

Group Health Insurance

Designed Exclusively for Members of

RIPEA

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Anthem Offers Specialized Coverage for RIPEA Members

You can enjoy the security of having expansive health coverage from an experienced carrier, endorsed by an organization you trust. The Retired Indiana Public Employees' Insurance Trust and Anthem Blue Cross and Blue Shield bring you health coverage specifically for RIPEA members. As the only licensed Blue Cross and Blue Shield health carrier in Indiana, Kentucky and Ohio, only Anthem Blue Cross and Blue Shield can offer the strength and security that comes with being part of the largest, most experienced health insurance organizations in the nation.



Anthem insures and administers these plans, which are available to RIPEA members and their dependents who are enrolled in Medicare Parts A and B. Having Anthem's group coverage for RIPEA members in addition to Medicare helps protect you and your family

from many of the costs that Medicare does not cover. It even includes an option that covers you beyond the scope of Medicare.



Anthem's coverage for RIPEA members is convenient

Anthem and the trustees of the Retired Indiana Public Employees Insurance Trust have worked together to bring you convenient coverage:

- *Guaranteed coverage — no pre-existing condition limits.*
- *Your premium is automatically deducted from your pension check.*
- *If your premium exceeds your retirement benefits, you may pay Anthem directly, or elect to have premiums automatically deducted from your bank account.*
- *You can call an Anthem representative toll free if you have questions about your coverage.*

Anthem's plan for RIPEA members works easily with your Medicare benefits:

- *After Medicare processes your claims, remaining covered balances are automatically processed under your Anthem Plan.*
- *When Medicare makes benefit changes, your Anthem Plan adjusts automatically.*

Anthem's plan for RIPEA members is even convenient on the go:

- *If your retirement plans include traveling, you can relax knowing that you'll be covered.*
- *Your Blue Cross and Blue Shield identification card carries the most widely recognized symbols of high-quality health care coverage in the nation.*



Enrolling is Easy

When:

You may apply for coverage within 90 days of your retirement date or your Medicare Part A and Part B effective date, whichever is later. If you do not apply within this 90-day period, you may apply during the yearly enrollment period. Please refer to the accompanying letter for specific enrollment time frames.

If you already participate in this plan, you will be given the opportunity to add or delete the Value Plus Option for next year. Consider your choices carefully. After the enrollment period, you will not be able to change your option until the next enrollment period of March 2010.

There is also a "silent" enrollment period each July. During the month of July you may enroll in the plan by completing the enclosed application and sending it to RIPEA. The plan will be effective August 1st.

How:

If you are enrolling in the program for the first time, complete the enclosed application. Also indicate whether you want the extended coverage offered through the Value Plus Option. Remember, you and your spouse must select the same option unless each of you receives a pension check from the Public Employees' Retirement Fund.

Return your application in the enclosed envelope.

Medical Coverage

The medical plan offers you protection for many of the costs that Medicare does not cover. The benefits chart on the following page provides information about the medical plan benefits.

Value Plus Option

In addition to the Basic Medical Plan, the Value Plus Option is available to enhance your coverage.

If you are currently enrolled in the plan and wish to add or delete the Value Plus Option, please complete the Option Change Form and return it in the enclosed envelope.

The Value Plus Option covers certain routine expenses not covered by Medicare:

Dental visits: Up to \$50 per calendar year.

Hearing exams: Up to \$50 per calendar year.

Physical exams: Up to \$150 per calendar year.

Vision: One time per calendar year:

Exam	\$40	Single lenses:	\$35
Frames:	\$40	Bifocal lenses:	\$45
		Trifocal lenses:	\$50
		Contacts:	\$80

Beginning Plan Year March 1, 2008 the following premium rates apply for the **Basic Medical Plan**:

Age	Premium
65	\$144.22
66	\$153.92
67	\$164.22
68	\$173.57
69	\$181.38
70	\$185.92
71	\$189.62
72	\$194.25
73	\$198.15
74	\$202.11
75	\$208.78
76	\$215.48
77	\$222.36
78	\$225.68
79	\$226.81
80+	\$227.79

The following rates for the **Value Plus Option** are in addition to the above rates:

Age	Premium
65-69	\$8.20
70-74	\$9.00
75+	\$10.20

Covered Service
Hospital Insurance -Part A
Inpatient Hospitalization First 60 days 61st to 90th day 60 day lifetime reserve Additional days
Skilled Nursing Facility First 20 days of skilled care 21st to 100th day of continued skilled care Additional days of continued skilled care
Blood
Hospice Care
Hospital Insurance - Part B
Medical/Surgical Treatment and Doctors Care (Covers doctors, hospital, office services including surgery, office calls and hospital visits)
Outpatient Services (Covers diagnostic services, physical therapy administered by a licensed therapist, X-rays and lab tests)
Private Duty Nursing
Home Health Care Non-custodial medical and nursing care Durable Medical Equipment
Mental Health
Mammogram (1 per 12 months)
Major Medical Benefits
Prescription Drugs (Out of hospital)

Medicare Pays
Medicare pays all but a \$1068.00 deductible Medicare pays all but \$267.00 per day Medicare pays all but \$534.00 per day Medicare pays nothing
Medicare pays all covered charges Medicare pays all but \$133.50 per day Medicare pays nothing
Pays for all except first 3 pints
Medicare pays all but up to \$5.00 for out-patient prescription drugs and 5% of the Medicare Approved amount for in-patient respite care.
Medicare pays 80% of the allowed amount after a \$135.00 deductible
Medicare pays 80% of the allowed amount after a \$135.00 deductible
Not covered
Medicare pays 100% of approved charges Medicare pays 80% of the allowed amount after a \$135.00 deductible
Medicare pays 50% of the allowed amount after a \$135.00 deductible
Medicare pays 80% of the allowed amount
Not applicable
Not covered

Anthem Basic Medical Program
Plan pays the first \$1068.00 Plan pays \$267.00 per day Plan pays \$534.00 per day Plan pays 100% of covered charges up to 365 days after Medicare benefits are exhausted
All charges covered by Medicare Plan pays \$133.50 per day See Major Medical
Plan pays for first 3 pints
Not covered
Plan pays annual \$135.00 deductible and the remaining 20% of Medicare's allowed charges
Plan pays annual \$135.00 deductible and the remaining 20% of Medicare's allowed charges and Medicare Part B excess charge See Major Medical
Medicare pays 100% of approved charges Plan pays annual \$135.00 deductible and the remaining 20% of Medicare's allowed charges and Medicare Part B excess charge*
Plan pays annual \$135.00 deductible and the remaining 50% of Medicare's allowed charges and Medicare Part B excess charge*
Plan pays 20% of Medicare's approved charges and Medicare Part B excess charge* (not subject to the deductible)
After a \$500 calendar-year deductible, Plan pays 80% of covered charges up to a \$1,000,000 contract maximum (Note: covered charges are subject to Anthem's determination of medical necessity)
Not covered

This is a summary of benefits only. Please see the Certificate for details regarding benefits, limitations, and exclusions. In the event this summary conflicts with the Certificate, the terms and conditions of the Certificate shall prevail.

**Excess charge is the difference between your doctor's actual charge and Medicare's approved amount if your doctor does not accept Medicare assignment.*

Depend on Blue.

Compare your options and you'll find only Anthem Blue Cross and Blue Shield offers Indiana's retired public employees such a unique tradition in health care. More than 72 million members — that's more than one out of every four Americans — enjoy the benefits of Blue Cross and Blue Shield coverage.

Depend on a plan that has weathered the changing climate of health care coverage since the 1930s.

To join:

Refer to the enclosed letter for eligibility requirements and open enrollment dates.

Complete and mail the enclosed application within 90 days of becoming eligible for coverage.

Additional information:

Each year, ages are determined as of March 1. If your age on March 1 results in a change in age bracket rating, we will automatically make this change. You do not need to notify us.

Anthem will send information about your coverage during the last week of February.


If you have questions call Anthem's RIPEA service unit at (866) 649-2041, Monday through Friday between 9:00 a.m. and 5:00 p.m. EST.

If you would like information about the special life insurance program for RIPEA members, including benefit options, rates and how to enroll, please contact Anthem Life's RIPEA life insurance customer service unit at (800) 688-3230.

Thank you for considering Anthem Blue Cross and Blue Shield.



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For inquiries, call Monday through Friday
(866) 649-2041 8:00 a.m. - 6:00 p.m. EST



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