Indiana Employers Trust

Did you know?

Our trust pools members together, creating the look and feel of one large employer.

By doing so...

Qualifying small groups can access large group benefits, rates, and efficiencies, while maintaining their small group status. As a participating member, your organization is part of the Trust, and everything we do is focused on your benefits.

That means...

- lower overhead expenses
- plan options tailored to your employees
- expanded administrative services (including COBRA)
- personal service from the people you know and trust

businessolver

Indiana Employers Trust

Benefits of Our Plan

Offered exclusively to IN employers, the IET is a solution that bridges the gap between cost effectiveness and simplified processes for Health & Welfare programs.

Indiana Employers Trust

The plan offers secure and stable rates through **Anthem Blue Cross Blue Shield**, the largest health insurance network in the country.

Members also enjoy a host of additional services through **Businessolver** that simplify the process, increase productivity, and keep them compliant.

Some of these services include:

- Web-based Enrollment & Billing
- COBRA Administration
- Accounting
- Risk Mitigation

businessolver

KEY SERVICES

ENROLLMENT & BILLING

- **Benefitsolver®**: the industry leader in eligibility & enrollment technology
- **Single point of entry** for all insurance carriers
- Consolidated billing: **One combined invoice** for all Trust sponsored benefits
- **Built-in COBRA** management efficiently processes information alongside other eligibility and enrollment data
- Employees enter their own eligibility info

ACCOUNTING

- Collection of premium contributions
- Reconciliation for vendors
- Reconciliation for each member group's account
- Record keeping for funds in and out

RISK MITIGATION

- Accurate, secure files promptly transmitted to insurance carriers
- Regular audits to prevent costly errors
- Secure document retention system builds a solid paper trail

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Prepared by: businessolver

IET PPO Plans			
	PPO 3 - 89ZA	PPO 6 - 89Z0	PPO 10 - 89YW
	In-Network	In-Network	In-Network
Deductible			
Single	$500	$500	$1,000
Family	$1,500	$1,500	$3,000
Coinsurance	20%	20%	30%
Out-of-Pocket Maximum (includes deductible)			
Single	$3,000	$4,000	$4,000
Family	$6,000	$8,000	$8,000
Physician Copay			
PCP	$25	$25	$30
SCP	$25	$25	$30
Urgent Care	$75	$75	$75
Emergency Room	$250 / 20%	$250 / 20%	$250 / 30%
Inpatient Services	20%	20%	30%
Outpatient Services	20%	20%	30%
Deductible Type	Embedded	Embedded	Embedded
Out of Network Benefits Available	Yes	Yes	Yes
Prescription Drug Plan *			
Deductible**	$0	$0	$0
Retail (30 day supply)	$10/$25/$40/25% w/ $200 Max	$10/$30/$60/25% w/ $250 Max	$15/$45/$75/25% w/ $250 Max
Mail Order (90 day supply)	$10/$65/$120/25% w/ $200 Max	$10/$75/$180/25% w/ $250 Max	$15/$115/$225/25% w/ $250 Max

Plan Selected: _____ **Signature:** _____ **Date:** _____

PROPOSAL ASSUMPTIONS

* Benefits for in-network pharmacies. Rx copays apply to the Out of Pocket Maximum
** Rx deductible does not apply to generic medications

This benefit description is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract. In the event of a conflict between the Group Contract and this summary, the terms of the Group Contract will prevail.

The rates and premium shown here are for illustrative purposes only. Final rates are based on the census at the time of enrollment and the risk tier assigned by underwriting. The premium billed will vary based on the current group census at the time of billing.

There is a $10 per employer per month billing fee for the IET Trust operating expenses.

Indiana Employers Trust

Prepared by: businessolver

IET PPO Plans			
	PPO 12 - 89YX	PPO 13 - 89YY	PPO 14 - 89ZB
	In-Network	In-Network	In-Network
Deductible			
Single	$1,500	$1,500	$2,000
Family	$4,500	$4,500	$6,000
Coinsurance	20%	30%	20%
Out-of-Pocket Maximum (includes deductible)			
Single	$5,000	$5,000	$5,000
Family	$10,000	$10,000	$10,000
Physician Copay			
PCP	$25	$25	$25
SCP	$25	$40	$25
Urgent Care	$75	$75	$75
Emergency Room	$250 / 20%	$250 / 30%	$250 / 20%
Inpatient Services	20%	30%	20%
Outpatient Services	20%	30%	20%
Deductible Type	Embedded	Embedded	Embedded
Out of Network Benefits Available	Yes	Yes	Yes
Prescription Drug Plan *			
Deductible**	$0	$0	$0
Retail (30 day supply)	$15/$45/$75/25% w/ $250 Max	$15/$45/$75/25% w/ $250 Max	$10/$25/$40/25% w/ $200 Max
Mail Order (90 day supply)	$15/$115/$225/25% w/ $250 Max	$15/$115/$225/25% w/ $250 Max	$10/$65/$120/25% w/ $200 Max

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IET PPO Plans			
	PPO 15 - 89YZ	PPO 19 - 89Z4	PPO 19 - 89Z3
	In-Network	In-Network	In-Network
Deductible			
Single	$2,000	$3,000	$3,000
Family	$6,000	$9,000	$9,000
Coinsurance	30%	30%	30%
Out-of-Pocket Maximum (includes deductible)			
Single	$5,000	$6,000	$6,000
Family	$10,000	$12,000	$12,000
Physician Copay			
PCP	$25	$30	$30
SCP	$25	$30	$30
Urgent Care	$75	$75	$75
Emergency Room	$250 / 30%	$250 / 30%	$250 / 30%
Inpatient Services	30%	30%	30%
Outpatient Services	30%	30%	30%
Deductible Type	Embedded	Embedded	Embedded
Out of Network Benefits Available	Yes	Yes	Yes
Prescription Drug Plan *			
Deductible**	$0	$0	$250
Retail (30 day supply)	$15/$45/$75/25% w/ $250 Max	$15/$45/$75/25% w/ $250 Max	$15/$45/$75/25% w/ $250 Max
Mail Order (90 day supply)	$15/$115/$225/25% w/ $250 Max	$15/$115/$225/25% w/ $250 Max	$15/$115/$225/25% w/ $250 Max

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IET PPO Plans		
	PPO 22 - 89Z2	PPO 24 - 89Z9
	In-Network	In-Network
Deductible		
Single	$4,000	$5,000
Family	$12,000	$10,000
Coinsurance	20%	20%
Out-of-Pocket Maximum (includes deductible)		
Single	$6,350	$6,350
Family	$12,700	$12,700
Physician Copay		
PCP	$30	$35
SCP	$30	$35
Urgent Care	$75	$75
Emergency Room	$250 / 20%	$250 / 20%
Inpatient Services	20%	20%
Outpatient Services	20%	20%
Deductible Type	Embedded	Embedded
Out of Network Benefits Available	Yes	Yes
Prescription Drug Plan *		
Deductible**	$250	$250
Retail (30 day supply)	$15/$45/$75/25% w/ $250 Max	$15/$45/$75/25% w/ $200 Max
Mail Order (90 day supply)	$15/$115/$225/25% w/ $250 Max	$15/$115/$225/25% w/ $200 Max

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PROPOSAL ASSUMPTIONS

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IET H.S.A. Plans		
	BAHSA 4 - 89Z1	BAHSA E1 - 89Z7
	In-Network	In-Network
Deductible		
Single	$2,650	$3,300
Family	$5,300	$5,600
Coinsurance	0%	0%
Out-of-Pocket Maximum (includes deductible)		
Single	$3,450	$3,650
Family	$6,850	$7,300
Physician Copay		
PCP	0%	0%
SCP	0%	0%
Urgent Care	0%	0%
Emergency Room	0%	0%
Inpatient Services	0%	0%
Outpatient Services	0%	0%
Deductible Type	Non-Embedded	Embedded
Out of Network Benefits Available	Yes	Yes
Prescription Drug Plan *		
Deductible**	Medical deductible applies first	Medical deductible applies first
Retail (30 day supply)	$10/$30/$60/25% w/ $250 Max	$10/$30/$60/25% w/ $250 Max
Mail Order (90 day supply)	$25/$90/$180/25% w/ $250 Max	$10/$75/$180/25% w/ $250 Max

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IET H.S.A. Plans			
	BAHSA E3 - 89Z6	BAHSA E4 - 89Z8	BAHSA E4 - 89Z5
	In-Network	In-Network	In-Network
Deductible			
Single	$4,000	$5,000	$5,000
Family	$8,000	$10,000	$10,000
Coinsurance	0%	0%	0%
Out-of-Pocket Maximum (includes deductible)			
Single	$5,000	$6,450	$6,650
Family	$10,000	$12,900	$13,300
Physician Copay			
PCP	0%	0%	0%
SCP	0%	0%	0%
Urgent Care	0%	0%	0%
Emergency Room	0%	0%	0%
Inpatient Services	0%	0%	0%
Outpatient Services	0%	0%	0%
Deductible Type	Embedded	Embedded	Embedded
Out of Network Benefits Available	Yes	Yes	Yes
Prescription Drug Plan *			
Deductible**	Medical deductible applies first	Medical deductible applies first	Medical deductible applies first
Retail (30 day supply)	$10/$30/$60/25% w/ $250 Max	$10/$35/$60/25% w/ $200 Max	$10/$30/$60/25% w/ $250 Max
Mail Order (90 day supply)	$25/$90/$180/25% w/ $250 Max	$10/$75/$180/25% w/ $200 Max	$20/$90/$180/25% w/ $250 Max

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MetLife

IET Ancillary Benefit Options

Indiana Employers Trust

Dental Plans

Plan Description	Plan A - ER Paid	Plan A - Voluntary	Plan B - ER Paid	Plan B - Voluntary	Plan C - ER Paid	Plan C - Voluntary
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Reimbursement	Negotiated Fee Schedule	Negotiated Fee Schedule	Negotiated Fee Schedule	Negotiated Fee Schedule	Negotiated Fee Schedule	Negotiated Fee Schedule
Type A - Preventive	100%	100%	100%	100%	100%	100%
Type B - Basic	80%	80%	80%	80%	90%	90%
Type C - Major	50%	50%	50%	50%	60%	60%
Deductible applies to: * Individual * Family	 $50 $150	 $50 $150	 $50 $150	 $50 $150	 $50 $150	 $50 $150
Calendar Year Maximum (applies to A, B, C services)	$1,000	$1,000	$1,500	$1,500	$2,000	$2,000
Rates - No Ortho						
Employee Only						
Employee + Spouse						
Employee + Child(ren)						
Family						
Rates - With Ortho						
Employee Only						
Employee + Spouse						
Employee + Child(ren)						
Family						

Vision Plans

Plan Description	**M130C**	**M130C - Voluntary**	**M150D**	**M150D - Voluntary**
Reimbursement	In-Network	In-Network	In-Network	In-Network
Eye Examination				
* Comprehensive exam	$20 copay	$20 copay	$10 copay	$10 copay
* Retinal Imaging	Up to $39 copay	Up to $39 copay	Up to $39 copay	Up to $39 copay
Materials / Eyewear * Single Vision * Lined bifocal * Lined trifocal * Lenticular	 $20 copay $20 copay $20 copay $20 copay	 $20 copay $20 copay $20 copay $20 copay	 $20 copay $20 copay $20 copay $20 copay	 $20 copay $20 copay $20 copay $20 copay
Frame Allowance * Costco, Walmart and Sam's Club	$130 allowance * $70 allowance	$130 allowance * $70 allowance	$150 allowance * $85 allowance	$150 allowance * $85 allowance
Contacts * Elective * Contact Fitting & Eval.	 $130 Allowance Up to $60 copay	 $130 Allowance Up to $60 copay	 $150 Allowance Up to $60 copay	 $150 Allowance Up to $60 copay
Rates				
Employee Only	$4.54	$6.10	$5.85	$7.97
Employee + Spouse	$7.94	$10.68	$10.23	$13.94
Employee + Child(ren)	$8.61	$11.59	$11.11	$15.14
Family	$13.15	$17.69	$16.96	$23.10

Plans Elected

1 _____

2 _____

3 _____

4 _____

_____

Group Authorized Signature

MetLife

Ancillary Benefit Options

Indiana Employers Trust

Group Life

Basic Life (per $1,000 of Covered Volume)		Basic AD&D (per $1,000 of Covered Volume)	
$15,000	$0.20	**$15,000**	$0.025
$25,000	$0.20	**$25,000**	$0.025
$50,000	$0.20	**$50,000**	$0.025
$75,000	$0.20	**$75,000**	$0.025

Voluntary Life

Monthly Cost per $1000 Covered Benefit	EE	Spouse / Domestic Partner
<25	$0.06	$0.06
25-29	$0.06	$0.06
30-34	$0.08	$0.08
35-39	$0.10	$0.10
40-44	$0.12	$0.12
45-49	$0.19	$0.19
50-54	$0.32	$0.32
55-59	$0.55	$0.55
60-64	$0.76	$0.76
65-69	$1.34	$1.34
70+	$2.76	$2.76
Cost for Child(ren)	$0.20	

Voluntary Life - AD&D

Monthly Cost Per $1,000 of Coverage	Employee	$25,000 increments to a max of $300,000	$0.02
	Dependent Spouse / Partner	$10,000 increments to a max of $50,000	$0.02
	Dependent Child	$5,000	$0.06

Critical Illness

Critical Illness per $1000 Covered Benefit	EE	ES	EC	Fam
<25	$0.39	$0.64	$0.57	$0.82
25-29	$0.45	$0.73	$0.62	$0.91
30-34	$0.54	$0.88	$0.72	$1.05
35-39	$0.67	$1.08	$0.85	$1.25
40-44	$0.91	$1.44	$1.09	$1.62
45-49	$1.29	$2.00	$1.47	$2.18
50-54	$1.93	$2.89	$2.11	$3.07
55-59	$2.80	$4.08	$2.98	$4.25
60-64	$3.99	$5.72	$4.17	$5.90
65-69	$5.67	$8.03	$5.85	$8.20
70-74	$7.60	$10.80	$7.77	$10.98
75+	$10.29	$14.85	$10.47	$15.02

Accident Insurance

	Low Plan	High Plan
EE	$7.09	$10.34
ES	$13.99	$20.31
EC	$16.87	$24.39
Fam	$19.88	$28.79

Plans Elected

1 _____

2 _____

3 _____

_____

Group Authorized Signature

Benefits Administration Technology

We believe benefit plan administration should be a convenient, simple, and transparent process. That's why we partner with Benefitsolver, an industry leader in eligibility & enrollment technology.

Customized Experience:
You have the flexibility to tailor the functionality as well as the look and feel of the tool to provide a relevant, personalized employee experience.

Single-Source Solution:
Employees enter their eligibility info once, even if it needs to be transmitted to multiple carriers and vendors.



Case Manager:
When a case is logged and a request needs to be verified, the administrator is able to respond with notes and attachments to provide a defensible record in case of a future dispute.

Built-in COBRA Management:
COBRA compliance, documentation, communication, and payment collection are processed alongside eligibility & enrollment. Track an employee's life cycle as COBRA qualifying events are automatically triggered in the system.

Document Storage & Delivery:
Deliver new hire paperwork, targeted messages, and more to employees and carriers with the click of a button.

MyChoice™ Enrollment Tool:
For employee self-service or plans using a defined-contribution model, employees are guided through a series of real-life questions to determine the best plan for them. Costs are calculated immediately, giving employees a clear picture of the choices they've made.

benefitsolver

Indiana Employers Trust

Engage Your Employees

Take your Benefitsolver game to the next level!

Here are even more great features that empower your employees to take charge of their benefits.

MyChoice Mobile App

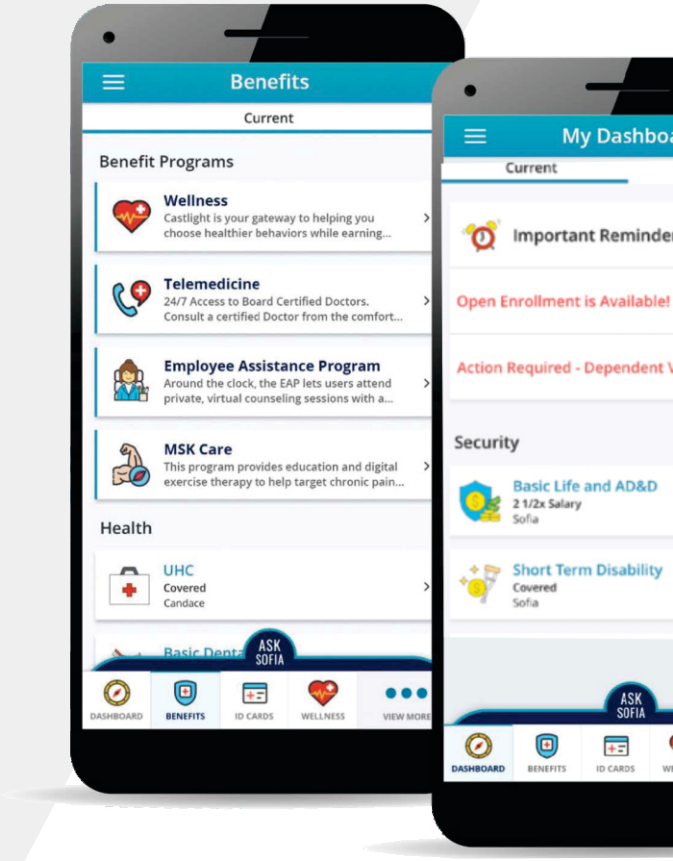
View plan details, dependent information, personal docs, and messages. Upload verification docs and photos of ID cards.

Self-Service Enrollment

Employees can access Benefitsolver 24/7 to enroll in their benefits,and the rules based system will only present them with the benefit options they are eligible for.

Action Manager

Customize your communication to employees directly from Benefitsolver.



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