

Virginia



Virginia Market Highlights



Anthem BCBS now offers a DSNP product in every county (except Accomak and Lee). The DSNP benefits were adjusted to compliment existing Medicaid benefits and significantly improved, including a large increase in OTC allowance and new expanded supplemental benefits addressing Social Determinants of Health risks.



The \$0 premium HMO plan service area remains stable, however, with improved benefits.



The HMO added ED coverage and the \$0 premium HMO plan has a lower deductible and excludes Tiers 1 and 2. Our improved preferred pharmacy network offers your clients substantial savings!



Grow your business by taking advantage of our “Age-In” capabilities! We can help you move commercial members turning 65 and provide options for late retirees.

Virginia Market Highlights – CareMore Featured Plans



Anthem HealthKeepers network plans continue to be competitive in VA with \$0 HMO, CSNP and ISNP plans in most markets. Low MOOP, competitive medical and prescription benefits and the CareMore clinical care model make us a great choice for your clients.



New Post-Discharge Meals benefit
Plus new Outreach Support “Togetherness” Program



Maintain 1 formulary for all CareMore network plans
Formulary remains stable with modest additions, removals and tier changes
Continue with strong Rx Gap coverage including insulin
Maintain 2x copay for mail-order



Remember: CareMore network plans feature \$0 copay for all services at our care centers. Plus, \$0 PCP copays, Tiered \$0/\$x specialist copays, Tiered DME
Strong supplemental benefits continue including transportation, podiatry, Nifty After Fifty, vision and \$0 hearing aids!

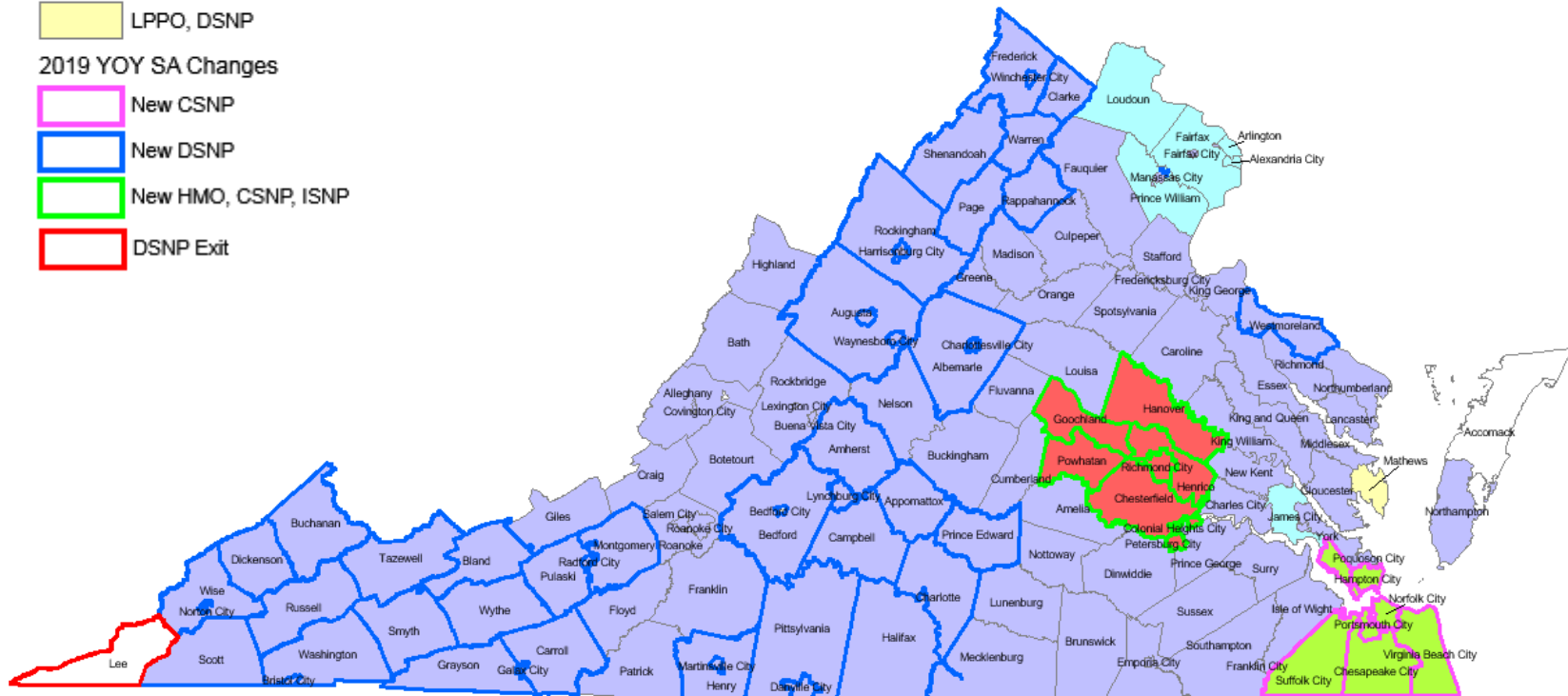
Virginia 2019 Service Area

2019 MA Service Area


- DSNP
- HMO, CSNP, DSNP
- HMO, CSNP, DSNP, ISNP
- HMO, DSNP
- LPPO, DSNP

2019 YOY SA Changes


- New CSNP
- New DSNP
- New HMO, CSNP, ISNP
- DSNP Exit



Virginia 2019 Plan Highlights

	Anthem MediBlue Local (HMO) H3447-001	Anthem MediBlue Diabetes (HMO C-SNP) H3447-004	Anthem MediBlue COPD (HMO C-SNP) H3447-003
Service Areas	Chesterfield, Hanover, Goochland, Henrico, Powhatan, Richmond City Hopewell City, Petersburg City, & Colonial Heights City		
Monthly Premium	\$0		
Max Out-of-Pocket	\$3,400		
Primary Care Physician	\$0 copay		
Specialist	\$0-\$35 copay		\$0-\$42 copay
Inpatient Hospital	Days 1-5: \$300 per day Days 6-90: \$0 per day	Days 1-5: \$200 per day Days 6-90: \$0 per day	Days 1-5: \$325 per day Days 6-90: \$0 per day
Emergency Room	\$100 copay (Waived if admitted)		
Urgent Care	\$20 copay		
Skilled Nursing Facility	Days 1 - 20: \$0 per day Days 21 - 100: \$125 per day		
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$0 / \$9.50 / \$40 / \$85 / 33% / \$0 (Mail-Order – 2 copays for 3 month supply)	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 (Mail-Order – 2 copays for 3 month supply)	\$0 / \$9.50 / \$40 / \$85 / 33% / \$0 (Mail-Order – 2 copays for 3 month supply)
Rx Deductible	\$0		


Virginia 2019 Plan Highlights

	Anthem MediBlue Local (HMO) H3447-001	Anthem MediBlue Diabetes (HMO C-SNP) H3447-004	Anthem MediBlue COPD (HMO C-SNP) H3447 -003
Outpatient Surgery Hospital	\$200 copay		
Ambulatory Surgical Center	\$100 copay		
Ambulance	\$250 copay (Waived if admitted)		
Diagnostic Outpatient Radiologic Procedures	\$0 copay		
Diagnostic Outpatient Procedures/Tests	\$0 - \$150 copay, 20% coinsurance for Therapeutic		
X-rays	\$0 copay		
Outpatient Lab	\$0 copay		
Durable Medical Equipment	0% coinsurance \$0 - \$499 per item per month 20% coinsurance \$500+		
Diabetic Supplies	20% coinsurance	\$0 copay	
Therapeutic Shoes	\$50 copay	\$0 copay	
Dialysis	20% coinsurance	\$0 copay	

Virginia 2019 Plan Highlights

	Anthem MediBlue Local (HMO) H3447-001	Anthem MediBlue Diabetes (HMO C-SNP) H3447-004	Anthem MediBlue COPD (HMO C-SNP) H3447-003
Emergency / Urgent Care Worldwide Coverage	This benefit is limited to \$10,000 per year for worldwide emergency and urgent care services combined.		
Routine Preventive Dental	Not Covered Optional Supplemental Liberty Dental PPO \$35/month		
Exercise Program	Nifty After Fifty		
Routine Eye Exams	\$0 copay for 1 routine eye exam every year		
Routine Eye Wear	Glass Lenses - \$20 copay Frames, Contacts - \$0 copay \$100 Benefit Limit per 2 Years		
Routine Hearing Exams	\$0 copay for 1 routine hearing exam every year		
Hearing Aids	\$0 copay		
Care Model Programs	\$0 copay		
Post Discharge Meals	14 Meals		
Transportation Benefit	34 one-waytrips to CareMore Care Centers	Limited Clinical Benefit	

Virginia 2019 Plan Highlights

	Anthem MediBlue Smart Fit (HMO) H3447-005
Service Area	Chesterfield, Hanover, Henrico, Goochland, Powhatan, Richmond City Hopewell City, Petersburg City, & Colonial Heights City
Monthly Premium	\$0 / \$52 Part B Premium Reduction
Max Out-of-Pocket	\$3,400
Primary Care Physician	\$10 copay
Specialist	\$0 - \$40 copay
Inpatient Hospital	Days 1-5: \$345 per day Days 6-90: \$0 per day
Emergency Room	\$100 copay (Waived if admitted)
Urgent Care	\$20 copay
Skilled Nursing Facility	Days 1 - 20: \$0 per day, Days 21 - 100: \$125 per day
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$5 / \$12.50 / \$40 / \$90 / 33% / \$10 (Mail-Order – 2 copays for 3 month supply)
Routine Preventive Dental	Not Covered Optional Supplemental Liberty Dental PPO \$35/month
Routine Eyewear	Glass Lenses - \$20 copay Frames, Contacts - \$0 copay \$100 Benefit Limit per 2 Years
Post Discharge Meals	14 meals
Additional Programs	SilverSneakers®, Nifty After Fifty, \$20 copay Routine Chiropractic 12 visits/year, \$0 copay Care Model Programs, \$0 copay for Hearing Aids (\$1,000 allowance every 3 years)

2019 HMO OSB



Package	Benefits										
High Option Dental	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #4F81BD; color: white;"> <td colspan="2"></td> </tr> <tr> <td style="background-color: #4F81BD; color: white;">Service Area</td> <td>All CareMore counties in VA</td> </tr> <tr> <td style="background-color: #4F81BD; color: white;">Dental Vendor</td> <td>Liberty Dental</td> </tr> <tr> <td style="background-color: #4F81BD; color: white;">Premium</td> <td>\$35.00 monthly premium</td> </tr> <tr> <td style="background-color: #4F81BD; color: white;">Dental Services</td> <td> The plan will pay up to \$1,500 for dental benefits each year (benefit maximum). <ul style="list-style-type: none"> You pay no copay for the preventive dental benefits. You pay 20% coinsurance for restorative dental services (fillings) You pay 50% coinsurance for endodontic, periodontic, and oral surgery dental services such as Root canal treatments, Periodontal scaling and root planning </td> </tr> </table>			Service Area	All CareMore counties in VA	Dental Vendor	Liberty Dental	Premium	\$35.00 monthly premium	Dental Services	The plan will pay up to \$1,500 for dental benefits each year (benefit maximum). <ul style="list-style-type: none"> You pay no copay for the preventive dental benefits. You pay 20% coinsurance for restorative dental services (fillings) You pay 50% coinsurance for endodontic, periodontic, and oral surgery dental services such as Root canal treatments, Periodontal scaling and root planning
Service Area	All CareMore counties in VA										
Dental Vendor	Liberty Dental										
Premium	\$35.00 monthly premium										
Dental Services	The plan will pay up to \$1,500 for dental benefits each year (benefit maximum). <ul style="list-style-type: none"> You pay no copay for the preventive dental benefits. You pay 20% coinsurance for restorative dental services (fillings) You pay 50% coinsurance for endodontic, periodontic, and oral surgery dental services such as Root canal treatments, Periodontal scaling and root planning 										

Virginia 2019 Plan Highlights

	Anthem MediBlue Plus (HMO) H3447-013	Anthem MediBlue Plus (HMO) H3447-014
Service Area	Chesapeake, Hampton City, James City County, Newport News City, Norfolk City, Portsmouth City, Suffolk City, Virginia Beach City	Alexandria City, Arlington, Fairfax, Loudoun, Prince William
Monthly Premium	\$0	\$25
Max Out-of-Pocket	\$4,900	\$6,700
Primary Care Physician	\$5 copay	\$5 copay
Specialist	\$40 copay	\$45 copay
Inpatient Hospital	\$350 copay (5 days)	\$300 copay (5 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$4 / \$10 / \$42 / \$95 / 26% / \$0 (Erectile Dysfunction drugs covered)	\$4 / \$10 / \$42 / \$95 / 26% / \$0 (Erectile Dysfunction drugs covered)
Rx Deductible	\$300 (Tiers 3-5)	\$325 (Tiers 3-5)



Virginia 2019 Plan Highlights

	Anthem MediBlue Plus (HMO) H3447-013	Anthem MediBlue Plus (HMO) H3447-014
Emergency / Urgent Care Worldwide Coverage	<p>This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services. There is an \$90 copay for emergency and urgent care services. Members access care through Blue Cross Blue Shield Global Core</p>	
Routine Preventive Dental	<p>\$0 copay for 1 oral exam; 1 cleaning; 1 dental x-ray every year. Optional Supplemental Benefits are also available for an additional premium.</p>	<p>\$0 copay for 1 oral exam; 1 cleaning</p>
Routine Eye Exams	<p>\$0 copay for 1 routine eye exam(s) every year. Optional Supplemental Benefits are also available for an additional premium.</p>	
Routine Eye Wear	<p>\$0 copay for eye glasses (lenses and frames) or contact lenses every year. \$150 limit for eye glasses or contact lenses every year.</p>	N/A
Routine Hearing Exams	<p>\$0 copay for 1 routine hearing exam(s) every year</p>	
Hearing Aids	<p>\$0 copay for hearing aids. \$2,000 maximum plan benefit for hearing aids every year.</p>	
OTC	\$50 per quarter	N/A
Live Health Online	Covered	Covered
Fitness	SilverSneakers®	



Virginia 2019 Plan Highlights

	Anthem MediBlue Dual Advantage (HMO SNP)* H3447- 011	Anthem MediBlue Dual Advantage (HMO SNP)* H3447- 012
Service Area	Albemarle, Alexandria City, Amherst, Appomattox, Arlington, Augusta, Bedford, Bland, Bristol City, Buchanan, Campbell, Carroll, Charlotte, Charlottesville, Chesapeake, Chesterfield, Clarke, Danville City, Dickenson, Fairfax, Fairfax City, Frederick, Galax City, Goochland, Grayson, Halifax, Hampton City, Harrisonburg City, Henrico, Henry, James City, Loudoun, Lynchburg City, Martinsville City, Manassas Park City, Montgomery, Newport News City, Norfolk City, Norton City, Page, Pittsylvania, Portsmouth City, Prince Edward Prince William, Pulaski, Radford City, Rappahannock Richmond City, Roanoke, Roanoke City, Rockingham, Russell, Salem, Scott, Shenandoah, Smyth, Spotsylvania, Staunton City, Suffolk City, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Winchester City, Wise, Wythe	Alleghany, Amelia, Bath, Botetourt, Brunswick, Buckingham, Buena Vista City, Caroline, Charles City, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Dinwiddie, Emporia City, Essex, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Fredericksburg City, Giles, Gloucester, Greene, Greenville, Hanover, Highland, Hopewell City, Isle of Wight, King And Queen, King George, King William, Lancaster, Lexington City, Louisa, Lunenburg, Madison, Manassas City, Mathews, Mecklenburg, Middlesex, Nelson, New Kent, Northampton, Northumberland, Nottoway, Orange, Patrick, Petersburg City, Poquoson City, Powhatan, Prince George, Richmond, Rockbridge, Southampton, Stafford, Surry, Sussex, Williamsburg City, York
Monthly Premium	\$0	\$0
Routine Preventive Dental	\$0 copay for 2 exam(s), 2 cleaning(s), & 1 X-ray \$250 per quarter	\$0 copay for 2 exam(s), 2 cleaning(s), & 1 X-ray \$200 per quarter
Routine Eye Exam	1 exam	1 exam
Routine Hearing exam/Hearing Aids		\$0 copay for 1 exam \$2,000 for hardware
OTC	\$150 per quarter	\$50 per quarter
Transportation Benefit	N/A	N/A
Live Health Online		Covered
Fitness		SilverSneakers®
Medicare Community Resource Support		Covered
Flex Benefit		Covered (Excludes Mobility Benefits & Adult Day Center)

*Many of the supplemental benefits are covered by Medicaid

Virginia 2019 Plan Highlights

Anthem MediBlue Access (PPO) H4909-014	
Service Area	Mathews
Monthly Premium	\$63
Max Out-of-Pocket	\$4,500 INN \$8,500 IN/OON
Primary Care Physician	\$10 copay INN \$30 copay OON
Specialist	\$30 copay INN \$50 copay OON
Inpatient Hospital	\$300 copay (Days 1-5) INN 25% coinsurance OON
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$4 / \$10 / \$42 / \$95 / 29% / \$0
Rx Deductible	\$170 (Tiers 2-5)



Virginia 2019 Plan Highlights

Anthem MediBlue Access (PPO)
H4909 014

Emergency / Urgent Care Worldwide Coverage	<p>This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.</p> <p>There is an \$90 copay for emergency and urgent care services.</p> <p>Members access care through Blue Cross Blue Shield Global Core</p>
Routine Preventive Dental	<p>\$0 copay for 1 oral exam; 1 cleaning every year</p> <p>Optional Supplemental Benefits are also available for an additional premium.</p>
Routine Eye Exams	<p>\$0 copay for 1 routine eye exam every year.</p> <p>\$69 maximum eye exam coverage amount.</p> <p>Optional Supplemental Benefits are also available for an additional premium.</p>
Routine Eye Wear	N/A
Routine Hearing Exams	N/A
Hearing Aids	N/A
Transportation Benefit	N/A
Live Health Online	Covered
Fitness	SilverSneakers®

Virginia Medicare Supplement Plans

MEDICARE SUPPLEMENT RATING FACTORS					
	Plan Choices	Area	Age	Gender	Tobacco Use
VA	Plan A Plan F Plan G Plan N	Yes	Attained	Yes	Yes

- Virginia offers a New to Medicare Discount on Plan F. (\$15 monthly premium savings during the first 12 months of enrollment. Discount applies for Applicant 65+ and within 6 months of Part B effective date as of coverage effective date)
- SilverSneakers® is included with each Plan
- SpecialOffers@Anthem: Discounts help members save money from various vendors for things like:
 - Vision and Hearing
 - Eldercare Support
 - Health and Wellness
 - Weight Loss Programs
 - Rx Drug Discounts through Medical Security Card