

KENTUCKY INDIVIDUAL SPECIALTY SALES GUIDE

2019

Intended for use only by Anthem Blue Cross and
Blue Shield associates and brokers.

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2019 ANTHEM INDIVIDUAL DENTAL AND VISION PRODUCTS (ON & OFF-EXCHANGE)

Here's a snapshot of all Anthem individual dental and vision products that are available on & off-exchange in 2019

	OFF-EXCHANGE	ON-EXCHANGE
Vision (Pediatric vision EHB)	Included in Anthem medical plans.	Included in Anthem medical plans.
Dental (Pediatric dental EHB)	Included in Anthem medical plans.	Included in Anthem medical plans.
Dental (Stand-alone)	Anthem Dental Family Value* Anthem Dental Family* Anthem Dental Family Enhanced* Dental Prime <i>(* includes pediatric dental EHB coverage)</i>	Anthem Dental Family Value* Anthem Dental Family* Anthem Dental Family Enhanced* <i>(* includes pediatric dental EHB coverage)</i>
Vision (Bundled and Stand-alone)	The Bundled plan is only available for sale with individual medical and/or individual dental coverage. We continue to offer the stand-alone Vision plans: <ul style="list-style-type: none"> • Blue View Vision Enhanced • Blue View Vision Plus • Blue View Vision Value 	If interested in a vision plan contact your Anthem Representative.

SALES STRATEGY

Anthem – A leader in Specialty Products.

It's easy for your client's to purchase or keep their Anthem dental/vision plan with us in 2019!

Help your clients purchase or keep their dental/vision benefits with the company they trust. With Anthem, it's simple to purchase and easy for your client to renew their Anthem dental/vision plans – all they need to do is continue paying their premiums!

We offer a variety of Individual and family dental plan options to make your client smile!

Here's a quick recap on how Anthem can easily meet the dental/vision insurance needs of your clients.

Dental Insurance

- There are plan options for adult and/or family dental coverage
 - Dental Prime
 - Anthem Dental Family Value
 - Anthem Dental Family
 - Anthem Dental Family Enhanced

Vision Insurance

- Vision coverage is available through our Blue View Vision Bundled plan which can only be purchased with our medical or dental plans.
- Three Vision stand-alone plans which can be purchased with or without our health or dental plans (Blue View Vision Enhanced, Plus and Value Plans).

Individual plan offerings for dental and vision will not change, and will be available to current members and new customers in 2019. This includes our ACA compliant Anthem Dental plans which will still be available on the exchange in 2019.

2019 STAND-ALONE DENTAL AND VISION PLAN DETAILS

Dental Prime Plan Overview and Benefit Details

- Three plan choices – plans A, B and C. Plan A offers affordable coverage focused only on diagnostic and preventive services. Plan B offers additional coverage for basic services. Plan C is more comprehensive including coverage for major services.
- Does not provide the required pediatric dental EHB coverage which is already included in all 2019 Anthem individual medical plans.
- No separate plans for children or adults. Everyone has the same coverage.
- No coordination of benefits.
- Cleanings, exams and x-rays are covered at 100% in all plans.
- An extra cleaning benefit is provided for members who are pregnant or living with diabetes
- A brush biopsy benefit is available in plans B and C

	Plan A	Plan B	Plan C
Cost shares show what the consumer pays	In / Out Network Benefits		
Diagnostic & Preventive Services	<i>No waiting period</i>		
Cleaning, exams, x-rays	0% / 0%	0% / 0%	0% / 0%
Extra Cleaning	For those who are pregnant or living with diabetes		
Basic Services	<i>6 month waiting period</i>		
Fillings	Not covered	20% / 20%	20% / 20%
Brush Biopsy	Not covered	20% / 20%	20% / 20%
Complex & Major Services	<i>12 month waiting period</i>		
Endodontic / Periodontic / Oral Surgery (root canal, scaling, tooth removal)	Not covered	50% / 50%	50% / 50%
Prosthetics (Crowns, dentures, bridges)	Not covered	Not covered	50% / 50%
Medically necessary orthodontia	Not covered	Not covered	Not covered
Cosmetic orthodontia	Not covered	Not covered	Not covered
Dental Network	Dental Prime	Dental Prime	Dental Prime
Deductible (per person)	None	\$50 (all services)	\$50 (all services)
Yearly limit (per person)	\$500	\$1,000	\$1,250
Yearly out-of-pocket limit	None	None	None
International Emergency Dental Program	Included		

Anthem Dental Family Value Plan Overview and Benefit Details

- Lower cost family plan
- Provides coverage for adults (age 21+) and children (age 20 and younger)
- The Pediatric Dental Essential Health Benefit (EHB) is the same as the Anthem Dental Family plan
- No coordination of benefits
- Offered on and off-exchange

ANTHEM DENTAL FAMILY VALUE PLAN

Cost shares shows what the consumer pays	Dependents age 20 and younger	Adults age 21+
	In / Out of Network Benefits	In / Out of Network Benefits
Diagnostic & Preventive Services	<i>No waiting period</i>	<i>No waiting period</i>
Cleaning, exams, x-rays	0% / 30%	0% / 50%
Basic Services	<i>No waiting period</i>	<i>6 month waiting period</i>
Fillings	40% / 50%	50% / 75%
Complex & Major Services	<i>No waiting period</i>	<i>Not covered</i>
Endodontic / Periodontic / Oral Surgery (root canal, scaling, tooth removal)	50% / 50%	Not covered
Prosthetics (Crowns, dentures, bridges)	50% / 50%	Not covered
Medically necessary orthodontia*	50% / 50%	Not covered
Cosmetic orthodontia	Not covered	Not covered
Dental Network	Dental Prime	Dental Prime
Deductible (per person)	\$50 (all services)	\$50 (all services)
Yearly limit (per person)	None	\$750
Yearly out-of-pocket limit	\$350** / None	None

*Orthodontia is usually considered medically necessary when a child's teeth are misaligned (crooked or not spaced correctly) to the point where they don't work properly. This could cause the child to have trouble speaking or eating. Some examples would be (1) if a child can't bite into an apple because they can't close their front teeth together or (2) if a child bites into the gum tissue of the palate (roof of the mouth) when they try to bite down.

**Per child, up to \$700 per family. Families cannot be charged more than two times the out of pocket max. For example, if there are three kids in a family and the out of pocket max is \$350 for one kid, the family wouldn't pay more than \$700, even though they have 3 kids.

Anthem Dental Family Plan Overview and Benefit Details

- Provides coverage for adults (age 21+) and children (age 20 and younger)
- No coordination of benefits
- Offered on and off-exchange

ANTHEM DENTAL FAMILY PLAN

Cost shares show what the consumer pays	Dependents age 20 and younger	Adults age 21+
	In / Out of Network Benefits	In / Out of Network Benefits
Diagnostic & Preventive Services	<i>No waiting period</i>	<i>No waiting period</i>
Cleaning, exams, x-rays	0% / 30%	0% / 50%
Basic Services	<i>No waiting period</i>	<i>6 month waiting period</i>
Fillings	40% / 50%	50% / 75%
Complex & Major Services	<i>No waiting period</i>	<i>12 month waiting period</i>
Endodontic / Periodontic / Oral Surgery (root canal, scaling, tooth removal)	50% / 50%	70% / 85%
Prosthetics (Crowns, dentures, bridges)	50% / 50%	70% / 85%
Medically necessary orthodontia*	50% / 50%	Not covered
Cosmetic orthodontia	Not covered	Not covered
Dental Network	Dental Prime	Dental Prime
Deductible (per person)	\$50 (all services)	\$50 (all services)
Yearly limit (per person)	None	\$750
Yearly out-of-pocket limit	\$350**/ None	None

*Orthodontia is usually considered medically necessary when a child's teeth are misaligned (crooked or not spaced correctly) to the point where they don't work properly. This could cause the child to have trouble speaking or eating. Some examples would be (1) if a child can't bite into an apple because they can't close their front teeth together or (2) if a child bites into the gum tissue of the palate (roof of the mouth) when they try to bite down.

**Per child, up to \$700 per family. Families cannot be charged more than two times the out of pocket max. For example, if there are three kids in a family and the out of pocket max is \$350 for one kid, the family wouldn't pay more than \$700, even though they have 3 kids.

Anthem Dental Family Enhanced Plan Overview and Benefit Details

- Anthem Dental Family Enhanced plan offers:
 - A lower deductible for children age 20 and younger,
 - Higher benefit amounts for many services,
 - Higher annual maximum for adults, and
 - Includes coverage for cosmetic orthodontia for children age 20 and younger.

ANTHEM DENTAL FAMILY ENHANCED PLAN

Cost shares show what the consumer pays	Dependents age 20 and younger	Adults age 21+
	In / Out of Network Benefits	In / Out of Network Benefits
Diagnostic & Preventive Services	<i>No waiting period</i>	<i>No waiting period</i>
Cleaning, exams, x-rays	0% / 20%	0% / 50%
Basic Services	<i>No waiting period</i>	<i>6 month waiting period</i>
Fillings	20% / 40%	20% / 60%
Complex & Major Services	<i>No waiting period</i>	<i>12 month waiting period</i>
Endodontic / Periodontic / Oral Surgery (root canal, scaling, tooth removal)	20% / 50%	50% / 75%
Prosthetics (Crowns, dentures, bridges)	50% / 50%	50% / 75%
Medically necessary orthodontia*	50% / 50%	Not covered
Cosmetic orthodontia	50% / 50% 12 month waiting period \$1,000 lifetime maximum	Not covered
Dental Network	Dental Prime	Dental Prime
Deductible (per person)	\$25 (all services)	\$50 (all services)
Yearly limit (per person)	None	\$1,000
Yearly out-of-pocket limit	\$350** / None	None

*Orthodontia is usually considered medically necessary when a child's teeth are misaligned (crooked or not spaced correctly) to the point where they don't work properly. This could cause the child to have trouble speaking or eating. Some examples would be (1) if a child can't bite into an apple because they can't close their front teeth together or (2) if a child bites into the gum tissue of the palate (roof of the mouth) when they try to bite down.

**Per child, up to \$700 per family. Families cannot be charged more than two times the out of pocket max. For example, if there are three kids in a family and the out of pocket max is \$350 for one kid, the family wouldn't pay more than \$700, even though they have 3 kids.

Blue View Vision Plan Overview and Benefit Details

With more than 38,000 eye doctors at over 27,000 locations, consumers are sure to find an eye care professional that's close to home or work.

With Blue View Vision, consumers have access to one of the nation's largest vision networks – call or click online at Glasses.com, ContactsDirect or 1-800 CONTACTS, visit a participating private practice eye doctor, or go in-store to LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations.

- Blue View Vision Bundled plan can be purchased in combination with any off-exchange Anthem individual medical or individual dental plan.
- Blue View Vision Bundled plan cannot be purchased on a stand-alone basis.

Blue View Vision Bundled Plan :

Vision Care Services	Benefit Frequency	Participating Services
Eye Exam (with dilation as needed)	Once every 12 months	\$20 copay
Standard plans (CR39 lenses)	Once every 24 months	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
Contact lenses	Once every 24 months	
Elective (conventional and disposable)		\$80 allowance
Non-elective		Covered in full
Frames	Once every 24 months	\$130 allowance

Blue View Vision Plans Overview and Benefit Details – stand-alone plans

- **The three stand-alone Blue View Vision plans (Enhanced, Plus & Value) can be purchased with or without an Anthem Individual medical and/or dental plan.**

Blue View Vision Enhanced Plan:

Vision Care Services	Benefit Frequency	Participating Services
Eye Exam (with dilation as needed)	Once per calendar year	\$10 copay
Standard plans (CR39 lenses)	Once per calendar year	
Single vision		\$10 copay
Bifocal		\$10 copay
Trifocal		\$10 copay
Contact lenses	Once per calendar year	
Elective (conventional and disposable)		\$150 allowance
Non-elective		Covered in full
Frames	Once per calendar year	\$150 allowance

Blue View Vision Plus Plan:

Vision Care Services	Benefit Frequency	Participating Services
Eye Exam (with dilation as needed)	Once per calendar year	\$10 copay
Standard plans (CR39 lenses)	Once per calendar year	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
Contact lenses	Once per calendar year	
Elective (conventional and disposable)		\$130 allowance
Non-elective		Covered in full
Frames	Once every other calendar year	\$130 allowance

Blue View Vision Value Plan:

Vision Care Services	Benefit Frequency	Participating Services
Eye Exam (with dilation as needed)	Once per calendar year	\$20 copay
Standard plans (CR39 lenses)	Once per calendar year	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
Contact lenses	Once per calendar year	
Elective (conventional and disposable)		\$80 allowance
Non-elective		Covered in full
Frames	Once every other calendar year	\$130 allowance



Individual Term Life Insurance

Anthem's Individual term life insurance include two coverage options:

- \$25,000
- \$50,000

Rates are age banded.

Quote date of 11/12/2018 with a 01/01/2019 effective date.

We've made it simple to get coverage:

- There's no medical exam required – only a short health questionnaire.
- Individuals between the ages of 18 and 64 are eligible to apply.
- Our term life insurance can be bought with Anthem's health coverage or as a stand-alone plan.
- Online enrollment for Individuals purchasing a term life plan.
- If the individual is an Anthem health member, they'll only get one bill for health and life coverage.
- Coverage does not include AD&D or Waiver of Premium

Term Life Insurance Benefit Amount

- Choose one plan, Essential - \$25,000 or Enhanced - \$50,000
- Coverage is for primary insured only.
- Coverage is available in all states, except New York.

Owner Information

- This information is only required if the Applicant wants to designate someone other than themselves to be named as the Owner of the Policy. Applicant should be made aware that the Owner of the policy has all rights under this policy, including changing beneficiary designation.
- Note: owner does not receive any policy updates such as premium, grace or cancel notices.

Beneficiary Information

- Insured must name at least one primary beneficiary
- Insured may also name a contingent beneficiary (ies), but this is not required. The contingent beneficiary will receive proceeds from the life insurance policy in the event the primary beneficiary(ies) is deceased
- There are no limits to the number of primary or contingent beneficiaries that can be named, but the sum of Benefit % for all must equal 100%. Example: Spouse – 50%, Son – 25%, Son 25%.
- Spousal Consent/signature is required in CA, NV and WI if the insured indicates they are married and benefit for spouse (or domestic partner in CA/NV) is <50%

Health History

- Simplified Underwriting – no medical exam
- Short health questionnaire - all questions require a response of (Y/N)
- A response of "Yes" to any question will result in a declination of coverage.

Other information to know

Appendix A – Statement of Accountability

Required if applicant resides in CO, CA or NV and does not speak/write English. Interpreter must complete and sign and submit with completed application.

Payment Method: Follows same process as Medical, Dental and Vision.

Designee – Option for applicant to name a third party designee to receive notifications of lapse and/or terminations.

- Required to be made available at time of application to residents of California
- In all other states, insureds have option to add a designee post enrollment

REPLACEMENT OF INSURANCE

What is Replacement?

- Most states have replacement regulations designed to help protect the interests of the insurance-buying public. Producers must be aware of and in compliance with these regulations to ensure the best interests of the consumer.
- Replacement means a transaction in which a new life policy or contract is to be purchased, and it is known, or should be known, to the producer and/or insurer, that by purchasing this policy, an existing policy will be replaced.

When is a policy considered to be replaced?

A policy that is being:

- Lapsed, forfeited, surrendered, assigned to the replacing insurer or otherwise terminated;
- Converted to reduced paid up insurance, continued as extended term insurance, or otherwise reduced in value by the use of non-forfeiture benefits or other policy values;
- Amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid;
- Reissued with any reduction in cash value; or
- Used in a financed purchase. “Financed purchase” means the purchase of a new policy involving the actual or intended use of funds obtained by the withdrawal or surrender of, or by borrowing from the values of an existing policy to pay all or part of any premium due on the new policy.

What is our position on replacement?

- Anthem Life **does not** allow “replacement” of coverage. An applicant who intends to replace an existing individual life insurance policy or annuity contract is not eligible to apply for an Anthem plan.
- In addition, if Anthem is made aware of a “replacement” occurrence after an individual has been issued an Anthem Policy, the Anthem Policy will be terminated.

Application Questions on Replacement of Coverage

1. Do you have an existing individual life insurance policy or annuity contract?
2. By applying for this life policy, do you intend to replace or change any life insurance or annuity contract in force with any other company?

If the response to question #2 is “yes”, the applicant is not eligible to apply for coverage.

What are Producer Responsibilities? {Not applicable to Telesales or Health Plan Advisors}

The following outlines the procedures Producers must follow (all states except CA, GA, IN or NV):

- 1) Submit, as part of the Application, a statement signed by both the applicant and the producer as to whether the applicant has existing policies or contracts. If the answer is “no,” the producer’s duties with respect to replacement are complete.
- 2) When the Applicant has Existing Coverage:
 - If the applicant answered “yes” to the question (Q1) regarding existing coverage in the application, present to the applicant, not later than at the time of taking the required replacement form, Important Notice: Replacement of Life Insurance or Annuities. This must be completed and signed by the applicant and producer, even if no replacement is planned.
- 3) When a Replacement is contemplated: (Note: this situation should not present since Anthem does not allow replacement of coverage).
 - If the answer to either of the questions on the Important Notice is “yes”:
 - List all life insurance policies or annuities proposed to be replaced, properly identified by name of insurer, the insured or annuitant, and policy or contract number if available.
 - Indicate whether each policy or contract will be replaced (R) or whether a policy will be used as a source of financing for the new policy or contract (F). If a policy or contract number has not been issued by the existing insurer, list alternative identification, such as an application or receipt number.
 - Review the Important Notice carefully with the applicant.
 - Both the Applicant and Producer must sign and date.
 - Leave a copy of the completed and signed notice with the applicant and submit a copy to Anthem with the application.
 - If the answer to both questions on the Important Notice is “no”:
 - Both the Applicant and Producer must sign and date.
 - Leave a copy of the completed and signed notice with the applicant and submit a copy to Anthem with the application.

For CA, GA, IN and NV, as part of the Application process, the applicant must indicate whether they intend to replace an existing individual life insurance policy or annuity contract.

1. If the answer is “no,” the Producer’s duties with respect to replacement are complete.
2. If the answer is “yes”, the applicant is not eligible for the Anthem Life plan.

DENTAL WAITING PERIODS

Whenever members change from one dental plan to another, there's always the question of giving credit for waiting period requirements. Here are the details for each product.

Anthem Dental Pediatric Essential Health Benefits (EHB) Plan

Not an issue with this plan as there are no waiting periods.

Anthem Dental Family Value/ Anthem Dental Family / Anthem Dental Family Enhanced / Dental Prime Plans

As long as there is not more than a 63 day gap between the termination of a prior plan and the effective date of the new plan - we can give credit toward waiting periods based on prior coverage with another Anthem dental plan or another insurance carrier's dental plan.

Prior coverage can be either an Individual dental plan or group dental coverage (if the employer stopped offering a group dental plan) as long as the member had at least 12 months of continual coverage. If your client has prior coverage that they would like to receive credit toward the waiting period on the new plan, both our Off-Exchange Medical, Dental and Vision Combined Application and our Off-Exchange Stand-Alone Dental & Vision Application have a section to provide details on existing dental coverage.

Members who enrolled via the exchange and who had prior dental coverage should contact the phone number on the back of their ID card to provide information on their prior dental coverage.

MARKETING MATERIAL – available on CustomPoint

Booklet brochure – This brochure provides details on all individual dental products and is best used at the point of sale. (Rates not included.) Form # 48198.

Rate sheet – Includes rates for all available stand-alone dental plans sold off-exchange. It is to be used with the booklet brochure. Form # 48438.

Off-Exchange Medical, Dental and Vision Combined Application – Use this application to enroll Anthem health plus Anthem Dental Family Value, Anthem Dental Family, Anthem Dental Family Enhanced, Dental Prime and Blue View Vision plans.
Form # OFF_HIX_KY.

Off-Exchange Stand-Alone Dental & Vision Application – Use this application to enroll the Anthem Dental Family Value, Anthem Dental Family, Anthem Dental Family Enhanced, Dental Prime and Blue View Vision plans.
Form # OFF_HIX_KY DENTAL ACA Prime.

Stand-alone Vision Flyer - This flyer provides details on the new stand-alone individual Vision plans and is best used at the point of sale. (Rates not included.) Form # 101680.

Stand-alone Vision Rate Sheet - Includes rates for all available stand-alone Vision plans sold off-exchange. It is to be used with the Vision flyer. Form # 101790.

Term Life Insurance Flyer – This flyer provides details for the consumer on the new Term Life Insurance options and also includes the rates by age and by state. Form # 108076.

ENROLLMENT OPTIONS

Individual Online Store enrollment through AgentConnect

All of Anthem’s individual stand-alone dental, vision and term life plans are available for quoting and applying on the Individual Online Store through your AgentConnect site.

- Consumers purchasing a health plan plus dental and/or vision will be able to complete their enrollment online.
- Consumers purchasing only a dental plan (with or without vision) can view plan details, receive a quote for their selected plans and complete their enrollment online.
- **Consumers purchasing a term life plan will only be able to complete their enrollment online.**

Please submit all paper applications via eSubmit or the fax # or mailing address listed on the application.

COMBINED BILLS AND I.D. CARDS

When a consumer purchases any combination of health, dental, and/or vision and term life coverage from Anthem, they will receive a combined bill for all plans. Plus, they will receive one ID card for all purchased plans.