Integrated Health Care: The new business norm with a priority on people

The Executive Summary

Integration of medical, pharmacy, dental, vision and disability has become an increasingly prominent part of corporate health benefit conversations — and considerations. Today, organizations of every size are increasingly recognizing the value of Integrated Health Care (IHC) to their employees and to their operations. For employers looking to integrate or expand their IHC offerings, it’s critical to understand the current environment and where IHC is heading.

The latest research conducted for Anthem by TRC Insights — an independent research firm — tracks noteworthy trends and developments every organization should know about. You’ll find them summarized in this report.

Integration now: A changing landscape and business environment creates growing momentum.

The research confirms a growing movement toward Integrated Health Care — 71% of employers with 100+ employees are in the process of integrating their benefit programs or considering doing so: up significantly from 60% in 2016.

Employers with 100+ employees actively integrating or considering integration:

- 46% are actively integrating.
- 71% are actively integrating or considering integrating their benefit program.
- 25% are considering integration.
What is Integrated Health Care (IHC)?

There is a built-in disconnect in health care.

Employee benefits have often been delivered in “silos” — with medical, pharmacy, dental, vision, life, disability and health and well-being benefits offered through different carriers with little or no interaction among them. This can leave employees and health care providers with a disconnected view of total body health.

IHC is a big-data, employee benefits strategy. It connects pharmacy, dental, vision, disability and absence management data to an employer’s health management program, based on member claims and population insights.

This actionable data is shared and benefits are connected. As a result, doctors and other health care providers have access to insights that help them better diagnose and treat members and guide employees toward prevention and care management. IHC programs have been shown to increase employee engagement in well-being programs and improve health outcomes.

About the Integrated Health Care Report.

This report represents the third wave of research conducted for Anthem (2014, 2016 and 2018) on employer attitudes and actions relating to IHC.

- A total of 222 employer interviews were completed. The research was then expanded to include additional interviews with 86 Small Group, 75 Large Group and 75 National employers.

- Employer group size was defined as follows: Small Group (2-99 employees and work 30+ hours per week), Large Group (100+ employees and work 30+ hours per week and operate in one state) and National (1,000+ employees and operate in two or more states) businesses.

- Results presented on the following pages are based on employers with 100+ employees unless otherwise indicated.
Reasons to integrate: From employer cost savings to happier employees.

It’s not only the numbers that have changed. It’s also the reasons given for integrating.

There’s a noteworthy shift in employers’ mindsets. In previous years, companies that integrated were generally focused on the financial potential. Now they’re turning to integration not just for savings, but for happier workers.

Different motivations, different approaches.

The decision to integrate can be driven by different philosophies within an organization.

The practical approach: "A stronger hiring and retention position"

Employers see Integrated Health Care as a competitive way to attract and retain talent in a low-unemployment job market.

The ethical approach: "The right thing to do"

This is a fast-growing motivation for the move to integration.

Pharmacy remains key, while dental and vision coverage have become increasingly important.

Pharmacy benefits seem to be a natural partner to medical insurance, but dental and vision coverage are prioritized as well. The number of employers who indicated they are actively integrating or considering integrating each of the three benefits is extremely high — 99% for pharmacy coverage, 98% for dental coverage and 99% for vision coverage.
Scale matters. Employers’ attitudes — and their choices — are influenced by size.

The differences between National and Large Group employers compared to Small Group employers are evident in a number of areas.

Active movement to integration — 75% of National employers and 68% of Large Group employers are actively integrating or considering integration vs. 60% of Small Group employers.

Competitive drive to integrate — Among employers actively integrating or considering integration, 82% of National and 86% of Large Group say IHC is needed to compete with other employers vs. 65% of Small Group.

Importance of the ability to report outcomes as a measure of success — 93% of National and 98% of Large Group put greater importance on reporting outcomes vs. 87% of Small Group.

Measurement of success by member engagement — 63% of National and 49% of Large Group consider member engagement higher than other criteria vs. 37% of Small Group.

Challenge of notifying and educating employees in the implementation process — 44% of Small Group find it challenging vs. 21% of National and 31% of Large Group.
Behavior

Integration is becoming a business norm.

As more employers of all sizes continue to integrate health care benefits, our research shows even those not yet committed are increasingly grasping the value of this approach.

The advance of active integration.

A recent two-year period has shown a considerable uptick, with 71% of employers with 100+ employees either actively integrating or considering integration. Of these, 46% are currently integrating as of 2018, up from 33% in 2016 — a 39% increase.

* Among employers with 100+ employees
Integration: The momentum is building.

An IHC program involves a series of phases, from strategy to implementation, with many companies far along in the process.

Of the 71% of employers with 100+ employees actively integrating or considering integration, here is where they stand:

- **9%** have a strategy.
- **18%** are implementing a strategy.
- **19%** have implemented a program.
- **25%** are considering implementing a program.

Employers often focus on ease of administration and doing more for employees as motivating factors for IHC.

Here are a few verbatims from the research.

**Motivation for integration:**
- Lower cost of doing business, more convenience, better employee response and less work in-house.
- The ease of access for our employees, the consistent health care, knowledge of always being able to contact the provider, and an overall better health and financial decision for our company.

**Motivation for consideration:**
- Ease of administration and giving employees easier, more convenient access to health care options is our main motivator.
- This is something that will make employees want to stay.
National and Large Group employers are still the most active in leading the way to integration.

- **National**: 75% actively integrating or considering integration.
- **Large Group**: 68% actively integrating or considering integration.
- **Small Group**: 60% actively integrating or considering integration.

A breakdown of where each group is in the integration process.

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Large Group</th>
<th>Small Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrating</td>
<td>47%</td>
<td>36%</td>
<td>37%</td>
</tr>
<tr>
<td>Considering</td>
<td>28%</td>
<td>32%</td>
<td>23%</td>
</tr>
<tr>
<td>Potential Consideration</td>
<td>25%</td>
<td>27%</td>
<td>34%</td>
</tr>
<tr>
<td>Rejected</td>
<td>5%</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>
Gaining ground: The winning benefits are dental and vision.

While all products are viewed as important, both dental and vision have risen to the level of equal importance to pharmacy this year. A growing number of employers report they’re either actively integrating or considering integrating dental and vision with medical benefits.

As you can see from the chart below, dental and vision are becoming increasingly common offerings. Disability remains important, with more than half of all employers with 100+ employees actively integrating it into their offerings.

Product integration
(Among employers with 100+ employees actively integrating or considering integrating products)
Employers recognize the importance of provider collaboration.

IHC facilitates better communication among the patient’s health care providers — doctors, pharmacists, dentists, vision providers and care managers. The insurance carrier connects care providers with a bigger picture of a patient’s health via electronic patient health histories and health reminders when a patient is overdue for a health care service. This ongoing process is important because what affects one area of a patient’s health can affect another.

**How vital is provider collaboration to the IHC model?**
(Yes, it’s vital %*)

- **90%** of employers agree that collaboration between insurer’s nurse care manager and disability case manager is vital to an integrated health and disability plan.
- **89%** of employers agree that collaboration between doctors and vision providers is vital to an integrated health and vision plan.
- **85%** of employers agree that automatically identifying and notifying employees who would benefit from extra care (like cleaning) is vital to an integrated health and dental plan.

* Among employers with 100+ employees.

**Why collaboration is important:**

25 of the top 25 utilized drugs have vision and/or dental side effects. That’s why it’s important that providers are notified of the medications their patients are taking and have full insight to diagnose and treat their patients properly.

*Source: Anthem analysis of top utilized drugs and the side effects as described in Lippincott Drug Guide for Nurses, 2018.*
Integrating with a single insurance carrier: The preference for one over many.

Employers continue to be more likely to integrate with a single vs. multiple insurance carriers.

Integrating with single vs. multiple insurance carriers
(Among employers with 100+ employees actively integrating or considering integrating products)

<table>
<thead>
<tr>
<th>Service</th>
<th>Single</th>
<th>Multiple</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>55%</td>
<td>33%</td>
<td>11%</td>
</tr>
<tr>
<td>Vision</td>
<td>66%</td>
<td>25%</td>
<td>9%</td>
</tr>
<tr>
<td>Dental</td>
<td>62%</td>
<td>28%</td>
<td>9%</td>
</tr>
<tr>
<td>Disability</td>
<td>57%</td>
<td>31%</td>
<td>11%</td>
</tr>
</tbody>
</table>
The Why

The surprising benefits of integration: A shift from cost savings to happy employees.

This year we’re seeing a distinct shift in mindset among employers. Until recently the main focus was on the financial advantages of streamlined health benefits. Now it’s more on valuing employees and keeping them happy. Here are some reasons why, as cited by employers.

**Employer: 2-50 employees**

“It’s beneficial for our company.”

“We thought if the insurance package was desirable it would connect with desirable people.”

**Employer: 51-99 employees**

“Because we are a smaller company and have a family attitude toward our employees and want employees to feel cared for, important and of course we want healthy, happy employees to maximize productivity in our organization.”

**Employer: 100-249 employees**

“Works more effectively for the common good of the people. Everyone seems to benefit.”

**Employer: 250-499 employees**

“More cost effective and easier for enrollees.”

“We want what is best for our employees and our company.”

**Employer: 500-999 employees**

“What makes the employee happy and healthy makes a great worker.”

“[The cost of] coverage now costs less for the employees and the company – thus creating happier employees and allowing the company to use the saved money elsewhere.”
The happiness factor as a workforce advantage.

Today there’s evidence that happy employees can quite literally make a company more competitive. One study found that happy employees are up to 20% more productive than unhappy employees.¹

**Attitudes toward integrated benefits**

(Among employers with 100+ employees)

<table>
<thead>
<tr>
<th>Employer Perceived IHC Benefits</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>An integrated benefits program makes the renewal process easier</td>
<td>91%</td>
</tr>
<tr>
<td>Value for organization in having a single contact across multiple benefit offerings</td>
<td>86%</td>
</tr>
<tr>
<td>Reducing number of insurers simplifies administration, making it easier</td>
<td>84%</td>
</tr>
<tr>
<td>Integrating benefits with a single insurer is more cost effective</td>
<td>81%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer Perceptions of IHC Benefits to Employees</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consolidating benefits helps employees receive better service from insurers</td>
<td>89%</td>
</tr>
<tr>
<td>Employees who receive multiple benefits under a single insurer are healthier in the long run</td>
<td>87%</td>
</tr>
<tr>
<td>Employees just as concerned about vision and dental health as about health overall</td>
<td>87%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attracting/Retaining Employees</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offering integrated benefits makes a more attractive compensation package</td>
<td>90%</td>
</tr>
<tr>
<td>Integrated benefits make an organization a place where people want to work</td>
<td>88%</td>
</tr>
<tr>
<td>Offering integrated benefits helps reduce employee turnover/attrition</td>
<td>86%</td>
</tr>
<tr>
<td>Our employees expect us to offer integrated benefits</td>
<td>81%</td>
</tr>
</tbody>
</table>

Integration: A different perception, a new emphasis.

Old-school incentives of cost and ease are competing with other factors in driving decisions.

While the industry-standard values of cost and ease of administration remain important business imperatives, they’re no longer differentiating. There is a noticeable shift to the human dimension — healthier and happier employees who want to work for an organization.

Acknowledging that acquisition and retention of talent is essential, the consensus among employers in the National and Large Group sectors is that they have to offer more integrated health care to compete. Many in Small Groups share the view, but it isn’t quite as prevalent.

*Recognition of the importance of more strongly integrated health care to compete with other employers:*

- **National**: 82%
- **Large Group**: 86%
- **Small Group**: 65%
Different employers, different measures of success.

Not surprisingly, employee engagement remains one of the main measures of success for many employers that are actively integrating or considering integration. More surprisingly, a small but growing number of employers don’t gauge success by any standard measure. They initiate their own integrated program simply because “it’s the right thing to do.”

An increase of employers doing “the right thing.”

Of the employees surveyed, the number who say “it’s the right thing to do” is small but significant — more than doubling in the past two years.

Overall measure of success of IHC programs
(Among employers with 100+ employees actively integrating or considering integration)
Success: The human element.

For employers who are just considering integration and those with a strategy for getting there, an important part of success is viewed as effective communication and finding the combination of benefits employees will value. In the implementation and evaluation phases, there is increased emphasis on happy, more engaged employees.

Here’s what employers had to say about success for their organizations:

**Considering/have strategy**

“Finding coverages that are affordable and beneficial to the employees.”

“Integrating products together for a review to find the perfect match that the employees can afford that doesn’t put a strain on their household.”

**Currently implementing**

“Coverage now costs less for the employees and for the company, thus creating happier employees and allowing the company to use the saved money elsewhere.”

“Production has been growing and employees seem to be more motivated.”

**Have implemented/evaluating**

“Our employees love it. They have told us time and time again how happy they and their families are with the Integrated Health Care system.”

“Happy employees, ongoing employee retention and attractive benefits to help attract desired new employees.”
The Challenges

What they are and how to find support.

While integration is increasingly becoming the norm in business, there are still challenges facing employers of different group sizes and those with specific needs.

Asked “How challenging has the Integrated Health Care process been for your organization?” only 12% found it very challenging, and slightly over half found the process “somewhat challenging” — a figure almost unchanged from 2016.

Challenge assessment
(Among employers with 100+ employees actively integrating or considering integration)
What aspects of IHC do organizations find most trying?

Organizations face numerous challenges including considerations of time and cost, as well as internal and organizational factors. Notably, the challenge of variable costs with relation to forecasting has become a greater concern since 2016.

Top challenges – top mentions
(Among employers with 100+ employees actively integrating or considering integration)

<table>
<thead>
<tr>
<th>Challenge</th>
<th>2018</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting needs of employees while keeping costs in check</td>
<td>49%</td>
<td>52%</td>
</tr>
<tr>
<td>Time-consuming process</td>
<td>39%</td>
<td>41%</td>
</tr>
<tr>
<td>Employees resistant to change</td>
<td>38%</td>
<td>40%</td>
</tr>
<tr>
<td>Getting everyone on board from employees to management</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>Variable costs making forecasting challenging</td>
<td>38%</td>
<td>26%</td>
</tr>
</tbody>
</table>
Employers of different sizes evaluated some challenges differently.

The size of an employer has an impact on the challenges it perceives in making the move to IHC.

**Notifying and educating employees is rated as more challenging by Small Group:**

- **Small Group**: 44%
- **Large Group**: 31%
- **National**: 21%

**By contrast, determining how to measure success is more challenging for National and Large Group:**

- **National**: 34%
- **Large Group**: 33%
- **Small Group**: 15%
Different stages of integration depend on very different tasks.

How employers assess their relative importance — and gauge performance.

As in 2016, all tasks associated with the different phases of integration are judged to be important. Employers rate their performance as relatively high, with the most noticeable improvement seen in developing goals.

**Importance of tasks vs. performance on tasks**
(Among employers with 100+ employees actively integrating or considering integration)

<table>
<thead>
<tr>
<th>Development</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure engagement of members in Integrated Health Care program</td>
<td>92%</td>
</tr>
<tr>
<td>Assessing costs and potential risks</td>
<td>87%</td>
</tr>
<tr>
<td>Creating a formal operating plan</td>
<td>80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementation</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluating and selecting a carrier</td>
<td>89%</td>
</tr>
<tr>
<td>Purchasing software, technology or tools</td>
<td>80%</td>
</tr>
<tr>
<td>Implementing a program</td>
<td>89%</td>
</tr>
<tr>
<td>Notifying/educating employees</td>
<td>87%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post-implementation</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting outcomes</td>
<td>90%</td>
</tr>
<tr>
<td>Evaluating/modifying program</td>
<td>90%</td>
</tr>
<tr>
<td>Establishing success metrics</td>
<td>83%</td>
</tr>
</tbody>
</table>
The relative importance of reporting outcomes.

Reporting outcomes ranks high across all employers, with National and Large Group citing it more often than Small Group.

- National: 93%
- Large Group: 98%
- Small Group: 87%
Integration: Where do employers turn for help?

Employers look to a variety of resources. Searching for the right path forward can involve formal committees, as well as discussions with employees and looking at the experiences of other companies. Consider the following verbatims from employers (actively integrating or considering integration) about who they look to for guidance:

**Employees**

“We view the age, current health and hereditary health of employees. We provide a questionnaire to the employees to learn about health needs so that we can provide a cost-effective plan that will work for them.”

“ Took a poll amongst employees, what was most valuable to them. And crossed it with expenses.”

**Other companies**

“A combination of research, discussion amongst employees and discussion with similar companies on what decisions they made and why.”

“Trade show, we researched online and got great advice from other businesses in our industry.”

**The in-house team**

“There is a special committee in charge of deciding which product should be integrated.”

“Set in place a team and we met with insurers and then we narrowed down our choices.”

**Trusted outsiders**

“My organization decided which products to integrate with the help of a trusted insurance broker who is knowledgeable about health insurance options and defined-contribution health plans.”

“We worked closely with a broker to make the decisions we thought best for the company and employees.”
Employee engagement is a critical factor in IHC success — and technology can play a role.

Engagement ranks high among employers in evaluating the success of an IHC program. The challenge is how to stimulate such engagement.

Many people today are already making use of apps, trackers and alerts in their health and wellness routines. As a result, digital capabilities are becoming increasingly important to employers in engaging their employees — especially among the majority of employers who are already actively integrating or considering it.

Employer support for digital capabilities.

When asked about their interest in a mobile app that gives employees access to online services like checking benefits, well-being services and personalized care alerts, employers expressed interest and support:

- Employers who would like their health plan to include a mobile app: 89%
- Employers who agree mobile apps are important to engaging employees in their health: 88%

For the good of employees

Most employers surveyed felt their employees would value a mobile app.
Action

The findings in this research suggest a number of questions employers should ask themselves as they think about, consider or enhance IHC programs.

What role can IHC play in winning the war for talent?

The environment for acquiring and retaining employee talent has grown increasingly more competitive, especially with unemployment at a low 3.9% as of this writing. More employers are seeking the same talent, and benefit offerings are becoming a crucial consideration — and a potential differentiator — in attracting the right people.

Is IHC playing a big enough role in your company’s talent focus? A robust IHC program could provide you with an important edge.

Are you tapping into the right resources to meet upcoming IHC challenges?

There is a growing trend among employers of all sizes toward IHC. But organizations recognize the challenges — from establishing goals and vision to overcoming resistance to addressing variable costs.

It’s important to consider consultative resources like health and wellness consultants, employee benefit consultants/brokers and insurers for expert knowledge that can help ensure the success of your program.

Where is IHC heading and what should you be thinking about?

As integration has gained momentum, the need for innovation has become even more critical. Employers need to look at what matters to their employees and what makes sense for their organization — and select products accordingly. With disability currently lagging behind pharmacy, vision and dental, for example, there is an opportunity to take advantage of this untapped potential in IHC offerings.

Integrated Health Care is becoming the norm for more and more employers.

Bottom line: Better care, more cost efficiencies and happier employees.
Anthem is responding to the Integrated Health Care movement with Anthem Whole Health Connection. Our program is built on the premise that health care works better when it works together.

With Anthem Whole Health Connection, we can look at the full spectrum of your employees’ health. Using more claims and history data, we can connect the dots between the types of care they get: medical, pharmacy, dental, vision, disability, behavioral health, absence management and supplemental health. This gives doctors and other health care providers actionable insights into their patients’ overall health — and leads to better health outcomes, lower cost of care and a better health care experience for our members. The value of our approach is evidenced by some important statistics:

**Early intervention drives higher therapy compliance, better health and lower costs.**

<table>
<thead>
<tr>
<th>3.6M care alerts</th>
<th>25% savings</th>
</tr>
</thead>
</table>

sent to Anthem members who had not completed preventive dental and vision exams in 2017.¹

There was a significant reduction in costs related to disability claims.

on medical cost associated with a disability claim for members who engaged with a medical nurse care manager following a disability referral.²

Learn more at specialtybenefits.info/nabcbs/integratedhealthcare.

¹ Anthem data, 2017
² Anthem Productivity Solutions Quantifying Value Study, 2015.
The Appendix

A few details about the study on which this paper is based.

This data represents the third wave of research conducted for Anthem by TRC Insights (2014, 2016 and 2018) into attitudes — and actions — relating to Integrated Health Care.

**Trending Total**

Historically, we have interviewed Large Group employers defined as follows:

- Employ 100+ employees (work 30+ hours a week)
- Offer health insurance
- Offer 2 or more ancillary products, 1 of which must be dental or vision
- 50% Anthem footprint/50% out-of-Anthem footprint

For trending purposes, total is representative of this group. A total of 222 interviews were completed.

**New Key Sub-Groups**

This year we completed 222 interviews and expanded the research to include findings from additional employer types.

- **Small Group:** Employ 2-99 employees (work 30+ hours per week) — 86 interviews completed
- **Large Group:** Employ 100+ employees (work 30+ hours per week) and operate in 1 state — 75 interviews completed
- **National:** Employ 1,000+ employees (work 30+ hours per week) and operate in 2 or more states — 75 interviews completed

Comparisons between 2016 and 2018 exclude employers with 2-99 employees. Differences among these groups are called out throughout this report.
Study definition of Integrated Health Care.

Integrated Health Care is a coordinated package of health insurance and services offered by a single insurance company (vs. multiple providers for different types of insurance). Integrated Health Care enables network doctors in primary care, dental, vision and other specialties to provide comprehensive care to their members to help them better manage their condition through coordinated diagnoses and treatments. Integrated Health Care benefits typically combine health insurance plus one or more of the following coverage types: dental, vision, life, disability and pharmacy benefits.

Health insurance includes coverage for the employee and/or dependents through HMOs, PPOs, EPOs, POS, indemnity plans, etc.

Ancillary benefits include dental, vision, life, disability and pharmacy.

Ready to discuss the implications of what you’ve read here? Talk to your Anthem representative to learn more.
The Anthem National Accounts business unit serves members of: Anthem Blue Cross Life and Health Insurance Company and Blue Cross of California using the trade name Anthem Blue Cross in California; using the trade name of Anthem Blue Cross and Blue Shield for the following companies in: Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Connecticut: Anthem Health Plans, Inc.; Georgia: Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.; Indiana: Anthem Insurance Companies, Inc.; Kentucky: Anthem Health Plans of Kentucky, Inc.; Maine: Anthem Health Plans of Maine, Inc.; Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits; Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada.; New Hampshire: Anthem Health Plans of New Hampshire, Inc. Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc.; Ohio: Community Insurance Company; Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123; Wisconsin Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation (Compcare), which underwrites or administers the HMO policies; and Compcare and BCBSWI collectively, which underwrite or administer the POS policies. In 28 eastern and southeastern counties in New York, Empire Blue Cross Blue Shield, the trade name of Empire HealthChoice Assurance, Inc., underwrites and/or administers the PPO, EPO, POS and indemnity policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.