SpecialOffers@Anthem](#).

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24/7 NurseLine now available to groups of 2-99 with Anthem BlueCare or Anthem KeyCare

We are happy to announce the roll-out of our 24/7 NurseLine to groups with 2-99 employees. Like Anthem HealthKeepers, this program is now part of the special features and programs package under Anthem BlueCare and Anthem KeyCare plans, beginning January 1, 2008. 24/7 NurseLine is part of our 360° Health® program and enables members to receive access to qualified registered nurses, so they can make informed decisions about their care and avoid unnecessary worry.

Nurses are available 24 hours a day, 365 days per year by calling (888) 207-4210. 360° Health offers a total health solution for a business, because making informed health care decisions can help reduce lost time on the job and optimize costs of care.

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Group Member Booklet and Evidence of Coverage (EOC) highlights

Periodically, we update our Member Booklets and EOCs to help our group members stay informed regarding their health benefits. **Beginning January 1, 2008 we have made the following changes:**

- **Pharmacy Prior Authorization Contact Information**

Beginning January 1, 2008, contact information under the **Covered Services** section changes to:

WellPoint NextRx Toll-free phone number: (800) 338-6180

P.O. Box 746000 Toll-free fax number: (800) 601-4829

Cincinnati, OH 45274

- **National Drug Code (NDC) Block**

Beginning January 1, 2008, we will introduce language that provides coverage for only the preferred medications in specific therapeutic classes where multiple clinically-equivalent medications are available.

- **Multiple Surgeries**

The current language regarding reimbursement when more than one surgical procedure is billed is being revised as follows (**bold text** indicates revision):

When two or more surgical services are performed during a single operative session, the allowable charge for the combined services will be calculated as follows:

*The allowable charge for the primary, or major, surgical service performed; plus a **reduced percentage of what the allowable charge would have been** for each additional surgical service if these services had been performed alone.*

The current language is being updated to bring consistency among all product lines offered.

This change will be implemented **across the board effective April 1, 2008**. Members will not experience any additional out-of-pocket expense when services are rendered by a participating provider. If services are rendered by a non-participating provider, members may experience additional member cost share.

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BlueCard[®] program added to Anthem HealthKeepers (HMO) products for Group and Individual Business

As of January 1, 2008, members of Anthem's affiliated HMOs will have access to the BlueCard Program when they travel outside of Virginia and have need for urgent or emergency care. As an Anthem HealthKeepers member, the BlueCard Program gives members access to doctors and hospitals almost everywhere. To receive the highest level of benefits, members should receive care from a provider or facility that participates in a Blue Cross Blue Shield company's participating network. This means that members can have peace of mind knowing they're protected from balance billing.

PPO (Preferred Provider Organization) members have a similar BlueCard PPO plan that allows them to have in-network benefits when they use a PPO BlueCard provider.

Most Blue Cross and Blue Shield plans are in the BlueCard network.

Have suitcase, will travel

Upon enrollment or renewal, members will receive new ID cards displaying the "suitcase" logo, which indicates to providers and facilities that the member has access to the BlueCard Program when they need emergency or urgent care outside of Virginia. The new ID cards also include the BlueCard Program's toll-free phone number (800-810-BLUE (2583) and website address to locate participating providers.

Individual HMO members will receive their new ID cards in late December.

BlueCard[®] Worldwide

An extension of the BlueCard[®] Program, BlueCard[®] Worldwide makes it easier for members to get medical assistance and inpatient, outpatient and professional services from a network of urgent and emergency care providers around the globe. Members can call the BlueCard[®] Access Line (800-810-BLUE (2583) to find information on providers and medical assistance services in more than 200 countries and territories worldwide.

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Pharmacy updates

New Generics Drugs Available

When a generic becomes available for a brand-name medication, a valuable, cost-saving opportunity arises for customers to lower their prescription drug copayments by selecting generic drugs over a brand-name version. The following list of new generic drugs has a Tier 1 copayment, while the brand-name counterpart moves to Tier 3 on most client formularies.

For a list of generics that recently became available for purchase in the United States,

please click [here](#).

Customer Communications

Health plan customers who have had a prescription for the brand-name medications listed above within the past six months will receive a letter informing them of the availability of the generic alternative. These letters communicate to the customer that:

- The drug they are currently taking is now available in a FDA-approved generic version.
- The brand-name version is still available, but their copayment will increase. To ensure they are paying the lowest copayment possible, customers may wish to discuss with their doctor the possibility of changing to the generic alternative.
- Customers with mandatory generic benefits will automatically be switched to the generic with their next refill.

Talking Points about Generics

We've provided the following talking points for you, in case your clients have questions about the new generic drugs:

- More than 550 generic drugs are on Anthem's drug list/formulary, increasing opportunities to use the lowest copay tier.
- Covering the generic version provides customers with more choices.
- A manufacturer's brand-name version of a drug can cost more than four times the generic version in some cases. Automatically adding generics normally maximizes the savings available to the customer.
- Generic drugs are as effective as brand-name drugs. The FDA requires that all generic drugs be as safe and effective as their brand-name counterparts. Although generics can differ in shape, size and color, the generic drug must be absorbed and perform in the body exactly like the brand drug.

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New online capabilities are now available for Life and Disability

With Employer Self-Service, additions, changes and deletions are now easier than ever. Effective immediately, Virginia customers can use Anthem Life's Employer Self-Service to electronically enroll new employees instead of submitting applications to Anthem Life Insurance Company.

The Anthem Life online Employer Self-Service tool includes:

- Adding new employees - **NEW!**
- Terminating employees
- Changing employee records
- Viewing employee demographic data and benefits
- Viewing bills and payments

Registered users are not required to re-register. Customers who are not already registered with Anthem Life will need to register. To do so, please contact the Anthem Life Online Administration Team at (866)792-0065 or via email at compasscustomersupport@anthem.com.

Please note: Employees still need to complete and sign a paper enrollment application; however, the group administrator can keep applications on file instead of sending them to Anthem Life.

For questions about Employer Self-Service questions, contact Anthem Life at (866)792-0065 or via email at compasscustomersupport@anthem.com.

For all other Life inquires, please contact your Anthem sales representative or Specialty sales manager.

Life and Disability products are underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.

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Anthem Life introduces enhanced Life and Disability portfolio for groups

Anthem Life Insurance Company is introducing an enhanced life and disability product portfolio available for groups with effective dates of January 1, 2008 or later. The new and improved products include all current industry-leading features plus extra member assistance benefits. In other words, we're changing our policies to allow for more flexibility when it comes to benefit levels and provisions.

To view some of the new marketing material and learn about the new portfolio, simply click [here](#).

What about renewals? Existing groups have the option to continue on their current product or switch to one of the enhanced life and disability products.

The following products are included in the enhanced portfolio: basic group term life insurance, dependent life insurance, optional life insurance, optional dependent life insurance, short term disability insurance, voluntary group short term disability insurance, long term disability insurance, voluntary long term disability insurance, and voluntary accidental death and dismemberment insurance.

Your commission schedule will remain the same as it is today. Contact your Anthem sales representative to get a quote today.

The Top Enhancements

1. Flexibility with employer-paid benefits, employee contribution, and employee-paid voluntary benefits.
2. *National products* – meaning products in one state are available in another. This helps keep rates as low as possible.
3. The new Optional Life product can be portable and sold with Basic Life or as a stand-alone product. (Need more info on Optional Life? Review the Optional Life Q&A at the link above.)
4. Industry-leading contract features and extra member assistance benefits, like Resource Advisor and Travel Assistance.
5. We are able to offer an enhanced AD&D schedule with the AD&D qualification period extended to 365 days from the accident.
6. We now offer a large group Voluntary Long Term Disability product!

Life and Disability products are underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.

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January 1 effective date delayed for Individual Lumenos products

During our September broker meetings, we presented information about the upcoming launch of Anthem's new, consumer-driven health care products for Individual Business in Virginia. Although the products were pending approval by the Virginia State Corporation Commission's Bureau of Insurance (BOI), we anticipated launching our new Individual Lumenos products in the market with a January 1, 2008 effective date. With approval still pending, we are not able

to launch these products as soon as expected. Once the products are approved, we will notify you of the actual launch date. We will continue to keep you informed through our *Advisor Update* and *News Flashes* as more details become available.

Missed our Individual Lumenos teleconference training?

We held a teleconference training session on our Individual Lumenos plans on October 23. As a reminder, if you missed this training, you may dial this toll-free number, 1-800-642-1687, and enter this passcode, 20962096, to hear a recorded session. The conference playback will be available through January 30, 2008.

After the products are approved by the BOI and ready to sell, we will notify you about any future webcasts or teleconferences that we may schedule to address your questions or training needs regarding the Individual Lumenos plans. Again, stay tuned for more details.

Personal Health Care premiums increasing January 1, 2008

As you know, we evaluate premiums for our Personal Health Care products (under-65 Individual business) every year. As health care costs continue to rise, so does the cost of providing health insurance protection for our members. As a result, we find it necessary to implement premium increases for new and currently enrolled members in the Individual products shown below. These changes are effective beginning January 1, 2008.

Product Name	Effective January 1, 2008, average premium increase for all members	Annualized Premium
Individual KeyCare Preferred	11%	15.4%
Virginia Basic (closed to new entrants)	12.0%	18.7%
Individual KeyCare (closed to new entrants)	7.0%	13.4%
Basic BlueCare	0%	22.0%
Individual Basic KeyCare (closed to new entrants)	13.9%	20.7%
Option 1 (annual renewal) (closed to new entrants)	14%	
Option 2 (annual renewal) (closed to new entrants)	14%	

In addition to the base premium increases shown above, premiums also may change based on other factors, as applicable. Such factors include:

- changes in age (not applicable to Option 1 & 2),
- geographical location (as in moving to an area with higher or lower medical costs), or
- adding or deleting family members on a policy.

How Customers Will Be Notified

Members enrolled in Individual KeyCare Preferred and Individual Basic KeyCare received an Endorsement to Premium Explanation, which shows their new monthly premium and the date

it becomes effective. Members with Individual KeyCare, Virginia Basic, Option 1 and Option 2 received an Endorsement to Schedule of Benefits, which shows their new monthly premium and the date it becomes effective.

If applicable, you will receive a listing of the new premiums for your customers who will experience their premium change in January and each month thereafter. The new premiums will also be available, via Internet update, on the *Prospector*.

Premiums for Anthem HealthKeepers Individual plans to increase

We appreciate your continued support of the Anthem HealthKeepers products offered by the Anthem-affiliated HMOs: HealthKeepers, Inc., Peninsula Health Care, Inc., and Priority Health Care, Inc. Every year, we evaluate health care trends to ensure that we can continue to provide important health care services to our members. During the past year, we have seen an increase in claims costs in some of our individual plans, and we have adjusted premiums accordingly, as needed.

As a result, members enrolled in our Anthem HealthKeepers individual products, Individual Choice, Individual Program and HMO Conversion will experience a 13.5% base premium increase effective March 1, 2008. Please note that members with our Non-Group Conversion product will not experience a premium increase at this time.

In addition to the base increase above, Individual Choice members will receive an annual age increase. Individual Program and HMO Conversion members turning ages 30, 40, 50 or 60 will also receive an age increase.

If applicable, you will receive a listing of the new premiums for your customers who will experience the premium change. Members will receive a revised Schedule of Monthly Payments showing their new premium, and will be advised to call our Member Services number if they have questions.

HRA eligibility ruling affects individuals, sole proprietors and others

According to Internal Revenue Service (IRS) guidelines for Health Reimbursement Accounts (HRAs), self-employed individuals are not eligible to enroll in HRAs. In addition, the ineligibility extends to sole proprietors, sole proprietorships, partners and owners of more than 2% of an S Corporation.

At Anthem, we want to make sure that you were aware of this eligibility issue, as it could impact groups of all sizes and potential product decisions. As always, advise your groups to address specific tax-related questions to their tax or legal counsel.

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Senior Markets contact information

Much has changed since last year regarding how our Senior Markets plans are handled. For your reference and convenience, we've included an important phone number and address to keep handy whenever you have questions about our Medicare prescription drug plans:

As a reminder, you must be certified for the Medicare Part D and PFFS (private-fee-for-service) plans to order sales related materials. Once you have completed your certification, call Senior Agent Support at 1-800-633-4368 for your user name and password. You can then order your supplies online through Custompoint for the Medicare Part D, PFFS, Medicare Advantage PPO and the MSA plans.

Blue Medicare Rx enrollment forms should be mailed to:

Enrollment Processing Center
P.O. Box 34160
Louisville, KY 40232-9732
Fax 502-889-3343 or 1-800-833-8554
Status of enrollment forms after they have been submitted, billing questions, etc:
1-866-755-2776

PFFS enrollment forms should be mailed to:

Anthem Blue Cross and Blue Shield
P.O. Box 1080
North Haven, CT 06473-5180
Fax number 1-805-375-5969
Status of enrollment forms after they have been submitted, billing questions, etc:
1-800-633-4368

MA PPO enrollment forms should be mailed to:

Anthem Blue Cross and Blue Shield
1351 William Howard Taft Road
OH0404-B802
Cincinnati, OH 45206
Fax 1-513-475-2900
Status of enrollment forms after they have been submitted, billing questions, etc:
1-866-827-9866

MSA enrollment forms should be mailed to:

Anthem Blue Cross and Blue Shield
P.O. Box 1080
North Haven, CT 06473-5180
Fax number 1-805-375-5969
Status of enrollment forms after they have been submitted, billing questions, etc:
1-800-633-4368

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Individual Business Implements New Process for Checks

Starting in mid-December 2007, Anthem Individual Business in Virginia will implement a new system for processing checks received with applications for the first month's premium. The new process involves scanning the check and depositing the money only when the application is approved and the member is enrolled. This requires that a check or money order be included with each application submitted, *unless* the customer is paying with a credit card. The preferred method is for the applicant to use a personal check rather than a broker check.

Please stress to clients who pay with cashier's checks or money orders that it is very important to keep their receipts in a safe place, in case they need to reference them later.

If the applicant does not medically qualify for the coverage, we will not cash the check, and we will dispose of the check for the customer.

When we receive an application, the customer will receive a letter explaining our check process. However, as a courtesy to the customer, we ask that you please be sure to explain to applicants how our check and underwriting processes work.

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Medicare Supplement Rate Adjustments Effective in 2008

To better assist you in sales of Anthem Blue Cross and Blue Shield's Senior Market products, we would like to inform you of premium adjustments effective in 2008.

Medicare Select Plan Premiums *Decrease* Effective January 1, 2008

The premium adjustments for the Virginia Medicare Select plans have been approved. You can view them by clicking [here](#). These premiums will be in effect January 1, 2008.

As the chart indicates, we are pleased to note that members enrolled in all of our Medicare Select plans will receive a premium *decrease*. Throughout 2007, the medical claims costs for members in these plans have been lower than projected, which gives us the opportunity to lower premiums, effective January 1, 2008.

Medicare Supplement Plan Premiums Change Effective February 1, 2008

Premiums will also change for Standard (Issue Age), Guaranteed Issue and Disabled members effective February 1, 2008. Please click [here](#) to see the chart for the new monthly premiums. Members will be notified of these rate changes by the middle of December.

Anthem Blue Cross and Blue Shield would like to thank you for your continued support. If you have any questions about any of the information listed above, please call the Broker Sales and Retention Unit at 1-800-225-3611, and press 0 to speak to your representative.

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November 2007 Blue Ribbon Report Available

Click [here](#) to view the report.

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