



## Statement of Employer Funding Member Liability Form for 51+ Ohio groups

When Anthem Blue Cross and Blue Shield prices benefits plans with high deductibles, one of the underlying assumptions making those plans cheaper is that changes in member behavior will result due to the higher deductible reducing claims. For instance, members with higher deductibles are more likely to choose less expensive generic drugs rather than more costly name brand drugs. This increased consumer awareness results in greater savings that is, in turn, reflected in lower rates.

However, it has come to Anthem's attention that a number of employers are purchasing higher deductible plans, but funding a large portion of the deductible for the members. Since the member is not exposed to the full effect of the deductible, behaviors do not change as much as anticipated. This has adversely impacted the claims experience of those plans. Therefore, effective July 1, 2010, to preserve the full value of the plans for the employers who are not funding the deductible, Anthem will load the rates for groups that fund more than 50% of the member deductible.

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**Do you (the employer) fund more than 50% of the member deductible, out-of-pocket costs (e.g., copays or coinsurance), or any bank account to fund those costs for the members covered under your plan?**

**Yes**

If yes, please explain what you fund here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**No**

NOTE: If you answered "yes" above, the quoted rates charged to the group will be loaded at the time of sale or renewal, if they have not been already been loaded for employer funding of member plan liability.

*By signing this statement, I am agreeing that I have read and understand the language in the statement and agree to its terms. I represent that the answers given to all questions on this statement are true and accurate to the best of my knowledge, and I understand they are being relied upon by Anthem Blue Cross and Blue Shield in accepting this group for coverage. I understand that any misstatements, or failure to report any change in the above statements, may result in a material change to coverage or premium rates. Any material misrepresentation or significant omission found may result in denial of benefits or recession or cancellation of the coverage.*

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Anthem Group ID #

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date