



The Medical Practice Consortium is proud to offer  
**Medical, Dental, Life and Vision Insurance**

through ISMA Insurance Agency for physicians and their practices

January, 2020 - December, 2020

(317) 261-2060 • (800) 257-4762 • [www.ISMAIA.com](http://www.ISMAIA.com)

Check out our **PPO Plans**  
and our **Health Savings Account Plans**

Insurance  Agency

## The Medical Practice Consortium - strength in numbers

One of the biggest challenges for many medical practices is finding first-rate health insurance at an affordable price. In 2018, the Medical Practice Consortium was formed to help face this challenge. The Consortium consists of multiple employers that have pooled together to leverage the strength in numbers to obtain affordable health insurance coverage for their physicians, employees and families. The four-member Consortium board has assembled a team of benefit and actuarial consultants, legal counsel and licensed insurance professionals to help facilitate this goal.

The Consortium offers PPO and HSA plans with a range of deductibles through Anthem, using the broad Blue Access network. Optional Anthem dental, vision and term life insurance are also available.

## Unique advantages

- ✓ All medical plans use the broad Anthem Blue Access Network, providing network benefits for a very wide selection of physicians, other medical professionals, hospitals and medical facilities. Many competitive plans use more restrictive networks that limit the selection of network providers.
- ✓ Premiums are discounted based on favorable claims experience.
- ✓ More consistent annual renewal rate adjustments than many competitive plans.
- ✓ Children can be covered under parents' policies through the end of the year in which they attain age 26, regardless of student or marital status.
- ✓ Knowledgeable ISMA Insurance Agency agents and support staff provide customer service and premium administration. Anthem processes all claims.
- ✓ All plans have two deductibles per family instead of three, which is common among competitive plans.
- ✓ A physician who terminates employment, retires or becomes disabled prior to age 65 can enroll in an ISMA-sponsored Anthem individual health insurance policy if they are an ISMA member.
- ✓ Practices with 10 or more employee subscribers can offer employees a choice of paired medical plan options, provided at least 20% participate in each plan:

PPO 5000/100000	or	HSA 4000/8000
HSA 2800/5600	or	HSA 4000/8000

## Information you should know

- A medical practice is required to be a member of the ISMA Employer Association to receive coverage through the Medical Practice Consortium. There is no membership fee.
- All medical practices will have a common January 1 renewal date.
- You may change from one medical plan to another on the January 1. You may also request an off cycle change to a plan with a lower premium one time per year, between February 1 and August 1.
- Deductibles and coinsurance start over on January 1 of each year.
- Newborn children must be added by contacting ISMA Insurance Agency within 31 days of birth to be covered under the plan.

## A valuable benefit for...

- Physicians who work at least 20 hours per week, their spouses (or domestic partners subject to certain requirements), and their children through the end of the year in which they attain age 26. (75% of insured physicians must be members of the Indiana State Medical Association.)
- Non-physician employees who work at least 20 hours per week in a medical office or medically related facility, their spouses (or domestic partners subject to certain requirements), and their children through the end of the year in which they attain age 26.

## Save money with discounts

The Anthem medical plans do not provide benefits for routine vision exams, eyeglasses or contacts. However, as an Anthem subscriber, you will qualify for discounts on eyeglasses and contacts through providers like LensCrafters®, Pearle Vision®, Target Optical®, Sears Optical<sup>SM</sup> and 1-800-Contacts®. Discounts are also offered on gym memberships, weight-loss programs, smoking cessation programs, hearing aids and more. Go to [www.anthem.com/specialoffers](http://www.anthem.com/specialoffers) and click on **Vision, Hearing & Dental** for more information.



## Blue View Vision plans (optional)

Anthem Blue View Vision is a comprehensive vision program designed to meet your routine vision care needs and provide continuous eyewear discounts. High and Low Blue View Vision Plan Options are offered on a voluntary basis.

Blue View Vision's provider network is comprised of more than 50,000 providers and provider locations nationwide, offering a generous mix of independent practitioners and marquee retail locations including LensCrafters®, Pearle Vision®, Sears Optical<sup>SM</sup>, Target Optical® and JCPenney® stores. See separate flyer for further details on benefits and pricing.

## Dental insurance plan (optional)

Designed to provide the entire group with dental insurance, [this plan also can be set up as a physician-only benefit](#). See Dental page of this brochure for more information. (Medical coverage is required.)

## The Medical Practice Consortium sponsors the following Anthem medical insurance plans

All plans use the Anthem Blue Access Network; search for providers at [www.anthem.com](http://www.anthem.com)

Under the following plans, each covered person must meet the individual deductible. However, when a policy covers three or more people, no further deductible is applied after the family maximum deductible is met.

Choose a PPO plan with copay benefits for office visits, urgent care, ER, and prescription drugs

Plan Name	Preventive Care <sup>2</sup>		Office Visit <sup>5</sup> PCP=Primary Care Physician SCP = Specialty Care Physician AI = Allergy Injection		Urgent Care		Emergency Room		Prescription Drugs Tier 1 /Tier 2 /Tier 3 /Tier 4 (Specialty)		Deductibles <sup>4</sup>		Coinsurance <sup>4</sup> (After deductible, plan pays part of costs, you pay part of costs)		Out of Pocket Maximum <sup>4</sup>	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	Retail (30-day supply) Copays	Mail Order (90-day supply) Copays	In Network Single /Family	Out of Network Single /Family	In Network Plan pays /You pay	Out of Network Plan pays /You pay	In Network Single /Family	Out of Network Single /Family
<b>PPO 2,000 /4,000</b>	100%	DC <sup>1</sup>	\$25 PCP copay \$50 SCP copay \$5 AI copay	DC <sup>1</sup>	\$75 copay	DC <sup>1</sup>	\$250 copay plus 20%	DC <sup>1</sup>	\$10/\$30/\$60 /25% up to \$300 max. <sup>3</sup>	\$20/\$60/\$120 /25% up to \$300 max. <sup>3</sup>	\$2,000 \$4,000	\$5,000 \$10,000	80% 20%	50% 50%	\$5,000 \$10,000	\$10,000 \$20,000
<b>PPO 3,000 /6,000</b>	100%	DC <sup>1</sup>	\$25 PCP copay \$50 SCP copay \$5 AI copay	DC <sup>1</sup>	\$75 copay	DC <sup>1</sup>	\$250 copay plus 20%	DC <sup>1</sup>	\$10/\$30/\$60 /25% up to \$300 max. <sup>3</sup>	\$20/\$60/\$120 /25% up to \$300 max. <sup>3</sup>	\$3,000 \$6,000	\$5,000 \$10,000	80% 20%	50% 50%	\$6,500 \$13,000	\$10,000 \$20,000
<b>PPO 5,000 /10,000</b>	100%	DC <sup>1</sup>	\$25 PCP copay \$50 SCP copay \$5 AI copay	DC <sup>1</sup>	\$75 copay	DC <sup>1</sup>	\$250 copay plus 20%	DC <sup>1</sup>	\$10/\$30/\$60 /25% up to \$300 max. <sup>3</sup>	\$20/\$60/\$120 /25% up to \$300 max. <sup>3</sup>	\$5,000 \$10,000	\$10,000 \$20,000	80% 20%	50% 50%	\$7,350 \$14,700	\$20,000 \$40,000

Choose a plan you can pair with a Health Savings Account through an HSA provider of your choice to take advantage of HSA tax benefits

<b>HSA 2,800 /5,600</b>	100%	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	Discount, DC <sup>1</sup>	Discount, DC <sup>1</sup>	\$2,800 \$5,600	\$5,000 \$10,000	100% 0%	50% 50%	\$2,800 \$5,600	\$10,000 \$20,000
<b>HSA 4,000 /8,000</b>	100%	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	Discount, DC <sup>1</sup>	Discount, DC <sup>1</sup>	\$4,000 \$8,000	\$10,000 \$20,000	80% 20%	50% 50%	\$5,000 \$10,000	\$20,000 \$40,000
<b>HSA 5,000 /10,000</b>	100%	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	Discount, DC <sup>1</sup>	Discount, DC <sup>1</sup>	\$5,000 \$10,000	\$10,000 \$20,000	80% 20%	50% 50%	\$6,650 \$13,300	\$20,000 \$40,000

1 DC = Anthem's allowable amounts are covered, subject to Deductible and Coinsurance (if applicable).

2 See Preventive Care item under **What's Covered** below for more detailed description of benefits for each plan.

3 Copays for Tier 1/2/3/4 prescription drugs. The copay listed for tier 4 (Specialty) drugs is 25%, up to a maximum of \$300 per prescription.

4 All plans have separate In Network and Out of Network Deductibles, Coinsurance and Out of Pocket maximums.

5 Allergy testing, MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products subject to deductible and coinsurance.

*All plans feature an unlimited lifetime maximum benefit*

## Definitions

- **Deductibles:** Charges for certain services are subject to deductibles that accumulate from January 1 through December 31 of each year. All plans have separate In Network (IN) and Out of Network (OON) deductibles.
- **Copays:** Copays are specific amounts that you are required to pay at the time of certain services, i.e., office visits, urgent care center visits, emergency room visits.
- **Coinsurances:** After deductibles are met, the plan pays part of the costs and the subscriber pays part of the costs, until the Out of Pocket Maximum is reached.
- **Out of Pocket Maximum:** The Out of Pocket Maximum is satisfied by all deductibles, copays and coinsurances (except human organ and tissue transplants, excluding kidney and cornea).

## What's covered

- **Preventive Care:** PPO plans: Cover physical exams, well baby care, immunizations, diagnostic services performed during the office visit session and billed by the physician, including routine Pap smears and routine mammograms – In network covered at 100%; Out of network subject to OON deductible and coinsurance. HSA plans: Cover all In-network care coded as preventive at 100%.
- **Physician Home and Office Services:** PPO plans: Primary Care Physician and Specialty Care Physician home and office visits covered, subject to Office Visit copays listed in Plan Options chart. \$5 copay for allergy injections. Allergy testing, MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products are subject to deductible and coinsurance. HSA plans: Subject to deductible and coinsurance.
- **NEW! LiveHealth Online®:** With LiveHealth Online, you get immediate doctor visits through live video, your choice of U.S. board-certified doctors, private, secure and convenient online visits. For more information or to sign up, go to [www.LiveHealthOnline.com](http://www.LiveHealthOnline.com). PPO plans: Subject to PCP copay. HSA plans: A cost of only \$49 per visit, subject to deductible and coinsurance.
- **Urgent Care:** (Includes all services billed with urgent care encounter claim.) PPO plans: In network \$75 copay. Out of network subject to OON deductible and coinsurance. HSA plans: Subject to deductible and coinsurance.
- **Emergency Room:** (Includes all services performed, facility and professional; waived if admitted.) PPO plans: In network \$250 copay followed by 20% coinsurance. Out of network subject to OON deductible and coinsurance. HSA plans: Subject to deductible and coinsurance.
- **Prescription Drugs:** Oral contraceptives covered under all plans. PPO plans: Rx copay benefits for Tier 1, 2, 3 and 4 drugs. See Plan Options chart for copay amounts. HSA plans: Prescription Drug discount, charges subject to deductible and coinsurance; then covered in full.
- **Inpatient Hospital Care:** Unlimited number of days of semi-private room or ward accommodations and other necessary services not included in the room charges.
- **Inpatient and Outpatient Professional Services:** All plans: Include, but are not limited to Medical Care visits, Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams.
- **Diagnostic X-rays and Lab Tests:** Subject to deductible and coinsurance.
- **Surgery:** Subject to deductible and coinsurance.
- **Anesthesia:** Subject to deductible and coinsurance.

## What's not covered

### LIMITATIONS

Unless otherwise noted, covered charges are based on Anthem's allowable amounts.

### EXCLUSIONS FOR MEDICAL PLANS

(complete list of exclusions printed in Certificate)  
Services not covered under the Medical Plans include services or supplies not medically necessary, vision exams, cosmetic surgery, dental care not caused by an accident unless you are covered under the Dental Plan, eyeglasses or hearing aids, services covered by worker's compensation.

## Eligibility requirements

- To establish a group plan, at least one staff physician or owner must be an ISMA member. 75% of insured physicians must be ISMA members.
- The group plan requires at least two participants. 75 percent of all eligible employees should participate. An eligible employee is one who does not have coverage elsewhere. For groups with 50 or more full-time employees, the greater of 75 percent of all eligible employees or 50 percent of all full-time employees should participate.

## Compliance

- ISMA Insurance Agency issues COBRA offers for employers with 20 or more employees.
- All medical plans are Affordable Care Act compliant.
- ISMA Insurance Agency provides each insured employer group with an annual report containing the information they will need to file IRS Form 720 with PCORI fees.
- ISMA Insurance Agency provides each insured employer group with 1-50 subscribers with one set of 1095-B forms to distribute to insured employees, and one set to file with the IRS with a 1094-B transmittal. ISMA Insurance Agency provides each insured employer with more than 50 subscribers with the data needed to prepare 1095-C forms for insured employees.



## What's covered (continued)

- **Mental Health/Substance Abuse:** PPO plans: In network physician office visits, subject to primary care office visit copay. Outpatient professional and facility services subject to deductible and coinsurance. Out of network subject to OON deductible and coinsurance. In network inpatient professional and facility services subject to deductible and coinsurance; Out of network subject to OON deductible and coinsurance. HSA plans: Subject to deductible and coinsurance.
- **Maternity:** Subject to deductible and coinsurance.
- **Infertility:** All plans include \$5,000 lifetime maximum benefit per person for treatment of infertility.
- **Ambulance:** Subject to deductible and coinsurance.
- **Medical Supplies, Equipment and Appliances:** Subject to deductible and coinsurance.
- **Outpatient Therapy:** All plans include 60 physical/occupational therapy visits, 20 speech therapy visits, 12 spinal manipulation visits, 36 cardiac rehabilitation visits and 20 pulmonary rehabilitation visits per calendar year. PPO plans: In network copay based on setting; Out of network subject to OON deductible and coinsurance. HSA plans: Subject to deductible and coinsurance.
- **Skilled Nursing Facility:** 90 days per calendar year combined Network and Non Network.
- **Approved Home Health Care Services:** All plans include 100 visits per calendar year.
- **Private Duty Nursing:** 82 visits per calendar year combined Network and Non Network; 164 visits per lifetime combined Network and Non Network.
- **Foreign Travel:** Same benefits paid in or outside the U.S. Outside the U.S., subscriber may be required to pay provider at time of service, and file a claim form and an itemized bill with Anthem upon return. Please note: If you travel outside the United States and want coverage for international air ambulance, you may want to purchase a separate air medical evacuation insurance policy.
- **Hospice Services:** PPO plans: Covered in full. HSA plans: Subject to deductible and coinsurance.
- **Human Organ or Tissue Transplant:** Covers these human to human organ and tissue transplants: bone marrow, heart, heart/lung, lung, liver, pancreas and kidney/pancreas. In network covered at 100%; out of network 50% coinsurance. Kidney and cornea transplants covered under health benefit.
- **Mandatory Precertification on Inpatient and Selected Outpatient Services with Noncompliance Penalty:** Contact Anthem Customer Service Department to determine whether precertification is required on a particular Outpatient Service. In network penalties are provider's responsibility. Out of network, subscriber is responsible for non-medically necessary services.
- **Benefit Management Program:** In catastrophic/chronic cases, alternative means of care may be offered, subject to approval of the insured and the attending physician, i.e., skilled nursing facility, home health care, hospice care or special medical equipment such as ventilators and respirators.
- **BlueCard Program:** In many cases, when you travel or live outside your Blue Cross and Blue Shield Plan's service area, you can take advantage of savings the local Blue Plan has negotiated with local doctors and hospitals. You should not have to pay any amount above negotiated rates. Also, you should not have to complete a claim form or pay up front for your health care services, except for out-of-pocket expenses like non-covered services, deductible, copay, and coinsurance that you'd pay anyway. More than 85 percent of all doctors and hospitals throughout the U.S. contract with Blue Cross and Blue Shield Plans. Outside of the U.S., you have access to doctors and hospitals in more than 200 countries. If you're a PPO member, always use a BlueCard PPO doctor or hospital to make sure you receive the highest level of benefits. Visit the BlueCard Doctor and Hospital Finder Web site ([www.BCBS.com](http://www.BCBS.com)) or call 1-800-810-BLUE to locate doctors and hospitals outside of your Blue Plan's service area.

## Wellness

Wellness education and resources are offered by Anthem at [timewellspent.anthem.com](http://timewellspent.anthem.com), offering tools for prevention, living well and eating healthy.

## How to apply

Review this brochure. Then, go to [www.ismaia.com](http://www.ismaia.com), **Employer Plans**, click on **Request a Quote**, and follow the instructions to complete and submit the necessary paperwork.

Upon receipt, your paperwork will be reviewed, and we will provide you with firm rates for each medical plan. If you accept, ISMA Insurance Agency will send a Confirmation package and an initial invoice, and Anthem will send identification cards (within 10-14 business days of entry into Anthem's system).

## Creating an Anthem Member account

Anthem makes it easy for subscribers to create an online user account to view benefits, check year-to-date deductibles, review claims, order new ID cards, refill mail order prescriptions - and more. To begin using Anthem online access, go to [www.Anthem.com](http://www.Anthem.com), click **Log in or start your member registration**, and follow the prompts to set up a Member account. You will need some information from your Anthem ID card.

## For more information

For more information, please call the ISMA Insurance Agency at (800) 257-4762, email us at [ismaia@ismanet.org](mailto:ismaia@ismanet.org), or go to [www.ISMAIA.com](http://www.ISMAIA.com).

*This is not meant as a replacement to the Certificate of Coverage (Certificate) and whenever a discrepancy exists between the Certificate and this brochure, the Certificate will govern the administration of the plan.*

## Blue View Vision Plans



Anthem knows the health of your business and the health of your employees are related. Vision exams can help lead to the early detection of major health problems before they become serious.

### DIVERSE NATIONAL NETWORK

Blue View Vision's provider network is comprised of more than 50,000 providers and provider locations nationwide, offering a generous mix of independent practitioners and marquee retail locations including LensCrafters®, Pearle Vision®, Sears OpticalSM, Target Optical® and JCPenney® stores.

### FREEDOM OF CHOICE

While benefits and savings are typically greater from in-network providers, members are free to visit an out-of-network provider. They have the option of receiving an eye exam from one provider and filling their prescription at another location. And with Blue View Vision, there are no frame tower restrictions so members can choose the eyeglass frame they like best.

### OUTSTANDING CUSTOMER SERVICE

Blue View Vision Plans have among the longest customer service hours in the industry, with extended evening and weekend hours. High service metric standards are consistently met or exceeded.

See separate flyer for further details on benefits and pricing.

## Anthem Dental Plan

Designed to provide the entire group with dental insurance, [this plan also can be set up as a physician-only benefit](#). You may include dental coverage for the additional monthly rate shown in the first row of the rate chart. This plan is available only in addition to medical coverage. Dental coverage can be elected at enrollment or added at any annual renewal date. If you purchase the Dental Plan and your dentist is in the Indiana Anthem Dental network, you will not be responsible for amounts billed over Anthem's allowable amounts. And your preventive and diagnostic services will be paid at 100 percent. To determine if your dentist is in the Indiana Anthem Dental network, visit [www.anthem.com](http://www.anthem.com) and search for Indiana Anthem Dental network providers.

### DEDUCTIBLE

**\$50 per person** per calendar year, or **\$150 per family** per calendar year (whichever occurs first). Applies to all benefits except diagnostic, preventive, and orthodontia.

### MAXIMUM BENEFIT

Maximum **\$1,500 per person benefit** per calendar year. Maximum **\$1,000 per person orthodontia benefit** per lifetime, which does not count toward the annual maximum benefit.

Category	Deductible Applies	Your Responsibility		Covered Services
		Network	Non-Network	
Diagnostic and Preventive		CIF*	20%	Oral evaluations, X-rays, cleanings, space maintainers and other selected diagnostic and preventive services.
General (Adjunctive), Restorative, Endodontic, Oral Surgery, Periodontal	X	20%	20%	Emergency palliative treatment, consultations, general anesthesia and I.V. sedation for surgical procedures, office visits for observation, and other selected general services. Amalgam and composite restorations and pin retention procedures. Root canal therapy, apexification, therapeutic pulpotomy and other selected endodontic services. Simple and surgical tooth extractions and other selected oral surgery services. Gingivectomy, crown lengthening, osseous surgery, soft tissue grafts and other selected periodontal services.
Prosthodontic (1 yr waiting period)	X	50%	50%	Crowns/onlays, partial and full dentures and other selected prosthodontic services.
Orthodontic (1 yr waiting period; \$1,000 per person lifetime benefit)		50%	50%	Non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth; covered services include examination, records, tooth guidance and repositioning (straightening) of the teeth. Orthodontia benefits cease at end of Benefit Period in which Member reaches age 19.

\* CIF = Covered in full

Exclusions for the Dental Plan: Charges for implants; facings on crowns or pontics posterior to the second bicuspid; lost or stolen appliances, dentures or fixed bridgework. Certificate contains complete list of charges not covered.

## Anthem Group Term Life Insurance Plan

In our effort to provide comprehensive benefits, the Medical Practice Consortium offers the following life and accidental death term insurance plan schedule of benefits. Groups of two or more insureds on the health plan are eligible for this benefit.

### DEPENDENT LIFE

Term life benefit of \$5,000 for each dependent included at *no additional cost*.

Class	Life insurance benefit	Total accident death benefit
Physicians	\$50,000	\$100,000
Employees	\$20,000	\$40,000
REDUCTION SCHEDULE		
At age 65 benefits will reduce by 35 percent		
At age 70 benefits will reduce by 60 percent		
At age 75 benefits will reduce by 72 percent		
At age 80 benefits will reduce by 80 percent		

Check us out online at [www.ISMAIA.com](http://www.ISMAIA.com)

*Anthem Blue Cross and Blue Shield provides the true group medical, dental and life insurance plans. This brochure is provided to help you decide which plan to choose. It is not a contract, and it is not a complete description of the benefits, exclusions and limitations of any plan.*

*Effective 1/1/2020.*