

Great news – our health plan rates will now be some of the lowest available

Dear PERF Retiree,

At this time of year, when you're thinking about renewing your health plan or choosing a new one, we have great news to share about our RIPEA health plans. They'll now cost less than ever before. Here's why – the group plan had a favorable claims experience. As a result, we received a refund from Anthem Blue Cross and Blue Shield (Anthem). In 2015, we plan to use this refund to help lower all of our members' rates.

How our premium rates work:

- The premium rates for members between age 65 and 79 are "age-rated." This means that the cost of their monthly premium goes up each year based on their age until age 80. This year, rates might still go up, but they'll be lower than normal.
- After age 80, the rates are no longer age-rated. This year, people over age 80 will see a lower-than-normal premium rate and it won't change based on their age.

And, more great news – our new lower rates apply to our Comprehensive and Basic Health Plans, which are two of the best value plans available.

How our Comprehensive and Basic health plans work

Our two RIPEA health plans, the Comprehensive Plan and Basic Plan, are called "complement plans," not supplement plans. That's because RIPEA plans are group plans, rated with the RIPEA health insurance pool. Here's how they work:

- **Comprehensive plan:** The RIPEA Comprehensive Plan is exactly like Medicare Supplement Plan F, but it also includes extra coverage that's very unique. It offers a major medical plan that covers health-related costs outside of standard Medicare supplement plans. This means that you can get some costs covered by your health plan that wouldn't normally be covered by Medicare. Even though this health plan has always been a great value, it's now available at a cost that's lower than ever before. And it's only available through RIPEA.
- **Basic plan:** The RIPEA Basic Plan is identical to Medicare Supplement Plan N and now comes at a lower cost, too. It has all of the basics of great coverage and is a great option for members looking to save money by paying copays and the Medicare Part B deductible.
- **Value Plus option:** In addition to the Comprehensive Medical Plan and Basic Plan, the Value Plus option is available to those who select the Comprehensive Plan to enhance your coverage. Here's what you can add:

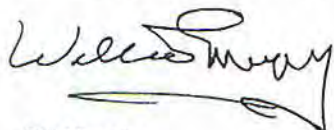
Type of coverage	Coverage amount
Dental office visits	Up to \$100 per year
Hearing exams	Up to \$50 per year
<i>Vision benefits (One time per calendar year)</i>	
Eye exam	Up to \$60 per year
Frames	Up to \$120 per year
Single lenses	Up to \$35 per year
Bifocal lenses	Up to \$45 per year
Trifocal lenses	Up to \$50 per year
Contacts	Up to \$80 per year

If you're not already enrolled in a RIPEA Medicare Complement Plan, this is a great opportunity for you. Here are some more reasons why:

- RIPEA offers some of the best Medicare Complement health plans available in the industry — and now at lower costs.
- The Comprehensive Plan offers major medical coverage, plus many services that aren't covered by Medicare.
- All our plans include our 24/7 NurseLine program, that offers telephone access to dedicated nurses and health information, to help answer your questions anytime, day or night.
- You get access to high-quality doctors and hospitals all over the world.
- If you have questions, you can talk with caring members of our Anthem Customer Service team Monday through Friday, 9 a.m. to 6 p.m.
- We offer hundreds of discounts on health care items, and personal products and services through our SpecialOffers@AnthemSM program.
- Our member-exclusive website, **anthem.com**, can help you easily and quickly manage your health and costs.

At RIPEA and Anthem Blue Cross and Blue Shield, it's our goal to bring you the very best health plans available. We're pleased to offer you this outstanding opportunity — and value in our lower-cost health plans. We hope you take this opportunity to make any needed changes to your coverage and wish you and your family the very best in health in the coming year.

Wishing you the best of health,



Bill Murphy
Executive Director
Retired Indiana Public Employees Association

Health Insurance Application
Retired Indiana Public Employees' Insurance Trust
 Underwritten by Anthem Insurance Companies, Inc.

Anthem Insurance Companies, Inc.
 P.O. Box 390
 Indianapolis, IN 46206-0390



FILL OUT THIS SECTION IF YOU ARE APPLYING FOR COVERAGE FOR YOURSELF. PLEASE PRINT

Last name		First name		M.I.
Street address		City	State	ZIP code
Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	Social Security no.	Home phone no. ()
Date retired (Mo./Yr)	Date you'd like coverage to start	From where did you retire?	E-mail address	

Can you get Public Employees Retirement Fund (PERF) benefits? Yes No

I would like to sign up for the Comprehensive Plan
 I would like to sign up for the Value Plan
 I am also applying for Value Plus coverage (must also be signed up for one of the above plans.)

FILL OUT THIS SECTION IF YOU ARE APPLYING FOR COVERAGE FOR YOUR SPOUSE. PLEASE PRINT

Last name		First name		M.I.
Street address		City	State	ZIP code
Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security no.	Home phone no. ()	
Date retired (Mo./Yr)	Date you'd like coverage to start	From where did you retire?		

Can you get PERF benefits? Yes No

Note: If you are married and you want the premium deducted from a single PERF pension check, you and your spouse must choose the same plan(s), unless your spouse gets his or her own pension check.

If you are the spouse of a PERF retiree who has passed away, write his or her Social Security number here: _____

Look at your Medicare cards. Then fill in the blanks below with the facts from your Medicare cards.

Member

MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY	SEX
MEDICARE CLAIM NUMBER	
IS ENTITLED TO:	EFFECTIVE DATE
HOSPITAL (PART A)	
MEDICAL (PART B)	
SIGN HERE →	

Spouse

MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY	SEX
MEDICARE CLAIM NUMBER	
IS ENTITLED TO:	EFFECTIVE DATE
HOSPITAL (PART A)	
MEDICAL (PART B)	
SIGN HERE →	

Please see the back of this page.

TERMS AND CONDITIONS

Please read this part carefully before you sign this form.

1. I may not assign any payment under my Anthem Blue Cross and Blue Shield program.
2. I will tell Anthem quickly if any change might not let me or my dependent have this coverage.
3. I give Anthem permission to record and/or listen to any phone calls.

I have read the Terms and Conditions above and I accept them. I gave true answers to all questions on this form to the best of my knowledge. I know that Anthem relies on true answers to accept me for coverage. I know that giving any false answers may change my coverage or premium rates. Giving answers that aren't true – or leaving out any important facts in this form – means my coverage can be denied or cancelled. I know this is a group health plan. I know I can't have this coverage if I have a Medicare Supplement plan.

Member signs here X	Date	Spouse signs here X	Date
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Please read and fill out:

I want to sign up for this health plan with Anthem. I know my coverage starts on the date shown on my Anthem ID card. I also know a claim may not be paid – or my coverage may be canceled – if I give false answers on this form or with a claim.

Do you or your spouse have any other hospital and/or health coverage? If yes, fill out these blanks:

Policyholder name	Policy no.
Insurance company name	Effective date

If you or your spouse want to cancel your current Anthem Medicare Supplement plan, please check the box(es) below.

- Please cancel my current Anthem Medicare Supplement plan on the day my group coverage starts through the Retired Indiana Public Employees' Insurance Trust. I know this is a group plan, and I can't have this coverage at the same time I have a Medicare Supplement plan. If I have a Medicare Supplement Plan now, I will cancel it before the date this group health plan begins.
My Medicare Supplement ID number is

- Please cancel my spouse's Medicare Supplement plan on the day coverage starts through the Retired Indiana Public Employees' Insurance Trust. My spouse knows this is a group plan and he/she can't have this coverage at the same time I have a Medicare Supplement Plan. If he/she has a Medicare Supplement Plan, he/she will cancel it before the date this group health plan begins.
My spouse's Medicare supplement ID number is

I want the Public Employee's Retirement Fund of Indiana to take my premiums out of my monthly pension checks.

Member signs here X	Date	Spouse signs here X	Date
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Thank you for choosing Anthem Blue Cross and Blue Shield.

Change Form for Optional Coverage

Retired Indiana Public Employees' Insurance Trust



Effective January 1, 2015, make the following additions/deletions to my Group Insurance Program as indicated:

- SWITCH** my benefits from the Basic Plan to the Comprehensive Plan
- SWITCH** my benefits from the Comprehensive Plan to the Basic Plan
- ADD** Value Plus Option to my benefits (can only be added to the Comprehensive Plan)
- DELETE** Value Plus Option from my benefits

NOTE:

If you are married and enrolled in the Comprehensive Plan, you and your spouse may both select the Value Plus Option, or you may both decline it, unless your spouse is receiving a separate pension check. One spouse may not select the Value Plus Option unless the other spouse does.

I wish to make the change referenced above to my current group insurance program for **January 1, 2015**. In the event I decide to add the Value Plus Option, and I'm currently having premiums deducted from my check, I authorize the Public Employee Retirement Fund of Indiana to deduct the appropriate premiums for the Value Plus Option from my monthly pension checks if sufficient funds are available. If premium costs exceed your retirement benefits, direct payment can be arranged.

Subscriber name (printed)	Spouse name (printed)
Subscriber Social Security no.	Spouse Social Security no.
Subscriber signature X	Spouse signature X

If you wish to make this option change effective **January 1, 2015**, this form must be postmarked no later than **December 10, 2014**. Only written, signed, dated requests for changes in coverage will be accepted. Telephone requests cannot be honored, but if you have questions, please call Customer Service at 1-866-649-2041. If you are currently enrolled in the plan and do not return the *Option Change Form*, your current elections will continue.

To file claims for services received under the Value Plus Option, please instruct your provider to either file directly to the address below, or to give you a copy of the itemized statement so you can file the claim. Claims should be mailed to the address below:

<p>Dental Claims Anthem Blue Cross and Blue Shield Dental Claims Unit P.O. Box 659444 San Antonio, TX 78265-9444</p>	<p>Vision Claims Anthem Blue Cross and Blue Shield P.O. Box 105187 Atlanta, GA 30348-5187</p>
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RIPEA PREMIUM RATES EFFECTIVE JANUARY 1, 2015

Age	Comprehensive plan	Basic plan	Value plus option
under 65 years*	\$168.75	n/a	\$8.20
65	\$137.62	\$102.03	\$8.20
66	\$145.80	\$107.66	\$8.20
67	\$154.00	\$113.33	\$8.20
68	\$162.93	\$118.97	\$8.20
69	\$171.85	\$124.61	\$8.20
70	\$180.77	\$130.27	\$9.00
71	\$189.70	\$135.93	\$9.00
72	\$198.65	\$141.59	\$9.00
73	\$207.56	\$147.24	\$9.00
74	\$216.50	\$152.88	\$9.00
75	\$225.42	\$158.53	\$10.20
76	\$234.35	\$164.18	\$10.20
77	\$243.29	\$169.83	\$10.20
78	\$252.21	\$175.49	\$10.20
79	\$261.13	\$181.14	\$10.20
80+	\$270.06	\$187.10	\$10.20

* The "under 65 years" rate is applicable only to currently enrolled members who are under age 65.



Frequently asked questions

How can I get help with choosing a health plan?

First, review the *Group Plan* brochure, which includes premium rates and benefits information beginning on January 1, 2015. It also explains how to enroll or change your coverage.

One way to help you decide is to ask your doctor if he or she accepts Medicare-approved charges. If not, we recommend you enroll in the comprehensive plan because it can help pay for extra charges from doctors who don't accept Medicare.

How do I enroll in one of these complement health plans?

Just fill out the enclosed form and return it to RIPEA in the envelope that came with this letter by December 10, 2014. Our health plans are only available to RIPEA members. If you're not a RIPEA member, you can join us by sending a check made out to RIPEA for \$15. This covers our annual dues.

What should I do if I am already enrolled in one of the RIPEA health plans, but want to change to the other plan?

This year, our open enrollment period is between November 15 and December 10, 2014. To change your health plan, fill out the *Change Form for Optional Coverage* and send it to RIPEA in the envelope we've provided by December 10.

How can I add the Value Plus coverage to my plan?

To add Value Plus coverage, send in the *Change Form for Optional Coverage* to RIPEA by December 10.

What if I'm enrolled in a RIPEA health plan and don't want to make changes?

You don't have to do anything. You'll keep the same health plan you had in 2014.

Who do I call with questions?

If you have any questions about your health plan choices, please call the following numbers:

- Anthem Customer Service: 1-866-649-2041, Monday through Friday, 9 a.m. to 6 p.m.
- RIPEA: 1-800-345-9214, Monday through Friday, 9 a.m. to 5 p.m.
- Sagamore Benefits Group: 1-800-627-7475, Monday through Friday, 9 a.m. to 5 p.m.

One of our Customer Service representatives will be happy to talk with you and help you choose the best coverage for your needs.