

# Anthem Enhanced Choice Plans

A new kind of individual health  
coverage for the working uninsured  
with unmet needs



# Agenda

- Plan Overview
- Value Message
- State-Specific Plan Information & Benefits
- Underwriting Guidelines
- Competitor Information
- Q&A





# Anthem Enhanced Choice

Overview

# The Opportunity

A significant portion of the population does not have health insurance coverage.

- No employer coverage option
- Gig economy
- Part-time or recently unemployed

# The Solution

## Anthem Enhanced Choice

- An entirely new business opportunity!
- Individual coverage for those who want preventive care, prescription drugs, doctor visits and pre-existing conditions covered by a plan designed to offer savings and flexibility to meet their needs and the needs of their family.
- Anthem Enhanced Choice plans provide a fully digital experience

# The Consumer

Serving those who need a comprehensive, affordable solution.

A breakdown of our Anthem Enhanced Choice consumers:

- Driven by cost
- Earning more than 250% of FPL
- Half are aged 25-44





# Plan Overview

**Anthem Enhanced Choice** is a health plan that provides coverage for nearly 36 months, over 3, 12 month terms, and members only need to apply once.

Your clients can apply year-round, not just during open enrollment. Anyone can apply<sup>1</sup> and pre-existing conditions are covered right from the start for enrolled members.<sup>2</sup>

Member benefits include:

- ✓ Preventive care visits covered at 100%
- ✓ Prescription drug coverage with affordable out-of-pocket copays
- ✓ No referrals needed for a specialist visit
- ✓ A choice of 6 plans to meet every need and budget

<sup>1</sup> Eligibility restrictions apply. Age eligibility includes coverage up to age 26 for dependents. For child only coverage, a separate application for each child is needed. To be eligible for membership as a subscriber for an Anthem Enhanced Choice plan, the applicant must be a United States citizen or national; be qualified on the effective date, according to our medical underwriting guidelines, submit proof satisfactory to Anthem to confirm dependent eligibility; agree to pay for the cost of the premium that Anthem requires; not be incarcerated in Georgia, Indiana, Kentucky, Missouri, Ohio or Wisconsin.

<sup>2</sup> Pre-existing conditions are a covered benefit unless specifically excluded. Please refer to applicable state-specific benefits, exclusions and limitations.





# The Message

Affordable, accessible, and flexible,  
for consumers who need short term  
coverage during a transition





# The Message

- Addresses an unmet need
- Affordable health insurance
- Incredible accessibility and flexibility
- Offers more comprehensive coverage

- ✓ Coverage for preventive care visits
- ✓ Prescription drug coverage
- ✓ Affordable out-of-pocket copays on prescriptions
- ✓ Access to doctors, care centers, and hospitals from Anthem provider networks
- ✓ Pre-existing conditions are covered from the start for enrolled members



# Plan Benefits







		AEC 1500 (5U6H)	AEC 2000 (5U6J)	AEC 2500 (5U6K)	AEC 3500 (5U6L)	AEC 5000 (5U6M)	AEC 7500 (5U6N)
Network name		Pathway X HMO					
Individual deductible		\$1,500	\$2,000	\$2,500	\$3,500	\$5,000	\$7,500
Individual out-of-pocket limit		\$5,000	\$5,000	\$5,000	\$6,000	\$7,500	\$10,000
Coinsurance		20% coinsurance					
Preventive care <sup>3</sup>		No additional cost					
OFFICE VISIT	Primary Care Physician <sup>4</sup>	\$35 copay (Other office services may be subject to deductible and coinsurance)					
	Specialist <sup>4</sup>	\$70 copay (Other office services may be subject to deductible and coinsurance)					
	Telehealth/Online visit: Primary Care Physician (Includes LiveHealth Online)	\$25 copay					
	Urgent Care Center	\$75 copay					
Emergency Room (ER)		Deductible then 20% coinsurance (Copay, if applicable, waived if admitted into the hospital from the ER)					
RETAIL PHARMACY	Tier 1: Level 1 / Level 2	\$10 copay / \$20 copay (no deductible)					
	Tier 2: Level 1 / Level 2	\$35 copay / \$45 copay (no deductible)					
	Tier 3: Level 1 / Level 2	Deductible then \$75 copay / \$85 copay					
	Tier 4: Level 1 / Level 2	Specialty: Deductible + 25% coinsurance / Not covered					
Maximum Benefit		\$2 million per member per benefit period					

## Anthem Enhanced Choice (AEC) vs ACA Rate (Region 10 – Indianapolis area)

Gender	Age	ACA Rate	AEC Rate	Difference
Male	25	\$340	\$174	<b>-49%</b>
Female	25	\$340	\$315	<b>-7%</b>
Family	25	\$1,198	\$864	<b>-28%</b>

Gender	Age	ACA Rate	AEC Rate	Difference
Male	35	\$414	\$221	<b>-47%</b>
Female	35	\$414	\$356	<b>-14%</b>
Family	35	\$1,346	\$951	<b>-29%</b>

Gender	Age	ACA Rate	AEC Rate	Difference
Male	45	\$489	\$312	<b>-36%</b>
Female	45	\$489	\$384	<b>-21%</b>
Family	45	\$1,496	\$1,071	<b>-28%</b>

Gender	Age	ACA Rate	AEC Rate	Difference
Male	55	\$755	\$499	<b>-34%</b>
Female	55	\$755	\$521	<b>-31%</b>
Family	55	\$2,029	\$1,394	<b>-31%</b>

## Anthem Enhanced Choice (AEC) vs ACA Rate (Region 4 – Ft. Wayne)

Gender	Age	ACA Rate	AEC Rate	Difference
Male	25	\$330	\$159	<b>-52%</b>
Female	25	\$330	\$281	<b>-15%</b>
Family	25	\$1,164	\$782	<b>-33%</b>

Gender	Age	ACA Rate	AEC Rate	Difference
Male	35	\$402	\$199	<b>-50%</b>
Female	35	\$402	\$316	<b>-21%</b>
Family	35	\$1,307	\$856	<b>-34%</b>

Gender	Age	ACA Rate	AEC Rate	Difference
Male	45	\$475	\$278	<b>-41%</b>
Female	45	\$475	\$340	<b>-28%</b>
Family	45	\$1,453	\$960	<b>-34%</b>

Gender	Age	ACA Rate	AEC Rate	Difference
Male	55	\$734	\$439	<b>-40%</b>
Female	55	\$734	\$458	<b>-38%</b>
Family	55	\$1,970	\$1,238	<b>-37%</b>

AEC Rate in Illustration:

- ✓ Preferred rate
- ✓ Based on the AEC 7500
- ✓ ACA Plan is the lowest cost, leanest plan for each region
- ✓ Family rate based on husband, wife and 2 kids between the ages of 2 to 17
- ✓ January effective date
- ✓ Non-smoker rates



## **Anthem Enhanced Choice (AEC) vs ACA Rate (Region 2 – South Bend)**

Gender	Age	ACA Rate	AEC Rate	Difference
Male	25	\$308	\$199	<b>-36%</b>
Female	25	\$308	\$314	<b>2%</b>
Family	25	\$1,087	\$853	<b>-22%</b>

Gender	Age	ACA Rate	AEC Rate	Difference
Male	35	\$375	\$199	<b>-47%</b>
Female	35	\$375	\$314	<b>-16%</b>
Family	35	\$1,221	\$853	<b>-30%</b>

Gender	Age	ACA Rate	AEC Rate	Difference
Male	45	\$444	\$277	<b>-38%</b>
Female	45	\$444	\$339	<b>-24%</b>
Family	45	\$1,357	\$956	<b>-30%</b>

Gender	Age	ACA Rate	AEC Rate	Difference
Male	55	\$685	\$437	<b>-36%</b>
Female	55	\$685	\$455	<b>-34%</b>
Family	55	\$1,840	\$1,232	<b>-33%</b>

## **Anthem Enhanced Choice (AEC) vs ACA Rate (Region 17 – Evansville)**

Gender	Age	ACA Rate	AEC Rate	Difference
Male	25	\$306	\$171	<b>-44%</b>
Female	25	\$306	\$307	<b>0%</b>
Family	25	\$1,079	\$845	<b>-22%</b>

Gender	Age	ACA Rate	AEC Rate	Difference
Male	35	\$373	\$216	<b>-42%</b>
Female	35	\$373	\$346	<b>-7%</b>
Family	35	\$1,212	\$929	<b>-23%</b>

Gender	Age	ACA Rate	AEC Rate	Difference
Male	45	\$440	\$304	<b>-31%</b>
Female	45	\$440	\$374	<b>-15%</b>
Family	45	\$1,347	\$1,045	<b>-22%</b>

Gender	Age	ACA Rate	AEC Rate	Difference
Male	55	\$680	\$485	<b>-29%</b>
Female	55	\$680	\$506	<b>-26%</b>
Family	55	\$1,827	\$1,358	<b>-26%</b>

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## Anthem Enhanced Choice (AEC) vs ACA Rate (Region 1 – Gary Area)

Gender	Age	ACA Rate	AEC Rate	Difference
Male	25	\$293	\$165	-43%
Female	25	\$293	\$295	1%
Family	25	\$1,031	\$815	-21%

Gender	Age	ACA Rate	AEC Rate	Difference
Male	35	\$356	\$208	-42%
Female	35	\$356	\$332	-7%
Family	35	\$1,158	\$894	-23%

Gender	Age	ACA Rate	AEC Rate	Difference
Male	45	\$421	\$292	-31%
Female	45	\$421	\$358	-15%
Family	45	\$1,287	\$1,004	-22%

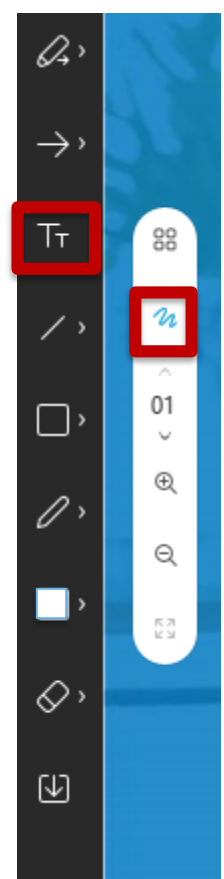
Gender	Age	ACA Rate	AEC Rate	Difference
Male	55	\$650	\$463	-29%
Female	55	\$650	\$483	-26%
Family	55	\$1,746	\$1,301	-25%

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Using your annotation tools or the chat, please list what you think the value is of the Anthem Enhanced Choice Plan



# Underwriting Guidelines

When & how to apply for new or changed coverage, and when coverage becomes effective





# Member Eligibility

- Be less than 64 years + 9 months or less to apply as of effective date
- Be a U.S. citizen or national or be a lawfully-present non-citizen
- Be a resident in the state in which you are applying
- Agree to pay the cost of the required premium
- Not be entitled to or enrolled in Medicare Parts A/B, C, and/or D at the same time as AEC coverage
- Not be covered by any other group or individual health benefit plan at the same time as AEC coverage
- Must not currently be incarcerated
- Submit satisfactory proof of dependent eligibility (if applicable and needed)
- Be qualified under this contract on the effective date



# Effective Date of Coverage

If approved for coverage, the coverage effective date is determined by the date we **receive the completed application**.

**Quoting begins 11/1/2020. First available effective date: 12/2/2020**

Date Received	Coverage Effective Date
1 <sup>st</sup> through 15 <sup>th</sup> of month	2 <sup>nd</sup> day of following month
16 <sup>th</sup> through last day of month	2 <sup>nd</sup> day of second following month

**Note that these policies are applied to benefit year, not calendar year**

EXAMPLE	Date Received	Coverage Effective Date
	December 10	January 2
	December 20	February 2





# Key Takeaways

- The law requires the first term of the duration to be 364 days, followed by 2 annual periods of coverage. Anthem opted to make the effective date the 2<sup>nd</sup> of the month in order to bypass a break in coverage after the 364 days and allow the 2 subsequent renewals to have an effective date of the 1<sup>st</sup> of the month.
- Cancelling an AEC plan does not count as a qualifying event for triggering Special Enrollment in the ACA
- Enrolling in the plan will not auto-cancel another Anthem plan. Members must call Member Services or ACA to cancel the plan.
- Members can choose to enroll in supplemental coverage, such as supplemental cancer policies. Members may not have secondary coverage such as an ACA plan.



# The Application

A simple application that determines medical underwriting eligibility and potential rates.

Is any applicant currently pregnant (includes positive pregnancy test within the last 30 days), an expectant parent, or in the process of adoption or surrogate pregnancy? If yes, who?

**Section F — Health History Questions**

When answering questions on this enrollment application, the information provided for each individual should include only information about that individual and should not include any genetic information. Genetic information includes family medical history and information related to the individual's genetic testing, genetic services, genetic counseling, or genetic diseases for which the individual may be at risk. All responses pertaining to an individual will only be considered and applied to the individual in question.

1. Is any applicant currently pregnant (includes positive pregnancy test within the last 30 days), an expectant parent, or in the process of adoption or surrogate pregnancy? **If yes, who?** ☐ Yes ☐ No

2. Within the past 12 months, has any applicant been diagnosed or had treatment for any of the following (please select all that apply)? **(NOTE: HIV or AIDS tests are limited to FDA-licensed blood tests. You do not have to disclose a positive test result obtained at an anonymous counseling or testing site, or a home test kit.)** ☐ Yes ☐ No

- ☐ AIDS, AIDS Related Complex (ARC), or HIV
- ☐ Cancer with chemo or radiation treatment
- ☐ Cerebral palsy
- ☐ Cirrhosis
- ☐ Heart attack/surgery
- ☐ Hemophilia
- ☐ Hospital confined for a mental disorder or substance abuse
- ☐ Multiple sclerosis
- ☐ Muscular dystrophy
- ☐ Transplant (other than cornea)

3. Within the past 12 months, have you, your spouse, or any dependent 21 or over used tobacco? **If yes, who?** ☐ Yes ☐ No

4. Within the last 30 days, has any applicant been admitted to an inpatient hospital or surgical facility? **If yes, please explain in #7.** ☐ Yes ☐ No

5. Is any applicant currently being treated, been treated for, or been advised to seek treatment or counseling for any of the following (please select all that apply)? **If yes, please explain in #7.** ☐ Yes ☐ No

- ☐ Back/spinal disorder
- ☐ Blood disorders
- ☐ Brain tumor
- ☐ Cancer
- ☐ Chemical dependency/alcoholism
- ☐ Chronic respiratory/lung disease
- ☐ Crohn's disease/ulcerative colitis
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart disease
- ☐ High blood pressure
- ☐ Immune system disorders
- ☐ Kidney disorder
- ☐ Liver disease
- ☐ Major depression or other mental disorder
- ☐ Multiple sclerosis
- ☐ Muscular or joint disorder
- ☐ Nervous system disorders
- ☐ Obesity
- ☐ Stomach or digestive disorder
- ☐ Stroke
- ☐ Transplants
- ☐ Other

6. Does any applicant regularly take medication (other than birth control or over-the-counter medication)? **If yes, please explain in #7.** ☐ Yes ☐ No

7. Explain "Yes" answer to any question. Give complete details to avoid delay. Attach a separate sheet if necessary.

Individual name	Diagnosis	Treatment	Medication and dosage	Onset date	Treatment date(s)	Hospitalized	Surgery	Recovered
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						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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o Chronic respiratory/lung disease	o Immune system disorders		o Other

[illegible]



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- ☐ Heart attack/surgery
- ☐ Hemophilia
- ☐ Hospital confined for a mental disorder or substance abuse
- ☐ Multiple sclerosis
- ☐ Muscular dystrophy
- ☐ Transplant (other than cornea)

3. Within the past 12 months, have you, your spouse, or any dependent 21 or over used tobacco? **If yes, who?** ☐ Yes ☐ No

4. Within the last 30 days, has any applicant been admitted to an inpatient hospital or surgical facility? **If yes, please explain in #7.** ☐ Yes ☐ No

5. Is any applicant currently being treated, been treated for, or been advised to seek treatment or counseling for any of the following (please select all that apply)? **If yes, please explain in #7.** ☐ Yes ☐ No

- ☐ Back/spinal disorder
- ☐ Blood disorders
- ☐ Brain tumor
- ☐ Cancer
- ☐ Chemical dependency/alcoholism
- ☐ Chronic respiratory/lung disease
- ☐ Crohn's disease/ulcerative colitis
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart disease
- ☐ High blood pressure
- ☐ Immune system disorders
- ☐ Kidney disorder
- ☐ Liver disease
- ☐ Major depression or other mental disorder
- ☐ Multiple sclerosis
- ☐ Muscular or joint disorder
- ☐ Nervous system disorders
- ☐ Obesity
- ☐ Stomach or digestive disorder
- ☐ Stroke
- ☐ Transplants
- ☐ Other

6. Does any applicant regularly take medication (other than birth control or over-the-counter medication)? **If yes, please explain in #7.** ☐ Yes ☐ No

7. Explain "Yes" answer to any question. Give complete details to avoid delay. Attach a separate sheet if necessary.

Individual name	Diagnosis	Treatment	Medication and dosage	Onset date	Treatment date(s)	Hospitalized	Surgery	Recovered
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# The Application

A simple application that determines medical underwriting eligibility and potential rates.

Explain "Yes" answer to any question. Give complete details to avoid delay. Attach a separate sheet if necessary.

**Section F — Health History Questions**

When answering questions on this enrollment application, the information provided for each individual should include only information about that individual and should not include any genetic information. Genetic information includes family medical history and information related to the individual's genetic testing, genetic services, genetic counseling, or genetic diseases for which the individual may be at risk. All responses pertaining to an individual will only be considered and applied to the individual in question.

1. Is any applicant currently pregnant (includes positive pregnancy test within the last 30 days), an expectant parent, or in the process of adoption or surrogate pregnancy? **If yes, who?** ☐ Yes ☐ No

2. Within the past 12 months, has any applicant been diagnosed or had treatment for any of the following (please select all that apply)? **(NOTE: HIV or AIDS tests are limited to FDA-licensed blood tests. You do not have to disclose a positive test result obtained at an anonymous counseling or testing site, or a home test kit.)** ☐ Yes ☐ No

☐ AIDS, AIDS Related Complex (ARC), or HIV ☐ Heart attack/surgery  
☐ Cancer with chemo or radiation treatment ☐ Hemophilia ☐ Multiple sclerosis  
☐ Cerebral palsy ☐ Hospital confined for a mental disorder ☐ Muscular dystrophy  
☐ Cirrhosis ☐ or substance abuse ☐ Transplant (other than cornea)

3. Within the past 12 months, have you, your spouse, or any dependent 21 or over used tobacco? ☐ Yes ☐ No

4. Within the last 30 days, has any applicant been admitted to an inpatient hospital or surgical facility? **If yes, please explain in #7.** ☐ Yes ☐ No

5. Is any applicant currently being treated, been treated for, or been advised to seek treatment or counseling for any of the following (please select all that apply)? **If yes, please explain in #7.** ☐ Yes ☐ No

☐ Back/spinal disorder ☐ Crohn's disease/ulcerative colitis ☐ Kidney disorder  
☐ Blood disorders ☐ Diabetes ☐ Liver disease  
☐ Brain tumor ☐ Epilepsy ☐ Major depression or other mental disorder ☐ Nervous system disorders  
☐ Cancer ☐ Heart disease ☐ Multiple sclerosis ☐ Obesity  
☐ Chemical dependency/alcoholism ☐ High blood pressure ☐ Muscular or joint disorder ☐ Stomach or digestive disorder  
☐ Chronic respiratory/lung disease ☐ Immune system disorders ☐ Stroke ☐ Transplants  
☐ ☐ Other

6. Does any applicant regularly take medication (other than birth control or over-the-counter medication)? **If yes, please explain in #7.** ☐ Yes ☐ No

7. Explain "Yes" answer to any question. Give complete details to avoid delay. Attach a separate sheet if necessary.

Individual name	Diagnosis	Treatment	Medication and dosage	Onset date	Treatment date(s)	Hospitalized	Surgery	Recovered
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



# Medical Underwriting

## Step 1

- ✓ Consumer applies

## Step 2

- ✓ The Underwriting Department reviews all medical information provided on the application, as well as all available claims histories. Additional information may be requested from the applicant during this process.

## Step 3

- ✓ The applicant receives correspondence of the final underwritten rate.
- ✓ The broker will be copied on all correspondence.

- Preferred
- Standard
- Modified 1
- Modified 2

*Ratings are done at member level and averaged for total family*





# Changes to Coverage

## Downgrading Coverage

Enrolled members may downgrade coverage once during the policy year at the same risk tier.

## Upgrading Coverage

Enrolled members may upgrade at renewal with underwriting approval<sup>6</sup>. Enrolled members wishing to upgrade must apply through Shopper and indicate **upgrade** on their application.

## Renewals

Risk reviews are only done during renewal, and require both a new health statement (HHQ) and underwriting approval.

## Reapplying

Members can reapply after the 36 month period. They will need to complete a new application and be subjected to medical underwriting for approval. New identification cards will be issued.

<sup>6</sup> Those with any other concurrent coverage in force with Anthem Enhanced Choice are not eligible.



# Access the Anthem Enhanced Choice materials and more on our new custom site

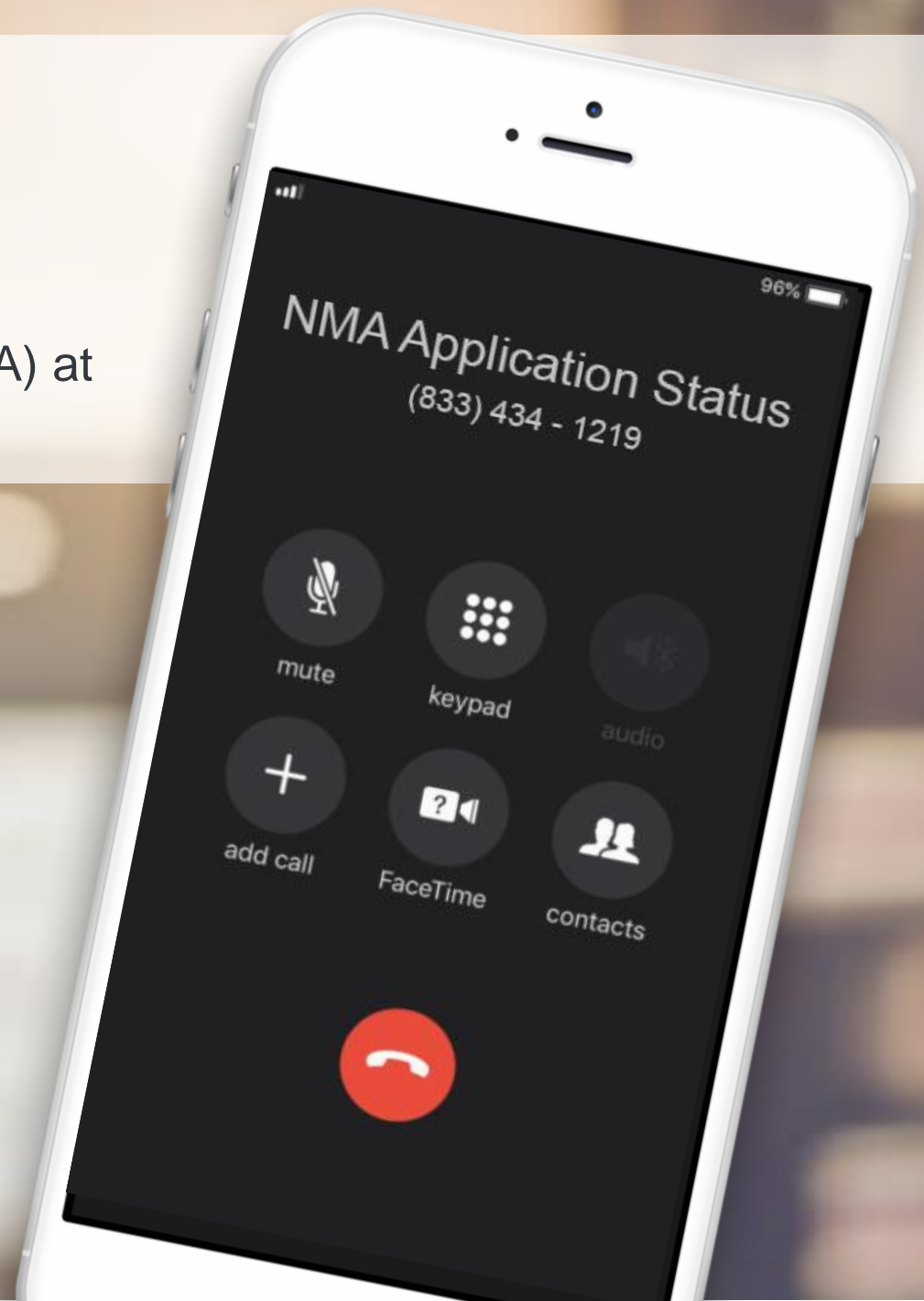


Beginning October 1, visit [individualbrokers.com](https://individualbrokers.com) to access these important tools.

\* Not applicable in all states

# How to Follow-Up

Following up with application status questions is as simple as calling New Member Advisors (NMA) at (833) 434-1219.







# Anthem Enhanced Choice Plans

Competitor Information

# The Comparison

	Anthem Enhanced Choice	ACA Unsubsidized Plans	IHC	UHC Tri-Term Plan	National General
Enrollment	Any time – not just open enrollment or qualifying event	During open enrollment or special qualifying event	Any time – not just open enrollment or qualifying event	Any time – not just open enrollment or qualifying event	Any time – not just open enrollment or qualifying event
Underwriting	Medically-underwritten	Not medically-underwritten	Medically-underwritten	Medically-underwritten	Medically-underwritten
Issuance	Not-guaranteed	Guaranteed	Not-guaranteed	Not-guaranteed	Not-guaranteed (guaranteed issues PPO avail.)
Renewability	Renewable	Guaranteed	Not renewable	Not renewable	Renewable
Pre-existing conditions	No pre-existing exclusions	No pre-existing exclusions	5-year lookback (varies by state)	12-month pre-existing waiting period	12-month pre-existing waiting period
Maximum benefits	\$2 million plan year maximum <sup>7</sup>	No annual or plan year max	\$2 million coverage period max	Lifetime limit choice of \$500,000 or \$2 million	\$2 million plan year maximum <sup>7</sup>
Essential health benefits	Coverage for all EHBs	Coverage for all EHBs	Not included	Does not cover all EHBs <sup>4</sup>	
Preventive care coverage	100% for mandated services	100% for mandated services	Offered as Supplement	\$200 max per member per benefit period <sup>5</sup>	Subjected to deductible and Coinsurance
State mandates	Coverage for all state mandated benefits <sup>8</sup>	Coverage for all state-mandated benefits	No network; claims negotiated	Covered at OON cost shares <sup>6</sup>	Covered at OON cost shares <sup>6</sup>
OON Emergency Services	Covered at the network level	Covered at the network level	No network; claims negotiated	Covered at OON cost shares <sup>6</sup>	Covered at OON cost shares <sup>6</sup>

<sup>4</sup> Excludes maternity; MH/SA is limited to \$5,000.

<sup>5</sup> Benefit is maximum per member per benefit period after 6-month waiting period

<sup>6</sup> With higher deductible and coinsurance

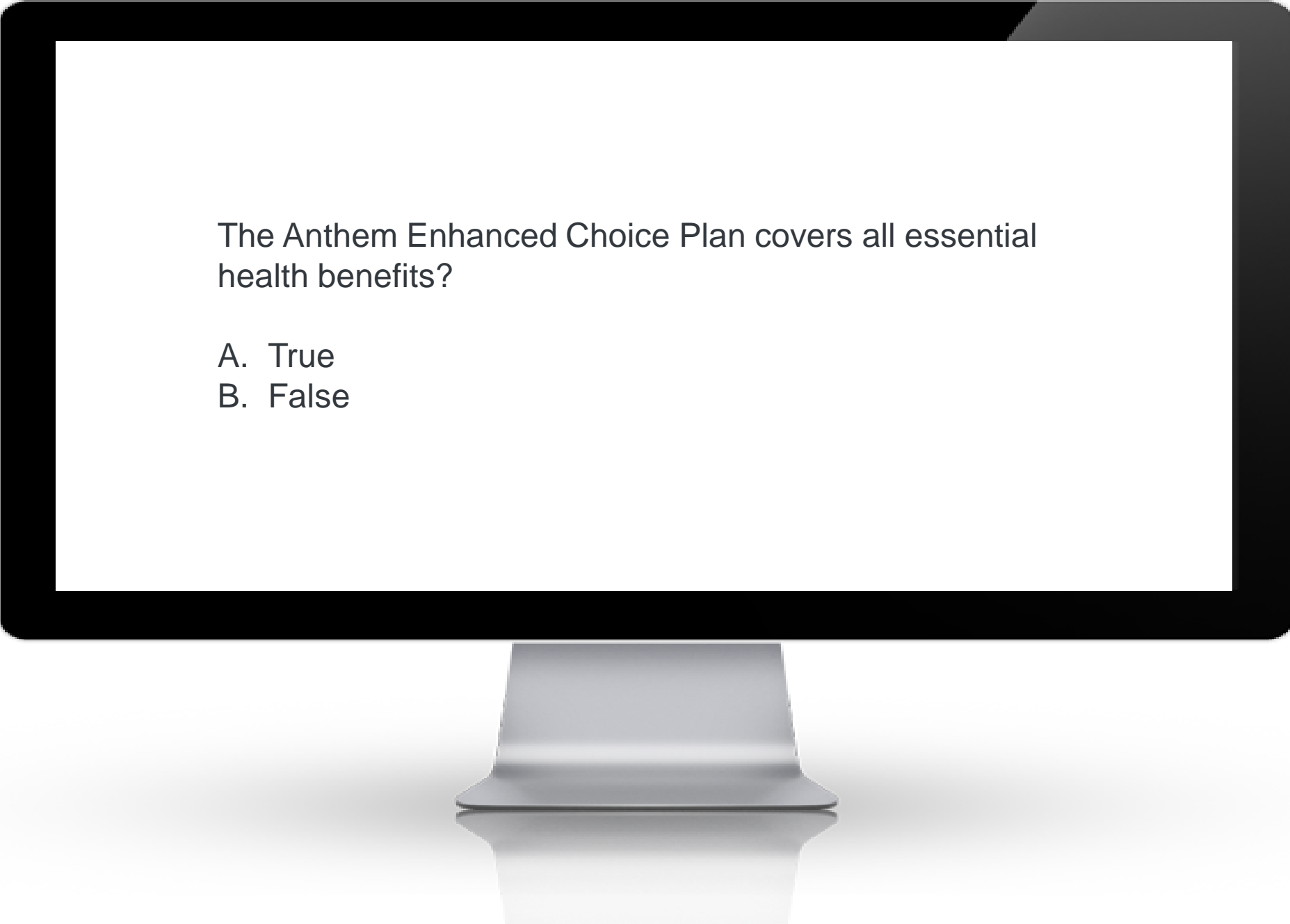
<sup>7</sup> \$2 million plan year maximum in Indiana as mandated by state law

<sup>8</sup> Including those not required for short term plans; IN plans exclude Autism benefits



The background of the image is a blurred office scene. In the upper half, two men in business suits are seated at a table, their hands clasped in conversation. The lower half shows a desk with a pair of glasses, a pen, and several documents featuring bar charts and data tables. A semi-transparent blue horizontal band spans the middle of the image, serving as a backdrop for the title text.

# Knowledge Check

A computer monitor with a black bezel and a silver stand is shown. The screen displays a quiz question in a clean, sans-serif font. The question asks if the Anthem Enhanced Choice Plan covers all essential health benefits, with two multiple-choice options: 'A. True' and 'B. False'.

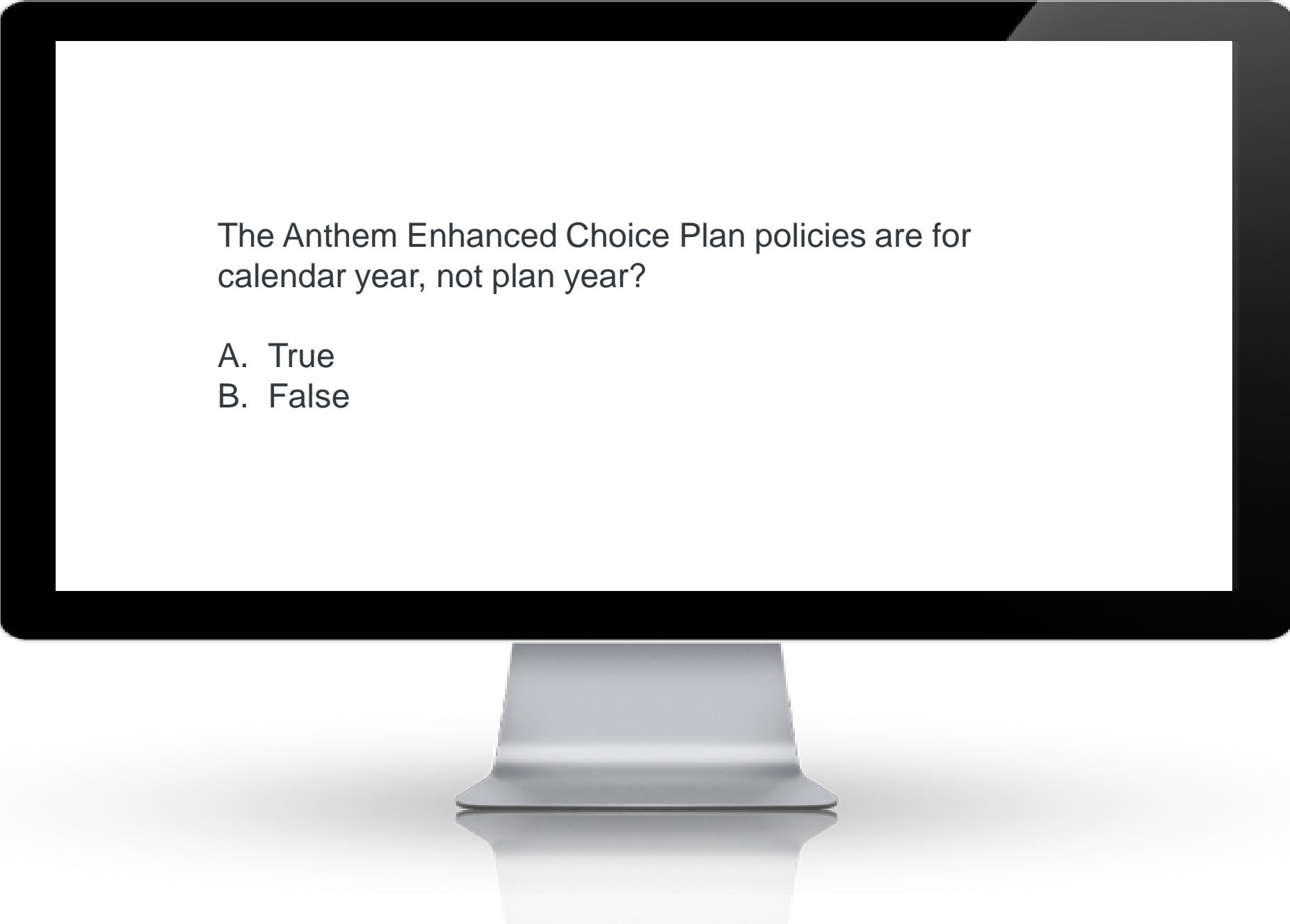
The Anthem Enhanced Choice Plan covers all essential health benefits?

- A. True
- B. False



To be eligible to enroll, applicants must meet all enrollment guidelines except ...

- A. Must not currently be incarcerated
- B. Must not be a tobacco user
- C. Be less than 64 years + 9 months or less to apply as of effective date
- D. Be a resident in the state in which you are applying

A computer monitor with a black bezel and a silver stand. The screen is white and displays a quiz question. The question is centered on the screen. Below the question are two multiple-choice options, A and B, also centered.

The Anthem Enhanced Choice Plan policies are for calendar year, not plan year?

- A. True
- B. False



All of the following apply to the Anthem Enhanced Choice plan except ...

- A. Cancellation will trigger a special enrollment period
- B. Preventive care is covered at 100%
- C. Applicants can choose from 6 plan options
- D. Applicants can choose to enroll in supplemental plans such as supplemental cancer policies.

# Commission

Writing Agent

\$300 Annualized up  
front per member  
after first month's  
premium is paid

No cap on number of  
members





# Questions



The background of the slide is a blurred photograph of a business meeting. Two men in suits are seated at a table. The man on the left is wearing a dark blue suit and a striped tie, with his hands clasped. The man on the right is wearing a grey suit and a striped tie. A blue semi-transparent rectangular overlay covers the middle portion of the image, containing the word 'Appendix' in white text. Below the blue overlay, a portion of a desk is visible, featuring a pair of black-rimmed glasses, a black pen, and several sheets of paper with bar charts and graphs.

# Appendix



# Broker Producer Toolbox and Shopper Walk Through





the Apple Store, Android Play Store.

## Brokers Log in Here

Already registered with our Producer Appointment Tool?  
You can use the same log in details here.

Username

snapyn

Password

.....



Log In

[Forgot Username](#) or [Forgot Password](#) >

Already a broker but don't have Producer Toolbox access?

[Register now](#) >

Hello, Fname Lname



☒ TIN

☐ USER ID

271808131



Elena Gilbert

[Simulate](#) >

User ID

Amvuser03

TIN

CCGJQJKTZ

Role Authority

Primary

Access Level

Full



[Generate HIPAA  
Attestation Report](#) >

Select Link



Select  
Start New Quote Button

The screenshot shows the 'Producer Toolbox' interface. At the top, there's a header with the title 'Producer Toolbox' and a user greeting 'Hello, Elena Gilbert' with a notification bell and profile icon. Below the header is a navigation bar with links: 'Home' (underlined), 'Book of Business', 'Tools & Resources', and 'Support'. A secondary bar contains a message about coronavirus FAQs and a link to 'Learn More' with sub-links 'ABCBS', 'ABC', 'EBCBS', and 'EBC'. The main content area features a personalized greeting 'GOOD AFTERNOON Steven Dass'. Below this, a 'Frequent Tasks' section contains four buttons: 'Start a New Quote', 'Start an Application', 'View All Clients', and 'Quick Renewal'. A red arrow points to the 'Start a New Quote' button. Further down is a 'Recent Activity' section with tabs for 'Individual' (selected) and 'Small Group'. It displays three metrics: 'Quotes' (15 In-Progress), 'Upcoming Renewals' (0 30 Days), and 'Applications' (145 In-Progress). A feedback icon is on the right, and a menu icon is at the bottom right.

Producer Toolbox

Hello, Elena Gilbert

[Home](#) [Book of Business](#) [Tools & Resources](#) [Support](#)

Stay informed about coronavirus (COVID-19) with our FAQs [Learn More: ABCBS ABC EBCBS EBC](#)

GOOD AFTERNOON  
Steven Dass

Frequent Tasks

[Start a New Quote](#) [Start an Application](#) [View All Clients](#) [Quick Renewal](#)

Recent Activity

**Individual** [Small Group](#)

Quotes [Upcoming Renewals](#) [Applications](#)

[In-Progress](#) 15 [30 Days](#) 0 [In-Progress](#) 145

Click on  
Create Quote button

Producer Toolbox

HomeBook of BusinessTools & ResourcesSupport

Hello, Elena Gilbert

Create A New Quote

Individual

Georgia

Affordable Care Act

Our Affordable Care Act (ACA) coverage plans are designed to help your clients wherever they are on their health care journey. Choose from Platinum, Gold, Silver and Bronze medical plans, plus specialty and supplemental plans.

Anthem Enhanced Choice

If your client is uninsured and does not qualify for ACA subsidies, Anthem Enhanced Choice (AEC) may be an affordable, short-term solution. With six different plans, AEC can provide quality coverage for doctor visits, prescriptions and more.

Producer Toolbox

HomeBook of BusinessTools & ResourcesSupport

Hello, Elena Gilbert

plus specialty and supplemental plans.

Anthem Enhanced Choice

If your client is uninsured and does not qualify for ACA subsidies, Anthem Enhanced Choice (AEC) may be an affordable, short-term solution. With six different plans, AEC can provide quality coverage for doctor visits, prescriptions and more.

Parent Agent / General Agency

HOUSE ACCOUNT INVALID BROKER-CCDFGHJKLY

Paid Agent / Agency

HOUSE ACCOUNT INVALID BROKER-CCDFGHJKLY

Agent Code

Writing Agent

20896GA00STEVEN M DASS-CCGJQJKTZ


Create Quote



Enter Zip Code and Effective Date

Click Start Quote

shop.sit1.va.anthem.com/aec/quote/basics?ssoid=5173bee1a07c311ff94216d18&channel=P1B

**Anthem** 

Technical Support  
888-268-4361  
[software.support@anthem.com](mailto:software.support@anthem.com)

### Quote and Apply for Coverage

Anthem Enhanced Choice member benefits include:

- Preventive care visits covered at 100%.
- Prescription drug coverage with affordable out-of-pocket copays.
- Access to quality doctors, care centers and hospitals from Anthem's network.
- No referrals needed for a specialist visit.
- A choice of six plans to meet every need and budget.

Anthem Enhanced Choice plans provide a fully digital experience, which means that all plan-related communications may be sent by email and general interactions with Anthem Blue Cross and Blue Shield (Anthem) will occur digitally through Anthem's website and mobile app(s).

Zip Code

Effective Date

Your Coverage effective date is determined by the date your completed application is received and approved.

- Between the 1st and 15th day of the month, coverage starts the 2nd day of the following month.
- Between the 16th and last day of the month, coverage starts the 2nd day of the second following month.

---

Your Coverage effective date is determined by the date your completed application is received and approved.

- Between the 1st and 15th day of the month, coverage starts the 2nd day of the following month.
- Between the 16th and last day of the month, coverage starts the 2nd day of the second following month.

---

Writing Agent Tax ID  
STEVEN-CCGJQJKTZ-CCDFGHJKLY-CCDFGHJKLY-20896GA00

---



This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.

Do not cancel your present health coverage until you receive written notification from Anthem that your new coverage is in force.

[Start Quote](#)

---

About Press Room  
Legal Careers  
Privacy Anthem Foundation  
Accessibility

 Follow us on Twitter  
 Friend us on Facebook

3:46 PM

## Complete Applicant Information and Continue

### Anthem Enhanced Choice

Technical Support

888-268-4361

[software.support@anthem.com](mailto:software.support@anthem.com)

#### Applicant

First Name

Last Name

Date of Birth (MM/DD/YYYY)

Email Address

Within the past 12 months, have you used tobacco?

☐ Yes ☐ No

[Back](#)

[Continue](#)


Select Plan Coverage Option


Select Start Your Application

Deductible Individual/Family	Out-of-pocket maximum Individual/Family	Monthly Preliminary Rate	Apply for Plan
\$1,500	\$5,000	\$289.99	<div>Select</div>
\$2,000	\$5,000	\$283.19	<div>Select</div>
\$2,500	\$5,000	\$277.78	<div>Select</div>
\$3,500	\$6,000	\$265.39	<div>Select</div>
\$5,000	\$7,500	\$250.66	<div>Select</div>
\$7,500	\$10,000	\$236.24	<div>Select</div>

Back to Applicants

Start Your Application

 [Save my progress](#)

 [Save my progress and exit](#)



## Complete Application Questions and select Continue

### Applicant Questions

1. Are all persons applying for coverage legal residents of the United States and residents of the state in which you are applying for coverage?

☐ Yes ☐ No

2. Are any applicants currently incarcerated (with more than 60 days left to serve before release) as a result of a conviction? (not just pending disposition of charges)

☐ Yes ☐ No

3. Are you or any dependent eligible for Medicare? If so, we will reduce benefits by the amount Medicare would have paid for services you receive even if not enrolled in Medicare.

☐ Yes ☐ No

4. Are you or any dependent currently receiving Social Security Disability, Medicaid or other government program benefits, or are unable to work due to disability or receiving Workers' Compensation benefits?

☐ Yes ☐ No

5. Do any applicants currently have health care coverage?

☐ Yes ☐ No

6. Is any applicant enrolled in Medicare? If yes, they are not eligible to enroll.

☐ Yes ☐ No

[Back](#)

[Continue](#)

## Complete Health History Questions

should not include any genetic information. Genetic information includes family medical history and information related to the individual's genetic testing, genetic services, genetic counseling, or genetic diseases for which the individual may be at risk. All responses pertaining to an individual will only be considered and applied to the individual in question.

1. Is any applicant currently pregnant (includes positive pregnancy test within the last 30 days), an expectant parent, or in the process of adoption or surrogate pregnancy?

☐ Yes
 ☐ No

2. Within the past 12 months, has any applicant been diagnosed or had treatment for any of the following (please select all that apply)?

☐ Yes

- ☐ AIDS, AIDS Related Complex (ARC), or HIV
- ☐ Cancer with Chemo or radiation treatment
- ☐ Cerebral Palsy
- ☐ Cirrhosis

- ☐ Heart attack/surgery
- ☐ Hemophilia
- ☐ Hospital confined for mental disorder or substance abuse
- ☐ Multiple Sclerosis

- ☐ Muscular Dystrophy
- ☐ Transplant (other than cornea)

☐ No

3. Within the past 12 months, have you, your spouse, or any dependent 21 or over used tobacco?

☐ Yes
 ☐ No

4. Within the last 30 days, has any applicant been admitted to an inpatient hospital or surgical facility?

☐ Yes
 ☐ No

5. Is any applicant currently being treated, been treated for, or been advised to seek treatment or counseling for any of the following (please select all that apply)?

☐ Yes

- ☐ Back/spinal disorder
- ☐ Blood disorders
- ☐ Brain tumor
- ☐ Cancer
- ☐ Chemical dependency/alcoholism
- ☐ Chronic respiratory/lung disease
- ☐ Crohn's Disease/ulcerative colitis
- ☐ Diabetes

- ☐ Epilepsy
- ☐ Heart Disease
- ☐ High blood pressure
- ☐ Immune system disorders
- ☐ Kidney disorder
- ☐ Liver Disease
- ☐ Major depression or other mental disorder
- ☐ Multiple sclerosis

- ☐ Muscular or joint disorder
- ☐ Nervous system disorders
- ☐ Obesity
- ☐ Other
- ☐ Stomach or digestive disorder
- ☐ Stroke
- ☐ Transplants

☐ No

6. Does any applicant regularly take medication (other than birth control or over-the-counter medication)?

☐ Yes
 ☐ No

Back

Continue

Click Accept

Read Terms and Conditions  
and Complete Electronic  
Signature



The plan details are a summary for informational and comparison purpose only. Review the evidence of coverage / insurance policy (plan contract) for a detailed description of coverage benefits, co-pays, coinsurance, deductibles, limitations and exlutions. Overview of coverage and member's share of costs (after deductible, if any) are for benefits received in-network. Member's share of costs may be more out-of-network. The rates quoted on the site are subject to change. Rates may change for variety of reasons including, but not limited to, plan effective date, age of applicant(s), geographic location and other factors. Final rates will be set by Anthem as part of the enrollment process. If there is any difference Anthem's rate assigned during enrollment and the rates quoted on this site, Anthem's assigned rate will prevail.

Do not cancel your present health coverage untill you receive written notification from Anthem that your coverage is in force.

[Back to Health History Questions](#)

I Accept

Electronic Signature

Legal First Name

Middle Initial (optional)

Legal Last Name

City

State

-Select One-

Date Electronically Signed

09/30/2020

☐ Your signature(s) on this page indicate(s) that you have read, understand and agree to all the provisions set forth on this application and that you understand and agree to them.

[Back to Product Review](#)

I Accept