

Anthem 2025 D-SNP

*Dual and Full Dual

*Future Ohio changes

January 2025



For Broker Use Only – Not For Member Use

Y0114_25_3014882_0000_I_C 01/28/2025

Agenda

- Your Ohio Medicare Team
- Why Anthem?
- Dual Consumer Profile and Eligibility
- Changes to the D-SNP Landscape
- Anthem's 2025 D-SNP Product Road Map
- Grassroot Marketing including your Centers of Influence
- Agent Best Practices- closing the sale and retention
- Contacts/Resources
- Questions

Your Local Medicare Sales Team – Ohio

Lora Beth Hull – Regional Vice President of Sales 513-384-1522 Lora.hull@anthem.com

Josh Manning – Director, Medicare Sales 513-581-1348 – josh.manning@anthem.com

Beverly Danner

Regional Sales Manager - Ohio
513-203-6349
Beverly.danner@anthem.com

Dave Embaugh

Regional Sales Manager - Ohio
614-361-6945
John.Embaugh@anthem.com

Brian Wissel

Regional Sales Manager – Ohio
513-274-3756
Brian.wissel@anthem.com

Lisa Perren

Regional Sales Manager – Ohio
216-217-3303
Lisa.perren@anthem.com

Stacey Bon

Regional Sales Manager – Ohio
513-236-7162
Stacey.bon@anthem.com

Amy Scarfpin

Regional Sales Manager – Ohio
330-413-9907
Amy.scarfpin@anthem.com

Kim Stottlemire

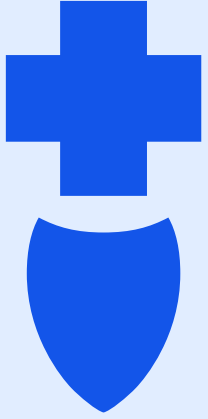
Agency Service Representative III
216-407-2200
Kimberly.stottlemire@anthem.com

Darrell Walters

Agency Service Representative III
330-472-6239
Darrell.walters@anthem.com

Why Anthem?

- Name/Brand Recognition
- Anthem has the 2nd largest Medicaid membership nationally – members know Anthem
- Over 1.3 million Medicare Advantage members nationwide
- Large, comprehensive network of providers throughout Ohio
- Nearly all major hospitals in Ohio are in our network
- Extensive statewide D-SNP portfolio
- Local RSM staff throughout the state and Ohio based Sales Director



D-SNP Consumer Profile

Why D-SNP Training?

The Dual Special Needs market represents a large area of potential growth.

- Agents regularly report that the D-SNP market is the market in which they feel the least prepared to succeed.
- Confusion over eligibility, the verification process, as well as market conditions contribute to that feeling of unpreparedness.
- We hope this training will help you sell confidently and successfully in the Dual Market!



DUAL SPECIAL NEEDS PLANS

Offer the most comprehensive benefits because those who qualify have the highest need

Partial vs. Full Eligibility

Amount or level of Medicaid benefits that a beneficiary is eligible to receive

- **Partial Eligibility** - possible copays and other costs for services
- **Full Eligibility** - no share of cost responsibilities

Aligned vs. Unaligned

How does the member get their Medicare and Medicaid?

- **Aligned** - From the same parent entity
- **Unaligned** - Medicare/Medicaid from different companies

Consumer Profile

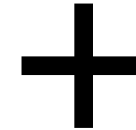
How do Individuals Qualify for Dual Eligibility?

Medicare:

- Age 65 or older
- Under age 65 with certain disabilities
- For all ages with end-stage renal disease (ESRD)

Medicaid:

- Income is low enough
- Medical expenses are high enough



Who exactly are the Dual Eligibles?

- Dual Eligibles (Duals) are low-income individuals who are entitled to benefits from both the Federal Medicare and state-run Medicaid programs.
- Duals represent close to nineteen (19) million elderly and disabled Americans
- Duals are a particularly vulnerable subgroup of Medicare beneficiaries. By virtue of their eligibility for Medicaid coverage, they tend to be of lower income and report lower health status than other beneficiaries

Dual Eligibles have unique characteristics:

- Lower Income / Lower Health Status
- Multiple Chronic Conditions
- Difficulty with daily activities (Dementia, Physical and Developmental Disabilities)
- Twice as likely to have cognitive or mental impairment*
- 13x more likely to live in a long-term care facility*

Source: American Action Forum, <http://www.americanactionforum.org/weekly-checkup/dual-eligibles/>)

Some Dual Eligible individuals are part of Medicare Savings Programs (MSP).

- Medicaid – administered for people with limited income / resources
- Depending on the beneficiary's level of income, there are 4 MSP programs: QMB, SLMB, QI, QDWI (QMB and FBDE qualify for the Anthem Full Dual D-SNP; SLMB, QI, and QDWI qualify for the Anthem Dual D-SNP)
- The MSP may pay for Medicare Parts A and B premiums, deductibles and co-payments

Dual Eligible individuals may also be deemed eligible by their state; these are known as Full Benefit Dual Eligibles (FBDEs)

- FBDEs do not qualify for Medicare Savings Programs but DO qualify for their state's Medicaid program

2025 Medicare Savings Programs

| Medicare Savings Program | Individual Monthly Income Limit | Married Monthly Income Limit | Helps Pay Your |
|--------------------------------------------------|---------------------------------|------------------------------|--------------------------------------------------------------|
| Qualified Medicare Beneficiary (QMB) | \$1275 | \$1724 | Part A & B Premiums, deductibles, coinsurance and copayments |
| Specified Low-Income Medicare Beneficiary (SLMB) | \$1526 | \$2064 | Part B Premiums only |
| Qualified Individual (QI) | \$1715 | \$2320 | Part B Premiums only |
| Qualified Disabled & Working Individuals (QDWI) | \$5105 | \$6899 | Part A Premiums only |

Dual Eligibility Verification

It's crucial to verify a lead is eligible to enroll into a D-SNP plan. Asking the right questions can help set the relationship for success!

- What cards do you show at doctor's appointments?
- Do you have a copay when you see a doctor? (*No copay often means Medicaid*)
- What do you pay for your medication? (Often, no copay or a low copay will identify Medicaid membership)
- Do you know if you have a premium for your Medicare Part B?
- Are you on MyCareOhio? (Ohio specific, certain counties only)

How do I validate D-SNP Eligibility?

Easy! From mProducer

(All fields are required to validate D-SNP eligibility.)

- Customer fields will be pre-populated.
- Enter:
 - Proposed Effective Date
 - Medicaid ID or SSN
 - Medicare # or HICN

Once the fields are populated, click the **Check Eligibility** button.

The screenshot shows a web form titled "DSNP Eligibility Check" with a tabbed interface. The "Medicare Check" tab is selected. The form contains the following fields:

- First Name:** A text input field with a blacked-out value.
- Last Name:** A text input field with a blacked-out value.
- State:** A dropdown menu showing "OH" with a blue location pin icon.
- Date of Birth:** A date input field showing "03/10/1949" with a calendar icon.
- Proposed Effective Date:** Three radio button options: "02/2024" (selected), "03/2024", and "04/2024".
- Medicare Number:** A text input field with masked characters "....." and an eye icon.
- Medicaid ID or SSN:** A text input field with masked characters "....." and an eye icon.

At the bottom of the form, there are three buttons: "Check Eligibility" (blue), "Cancel" (light blue), and "Clear" (light blue).

How do I validate D-SNP Eligibility?

- D-SNP Code expires end of the month
- Current contract code shows who they are currently with
- Shows Level of LIS
- Shows last time an SEP was used

DSNP Eligible

Transaction Id: 107165464

DSNP Verification Code: OLS0659712

DSNP Verification Code Expiration Date: 01/31/2024 23:59:59 EST

Proposed Effective Date: 02/01/2024

Medicaid Eligibility Determination Date: 01/29/2024

Medicaid ID: 108916293599

Medicaid level: FBDE

Important: This DSNP Verification code DOES NOT apply to Anthem Dual Advantage (H3655-048-000). The DSNP Verification code applies to Anthem Full Dual Advantage (H3655-033-000).

Save and Quote

Ok

DSNP Eligible

Medicaid level: FBDE

Important: This DSNP Verification code DOES NOT apply to Anthem Dual Advantage (H3655-048-000). The DSNP Verification code applies to Anthem Full Dual Advantage (H3655-033-000).

Part A Effective: 03/01/2014

Part B Effective: 03/01/2014

Current Contract-PBP-Segment: S5601-028-000

Drug Gap in Months: 0

Do they have LIS for the proposed effective date?: Yes

Level of LIS:3

Save and Quote

Ok

Dual Eligibility Verification

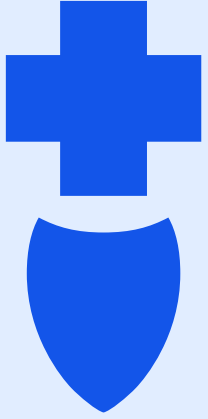
If you cannot verify eligibility from mProducer, or if you're in the field, call the D-SNP Enrollment Verification Team for Medicaid eligibility information.

1-844-274-6355



SEP Reminders for D-SNP/LIS:

- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan
- I recently had a change in my Medicaid/ “Extra Help” paying for my Medicare prescription drug coverage (newly got Medicaid/ “Extra Help”, had a change in level, or lost Medicaid/ “Extra Help”)
- I recently moved out of my service area for my current plan or I recently moved and this plan is a new option for me
- [FEMA disaster (check with your RSM for counties impacted)]
- Recently moved out of long-term care facility
- Recently left PACE
- Involuntarily lost PDP coverage
- Disenrollment from a SNP due to required qualification



Changes to the Ohio 2026 D-SNP Landscape

Final Rule 2025 D-SNP SEP Changes

| Current <u>Quarterly</u> SEP | 2025 Change to <u>Monthly</u> SEP |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Every <u>quarter</u>, except for 4th quarter,</p> <ul style="list-style-type: none">• <u>D-SNP enrollees</u> can<ul style="list-style-type: none">• Join, disenroll or switch Medicare Advantage plans.• <u>Low-Income Subsidy (LIS)</u> members can<ul style="list-style-type: none">• Switch back to Original Medicare and enroll in a standalone Part D planor• Enroll in a MAPD plan. | <p>NEW Integrated Care SEP every <u>month</u>,</p> <ul style="list-style-type: none">• D-SNP members can switch to an Integrated D-SNP plan (FIDE SNP, HIDE SNP or AIP).<ul style="list-style-type: none">• Cannot select a Misaligned D-SNP plan (does not coordinate Medicare and Medicaid benefits with the same carrier).• Every <u>month</u>, D-SNP or LIS members can:<ul style="list-style-type: none">• Switch to Original Medicare and enroll in a standalone Part D planor• Switch between standalone Part D plans. <p><i>LIS members cannot use the Monthly SEP to enroll in a MAPD plan. They can enroll during AEP or a different SEP.</i></p> |

Fully Integrated Dual Eligible (FIDE) SNPs

The Buckeye state's MyCare Ohio

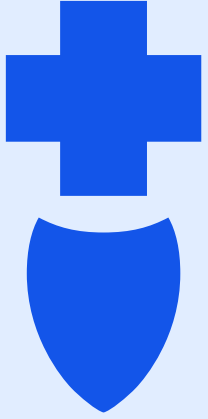
- Fully Integrated Dual Eligible (FIDE) SNPs were created as part of the Affordable Care Act (ACA) of 2010 and enacted by Congress to promote the full integration and coordination of Medicare and Medicaid benefits through a single Managed Care organization.
- Most FIDE members have one ID card and one benefit plan that includes Medicare and Medicaid (and if qualified Managed Long-Term Services and Supports (MLTSS). The claims process is integrated internally, and providers submit one claim.

Current Landscape: Highly Integrated Dual Eligible (HIDE) SNPs

Ohio Anthem D-SNP Plans

- Highly integrated D-SNPs (HIDE SNPs) are less integrated than FIDE plans but provide coverage of Medicaid long-term services and supports (LTSS), or behavioral health services, or both, under a capitated contract between Medicaid and the MA organization.
- CMS believes that integrated D-SNP plans will offer better beneficiary health care outcomes than the “standard” D-SNP offerings of previous years.





2025 D-SNP Product Roadmap

Key Plan Benefits


Anthem Full Dual Advantage 2 (D-SNP)

- Accepts **FBDE and QMB**
- \$4,500 no cost-share dental benefit (covers preventive cleanings, x-rays, fluoride, fillings, extractions, crowns, root canals, dentures, implants)
- Everyday Options Allowance: \$235 for Groceries, Utilities, OTC, and Assistive Devices
- \$400 Eyewear allowance
- FitBit Inspire 3 w/one-year Premium membership (one every other year)
- SilverSneakers® on all currently marketed plans at NO additional cost
- PERS Unit (Personal Emergency Response System Unit)
- \$3,000 for prescribed hearing aids or \$300 TOWARDS purchase of OTC hearing aids
- 96 one-way transportation trips
- \$0 copay on all Rx tiers

Ohio 2025 Plan Highlights

| PLAN | New | Full Dual | ☆ Anthem Full Dual Advantage 2 (HMO D-SNP) H3655-049 |
|----------------------------------------------|-----------------------------------|-----------|---------------------------------------------------------|
| MEDICAID STATUS | Full Dual, FBDE, QMB+, QMB, SLMB+ | | |
| PREMIUM | \$0 | | |
| MEDICAL DEDUCTIBLE | \$0 | | |
| MAX OUT-OF-POCKET | \$9,350 | | |
| PCP | \$0 copay | | |
| SPECIALIST | \$0 copay | | |
| INPATIENT HOSPITAL | \$0 copay | | |
| SKILLED NURSING FACILITY | \$0 copay | | |
| RX DEDUCTIBLE | \$0 | | |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers | | |
| RX FORMULARY | Core | | |
| MARKET SERVICE AREA | Statewide | | |

Ohio 2025 Plan Highlights

| PLAN | <div>New</div> <div>Full Dual</div> <div> Anthem Full Dual Advantage 2 (HMO D-SNP) H3655-049</div> |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DENTAL | \$0 copay – \$4,500 allowance for preventive and comprehensive services per year |
| VISION | \$0 copay – 1 routine eye exam per year; \$400 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$235 per month – Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 96 trips |
| PERS | \$0 copay |
| PODIATRY | \$0 copay – unlimited visits per year |
| HEALTHY MEALS | 20 post discharge |

Key Plan Benefits

Anthem Dual Advantage (Partial D-SNP)

- Accepts **SLMB, QI and QDWI**
- \$2,500 no cost-share dental (covers preventive cleanings, x-rays, fluoride, fillings, extractions, crowns, root canals, dentures, implants)
- Everyday Options Allowance: \$75 for Groceries, Utilities, OTC, and Assistive Devices
- \$200 Eyewear allowance
- FitBit Inspire 3 w/one-year Premium membership (one every other year)
- SilverSneakers® on all currently marketed plans at NO additional cost
- PERS Unit (Personal Emergency Response System Unit)
- \$2,000 for prescribed hearing aids or \$300 TOWARDS purchase of OTC hearing aids
- 24 one-way transportation trips
- \$0 copay on all Rx tiers

Please note: the full premium will be subsidized by LIS if member is SLMB, QI or QDWI

Ohio 2025 Plan Highlights

| PLAN | Partial Dual | Anthem Dual Advantage (HMO D-SNP) H3655-048 |
|----------------------------------------------|--------------------------------------------------|------------------------------------------------|
| MEDICAID STATUS | Partial Dual; SLMB, QDWI, QI | |
| PREMIUM | \$0 | |
| MAX OUT-OF-POCKET | \$4,150 | |
| PCP | \$0 copay | |
| SPECIALIST | \$25 copay | |
| INPATIENT HOSPITAL | \$295 (days 1 – 7) | |
| SKILLED NURSING FACILITY | \$0 copay (days 1 – 20) \$214 (days 21 – 100) | |
| RX DEDUCTIBLE | \$0 | |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers | |
| RX FORMULARY | Core | |
| MARKET SERVICE AREA | Statewide | |

Ohio 2025 Plan Highlights

| PLAN | <div>Partial Dual</div> <div>Anthem Dual Advantage (HMO D-SNP) H3655-048</div> |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| DENTAL | \$0 copay – \$2,500 allowance for preventive and comprehensive services per year |
| VISION | \$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$75 per month – Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 24 one-way trips |
| PERS | \$0 copay |
| PODIATRY | \$0 copay – unlimited visits per year |
| HEALTHY MEALS | 20 post discharge |

Ohio 2025 Plan Highlights

| PLAN | Anthem Extra Help (HMO-POS) H3655-041 | | | | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------|--------------------------------|-----------------------|
| LIS ELIGIBILITY | No LIS | 25% Subsidy | 50% Subsidy | 75% Subsidy | 100% Subsidy |
| PREMIUM | TBD | \$0 | \$0 | \$0 | \$0 |
| MAX OUT-OF-POCKET | \$7,550 | | | | |
| PCP | \$0 copay | | | | |
| SPECIALIST | \$40 copay | | | | |
| INPATIENT HOSPITAL | \$310 copay (days 1 – 7) | | | | |
| SKILLED NURSING FACILITY | \$0 copay (days 1 – 20) \$214 (days 21 – 100) | | | | |
| EXTRA HELP LEVEL | No Extra Help | | Level 1 | Level 2 | Level 3 |
| RX DEDUCTIBLE | \$590 (T2 – T5) | | \$0 | \$0 | \$0 |
| RX PREFERRED COST SHARE | \$0 / 25% / 25% / 25% / 25% / \$0 | | T1 & T6 @ \$0 \$4.90-\$12.15 | T1 & T6 @ \$0 \$1.60-\$4.80 | \$0 |
| T1/T2/T3/T4/T5/T6 | T1 and T6 @ \$0; T2 – T5 @ 25% - 30-90 day supply | | T1 and T6 @ \$0; T2 – T5 @ 3x copay - 30-90 day supply | | \$0 copay – all tiers |
| RX MOOP | \$2,000 | | | | |
| RX FORMULARY | Core | | | | |
| MARKET SERVICE AREA | Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox , Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot | | | | |







Ohio 2025 Plan Highlights

| PLAN | Anthem Extra Help (HMO-POS) H3655-041 |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ESSENTIAL EXTRAS | (Pick 1) Groceries – \$50/month, Utilities - \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year |
| DENTAL | \$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services |
| VISION | \$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| OVER THE COUNTER | \$125 per quarter |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 12 one-way trips |
| PERS | \$0 copay |
| PODIATRY | \$0 copay – unlimited visits per year |
| HEALTHY MEALS | 20 post discharge |

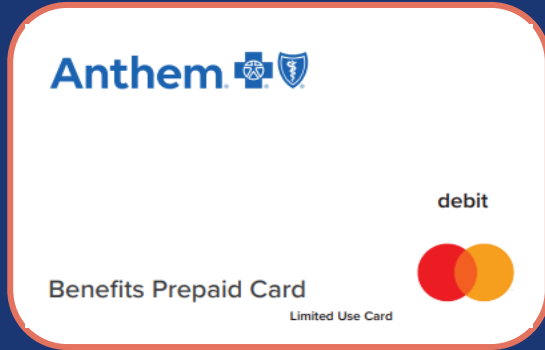
2025 Everyday Options Allowances and Requirements

- Combined allowance is easy for members to use – delivering simplicity, choice, and flexibility for the benefits that members value most
- Expanding the reach of EOA allows us to better meet the specific needs of Dual eligibles and improve member health outcomes
- Provider confirmation required for Groceries and Utilities

| Benefit | Description | How members use the Benefits Pre-Paid Card | Pre-Cert |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------|
|  | Groceries: Healthy foods including fresh meats and vegetables, dairy items, canned goods, and more | In-store through retail network or NationsBenefits online store | Yes* |
|  | OTC: Cold and flu medicine, vitamins and supplements, first aid, pain relief, and more | In-store through retail network or NationsBenefits online store | N/A |
|  | Utilities: Home phone and internet service; electric, gas, water, and sewage bills | Pay bills directly or pay OOP and submit reimbursement | Yes* |
|  | Assistive Devices: Handrails, shower stools, raised toilet seats, temporary mobility ramps, and more | NationsBenefits online store | N/A |

*Benefits on many D-SNP or C-SNP plans use plan eligibility to meet VBID/SSBCI conditions. General Enrollment plans will require prior approval.

Everyday Options Allowances (EOA) – Embedded Benefits



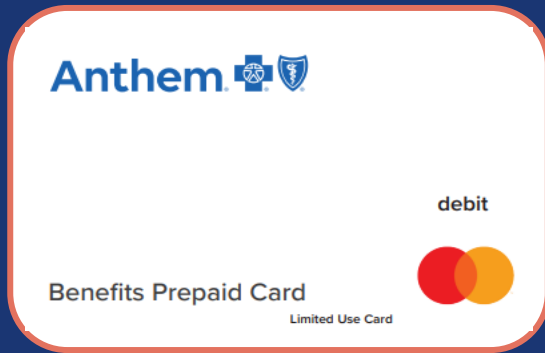
Everyday Options Allowances (EOA) help our members enjoy a healthier life

- Single card for members to use across offerings (i.e., Groceries, OTC, Utilities and Assistive Devices)
- Combined allowance increases options and provides greater flexibility



- Brand & Generic OTC
- Lead D-SNP plans include the expanded Everyday Options Allowance (EOA)

Benefits Prepaid Card*



Continuing to
improve
NationsBenfits
retailer network
and experience

How does it work?

- **A single card where all allowance(s) are loaded** which include the **Everyday Options Allowances and Essential Extras** and works just like a prepaid credit card
- Allowances are added to the card (monthly, quarterly, annually) upon the member's effective date or when benefit is selected or approved
- Members can begin shopping as soon as plan coverage begins**
- Member chooses how to order and fulfill their needs with in-store network retailer, online or phone orders

What can it be used for?

- Use to purchase eligible items within the approved benefit(s) and retailer network for Groceries, OTC, Utilities, Assistive Devices, etc.
- Retailers including Walmart, Kroger, Walgreens, CVS, Rite Aid, Giant Eagle
- **Walmart Bill Pay can be used to pay Utilities such as gas, electric, phone and sewer**

What else?

- Card cannot be converted to cash
- When buying in-store, choose "Credit" at checkout. Avoid debit as it might be declined. Members do NOT need a PIN with their card.
- One Integrated Call Center, all benefits through Member Service number on the card

*Member will also have a medical ID card.

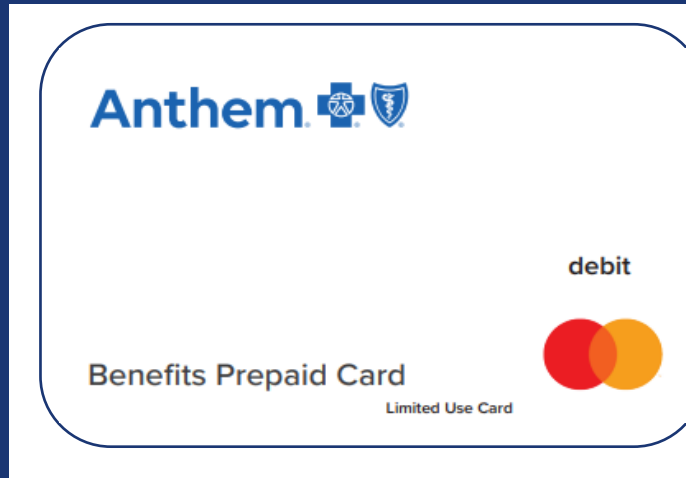
** Pre-cert needed for groceries and utilities

Benefits Prepaid Card



Single card to
pay for eligible
items and
approved
services

FRONT



- When buying in-store, choose “Credit” at checkout. Avoid debit as it might be declined. Members do NOT need a PIN with their card.

BACK

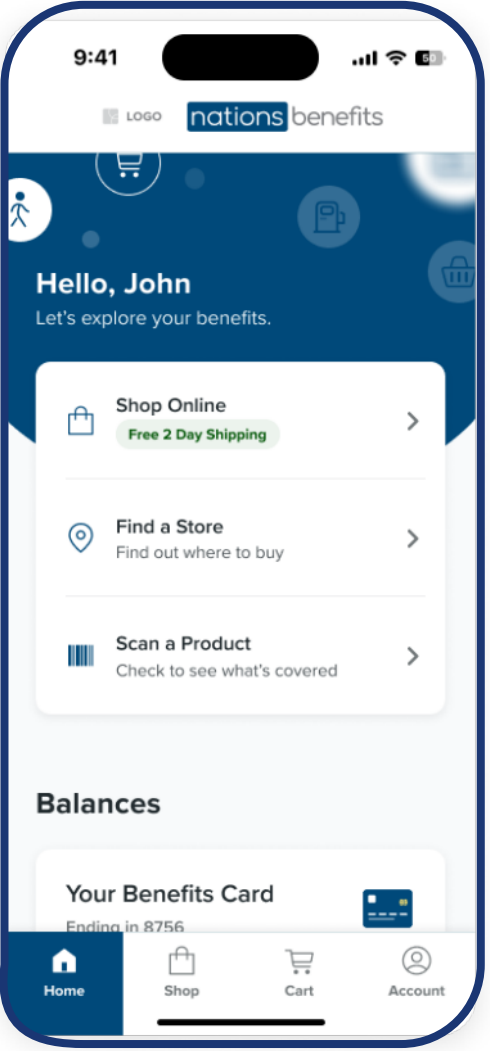


- Spanish language available (on the back of the card only)
- Member Services phone number and website
- Hours of operation, M - F 8am-8pm local time
- Card Number / Expiration / Member's Name
- No cash or ATM access / Valid only in the U.S.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank, Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. This is a benefits card that can only be used at certain Mastercard merchants participating in this program and will be authorized for qualified purchases as set forth in your Cardholder Agreement. Valid only in the U.S. No cash access. Other languages are available upon request. This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration.



Dashboard



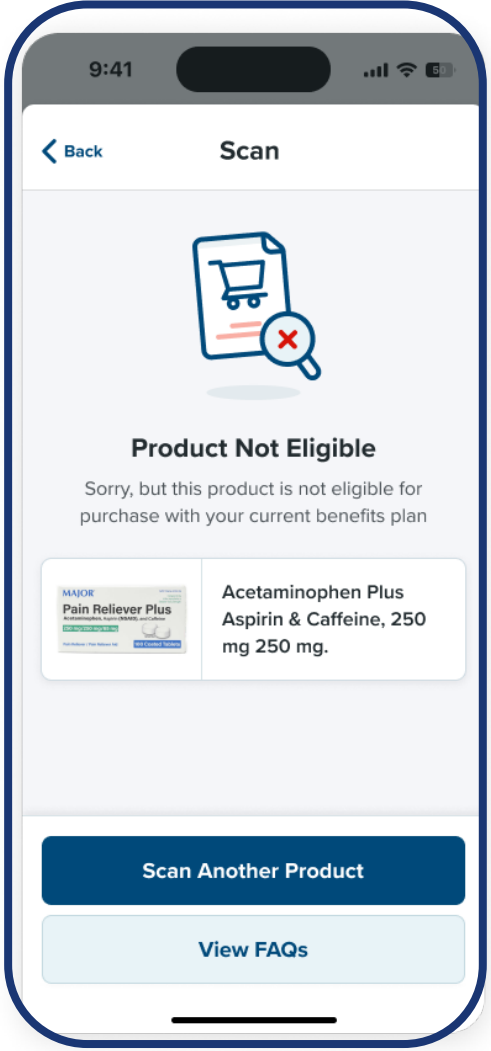
Scanner



Eligible Product



Non-Eligible Product





Participating Retail Stores in our OTC and Grocery Network

Here are the in-network retail stores for our 2024 Medicare Advantage Over-the-Counter (OTC) and Groceries benefits.

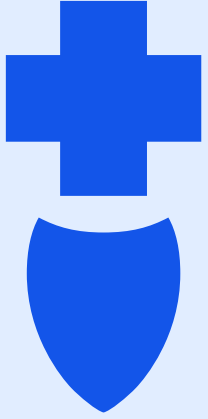
In-network stores for the OTC and Groceries benefit allowances:

| | | | |
|-------------|---------------|--------------|-----------|
| ACME | Fred Meyer | Metro Market | Schnucks |
| Albertsons | Fry's | Pick n Save | Sedano's |
| City Market | Giant Eagle | Presidente | Shaw's |
| CVS | Harris Teeter | QFC | Smith's |
| Dillons | Jewel-Osco | Ralphs | Vons |
| Food 4 Less | King Soopers | Rite Aid | Walgreens |
| Foods Co | Kroger | Safeway | Walmart |

In-network stores for the Groceries benefit allowance ONLY:

| | | | |
|----------------|----------------------|--------------------|---------------|
| Central Market | Giant, Giant Food | H-Mart | Piggly Wiggly |
| County Market | Giant to Go | Hy-Vee | Price Less |
| Dollar General | Hannaford | IGA | Publix |
| Food Depot | Harvest Market | IGA Express | Save A Lot |
| Food Giant | Harvey's Supermarket | Mad Butcher | Stop & Shop |
| Food Lion | HEB | Martins | Sureway |
| Fresco y Más | Heirloom Market | Maxwell's Big Star | Winn-Dixie |
| | | | Woodman's |

To find additional participating independent retailers, like local pharmacies and bodegas, encourage members to use the Store Locator at [MyBenefits.NationsBenefits.com](https://www.MyBenefits.NationsBenefits.com) or download the Benefits Pro App. Online shopping is available exclusively at [MyBenefits.NationsBenefits.com](https://www.MyBenefits.NationsBenefits.com) and on the Benefits Pro App.



Grassroots Marketing

Lead Sources – Informal Events

Informal events (ex. a kiosk in a pharmacy) have become the source of quality leads of some of the most successful agents across the nation.

- Plan these events in areas where Dual Eligibles reside
- Choose areas where our provider network is strong

All sales events, even informal events, need to be filed with CMS at least ten (10) days prior to the date of the event.

Grassroots Marketing

The key to success with the D-SNP market is the same as the other lines of our business.

Establish a Presence

- Be in the Duals' communities
- Build Credibility
- Be comfortable and approachable

Build Relationships (Centers of Influence)

- Talk to stakeholders serving the same community
- Encourage them to work with you!
- Be a resource, referrals come after you're seen as a valued partner



Partnering with the right store can mean high traffic to your table.

Timing: Earlier in the Month (DUALS have \$ to spend)

- Ex. Dollar Stores, Pharmacies, Check Cashing Services
- Talk to the manager about a mutually beneficial presence
- Buy your small giveaways from the store you're at!

Table Setup: Be inviting, comfortable and approachable

- Have a game so passersby can win free stuff. (toothpaste, hand-wipes, laundry pods, dishwashing liquid)
- Be organized. Be conversational. Smile!
- Be familiar with the store so you can point customers in the right direction. It's the little things!



Think outside the box, get inside the community!

Timing: Anytime (especially around key events & Holidays)

- Ex. Homeless Shelters, Senior Living, Subsidized Housing
- Work with management and event organizers
- Align your time around community events

Table Setup: Incorporate a theme around the event!

- Consider high traffic areas like bus routes and mail stops
- Consider appropriate giveaways (laundry pods, soap)
- Remember apartments have lower turnover but keep checking back for fresh faces and those that didn't enroll last time!



Grassroots Marketing – Centers of Influence

Everyone Needs to Eat!

Timing: Later in the month (after money has been depleted)

- Ex. Food pantries, Churches, Soup Kitchens

Table Setup:

- Consider high traffic areas (like at areas of housing)
- Consider displaying a sample Medicare card to start conversation
- Look for Faith-based centers of influence with which to partner since these organizations often help with multiple forms of assistance



Grassroots Marketing – Provider Groups

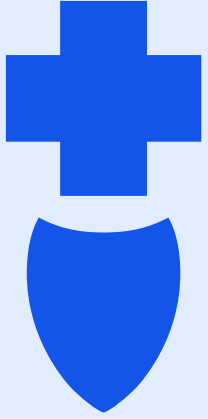
The Lunch and Learn is an effective way to build a unique relationship with providers.

Explain plan benefits and the impact for the member

The goal is to generate referral business

- This can be achieved when providers understand our plan and its benefits.
- Let them know you enroll their patients. Be sure to ask for their card for members without a regular provider.





Making (and Keeping!) Your Sale

Before the Appointment:

Dual Eligibles have a higher “no-show” rate at your office.

Multiple no-shows means your lead is not interested. Move on.

In home appointments? Calling to confirm is another opportunity to delay. Once the appointment is made it's best to just show up.



After the Appointment:

D-SNP members have had a 10%-15% disenrollment rate due to the (former) SEP each quarter.

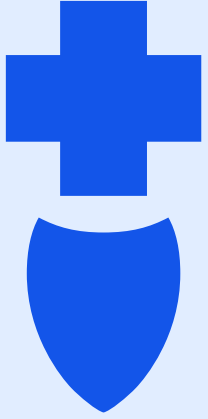
Be a resource and set expectations to next steps.

- Enrollments at the end of the month might not be ready promptly on the first given the extra verification process (although plans will be backdated)

Explain how to use / access benefits

The better you explain what happens next (getting cards, OTC benefits) will mean a need for fewer calls to you after the sale.

Offer to be their first point of contact, which helps retention and generates referrals.



Agent Best Practices

The first call doesn't sell the plan...it sells hope!

- When setting the appointment, don't overwhelm with a “benefits data dump”
- Let your potential client know you can help them get all the benefits they need and are eligible to receive with the plan
- Offer hope and start building trust



Agent Best Practices

- Develop trust: a Dual Eligible individual needs that to feel comfortable working with you
- Insurance terminology can be confusing , simplify as much as you can
- Offer information in chunks and check often for understanding
- LISTEN to understand where their needs are the greatest
- Promote the extra benefits we offer including dental, vision, OTC, SilverSneakers®, transportation, Healthy Groceries, Utilities, PERS, etc.



Think outside the box for referrals.

Referrals don't always come from members and providers

Look for familiar faces that show up at your centers of influence

- Activity Coordinators
- Social Workers
- Security Guards



Get ready...here come the objections!

- Duals have all kinds of reasons not to enroll.
- Fear is a big part of their lives.
- Be genuine and patient.
- Proceed at your potential client's pace, and show that you want to help them.



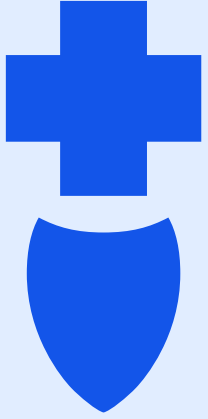
Positivity Breeds Success!

You have the plan and benefits that can make a big difference in the lives of Dual Eligibles.

Show that you not only *can* help, but that you *want to* help.

After you're trusted, the sky's the limit.





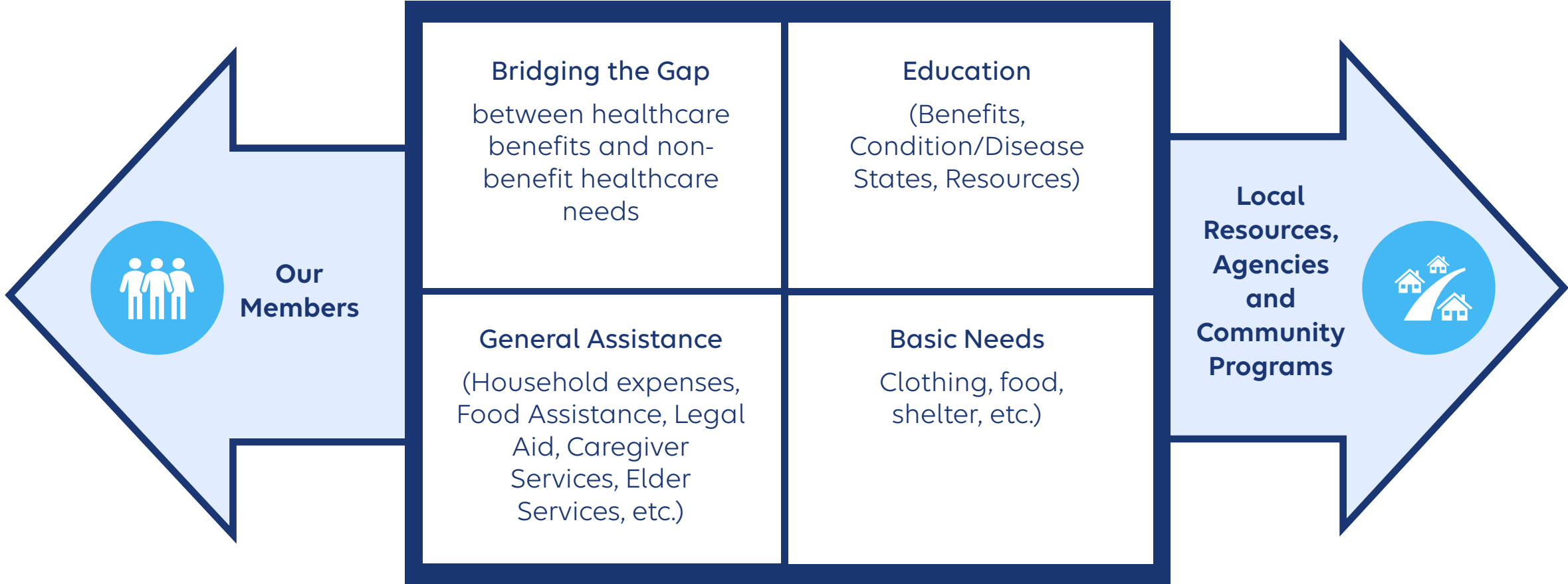
Health Risk Assessments (HRAs)

What is a D-SNP Health Risk Assessment?

- A survey (referred to as a Health Risk assessment or HRA) is mandated by Centers for Medicare and Medicaid Services (CMS) for new Medicare Advantage (MA) members within 90 days of enrollment
- Completion of assessment does not affect a member's health benefits or coverage, and the assessment may be completed by phone or mail, but the easiest method is at your point of sale
- The HRA helps to identify health behaviors and risk factors known only to the patient (physical activity/limitations, nutritional habits) as well as:
 - Chronic diseases
 - Injury risks
- **Broker submission within 7 calendar days = \$125**

Medicare Community Resource Support (MCRS)

A telephone-based program used to identify needs, leverage resources and coordinate services for members



Medical & Psychology Remote Health Support



Telemedicine & Digital Tools

LiveHealth[®]
O N L I N E

LiveHealth[®] Online

Compassionate care — anytime, anywhere

Offer prospects convenient 24/7 video access to a licensed health professional from the comfort and privacy of home — via a smartphone, tablet or computer.

Get expert advice, a treatment plan and prescriptions if needed. They'll provide care for the flu, sore throats and many other minor ailments.

LiveHealth Online Psychology is available by appointment with board-certified psychologists (and therapists) for a range of behavioral health conditions such as stress, anxiety, grief.

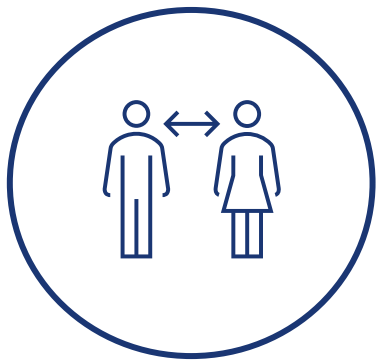
See a therapist online from the privacy of your home. Because mental health is vital to a good quality of life.

LiveHealth Online is not available on Medicare Supplement plans.

56

My Health Advocate (MHA)

Delivering a consistent, personalized experience in an efficient and cost-effective manner



Assigned Advocate

1:1 Service

- Personalized experience through an option for a dedicated Health Advocate
- Same Advocate helps the member through their healthcare journey
- Need an Advocate? Just Ask!



Resolve on 1st Call

Reducing Hand-Offs

- Effectively respond to member concerns and complaints, resolves issues quickly, while maintaining a high level of courtesy and professionalism
- Gives full attention to the member's query or concern and strive to exceed expectations.



Service Strength

Exceed Expectations

- Proactively identify potential problems or sources of member dissatisfaction.
- Utilize technology that allows Advocates to provide greater support with Tier 1 Rx, Dental and Vision

MHA supports MAPD and D-SNP plans

Transportation Benefit Terms



In all situations - 48 hours*
advanced notice required
when scheduling.
Each one-way trip is limited
to 60 miles.

*Public transportation lead times may vary.
Contact transportation vendor for more information.

Limited Clinical Benefit (LCB) - Unlimited trips are provided to select locations for specific services only: scheduled annual health assessments, pre-operative exams, post-hospitalization follow-up, wound care, COPD and CHF program services, flu shots

Plan Approved Locations (PAL) - Transportation is limited to locations provided by the contracted transportation vendor.

PAL AND Limited Clinical Benefit (LCB) – Transportation is limited to locations provided by the contracted transportation vendor. **(LCB)** Unlimited trips are provided to select locations for specific services only: scheduled annual health assessments, pre-operative exams, post-hospitalization follow-up, wound care, COPD and CHF program services, flu shots

Non-Health (NH) – Transportation to the grocery store, not intended for trips to the gas station, library, post office, etc.



Encourage members
to download the
Sydney Health App
(Desktop and Mobile)



Step 1

Download the Sydney Health app to your smartphone or other mobile device

Step 2

Set up your profile using your member ID, along with a secure password

Step 3

Enjoy a simpler, more connected health experience with the Sydney App

24/7 Nurseline and AudioHealth Library



Telemedicine



Nurseline

Members can speak to a registered nurse for assistance about a health situation or just to hear a reassuring voice.

The **24/7 Nurseline** is available 24 hours a day, seven days a week.



AudioHealth Library

Members can call and listen to recorded messages about more than 300 health-related topics in English and Spanish by accessing the **24/7 Nurseline AudioHealth Library**.

Helpful Phone Numbers

Anthem Customer Service: 833-897-1348

Liberty Dental: 855-658-9249

Blue View Vision: 866-723-0515

Hearing Care Solutions: 855-312-2545

*For OTC benefit: visit www.hearingcaresolutions.com/elevancehealth/otc
or call HCS at 855-312-2345 to place an order

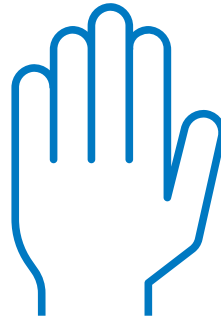
Nations Benefits: 866-413-2582

Transportation-Access To Care: 844-529-3839

SilverSneakers®: 866-584-7389

CarelonRx Mail Order: 833-203-1735

Questions?



Thank you for your partnership.
We appreciate the opportunity to serve you and your clients.

LiveHealth® Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of the plan. The SilverSneakers fitness program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.