

April 8, 2009

TO: All Indiana State Police Health Care Plan Members

FROM: Bradley S. Scully, Major  
Human Resources Division

SUBJECT: Medicare Eligibility

Recently, the Human Resources Division has received inquiries regarding the procedure for notifying retirees and the Department when a member becomes eligible for and/or enrolls in Medicare B.

There is a procedure currently in place with Anthem and the Department to communicate with retirees and active employees that may potentially be eligible for and enroll in Medicare B. As a retiree, this may result in a reduction of premiums. The procedure is as follows:

1. Anthem sends a letter to the member or dependent that is turning 65. The letter contains a questionnaire that the member or dependent completes and returns to Anthem.
2. At the same time, Anthem sends the Human Resources Division a copy of the notice to the member/dependent, along with a corresponding report of members/dependents that will be turning 65.
3. Once the copy of the letter is received in the Human Resources Division, a letter from the Department to the member/dependent is sent that includes instructions, referencing the Anthem notice, and including an application form and retiree rate sheets, if applicable. This letter also addresses the fact that in the case of retiree coverage, for premiums to be changed, the retiree must submit the retiree application back to the Human Resources Division.
4. Upon the Human Resources Division receiving the retiree application containing the requested Medicare enrollment information, a copy of the application is sent to Anthem, and the premiums are adjusted accordingly.

In addition, at out-processing, the Human Resources Division provides retirees notice of the actions that must be taken in the event a retiree or dependent enrolls in Medicare B. Samples of these documents are attached for your review.

Any questions may be directed to the Human Resources Division at 317-232-8275.



Bradley S. Scully  
Major

BSS/pmd

Attachments

Anthem Blue Cross and Blue Shield  
P.O. Box 37160  
Louisville, KY 40233-7160  
Tel (877) 814-9709  
www.anthem.com

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

March 02, 2009

FIN14-MB-IN22C-415 LG ADMINISTRATION

ID Number:

Member:

(MEMBER OR DEPENDENT TURNING 65)

Dear

Our records indicate that the member listed will soon be over the age of 65 years. Please complete this questionnaire and return it in the enclosed envelope within ten days to ensure proper consideration for claims and to ensure that the above listed member's benefit program is best suited for their situation.

If you have any questions or need additional information, please contact Member Services by calling the number listed on the back of your Identification Card.

Sincerely,

Enrollment and Billing Department,  
Anthem Blue Cross and Blue Shield  
IN22C-415 LG Administration BATCHC

Enclosure

Medicare Questionnaire

ID Number:

Member:

(MEMBER OR DEPENDENT)  
TURNING 65

March 02, 2009

IN22C-415 LG Administration

1. What is the member's date of birth? \_\_\_\_\_

2. What is the member's Social Security Number? \_\_\_\_\_

3. Is the member eligible for Medicare?

Part A, Hospital: Yes \_\_\_\_\_ No \_\_\_\_\_

Part B, Physician: Yes \_\_\_\_\_ No \_\_\_\_\_

Part D, Pharmacy: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why? \_\_\_\_\_

If yes, has the patient applied for Medicare?

Part A, Hospital: Yes \_\_\_\_\_ No \_\_\_\_\_

Part B, Physician: Yes \_\_\_\_\_ No \_\_\_\_\_

Part D, Pharmacy: Yes \_\_\_\_\_ No \_\_\_\_\_

4. If the member is covered by Medicare, please provide the Medicare effective date and ID number:

Part A: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Part B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Part D: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

HIC# (Medicare ID#): \_\_\_\_\_

5. Is the member's Medicare eligibility due to:

Age \_\_\_\_\_ End Stage Renal Disease \_\_\_\_\_ [Onset date: \_\_\_\_\_]

Disability \_\_\_\_\_ Disability and End Stage Renal Disease \_\_\_\_\_

6. Is the member actively employed or retired?

Actively Employed \_\_\_\_\_ Retired \_\_\_\_\_ [If checked, Retirement Date: \_\_\_\_\_]

7. Is the member enrolled in any other Health coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the name of the other Health coverage and the policy ID: \_\_\_\_\_

Please enter a daytime telephone # where you can be reached if there are any questions:

\_\_\_\_\_

STATE OF INDIANA

# INDIANA STATE POLICE

INDIANA GOVERNMENT CENTER NORTH  
100 NORTH SENATE AVENUE

INDIANAPOLIS, INDIANA 46204-2259

[www.state.in.us/isp](http://www.state.in.us/isp)

April 1, 2009

Dear Retiree:

It has been brought to our attention that either you or your spouse have become eligible to enroll in Medicare. You may have recently received information from Anthem requesting information in order to ensure that your claims are paid properly by the Indiana State Police Health Care Plan.

If you have chosen to enroll in Medicare, you must also complete the enclosed application, and return it in the enclosed envelope to the Human Resources Division. The areas that you need to complete have been highlighted for your convenience.

Upon receipt of this form in the Human Resources Division, we will make any necessary changes to your premium. Please note – if you do not return this form, your premiums will not be adjusted to reflect your coverage under Medicare.

If you have any questions, I can be contacted at 317-232-8279.

Sincerely,

*Kenny L. Hines*

Kenny Hines  
Benefits Manager

KLH

cc: Insurance File

Enclosures

## INDIANA STATE POLICE HEALTH CARE PLAN

NAME: \_\_\_\_\_

PE: \_\_\_\_\_

DATE: \_\_\_\_\_

RETIREMENT DATE: \_\_\_\_\_

I understand that premiums for the Indiana State Police Health Care plan can only be changed through the Human Resources Division. Any changes I make to my coverage must also be coordinated through the Human Resources Division. This includes, but is not limited to:

- Deleting dependents
- Adding dependents
- Changes that result in premium changes, such as going from the category "Retiree plus Multiple Dependents" to "Retiree plus One Dependent."
- Enrolling in Medicare B

I further understand that the Human Resources Division will make any necessary premium adjustments based on the date the applicable paperwork is received in the Division for processing, not necessarily the effective date of the change.

SIGNED: \_\_\_\_\_