

Anthem Blue Cross and Blue Shield

## Changing 2013 Individual Medicare Advantage Plans

### **Anthem Medicare Advantage will continue to be available throughout Ohio**

We want you to know about changes to Anthem Blue Cross and Blue Shield Medicare Advantage Individual plan service areas. These changes will take effect Jan. 1, 2013.

**These changes have no impact on your participation in the Medicare Advantage network.** Employer or union sponsored Medicare Advantage plan members are not affected by these changes.

We will offer two Medicare Advantage Regional PPOs in Ohio for 2013; one of which is a Medicare Advantage only plan. The Regional PPOs cover the entire state of Ohio. Members in Allen, Butler, Darke, Defiance, Fulton, Harrison, Henry, Jefferson, Van Wert and Williams counties will no longer have access to a Medicare Advantage Individual Local PPO but will continue to have access to a Regional PPO. We will also introduce a new Local PPO product offering in Erie, Huron, Lorain, Ottawa and Union counties.

Anthem also will no longer offer a Medicare Advantage Individual HMO plan in Ashtabula, Erie, Harrison, Huron, Jefferson, Lorain and Sandusky counties; however, all members will continue to have access to the Regional PPOs and Local PPOs will be available in limited service areas. When the 2013 service areas are in place, all Medicare-eligible Ohio residents will have access to an Anthem Medicare Advantage Individual plan. Members may have a different network of providers and/or different benefit structure when switching from previous plans.

Prior to Oct. 1, 2012, members affected by these changes will receive a letter from us that explains their Medicare coverage options. Members will continue to have coverage through their current plans until December 31, 2012.

All Medicare-eligibles in our service area will have access to Anthem's Medicare Supplement plans.

We are working with Centers for Medicare & Medicaid Services (CMS) to help ensure our members understand options for continuing their Medicare health insurance coverage, including:

- Joining an Anthem Medicare Advantage plan in our service area or other Medicare Advantage plans in cities or counties where an Anthem plan is not available. Members must complete a new application to enroll in a new Anthem Medicare Advantage plan. Members may have a different network of providers and/or different benefit structure when switching to a new Anthem plans.
- Changing to original Medicare and joining a Prescription Drug Plan
- Changing to original Medicare with or without a Medicare Supplement plan. Members who choose to return to original Medicare with a Medicare Supplement plan can do so under a provision known as guaranteed issue, which means they cannot be denied coverage. Guaranteed issue means that these members, for a fixed period of time, cannot be

declined certain Medicare Supplement plans during the application process. Further, under this provision, the Medicare beneficiaries' health plan pricing cannot be impacted by their health status, claims experience, receipt of health care or medical condition. Guaranteed issue coverage ensures that Medicare beneficiaries cannot be denied certain Medicare Supplement coverage based on a preexisting medical condition. A Medicare Supplement policy (also called Medigap) is designed to supplement original fee-for-service Medicare.

- Changing to original Medicare and using other health care and prescription drug coverage, such as employer or union plan, or VA benefits, if applicable.

In addition to the Annual Election Period (AEP), which begins Oct. 15, 2012, the nonrenewal triggers a "special election period" from Oct. 15, 2012 to Feb. 28, 2013 to choose a new Medicare Advantage or Prescription Drug Plan. Additionally, members will have "guaranteed issue" into a Medicare Supplement plan as early as 60 calendar days before the date their health care coverage will end, but no later than 63 calendar days after their health care coverage ends.

We understand our members may contact their doctors' offices with questions about their plan. Members can call the customer service telephone number in the letter they receive from us. Members may also contact our customer service through the number provided on the back of their member ID cards. Our Customer Service representatives will be able to assist them.

Again, the status of your Medicare Advantage provider agreement is not affected. We are always evaluating our Medicare Advantage products to ensure that they meet our member needs for access, cost and quality.

If you have any questions, please contact your provider network manager.