

Anthem Enhanced Choice

Frequently asked questions



With Anthem Enhanced Choice (AEC), you can offer your clients a comprehensive health plan that may have lower premiums than an unsubsidized Affordable Care Act (ACA) plan. The following information will provide greater understanding about our AEC plans.

Are applications medically underwritten?

Yes, applications are subjected to medical underwriting for approval. Medical underwriting reserves the right to reach out for additional information, if needed.

What is the benefit period?

AEC benefit coverage follows the plan year, not the calendar year.

Does the customer require a Special Enrollment Period (SEP) to apply?

Applicants can apply for AEC coverage anytime during the year. They do not need to experience a qualifying event to apply for AEC coverage.

Does an AEC plan cover preventive care?

Eligible preventive care visits are covered at 100%. Preventive care services provided by network doctors have no copay, no coinsurance, and no deductible. Services include well-child visits, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms, and other services with an A or B recommendation by the United States Preventive Services Task Force.

Are pre-existing conditions covered?

Pre-existing conditions that are included under the plan benefits are covered under the plan for enrolled members from day one.

Do copays apply to the deductible?

Copays apply to the out-of-pocket maximum but not to the deductible.

Do the deductible and all copays apply to the out-of-pocket maximum?

Yes. Emergency room and urgent care costs are the only out-of-network services that apply to the out-of-pocket maximum. In Missouri and Wisconsin, services provided through the BlueCard® Program are processed the same as an ACA plan.

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What network does the AEC plan use?

OH: Pathway Tiered Hospital	KY: Blue Access
IN: Pathway X	MO: Pathway
GA: Pathway	WI: Blue Preferred

What is the family deductible?

Both the family deductible and out-of-pocket maximum are twice the amount of an individual deductible and out-of-pocket maximum.

Is the deductible embedded?

Deductibles are embedded. Family deductibles are twice the single deductible



What are the allowed payment options?

Options are the same as an ACA plan: one-time electronic check (initial payment only), recurring electronic check, one-time credit or debit card (initial payment only), or recurring credit or debit card. Valid card options are Visa and MasterCard.

What are the participating pharmacies?

Level 1: CVS, Sam's Club, Kroger, and Costco.

Level 2: Walgreens and Walgreens-owned pharmacies and Rite Aid.

Members can search for pharmacies on anthem.com or with the Sydney Health app by searching for the RX Choice Tiered Network.

When were AEC plans effective?

Quoting began on November 1, 2020. The first available effective date was on December 2, 2020.

What is the plan term?

Anthem Enhanced Choice is a health plan that can provide coverage up to 36 months, over three 12-month terms and members only need to apply once. **Note:** In Wisconsin, plan coverage is up to 18 months over two terms. In some states such as Ohio, the policy term is a maximum of 364 days and cannot renew; the member must reapply for coverage.

How can a client or member apply online?

Applications are digital and must be completed through the Producer Toolbox or the shopper portal on anthem.com.

Can applicants have coverage for less than 12 months?

Quotes are provided on a monthly basis. If enrolled, a member may choose to cancel the plan at any time without penalty.

Can a member submit an incomplete application?

Applications are digital and must be fully complete when submitting. Medical underwriting reserves the right to ask for additional information, if needed.

Can members have secondary coverage?

Members may not have secondary coverage such as an ACA plan. Members can choose to enroll in supplemental coverage, such as supplemental cancer policies.

Does a pregnant member need to reapply for coverage on an AEC plan that is not eligible to renew?

Yes. The new application is subject to medical underwriting for approval.

What is the outreach process for underwriting to request and review additional information?

Underwriting will send a letter of notification if additional information is needed. The effective date will remain based on the date a completed application is received by underwriting. An application is not complete until underwriting has all of the information it needs to review the application.

What are the eligibility guidelines for enrollment?

- 64 years and nine months or younger to apply as of effective date
- U.S. citizen or national or be a lawfully-present noncitizen
- Resident in the state in which you are applying
- Agreement to pay the cost of the required premium
- Not entitled to or enrolled in Medicare Parts A/B, C, and/or D
- Not covered by any other group or individual health benefit plan
- Not currently incarcerated
- Satisfactory proof of dependent eligibility (if applicable and needed)
- Qualified under this contract on the effective date

How far out can effective dates be requested?

If approved for coverage, the coverage effective date is determined by the date we receive the completed application. If the application is received on the first to the twenty-fifth of the month, then the effective date would be the second day of the following month. If the application is received on the twenty-sixth through the last day of the month, then the effective date would be the second day of the second following month. Signatures are good for 90 days.

Examples:

Date received: March 20

Effective: April 2

Date received: March 27

Effective: May 2

Signatures are good for 90 days

Why does the coverage begin on the second of the month?

The law requires the first term of the duration to be 364 days, followed by two annual periods of coverage. Anthem opted to make the effective date the second of the month in order to bypass a break in coverage after the 364 days and allow the two subsequent renewals to have an effective date of the first of the month. **Note:** In Wisconsin, plan coverage is nearly 18 months over two terms. In some states such as Ohio, the policy cannot renew after 364 days and the member must re-apply for coverage.

Are child-only plans allowed?

Child-only policies are allowed, but each child will have their own policy if there is not a parent on the policy.

What happens if an applicant is denied coverage, but the family qualifies?

If the primary applicant is declined for coverage, all dependents, including spouse or domestic partner, can reapply through Online Shopper. If a dependent is denied coverage, then they will be removed and the remaining members enrolled.

What happens if there are more than two children?

All dependents included will be rated. There is no maximum number of dependents.

How can applicants follow up on their application status?

Following up with application status questions is as simple as calling New Member Advisors (NMA) at 877-889-2764.

What happens after a member has exhausted the plan term?

After the plan duration has ended, members would need to reapply for coverage and be subject to medical underwriting for approval.

Can a member choose to change their coverage once enrolled?

- **Downgrading:** Enrolled members may downgrade coverage once during the policy year at the same risk tier.
- **Upgrading:** Enrolled members may upgrade at renewal with underwriting approval. Enrolled members wishing to upgrade must apply through Online Shopper and indicate "upgrade" on their application.
- **Renewals:** Risk reviews are only done at renewal, and require both a new health statement (HHQ) and underwriting approval. (not available in Ohio).

Whom can brokers and members contact about the AEC application and coverage?

Brokers can continue to contact Broker Services. Members and/or brokers may also contact New Member Advisors at 877-889-2764.

Does the cancellation of AEC coverage trigger a qualifying event?

No, not in the individual market. Canceling an AEC plan is not a qualifying event that triggers eligibility for a Special Enrollment Period.

Does enrolling in AEC coverage cancel any prior coverage for a newly enrolled member?

Enrolling in an AEC plan will not automatically cancel another Anthem plan. Members must call Member Services to cancel the plan.

Will HSA-compliant plans be added to the AEC portfolio?

Not currently. We are exploring the feasibility of adding a high-deductible health plan at a later date.

For more information on Anthem Enhanced Choice, contact Broker Services. Brokers and members can also contact New Member Advisors at 877-889-2764.