

Colorado small group benefit changes effective April 1, 2009

Your clients want to control their premiums, while providing their employees with dependable health care coverage. That's why we regularly review and update our plans. We've made several benefit changes that become effective for new and renewing small groups with an anniversary date on or after April 1, 2009. Here are some of the more notable changes:

- **Late Entrant Policy:** Late entrants may enroll only during the employers' annual renewal enrollment period. We have decreased our pre-existing condition waiting period for late entrants from 18 months to six months.
- **Flu Shot Benefit:** Members already receive an annual flu shot benefit when given at their provider's office. Members may now be reimbursed, up to a predetermined amount, for annual flu shots they receive at other locations, such as retail health clinics.
- **Prior Deductible Credit:** When a member presents documentation that their prior deductible has been satisfied with a prior carrier, the member will get prior deductible credit applied to the in-network and out-of-network deductible, depending on how it was satisfied with the prior carrier. The current benefit doesn't apply any prior deductible credit toward the in-network deductible.
- **Preventive Care Services:** Preventive care services which include the office visit and related preventive care such as laboratory services are provided at the office visit copayment or cost share when services are submitted with a preventive diagnosis.
- **Chiropractic/Acupuncture/ Massage Therapy:** Therapeutic Massage has been added to the Chiropractic/Acupuncture benefit with a combined 20 visit limit per benefit year for all in-network chiropractic, acupuncture and massage therapy visits.
- **Prenatal Office Visit:** Previously, physician services for prenatal care and delivery had a one-time \$200 copayment per pregnancy. That one-time copayment has been reduced to the plan's specialist office visit copayment. The Prenatal Office Visit benefit does not include hospital charges.
- **Nutritional Counseling:** Benefits are provided for up to four visits with a contracted registered dietitian.
- **Smoking Cessation Program:** Removed the \$250 maximum drug benefit per member per benefit period, up to a \$500 lifetime maximum. Anthem's lifetime benefit payment maximum remains at \$500 per member.
- **Specialty Pharmacy:** Specialty medications on the *Self-administered Specialty Drug List* are limited to a 30-day supply and must be filled through the in-network specialty pharmacy, Precision Rx Specialty Solutions. Members are allowed one fill at a retail pharmacy, and then must utilize Precision Rx Specialty Solutions for further fills.
- **Home Health Care and Skilled Nursing Facility:** The annual benefit limit for home health care visits has been adjusted to 100 visits per benefit period and stays at a skilled nursing facility have been increased to 100 days per benefit period. These annual limits apply to in-network and out-of-network facilities combined for PPO plans.

Per Colorado law, we notify subscribers (small group employers) of these benefit changes 90 days in advance. We began our monthly notifications to affected employers in December 2008 (April 2009 renewing groups) and will continue the 90-day notifications each month through November 2009 (March 2010 renewing groups). As usual, your small group clients will receive their renewal packets about 30 days before their renewing month.

If you have any comments about the new benefit changes, please contact your Anthem Sales representative. We'll be happy to talk with you.