

Virginia Medicare Supplement Rate Action, Effective July 1, 2020

April 30, 2020

There are a few important items that we would like to share with you regarding Virginia's Modernized Medicare Supplement plans. Here is some key information to help you in your selling efforts:

- Your clients can receive a **5% discount** on each of their contracts if there is more than one Medicare Supplement policy written in a household.
- In addition, they can receive **\$2 per month off their premium** if they enroll for automatic monthly premium withdrawals taken directly from their bank account or \$48 for the year if they pay annually.
- New members are eligible for the **six-month rate guarantee program**. The rate guarantee period is based on the initial plan effective date of the member and will protect their premium from any Virginia Bureau of Insurance approved rate increases for six months. Once the six-month period has concluded, the member will receive notification the program has ended and we will apply any applicable premium change if the six-month period overlapped with the annual renewal in July.

What Information Will my Clients Receive About their Renewing Plan?

Beginning in mid-May, your clients will receive a renewal letter regarding their coverage. This letter will show the premium that Anthem will bill the member upon the renewal effective date. See the links below for copies of the information your clients will receive:

[Renewal Letter](#)

[Important Information](#) about premiums and other costs for Medicare plans

The chart below shows the rate action that was approved by the Virginia Bureau of Insurance for Anthem, effective July 1, 2020:

Virginia Approved July 2020 Medicare Supplement Rates	
Plan	Approved Change
Modernized -- Marketed	
Mod A	8.2%
Mod F	6.5%
Mod G	6.9%
Mod N	9.9%
Modernized -- Non-Marketed	
Mod HD F	6.5%
Mod GI B Basic	0.0%
Mod GI B Disabled	0.0%

Total	6.7%
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Refer to the linked [Outline of Coverage](#) for reference to see the premium that was approved by the Virginia Bureau of Insurance for the currently marketed gender-rated Modernized Plans.

The charts below show the premium that was approved by the Virginia Bureau of Insurance for Anthem, effective July 1, 2020, for the **Unisex plans that are NO longer marketed and were sold PRIOR to March 1, 2015:**

CLOSED PLANS											
Mod -- Area 1	Premium Effective July 1, 2020										
Unisex Rating	65	66	67	68	69	70	71	72	73	74	75+
Plan A	\$97	\$104	\$110	\$115	\$117	\$121	\$129	\$130	\$133	\$137	\$144
Plan F	\$165	\$180	\$191	\$199	\$210	\$216	\$227	\$235	\$245	\$250	\$274
Plan F HD	\$40	\$44	\$47	\$50	\$54	\$58	\$60	\$64	\$68	\$71	\$79
Plan G	\$102	\$113	\$118	\$125	\$131	\$136	\$142	\$148	\$153	\$157	\$171
Plan N	\$95	\$106	\$111	\$115	\$123	\$126	\$133	\$138	\$142	\$147	\$160

CLOSED PLANS											
Mod -- Area 2	Premium Effective July 1, 2020										
Unisex Rating	65	66	67	68	69	70	71	72	73	74	75+
Plan A	\$97	\$104	\$110	\$115	\$117	\$121	\$129	\$130	\$133	\$137	\$144
Plan F	\$160	\$176	\$185	\$195	\$204	\$211	\$220	\$230	\$237	\$245	\$267
Plan F HD	\$40	\$44	\$47	\$50	\$54	\$58	\$60	\$64	\$68	\$71	\$79
Plan G	\$102	\$113	\$118	\$125	\$131	\$136	\$142	\$148	\$153	\$157	\$171
Plan N	\$95	\$106	\$111	\$115	\$123	\$126	\$133	\$138	\$142	\$147	\$160

CLOSED PLANS		
Modernized Plan B	Premium Effective July 1, 2020	
Plan B GI	>65 1/2 failed medical UW	\$830
Plan B Disabled	<65 on Medicare due to disability	\$1,097

Age-Related Premium Change:

Except for Plan B Guaranteed Issue Basic and Disabled, all plans are attained-age products, which means that, as enrollees reach a new age category, their premium will change based on the new age category. The age-related premium changes occur during the July renewal of each year. Therefore,

while there may not be a medical cost increase, your client could see an increase due to the rating method for the product. If a birthday occurs during the renewal month, the age change will not occur until the next renewal. If an individual is age 75 or older, their premiums will not change based on their new age as the age-related premium change caps at age 75.

There Is No Rate Guarantee for New Business.

If a member decides to move out of a plan not currently marketed, he or she cannot return to that plan – except in limited circumstances.

Why Is a Rate Adjustment Necessary?

Rate adjustments are necessary for several reasons. First, the Centers for Medicare & Medicaid Services (CMS) generally updates deductible and coinsurance amounts effective January 1 of each year. This means our plans that cover the deductible and coinsurance amounts may have to pay more in benefits. In addition, the cost of providing health care services continues to increase each year, and the population covered by Medicare Supplement policies tends to need more health care services as they grow older.

At Anthem, we are committed to helping you succeed. We know you are a huge part of our strength and success, and we value your commitment to the members.

If you have any questions, please contact your Sales Director or Regional Sales Manager, or e-mail Broker Support at medicareagentsupport@anthem.com or call 1-800-633-4368.

Thank you for your continued support!

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This article applies to:

- Virginia
- Senior and Medicare