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VIRGINIA EDITION

MAY 2008

 **PRINT**

Anthem Advisor Update

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ISSUE...

Good News for Small Group Business!

To influence our competitiveness on new business in the 2-14 group market segment, we are enhancing our pricing structure to include a new rating factor of .81, effective immediately. Groups impacted are any quotes that are currently outstanding and any new prospects presented to us going forward.

As always we appreciate your business and hope you perceive this as a positive change.

GOOD NEWS FOR SMALL GROUP BUSINESS

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Medicare Supplement Rate Adjustments Effective July 1, 2008

We would like to inform you about premium changes that will affect Individual customers currently enrolled in our [Blue Assurance Medicare Supplement](#) plans.

Effective July 1, 2008, all Blue Assurance members will receive their annual age increase. At the same time, members in our attained-age Blue Assurance Plan I will receive a premium increase as a result of the continued rising cost of claims and health care services. However, we are pleased to tell you that the premiums for members in all other plans will not be changing due to medical inflation.

The premium adjustments for the Blue Assurance Medicare Supplement plans are attached and have been approved by the Virginia State Corporation Commission's Bureau of Insurance. These premiums will be in effect July 1, 2008. Members will be notified of these rate changes at the end of May.

Additionally, premiums for our High Deductible Plan F will **not** be changing effective July 1, 2008.

Please click [HERE to view the Blue Assurance rates](#).

Thank you for your continued support. If you have any questions about Individual renewals, please call the Broker Sales and Retention Unit at 1-800-225-3611, follow the prompts and select Option 1.

Premiums Increase for Under-65 Individual Plans

The attached chart shows premium increases for new customers as well as the annualized percentage for current members who have a policy anniversary date from July (or August) through December 2008.

Please click [HERE to view the rates for the affected Individual plans](#).

Customers in these programs may also experience an increase based on age. Other factors, such as moving to an area with higher or lower medical costs, changing the number of family members enrolled in a policy, or adding or deleting optional coverage may also affect premiums for some customers.

In addition, premiums for our optional **Preventive & Restorative Dental coverage** for Virginia Advantage and Virginia Basic (closed products) will increase July 1, 2008 to **\$26.50** for singles and **\$69.00** for two or more covered persons. This means that members who have this optional coverage and who have a July through December anniversary date will see this change in addition to the percentage of premium increase noted above.

The total premium increase for your customers will include any of the above factors that apply to them.

Customers receive a notification letter along with either an Endorsement to Premium Explanation or Endorsement to Schedule of Benefits, depending on the plan they have, which shows their new premium. They will be advised to contact their Customer Care Representative or their local Anthem Sales Representative with any questions. You will receive a report that lists your customers who will experience a change in premium at this renewal. You will continue to receive these monthly reports for customers who renew according to their anniversary.

Virginia Standard Premiums Increase

Effective July 1, 2008, we find it necessary to increase base premiums by 17 percent for all customers in our open enrollment Virginia Standard plan.

Customers in this program may also experience an increase based on age. Other factors, such as moving to an area with higher or lower medical costs, changing the number of family members enrolled in a policy, or adding or deleting optional coverage may also affect premiums for some customers.

In addition, customers who have our optional **Preventive & Restorative Dental coverage will also experience a premium increase to \$26.50** for singles and **\$69.00** for two or more covered persons.

Again, the total premium increase for your customers will reflect any of the above factors that apply to them.

A Cost-Saving Option

Some Virginia Standard customers may be able to choose a higher annual deductible to reduce their premium payments. They may request a higher deductible at any time by

notifying us in writing. It's important to note, however, that increasing the deductible now means the member may decrease it later only when the policy renews or when a "qualifying event" occurs (for example, adding or deleting a dependent on a policy). In addition, decreasing the deductible at a later time will require a new application and a 12-month waiting period before past or present health conditions can be covered. Any deductible or out-of-pocket maximum amounts already met for the year do not apply to the new deductible.

If you have questions about renewals for Individual products, please call the Broker Sales and Retention Unit at 1-800-225-3611, follow the prompts and select Option 1. If you have questions about a member's existing coverage, please select Option 3.

Time to Perform a Prospector Internet Update!

With new Individual Business rates becoming effective soon, it's time to make sure you have the latest version of *Prospector*. Internet update 7.3.4 is now available for downloading. If you haven't already done so, please perform an Internet update to ensure that you have the latest information.

Materials added or changed with this update:

1. New Individual rates for July 1, 2008 effective dates
2. Ability to quote the .81 rating factor for Small Group business
3. Virginia Standard Brochure
4. Virginia Standard Premium Guide
5. Addition of Dependents application
6. Policy Upgrade Application

Performing an Internet Update

Performing an Internet update is easy. Simply go to the Systems Utilities section found on the Main Menu and click on the "Update" button. The Prospector will identify which version you currently have and send you directly to the download screen on the website. You'll then be able to download any updates in sequential order. It's essential that you select the update that immediately follows the version you have. If you skip several versions of the update, your materials will be lost. Please continue to perform Internet updates regularly, every other week or so, to ensure that you have the most current information available. If you need additional technical assistance, please call the Broker Sales and Retention Unit 1-800-225-3611, follow the prompts and select option 1.

New American Academy of Pediatrics (AAP) Recommendations

The American Academy of Pediatrics recently revised their recommendations for preventive care baby visits to include an additional visit at 30 months of age. The AAP also recommends a preventive care baby visit at 3-5 days of age. This is a change from the previous recommendation of 2-4 days of age. For our Individual members who have plans that include Preventive Care and Immunizations for Children or who have this optional rider on their plan, this change is effective for dates of service on or after May 15, 2008.

Anthem is Your Single Source

A new report from LIMRA states that "77% of employers are offering multiple benefits from one

carrier."

We wanted to remind you that Anthem can help you deliver the choices your clients want and their employees need, all from a single source. And with Anthem, the choices don't stop there. Employers can choose everything from products -- HEALTH, DENTAL, LIFE, DISABILITY, VISION and PHARMACY -- to funding arrangements like ASO and voluntary.

The next time you are helping a group manage their choices, keep in mind that they can make them all with Anthem. Contact your Specialty sales manager or Anthem representative for more information.

IRS Releases 2009 HSA Numbers

Annual contribution limitation

Single: For calendar year 2009, the annual limitation on contributions into an HSA for an individual with self-only coverage under a high deductible health plan is \$3,000.

Family: For calendar year 2009, the annual limitation on contributions into an HSA for an individual with family coverage under a high deductible health plan is \$5,950.

Annual deductible and out-of-pocket limits

For calendar year 2009, a high deductible health plan is defined as a health plan with an annual deductible that is not less than \$1,150 for self-only coverage or \$2,300 for family coverage, and the annual out-of-pocket expenses (deductibles, copayments, and other amounts, but not premiums) do not exceed \$5,800 for self-only coverage or \$11,600 for family coverage.

New Anthem Lumenos HSA Companion Document Available

Remember to use our revised Anthem Lumenos HSA Companion Document to help enhance the group enrollment process. The new document is available on the broker web site under Anthem Lumenos Materials for Group Business, Important Forms and Other Materials. For your reference, click [here](#) to view the document.

Lumenos HRA COBRA Premium

The Lumenos HRA products are subject to COBRA with one difference. Due to the regulatory definition of an HRA, *the account allocation and incentive rewards continue to be the group's financial responsibility*. The group will continue to be billed for their COBRA participants on their monthly HRA accounting statement. Therefore, the group may desire to recoup the HRA liability through the COBRA premium. While Anthem does not administer COBRA, we recognize that our groups will need an estimate of the cost of the reimbursement account plus the rewards. It is the group's responsibility to communicate with their COBRA administrator regarding the collection of HRA COBRA premium. Estimates are based on the HRA product the COBRA participant is enrolled in. [When HRA Meets COBRA](#) is an informative employer flyer that can help you explain this information to your HRA groups.

Procedure Change for Adding Dependents on a Group Policy

In response to requests from groups, effective immediately for HMO and PPO business, we have revised our procedures with regard to adding dependents to existing policies. These new procedures apply regardless of whether a group allows or does not allow odd effective dates.

Please note the following new processes are as follows:

- When adding a spouse to an existing policy due to marriage, the effective date for the spouse will be the effective date of marriage.
- When adding a newborn dependent child, including an adopted child, by the employee or placed with the employee for adoption within 31 days of birth to an existing policy, the coverage will be effective on the date of birth.
- When a dependent child is added to an existing policy due to guardianship or custody order, the dependent will be added on the day the employee is granted custody/guardianship.
- When adding a dependent (spouse or child) to an existing policy due to loss of coverage, the dependent will be added on the day the coverage end

Zyrtec OTC Discount and Coupon Mailing

The Food and Drug Administration granted over-the-counter (OTC) status to the line of Zyrtec® (cetirizine) products in January 2008. That means purchasing Zyrtec, one of the most popular seasonal allergy medications, no longer requires a trip to the doctor for a prescription.

Just in time for allergy season, WellPoint NextRx is now offering customers a discount on Zyrtec at the NextRx OTC store and a \$5 coupon to be used at retail stores.

Communications Plan

A follow-up mailing will be sent to customers who initially received a letter about Zyrtec's OTC status in January 2008. In addition, all customers who filled a prescription between March 12, 2007 and March 12, 2008 for any Non-Sedating Antihistamine (Allegra, Allegra-D, Clarinex, Clarinex-D, Semprex-D or Xyzal) will receive a letter.

Letters and coupons began to be mailed on May 9, 2008. This mailing is funded by McNeil Consumer Healthcare, the maker of Zyrtec.

View a [sample letter](#), as well as a [sample coupon](#), and [FAQ](#).

Other Pharmacy Updates

- The drug Singulair moved from Tier 3 to Tier 2 effective April 1, 2008 for all 3-Tier benefit designs.
- Neupro (rotigotine transdermal) indicated for Parkinson's disease, is being removed from the market, due to a problem with the stability and quality of the product. Members and physicians have been notified of this change.

Reminders . . .

- Help us keep your contact information current. If you change your address (business or residential), email address, phone or fax number, please contact your agency to let us know, or call our Broker Administration Department.
- Likewise, if an agent is no longer appointed with Anthem, please contact our Broker Administration Department at (804) 354-3983 and have the name removed from your agency list.

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