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Anthem  News Flash

URGENT
NEWS
FOR YOU...

Wrapping up the Annual Election Period

As we approach the end of the current Annual Enrollment Period (AEP), we at Anthem Blue Cross and Blue Shield (Anthem) would like to thank all of you for the hard work and dedication you have shown in marketing our Medicare Part D (PDP) and Medicare Advantage (MA) plans. As you know, the AEP ends on December 31, 2007.

Enrollment Dates to Remember

CMS recently provided further guidance on its enrollment deadline for Medicare Part D and Medicare Advantage plans:

Mailed applications needing a 1/1/08 effective date **must be received by Anthem** no later than **12/31/07**. Do not depend on the post office for timely delivery.

Faxed and/or online applications must be received by 12/31/07 to be enrolled with 1/1/08 effective date. Please use the fax number listed on the enrollment application. It should also be noted that if a fax line is busy, please re-try. It is recommended that you save a copy of the fax confirmation. If faxing applications, do not send in the original application.

Understanding the 2008 Open Enrollment Period

Moving forward it is important to note that you will be in a position to **continue to sell** our MA plans during the subsequent period called the Open Enrollment Period (OEP). The OEP runs from 1/1/08 through 3/31/08 and allows a beneficiary to make one change election. **You also have the opportunity to enroll new members in an MA plan if they are only on Original Medicare.** Please advise your Medicare clients of their **ONE** option for change during this period:

- √ A member can make only one change in how they get their Medicare benefits during this period.
- √ This "one election rule" applies to both MA and MA-PD.
- √ If they enroll in a new MA plan, they will automatically be disenrolled from their current MA plan. This would be their one and only election allowed during this period.
- √ If they voluntarily disenroll from their current MA plan, they will automatically be returned to the original Medicare program. That becomes their one and only election during this period. They may NOT enroll in another MA plan.
- √ Therefore, if they want to enroll in a new plan, advise your client NOT to use their one and only election during this period to disenroll from their current plan. Disenrollment will happen automatically when they enroll in their new plan.
- √ They cannot add or drop Part D coverage during this period.

- √ They cannot enroll into a Medical Savings Account (MSA) plan during this period.
- √ The effective date will be the first of the month following receipt of a completed enrollment form.

What elections a beneficiary may make are shown below:

Coming From	Original Medicare and Part D	Original Medicare	MA-PD	PFFS and Part D	PFFS
Original Medicare and Part D	N/A	NO	YES	YES, but must keep current Part D	YES, but must keep current Part D
Original Medicare	NO	N/A	NO	NO	YES
MA-PD	YES	NO	YES	NO	NO
PFFS and Part D	NO	NO	YES	YES, but must keep current Part D	NO
PFFS	NO	YES	NO	NO	YES

Key: PFFS – Private Fee for Service; MA-PD – Medicare Advantage with Prescription Drug;

Your guidance can help your clients get the coverage they want, and save them from misusing their "one election" opportunity.

Remember that individuals who are just becoming eligible for Medicare or are being terminated from creditable coverage are still eligible to enroll in any of our Medicare Advantage or Part D plans subject to normal enrollment guidelines.

If you have any questions, please contact [Agency Services](#) at **800-742-8199** or agencyervices@anthem.com.

Medical Savings Accounts – Taking out the Guesswork

With the introduction of Medical Savings Accounts (MSAs), many questions have followed about how MSAs work, who is eligible and what expenses qualify. The following information has been gathered to answer those questions and further explain this exciting new product at Anthem.

What is the Benefit Design?

- Member must satisfy the deductible before plan benefits begin.
- Only expenses for Medicare-covered services will apply towards the deductible.
- After the deductible is met, the plan must pay, at a minimum, the lesser of the following amounts:
 - 100 percent of the expense of the services; or
 - 100 percent of the amounts that would have been paid for the services under original Medicare, including amounts that would be paid by the enrollee as deductibles, *copays*, *coinsurance* or *permitted balance billing*.
- No Network: Like the Private-Fee-For-Services (PFFS) plan, providers who participate in the Medicare program can agree to deliver services to MSA members.
- No Integrated Part D: Centers for Medicare and Medicaid Services (CMS) does not allow Part D coverage to be part of the MSA program. Members must purchase a stand-alone Part D plan.

MA-MSA Benefit Description

- Before or after a member reaches his/her deductible, covered benefits follow Medicare guidelines:
 - Inpatient Hospital Care: Covered up to 90 days each benefit period.
 - Skilled Nursing Facility: Three-day prior hospital stay is required; coverage up to 100 days.
 - Foreign Travel: Not covered outside the US.
 - Physical Exams: Welcome to Medicare only exam.

MSA Account