



Medicare Playbook: Getting on the scoreboard for 2013 and beyond



Introducing ...

The Medicare Playbook: Getting on the scoreboard for 2013 and 2014

This playbook was designed as an internal resource to help prepare you for conversations with your employer groups (“clients”) about retiree group coverage. We want to make sure you have sufficient information, talking points and a list of go-to resources to feel comfortable and confident when discussing retiree benefit options with your clients.

The talking points in this playbook are provided to help set the tone and open dialogues between you and your clients. Therefore, do not feel compelled to ask only these questions but freely explore other questions that can help you score big and have a great win for 2013 and beyond!

Welcome to the Dugout

Understanding the current environment, issues and potential solutions

When it comes to understanding and explaining health care, there’s no doubt that it is complex, puzzling and even frustrating. For people approaching retirement who’ve had employer-sponsored health plans for years, it can be very difficult to understand the ins and outs of Medicare, Medicare Supplement, Medicare Advantage and Part D prescription drug coverage.

For the employers of these about-to-be retirees, it’s complex as well. Gone are the days when the majority of retirees simply continue with employer-sponsored health insurance. It’s important for you to understand the current environment so that you can help your employer groups as they make their way through the maze of health insurance for retirees.



Some challenges employers face:

- Spiraling health costs due to aging retiree population in concert with aging actives – many are expected to work beyond age 65 – pushing up employers’ or unions’ total health care spending.
 - Reports show that by 2050, the number of Americans aged 65 and older is projected to be 88.5 million, more than double the projected population of 40.2 million in 2010 (U.S. Census Bureau 2010: “The Next Four Decades – The Older Population in the United States: 2010 to 2050”).
- Cost pressures and the aging retiree population will prompt employers to limit future liability by transitioning to fully insured products with increased medical management and/or defined contributions, or terminating any retiree coverage offering.
 - Cost of insuring employees increased 38% from 2006 to 2011.
 - Private health insurance expenditures increased 91% from 1999 to 2009.
- More employers are reducing their participation in retiree benefits over time. The reduction in firms offering retiree benefits is expected to accelerate until a negligible amount offer retiree benefits in the next 10 years.
- Long-term, employers will look toward exchanges, both with and without a Medicare coordinator, to reduce their overall liabilities in retiree health benefits. The shift will happen over time to minimize disruption to current employees that will retire soon. Most employers are eliminating retiree coverage for new hires and current employees, but grandfathering in current retirees, leading to gradual phase out of retiree coverage.
- Employers offering health coverage to employees over 65 can offer traditional commercial plans where Medicare pays first (referred to as Coordination of Benefits [COB]), if the group is under 20 employees; but if the group is over 20 employees, CMS requires the group to continue providing active employee benefits without the employee electing Medicare.





Other challenges employers face:

- With Group Medicare plans, the employer sponsors a plan, and their contribution combined with Medicare's reimbursement helps offset the premiums. However, whether the employer eagerly provides benefits or is obligated to continue providing benefits after the employee retires, the employer has to decide on which type of products will work best for the company/organization from a financial standpoint as well as their retiree population.
- Often employers are faced with the challenge of wanting to offer their retirees identical or better benefits as their active employees; but in reality, those products geared toward working employees may not meet the needs of the retirees. Products that are geared toward retirees may have more specific benefits intended to reduce costs with greater intervention from the health plan and more personalized attention for the retiree.
- Employers are often looking to remove the burden of administration from their shoulders for retiree benefits.
- Employers need a consultative/proactive approach from carrier partners to identify/discuss their options for retirees.



Solutions to counter the challenges

Yes, health care costs are rising. Yes, retirees are living and working longer. However, we view some of these challenges as opportunities for us. So that we can grow our membership and retain our existing members, we have a rich portfolio of benefit packages we can offer employers and their retirees as a solution.

Opportunities to look for:

- Sell new Medicare program products (Employer Group Retiree (EGR) or Individual).
- Convert Medicare Coordination of Benefit plans to Medicare Advantage or Medicare Supplement plans, with or without prescription drug products.
- Replace competitors' products with our products.
- Develop a strategy to move retirees into one of the Private or Public exchanges we participate in.
- Work with consultant/broker to establish a Voluntary Employee Benefit Association (VEBA) trust and implement WellPoint Medicare program products.
- Review existing books of business for retiree plan opportunities.
- Work those employees who will not have employer-sponsored insurance upon retirement on the Green List and possibly transfer them from a Group plan into an Individual plan.

Let's get started!
The clock is ticking.





Group EGR products:

So that you aren't caught off guard by the pitcher, here is a brief listing of Medicare program products we can make available to your clients to help reduce disruption of benefits for those employees upon retirement. We also offer Individual plans for those employees who lose their employer-sponsored insurance upon retirement. (We will explore these Medicare program products and other services we offer more in-depth later in the playbook.)

- Commercial medical products that coordinate benefits with Medicare (COB plan). They look like active employee plans, but Medicare pays first and the plan pays second.
- Group Medicare Advantage plans (HMO or PPO)
- Group Medicare Supplement plans available in some states
- Group Medicare Part D prescription drug plans, including Employer Group Waiver plans with wrap coverage

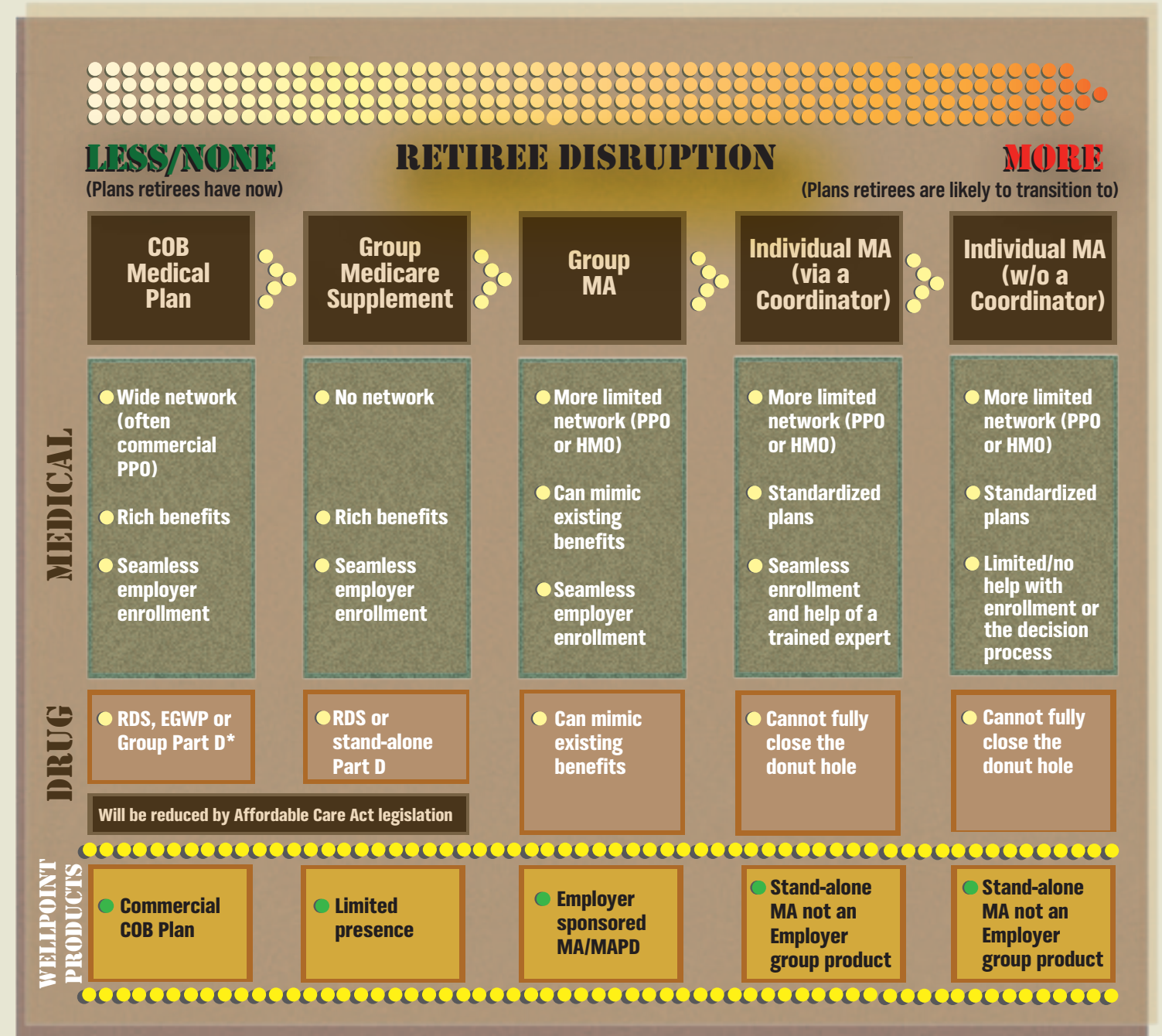
Individual products:

- Individual Medicare Advantage plans (HMO or PPO)
- Individual Medicare Supplement plans
- Medicare Part D prescription drug plans
- Optional supplemental plans (dental, vision and more)

So far, we've already thrown a lot of information at you, and there is still so much more for you to learn and know.



This chart illustrates a continuum of products available to Employers as they transition retirees from a Commercial plan to a retiree plan.



*RDS (Retiree Drug Subsidy), EGWP (Employer Group Waiver Plan)



Pre-game “pow-wow”

Before the game starts, let’s talk game strategy to help prepare you to pre-qualify a new group or to potentially convert Coordination of Benefit groups to Medicare Programs products:

First: Assess the opportunity

- Learn what the employer’s strategy is for the retirees and if there are health benefit plans in place now.
- Get a feel for whether the employer is interested in making plans available to retirees, or whether the group prefers the retiree to seek coverage outside the employer group.
- Find out whether employee benefits are available through a labor agreement or contract.
- Find out if the group wants to offer Group plans, Individual plans, or if plans are available through a private exchange.

Next: Identify the employer’s needs

Think about how the employer group may respond to determine whether the group may swing more in the direction of Group products or Individual products.

The employer may swing toward Group offerings if:

- The group feels obligated to offer benefits to retirees and is willing to contribute 50% or more to the premium.
- The group wants to be involved in the marketing process and have a say in the materials that go out to the retiree.
- The group is concerned about the cost of the plan because the group pays 50% or more of the premium.
- The group has a specific plan design and may want to offer retiree benefits that are similar to the active (non-retiree) employee coverage.
- The group wants to offer retiree benefits that are similar to the active (non-retiree) employee coverage.
- The group wants to offer premium prescription drug coverage.
- The group wants to offer the retiree benefit coverage that the retiree couldn’t purchase outside the group plan.
- The group has a financial liability to offer retiree benefits. Learn whether the employer has to report retiree benefit liability on the company/union/trust financial statements.
- There are more than 35 retirees and spouses who need coverage.
- It will be an advantage to the group to take the retirees out of the active plan and separate them if they are currently mixed in with the actives.

The employer may swing toward Individual offerings if the employer does not offer group-sponsored benefits and:

- The group wants retirees to have access to good coverage.
- The group is willing to either pay for some or none of the premium.
- The group does not have the resources to handle marketing and other administrative functions of offering retiree benefits.
- The group wants someone else to handle the retiree health benefits.
- The group prefers to explore an exchange for the retirees’ coverage.

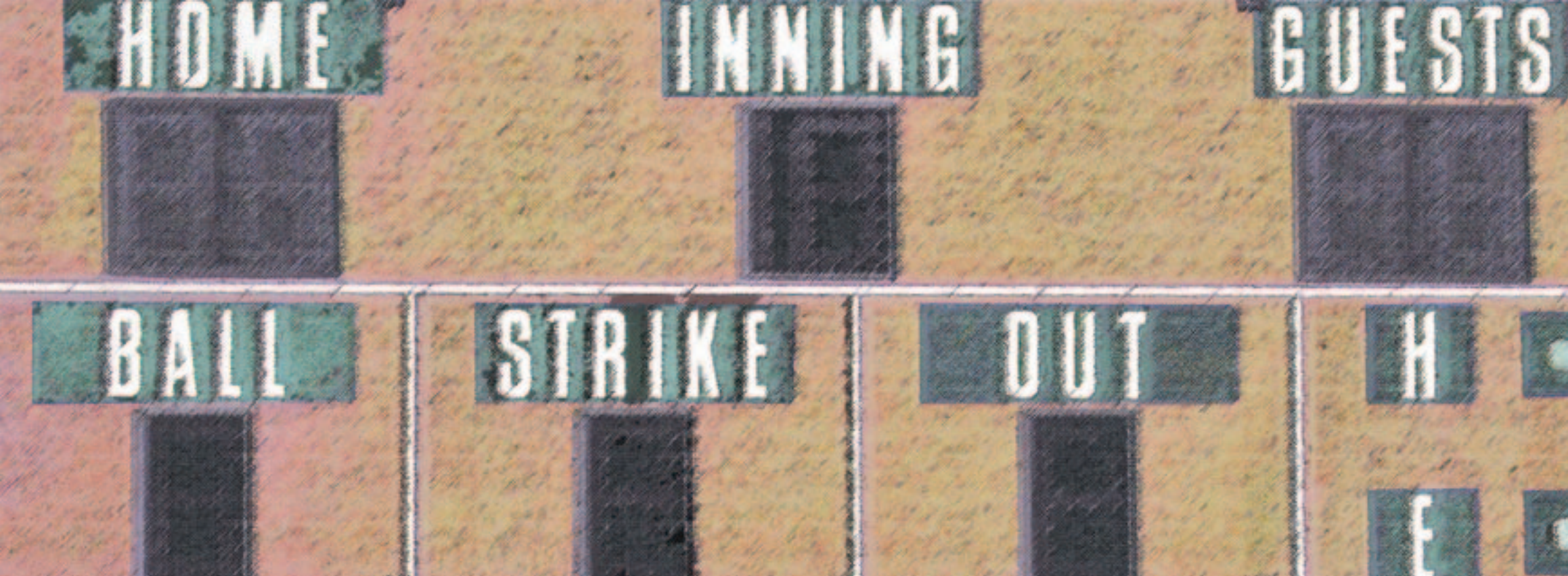
Then: Finalize the game plan

- Build a cross functional team to make the sale and implement the group.
- Assess your resources and determine how you can better utilize their time and expertise to win over the employer group.
- Engage EGR Account Executives or Individual Medicare plans resources to get a quote.

Now you’re ready to step up to the plate!

Given the current environment, you’re in a premier position to help your employer groups. You need to step up to the plate to have conversations with your groups about plan offerings (either EGR products or Individual products) that will benefit their retirees as well as benefit the group. **Remember:** Those conversations should also include you asking the key questions, such as: What are your plans for offering retiree benefits? Do you offer them now? Do you plan to offer retiree benefits in the future?

Let the game begin ~
batter up!



Getting on the scoreboard in 2013 and beyond

You're probably familiar with the company's framework "Plan to Win" ... how the company plans to execute its strategy for the next several years. For our business purpose here, we're aiming for the same target but taking it one step further ... we "Play to Win." However, in order for us to hit a winning ball, our team must have a clear understanding of the business goals, share the same values and possess the same winning attitude. So to get started and get on the scoreboard, review the game plans below.

Our goals to win:

- We want to be able to contact retiring employees from all of your groups about Medicare options. These retirees receive mailings from our competitors, and we want to be able to contact them as well. We need you to ask your groups if we can contact their employees approaching Medicare eligibility.
- We've made progress – Large Group penetration for our "green list" (groups we can contact) has increased from 50% to 72% since 2012. Moving forward, we want to increase that penetration to 90% and higher.
- National groups have a goal of moving from 14% to 50% in 2013, and to 70%+ in 2014.
- We want to keep our group and individual members! Talk to your clients about retiree coverage through EGR or Individual products.

Ways you can help us reach our goals:

- Become familiar with the current environment facing employers and their employees who are eligible for Medicare and retirement.
- Ask your groups if we can contact their employees approaching Medicare eligibility.
- Be the "go to" resource for your groups by having consultative conversations about retiree benefit options – use the talking points in this playbook. It's good business!
- Ask your groups if they plan to offer employer sponsored health plans or if Individual plans are a better fit.
- Reach out to a sales expert in Medicare programs to help you guide your employer groups through the sales process.

Benefits to you, the Account Executive:

- You can retain your existing clients. Discussing Individual and EGR options with existing groups can help you retain your business.
- You can grow your business. Having proactive, consultative conversations with existing groups is good way to score new business and provide good service.
- You'll have confidence when speaking about our product offerings. When you are knowledgeable about the products and services the company offers, you'll feel confident.
- As an added benefit, this reinforces the role of the Account Executive as "the problem solver" for health care issues.

Benefits to employer groups and their employees:

- Employers can provide their employees with information and solutions about planning offerings available to them.

Step up to the plate ... and get on base





Learn the product line and become a power hitter

Get comfortable with all our plan products and you will be a power hitter. After all, with so many great solutions to help your clients' retirees, you'll consistently score home runs and win big. You may even get a standing ovation ... or at least a few cheers along the way.

Employer Group Retiree (EGR) and Individual products overview

We have a diverse portfolio of health and prescription drug plans and supplemental packages that individuals and retiree groups can choose from. What's even more rewarding, most of our plans include extended health and wellness programs, and discounted products and savings offerings for a well-rounded health balance.

On the following pages is an overview of the Medicare products available to employer groups or individual retirees. Most of these plans can be purchased either as an HMO, PPO or stand-alone plan, with an option to add supplemental benefits. Funding types include fully-insured or ASO for groups of larger sizes.



Medicare basics for Individuals

Original Medicare includes:

- **Part A:** Covers hospital stays, skilled nursing facility care and home health care
- **Part B:** Medical care coverage that helps cover the cost for doctors' services, hospital outpatient care and some home health care services, as well as lab tests and durable medical equipment. Part B also covers most preventive services, including a yearly wellness exam
- **Does not cover** costs for services such as deductibles, coinsurance and copays, most outpatient prescription drugs or dental care

Original Medicare plus Medicare Part D prescription drug coverage:

(for those individuals who want to keep Original Medicare)

- Provides coverage for Part A and Part B
- Provides prescription drug coverage. Medicare Part D is only offered by private insurers, employers or unions approved by Medicare
- Helps pay for most brand-name and generic prescribed drugs
- Provides access to retail drugstores across the country and mail-order options

Medicare Advantage plans – Medicare Part C:

- Not a Medicare supplement, Medigap, Medicare Select or prescription drug plan.
- Takes the place of Original Medicare Part A and Part B, and Medicare pays contracted plans monthly to provide retiree with medical coverage
- Retiree must be enrolled in both Parts A and B of Medicare and continue to have the Part B premium paid for by the retiree, or by Medicaid or by another third party, such as an employer group or union
- Medicare Advantage plans pay benefits not paid through Original Medicare
- Can be HMO, PPO or Private Fee-for-Service plans
- Includes all original Medicare benefits and some additional benefits
- Most benefits have set copays
- Virtually no paperwork
- Devoted Customer Service staff
- Most include Part D prescription drug coverage
- Special Needs Plans available in some states



Medicare basic plans (continued)

Medicare Part D prescription drug plans:

Provided through Medicare prescription drug plans (PDP), Medicare Advantage plans (MAPD) and some employers and unions.

- All plans must provide at least the standard level of coverage set by Medicare
- Medicare updates plans and costs annually
- Must use network pharmacies except under special circumstances
- Can only enroll in one prescription drug plan at a time, including a Medicare Advantage plan that already has a prescription drug benefit
- Can purchase stand-alone Part D to add to a Medicare Supplement or Private Fee-for-Service Medicare Advantage only plan
- Must reside in plan's service area

Medicare Advantage plus prescription drug coverage (MAPD):

- Combines Medicare Advantage medical plan with prescription drug plan
- Includes benefits covered by Original Medicare, plus more
- Retirees must use network pharmacies except under special circumstances

MAPD eligibility:

- Retiree must have both Medicare Part A and Part B
- Retiree must continue to pay Medicare Part B premium if not otherwise paid for under Medicaid or by another third party
- Retiree must reside in service area
- Retiree cannot have end-stage renal disease (ESRD); some exceptions apply

Enrollment periods

Getting Medicare benefits is not always as simple as just turning 65. There are actions most must take during preset "enrollment periods." For example, Medicare-eligibles must actively enroll when they are first eligible to receive Original Medicare and Part D to avoid possible coverage delays and premium penalties that can last as long as they have Medicare.

Initial enrollment period for Original Medicare and Part D

- 7 months surrounding retirees' Medicare eligibility: This is the 3 months before they turn 65, the month when they turn 65, and the 3 months after the month they turn 65.

Special enrollment period (SEP) for Original Medicare and Part D

- A common SEP is for those covered under their employer's health plans who retire after 65. In this case, they can usually enroll in Medicare when they are ready to retire. Their initial eligibility period would begin at that time. Other common examples include when they qualify for Medicare's Extra Help, both Medicaid and Medicare, or when enrolled in some Medicare plans, and if they have moved outside of the plan's service area.



Supplemental plans and benefits

Medicare Supplement (also known as Medigap):

Helps fill in the gaps in Original Medicare. Retirees have an option to buy a Medicare Supplement plan with or without a Part D plan. Here's how the plans work together.

- Original Medicare plus Medicare Supplement (no drug coverage): Coverage for basic medical and hospital expenses, plus coverage for expenses, such as your share of the deductibles and coinsurance that Original Medicare does not fully cover
- Original Medicare plus Medicare Supplement plus Part D (prescription drug coverage): Coverage for basic medical and hospital expenses, plus coverage for expenses such as retirees' share of the deductibles and coinsurance that Original Medicare does not fully cover, as well as prescription drugs

Enrollment and eligibility

It is very important to note that there are different open enrollment periods for Medicare Supplement plans and Original Medicare. For Medicare Supplement, retirees are eligible to enroll when they are 65 or older, and after they enroll in Medicare Parts A and B.

It is recommended that retirees enroll in a Medicare Supplement plan within their initial eligibility period for Medicare so they can enjoy **guaranteed acceptance** into their choice of plan, without needing to answer questions about their health or qualify medically.

Optional Supplemental Benefit (OSB) packages

Retirees can maintain their good health by adding an OSB package to most Medicare Advantage plans. However, retirees must continue to pay their Medicare Part B premium. OSB packages provide vision and dental coverage as well as other benefits (for example, chiropractic and acupuncture) that are not always covered under Medicare Advantage (MA) plans, nor included with Original Medicare (Parts A & B). And because there is no waiting period, retirees can start enjoying their benefits right away.

Health and wellness programs, discounts and more:

- Personalized Healthy Checklist
- Live Health Education Specialists
- Reminder mailings about needed screenings
- Care management services
- Home visits
- Member Incentive Program
- 24/7 NurseLine
- SilverSneakers® Fitness Program
- Online tools and resources

EGR product offerings and services

Medicare Advantage plans:

Are offered by private insurers that have been approved by Medicare. Medicare Advantage plans can be offered to retirees 65 and older and other Medicare-eligible individuals. They also offer significant benefits to both retiree and employer groups.

Benefits to retirees and employer groups

For retirees:

- Same benefits no matter what state the retirees live in
- Predictable costs and budgeting for health care expenses
- Out-of-pocket savings
- Doctors and hospitals file virtually all claims
- Medicare Advantage plans provide all retiree health and drug benefits (if Part D prescription coverage is included) under one plan, with one ID card
- Orderly and smooth implementation. We offer focused 90-day implementation tailored to a smooth transition.

For employer groups or unions:

- Same level of benefits offered to your retirees across multi-state locations
- Significant savings are available when you choose Part D prescription drug coverage
- Dedicated subject matter resource for the group with an assigned Employer Service Consultant to be your contact for questions concerning benefits, eligibility, membership or claims, or escalated Customer Service issues
- Dedicated Customer Service unit for Employer Group Retiree members
- Comprehensive reporting package specific to the Medicare Advantage and Medicare Part D population



Our EGR portfolio

Network-based Medicare Advantage plans include both HMO and PPO plans

Medicare Advantage Preferred Provider Organization (PPO) plans:

- Give retirees freedom to see any provider inside or outside the network as long as the provider accepts Medicare and agrees to bill the plan.
- Include a large network of doctors.
- Allow retirees to see specialists without getting a referral.
- Provide benefits for all medically necessary, Medicare-covered services.
- Give retirees access to the national Medicare Preferred PPO network in all states, Washington, D.C. and Puerto Rico.
- Need to have the majority of the retirees residing in a network-covered area to be eligible to offer the plan.
- Allow retirees to get medical services at the in-network cost share if they live in an area without network providers.

Medicare Advantage Health Maintenance Organization (HMO) plans:

- Include all health services offered by Medicare, plus additional preventive screening services and benefits not provided by Medicare.
- Have copays – retirees will know what their out-of-pocket costs are up front.
- Give retirees access to primary care physicians who can help guide their care.
- Require retirees to receive all Medicare-approved care from plan providers.
- Cover emergency and urgent care from out-of-network providers if an in-network provider is unavailable or not accessible.
- Are available in select counties in various states.

Group Part D prescription drug plans:

- Give retirees access to thousands of network pharmacies throughout the United States.
- Provide comprehensive plans with full gap or generic gap options.
- Can be customized for groups with over 250 members.
- Have CMS reimbursements to reduce premiums.
- May include the Select Generic program that covers many popular drugs with a proven ability to improve care and reduce the costs associated with common treatments. These drugs are provided at no cost to your retirees.
- Handle most administrative work and ensures:
 - Plan complies with all applicable federal and state regulations.
 - Benefits and Formulary meet CMS requirements.
 - All Group Part D plan retiree communications are mailed by the carrier.



Double Play ...

Offer both a Medicare Advantage plan and a Group Part D plan to make a double play! Both plans are also available on a stand-alone basis.

Supplemental products that can be added to Medicare Advantage plans

Dental:

Includes preventive plan: exams, cleanings and X-rays. Also available, comprehensive coverage, such as preventive coverage, oral surgery, endodontic (root canals), periodontic (scaling) and prosthodontics (dentures).

- Offers a large network of providers, so retirees can find a dentist nearby
- Includes both PPO and HMO plans
- Provides simple, expert administration
- Gives retirees a dedicated Customer Service line to get quick answers to their benefit questions



Health and wellness programs, discounts and more

Extended Wellness Coverage:

Our Health and Wellness programs give your retirees access to a suite of programs and discounts designed to help them reach optimal health through personalized solutions, such as:

- Live Health Education Specialists
- Reminder mailings about needed screenings
- Personalized Healthy Checklist
- Care management services
- Home visits
- Member Incentive Program
- 24/7 NurseLine
- SilverSneakers Fitness Program

Discounted products and services that retirees can take advantage of on our website:

- Eyewear at popular retail locations
- Vitamins, supplements and other health and beauty products
- Services from local dietitians, chiropractors and massage therapists
- Allergy control products
- Discounted gym memberships and weight loss programs (including Weight Watchers® and Jenny Craig®), and more!

Services designed for retirees:

- **Dedicated Customer Service representatives:** trained professionals to meet the needs of retirees. We also have Employer Service consultants to assist employer groups.
- **First Impressions Call Center:** available to assist retirees during pre-enrollment to answer plan questions.
- **One ID card:** for medical and prescription drug coverage ... from a name retirees know and can trust.

Voluntary Employee Benefit Association (VEBA) trust option:

A VEBA trust is a special trust, which is set up by an employer, that allows pre-tax contributions to a health care account for funding retiree health benefits. A VEBA may help eliminate the long-term accounting liability of providing retiree health care benefits.

- Contributions are tax deductible to the extent permitted by federal tax law. However, generally income is taxed as earned.
- Operating and administrative expenses may be reduced.
- May be able to slow the growth of retiree health care expenses.

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Hit a grand slam with an EGR quote

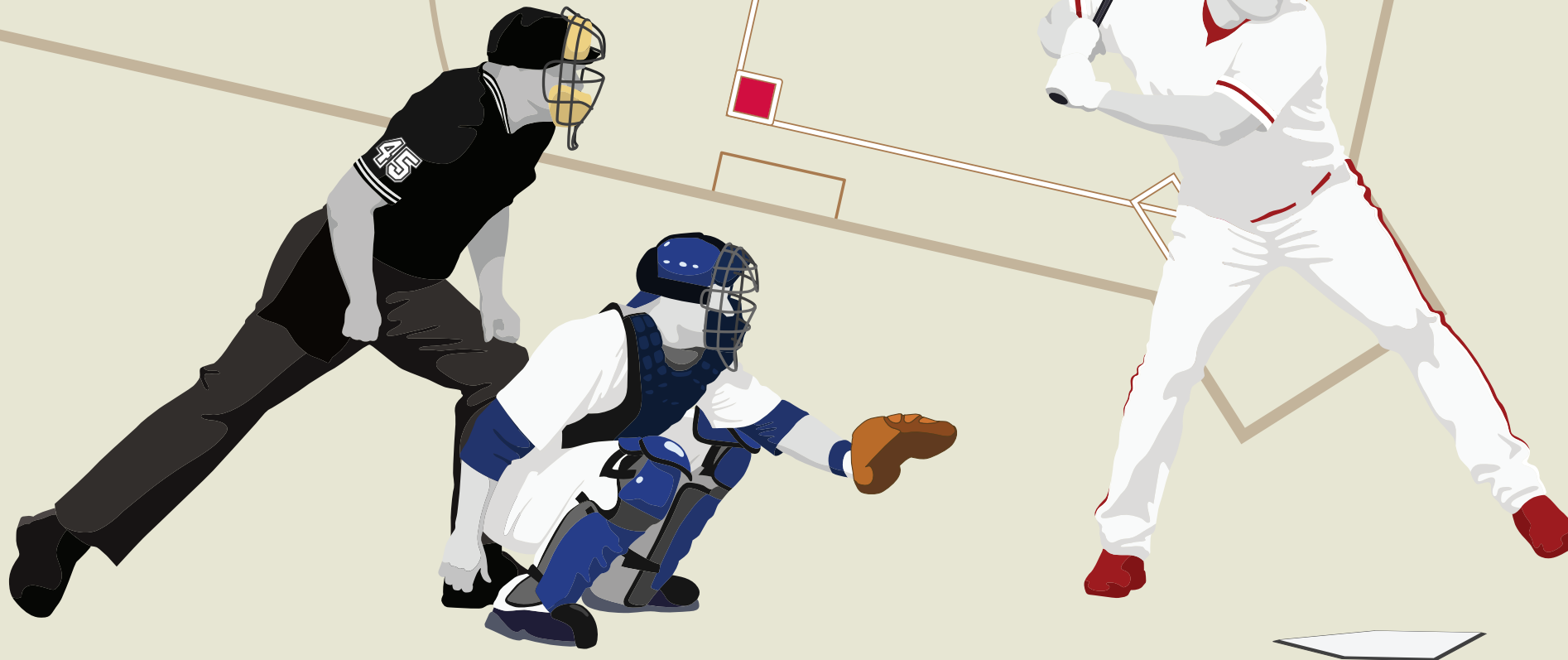
Once you've identified the need and discussed the product possibilities, gather this information to obtain a Group Retiree quote:

- Census data containing:
 - Date of birth
 - Gender
 - ZIP code of residence
 - Medicare-eligible identifier
 - Identifier by plan if multiple plans exist
- Effective date
- Employer contribution
- Current rates and benefits

Preparing the field for the WIN!

Sample Implementation - Wind up and delivery

A smooth implementation can be achieved with either EGR products or Individual Medicare Programs products by assembling the right team. Your subject matter experts from Medicare Programs will take you through the pitches. You provide the knowledge of the client, and we'll help you to meet their expectations for a successful transition to new products.



For EGR products:

Your EGR Account Executive leads this effort on group products and:

- Confirms sale.
- Ensures new groups' paperwork and contracts are completed and signed.
- Reviews Open Enrollment marketing materials and gets Compliance approvals.
- Opens First Impressions dedicated EGR phone lines for retirees.
- Mails pre-enrollment collateral.
- Conducts Open Enrollment meetings, if needed.
- Handles benefit coding and group setups.
- Oversees enrollment processing (via electronic, spreadsheet or paper).
- Delivers implementation binders to the groups.
- Oversees handling of post-enrollment kits and member ID card mailing.

For Individual products:

If a retiree Group plan is being eliminated and a group of retirees is in need of finding an Individual product, the Account Executive will follow these steps to ensure a smooth delivery:


- Identify date of group plan elimination.
- Through census, identify the percentage of retirees living within the plan's service area.
- Together with the regional Individual "coach," the Account Executive puts together a proposal for the group to provide information about Individual products. Proposal could include a mailing, enrollment meetings in highly populated areas, and outbound telesales efforts.
- The Account Executive and Individual "coach" will coordinate all logistics. Depending on scale/scope, they may need to assemble an internal project team. If retirees live in several of our regions, the Individual coach may need to coordinate with coaches from other regions.
- Keep in mind that any mailing will have to be filed with CMS, so sufficient time needs to be allotted for this step.

If a group wishes to simply provide ongoing educational services to employees who are turning 65, the Account Executive will follow these steps to ensure a smooth delivery:

- Promote movement to the Green List so that we can contact these employees.
- Promote our on-site services to the group:
 - Medicare agent can provide a Medicare 101 presentation to the group of employees/retirees.
 - Medicare agent can be on site periodically to talk individually to employees/retirees.
 - Medicare agent can work a table at a benefit fair.
 - If the group requests a Medicare on-site presentation or meeting, the Account Executive will work with the Individual coach to assign an agent to fulfill the request.
 - Set up calls with group representative and the assigned agent to coordinate details for the on-site presentation/meeting.
 - Account Executive and assigned agent can partner for additional on-site events.

Your coaches

These coaches will serve as your subject matter experts and Account Executives. They are here for you, so be sure to reach out to them for support or any questions you may have.



2013 EGR TEAM ROSTER

Employer Group Retiree Team:		
Territory	Name & email address	Phone
Labor and National Accounts: Central Region	Rita Kidd , EGR Sales Director Rita.Kidd@anthem.com	713-339-1406
Local and National Accounts: Southeast VA, GA	Amy Feinman , Sales & Renewal Executive Amy.Feinman@anthem.com	804-354-7275
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Local: OH, IN, KY	Rose Griffin , Sales & Renewal Executive Rose.Griffin@wellpoint.com	314-923-7728
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Upstate: NY, NH, ME	Liz Sampo , Sales & Renewal Executive Liz.Sampo@wellpoint.com	603-695-7237
Local CT, NYC and Labor East	Kim Parker , Sales & Renewal Executive Kim.Parker@wellpoint.com	631-258-8663



2013 INDIVIDUAL TEAM ROSTER

2013 Individual Team:		
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All	Erin Ackenheil , VP Sales Erin.Ackenheil@wellpoint.com	415-320-5784
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West	Renee Hunter , RVP Sales Renee.Hunter@wellpoint.com	949-648-2302
East	George Siriotis , RVP Sales George.Siriotis@wellpoint.com	203-376-6044



Individual and EGR Customer Service numbers:

Please click on the link below for a listing of all Customer Service numbers
<http://sharepoint.auth.wellpoint.com/sites/CAAccountMgmt/default.aspx>

Have a winning season

We hope this Medicare Playbook helps you knock it out of the park and score big for 2013 and beyond.