

Important Telephone Numbers

**Anthem Blue Cross/Blue Shield
RIPEA Group Health Plan** 1-866-649-2041

**AMBA
Dental/Vision/Long Term Care/Cancer/Whole Life/Medical Air Service
Association** 1-800-258-7041

**G.E.T.O.
Vacation Condos at Reduced Rates - www.gettraelop.com** 1-877-867-3639

**Genworth
Long Term Care** 1-765-827-6607

**HearPo
Hearing Plan** 1-888-432-7464

**MetLife
Auto/Home** 1-800-438-6388

**P.E.R.F.
Retirement Checks & Benefits** 1-888-526-1687

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Email us at ripea@ripea.org or visit our
website: www.ripea.org

The RIPEA office hours are:
Monday through Friday,
8 a.m. to 4 p.m.

RIPEA

Retired Indiana Public Employees Association

**Working for Your
Retirement Today**

May 2014



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A Message from the Executive Director

Welcome to the May issue of the *Communicator*. I am so grateful that summer is finally approaching; we have all weathered too many long and difficult months this year.

A lot of our members struggled with their utilities this winter and reached out to our Foundation for assistance through the RIPEA Individual Grant program. We encourage any of our members who are struggling to make ends meet to consider applying for a grant. A 2014 application is included in this issue.

Insurance is a complicated issue, and becomes even more complex when we age and begin to receive Medicare benefits. Knowing how to choose additional insurance is often necessary, so RIPEA has several supplemental plans for our members. Here you can read why a Basic Plan just might be more beneficial than a Comprehensive Plan.

Save the date: RIPEA's 24th annual convention is Monday, Sept. 8 at Primo South Banquet Conference in Indianapolis. Details will follow in the August *Communicator*.

As always, if you are a RIPEA member we appreciate your support and ask for your suggestions to make RIPEA the most effective association it can be. We will assist you in any way possible and appreciate your interest in all that we do.

Until next time,



Bill Murphy, Executive Director

Health Insurance Plans

One of the many advantages of being a member of RIPEA is the option to increase your Medicare insurance benefits by adding either the "Comprehensive Supplemental Plan" or the "Basic Supplemental Plan." Knowing which plan is best for you is easy if you compare your average annual medical costs to the overall premiums and benefits of each policy.

Both the Comprehensive Plan and the Basic Plan offer the same Medicare Part A hospitalization benefits, though the Comprehensive Plan includes major medical. With the Basic Plan, you incur Medicare Part B costs for professional services (for example, an office visit has a co-pay of up to \$20; an ER visit, up to \$50) and have an annual deductible of \$147.

If you compare premiums between the Comprehensive Plan and the Basic Plan, you might actually



save money by choosing the Basic Plan and paying the higher out-of-pocket costs, assuming you have average annual medical costs (projected to be three visits per year, one ER visit a year along with the one-time annual deductible of \$147). The higher premiums of the Comprehensive Plan may cost you more money in the long-run.

Our recommendation: At any age, if you have average medical expenses, you may save money with the Basic Plan. And while there is no way to predict your exact savings with this plan, you may want to consider the Basic Plan at the next RIPEA "open enrollment" period in November.

For more detailed information on the benefits and premiums of both the Comprehensive Medicare Supplement Plan and the Basic Medicare Supplement Plan, visit www.RIPEA.org or call us at 1-800-345-9214. We are glad to help.

Your 13th check for 2014

The bill that calculates the 13th check for 2014 was signed into law by Gov. Mike Pence. RIPEA, through its legislative representative, was successful in keeping members' payout in the same amounts as last year. Therefore, the 13th check amounts for 2014 are as follows:

- 5-10 years of service: \$150
- 10-20 years of service: \$275
- 20-30 years of service: \$375
- 30+ years of service: \$450

The Indiana Public Retirement System (INPRS) determines when the 13th check is paid and in recent years it has been added to the September 15th monthly retirement check.

Update: Member annuities

By now you know that there was a proposed change in the way the annuity portion of retirees' pension benefits was to be managed. Last year the INPRS voted to privatize the annuity portion of the PERF benefit, which would result in reduced payout for members. After months of effort, Governor Pence signed into law HB1075 which slows down the privatization of PERF annuities until 2017.

The provisions of the new law are as follows:

- Interest rate for annuity calculations will be 7.5% for retirees with a retirement date of Sept. 1, 2014 or prior (last day of work: Aug. 31 or prior).
- The interest rate will be 5.75% for retirees with a retirement date of Oct. 1, 2015-Sept. 1, 2015 (last day of work: Aug. 31, 2015 or prior).
- The interest rate will be the greater of 4.5% or "market rate" for retirees with an effective date of retirement of Oct. 1, 2015-Dec. 1, 2016 (last day at work must be Nov. 30, 2016).
- The interest rate will be the market rate for retirees with an effective retirement of January 1, 2017.

NOTES:

- For new retirees to take advantage of the 7.5% interest rate, the last day of work must be Aug. 31, 2014 or prior.
- This law does **NOT** affect current retirees.
- All PERF retirees have the following choices on their annuity savings account:
 - (1) Annuitize
 - (2) Withdraw their annuity in a lump sum
 - (3) Leave it in PERF and withdraw it at future date.



Your wish may be granted

A special thanks to the selfless generosity of hundreds of RIPEA members who donated to the RIPEA Foundation over the past year. Through your gifts, we are able to offer grants to members in need.

If you've encountered financial hardship you may be eligible to receive assistance in the form of a grant. Grants are intended for the benefit of RIPEA members only. If you were approved for and received a grant in 2013, you are not eligible in 2014. **The 2014 grant application form is included in this newsletter and must be returned by July 1, 2014.** If you have any questions please call 1-800-345-9214.

The Foundation Board reviews each application carefully and

selects recipients based on the most demonstrated need supported by documentation (i.e. copy of unpaid bill, credit card bill with explained expenses, etc.). A grant application without supporting documentation will not be considered. Grant applicants will be notified by August 15, 2014 of the Board's decision.

Greater Bartholomew County chapter meeting

The Greater Bartholomew County Chapter of RIPEA will host its spring meeting on Thursday, May 29 from 11:30 a.m.-1 p.m. at Mill Race Center in Columbus. Lunch will be available for purchase. Senator Greg Walker of District 41 is the featured speaker. If you live in the Columbus area, please plan to attend.

RIPEA FOUNDATION

3530 South Keystone Avenue, Suite 305 Indianapolis, IN 46227
Telephone Number: 1-800-345-9214

2014 Individual Grant Application

Application must be received in our office by July 1, 2014

Member's Name _____

Address _____

City/Town _____ State _____ Zip _____

Telephone No. (_____) _____ Soc. Sec. No. (Last 4 only) _____

Name, Address and Telephone Number of Person Completing This Application Other Than Applicant:

TOTAL GROSS MONTHLY INCOME:

	<u>Member</u>	<u>Spouse</u>	<u>Total</u>
Social Security	\$ _____	\$ _____	\$ _____
PERF	\$ _____	\$ _____	\$ _____
Employment	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Amount of Grant Requested: \$ _____

NOTE: If all lines are not completed and necessary supporting documents are not submitted the application will not be considered. All information on this application is confidential and will not be shared with any person(s) not affiliated with the RIPEA Foundation.

Purpose for which Grant will be used: (If additional space is needed for a complete explanation, please attach a separate sheet): _____

If Grant is to assist with payment of an existing financial obligation, please include a copy of the bill or a list of expenses if submitting a credit card bill.

Will any part of this obligation be paid by insurance: _____ If yes, how much? _____

Signature: _____ Date: _____

Print Name: _____

For Office Use Only Verification of Membership by: _____ Amount Recommended: _____
Reviewed by: _____ Date: _____