Indiana State Teachers' Retirement Fund

Dear Indiana Teacher:

The Indiana State Teachers' Retirement Fund is pleased to offer benefit opportunities exclusively to Indiana retired teachers. The enclosed materials will explain the group health plan available and assist you in evaluating your own health insurance needs. The health insurance plan offers the quality features and efficient service you have come to expect from your Fund. This plan is offered as a group health product; it is not an Individual Medicare Supplement plan. Some of the features in this plan include:

- *Insured and administered by Anthem Blue Cross Blue Shield*
- *Automatic crossover of most claims from Medicare to Anthem*
- *Broad medical coverage*
- *Automatic premium deductions*

In order to be eligible for coverage in the Retirement Fund group health insurance program, you must be a retired teacher, a member of the Indiana State Teachers' Retirement Fund, receiving benefits from the Fund and enrolled in Medicare Parts A and B. Dependents of retired teachers and surviving spouses who are enrolled in Medicare Parts A and B may also be eligible for coverage. You may apply for health coverage within 30 days of the date your school discontinues your active employee coverage, within 30 days of the date you retire, or within 30 days from the date you become eligible for Medicare. You may also have the opportunity to select coverage in one of our sponsored plans during the next open enrollment period, which will be March 2007 with a May 1st, 2007 effective date. If you are applying for the group health plan, you must complete the enclosed Application and send it to Anthem in the envelope provided within 30 days of the event making you eligible. Your coverage will be in place with an effective date that will assure you no lapse in coverage, or with a date that matches your Medicare effective date, whichever is appropriate.

In addition to the medical coverage, Anthem Blue Vision SM is available as an **option to those who are enrolled in the Health Plan**. Information on rates and benefits, along with a separate application are included in this packet.

Monthly premium rates (per covered person) effective 5/1/06 – 4/30/07			
Applicant's Age:	**65 – 69***	**70 – 74**	**75+**
Medical Plan	**$148.97**	**$162.27**	**$175.47**
Anthem Blue Vision SM**	**$6.93**	**$6.93**	**$6.93**

* Applies to retired members under age 65 who are enrolled in Medicare Parts A and B.
** Available only to members enrolled in the Health Plan.

PLEASE SEE THE REVERSE SIDE FOR ADDITIONAL INFORMATION

Should you elect to enroll in these plans, your premium will be deducted from your monthly pension check automatically. Deductions will occur for the first month your coverage is effective. For those who do not have sufficient funds to support pension check deductions monthly billings will be sent to you. You will then pay Anthem directly, or can authorize an Electronic Fund Transfer from your bank.

Prescription drugs are not covered under the ISTRF Group Health Plan. You may purchase prescription drug coverage through one of the Medicare Part D plans.

We encourage you to contact your Anthem customer service representative for retired teachers if you have any questions about this program or need assistance. The representative can be reached by calling toll-free:

1-866-649-2041
Monday through Friday, 9:00 a.m. – 5:00 p.m. EST

BOARD OF TRUSTEES

INDIANA STATE TEACHERS' RETIREMENT FUND

Covered Services	Medicare	ISTRF Plan	ISTRF Plan
Part A		Medicare Eligible	Major Medical**
Inpatient Hospitalization			
First 60 days	Medicare pays all but a $952 deductible	Plan pays the first $952	
61st to 90th day	Medicare pays all but $238 per day.	Plan pays $238 per day	
60 day lifetime reserve	Medicare pays all but $476 per day	Plan pays $476 per day	
Additional days	Medicare pays nothing	Pays 90% of covered charges up to 365 days after Medicare benefits are exhausted	
Skilled Nursing Facility			
First 20 days of skilled care	Medicare pays all charges	All charges covered by Medicare	
21st to 100th day of skilled care	Medicare pays all but $119 per day	Plan pays $119 per day	
Additional days of skilled care	Medicare pays nothing	See Major Medical	Pays 80% of approved charges
Blood	Pays all but the first 3 pints	See Major Medical	Pays first 3 pints in full
Hospice	Medicare pays all but up to $5 for outpatient prescriptions and 5% of the Medicare approved amount for respite care	Not covered	Not covered
Part B			
Medical/Surgical Treatment and Doctor's Care			
(Covers doctors, hospital and office services including surgery, office calls, and hospital visits)	Medicare pays 80% of the allowed amount after a $124 deductible	Pays annual $124 deductible and the remaining 20% of Medicare's allowed charges	After deductible, balances on any non-assigned claims will be considered at 80% of the Maximum Allowable Amount (M.A.A.)*
Outpatient Services			
(Covers diagnostic services, x-rays, lab tests and physical therapy administered by a licensed therapist)	Medicare pays 80% of the allowed amount after a $124 deductible	Pays annual $124 deductible and the remaining 20% of Medicare's allowed charges	After deductible, balances on any non-assigned claims will be considered at 80% of the M.A.A.*
Emergency Care	Medicare pays 80% of the allowed amount after a $124 deductible	Pays annual $124 deductible and the remaining 20% of Medicare's allowed charges	After deductible balances on any non-assigned claims will be considered at 80% of the M.A.A.*
Medical Equipment			
(Covers equipment used at home, artificial eyes and limbs, braces, surgical dressings, casts and splints	Medicare pays 80% of the allowed amount after a $124 deductible	Pays annual $124 deductible and the remaining 20% of Medicare's allowed charges	After deductible balances on any non-assigned claims will be considered at 80% of the M.A.A.*
Ambulance Service	Medicare pays 80% of the allowed amount after a $124 deductible	Pays annual $124 deductible and the remaining 20% of Medicare's allowed charges	After deductible balances on any non-assigned claims will be considered at 80% of the M.A.A.*
Mental Health	Medicare pays 50% of the allowed amount after a $124 deductible	Pays annual $124 deductible and the remaining 50% of Medicare's allowed charges	After deductible balances on any non-assigned claims will be considered at 50% of covered charges. Inpatient charges treated the same as any other condition; pays 80% of M.A.A.*
Private Duty Nursing	Not covered	See Major Medical	Pays 80% of approved charges for Skilled Nursing
Home Health Care			
Non-custodial medical and nursing care	Medicare pays 100% of approved charges	Medicare pays 100% of approved charges	Medicare pays 100% of approved charges
Durable Medical Equipment	Medicare pays 80% of the allowed amount after a $124 deductible	Pays annual $124 deductible and the remaining 20% of Medicare's approved charges	After deductible balances on any non-assigned claims will be considered at 80% of M.A.A.*
Prescription Drugs			
Out-of-hospital	Not covered	Not covered	

* Maximum Allowable Amount

** This chart is a summary of benefits only. Please refer to the Certificate for details regarding benefits, maximums, limitations and exclusions. In the event of a conflict between the summary and Certificate, the terms of the Certificate shall prevail.

Please see the reverse side for additional information on plan benefits and rates.

Major Medical Deductible

This plan offers a low $200 per person calendar deductible. After your deductible is satisfied, the plan pays 80 percent of eligible expenses for most covered services. After your 20 percent co-insurance (out-of-pocket) expenses reach $500, the plan pays 100 percent of the maximum allowable amount for covered expenses. This means your total out-of-pocket expense is $700 for all covered medical expenses. **All expenses are subject to Medicare and Anthem's medical necessity guidelines as set forth in the group insurance certificate.** You will be responsible for any charges not covered by your policy.

Contract Maximum

This group health insurance plan has a $1,000,000 per person lifetime maximum for the medical plan.

Premiums

Monthly Rates Effective 5/1/2006

Rates (per covered person) effective 5/1/2006			
Applicant's age	65 – 69*	70 – 74	75 and up
Medical Plan	$148.97	$162.27	$175.47
Vision Plan	$6.93	$6.93	$6.93

* If you are under age 65 and enrolled in Medicare Part A and Part B these rates will apply to you.

Indiana State Teachers' Retirement Fund

Anthem

Anthem Insurance Companies, Inc.
P.O. Box 390
Indianapolis IN 46206-0390

Health Insurance Application
Underwritten By:
Anthem Insurance Companies, Inc.

Complete this section if you are applying for Plan 1 coverage for yourself.				Complete this section if you are applying for Plan 1 coverage for spouse.			
Please Print				Please Print			
Member Name	Last	First	M.I.	Spouse Name	Last	First	M.I.
Print Address	Street			Print Address	Street		
City		State	Zip	City		State	Zip
Birth Date	Mo. Day Year	☐ Male ☐ Female	☐ Single ☐ Married	Birth Date	Mo. Day Year	☐ Male ☐ Female	
Social Security Number		Medicare H.I.C. No.		Social Security Number		Medicare H.I.C. No.	
Medicare Eff. Date	Part A_____ Part B_____	Home Telephone Number ( )		Medicare Eff. Date	Part A_____ Part B_____	Home Telephone Number ( )	
Date Retired Month/Year		TRF No.		Date Retired Month/Year		TRF No.	

Complete if you wish to add a Dependent Child who is enrolled in Medicare. Reason for Entitlement: Age:___ Disability: ___ ESRD: ____ ESRD & Disability: ____ ESRD Onset Date:			DO NOT USE
First Name	Initial	Last Name	Birthday _____ Mo Day Yr	Relationship _____ ☐ Son ☐ Daughter
Medicare H.I.C. No._____ Medicare Effective Date Part A_____ Part B_____			

Please answer the following questions

Are you or any listed Dependent presently enrolled in any other type of Hospital and/or Medical Insurance?
If yes, complete the following questions:

Name of Policyholder_____ Policy #_____
Policyholder's Social Security No._____
Policyholder's Birthday: Mo._____ Day_____ Yr._____
Name of Employer_____
Employer's Address_____
(Street) (City) (State) (Zip Code)
Name of Insurance Co._____ Eff. Date_____
Insur. Co. Address_____
(Street) (City) (State) (Zip Code)

PENSION DEDUCTION AUTHORIZATION
I wish to enroll in the Retired Teachers' Group Health Plan and by completion of the following deduction authorization, do hereby authorize the Teachers' Retirement Fund to deduct from my benefit check amounts sufficient for my contribution (if any) toward premiums for group insurance for which I and my dependents (if enrolled) are or may become eligible.

SS No._____ TRF Retiree No._____

Signature_____

OFFICE USE ONLY Premium_____ Effective Date_____

PLEASE SEE REVERSE SIDE

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.
An independent licensee of the Blue Cross and Blue Shield Association.
® Registered marks Blue Cross and Blue Shield Association.

Please Sign the Application on the Lines Below

Please cancel my existing membership with Anthem Insurance Companies, Inc. on the effective date of my coverage through the Indiana State Teachers' Retirement Fund Contract. I understand that I am not eligible for this coverage if I already have any health coverage, group or individual, which will not be cancelled. My current identification number is:

_____
Identification Number

MEMBER'S SIGNATURE_____ **DATE**_____

Please cancel my existing membership with Anthem Insurance Companies, Inc. on the effective date of my coverage through the Indiana State Teachers' Retirement Fund Contract. I understand that I am not eligible for this coverage if I already have a health coverage, group or individual, which will not be cancelled. My current identification number is:

_____
Identification Number

SPOUSE'S SIGNATURE _____ **DATE**_____

SIGNIFICANT TERMS, CONDITIONS AND AUTHORIZATIONS (TERMS)
Please read this section carefully before signing the application.
1. I may not assign any payment under my Anthem Blue Cross and Blue Shield program.
2. I am responsible to timely notify Anthem of any change that would make me or my dependent ineligible for coverage.
3. By signing this application, I agree and consent to the recording and / or monitoring of any telephone conversation between Anthem and myself.
I acknowledge that I have read the Significant Terms, Conditions and Authorizations, and I accept such provisions as a condition of coverage. I represent that the answers given to all question on this application are true and accurate to the best of my knowledge and I understand they are being relied on by Anthem in accepting this application. I understand that any misstatements may result in a material change to coverage or premium rates. Any material misrepresentation or significant omission found in this application may result in denial of benefits or rescission or cancellation of my coverage(s). I understand that this is a group health insurance product and is not a Medicare Supplement plan. I am not eligible for this coverage if I already have, or later purchase, a Medicare Supplement policy.

SUBSCRIBER'S SIGNATURE _____ **DATE**_____

SPOUSE'S SIGNATURE _____ **DATE**_____

Thank you for choosing Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name for Anthem Insurance Companies Inc.
Independent licensee of the Blue Cross and Blue Shield Association.
® Registered marks of the Blue Cross and Blue Shield Association.

If you wish to apply for vision coverage in addition to your medical coverage, please complete the below Application and return in the enclosed envelope.

Indiana State Teachers' Retirement Fund

Voluntary Vision Insurance Application

Anthem Insurance Companies, Inc.
P.O. Box 390
Indianapolis, IN 46206-0390

Complete this section if you are applying for vision coverage for yourself						Complete this section if you are applying for vision coverage for your spouse					
MEMBER NAME	Last	First	Initial			SPOUSE NAME	Last	First	Initial		
PRINT ADDRESS	Street					PRINT ADDRESS	Street				
	City	State	Zip Code				City	State	Zip Code		
BIRTH DATE	Mo.	Day	Year	☐ Male ☐ Female	☐ Single ☐ Married	BIRTH DATE	Mo.	Day	Year	☐ Male ☐ Female	☐ Single ☐ Married
Social Security No.			TRF No.			Social Security No.			TRF No.		

PENSION DEDUCTION AUTHORIZATION

I wish to enroll in the Retired Teachers' Vision Plan and by completion of the following deduction authorization, do hereby authorize the Teachers' Retirement Fund to deduct from my benefit check amounts sufficient for my contribution (if any) toward premiums for vision insurance for which I and my dependents (if enrolled) are or may become eligible. I am enrolling or am enrolled in the ISTRF medical plan.

SS No._____ TRF Retiree No._____

_____ _____
Signature Date

OFFICE USE ONLY
Premium_____ Effective Date_____

Vision Premium Rate for Plan Year May 1, 2006 – April 30, 2007 : $6.93 per person per month

Your Anthem Benefits

Anthem

INDIANA STATE TEACHERS' RETIREMENT FUND
Indiana and Ohio Plan 3
Anthem Blue Vision℠ PPO – Effective MAY 1, 2006

This Summary outlines the vision benefits available to you through the Anthem Blue Vision Plan. This is a summary of your vision benefit. Please review your benefit certificate for plan details, eligibility definitions, limitations and exclusions.

Anthem's Provider Network: Anthem Blue Vision's broad national network consists of more than 10,000 locations and 13,000 providers, including independent optometrists and ophthalmologists, as well as the convenience of more than 800 LensCrafters® retail stores nationwide. For Anthem Vision provider locations, members may access the provider directory on the **anthem.com** home page, or call the Anthem Blue Vision number and Interactive Voice Response (IVR) line at (800) 231-2583. Schedule an appointment with your Anthem Vision provider; identify yourself as an Anthem member for fast, paperless determination and confirmation of benefits.

Network Provider: Maximum benefits are achieved when members access their benefits from a participating Anthem Vision provider. Copayment(s) may apply to network benefits.

Non-network Provider Reimbursement: Members may go to a non-participating (non-network) provider and pay the provider directly for services and materials. Members may then submit an original itemized invoice and a copy of the prescription along with the member's I.D. number to Anthem Blue Vision for reimbursement according to the Non-network reimbursement schedule identified in this summary plan description. Claims for covered vision services should be submitted to Anthem Vision, 555 Middle Creek Pkwy., Colorado Springs, CO 80921.

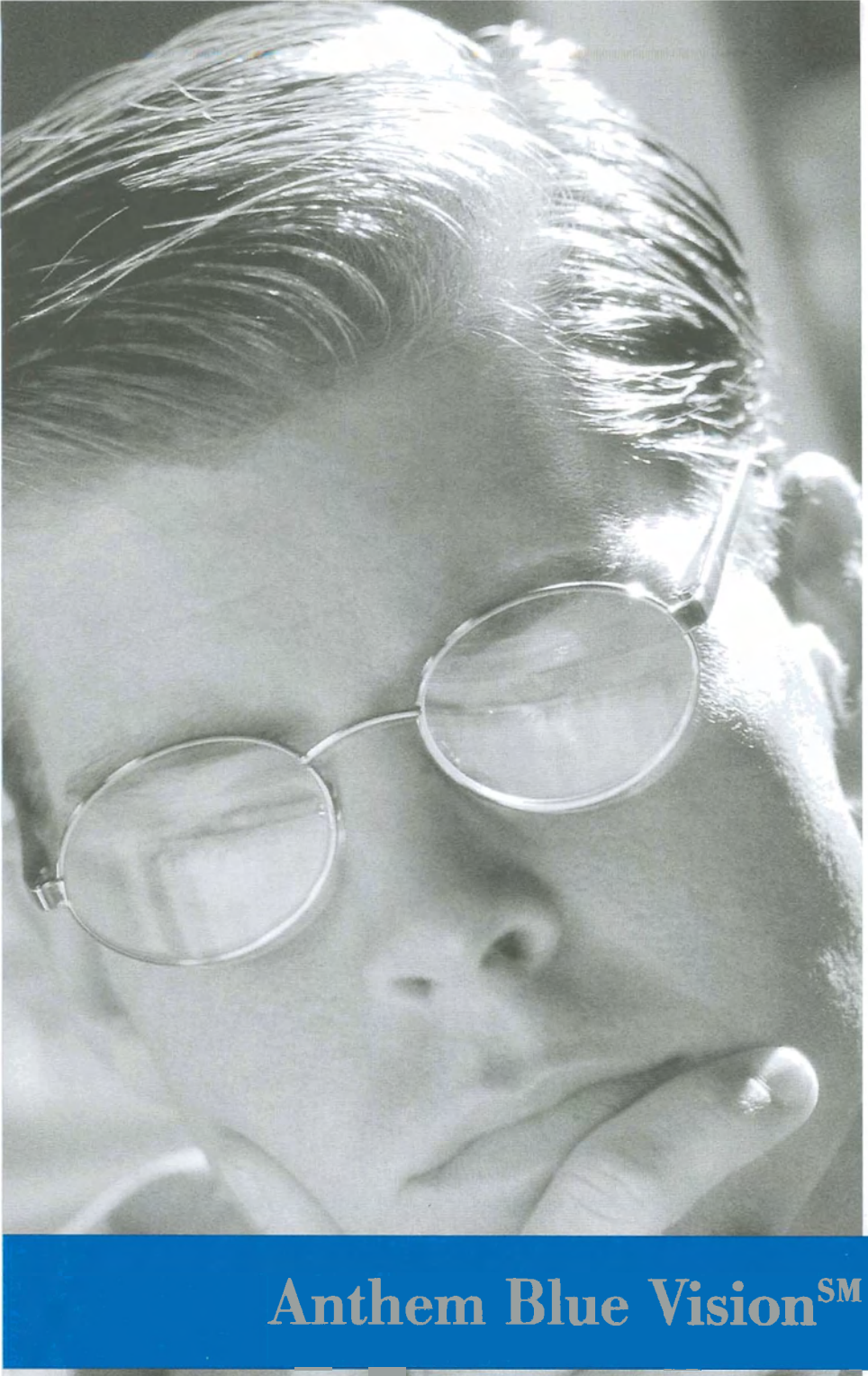
Additional Savings: Through the Anthem Blue Vision Preferred Pricing Discount Program, Anthem Vision providers agree to preferred pricing that is significantly below retail. Members are able to achieve substantial savings on additional pair purchases, contact lenses, lens treatments, specialized lenses and various accessories. Members may save approximately 20 percent to 40 percent or more off retail when they visit an Anthem Vision provider.

Copayment(s): Copayment amounts are applicable to Network provider examinations and materials. Separate copayments may be charged for examinations and materials. Materials consist of lenses and frames or contact lenses. Separate copayments for lenses and frames will not apply if these services are received at the same time.

COVERED BENEFITS	MEMBER BENEFIT FROM ANTHEM VISION NETWORK PROVIDER	NON-NETWORK REIMBURSEMENT*
Vision Examination Each member is entitled to a vision examination by an Anthem Vision provider. ***Availability:* Once every 12 months****	$5 copayment	Up to $35
Lenses A choice of glass or plastic (CR39) lenses in single vision, bifocal or trifocal (FT 25-28); lenses up to 55 mm; and all ranges of prescriptions.	$20 materials copayment applies to lenses and frames	
Single Vision Lenses		Up to $25
Bifocal Lenses (pair)		Up to $40
Progressive Lenses (pair) - Maximum allowable amount equal to bifocal amount. Member pays difference.		Up to $40
Trifocal Lenses (pair)		Up to $55
Lenticular ***Availability:* Once every 24 months****		Up to $80
Frames Maximum allowable amount of **$120** (retail) for frames purchased from Network provider. Member pays Preferred Price in excess of maximum allowable amount. ***Availability:* Once every 24 months****		Up to $45
Contact Lenses*** **Elective** – Members have a **$105** plan allowance per benefit period toward cosmetic contact lenses *in lieu of the frame and lens benefits*. If the member chooses contact lenses greater than the plan allowance, the member is responsible for the difference.	$20 copayment – additionally, the plan provides 10% discount on disposable lenses and 15% on other traditional lenses	Up to $105
Non-elective – Contact lenses which are prescribed for the following conditions: • following cataract surgery; • extreme visual acuity or other functional problems that cannot be corrected by spectacle lenses. Covered up to **$250** in network. ***Availability:* Once every 24 months****	$20 copayment	Up to $210

**Non-network reimbursement represents Plan's allowance towards eligible benefits and may not cover all charges.*
***From your last date of service*
****See Membership Certificate for definitions of Elective and Non-elective Contact Lenses*

Vision administration services are provided by Health Management Systems, Inc.
In Indiana: Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.
In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
Independent licensees of the Blue Cross and Blue Shield Association
®Registered marks Blue Cross and Blue Shield Association



Anthem Blue Vision℠

Anthem

Anthem Blue Cross and Blue Shield offers you easy-to-use and affordable vision coverage.

Anthem Blue Vision PPO Overview

This plan overview is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, which shall control in the event of a conflict with this overview.

anthem.com

P-101 Rev. 9/04

Anthem Blue Vision PPO

Anthem Blue Cross and Blue Shield understands that your vision is essential to you and to your overall health. That's why we offer quality vision coverage at a price you can afford.

Benefits Beyond Basic Coverage

Maintaining your visual wellness is an important part of staying healthy. Anthem offers easy-to-manage vision benefits through Anthem Blue Vision PPO.

Anthem Blue Vision PPO includes network and non-network benefits, and provides you with the following:

- ***The choice and convenience of a broad national vision provider network***
- ***Coverage for an eye exam, as well as glasses or contacts, with applicable copay***
- ***An attractive $120 retail frame allowance, with additional savings even after your benefits have been exhausted***
- ***Faster delivery of your glasses. You can get your glasses in anywhere from an hour to just a few days, depending on your eye care provider.***

Eye Care Appointments with Less Hassle

It's easy to use your Anthem Blue Vision benefits. You simply:

1. ***Review your benefit plan.***
2. ***Choose an Anthem Blue Vision provider and make your appointment.***
3. ***Show your Anthem ID card.***
4. ***Pay the appropriate amount during your office visit.***

You won't have the hassles of paperwork since the providers verify eligibility and obtain the necessary information.

Choosing a provider is easy

You may choose from more than 24,000 providers in Anthem Blue Vision's broad national network, which includes independent ophthalmologists and optometrists, as well as the convenience of over 800 LENSCRAFTERS stores nationwide.

To select eye care providers or locations, you can:

- ***use the provider directory on the*** **anthem.com** ***home page, where you will also find maps and driving directions.***
- ***contact Anthem Blue Vision customer service by calling the number listed on your ID card or (800) 828-3677 in Indiana and (800) 367-5897 in Kentucky and Ohio.***

You will get the most from your vision benefits if you visit an Anthem Blue Vision network provider. Anthem Blue Vision PPO also gives you the option to visit a non-network provider, however, your coverage levels will vary. In this case, you pay your provider for services and materials at the time of service, and then you submit the receipts to Anthem for payment.

Coverage while traveling

With Anthem Blue Vision's broad national network, you may visit Anthem Blue Vision providers throughout the country to receive coverage for replacement eyewear.

Additional savings on eyewear

Through Anthem Blue Vision Preferred Pricing, you can receive discounts off the retail prices of frames, lenses, contacts, sunglasses, and eyewear accessories. You may use this savings as often as you like during your enrollment in the Anthem Blue Vision plan.

Laser vision discount

As part of ***SpecialOffers@Anthem***, members pay just $749 to $950 per eye for LASIK or PRK laser vision correction through TruVision™.

Anthem Blue Vision PPO is the Clear Choice

Your vision is important to you. That's why it makes sense to rely on a vision plan from a company that has provided quality health care coverage for more than 60 years. You have peace of mind because your plan is backed by the security and strength of Anthem Blue Cross and Blue Shield.

For more information, visit our web site at anthem.com

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In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensees of the Blue Cross and Blue Shield Association. ® Registered marks Blue Cross and Blue Shield Association