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VIRGINIA EDITION

**OCTOBER-NOVEMBER
2008**

 PRINT

Anthem Advisor Update

IN THIS
ISSUE...

Coming January 1, 2009!

New HMO Deductible Products for Group Business

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.

Click [HERE](#) to read more about the benefit details of the new products.

Materials for the new products are being developed. We will notify you when they are available for ordering from the warehouse, so watch your email inbox for more to come.

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:

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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.

Services

[FedEx Kinko's: Our Discount is Your Discount!](#)

[Click here to view the **BLUE RIBBON REPORT** for September 2008!](#)

Anthem ID Cards Get a Makeover

You'll be seeing something different from our member ID cards in the coming months. A new look, a new organization of information - and in some cases, new information.

The Blue Cross and Blue Shield Association (BCBSA) has established new rules for all Blue Cross and/or Blue Shield member ID cards. The rules, which begin to take effect in 2009, create a consistent, reliable look, which makes the BCBS brand even stronger. The cards are also more durable, meaning fewer lost and damaged cards. The result is a straight-forward, seamless, organized member experience.

Transition starts in December 2008

Anthem Group members will begin to receive redesigned cards starting in December 2008. Rather than a mass replacement of cards, we'll start with a transitional plan. So members of the same group may very possibly have different cards for a period of time. Here's how the transition will work starting January 1:

- If a group renews with benefit changes, members get redesigned cards.
- If a group renews between January 1 -March 31, 2009 without benefit changes, members continue to use the old cards until changes are made.
- If a group renews beginning April 1, 2009 without benefit changes, members will get redesigned cards.
- New groups and new members within existing groups get redesigned cards.
- Members who ask for a replacement card (due to loss, damage, PCP change, etc.) get redesigned cards.

For Individual business, new members will receive a redesigned card, starting in late-November 2008. For current members, we will begin reissuing new cards around mid-2009. New cards for Senior Markets and stand-alone dental members will roll out prior to 2011 as well.

By January 1, 2011, all members will have received a redesigned card. We anticipate a smooth transition to the new cards. In fact, your clients don't need to do anything other than keep an eye out for their new cards and enjoy the new design.

Anthem Blue Cross and Blue Shield in Virginia Receives 2008 John M. Eisenberg Patient Safety and Quality Award

Anthem Blue Cross and Blue Shield in Virginia recently received the 2008 John M. Eisenberg Patient Safety and Quality Award from the National Quality Forum (NQF) and The Joint Commission. Anthem received the award for innovation in patient safety at the local level for its development and implementation of performance-based reimbursement programs for Virginia hospitals, cardiologists and cardiac surgeons.

"We are honored to receive this prestigious award in recognition of our efforts to improve patient safety and health care quality," said Colin Drozdowski, vice president, Health Care Management for Anthem. "At Anthem Blue Cross and Blue Shield, we believe we can improve quality and reduce the variation in care delivered by working collaboratively with physicians and hospitals."

Anthem's Quality-In-Sights®: Hospital Incentive Program (Q-HIPSM) and Quality Physician Performance Program (Q-P3SM) reward hospitals and physicians for practicing evidence-based medicine and implementing other nationally recognized best practices. By aligning hospital and physician goals, these programs foster collaborative efforts to improve care across the health care system. By using the metrics based on all-payer, non-administrative data, Q-HIP and Q-P3 endeavor to bring high quality care to all patients and communities.

"The success of Q-HIP and Q-P3 is directly related to the alignment of incentives by financially rewarding hospitals for practicing evidence-based medicine and implementing other best practices. The result is hospitals, physicians and payers working together for continuous quality improvement," said Drozdowski.

The patient safety awards program, launched in 2002 by NQF and The Joint Commission, honors John M. Eisenberg, M.D., M.B.A., former administrator of the Agency for Healthcare Research and Quality (AHRQ). Dr. Eisenberg was one of the founding leaders of NQF and sat on its Board of Directors. In his roles both as AHRQ administrator and chair of the federal government's Quality Inter-Agency Coordination Task Force, he was a passionate advocate for patient safety and health care quality and personally led AHRQ's grant program to support patient safety research.

Vistar Eye Centers to Leave Blue View Vision Network

Vistar Eye Centers has notified Blue View Vision of their intent to terminate from the Blue View Vision network as of November 30, 2008. After that date they will not be a participating provider for any Blue View Vision benefits.

Members who have received services from Blue View Vision at one of the Vistar Eye Centers in Virginia in the past 24 months will receive a letter informing them of this termination. Along with the letter, members will receive a listing of in-network providers in their area.

Vistar Eye Centers will continue to provide medical eye services and diagnostic eye services as part of the Anthem Blue Cross Blue Shield medical network in your area.

Members who need assistance can contact **Blue View Vision Customer Service, toll-free, at 1-866-723-0515.**

Anthem Offices to be Closed for Thanksgiving

Anthem Blue Cross and Blue Shield offices in Virginia will be closed November 27 and 28 for the Thanksgiving holiday.

Voluntary Term Life, AD&D and Dependent Life Renewal Campaign

We are not only making it easy for you to earn more, but also to offer your clients' employees additional life coverage at little to no cost to the employer.

Here's Some Food for Thought

- 40 % of U.S. households believe they need additional Life insurance
- Nearly 1/3 of Americans have no Life coverage at all

- 1/3 of insured adults have only minimal Group Life insurance obtained at work

You know first-hand how expensive Individual Life benefits can be. Offering voluntary term life, AD&D and dependent life gives employees the chance to purchase additional life insurance at Group rates, so it is a terrific value for them!

Beginning with January 2009 renewals, Anthem Life will be including the attached employer agreement ([large group](#); [small group](#)) and employee application ([large group](#); [small group](#)) for our voluntary Term Life, AD&D and Dependent Life offerings in all Life and Disability renewal packages.

And, we couldn't have made this any easier for your clients. They simply need to:

1. Complete the information and sign and date the attached proposal.
2. Fill out their group name and number on the enrollment form, and arrange to have their employees make their selections. (25% participation or 10 lives, whichever is greater, is required.)
3. Send the enrollment form(s), and the proposal, to Anthem Life within 31 days of when they receive their renewal package.

We'll take care of the rest!

PHARMACY UPDATE

Nexium will be a covered medication beginning January 1, 2009

The information below applies only to groups that have renewed or will renew with a benefit exclusion that excludes coverage of certain prescription medications in drug classes with clinically equivalent alternatives.

For information on PPI coverage changes for groups that have opted out of this benefit exclusion or where member certificate language does not support the benefit exclusion, please see the table at the end of this message.

According to the American College of Gastroenterology, more than 60 million Americans experience heartburn at least once per month. About 25 million adults suffer from heartburn on a daily basis. Medications to treat heartburn are one of the most commonly prescribed types of medications. Clearly, these medications - which fall into the Proton Pump Inhibitor (PPI) class and include Nexium[®], Prevacid[®] and Protonix[®], among others - are important to member health.

Based on a recent pricing change that impacts the overall value of these medications, effective January 1, 2009, Nexium will be added to our formulary, and Protonix and omeprazole 40mg will no longer be covered.

Members will have a choice of effective, clinically equivalent acid reflux medications, including Nexium, Prevacid, omeprazole 10 mg and omeprazole 20mg. Both the omeprazole 10 mg and omeprazole 20mg will be available at the generic formulary/Tier 1 copayment.

In making this change, we considered that:

- Nexium is one of the most commonly prescribed medications for the treatment of acid reflux, indigestion and heartburn. This coverage addition will be popular with members and employers.
- Research has determined that all PPIs offer clinically equivalent treatment and symptom relief.
- The PPI coverage strategy is designed to give members a choice of medications that are effective and offer the best value.
- Management of this highly utilized drug class contributes to the goal of keeping the overall cost of health care affordable.

PPIs that will be covered:

<u>Drug Name</u>	<u>Coverage Tier</u>
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omeprazole 10mg, omeprazole 20mg	Tier 1
Nexium, Prevacid	Tier 2
none	Tier 3

PPIs that will be excluded from coverage:

Drug Name

Aciphex®
 Prilosec®
 Protonix
 Zegerid®
 omeprazole 40mg
 pantoprazole

Please note: For groups that have not yet renewed with the clinically equivalent drug exclusion change, Nexium will be a covered drug effective January 1, 2009. Protonix and omeprazole 40mg will be included in the list of excluded medications upon renewal.

How We Are Communicating the Change

We're working hard to spread the word about this change, so members can make a smooth transition.

- Upon request, employer groups will receive a letter from us regarding the coverage changes 30-45 days prior to the implementation date.
- Members who have a prescription claim for pantoprazole, omeprazole 40mg or Protonix in the last 12 months will receive a letter 30 days prior to the implementation date. This letter will explain the coverage change and suggest other covered medications the member may wish to discuss with the prescribing physician.
- Doctors will be alerted through our usual communication channels, so they can talk to patients about switching to a covered drug or over-the-counter options.
- Pharmacies will be alerted in December through the network pharmacy newsletter and other communication channels.

The table below summarizes PPI coverage changes for groups that have opted out of the benefit exclusion of clinically equivalent alternatives:

<u>PPI Drug</u>	<u>Coverage Tier</u>
omeprazole 10mg, omeprazole 20mg, omeprazole 40mg*, pantoprazole*	Tier 1
Nexium, Prevacid	Tier 2
Aciphex, Prilosec, Zegerid, Protonix	Tier 3

**omeprazole 40mg and pantoprazole will require prior authorization*

How to Build a Culture of Health

Turn lifestyle choices into a business strategy.

Enhancing employee wellness is one of the best long-term strategies for helping to reduce health care costs. Healthier employees tend to have fewer medical claims, less absenteeism, and less use of long-term disability, to name a few reasons. You can be a catalyst for healthful change in your workforce, because we have the tools to help you make a difference in your employees' lifestyle choices.

The majority of American adults spend 40-plus hours at work, which is where they often make unhealthy decisions about diet and exercise. In fact, 80 percent of employees feel that employers

should be involved in providing health care information to them. (2007 study by the National Business Group on Health.)

Health Tools and Resources from Anthem Blue Cross and Blue Shield

That's why we developed Time Well SpentSM, a turnkey solution designed to help employers create a culture of health in the workplace and raise awareness among employees. Time Well Spent is a collaboration between Anthem and our employer groups to transform health care - starting in the one place employees spend much of their time - the workplace.

This program offers health education and communications resources to all Anthem clients as part of our 360° Health[®] solution at no additional cost. Our materials are sized for in-office printing, or you can order them easily at a discount through our direct link to FedEx Kinko's ordering system. To see samples of the materials available to you, please visit www.anthem.com/timewellspent.

Time Well Spent covers topics on the most common health conditions facing employees today. For example, the Healthy Eating module explains how, over time, good food choices can help prevent or reverse conditions like Type 2 diabetes, obesity, and high blood pressure. The Cancer Screenings module explains how healthier behaviors like quitting tobacco, eating well, and staying at a healthy weight can help prevent cancer.

By making it your business to build and promote a culture of health within your company, you may positively influence your employees' personal health choices. No matter where your employees are along the health continuum, every employee can benefit from positive lifestyle changes learned and applied from Time Well Spent. In the context of today's work environment, Time Well Spent isn't just a lifestyle concept. It is a business strategy.

To learn more about Time Well Spent and how Anthem Blue Cross and Blue Shield can become your health teammate, contact your Anthem Sales Representative.

Updated Association Listing Attached

Click [HERE](#) to view Anthem's latest Value-Added Association Listing. You'll also find the new listing out on our broker web site under Association News.

Updated Chase Materials Attached

JPMorgan Chase Bank has updated the following enrollment forms for Group and Individual Business for those who select the Chase Health Savings Account to use in conjunction with an Anthem HSA-compatible high deductible health plan.

- [PNA-214 10/08](#) [2009 Group Participant HSA Enrollment Package](#)
- [PNA-216 10/08](#) [2009 Individual Participant HSA Enrollment Package](#)

By completing and signing the attached Enrollment Form and Adoption Agreement, members are requesting Chase to open an HSA on their behalf and are agreeing to the terms and conditions associated with the account.

The electronic versions (PDF-format) have been updated on the broker web site at anthem.com and on the Prospector (for Individual and Small Group business). The 2009 enrollment forms are currently being printed and will be available in the warehouse within a few weeks.

INDIVIDUAL BUSINESS UPDATES

REMINDER:

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

Beginning January 1, 2009, Anthem's KeyCare HealthSmart \$2,250 family deductible plan will no

longer be compatible with a Health Savings Account (HSA). Affected members will be notified in writing of this change in mid-November. Please click [HERE](#) to view the member letter.

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.

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.

What Options Do Members Have?

1. **For those who do not have 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 Deductible*	Coinsurance*	Family Out-of-Pocket Maximum* (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 in mid-December. 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.

3. **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.

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.

Newsworthy Notes and Reminders

[Agent's Guide Fall 2008](#)

The new [Fall 2008 Virginia Agent's Guide](#) (Form #AVA1655) for Individual business and Senior Markets has been printed and is available in the warehouse for ordering. Refer to this version for information on:

- New height and weight charts (pages 12-14)
- Aging off a parent's policy -- full-time student status (page 27)
- Individual Life insurance information (pages 32-33)

How Routine Colonoscopy is Covered Under Individual Plans

As of October 1, 2008, when a routine colonoscopy is performed and a polyp is removed during the same time of the colonoscopy screening procedure, it will be submitted and considered a preventive care service and not a medical service. This applies to all of our Individual plans. This change impacts those Individual products that currently cover these preventive services "in front of the deductible," such as KeyCare Flexible Choice, KeyCare HealthSmart and the Lumenos products. This means that when the claim is submitted correctly, the claim pays as routine and the services are paid prior to the deductible.

For those plans that require that the member meet a deductible before any services are covered, there is no real change to how the claim is being paid. The member will have to meet the deductible before the claim can be considered for payment. Some plans that require a deductible for this benefit are KeyCare Preferred, Basic BlueCare and Basic KeyCare.

Returned-Check Fee Implemented

Beginning November 1, 2008, Anthem will charge a \$25 administrative fee for returned checks for Individual (under-65) and Senior Market (over-65) policyholders. Policyholders who submit a payment not honored by their bank will receive a form letter explaining the new returned-check fee and instructing them how to pay it.

Broker Communications Archive

We're pleased to announce that we've added a Broker Communications Archive link to the Broker Services landing page where you can now locate past issues of the Advisor Update and News Flashes. To access this archive link, you must be registered to use Broker Services, our secure broker portal. If you're not registered on Broker Services, you may still click on the Newsletter Archive at the bottom of this email to view a listing of past issues. For information on how to register for Broker Services, click [HERE](#).

Remember: Our Discount is Your Discount!

At Anthem, we remain committed to making it easier for you to do business with us, and with your clients. We're so serious about our commitment that we recently made it possible to share with you a significant discount on print services through our preferred vendor, **FedEx Kinko's**. In other words, our discount is your discount.

You can apply our **discount** to a variety of printing and production services, including single-sided black and white or full color copies, at more than 1,700 FedEx Kinko's locations **anywhere** in the world. The chart provides a snapshot of the savings:

Service	Discounted Price	List Price
Black & white copies	2.6¢ per side	10¢ per side
Full color copies	35¢ per side	59¢ per side
Full color copies double-sided	70¢	\$1.20
Other production services like binding, finishing, signs, banners and laminating	15% off list price	Varies by service type

How does the discount work? Well, we've made that easy, too. FedEx Kinko's assigns a **National Discount Number** for you to use. All you do is give this discount number when you pay for print services at any FedEx Kinko's location. Your discount will automatically be applied. It's that simple.

Click [here](#) for your National Discount Number card. Print it and cut out the card. Keep the number handy, as you can't receive your discount unless you present this account number every time you order print services at FedEx Kinko's.

We're pleased to pass on to you the significant savings we enjoy on print services through FedEx Kinko's. So if you haven't taken advantage of this opportunity yet, go ahead, try it. We hope you'll agree that this is just one more way Anthem makes doing business with us easier

than ever before.

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