

[Welcome](#)[Why Anthem](#)[Benefits Overview](#)[Capstone](#)[Products](#)[Contacts](#)

Serving those who serve Indiana

24-hour coverage for Indiana's public employees

Anthem  

 **IPEP**





Welcome, Hoosier family.

It's clear that the need for quality health plans is greater than ever. We at Anthem Blue Cross and Blue Shield (Anthem) are honored to bring high-quality plans to the public employees of Indiana and their families, through a strong partnership with Indiana Public Employers' Plan (IPEP). We have worked closely together to create a family of health plan options that elevate the quality of care while keeping costs low. Our plans are built on innovations in healthcare access, a commitment to customer care, and more than seven decades of experience serving the people of Indiana. You can have confidence offering your clients coverage designed to optimize their employees' health. By working together, we can strengthen our communities and our great state.

Yours in health,

Beth Keyser
President
Anthem Blue Cross and Blue Shield, Indiana



Dear Broker,

We at IPEP would like to thank you for your interest in the IPEP Anthem Public Association Plan. Anthem and IPEP are working together to present plan options that align with your clients' medical and specialty needs, as well as their budget.

Through this partnership, we bring you the strength of multiple companies to support Hoosier workers. With these plan options you can take advantage of:

- Competitive pricing with cost savings for your members and their employees.
- A network with more than 10,000 Indiana doctors.
- Competitive plan design and flexibility so your clients get what they need from their health coverage at a more affordable rate.
- Health and wellness programs to promote wellness in the workforce.
- Online tools that help employees manage their health plan from anywhere.
- Access to doctors and hospitals outside of Indiana through the BlueCard® program.

Please review the plan choices presented in this guide. Together, we can keep the public workforce of Indiana strong.

Thank you for your partnership,

Frank T. Short
IPEP President





Why Anthem Blue Cross and Blue Shield?

A leader in good health

Anthem has served millions of members in Indiana for more than 75 years. Anthem is:

- Part of the nation's largest health benefits company.
- Part of the BlueCard® program through the Blue Cross Blue Shield Association, which includes more than 98% of hospitals and 97% of doctors in Indiana.*

Anthem helps promote good health by bringing your clients a number of innovative health and wellness programs

Well-being Coach

Combines digital and live phone/chat coaching to offer support for maintaining a healthy weight or quitting smoking. Well-being Coach provides highly customized plans based on users' habits and lifestyles, and offers rewards to those who complete calls with a health coach or activities in the Well-being Coach app.

Whole Health ConnectionsSM

This clinical integration solution connects pharmacy, dental, vision, disability, and behavioral health data with medical data to support whole-person care.

24/7 NurseLine

Registered nurses are on call 24/7 to help with everything from a baby's fever to allergy relief tips. These nurses can also provide advice about where to go for care.

Future Moms

Nurses help those expecting a baby to follow their doctor's plan of care, identify risks, make healthier decisions during pregnancy, and prepare for delivery. Virtual care is available through online visits with a lactation consultant, counselor, or registered dietitian.

MyHealth Advantage

When health gaps or risks are identified, Anthem mails a confidential MyHealth Note outlining specific actions to take.

ConditionCare

Those with chronic conditions like asthma or diabetes can receive one-on-one health management help from a healthcare professional.

Case management

Those with complex health issues work with our nurses and behavioral care managers to stay on top of their health issues and navigate the healthcare system. These case managers are backed by a team of healthcare professionals, including doctors, pharmacists, and exercise physiologists.

Behavioral health

Anthem's behavioral health program is integrated with our health plans and includes an extensive network of psychiatrists, social workers, and residential treatment centers.

My Health Dashboard

Provides personalized content and delivers suggested clinical and wellness programs through [anthem.com](https://www.anthem.com) or our mobile app, SydneySM Health.

Sydney Health

The Sydney Health mobile app gives on-the-go access to benefits information, wellness resources, and virtual care, all in one place. Video visits and chat are available 24/7 with no appointment needed.

Autism Spectrum Disorder Program

This program helps connect employees with licensed behavioral analysts who work with children on the spectrum.



IPEP benefits

Programs designed for Indiana's workforce

Indiana Public Employers' Plan, Inc. (IPEP) is a nonprofit, self-funded workers' compensation program for Indiana public employers. Our organization offers training, risk and claims management, and a series of employee benefits.

Founded in 1989, IPEP works on behalf of Indiana's political subdivisions and governmental entities, serving as the largest provider of public entity workers' compensation in the state.

IPEP is the program of choice for more than 600 active members, providing coverage for over \$1 billion in public worker wages. IPEP brings Indiana's public employees 24-hour coverage, by working with Anthem to create an association program specifically for Indiana public employers.

This program includes:

- The opportunity for lower rates through medical underwriting.
- Integrated medical, dental, vision, and life coverage.
- A variety of plans with various deductible levels, starting as low as \$250.
- Simplified integration with one-stop enrollment and billing.
- Benefitsolver® software for simplified policy management.
- No additional membership fees to join the plan.

Contacts for IPEP:

Celina Osborn
Employee Benefits Account Executive
cosborn@ipep.com
O 800-382-8837 | C 765-860-7971

Robert Davidson, CWCP, CHRS, CUSA
Vice President of Employee Benefits
bdavidson@ipep.com
O 800-382-8837 | C 317-727-3312





Capstone Administrators

IPEP has teamed with Capstone Administrators (Capstone) to help make health plan administration simpler and more efficient.

Capstone's state of the art Benefitsolver® system processes eligibility and enrollment.

Features include:

- Account management assistance with enrollment and billing.
- Single point of entry for enrollment.
- Consolidated billing with one single invoice.
- Employee self-serve enrollment options.
- Built-in COBRA management.
- Boardroom-ready reports.
- Affordable Care Act reporting.

EmployerAccess offers a more convenient way to access employee information. This online solution allows you and your clients to:

- View and/or print ID cards.
- Print an employee's health certificate (SPD).
- Search for healthcare professionals and compare costs for common procedures.
- View benefits summaries.
- Manage prescription benefits.





IPEP products: medical

A benefit suite with multiple options

Choosing the right plan is a big decision. IPEP health plans are designed to keep healthcare costs more affordable while offering quality coverage. Keeping Indiana's public employees in good health helps Indiana's bottom line.



Indiana Public Employers' plans					
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 - 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 - 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. A health savings account (HSA) is a bank account that can be used to help pay for health expenses. A preferred provider organization (PPO) is a type of health plan that covers services from most doctors.



IPEP products: pharmacy

Coverage for your prescription needs

Pharmacy plans are designed to empower members to be educated healthcare consumers, steering them to the most cost-effective, high-quality pharmacies and medications.

- Cost shares for medications on the Essential drug list appear at right. Medications not included on the Essential drug list will not be covered.
- Plans use the Rx Tiered Network. Members may receive up to a 90-day supply of medication at Retail 90 pharmacies. Home delivery of maintenance medications is available through IngenioRx Home Delivery Pharmacy. Members can sign up by calling Member Services.



For PPO plans P250, P500, P1000, P2000, and P2500

Covered prescription drug benefits	Cost from preferred network pharmacy	Cost from other in-network pharmacy	Cost from non-network pharmacy
Tier 1 – typically generic			
Per 30-day supply (retail pharmacy and Retail 90 pharmacy)	\$20 copay per prescription, deductible does not apply (retail)	\$30 copay per prescription, deductible does not apply (retail)	50% coinsurance (minimum \$60), deductible does not apply (retail)
Per 90-day supply (home delivery)	\$40 copay per prescription, deductible does not apply (home delivery)	Not covered (home delivery)	Not covered (home delivery)
Tier 2 – typically preferred brand			
Per 30-day supply (retail pharmacy and Retail 90 pharmacy)	\$40 copay per prescription, deductible does not apply (retail)	\$50 copay per prescription, deductible does not apply (retail)	50% coinsurance (minimum \$60), deductible does not apply (retail)
Per 90-day supply (home delivery)	\$80 copay per prescription, deductible does not apply (home delivery)	Not covered (home delivery)	Not covered (home delivery)
Tier 3 – typically nonpreferred brand			
Per 30-day supply (retail pharmacy and Retail 90 pharmacy)	\$60 copay per prescription, deductible does not apply (retail)	\$70 copay per prescription, deductible does not apply (retail)	50% coinsurance (minimum \$60), deductible does not apply (retail)
Per 90-day supply (home delivery)	\$120 copay per prescription, deductible does not apply (home delivery)	Not covered (home delivery)	Not covered (home delivery)
Tier 4 – typically specialty (brand and generic)			
Per 30-day supply (specialty pharmacy)	25% coinsurance up to \$200 per prescription, deductible does not apply (retail and home delivery)	25% coinsurance up to \$200 per prescription, deductible does not apply (retail)	50% coinsurance (minimum \$60), deductible does not apply (retail)
		Not covered (home delivery)	Not covered (home delivery)

For HSA plans H3000, H4000, H5000, and H6000

Covered prescription drug benefits	Cost from preferred network pharmacy	Cost from other in-network pharmacy	Cost from non-network pharmacy
Tier 1 (typically generic), Tier 2 (typically preferred brand), Tier 3 (typically non-preferred brand)			
Per 30-day supply (retail pharmacy and Retail 90 pharmacy)	0% coinsurance after deductible is met (retail)	10% coinsurance after deductible is met (retail)	30% coinsurance after deductible is met (retail)
Per 90-day supply (home delivery)	0% coinsurance after deductible is met (home delivery)	Not covered (home delivery)	Not covered (home delivery)
Tier 4 (typically specialty, both brand and generic)			
Per 30-day supply (specialty pharmacy)	0% coinsurance after deductible is met (retail)	10% coinsurance after deductible is met (retail)	30% coinsurance after deductible is met (retail)
	0% coinsurance after deductible is met (home delivery)	Home delivery not covered	Home delivery not covered



IPEP products: dental

Our Dental Complete plans are designed for greater choice, better value, and higher-quality oral healthcare.



Plans WITHOUT
orthodontic coverage

Plans WITH
orthodontic coverage

Dental plan
guidelines

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	Dental Complete	90th percentile	Dental Complete	90th percentile	Dental Complete	90th percentile
	Employer paid	Voluntary	Employer paid	Voluntary	Employer paid	Voluntary
Employee only	\$28.07	\$31.42	\$34.12	\$38.23	\$40.07	\$44.89
Employee + spouse	\$57.27	\$64.08	\$69.70	\$78.08	\$81.76	\$91.61
Employee + children	\$67.05	\$71.00	\$81.60	\$86.52	\$95.77	\$101.50
Family	\$101.83	\$107.99	\$124.10	\$131.51	\$145.52	\$154.27

[Welcome](#)[Why Anthem](#)[Benefits Overview](#)[Capstone](#)[Products](#)[Contacts](#)[MEDICAL](#)[PHARMACY](#)[DENTAL](#)[VISION](#)[LIFE](#)

IPEP products: dental

These plans feature
orthodontic coverage.



Plans WITHOUT
orthodontic coverage

▼ Plans WITH
orthodontic coverage

Dental plan
guidelines

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	Dental Complete	90th percentile	Dental Complete	90th percentile	Dental Complete	90th percentile
	Employer paid	Voluntary	Employer paid	Voluntary	Employer paid	Voluntary
Employee only	\$28.07	\$31.42	\$34.12	\$38.23	\$40.07	\$44.89
Employee + spouse	\$57.27	\$64.08	\$69.70	\$78.08	\$81.76	\$91.61
Employee + children	\$74.89	\$79.33	\$92.20	\$97.72	\$106.37	\$112.69
Family	\$111.08	\$117.78	\$136.49	\$144.65	\$157.90	\$167.42



IPEP products: dental



Plans WITHOUT
orthodontic coverage

Plans WITH
orthodontic coverage

▼ Dental plan
guidelines

Dental plan guidelines

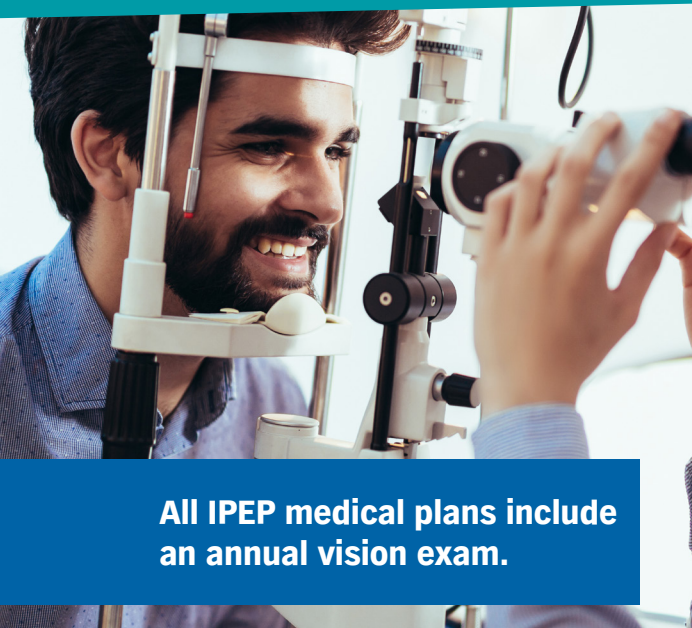
- Available only for groups with 2-200 eligible employees; minimum two enrolled per plan
- Groups allowed up to two plan options (dual option); no triple or quad options available
- Dual options require a minimum group enrollment of 15, with plan enrollment of five
- The same plan with and without orthodontic coverage does not qualify as a valid dual-option plan
- Groups with 75% or greater participation are employer paid; groups below 75% are voluntary (employee paid)
- Voluntary groups will have waiting periods: six months for basic services; 12 months for major services; 12 months for orthodontic services (if applicable)
 - For groups that have prior dental coverage we will waive the waiting periods for all employees that elect dental at initial enrollment
 - Anyone applying after the initial enrollment will have a waiting period, including new hires and their dependents as well as existing employees and their dependents who did not apply at the initial enrollment
- Employer-paid plans don't have waiting periods
- Any group selecting a dental plan for the first time will have to meet the waiting periods
- Groups with under 10 employees are not eligible for orthodontic benefits
- Groups will have the same anniversary date, regardless of effective date
- Groups with more than 200 eligible employees will be rated based on their own experience and plan designs



IPEP products: vision

A low or a high plan that includes optimal savings for in-network providers

Eye health is a vital part of total health. Not only is it important for retaining sight, but through vision exams, doctors can detect conditions like diabetes, high blood pressure, and high cholesterol.¹ With this year's plans, employees can choose from a large network of eye care professionals and receive discounts on vision products.



All IPEP medical plans include
an annual vision exam.

▼ Low plan

High plan

Optimal savings

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
Lenses (adults)	\$20 after eyeglass lens copay	
Standard polycarbonate (for a child under age 19)	\$0 after eyeglass lens copay	
Factory scratch coating ²	\$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. ³		
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
Nonelective contact lenses	Covered in full	\$210 allowance

Employer-paid monthly rates	
Employee	\$5.04
Employee + spouse	\$8.82
Employee + children	\$9.57
Employee + family	\$14.61

Voluntary monthly rates	
Employee	\$6.78
Employee + spouse	\$11.87
Employee + children	\$12.88
Employee + family	\$19.66

¹ Centers for Disease Control and Prevention, *Common Eye Disorders and Diseases* (accessed April 2022): cdc.gov.

² Transitions is the registered trademark of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure, and lens material.

³ 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.



IPEP products: vision



Low plan

▼ High plan

Optimal savings

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
Lenses (adults)	\$20 after eyeglass lens copay	
Standard polycarbonate (for a child under age 19)	\$0 after eyeglass lens copay	
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
Nonelective contact lenses	Covered in full	\$210 allowance

Employer-paid monthly rates	
Employee	\$6.50
Employee + spouse	\$11.37
Employee + children	\$12.34
Employee + family	\$18.84

Voluntary monthly rates	
Employee	\$8.85
Employee + spouse	\$15.49
Employee + children	\$16.82
Employee + family	\$25.67

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.

[Welcome](#)[Why Anthem](#)[Benefits Overview](#)[Capstone](#)[Products](#)[Contacts](#)[MEDICAL](#)[PHARMACY](#)[DENTAL](#)[VISION](#)[LIFE](#)[Low plan](#)[High plan](#)[▼ Optimal savings](#)

IPEP products: 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 copay 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
	Antireflective coating	
	Standard	\$45
	Premium tier 1	\$57
	Premium tier 2	\$68
Additional pairs of eyeglasses Anytime from any Blue View Vision network provider	Other add-ons and services	20% off retail price
	Complete pair	40% off retail price
Eyewear accessories	Eyeglass materials purchased separately	20% off retail price
	Items such as nonprescription 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.



IPEP products: life

Two options with extra features, including accidental death and dismemberment (AD&D) coverage

The IPEP plan includes affordable options for life coverage as well. When a life-changing event happens, Anthem's staff is on hand to help, paying claims quickly and offering peace of mind.



Life and AD&D for group size 2 to 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

Additional features

- Life insurance coverage is guaranteed for amounts shown in the table above. Coverage is not guaranteed for late enrollees.
- Waiver of premium — A covered employee who becomes totally disabled before age 60 must meet a six month elimination period, after which their life insurance coverage will remain in force without any additional 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 early 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, 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, regardless of medical enrollment.
- Life and AD&D benefits reduce with age: 35% at age 65, 50% at age 70.
- 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.



IPEP products: life

group size 2 to 9



- All benefits terminate at retirement.
- 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

These plans and rates are only available when paired with an emerging market medical product.

Rates are based on a fully insured funding arrangement, with 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 they complete 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 employees will not 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, as long as their 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 nonactive employees immediately prior to the effective date of this policy. Information 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.



IPEP products: life

group size 2 to 9 (continued)

Note: This proposal is not a contract. It provides coverage highlights, but if there is a conflict between the proposal and policy, the terms of the policy will govern. The policy to be issued will contain complete details of benefits, policy provisions, limitations, etc. A hard copy is available upon request.

Employer-paid Basic Dependent Life Insurance		
Dependent Term Life Insurance	Monthly premium per employee	Guaranteed issue amount
Coverage amounts: Spouse \$10,000/Child \$5,000 <ul style="list-style-type: none">Coverage begins at 15 days from birth. Children are eligible until they reach age 26.Benefits terminate when spouse reaches age 70.Dependent benefits may not exceed 50% of the employee benefit amount100% noncontributory	\$3,500 per family unit	All guaranteed issue

Cost assumptions

The rates in this proposal are based on the plan design listed in the "Proposal assumptions," along with the data submitted. Final rates will depend on the actual plan design and the ages, amounts, and experience data of the individuals insured.

Benefits and features may vary by state. These benefit descriptions provide a brief outline of coverage. Detail about benefits and exclusions can be found in the Group Contract, Certificate, and Schedule of Benefits. If there is a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.





IPEP products: life

group size 10 to 50



Life and AD&D for group size 10 to 50

Employer-paid Basic Dependent Life Insurance		
Dependent Term Life Insurance	Monthly premium per employee	Guaranteed issue amount
Coverage amounts: Spouse \$10,000/Child \$5,000 <ul style="list-style-type: none">Coverage begins at 15 days from birth. Children are eligible until they reach age 26.Benefits terminate when spouse reaches age 70.Dependent benefits may not exceed 50% of the employee benefit amount100% noncontributory	\$3,500 per family unit	All guaranteed issue

Group size 10 to 50

Group term life and AD&D benefit details (employer paid)		
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 (employee paid)			
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.			



IPEP products: life

group size 10 to 50 (continued)



Additional features

- Life insurance coverage is guaranteed for amounts shown in the table above. Coverage is not guaranteed for late enrollees.
- Waiver of premium — A covered employee who becomes totally disabled before age 60 must meet a six month elimination period, after which their life insurance coverage will remain in force without any additional 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 early 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, 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

- Life and AD&D benefits reduce with age: 35% at age 65, 50% at age 70.
- All benefits end at retirement.
- 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.
- 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.
- Employee must enroll in voluntary life in order for dependents to be enrolled in voluntary life. Dependent benefits may not exceed 50% of the employee benefit amount.

▼ Continued on next page



IPEP products: life

group size 10 to 50 (continued)



Proposal assumptions

These plans and rates are only available when paired with an emerging market medical product.

Rates are based on a fully insured funding arrangement, with self-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 they complete 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 employees will not 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, as long as their 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 nonactive employees immediately prior to the effective date of this policy. Information 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.

Currently enrolled employees will not be grandfathered for any optional supplemental life benefit amount. Evidence of insurability is required for all employees who elect optional supplemental life coverage, including those who are currently enrolled. 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.

Note: This proposal is not a contract. It provides coverage highlights, but if there is a conflict between the proposal and policy, the terms of the policy will govern. The policy to be issued will contain complete details of benefits, policy provisions, limitations, etc. A hard copy is available upon request.

[group size 2 to 9](#)[▼ group size 10 to 50](#)

IPEP products: life

group size 10 to 50 (continued)

Cost assumptions

The rates in this proposal are based on the plan design listed in the “Proposal assumptions,” along with the data submitted. Final rates will depend on the actual plan design and the ages, amounts, and experience data of the individuals insured.

Benefits and features may vary by state. These benefit descriptions provide a brief outline of coverage. Detail about benefits and exclusions can be found in the Group Contract, Certificate, and Schedule of Benefits. If there is a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.





Serving those who serve Indiana

We are here to provide your clients with plans that meet their employees' needs. Contact us with any questions, or to discuss these coverage options.

Contacts for IPEP:

Celina Osborn
Employee Benefits Account Executive
cosborn@ipep.com
O 800-382-8837 | C 765-860-7971

Robert Davidson, CWCP, CHRS, CUSA
Vice President of Employee Benefits
bdavidson@ipep.com
O 800-382-8837 | C 317-727-3312

Stronger together

IPEP harnesses the collective strength of four trusted companies to provide a solid foundation for Indiana's public employers. IPEP capitalizes on the specialized skills of each company to bring stability and credibility together in one group.

