



Helping you live your best life

Health benefits designed for RIPEA members

RIPEA 2022



A health plan for the lifestyle you deserve

You want to live your life to the fullest. With special benefits designed for Retired Indiana Public Employees Association (RIPEA) members like you, Anthem Blue Cross and Blue Shield (Anthem) gives you a health plan that helps you be your healthiest to enjoy the things you love.

A complement to Medicare

When combined with Medicare, your Anthem benefits for RIPEA members can help round out your health coverage. You're protected from many of the costs not covered by Medicare, and you receive benefits that go beyond Medicare coverage. These Anthem plans are available to all RIPEA members and their dependents over age 65 enrolled in Medicare Parts A and B.



Dear Public Employees' Retirement Fund retiree,

We are pleased to offer you an opportunity to enroll in a RIPEA Medicare supplement plan. Whether you're a new member or already enrolled and planning to renew:

- Our RIPEA group plans are offered at low rates.
- You can review your monthly payment options on page seven.

Medicare Advantage

You also have the option to sign up for one of the three Medicare Advantage plans. To learn more, call our First Impressions Welcome Team at **833-848-8729** (TTY: 711). They are available Monday to Friday, 8 a.m. to 9 p.m. Eastern time (except holidays).

What you need to know

- If you're 65 years old or older, you can join now.
- If you're under 65 years old, this information can help you prepare to choose a plan when you're eligible to join.
- Your monthly payment (premium) is age rated. That means it increases each year if you are between the ages of 65 and 80.
- When you turn 81, the rates are no longer age rated.
- The rates only change at open enrollment on the first of the year. The rate is based on your age on January 1.

Together with Anthem, RIPEA has been working hard to bring you the best health plans possible. We're looking forward to another great year. Please read this guide to learn more about these plans so you can choose the right one, or make any changes to your existing plan.

Sincerely,

Bill Murphy
Executive Director
Retired Indiana Public Employees Association

Choose with confidence

All plans are available at low rates.

Select a plan that fits your needs

There are two RIPEA health plans available, as well as the special Value Plus Option offered exclusively through Anthem.

Comprehensive Plan F

Identical to the Medicare Supplement Plan F, this plan also includes additional major medical coverage. The plan covers many of the health-related costs not included in Medicare or standard Medicare Supplement Plans. This additional major medical coverage is available **only through RIPEA**.

Comprehensive Plan G

Identical to the Medicare Supplement Plan G, this plan also includes additional major medical coverage. The plan covers many of the health-related costs not included in Medicare or standard Medicare Supplement Plans. This additional major medical coverage is available **only through RIPEA**.

Value Plus Option

This option can be added to the Comprehensive Plans F or G to enhance your coverage for certain routine expenses not covered by Medicare.

Dental visits	Up to \$100 per calendar year	
Hearing exams	Up to \$50 per calendar year	
Blue View Vision one time per calendar year:	When you use doctors in your health plan's network	Reimbursement when you go outside your health plan's network
• Eye exam	\$0 copay	Up to \$60
• Eyeglass frames	\$120 allowance	Up to \$120
• Single vision lenses	\$20 copay	Up to \$35
• Bifocal lenses	\$20 copay	Up to \$45
• Trifocal lenses	\$20 copay	Up to \$50

If you're currently enrolled in the Comprehensive Plan F or G and want to add or delete the Value Plus Option, please complete the *Option Change Form* and return it in the enclosed envelope by December 15, 2021.

Stay healthy with the right plan

Anthem plans for RIPEA make it easier to receive care when and where you need it.

24/7 NurseLine

For answers to your health questions, you can call 24/7 NurseLine and speak with a registered nurse. They can talk to you about your health and help you find a doctor nearby.

Nurses can also:

- Remind you to schedule important screenings and exams.
- Provide guidance during natural catastrophes and health outbreaks.
- Direct you to health-related educational material resources.

Integrated with Medicare

Your RIPEA plan works automatically with Medicare. That means, when Medicare processes your claims, the remaining covered balances are processed under your Anthem plan. When Medicare makes benefit changes, your Anthem plan will be automatically adjusted.

Benefits that travel with you

Although Medicare will not cover you outside of the U.S. and its territories, **the major medical provision included with a comprehensive plan will cover you in foreign countries.**

Caring customer support

Anthem's Customer Service representatives are available Monday to Friday from 8 a.m. to 6 p.m.

Eastern time at **866-649-2041**. You also can call RIPEA Monday to Friday between 9 a.m. and 4 p.m. Eastern time at **800-345-9214**.

Local focus, with national strength

Designed for retired people in Indiana like you, these plans are backed by the strength of Anthem, which has more than 40 million members across the country and 75 years of experience in Indiana.

How to start

Step one

Review the information in this guide to choose a plan that fits your health needs and budget. You may want to ask your doctors if they accept Medicare-approved charges. If they don't, we recommend you enroll in a comprehensive plan because it helps pay for additional charges from doctors who don't accept Medicare. A member and spouse can choose different plans and will be billed on two separate invoices if they are enrolling under separate plans.

Step two

If you're enrolling for the first time, please fill out the application in this guide and return it to RIPEA in the enclosed envelope no later than **December 15, 2021**. Select the plan you're enrolling in and let us know if you want extended coverage through the Value Plus Option (only available with the comprehensive plans).

Our health plans are only available to RIPEA members and their dependents over age 65 enrolled in Medicare Parts A and B. If you're not yet a RIPEA member, you can join by sending us an \$18 check made out to RIPEA (our address is on the back cover).

You're eligible for coverage **within 90 days of your retirement date or your Medicare Part A or Part B effective date**, whichever comes later. If you don't apply during this 90-day period, you can apply during the open enrollment period: **November 1 through December 15, 2021**.

Step three

Your plan will take effect on **January 1, 2022**.

If you are already enrolled and need to make changes

You and your spouse can enroll together under the same plan, or you can enroll separately and choose different plans. Or, you have the option to enroll separately and can choose different plans. You can fill out the *Change Form for Optional Coverage* to change plans and add or delete the Value Plus Option. Send the form in the enclosed envelope by **December 15, 2021**. Otherwise, you'll stay enrolled in the same plan you had in 2021.

We are here to help.

If you have questions, please call Anthem Customer Service at 866-649-2041 Monday to Friday, 8 a.m. to 6 p.m. Eastern time.

Benefits at a glance

Covered service	Medicare pays	Comprehensive Plans F and G
Hospital insurance — Part A	Hospital insurance — Part A	Hospital insurance — Part A
Inpatient hospitalization First 60 days Days 61 to 90 60-day lifetime reserve Additional days	Medicare pays all but a fixed deductible amount. Medicare pays all but a fixed amount per day. Medicare pays all but a fixed amount per day. Medicare pays nothing.	Plan pays the deductible. Plan pays the remaining amount per day. Plan pays the remaining amount per day. Plan pays 100% of covered charges up to 365 days after Medicare benefits are exhausted.
Skilled nursing facility First 20 days of skilled care Days 21 to 100 of skilled care Additional days of skilled care	Medicare pays all covered charges. Medicare pays all but a fixed amount per day. Medicare pays nothing.	All charges covered by Medicare. Plan pays the remaining amount per day. See “Major medical benefits” entry.
Blood	Medicare pays for all except first three units.	Plan pays for first three units.
Hospice care	Medicare pays all but a fixed amount for outpatient prescription drugs and a percentage of Medicare’s approved amount for inpatient respite care.	Not covered.
Medical insurance — Part B	Medical insurance — Part B	Medical insurance — Part B
Annual Part B deductible amount	Medicare pays nothing.	Plan F pays annual Part B deductible. Plan G pays nothing.
Medical/surgical treatment and doctors care (covers doctors, hospital, office services including surgery, office calls, and hospital visits)	Medicare pays a percentage of the allowed amount after a deductible.	Plan pays remaining percentage of Medicare’s approved amount and Medicare Part B excess charges.
Outpatient services (covers diagnostic services, physical therapy administered by a licensed therapist, X-rays, and lab tests)	Medicare pays a percentage of the allowed amount after a deductible.	Plan pays the remaining percentage of Medicare’s approved amount and Medicare Part B excess charges.
Private duty nursing	Not covered.	See the Benefits Certificate.
Home healthcare Noncustodial medical and nursing care Durable medical equipment	Medicare pays 100% of approved charges. Medicare pays a percentage of the allowed amount after a deductible.	Medicare pays 100% of approved amount. Plan pays the remaining percentage of Medicare’s approved amount and Medicare Part B excess charges.*
Mental health	Medicare pays a percentage of the allowed amount after a deductible.	Plan pays the remaining percentage of Medicare’s approved amount and Medicare Part B excess charges.*
Mammogram (one per 12 months)	Medicare pays 100% of approved charges.	Plan pays Medicare Part B excess charges* (not subject to the deductible).
Major medical benefits*	Not applicable.	After a calendar-year deductible, plan pays percentage of covered charges.
Prescription drugs (out of hospital)	Not covered.	Not covered.

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

* Excess charges are the difference between your doctor’s actual charge and Medicare’s approved amount if your doctor does not accept Medicare.

Plan monthly payment amount

Effective January 1, 2022

AGE	PLAN F*		PLAN G*		VALUE PLUS OPTION	
	Single	Family	Single	Family	Single	Family
<64	\$179.48	\$341.02	n/a	n/a	\$7.20	\$13.70
64	\$146.38	\$278.11	\$130.49	\$247.93	\$7.20	\$13.70
65	\$146.38	\$278.11	\$130.49	\$247.93	\$7.20	\$13.70
66	\$155.09	\$294.67	\$138.26	\$262.70	\$7.20	\$13.70
67	\$163.81	\$311.24	\$146.04	\$277.47	\$7.20	\$13.70
68	\$173.29	\$329.25	\$154.48	\$293.52	\$7.20	\$13.70
69	\$182.80	\$347.32	\$162.96	\$309.62	\$7.20	\$13.70
70	\$192.29	\$365.35	\$171.43	\$325.71	\$7.90	\$15.00
71	\$201.78	\$383.38	\$179.88	\$341.78	\$7.90	\$15.00
72	\$211.30	\$401.47	\$188.37	\$357.90	\$7.90	\$15.00
73	\$220.78	\$419.48	\$196.83	\$373.97	\$7.90	\$15.00
74	\$230.29	\$437.55	\$205.30	\$390.08	\$7.90	\$15.00
75	\$239.77	\$455.56	\$213.75	\$406.13	\$8.95	\$17.00
76	\$249.28	\$473.63	\$222.24	\$422.26	\$8.95	\$17.00
77	\$258.78	\$491.68	\$230.70	\$438.34	\$8.95	\$17.00
78	\$268.27	\$509.71	\$239.16	\$454.40	\$8.95	\$17.00
79	\$277.76	\$527.74	\$247.63	\$470.50	\$8.95	\$17.00
80+	\$287.26	\$545.79	\$256.09	\$486.58	\$8.95	\$17.00

* The “under 65 years” rate is applicable only to currently disabled enrolled members who are under age 65.
The Plan can no longer accept new enrollments for members under age 65.

Health benefits application

Retired Indiana Public Employees Association (RIPEA)

Underwritten by Anthem Insurance Companies, Inc.

RIPEA

2415 Directors Row, Suite M
Indianapolis, IN 46241

Please return this form in the enclosed envelope by December 15, 2021.

IMPORTANT: This form is for new enrollments only. If you are currently enrolled and have modifications to your current coverage, please complete the change form on page 10. For new enrollments, please check the appropriate box if you are enrolling for retiree only, retiree + spouse coverage, or if you would like yourself and spouse enrolled under two single plans.

Case ID: L01168

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
Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	Social Security number	
		Phone number ()		
Date retired (MM/YYYY)	Date you'd like coverage to start	From where did you retire?	Email address	
<input type="checkbox"/> I would like to sign up for the Comprehensive Plan F		<input type="checkbox"/> Enrolling as a retiree only (single)		
<input type="checkbox"/> I would like to sign up for the Comprehensive Plan G		<input type="checkbox"/> Enrolling as a retiree + spouse (family coverage)		
<input type="checkbox"/> I am also applying for the Value Plus Option		<input type="checkbox"/> Enrolling as a retiree and spouse separately (two single 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
Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number		Phone number ()
Date retired (MM/YYYY)	Date you'd like coverage to start	From where did you retire?		

Please fill in the blanks below with the facts from your Medicare cards and sign your respective card.

Member

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

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 Anthem related 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 canceled. 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	Date	Spouse signs here	Date
X		X	

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 number
Insurance company name	Effective date

If you currently have an existing individual or group Medicare supplement or Medicare Advantage plan, you are responsible for canceling that plan prior to January 1, 2022.

Change form for optional coverage

Case ID: L01168

Retired Indiana Public Employees Association (RIPEA)

Effective **January 1, 2022**, make the following additions or deletions to my group insurance program as indicated:

- ☐ **SWITCH** my benefits from Comprehensive Plan F to Comprehensive Plan G.
- ☐ **SWITCH** my benefits from Comprehensive Plan G to Comprehensive Plan F.
- ☐ **ADD** Value Plus Option to my benefits.
- ☐ **DELETE** Value Plus Option from my benefits.
- ☐ **CANCEL** all coverage under this plan.
- ☐ I am currently covered as retiree + spouse. Please split my coverage into two single plans.
- ☐ I am currently covered as retiree only and my spouse is enrolled under his/her own single plan.
Please combine our plan to retiree + spouse (family coverage).

If you currently have an existing individual or group Medicare supplement or Medicare Advantage plan, you are responsible for canceling that plan prior to January 1, 2022.

Subscriber name (printed)		Spouse name (printed)	
Subscriber Social Security number	Date of birth	Spouse Social Security number	Date of birth
Subscriber signature X		Spouse signature X	

If you want to make this option change effective **January 1, 2022**, this form must be postmarked no later than **December 15, 2021**. 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 **866-649-2041**. If you are currently enrolled in the plan and do not want to make any changes, **no action is needed**.

To file claims for services received under the Value Plus Option, please instruct your dental or vision 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:

If you are utilizing an in-network vision provider that is part of the Blue View Vision network, no claim form is required and your vision provider will file the claim directly to Anthem electronically.

Dental Claims Anthem Blue Cross and Blue Shield Dental Claims Unit P.O. Box 659444 San Antonio, TX 78265-9444	Vision Claims Blue View Vision Attn: OON Claims P.O. Box 8504 Mason, OH 45040-7111
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RIPEA
2415 Directors Row
Suite M
Indianapolis, IN 46241

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