

Ventura County Community College District

ANTHEM & COORDINATION WITH MEDICARE – FOR RETIREES



Group Retiree Specialist Account Manager
Anthem Blue Cross







Medical expenses:

You are responsible for the \$200 deductible and any copays for office visits 20% coinsurance up to a maximum of \$1,500 individual/\$4,500 family out of pocket

Pharmacy Benefits with Anthem:

\$50 deductible

\$10 generic copay

\$30 brand drug copay



In-Network Medical Benefits as an ASCC Active Employee

Medical expenses:

You are responsible for the \$200 deductible and any copays for office visits 20% coinsurance up to a maximum of \$1,700 individual/\$5100 family out of pocket

Pharmacy Benefits with Anthem:

\$100 deductible

\$10 generic copay

\$30 brand drug copay

\$50 non-preferred brand drug copay up to a maximum of \$750 per year



In-Network Medical Benefits:

As a retiree, when you sign up for Medicare Part A and Medicare Part B you could enjoy 100% coverage for medical expenses because Anthem coordinates benefits with Medicare.





In-Network Medical Benefits:

As a retiree your medical benefits are coordinated with Anthem and Medicare

Here is a summary of how they coordinate for Retirees with:

No Medicare – Anthem Pays Primary & No Coordination with Medicare

Medicare Part A – Medicare Pays Primary for Part A Covered Services at 80% of Medicare Allowed Amount and Anthem Pays Secondary

Medicare Part B - Medicare Pays Primary for Part B Covered Services at 80% of Medicare Allowed Amount and Anthem Pays Secondary

Medicare Part A & B - Medicare Pays Primary Anthem Pays Secondary

Anthem pays the same eligible amount whether Retiree/Spouse is in CA or Out of State.



EXAMPLE 1) When Enrolled in Medicare Part B

Office Visit: \$342.00 billed by physician's office

Medicare B: \$225.45 not covered/patient savings

\$116.55 allowed amount

\$ 92.86 is paid by Medicare (80%)

\$ 23.69 owed by member

Anthem: \$ 23.69 is then paid by Anthem



EXAMPLE 2) When Enrolled in Medicare Part B

Diagnostic x-ray services: \$775.00 billed by provider

Medicare B: \$521.27 is not covered/patient savings

\$253.73 allowed amount

\$202.16 paid by Medicare (80%)

\$ 51.57 member responsibility

Anthem: \$ 51.57 is then paid by Anthem



In-Network Medical Benefits once you retire:

EXAMPLE 3) When Enrolled in Medicare Part A

In-patient Hospital billed: \$163,563.96

Medicare A: \$124,623.49 not covered/patient savings

\$ 38,940.47 allowed amount

\$ 1,316.00 Part A deductible owed

\$37,624.47 paid by Medicare (80%)

\$ 1,316.00 owed by member

Anthem: \$ 1,316.00 then paid by Anthem



Prescription Benefits:

As a retiree, your prescriptions will continue to be covered by Anthem Express Scripts program – just like they were when you were an active employee.

There is no need for you to sign up for a Medicare D as the VCCCD plan provides credible Rx coverage.





When Coordinating with Medicare:

Medicare must provide benefits first before Anthem can process any claim for payment.

The coordination between Medicare and Anthem begins with the Physician billing Medicare first. Once Medicare pays their portion, the physician will bill Anthem with a copy of the Medicare EOB.

Anthem coverage will only apply to Medicare deductibles, coinsurance and other charges for covered services over and above what Medicare pays.

Anthem will apply any payments made by Medicare for covered services under the Anthem plan toward your plan deductible, if any.



When Coordinating with Medicare:

EXAMPLE 4) When Enrolled in Medicare Part B

Anthem will not pay benefits that duplicate benefits to which you are entitled to under Medicare.

Office Visit: \$342.00 billed by physician's office

Medicare B: \$225.45 not covered/patient savings

\$116.55 allowed amount

\$ 92.86 is paid by Medicare (80%)

\$ 23.69 owed by member

Anthem: WILL NOT pay the \$92.86 since Medicare is

responsible for this – this would be a "duplicate"

benefit. Anthem will pay the \$23.69 owed by member



When Coordinating with Medicare:

Most of the time the Medicare "allowed amount" is lower than what Anthem would consider the "allowed amount" - which is why Anthem many times pays some of the remaining portion after Medicare pays their part as primary.

IF – Anthem's allowed amount is lower than Medicare's allowed amount, then once Medicare pays their portion, Anthem WILL NOT pay anything additional and there could be out-of-pocket costs for retirees.

IF – the VCCCD plan covers a benefit that Medicare does not (like hearing aids) Anthem will need the denial EOB from Medicare, but then will pay for the hearing aid as stipulated by the VCCCD plan.

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Other points to consider:

What if your spouse is under 65 when you retire?

* Your spouse will continue to be covered under the VCCCD plan that you had as an active employee, until they are 65 and are enrolled in Medicare Part A & B.

What if your spouse turns 65 before you?

* Anthem will coordinate care with Medicare for your spouse, just as we will once you turn 65 and enroll in Medicare Parts A & B.

What if your spouse is over 65 enrolled in Medicare, and has their own employer's retiree benefit plan in addition to the VCCCD plan?

* Medicare is primary, then spouses employer's retiree plan will pay according to their benefit plan, then the Anthem VCCCD plan may pay something – if anything is still remaining.

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Things to remember:

No Medicare - If a Retiree doesn't qualify for Medicare, the VCCCD plan covers the same as if you were an active employee.

Enrolled in Part A Only –

• If a retiree does not enroll in Medicare Part B, there will be no coordination of benefits with Medicare for any office visits and other services covered under Medicare Part B. There will only be coordination for Medicare Part A services like hospital.

Enrolled In Part A & B -

 Retirees covered by both Part A & B will receive the benefits of full coordination with Medicare and Anthem Blue Cross and many times will have no member responsibility for services received. This is based on the Medicare Allowed amount and Anthem Allowed Amount and does vary based on services received.

The Silver Sneakers plan is not part of the VCCCD Anthem program.

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Final Questions:

Can I dis-enroll from Medicare A?

* A CMS Form 1763 must be completed; only available from a Social Security office or by calling a Social Security representative. Any benefits received from Medicare A would have to be repaid.

Can I dis-enroll from Medicare B?

* A CMS Form 1763 must be completed. You might have to pay a late penalty if you decide to re-enroll – unless you are leaving Part B because you are covered under an employer health plan as an <u>ACTIVE</u> employee (or the spouse of an active employee) and that employer has more than 20 active employees.

Currently, if you dis-enroll from Medicare (which is not recommended), the District's Anthem would become primary again.

Anthem Blue Cross Customer Service & Online Access:



Questions about coverage or how a bill is paid, call Anthem customer service at 1-800-288-2539, which is the number on the back of your ID Card

You're on the go — and so are we





Need help signing up? Call us at 1-866-755-2680.











Thank You!

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Questions