



2019 Product Guide

Indiana Public Employer's Plan, Inc. (IPEP)

Helping your clients choose the right coverage





"We're proud to partner with IPEP to bring its membership quality health plans they deserve. We've worked closely with IPEP to build a family of health plan benefit options designed to keep their employees healthy and productive, while keeping costs down. Our plans are backed by a highly valued approach to customer care and over seven decades of experience serving Hoosiers. With a health plan from Anthem Blue Cross and Blue Shield you can be confident you will receive low-cost, quality, highly valued health care coverage."

*Robert W. Hillman
President and General Manager
Anthem Blue Cross and Blue Shield of Indiana*



Dear Member:

The Indiana Public Employers' Plan, Inc. (IPEP) is excited to present the Anthem Blue Cross and Blue Shield (Anthem) product guide. Anthem and IPEP have been working together to bring you these plan options to fit your members' medical and specialty needs and their budget.

IPEP is proud to bring you the strength of multiple companies to support your Hoosier workers. As a member, you can take advantage of new plans offered through Anthem:

- Competitive pricing with cost savings for them and their employees.
- A network with more than 10,000 doctors to choose from in Indiana.
- Plan design and flexibility so they get what they want from their health coverage.
- Health and wellness programs to keep their employees in good health and at work.
- Online tools that let their employees manage their health care and health plan from anywhere.
- Simple administration from one place, no matter how many plans they choose.
- Access to doctors and hospitals outside of Indiana through the BlueCard® program.
- Representation, by local independent insurance agents throughout Indiana who'll help you choose the right plan to fit your needs.

Please look over this guide and see what works for your IPEP members.

Thank you for your partnership,

A handwritten signature in black ink that reads "Frank T. Short".

Frank T. Short, IPEP President



The health of your clients' employees comes first. Keeping them in good health helps their business stay healthy, too. Our new health plans for IPEP are designed to keep your clients' costs down while offering their employees a benefit suite that truly fits their needs.

Indiana Public Employers Plan					
PPO plan name	P250	P500	P1000	P2000	P2500
Single					
Deductible	\$250	\$500	\$1,000	\$2,000	\$2,500
Coinsurance	20%	20%	20%	20%	20%
Annual out-of-pocket maximum	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000
Family					
Deductible	\$750	\$1,500	\$3,000	\$6,000	\$7,500
Coinsurance	20%	20%	20%	20%	20%
Annual out-of-pocket maximum	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
Preventive	No coinsurance, covered in full				
Office visits	\$20	\$20	\$20	\$20	\$20
Urgent care	\$50	\$50	\$50	\$50	\$50
Emergency room	\$200	\$200	\$200	\$200	\$200
Pharmacy - retail	\$20/\$40/\$60/25%/\$200 maximum				
Pharmacy - home delivery	\$40/\$80/\$120/25%/\$200 maximum				
HSA compatible plan name	H3000	H4000	H5000	H6000	
Single					
Deductible	\$3,000	\$4,000	\$5,000	\$6,000	
Coinsurance	0%	0%	0%	0%	
Annual out-of-pocket maximum	\$3,000	\$4,000	\$5,000	\$6,000	
Family					
Deductible	\$6,000	\$8,000	\$10,000	\$12,000	
Coinsurance	0%	0%	0%	0%	
Annual out-of-pocket maximum	\$6,000	\$8,000	\$10,000	\$12,000	
Preventive	No coinsurance, covered in full				
Office visits	Deductible and coinsurance				
Urgent care	Deductible and coinsurance				
Emergency room	Deductible and coinsurance				
Pharmacy - retail	After deductible, 0% coinsurance				
Pharmacy - home delivery	After deductible, 0% coinsurance				

H3000, H4000, H5000, H6000 all feature embedded deductible at family-level coverage.
Out-of-network cost shares are always two times in-network cost shares.



Dental

Our Dental Prime and Complete plans are built for greater choice, better value and high-quality oral health care.

Anthem Dental Complete plan designs (groups with 2-200 eligible employees)						
Plans WITHOUT orthodontic coverage	Plan A		Plan B		Plan C	
Category	In network	Out of network	In network	Out of network	In network	Out of network
Diagnostic and preventive	100%	100%	100%	100%	100%	100%
Basic restorative	80%	80%	80%	80%	90%	90%
Oral surgery	50%	50%	80%	80%	90%	90%
Endodontics	50%	50%	80%	80%	90%	90%
Periodontics	50%	50%	80%	80%	90%	90%
Major restorative	50%	50%	50%	50%	60%	60%
Prosthodontics	50%	50%	50%	50%	60%	60%
Prosthetic repairs	50%	50%	50%	50%	60%	60%
Orthodontics (for dependents to age 19)	n/a	n/a	n/a	n/a	n/a	n/a
Deductible (waived for diagnostic and preventive)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual maximum	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
Lifetime orthodontic maximum	n/a	n/a	n/a	n/a	n/a	n/a
Fee reimbursement	Prime/Complete	90th percentile of fair health	Prime/Complete	90th percentile of fair health	Prime/Complete	90th percentile of fair health
	Employer paid	Voluntary	Employer paid	Voluntary	Employer paid	Voluntary
Employee only	\$25.95	\$29.05	\$31.55	\$35.35	\$37.05	\$41.50
Employee + spouse	\$52.95	\$59.25	\$64.45	\$72.20	\$75.60	\$84.70
Employee + child(ren)	\$62.00	\$65.65	\$75.45	\$80.00	\$88.55	\$93.85
Family	\$94.15	\$99.85	\$114.75	\$121.60	\$134.55	\$142.65



Anthem Dental Complete plan designs (groups with 2-200 eligible employees)						
Plans WITH orthodontic coverage	Plan A		Plan B		Plan C	
Category	In network	Out of network	In network	Out of network	In network	Out of network
Diagnostic and preventive	100%	100%	100%	100%	100%	100%
Basic restorative	80%	80%	80%	80%	90%	90%
Oral surgery	50%	50%	80%	80%	90%	90%
Endodontics	50%	50%	80%	80%	90%	90%
Periodontics	50%	50%	80%	80%	90%	90%
Major restorative	50%	50%	50%	50%	60%	60%
Prosthodontics	50%	50%	50%	50%	60%	60%
Prosthetic repairs	50%	50%	50%	50%	60%	60%
Orthodontics (for dependents to age 19)	50%	50%	50%	50%	50%	50%
Deductible (waived for diagnostic and preventive)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual maximum	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
Lifetime orthodontic maximum	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
Fee reimbursement	Prime/Complete	90th percentile of fair health	Prime/Complete	90th percentile of fair health	Prime/Complete	90th percentile of fair health
	Employer paid	Voluntary	Employer paid	Voluntary	Employer paid	Voluntary
Employee only	\$25.95	\$29.05	\$31.55	\$35.35	\$37.05	\$41.50
Employee + spouse	\$52.95	\$59.25	\$64.45	\$72.20	\$75.60	\$84.70
Employee + child(ren)	\$69.25	\$73.35	\$85.25	\$90.35	\$98.35	\$104.20
Family	\$102.70	\$108.90	\$126.20	\$133.75	\$146.00	\$154.80

Dental Plan Guidelines

- Available only for groups with 2-200 eligible employees; minimum 2 enrolled per plan.
- Groups allowed up to two plan options (dual option); no triple or quad options available.
- Dual options require a minimum group enrollment of 15, with plan enrollment of 5.
- The same plan with and without orthodontic coverage does not qualify as a valid dual option plan.
- Groups with 75% or greater participation are employer-paid; groups below 75% are voluntary.
- Voluntary groups will have waiting periods: 6 months for basic services; 12 months for major services; 12 months for orthodontic services (if applicable).

- Those who enroll at the initial enrollment will not have a waiting period, regardless of whether or not they had coverage on an existing plan. Anyone applying after the initial enrollment will have a waiting period. This includes new hires, employees who didn't apply at the initial enrollment or their dependents. For groups with no prior dental coverage, all enrollees have waiting periods, even if they enrolled at the initial enrollment period.
- Groups with under 10 employees are not eligible for orthodontic benefits.
- Group members will have the same anniversary date, regardless of the effective date.
- Groups with more than 200 eligible employees will be rated based on their own experience and plan designs.

Vision

With our vision plan, employees can choose from a large network of doctors. They also get discounts on vision products. Vision coverage is an important complement to a medical plan because vision exams are one way doctors can find high-risk conditions like diabetes, high blood pressure and high cholesterol.

Low plan		
Benefits	In network	Out of network
Routine eye exam — Once every 12 months	\$20 copay, then covered in full	\$42 allowance
Eyeglass frames — Once every 24 months, members may select an eyeglass frame and receive an allowance toward the purchase price.	\$130 allowance, then 20% off any remaining balance	\$45 allowance
Eyeglass lenses (Standard) — Once every 24 months, members may receive any one of the following lens options:		
Standard plastic single vision lenses (1 pair)	\$20 copay, then covered in full	\$40 allowance
Standard plastic bifocal lenses (1 pair)	\$20 copay, then covered in full	\$60 allowance
Standard plastic trifocal lenses (1 pair)	\$20 copay, then covered in full	\$80 allowance
Eyeglass lens enhancements — When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of the following lens enhancements at no extra cost:		
Transitions® lenses (for a child under age 19)	\$0 after eyeglass lens copay	No allowance on lens enhancements when obtained out of network
Transitions® lenses (adults)	\$20 after eyeglass lens copay	
Transitions® standard polycarbonate (for a child under age 19)	\$0 after eyeglass lens copay	
Transitions® factory scratch coating ¹	\$0 after eyeglass lens copay	
Contact lenses once every 24 months — Instead of eyeglass lenses, an allowance toward the cost of a supply of contact lenses may be chosen. ²		
Elective conventional lenses; or	\$130 allowance, then 15% off any remaining balance	\$105 allowance
Elective disposable lenses; or	\$130 allowance (no additional discount)	\$105 allowance
Non-elective contact lenses	Covered in full	\$210 allowance

¹ Transitions is the registered trademark of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure and lens material.

² Contact lens allowance can only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases made during the same benefit period, nor can any unused amount be carried over to the following benefit period.

Employer-paid monthly rates	
Employee	\$5.04
Employee + spouse	\$8.82
Employee + child(ren)	\$9.57
Employee + family	\$14.61

Voluntary monthly rates	
Employee	\$6.78
Employee + spouse	\$11.87
Employee + child(ren)	\$12.88
Employee + family	\$19.66

High plan		
Benefits	In network	Out of network
Routine eye exam — Once every 12 months	\$10 copay, then covered in full	\$42 allowance
Eyeglass frames — Once every 24 months, members may select an eyeglass frame and receive an allowance toward the purchase price.	\$150 allowance, then 20% off any remaining balance	\$45 allowance
Eyeglass lenses (Standard) — Once every 12 months, members may receive any one of the following lens options:		
Standard plastic single vision lenses (1 pair)	\$20 copay, then covered in full	\$40 allowance
Standard plastic bifocal lenses (1 pair)	\$20 copay, then covered in full	\$60 allowance
Standard plastic trifocal lenses (1 pair)	\$20 copay, then covered in full	\$80 allowance
Eyeglass lens enhancements — When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of the following lens enhancements at no extra cost:		
Transitions® lenses (for a child under age 19)	\$0 after eyeglass lens copay	No allowance on lens enhancements when obtained out of network
Transitions® lenses (adults)	\$20 after eyeglass lens copay	
Transitions® standard polycarbonate (for a child under age 19)	\$0 after eyeglass lens copay	
Transitions® factory scratch coating ¹	\$0 after eyeglass lens copay	
Contact lenses once every 12 months — Instead of eyeglass lenses, an allowance toward the cost of a supply of contact lenses may be chosen. ²		
Elective conventional lenses; or	\$140 allowance, then 15% off any remaining balance	\$105 allowance
Elective disposable lenses; or	\$140 allowance (no additional discount)	\$105 allowance
Non-elective contact lenses	Covered in full	\$210 allowance

¹ Transitions is the registered trademark of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure and lens material.

² Contact lens allowance can only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases made during the same benefit period, nor can any unused amount be carried over to the following benefit period.

Employer-paid monthly rates	
Employee	\$6.50
Employee + spouse	\$11.37
Employee + child(ren)	\$12.34
Employee + family	\$18.84

Voluntary monthly rates	
Employee	\$8.85
Employee + spouse	\$15.49
Employee + child(ren)	\$16.82
Employee + family	\$25.67







Vision

Optional savings available from in-network providers		In-network member cost (after any applicable copay)
Retinal imaging	At member's option can be performed at time of eye exam	Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	Standard polycarbonate (adults)	\$40
	Tint (solid and gradient)	\$15
	UV coating	\$15
	Progressive lenses	
	Standard	\$65
	Premium tier 1	\$85
	Premium tier 2	\$95
	Premium tier 3	\$110
	Anti-reflective coating	
	Standard	\$45
	Premium tier 1	\$57
	Premium tier 2	\$68
	Other add-ons and services	20% off retail price
Additional pairs of eyeglasses Anytime from any Blue View Vision network provider	Complete pair	40% off retail price
	Eyeglass materials purchased separately	20% off retail price
Eyewear accessories	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
Contact lens fit and follow-up Available once a comprehensive eye exam has been completed	Standard contact lens fitting	Up to \$55
	Premium contact lens fitting	10% off retail price
Conventional contact lenses	Discount applies to materials only	15% off retail price
Laser vision correction surgery LASIK refractive surgery	Discount per eye	For more information, go to anthem.com/specialoffers and select vision care.

Life insurance

We offer you affordable options for life coverage as well. When a life-changing event happens, claims are paid quickly and Anthem's caring staff will be there to help.

Group size 2-9

Options	Age of employee	Monthly premium	Age of employee	Monthly premium	Age of employee	Monthly premium
Option 1: \$25,000 Life and AD&D	Under 25	\$4.50	40-44	\$8.25	60-64	\$35.75
	25-29	\$4.50	45-49	\$12	65-69*	\$75.75
	30-34	\$4.50	50-54	\$19.50	70-74*	\$156
	35-39	\$5.50	55-59	\$32	Over 74*	\$241.25
Option 2: \$50,000 Life and AD&D	Under 25	\$9	40-44	\$16.50	60-64	\$71.50
	25-29	\$9	45-49	\$24	65-69*	\$151.50
	30-34	\$9	50-54	\$39	70-74*	\$312
	35-39	\$11	55-59	\$64	Over 74*	\$482.50

* Life and AD&D benefits reduce with age: 35% at age 65, 50% at age 70.

Additional features

- Life insurance coverage is guaranteed for amounts shown in the table above. Coverage is not guaranteed for late enrollees.
- **Waiver of premium** – If an employee becomes totally disabled before reaching age 60, after they meet a six-month elimination period, their life insurance coverage will remain in force without further premium payment until they reach age 65. Life insurance coverage continued under waiver of premium ends at age 65.
- **Living benefit/accelerated death benefit** – Employees can receive an accelerated payout of up to 75% of their life insurance benefit if they are diagnosed as terminally ill.
- **Accidental death and dismemberment (AD&D) coverage** - Includes Seat Belt Benefit, Airbag Benefit, Education Benefit and Repatriation Benefit, Coma Benefit and Common Carrier Benefit.
- **Basic life** – Employer pays 100% of the premium; 100% of eligible employees must participate.

Important terms of this offer

- The benefit is paid for by the employer; all eligible employees are required to participate.
- Life and AD&D benefits reduce with age: 35% at age 65, 50% at age 70.
- All benefits end at retirement.
- Timely enrollment is required for new employees. Employees hired after the effective date of the plan will become eligible for insurance after completing the waiting period specified in the policy. Eligible employees must be enrolled within 31 days after they satisfy the employer's eligibility period or they will be required to submit evidence of insurability for underwriting approval.
- Workers whose wages are reported on Form 1099 are not eligible for coverage.

- The following Standard Industrial Classification (SIC) Codes are not eligible for coverage: 0811 Timber Tracts, 0831 Forest Products, 0851 Forestry Services, 0971 Hunting, Trapping, Game Propagation, 2111 Cigarettes, 2121 Cigars, 2131 Chewing and Smoking Tobacco, 2141 Tobacco Stemming and Re-drying, 4512 Air Transportation, Scheduled, 4513 Air Courier Services, 4522 Air Transportation, Nonscheduled, 8811 Private Households, 9221 Police Protection, 9223 Correctional Institutions and 9224 Fire Protection.
- Groups must be in business for at least one year.
- The master policy will be issued and will reflect the laws and requirements of Indiana. Product features and provisions of this proposal can vary based on state requirements.

Proposal assumptions

Plans and rates displayed are only available when paired with an Emerging Market medical product.

A fully insured funding arrangement has been quoted. Groups must be in business for at least one year.

This proposal assumes list-billing services.

Employees must be actively at work, at least 17 years of age and working in the United States in order to become insured. Employees not actively at work on their effective date will become eligible for insurance after completing the waiting period specified in the policy unless otherwise noted on the schedule of benefits.

- We generally will consider a “no-loss/no-gain” basis of insurance for employees who are not actively at work. This means that no employees will lose or gain coverage solely as a result of changing carriers.
- Employees who are not actively at work due to disability, injury or illness remain the liability of the prior carrier.
- All others not actively at work on the effective date may be covered under this policy, provided the required premium is paid and they were covered by the prior carrier’s policy up to the effective date of our policy. Underwriting approval is required for each individual to be considered for this exception.
- In order to consider “no-loss/no-gain” coverage, we require information on all employees who are nonactives immediately prior to the effective date of this policy. This listing must include: names, birthdates, benefit amounts, last date worked, reason for not working and the expected return-to-work date. We will review this information for our determination of liability and rate review.

Timely enrollment is required for new employees. Employees hired after the effective date of the plan will become eligible for insurance after completing the waiting period specified in the policy. If employees do not enroll in any contributory program within 31 days of first becoming eligible, they will be required to provide evidence of insurability at their own expense.

Currently enrolled employees will not be grandfathered for any optional supplemental life benefit amount. Evidence of insurability is required for all employees who elect coverage. The guaranteed issue amount will only apply to newly hired employees who were not eligible for optional supplemental life benefits prior to the effective date.

This proposal is not a contract. This proposal provides coverage highlights only, and does not modify, expand or interpret any provisions of the policy. Unless otherwise stated, this proposal and subsequent policy will be issued using Anthem Life Insurance Company’s standard policy wording. The policy to be issued will contain complete details of benefits, policy provisions, limitations, etc. A hard copy is available upon request. In case of a conflict between the proposal and policy, the terms of the policy will govern.

Life insurance

Monthly rate per \$1,000 of group term life and AD&D coverage ¹					
Age of employee	Monthly rate	Age of employee	Monthly rate	Age of employee	Monthly rate
Under 25	\$0.16	40-44	\$0.31	60-64	\$1.41
25-29	\$0.16	45-49	\$0.46	65-69 ²	\$3.01
30-34	\$0.16	50-54	\$0.76	70-74 ²	\$6.22
35-39	\$0.20	55-59	\$1.26	Over 74 ²	\$9.63

1 The rate for AD&D coverage is an additional \$0.02 per \$1,000.

2 Life and AD&D benefits reduce with age: 35% at age 65, 50% at age 70.

Cost assumptions

The rates included in this proposal are based on the plan design as specified in the “Proposal assumptions.” We reserve the right to modify the quoted costs as deemed appropriate by Anthem Life Insurance Company if the plan design is modified or any of these assumptions are incorrect. The proposal and rates appearing in this proposal are based on the data submitted and its accuracy. The actual rates charged will be based on the ages, amounts and experience data of the persons insured. The above rates assume that coverage will be provided on a nonparticipating (i.e., nonretention) basis.

Not all benefits are available in all states; benefits and features may vary by state. The benefit descriptions contained in this proposal are intended to be a brief outline of coverage and are not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.



Group size 10-50

Group term life and AD&D benefit details		
Options	Monthly premium per employee	Guaranteed issue amount
Option 1: \$25,000 Life and AD&D	\$6.25	\$25,000
Option 2: \$50,000 Life and AD&D	\$12.50	\$50,000
Option 3: \$75,000 Life and AD&D	\$18.75	\$75,000
Option 4: One times base annual salary, up to \$50,000	Varies according to employee's salary	\$50,000

Optional supplemental life and AD&D benefit details

Optional supplemental life and AD&D is only available for groups with 10-50 employees. It is not available to groups with 2-9 employees.

Each employee chooses their own coverage amount, between \$25,000 and \$300,000 in increments of \$25,000. Guaranteed issue amount is \$100,000. Employees can choose spouse coverage between \$10,000 and \$50,000 in increments of \$10,000. Guaranteed issue amount for spouse is \$20,000.

Rate per \$1,000 of optional life coverage for employee and spouse (based on employee's age).

Age	Monthly rate per \$1,000	Age	Monthly rate per \$1,000
Under 25	\$0.06	50-54	\$0.32
25-29	\$0.06	55-59	\$0.55
30-34	\$0.08	60-64	\$0.76
35-39	\$0.10	65-69	\$1.34
40-44	\$0.12	70-74	\$2.76
45-49	\$0.19	75+	\$2.76

Optional AD&D – Employee coverage only. Monthly rate per \$1,000 is \$0.02.

Employee can choose child coverage of \$5,000 per child, issued on a guaranteed basis, for a monthly premium of \$1.00.

Additional features

- Life insurance coverage is guaranteed for amounts shown in the table above. Coverage is not guaranteed for late enrollees.
- **Waiver of premium** – If an employee becomes totally disabled before reaching age 60, after they meet a six-month elimination period, their life insurance coverage will remain in force without further premium payment until they reach age 65. Life insurance coverage continued under waiver of premium ends at age 65.
- **Living benefit/accelerated death benefit** – Employees can receive an accelerated payout of up to 75% of their life insurance benefit if they are diagnosed as terminally ill.
- **AD&D coverage** – Includes Seat Belt Benefit, Airbag Benefit, Education Benefit and Repatriation Benefit, Coma Benefit and Common Carrier Benefit.
- **Basic life** – Employer pays 100% of the premium; 100% of eligible employees must participate.
- **Optional supplemental life Insurance** – 100% employee paid. Greater of 20% of eligible employees or 10 employees must enroll.

Important terms of this offer

- The benefit is paid for by the employer; all eligible employees are required to participate.
- Life and AD&D benefits reduce with age: 35% at age 65, 50% at age 70.
- All benefits end at retirement.
- Timely enrollment is required for new employees. Employees hired after the effective date of the plan will become eligible for insurance after completing the waiting period specified in the policy. Eligible employees must be enrolled within 31 days after they satisfy the employer's eligibility period, or they will be required to submit evidence of insurability for underwriting approval.

- Workers whose wages are reported on Form 1099 are not eligible for coverage.
- The following Standard Industrial Classification (SIC) Codes are not eligible for coverage: 0811 Timber Tracts, 0831 Forest Products, 0851 Forestry Services, 0971 Hunting, Trapping, Game Propagation, 2111 Cigarettes, 2121 Cigars, 2131 Chewing and Smoking Tobacco, 2141 Tobacco Stemming and Re-drying, 4512 Air Transportation, Scheduled, 4513 Air Courier Services, 4522 Air Transportation, Nonscheduled, 8811 Private Households, 9221 Police Protection, 9223 Correctional Institutions and 9224 Fire Protection.
- Groups must be in business for at least one year.
- The master policy will be issued and will reflect the laws and requirements of Indiana. Product features and provisions of this proposal can vary based on state requirements.

Proposal assumptions

Plans and rates displayed are only available when paired with an Emerging Market medical product.

A fully insured funding arrangement has been quoted. Groups must be in business for at least one year.

This proposal assumes list-billing services.

Employees must be actively at work, at least 17 years of age and working in the United States in order to become insured. Employees not actively at work on their effective date will become eligible for insurance after completing the waiting period specified in the policy unless otherwise noted on the schedule of benefits.

- We generally will consider a “no-loss/no-gain” basis of insurance for employees who are not actively at work. This means that no employees will lose or gain coverage solely as a result of changing carriers.
- Employees who are not actively at work due to disability, injury or illness remain the liability of the prior carrier.
- All others not actively at work on the effective date may be covered under this policy, provided the required premium is paid and they were covered by the prior carrier’s policy up to the effective date of our policy. Underwriting approval is required for each individual to be considered for this exception.
- In order to consider “no-loss/no-gain” coverage, we require information on all employees who are nonactives immediately prior to the effective date of this policy. This listing must include: names, birthdates, benefit amounts, last date worked, reason for not working and the expected return to work date. We will review this information for our determination of liability and rate review.

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Currently enrolled employees will not be grandfathered for any optional supplemental life benefit amount. Evidence of insurability is required for all employees who elect coverage. The guaranteed issue amount will only apply to newly hired employees who were not eligible for optional supplemental life benefits prior to the effective date.

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For more information:

- Call 1-800-382-8837
- Email healthinfo@ipep.com

Stronger together. IPEP harnesses the collective strength of four trusted companies to provide a solid foundation for your organization. IPEP capitalizes on the specialized skills of each company to bring stability and credibility together in one group.

