



# Agent's Guide

## *Anthem Individual Products*

### **FOR AGENT USE ONLY**

#### **Questions?**

#### **Existing Members:**

Broker Customer Service 866-6BROKER (866-627-6537)

#### **New Business:**

Broker Sales Representatives: 866-279-9911

Fax 203-654-3142

Not for soliciting sales from the public.

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Not an insurance contract or part thereof. All benefits will be determined in accordance with the applicable Certificate of Coverage.

# Individual Markets Under Age 65

## Introduction

This guide is intended to be used as a general reference. It is designed to provide the agent with general information about Anthem Blue Cross and Blue Shield's most common underwriting practices and frequently asked questions regarding Anthem's individual under 65 business. **This Agent's Guide is not all-inclusive and is subject to change.**

## Intended Market

Anthem's individual health care programs are designed to provide benefits for individuals under age 65. To learn more about the requirements to become a member, please refer to the Eligibility and Medical Underwriting sections of this book.

## Here's How to Apply

- 1) To initiate the application process, you must complete and sign the Anthem Individual Enrollment/Change Application and Health Statement no more than sixty (60) days prior to the requested effective date.
- 2) Enclose the first month's payment in the form of a check\*. If choosing the Electronic Fund Transfer (EFT) option, a voided check and the EFT section of the application must be completed and signed. This payment does not mean you have insurance or are insured. It is required as a part of the application process. If your application is not accepted, you will receive a refund of your payment.

\*company checks are acceptable (include applicant's name in memo section of the check).

- 3) Send the Anthem Individual Enrollment/Change Application and Health Statement to:  
Anthem Blue Cross and Blue Shield  
P.O. Box 1014  
North Haven, CT 06473
- 4) If over-nighting the Anthem Individual Enrollment/Change Application and Health Statement, please address exactly as below:  
Anthem Blue Cross and Blue Shield  
Individual Sales  
370 Bassett Road  
North Haven, CT 06473
- 5) If choosing BlueCare Direct, a **Primary Care Physician** is recommended for each family member who is applying for coverage.
- 6) The Anthem Individual Enrollment/Change Application and Health Statement must be received on or before the 15th of the month to be considered for the 1st of the following month.

## Helpful Hints For Completing An Anthem Individual Enrollment/Change Application

Taking a few minutes now to review the following information may help avoid unnecessary delays in the

processing and underwriting review of your Anthem Individual Enrollment/Change Application and Health Statement.

### PLEASE MAKE SURE:

- 1) The Anthem Individual Enrollment/Change Application and Health Statement is completed in ink.
- 2) All questions have been answered completely. Incomplete applications will not be reviewed.
- 3) All changes have been initialed and dated by the primary applicant. **Do not use correction fluid.** If any information has been left off of the Anthem Individual Enrollment/Change Application and Health Statement, and the applicant adds this information, then the applicant must re-sign and re-date the Anthem Individual Enrollment/Change Application and Health Statement to verify that the information is correct.
- 4) The applicant has signed and dated the Anthem Individual Enrollment/Change Application and Health Statement. **Do not date or sign the Anthem Individual Enrollment/Change Application and Health Statement for the applicant.**
- 5) The agent is appointed to sell the benefit program applied for.
- 6) The Agency or Broker name and Vendor number must be included for commission payment.
- 7) Proof of legal guardianship is included (if necessary).
- 8) The first month's premium is included. If choosing the EFT option, a voided check and the EFT section of the application must be completed.
- 9) The applicant understands, if a provider charges for the release of medical records, the fee will be the responsibility of the applicant.
- 10) You have selected the deductible, drug maximum and rider.
- 11) Any questions **answered "yes" on the Health Statement must be explained** in part G or the application will not be reviewed.
- 12) Additional medical information must be included if there is a questionable condition. This can speed up the processing of the Anthem Individual Enrollment/Change Application and Health Statement. Submit additional medical information, provider notes, and medical questionnaires along with the Anthem Individual Enrollment/Change Application and Health Statement. (Medical questionnaires can be downloaded from the Anthem Individual Web site.)
- 13) Any attachments to the Anthem Individual Enrollment/Change Application, which include medical information, must be signed and dated by the primary applicant or parent/legal guardian.

## Eligibility Requirements

### Under age 65

The applicant cannot be entitled to Medicare benefits.

If the applicant is under 18, the parent or guardian's signature is required on the application.

### Resident of Connecticut

To assure prompt processing of the application, please make sure each family member applying for coverage meets all of the following eligibility requirements **before** submitting an Anthem Individual Enrollment/Change Application and Health Statement:

To apply for coverage, the applicant and family members to be covered must reside in Connecticut.

If residency is in question, proof of residency will be required. "Proof of Residency" must be at least **three** of the following items showing the insured's name and current address:

- 1) Connecticut State Income Tax Return filed within the last 12 months,
- 2) Connecticut voter registration card,
- 3) Lease agreement or mortgage document,
- 4) Most recent utility bill,
- 5) Connecticut driver's license,
- 6) Connecticut DMV identification card,
- 7) County or city property tax return.

If an application is accepted, the insured must continue to reside in Connecticut to be eligible for Anthem coverage. If the insured no longer lives in Connecticut, the Blue Cross and Blue Shield Association requires Anthem to notify the Blue

Cross and/or Blue Shield plan(s) serving their new area of residence. The insured needs to review the new coverage that they are offered carefully because the coverage and premiums of the new policy may differ. If there is no Blue Cross and/or Blue Shield plan(s) serving an insured's new area of residence, the insured is responsible for acquiring another insurance policy. The insured should call customer service if there are questions about Anthem's service area and residency requirements.

## Dependents

Dependents are defined as the spouse and children of the applicant. Children are defined as a natural child, adopted child, stepchild, or other child for whom the applicant or applicant's spouse is legally responsible.

"Child" also includes the insured's mentally or physically handicapped unmarried child, if the disability began before age 19, or age 23, if a full-time student, and as a result of the disability. The child must be unable to support himself/herself. Disability reviews are conducted by the Anthem underwriting area to confirm that the Dependent meets the disability coverage criteria.

In the case of a natural child, adopted child, or stepchild, it is not mandatory that the child lives with the applicant. However, in the case of "other child" (i.e., foster child, grandchild), it is necessary that the child live with the applicant in a "natural parent-child setting". Please submit legal guardianship documentation with the Anthem Individual Enrollment/Change Application and Health Statement anytime the dependent falls in the "other child" category.

## Medications

DECLINE the application if the applicant is taking/has taken any of the following medications within the past 12 months:

|                   |                      |                      |                 |                      |             |
|-------------------|----------------------|----------------------|-----------------|----------------------|-------------|
| Abacavir (Ziagen) | Clozaril             | Enbrel               | Lamivudine      | Neupogen             | Stavudine   |
| Abilify           | Cognex               | Entocort             | Larodopa        | Norvir               | Sustiva     |
| Accutane          | Combivir             | Epivir               | Leponex         | Orgaran              | Symbyax     |
| Aggrenox          | Comtan               | Eskalith             | Levodopa        | Orthoclone           | Synagis     |
| Amprenavir        | Crixivan (indinavir) | Fabrazyme            | Lexiva          | OKT3                 | Synvisc     |
| Antabuse          | Cyclosporine         | Faslodex             | Lithane         | Pentamidine          | Tacrolimus  |
| Anzemet           | Cytovene             | Felbamate            | Lithium         | Pergolide            | Tasmar      |
| Apokyn            | d4T                  | Felbatol             | Lithizine       | Persantine           | Ticlopidine |
| Arava             | Dalteparin           | Femara               | Lithobid        | Platinol (Cisplatin) | Trizivir    |
| Aricept           | Dapsone              | Flolan               | Lithonate       | Plavix               | Valcyte     |
| Arimidex          | Daunoxome            | Fortovase            | Lithotabs       | Pletal               | Videx       |
| Aromasin          | Delavirdine          | Foscavir             | Lovenox         | PMPA                 | Viracept    |
| Artane            | (Rescriptor)         | Fuzeon               | Lymphocyte      | Pneumopent           | Viramune    |
| Avonex            | Didanosine           | Ganciclovir          | Immune Globulin | Rebif                | Viread      |
| Azathioprine      | Dipyridamole         | HIVID                | Mamantine       | Remicade             | Vistide     |
| Betaseron         | Dopar                | Humira               | MBACOD          | Rescriptor           | Vitravene   |
| Bleomycin         | Doxil                | Indinavir (Crixivan) | Mepron          | Retrovir (AZT)       | Zalcitabine |
| Capoxone          | Duralith             | Insulin              | Methadone       | Reyataz              | Zerit       |
| Carbolith         | Efavirenz            | Interferon           | Methotrexate    | Sandimmune           | Ziagen      |
| Cibalith-S        | Eldepryl             | Invirase             | Muromonab-CD3   | Serroquel            | Zidovudine  |
| Clozapine         | Emtriva              | Kaletra              | Mycophenolate   | Somavert             | Zyprexa     |

**This list is not all-inclusive and is subject to change. Any medication not on this list will be reviewed by the Underwriting Department in order to determine the underlying medical condition for which the medication was prescribed.**

## Conditions

Decline the application for any of the following conditions:

|                                    |                               |                              |
|------------------------------------|-------------------------------|------------------------------|
| AIDS                               | Enlarged Liver                | Pregnant or expectant parent |
| Angioplasty                        | Gastric Bypass within 3 years | Pulmonary Fibrosis           |
| Aortic or Mitral Valve Replacement | Heart attack                  | Pulmonary Hypertension       |
| Cancer                             | Hemiplegia                    | Pulmonary Stenosis           |
| Breast or Prostate within 5 years  | Hemophilia                    | Quadriplegia                 |
| All others within 10 years         | HIV                           | Renal Failure                |
| Cardiac Bypass                     | Multicystic Kidneys           | Rheumatoid Arthritis         |
| Carcinoid Syndrome                 | Multiple Sclerosis            | Spina Bifida                 |
| Chrohn's Disease                   | Muscular Dystrophy            | Systemic Lupus               |
| Cystic Lung Disease                | Nephritis                     | Transplants                  |
| Diabetes (all types)               | Paraplegia                    | Ulcerative Colitis           |
| Emphysema/COPD                     | Parkinson's Disease           |                              |

**This list is not all-inclusive and is subject to change.**

**If you do not see a condition listed or have a question regarding these conditions, please call a broker representative at 1-866-279-9911.**

### **Eligible children must be:**

- Unmarried; and under age 19 (or under age 23, if a full-time student).
- Not able to support himself/herself due to mental or physical handicap, if handicap began before age 19 or before age 23, if a full-time student and unmarried.

### **Risk Determination**

Medical Underwriting is the assessment of the medical history and health status of an applicant to determine risk. Anthem will make the final decision on the acceptance of any insurable risk. All information presented and obtained during the underwriting process will be reviewed and subject to medical underwriting and review, including, but not limited to the health questions on the Anthem Individual Enrollment/Change Application and Health Statement, any claims history at Anthem, and any additional information that may be requested or obtained by Anthem. **Please contact our Underwriting Department at 866-627-6537 if there is any change in your client's health status during the underwriting process.**

### **Condition Waivers**

Condition waivers are not offered.

### **Future Surgery or Procedures**

Applicants who have been advised to have or are scheduled for future surgery, tests, or procedures are subject to further medical underwriting review. Pertinent details should be provided on the Health Statement.

### **Changes in Family Status**

Changes in coverage are necessary from time to time to meet the policyholder's changing needs. Most changes become effective the first of the month following receipt of the request. For more detailed information on changes in coverage, please refer to the Anthem Product Movement Guidelines section on page 5.

#### **Adding Dependents:**

The policyholder must complete an Anthem Individual Enrollment/Change Application and Health Statement and the dependent(s) is subject to medical underwriting. The effective date for additional dependents will be the first of the month following receipt of the completed forms and any additional premium.

#### **Adding Newborns or Adopted Children to Your Policy:**

The Insured's newborn will be automatically covered for 31 days from the date of birth. Adopted children will be automatically covered for 31 days from the date of placement with the insured. Anthem may charge a premium for the 31 days of coverage.

#### **VERY IMPORTANT:**

The policyholder must complete an Anthem Individual Enrollment/Change Application and pay us any additional premium within 31 days of the birth or legal placement of the child. Otherwise, the newborn's or adopted child's coverage ends on the 32nd day. After the 31 days, the policyholder will have to complete an Anthem Individual Enrollment/Change Application and Health statement to apply for coverage for the newborn or adopted child, and will be subject to medical underwriting.

## Medical Underwriting

- 1) Anthem reserves the right to accept or deny requested coverage, based on the completion of a Health Statement by the applicant and/or their dependent(s).
- 2) A Health Statement is required to be completed by the applicant and the dependent(s) requesting coverage.
- 3) Dependents requesting coverage after the policyholder's effective date of coverage are required to complete a Health Statement and are subject to medical underwriting.
- 4) Anthem reserves the right to accept or deny any dependent(s) requesting coverage after the policyholder's effective date.
- 5) A dependent moving to subscriber status on any of our individual plans will not be medically underwritten and will automatically be accepted into subscriber status. No medical underwriting is required provided their coverage remains the same, is not an upgrade to their current coverage and they have had no break in coverage.
- 6) In the event of the subscriber's death, the dependent can be moved, with an Anthem Individual Enrollment/Change Application, to subscriber status. No medical underwriting is required provided their coverage remains the same, is not an upgrade to their current coverage and they have had no break in coverage.
- 7) Attending Physician Statements and blood or urine samples will be requested when deemed necessary by Anthem.
- 8) If the additional information requested by the underwriter is not received by Anthem within sixty (60) days of the request, the applicant will be asked to reapply.

## Cancellation of Dependent Coverage

The policyholder must complete an Anthem Individual Enrollment/Change Application to remove any dependent(s) from the coverage. The effective date of the change is the first day of the month following the date the written notification is received. If a spouse is to be removed from a policy due to divorce or legal separation, legal documentation must be attached to the Anthem Individual Enrollment/Change Application, and the Anthem Individual Enrollment/ Change Application must be signed by the policyholder.

## Adding or Deleting Riders

### Prescription drug coverage

- This rider is optional at an additional cost with Century Preferred Direct and Century Preferred Direct HSA, (included in BlueCare Direct HSA and cannot be deleted.)
- Riders may be added at the time of enrollment.
- Riders can also be added once in a 12 month period and will be subject to underwriting approval.
- Riders will be deleted on the first of the month following notification.
- **Deleted riders may not be re-added to the policy for 12 months.**

## Height and Weight Table

### Age 14 and Older

The Height and Weight Table shows the minimum and maximum allowable weights for males and females.

| Male   |                |                | Female |                |                |
|--------|----------------|----------------|--------|----------------|----------------|
| Height | Minimum Weight | Maximum Weight | Height | Minimum Weight | Maximum Weight |
| 4'6"   | 87             | 148            | 4'6"   | 68             | 144            |
| 4'7"   | 89             | 154            | 4'7"   | 70             | 150            |
| 4'8"   | 91             | 159            | 4'8"   | 72             | 155            |
| 4'9"   | 93             | 165            | 4'9"   | 74             | 161            |
| 4'10"  | 95             | 170            | 4'10"  | 76             | 177            |
| 4'11"  | 97             | 177            | 4'11"  | 78             | 180            |
| 5'0"   | 99             | 182            | 5'0"   | 79             | 183            |
| 5'1"   | 101            | 189            | 5'1"   | 81             | 186            |
| 5'2"   | 103            | 201            | 5'2"   | 83             | 189            |
| 5'3"   | 105            | 204            | 5'3"   | 86             | 193            |
| 5'4"   | 107            | 207            | 5'4"   | 89             | 197            |
| 5'5"   | 109            | 211            | 5'5"   | 92             | 201            |
| 5'6"   | 111            | 215            | 5'6"   | 95             | 205            |
| 5'7"   | 113            | 219            | 5'7"   | 98             | 214            |
| 5'8"   | 115            | 233            | 5'8"   | 101            | 220            |
| 5'9"   | 117            | 239            | 5'9"   | 104            | 225            |
| 5'10"  | 119            | 245            | 5'10"  | 107            | 230            |
| 5'11"  | 121            | 252            | 5'11"  | 110            | 235            |
| 6'0"   | 124            | 259            | 6'0"   | 113            | 240            |
| 6'1"   | 127            | 266            | 6'1"   | 120            | 255            |
| 6'2"   | 130            | 273            | 6'2"   | 128            | 263            |
| 6'3"   | 133            | 280            | 6'3"   | 132            | 272            |
| 6'4"   | 137            | 287            | 6'4"   | 133            | 278            |
| 6'5"   | 169            | 295            | 6'5"   | 142            | 287            |

# Anthem BlueCare Direct, Century Preferred Direct and Century Preferred Direct HSA

|   | Medical Underwriting Required? | Deductible & Out-of-Pocket Credit? | Reset Lifetime Maximum? | When Allowed?  | Form(s) Required                                   |
|---|--------------------------------|------------------------------------|-------------------------|--|--|
| Increase deductible or patient liability  | No                             | Yes                                | No                      | Anytime  | Enrollment/Change Application                      |
| Decrease deductible or patient liability  | Yes                            | No                                 | No                      | Anytime<br>Once within a 12 month period   | Enrollment/Change Application,<br>Health Statement |
| BlueCare Direct to Century Preferred Direct (including HSA)   | Yes                            | Yes                                | Yes                     | Anytime<br>Once within a 12 month period   | Enrollment/Change Application,<br>Health Statement |
| Century Preferred Direct (including HSA) to BlueCare Direct   | Yes                            | Yes                                | Yes                     | Anytime<br>Once within a 12 month period   | Enrollment/Change Application,<br>Health Statement |
| Drug Rider (PPO Only)   | Yes                            | N/A                                | N/A                     | Anytime<br>Once within a 12 month period   | Enrollment/Change Application,<br>Health Statement |
| Drug Rider (PPO Only)   | Yes                            | N/A                                | N/A                     | Anytime<br>1st of the month following notification.<br><br>Cannot add back a drug rider to a policy until 24 months after the rider is cancelled | Enrollment/Change Application                      |
| <i>Move to same policy as parent or legal guardian</i><br>Same or increased deductible or patient liability | No                             | No                                 | Yes                     | Upon reaching 18 years of age  | Enrollment/Change Application                      |
| <i>Move to same policy as policyholder</i><br>Same or increased deductible or patient liability             | No                             | Yes                                | No                      | Within 31 days after termination of coverage of original policyholder  | Enrollment/Change Application                      |
| <i>Move to same policy as policyholder</i><br>Decrease deductible or patient liability                      | Yes                            | No                                 | No                      | Within 31 days of original policyholder termination  | Enrollment/Change Application,<br>Health Statement |
| <i>Move to different policy than policyholder</i>   | Yes                            | No                                 | N/A                     | Anytime  | Enrollment/Change Application,<br>Health Statement |

**Notes and Definitions:**

Patient liability = deductible + out-of-pocket maximum. *Example:* \$300 deductible + \$2,000 out-of-pocket maximum = \$2,300 patient liability.



The content of this brochure is not a legal policy or contract. It is intended as a quick reference to inform you about the health plans, programs and services available to individuals from Anthem Blue Cross and Blue Shield in Connecticut. Please refer to the contract documents to determine your rights to benefits and coverage, as well as your obligations under the health plan you purchase.