

# 2022 Broker Agent Re-Certification Product Presentation

**Central Florida Market** 

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Please refer to the 2022 EOC for plan specific details and benefits.



### **Central Florida Broker Team Contacts**

### Anthony "Tony" Santiago Broker Sales Manager – Central Florida 407-663-4075 asantiago3@simplyhealthcareplans.com

Vanessa Rivera, Sales Assistant I – Central Florida vrivera1@simplyhealthcareplans.com



### Agenda





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## **Simply Today**

4 Star Rated Medicare Advantage Plan (2021)

Diversified products (Medicare, Medicaid specialty products) that strategically complement one another

More than 600,000 enrollees across all product lines giving us tremendous scale and leverage

Over 65,000 Medicare Advantage Members since the Medicare product line started in 2012

A subsidiary of Anthem Inc., a Fortune 500 company.



Simply

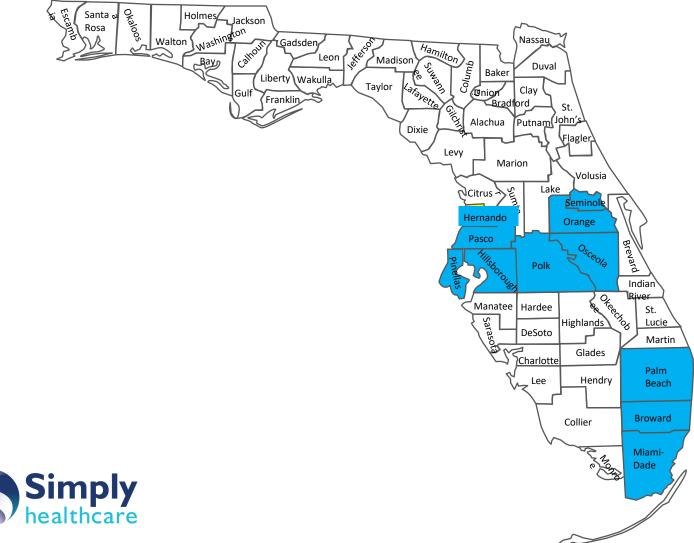
althcare

- Medicare
- Medicaid
- Long Term Care
- Florida Healthy Kids



 Specialty Plan for HIV/AIDS Medicaid members

## **Medicare Products- Regions for Florida**





# 2022 Broker Recertification



In order for agents to be Ready to Sell (RTS) with Simply for 2022 products, agents must:

- Complete the 2022 Anthem certification modules
- Complete the 2022 AHIP training
- Review Re-Certification Product Presentation

All must be completed by October 1<sup>st</sup>, 2021

## Certification

### STEP 1

• Log into Anthem's Medicare Certification Training Center through the Producer Toolbox: https://brokerportal.anthem.com/ehb/web/bkr/acc/login.htm

- Select the Menu Icon
- Select Other Top Resources
- Select Medicare Certification



Successfully complete all modules and assessments required for the plans you intend to sell.

Producer Toolbox
Registered Brokers Log in Here
Not signed up? Register now >
Username
Password
۲
Log In
Forgot Username or Forgot Password >

In order to receive commissions on your Medicare Advantage Plan and Prescription Drug Plan sales or renewals for 2022, you must keep a current licensure and appointment, and finish the 2022 certification.



For questions on certification please contact 855-277-6067 or email medicaresalestraining@anthem.com.



# Important Dates & Election Periods

### **Medicare Important Dates**



### **October 1 – October 14, 2021**

- Marketing Begins for 2022 Medicare Advantage Plans
- Beneficiaries may compare with other available options

### October 15 - December 7, 2021

• AEP - Annual Election Period. Members can change their Medicare health or prescription drug coverage for an effective date of January 1st, 2022.

#### January 1, 2022

- New coverage begins if beneficiary switched or joined a plan.
- New Costs and benefit changes also begin if beneficiary kept their existing Medicare health or prescription drug coverage.

### January 1- December 31, 2022

- Persons turning 65 can enroll in a 2022 Medicare Advantage and Part D plan.
- Dual and LIS Eligibles can enroll or change their enrollment in a 2022 Medicare Advantage and Part D plan once per Quarter, for the first nine months of the year.
- Other Special Elections may apply

### January 1- March 31, 2022

• The Open Enrollment Period (OEP) allows individuals enrolled in an MA plan, including newly MA-eligible individuals, to make a one-time election to go to another MA plan or Original Medicare. Individuals using the OEP to make a change may make a coordinating change to add or drop Part D coverage.

### Pre AEP Oct. 1 – Oct. 14



Agents cannot collect or hold 2022 applications.

Agents can make 2022 enrollment presentations.

Agents can distribute applications and assist in enrolling **<u>BUT DO NOT</u>** guide the enrollee to sign or date the application.

Enrollee should sign and date the application between October 15 and December 7. Application may be mailed by enrollee or picked up agent during this period.

All 2022 applications received during the pre-AEP will have to be redone and the agent will be subject to an internal investigation. Only 2022 applications accepted during this time will be for ICEP or IEP election types.

Investigation may lead to possible termination of employment or contract.

## **Medicaid/LIS Enrollment Quarters**

- There are 3 enrollment quarters (January, February, March / April, May, June /July, August, September)
- Beneficiaries can make <u>one</u> election per quarter
- Election will be effective the 1<sup>st</sup> of the following month
- AEP runs October 15 through December 7<sup>th</sup>.
- During the final quarter of the year (AEP)—only beneficiaries who experience changes in eligibility can make an election.
- Example: Beneficiaries who gain or lose Medicaid/LIS eligibility - enrollment will be effective the 1<sup>st</sup> of the following month.



## **Examples of Special Elections**

Medicare beneficiaries that have special qualifying circumstances can make a change.

- •Moved out of service area
- •Receiving extra help (low-income subsidy/LIS)
- •Leaving employer union coverage
- •Loss of creditable coverage
- •If you are Medicaid eligible
- •If you have a qualifying chronic condition
- •If you are institutionalized or institutionalized equivalent

Depending on the nature of the particular special election an individual may:

•Discontinue an enrollment in an MA plan and enroll in Original Medicare

- •Switch from Original Medicare to an MA plan
- •Switch from one MA plan to another MA plan





# 2022 Benefits

### **Product Portfolio**





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### Central Florida Products - Plan Year 2022





# After October 1<sup>st</sup> 2021, you will be able to access the 2022 Sales Presentation on Custom Point.

### **Custom Point Link:**

https://custompoint.rrd.com/xs2/prelogin?CMPID=1064&&qwerty=18072109





## Orange, Osceola & Seminole Benefits





All Changes in PY 2022 benefits in comparison with PY 2021 are reflected in Green New Benefits reflected in Blue





	Simply More (HMO) H5471 074	Simply Level (HMO SNP) H5471 073	Simply Complete (HMO SNP) H5471 072
Service Area	Orange, Osceola, Seminole	Orange, Osceola, Seminole	Orange, Osceola, Seminole
Monthly Premium	\$0	\$0	\$0
Max Out-of-Pocket	\$3,450	\$3,450	\$500
Primary Care Physician	\$0 copay	\$0 copay	\$0 copay
Specialist	\$5 copay	\$10 copay	\$0 copay
Inpatient Hospital	\$75 copay (Days 1-8)	\$75 copay (Days 1-8)	\$0 copay
Part D ICL / Part D TrOOP	\$4,430 / \$7,050	\$4,430 / \$7,050	\$4,430 / \$7,050
Rx Copays (standard cost shares) T1 / T2 / T3 / T4 / T5	\$0 / \$0 / \$25 / \$75 / 33%	\$0 / \$0 / \$25 / \$75 / 33%	\$0 /\$0 /\$0 /\$0 /\$0
Erectile Dysfunction Drugs	Covered	Covered	Covered



	Simply More (HMO) H5471 074	Simply Level (HMO SNP) H5471 073	Simply Complete (HMO SNP H5471 072
Service Area	Orange, Osceola, Seminole	Orange, Osceola, Seminole	Orange, Osceola, Seminole
Skilled Nursing Facility	\$0 copay days 1-20 \$40 copay days 21-100	\$0 copay days 1-20 \$40 copay days 21-100	\$0 copay
Outpatient Surgery Hospital	\$100 copay	\$100 copay	\$0 copay
Ambulatory Surgical Center	\$0 copay	\$0 copay	\$0 copay
Emergency Room	\$75 copay Waived if Admitted	\$75 copay Waived if Admitted	\$0 copay
Ambulance	\$150 copay Waived if Admitted	\$150 copay Waived if Admitted	\$0 copay
Urgent Care	\$0 copay	\$0 copay	\$0 copay
Diagnostic Outpatient Radiologic Procedures	Freestanding: \$0 copay OP Hospital: \$100 copay	Freestanding: \$0 copay OP Hospital: \$100 copay	\$0 copay
Diagnostic Outpatient Procedures/Tests	Freestanding: \$0 copay OP Hospital: \$100 copay	Freestanding: \$0 copay OP Hospital: \$100 copay	\$0 copay
X-rays	Freestanding: \$0 copay OP Hospital: \$100 copay	Freestanding: \$0 copay OP Hospital: \$100 copay	\$0 copay
Outpatient Lab	\$0 copay	\$0 copay	\$0 copay
\$50 Monthly Cash Card	N/A	N/A	Covered
Simply Flex Card(Hearing/Vision/Dental)	\$1000	\$1000	N/A



	Simply More (HMO) H5471 074	Simply Level (HMO SNP) H5471 073	Simply Complete (HMO SNP) H5471 072
Service Area	Orange, Osceola, Seminole	Orange, Osceola, Seminole	Orange, Osceola, Seminole
Emergency / Urgent Care Worldwide Coverage	\$75 copay \$100,000 coverage per year	<b>\$75 copay</b> \$100,000 coverage per year	<b>\$0 copay</b> \$100,000 coverage per year
Routine Eye Exams	\$0 copay	\$0 copay	\$0 copay
Routine Eye Wear	\$300 Hardware Allowance	\$250 Hardware Allowance	\$325 Hardware Allowance
Routine Hearing Exams	\$0 copay	\$0 copay	\$0 copay
Hearing Aids	\$1,500 / Per Year	\$1,500 / Per Year	\$1,500 / Per Year
OTC Benefit	\$60 Monthly	\$75 Monthly	\$100 Monthly
Acupuncture/Podiatry/Chiropractic	\$0 copay for 12 visits per year	\$0 copay for 12 visits per year	\$0 copay for 12 visits per year
Transportation Benefit	24 One-Way	24 One-Way	Unlimited
Fitness	Covered (SilverSneakers®)	Covered (SilverSneakers®)	Covered (SilverSneakers®)
In-Home Support (PAPA)	30 hours annually	30 hours annually	30 hours annually
PERS (Emergency Response)	Covered	Covered	Covered



	Simply More (HMO) H5471 074	Simply Level (HMO SNP) H5471 073	Simply Complete (HMO SNP) H5471 072
Service Area	Orange, Osceola, Seminole	Orange, Osceola, Seminole	Orange, Osceola, Seminole
Preventive Dental Copay	\$0 copay	\$0 copay	\$0 copay
Dental Plan Option	Option 2C	Option 2C	Option 1B
Preventive Dental (Routine) Exams/Cleanings/ Bitewing Films/Panoramic Film	2 / 2 / 2 / 1 (per year)	2 / 2 / 2 / 1 (per year)	2 / 2 / 2 / 1 (per year)
Amalgam or Resin Fillings	2 (per year)	2 (per year)	2 (per year)
Simple or Surgical Extractions	Up to 6 (per year) Includes Analgesia	Up to 6 (per year) Includes Analgesia	Unlimited Includes Analgesia
Dentures	1 Complete or Partial (every five years)	1 Complete or Partial (every five years)	1 Complete or Partial (every five years)
Demures	1 Adjustment/Reline (per year)	1 Adjustment/Reline (per year)	1 Adjustment/Reline (per year)



	Simply More (HMO) H5471 074	Simply Level (HMO SNP) H5471 073	Simply Complete (HMO SNP) H5471 072
Service Area	Orange, Osceola, Seminole	Orange, Osceola, Seminole	Orange, Osceola, Seminole
Expanded Benefits Type	Comprehensive Advanced	Comprehensive Advanced	Comprehensive Full Plus
Root Canals	1 per year	1 per year	1 per year
Crowns	2 per year	2 per year	2 per year
Scaling/ Root Planning per each Quadrant (Deep Cleaning)	1 per quadrant every 3 years	1 per quadrant every 3 years	1 per quadrant every 3 years
Implants	2 per year	2 per year	2 per year



Simply Extra(HMO) H5471 107				
Service Area	Orange, Osceola, Seminole			
Monthly Premium	\$0			
Part B Premium Rebate	\$100			
Max Out-of-Pocket	\$3,450			
Primary Care Physician	\$0 copay			
Specialist	\$20 copay			
Inpatient Hospital	\$200 (Days 1-5) copay			
Part D ICL / Part D TrOOP	\$4,430 / \$7,050			
Rx Copays (standard cost shares) T1 / T2 / T3 / T4 / T5	\$0 / \$10 / \$47 / \$100 / 31% Mail Order Tier 1&2 \$0 Copay			
Erectile Dysfunction Drugs	Covered			



Simply Extra (HMO) H5471 107				
Service Area	Orange, Osceola, Seminole			
Skilled Nursing Facility	\$0 copay (1-20) \$60 copay (21-100)			
Outpatient Surgery Hospital	\$200 copay			
Ambulatory Surgical Center	\$75 copay			
Emergency Room	\$120 Waived if Admitted			
Ambulance	\$150 copay Waived if admitted			
Urgent Care	\$25 copay			
Diagnostic Outpatient Radiologic Procedures	Freestanding: \$25 copay OP Hospital: \$200 copay			
Diagnostic Outpatient Procedures/Tests	Freestanding: \$25 copay OP Hospital: \$200 copay			
X-rays	Freestanding: \$0 copay OP Hospital: \$200 copay			
Outpatient Lab	\$0 copay			
Acupuncture/Podiatry/Chiropractic	\$0 copay for 12 visits per year			
LiveHealth Online	Covered			



Simply Extra (HMO) H5471 107				
Service Area	Orange, Osceola, Seminole			
Emergency / Urgent Care Worldwide Coverage	\$120 copay \$100,000 coverage per year			
Routine Eye Exams	\$0 copay			
Routine Eye Wear	\$225 Hardware Allowance			
Routine Hearing Exams	\$25 copay			
Hearing Aids	\$500 / Per Year			
Transportation Benefit	12- one way			
OTC Benefit	\$40 Monthly			
Fitness	Covered (SilverSneakers®)			
Nurse Help Line	Covered			
Simply Aide	N/A			



Simply Extra (HMO) H5471 107			
Service Area	Orange, Osceola, Seminole		
Preventive Dental Copay	\$0 copay		
Dental Plan Option	Option 3		
Comprehensive Dental Allowance	\$1000		
Preventive Dental (Routine) Exams/Cleanings/ Panoramic Film	2 / 2 / 2 / 1 (per year)		
Amalgam or Resin Fillings	N/A		
Simple or Surgical Extractions	N/A		
Dentures	N/A		





## **Polk County Benefits**



	Simply More (HMO) H5471 071	Simply Level (HMO SNP) H5471 070	Simply Complete (HMO SNP) H5471 066
Service Area	Polk	Polk	Polk
Monthly Premium	\$0	\$0 \$23 Rebate	\$0
Max Out-of-Pocket	\$3,450	\$3,450	\$500
Primary Care Physician	\$0 copay	\$0 copay	\$0 copay
Specialist	\$5 copay	\$5 copay	\$0 copay
Inpatient Hospital	\$40 copay (Days 1-5)	\$0 copay (Days 1-5)	\$0 copay
Part D ICL / Part D TrOOP	\$4,430 / \$7,050	\$4,430 / \$7,050	\$4,430 / \$7,050
Rx Copays (Standard Cost Shares) T1 / T2 / T3 / T4 / T5	\$0 / \$0 / \$10 / \$55 / 33%	\$0 / \$0 / \$0 / \$40 / 33%	\$0/ \$0/ \$0/ \$0/ \$0
Erectile Dysfunction drugs	Covered	Covered	Covered
Rx Deductible	\$0	\$0	\$0



	Simply More (HMO) H5471 071	Simply Level (HMO SNP) H5471 070	Simply Complete (HMO SNP) H5471 066
Service Area	Polk	Polk	Polk
Skilled Nursing Facility	\$0 copay day 1-20 \$40 copay days 21-100	\$0 copay day 1-20 \$40 copay days 21-100	\$0 copay
Outpatient Surgery Hospital	\$100 copay	\$100 copay	\$0 copay
Ambulatory Surgical Center	\$0 copay	\$0 copay	\$0 copay
Emergency Room	\$40 copay Waived if Admitted	\$25 copay Waived if Admitted	\$0 copay
Ambulance	\$100 copay Waived if Admitted	\$100 copay Waived if Admitted	\$0 copay
Urgent Care	\$0 copay	\$0 copay	\$0 copay
Diagnostic Outpatient Radiologic Procedures	Freestanding: \$0 copay Outpatient Hospital: \$50 copay	Freestanding: \$0 copay Outpatient Hospital: \$50 copay	Freestanding: \$0 copay Outpatient Hospital: \$0 copay
Diagnostic Outpatient Procedures/Tests	Freestanding: \$0 copay Outpatient Hospital: \$25 copay	Freestanding: \$0 copay Outpatient Hospital: \$25 copay	Freestanding: \$0 copay Outpatient Hospital: \$0 copay
X-rays	Freestanding: \$0 copay Outpatient Hospital: \$25 copay	Freestanding: \$0 copay Outpatient Hospital: \$25 copay	Freestanding: \$0 copay Outpatient Hospital: \$0 copay
Outpatient Lab	\$0 copay	\$0 copay	\$0 copay
\$50 Monthly Cash Card	N/A	N/A	Covered
Simply Flex Card(Hearing/Vision/Dental)	\$1000	\$1000	N/A



	Simply More (HMO) H5471 071	Simply Level (HMO SNP) H5471 070	Simply Complete (HMO SNP) H5471 066
Service Area	Polk	Polk	Polk
Preventive Dental Copay	\$0 copay	\$0 copay	\$0 copay
Dental Plan Option	Option 2C	Option 2C	Option 1B
Preventive Dental (Routine) Exams/Cleanings/ Bitewing Films/Panoramic Film	2 / 2 / 2 / 1 (per year)	2 / 2 / 2 / 1 (per year)	2 / 2 / 2 / 1 (per year)
Amalgam or Resin Fillings	2 per year	2 per year	2 per year
Crowns	2 per year	2 per year	2 per year
Implants	2 per year (Limit to 1 tooth every 5 years)	2 per year (Limit to 1 tooth every 5 years)	2 per year (Limit to 1 tooth every 5 years
Root Canals	1 per year	1 per year	1 per year
Simple or Surgical Extractions	Up to 6 (per year) Includes Analgesia	Up to 6 (per year) Includes Analgesia	Unlimited Includes Analgesia
Derture	1 Complete or Partial (every five years)	1 Complete or Partial (every five years)	1 Complete or Partial (every five years)
Dentures	1 Adjustment/Reline (per year)	1 Adjustment/Reline (per year)	1 Adjustment/Reline (per year)
Periodontal Scaling	1 per quadrant every 3 years	1 per quadrant every 3 years	1 per quadrant every 3 years



	Simply More (HMO) H5471 071	Simply Level (HMO SNP) H5471 070	Simply Complete (HMO SNP) H5471 066
Service Area	Polk	Polk	Polk
Emergency / Urgent Care Worldwide Coverage	<b>\$40 copay</b> \$100,000 coverage per year	\$25 copay \$100,000 coverage per year	<b>\$0 copay</b> \$100,000 coverage per year
Routine Eye Exams	\$0 copay	\$0 copay	\$0 copay
Routine Eye Wear	\$400 Hardware Allowance	\$400 Hardware Allowance	\$400 Hardware Allowance
Routine Hearing Exams	\$0 copay	\$0 copay	\$0 copay
Hearing Aids	\$2,000 / Per Year	\$3,000 / Per Year	\$2,000 / Per Year
OTC Benefit	\$75 Monthly	\$57 Monthly	\$90 Monthly
Acupuncture/Podiatry/Chiropractic	\$0 copay for 12 visits per year	\$0 copay for 12 visits per year	\$0 copay for 12 visits per year
Transportation Benefit	24 One-Way	24 One-Way	Unlimited
Fitness	Covered (SilverSneakers®)	Covered (SilverSneakers®)	Covered (SilverSneakers®)
In-Home Support (PAPA)	30 hours annually	30 hours annually	30 hours annually
PERS (Emergency Response)	Covered	Covered	Covered



Simply Extra(HMO) H5471 106				
Service Area	Polk			
Monthly Premium	\$0			
Part B Premium Rebate	\$115			
Max Out-of-Pocket	\$3,450			
Primary Care Physician	\$0 copay			
Specialist	\$25 copay			
Inpatient Hospital	\$200 (Days 1-5) copay			
Part D ICL / Part D TrOOP	\$4,430 / \$7,050			
Rx Copays (standard cost shares) T1 / T2 / T3 / T4 / T5	\$5 / \$20 / \$47 / \$100 / 31% Mail Order Tier 1&2 \$0 Copay			
Erectile Dysfunction Drugs	Covered			



Simply Extra (HMO) H5471 106				
Service Area	Polk			
Skilled Nursing Facility	\$0 copay (1-20) \$60 copay (21-100)			
Outpatient Surgery Hospital	\$200 copay			
Ambulatory Surgical Center	\$75 copay			
Emergency Room	\$120 Waived if Admitted			
Ambulance	\$250 copay Waived if admitted			
Urgent Care	\$25 copay			
Diagnostic Outpatient Radiologic Procedures	Freestanding: \$25 copay OP Hospital: \$200 copay			
Diagnostic Outpatient Procedures/Tests	Freestanding: \$25 copay OP Hospital: \$200 copay			
X-rays	Freestanding: \$0 copay OP Hospital: \$200 copay			
Outpatient Lab	\$0 copay			
Acupuncture	\$0 copay for 12 visits per year			
LiveHealth Online	Covered			



### 2022 Plan Highlights: Polk

Simply Extra (HMO) H5471 106					
Service Area Polk					
Emergency / Urgent Care Worldwide Coverage	\$120 copay \$100,000 coverage per year				
Routine Eye Exams	\$0 copay				
Routine Eye Wear	\$225 Hardware Allowance				
Routine Hearing Exams	\$25 copay				
Hearing Aids	\$1000 / Per Year				
Transportation Benefit	12- one way				
OTC Benefit	\$30 Monthly				
Fitness	Covered (SilverSneakers®)				
Nurse Help Line	Covered				
Simply Aide	N/A				



### 2022 Plan Highlights: Polk

Simply Extra (HMO) H5471 106					
Service Area Polk					
Preventive Dental Copay	\$0 copay				
Dental Plan Option	Option 3				
Comprehensive Dental Allowance \$1000					
Preventive Dental (Routine) Exams/Cleanings/ Panoramic Film	2 / 2 / 2 / 1 (per year)				
Amalgam or Resin Fillings	N/A				
Simple or Surgical Extractions	N/A				
Dentures	N/A				





Hernando, Hillsborough, Pasco & Pinellas County Benefits



	Simply More (HMO) H5471 078	Simply Level (HMO SNP) H5471 075	
Service Area	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas	
Monthly Premium	\$0	\$0	
Max Out-of-Pocket	\$3,450	\$3,450	
Primary Care Physician	\$0 copay	\$0 copay	
Specialist	\$5 copay	\$10 copay	
Inpatient Hospital	\$50 copay (Days 1-8)	\$50 copay (Days 1-8)	
Part D ICL / Part D TrOOP	\$4,430 / \$7,050	\$4,430 / \$7,050	
Rx Copays (Standard Cost Shares) T1 / T2 / T3 / T4 / T5	\$0 / \$0 / \$35 / \$75 / 33%	\$0 / \$0 / \$30 / \$75 / 33%	
Erectile Dysfunction Drugs	Covered/QL 6	Covered/QL 6	
Rx Deductible	\$0	\$0	



Simply More (HMO) H5471 078	Simply Level (HMO SNP) H5471 075
e Area Hernando, Hillsborough, Hernando, Hillsborough,	
\$0 copay days 1-20 \$40 copay days 21-100	\$0 copay days 1-20 \$40 copay days 21-100
\$100 copay	\$100 copay
\$0 copay	\$0 copay
\$75 copay Waived if Admitted	\$75 copay Waived if Admitted
\$200 copay Waived if Admitted	\$150 copay Waived if Admitted
\$0 copay	\$0 copay
Freestanding: \$0 copay OP Hospital: \$100 copay	Freestanding: \$0 copay OP Hospital: \$100 copay
Freestanding: \$0 copay OP Hospital: \$100 copay	Freestanding: \$0 copay OP Hospital: \$100 copay
Freestanding: \$0 copay OP Hospital: \$100 copay	Freestanding: \$0 copay OP Hospital: \$100 copay
\$0 copay	\$0 copay
\$0 copay for 12 visits per year	\$0 copay for 12 visits per year
Covered	Covered
	H5471 078Hernando, Hillsborough, Pasco, Pinellas\$0 copay days 1-20 \$40 copay days 21-100\$100 copay\$0 copay\$0 copay\$75 copay Waived if Admitted\$200 copay Waived if Admitted\$0 copay OP Hospital: \$100 copayFreestanding: \$0 copay OP Hospital: \$100 copayFreestanding: \$0 copay OP Hospital: \$100 copay\$0 copay \$0 copay\$0 copay 



	Simply More (HMO) H5471 078	Simply Level (HMO SNP) H5471 075
Service Area	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas
Emergency / Urgent Care Worldwide Coverage	\$75 copay \$100,000 coverage per year	\$75 copay \$100,000 coverage per year
Routine Eye Exams	\$0 сорау	\$0 copay
Routine Eye Wear	\$400 Hardware Allowance	\$300 Hardware Allowance
Routine Hearing Exams	\$0 copay	\$0 copay
Hearing Aids	\$2,000 Per Year	\$2,000 Per Year
OTC Benefit	\$100 Monthly	\$75 Monthly
Transportation Benefit	24 One-Way	24 One-Way
Simply Flex Card(Hearing/Vision/Dental)	\$1000	\$1000
In-Home Support (PAPA)	30 hours annually	30 hours annually



	Simply More (HMO) H5471 078	Simply Level (HMO SNP) H5471 075
Service Area	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas
Preventive Dental Copay	\$0 copay	\$0 copay
Dental Plan Option	Option 2C	Option 2C
Preventive Dental (Routine) Exams/Cleanings/ Bitewing Films/Panoramic Film	2 / 2 / 2 / 1 (per year)	2 / 2 / 2 / 1 (per year)
Amalgam or Resin Fillings	2 (per year)	2 (per year)
Crowns	2 Crowns Every Year	2 Crowns Every Year
Implants	2 Implants Every Year (Limit to 1 tooth every 5 years)	2 Implants Every Year (Limit to 1 tooth every 5 years)
Root Canal	1 Root Canal Every Year	1 Root Canal Every Year
Simple or Surgical Extractions	Up to 6 (per year) Includes Analgesia	Up to 6 (per year) Includes Analgesia
Periodontal Scaling	1 per quadrant every 3 years	1 per quadrant every 3 years
Dentures	1 Complete or Partial (every five years)	1 Complete or Partial (every five years)
	1 Adjustment/Reline (per year)	1 Adjustment/Reline (per year)



	Simply Complete (HMO SNP) H5471 082	Simply Extra (HMO) H5471 108	
Service Area	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas	
Monthly Premium	\$0	\$0 Part B Rebate \$125	
Max Out-of-Pocket	\$500	\$3,450	
Primary Care Physician	\$0 copay	\$0 copay	
Specialist	\$0 copay	\$20 copay	
Inpatient Hospital	\$0 сорау	\$175 copay (Days 1-6)	
Part D ICL / Part D TrOOP	\$4,430 / \$7,050	\$4,430 / \$7,050	
Rx Copays (Standard Cost Shares) T1 / T2 / T3 / T4 / T5 / T6	\$0/ \$0/ \$0/ \$0/ \$0	\$0 / \$10 / \$47/ \$100 / 33% Mail Order Tier 1 & 2 \$0 Copay	
Erectile Dysfunction Drugs	Covered	Covered	
Rx Deductible	\$0	\$0	



	Simply Complete (HMO SNP) H5471 082	Simply Extra (HMO) H5471 108	
Service Area	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas	
Skilled Nursing Facility	\$0 copay	\$0 copay days 1-20 \$150 copay days 21-100	
Outpatient Surgery Hospital	\$0 copay	\$175 copay	
Ambulatory Surgical Center	\$0 copay	\$75 copay	
Emergency Room	\$0 copay	\$120 copay Waived if Admitted	
Ambulance	\$0 copay \$225 copay Waived if Admitte		
Urgent Care	\$0 copay	\$25 copay	
Diagnostic Outpatient Radiologic Procedures	\$0 copay	Freestanding: \$0 copay OP Hospital: \$100 copay	
Diagnostic Outpatient Procedures/Tests	\$0 copay	Freestanding: \$0 copay OP Hospital: \$100 copay	
X-rays	\$0 copay Freestanding: \$0 copay OP Hospital: \$100 copa		
Outpatient Lab	\$0 copay	\$0 copay	
Acupuncture	\$0 copay for 12 visits per year	\$0 copay for 12 visits per year	
LiveHealth Online Covered Covered		Covered	



	Simply Complete (HMO SNP) H5471 082	Simply Extra (HMO) H5471 108	
Service Area	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas	
Emergency / Urgent Care Worldwide Coverage	<b>\$0 copay</b> \$100,000 coverage per year	\$120 copay \$100,000 coverage per year	
Routine Eye Exams	\$0 copay	\$0 copay	
Routine Eye Wear	\$400 Hardware Allowance	\$225 Hardware Allowance	
Routine Hearing Exams	\$0 copay	\$0 copay	
Hearing Aids	\$2,000 Per Year	\$1,000 Per Year	
OTC Benefit	\$100 Monthly	\$50 Monthly	
Transportation Benefit	Unlimited	12 One-Way	
Fitness	ss Covered Covered Covered (SilverSneakers®) (SilverSneake		
Meals	10 Post Discharge Meals	10 Post Discharge Meals	
\$50 Monthly Cash Card	Covered	N/A	
In-Home Support (PAPA)	me Support (PAPA) 30 hours Annually N/A		



	Simply Complete (HMO SNP) H5471 082	Simply Extra (HMO) H5471 108
Service Area	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas
Preventive Dental Copay	\$0 copay	\$0 copay
Dental Plan Option	Option 1B	Option 2C
Preventive Dental (Routine) Exams/Cleanings/ Bitewing Films/Panoramic Film	2 / 2 / 2 / 1 (per year)	2 / 2 / 2 / 1 (per year)
Amalgam or Resin Fillings	2 (per year)	Not Covered
Crowns	2 Crowns Every Year	Not Covered
Implants	2 Implants Every Year (Limit to 1 tooth every 5 years)	Not Covered
Root Canal	1 Root Canal Every Year	Not Covered
Simple or Surgical Extractions	Up to 6 (per year) Includes Analgesia	Not Covered
Periodontal Scaling	1 per quadrant every 3 years	Not Covered
Dentures	1 Complete or Partial (every five years) 1 Adjustment/Reline (per year)	Not Covered



## **2022 CMS Part D Benefit Parameters**

Parameter	2021	2022
Deductible	\$445	\$480
Initial Coverage Limit (member & plan pay)	\$4,130	\$4,430
Out of Pocket Threshold (member pay)	\$6,550	\$7,050
Minimum Cost sharing in Catastrophic Coverage Generic/Preferred Multi-Source Drugs Copay All Other Drugs Copay	\$3.70 \$9.20	\$3.95 \$9.85

		2021				
Level	Max Deductible Amount	ICL/GAP Copays	Catastrophic Copays	Max Deductible Amount	ICL/GAP Copays	Catastrophic Copays
LIS Level 1	N/A	\$3.70/\$9.20	\$0	N/A	\$3.95/\$9.85	\$0
LIS Level 2	N/A	\$1.30/\$4.00	\$0	N/A	\$1.35/\$4.00	\$0
LIS Level 3	N/A	\$0	\$0	N/A	\$0	\$0
LIS Level 4	\$92	15%	\$3.70/\$9.20	\$99	15%	\$3.95/\$9.85

Gap Coverage: Member pays 25% for Generics, 25% for Brands in Gap.



## The SilverSneakers Program



A fitness benefit with access to over **15,000 fitness locations nationwide** 



**Social connections** through events such as shared meals, holiday celebrations, and class socials



The ability to enroll at multiple locations at any time - **reciprocity** 



Guidance from **dedicated fitness staff** 



Signature SilverSneakers classes designed for all fitness levels and led by certified instructors



**Online resources** (fitness location directory, articles, videos, and more)





## The Simply Member Rewards Program

Simply Healthcare is offering members of their plans the ability to participate in an incentive program to earn up to **\$80** per year! All Simply plan members are eligible for the Rewards Program.

The goal of the program is to encourage members to obtain important screenings and preventive services.

#### Examples to obtain the rewards include:

- Completing a Health Risk Assessment (HRA)
- Visiting with their PCP for the annual wellness visit
- Receiving a Flu shot during Flu season
- Colorectal Exam





## 2022 Enrollment Kits & Application Submission



#### **Every Kit Contains:**

- 1. One Enrollment Booklet
  - 1. Summary of Benefits
  - 2. Star Ratings
  - 3. Checklist
  - 4. Alphabetized Drug List
  - 5. Scope of Appointment
  - 6. Enrollment Form
  - 7. Enrollment Receipt
- 2. OTC Catalog
- 3. DentaQuest Brochure



#### How do I order?



#### **CustomPoint Website**

- Used to order Enrollment Kits, formularies or provider directories
- Use the "Quick Find" tool located right on the home page
- For support, contact: <u>MedicareAgentSupport@anthem.com</u>



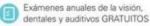


## **Available on Through Custom Point**



Descubra la cobertura que espera a una tarifa que usted puede pagar.

Con pagos mensuales tan bajos como \$0, nuestros planes Medicare Advantage HMO de Simply Healthcare le dan más por menos. Recibirá acceso a cobertura de calidad a un precio que le encantará. Esta es una opción ideal para aquellas personas que desean tener acceso a cuidado de calidad y a un plan que proporciona valor real. Asista a una reunión informativa y aprenda acerca de las opciones de plan de HMO de \$0.



la visión, RATUITOS (ada año) Hasta \$1,500 para sus prótesis auditivas

Medicamentos recetados a \$0 para mantener bajos los costos de su bolsillo



Acceso mensual GRATUITO al programa de acondicionamiento físico SilverSneakers®



FirstName LastName XYZ Insurance Co. un(a) agente de seguro autorizado(a) certificado(a) para Simply en Florida Número de licencia: LA - 1156778 1-234-567-8901, ext. 120 TTY: 711 8 a.m. a 8 p.m., los 5 dias

8 a.m. a 8 p.m., los 5 dias de la semana www.samplewebsite.com ¡Reunámonos! Encontraremos el plan que sea adecuado para usted.



Ann Arbor | Main Street Senior Center 12356 Main Street, Suite 111 1/1 - 1:10 1/2 - 1:20 1/3 - 1:30 Ann Arbor | Main Street Senior Center 12356 Main Street, Suite 111 2/1 - 2:10 2/2 - 2:20 2/3 - 2:30

Ann Arbor | Main Street Senior Center 12356 Main Street, Suite 111 3/1 - 3:10 3/2 - 3:20 3/3 - 3:30

#### A Medicare plan for those living with Diabetes



We offer specialized plans that focus on the treatment of Diabetes. These plans give you a dedicated Simply Healthcare support team, plus extras, like:





FirstName LastName XYZ Insurance Co. an authorized licensed insurance agent for Simply in Florida License number: LA - 1156778 1-234-567-8901, ext. 120 TTY: 711 8 a.m. to 8 p.m., 5 days a week www.samplewebsite.com Let's talk! We'll find the plan that's right for you.



## **Submitting Applications**

Paper applications are currently submitted by/via your FMO.

Agent would follow their FMO process for submissions.

Applications must be submitted to your FMO with-in 24 hours of sign date.

SOA needs to be included with application.

If there is any issue submitting an application you may contact:

BrokerSupport@SimplyHealthCarePlans.com

We have now transitioned into <u>electronic submission</u> allowing for *both* options.

Electronic Submission would be through "mProducer."



A broker will need a valid <u>Broker Portal Profile</u> to access mProducer.

How to Access:

www.anthem.com > Producer Tab > Producer Overview > Tools for Producers > Broker Portal > mProducer

**Broker Portal URL:** 

https://brokerportal.anthem.com/apps/ptb/login > mProducer

mProducer direct URL: https://mProducer.anthem.com



## mProducer cont'd

- Mobile optimized
- Front end validation to reduce backend processing
- Capture electronic SOA
- Create appointments/appointment log
- Access to Plan Documents
- Access to Helpful Tools Online Store
- Links to "Custom Point" & Medicare Annual Certification





## Compensation

## Compensation

#### 2022 Personal Producing Agent Commission Schedule Effective January 1, 2022 through December 31, 2022

This schedule is applicable to Medicare Advantage (MA), Medicare Advantage Prescription Drug (MA-PD), and plans that are offered by Simply Healthcare Plans and sold in Florida.

Product (where available)	Commission Initial Year New Medicare Enrollee	Commission Year 1 Existing Medicare Enrollee	Renewal Commission Years 2 +
Simply Complete (HMO D-SNP)	\$573	\$287	\$287
Simply Extra (HMO)	\$573	\$287	\$287
Simply Level (HMO C-SNP)	\$573	\$287	\$287
Simply More (HMO)	\$573	\$287	\$287

For commission related questions on the above products, please email BrokerSupport@simplyhealthcareplans.com



Should you have a question related to compensations you can always reach out to us at:

BrokerSupport@Simplyhealthcareplans.com

Please make sure to use the "Commission Audit Template" given to your respective FMO. <u>Your FMO can provide this to you.</u>

Direct Pay Opt-In Period Ends September 1<sup>st</sup>, 2021. Agents should confirm with their FMO if they will be paid directly by Anthem or through/by the FMO.





# Member & Agent Support

### **Important Support Lines**

These are the support lines/numbers you can call for varying situations/circumstances.

• Medicare Member Services: Care related concerns.

(Member should be on the phone line when calling this number) 877.577.0115 877.577.0114 (fax)

• **Broker Agent Helpline**: Assist agent with items such as eligibility verification or recorded SOA.

877.577.0212





## **Important Sites**

**Producer Toolbox (Broker Portal)** 

This is your go-to site as a Simply broker. This is where you can find your book of business, order member ID cards, lookup member status, locate various forms.

\*You need to register with the <u>SAME</u> email used when contracting with Simply Healthcare Plans.

https://brokerportal.anthem.com/ehb/web/bkr/acc/login.htm

#### **Custom Point**

This is where you would order all of your Enrollment Kits, OTC Catalogs, Dental Benefits, Provider Directories, C-SNP Pre-Qualification forms, Plan Highlights, etc. All available in Spanish, English, Creole.

https://custompoint.rrd.com/xs2/prelogin?CMPID=1064&&qwerty=18072109

\*\* You would receive an email from Anthem when RTS giving you credentials in order to register for Custom Point. If you need assistance you can contact:

Email: <u>MedicareSalesTraining@Anthem.com</u> Phone: (800) 633-4368



## **Broker Training Manual**

- We have developed a Broker Training Manual for your convenience and reference which is inclusive of all Simply Healthcare Broker Agent process and system instructions.
- Your respective FMO has been provided a copy of the current Broker Training Manual. Please refer to your FMO for a copy.
- Should you need a copy of the Broker Training Manual please inquire to your FMO and/or email <u>BrokerSupport@SimplyHealthCarePlans.com</u>





# THANK YOU!

