



ISMA Individual Health Insurance

Renewal Information

January 1, 2020

Annual renewal date changing from July 1 to January 1

As you may recall, rather than renewing for another year on July 1, 2019 as in years past, current plans, benefits, base rates and risk classes were extended from July 1, 2019 to December 31, 2019.

Effective January 1, 2020, the plan year will change from July 1 through June 30 to January 1 through December 31. Going forward, the plan year will align with the deductible year.

Premium Holiday more than offsets base rate increase

After an unprecedented 18 months with no rate changes (except adjustments for changes in age groups on July 1, 2019), rates will be increased by 7% on January 1, 2020.

However, a one-month Premium Holiday will be provided during the second half of 2020, so insurance subscribers will not be billed for that period. This represents an 8.3% net reduction in annual premiums. The Premium Holiday will more than offset the 7% base rate increase over the course of the plan year. Occasional premium holidays are just one of the unique benefits provided to subscribers of the ISMA-sponsored individual health insurance plan.

Rates may also change for some subscribers based on 1) a change in age groups, 2) claims experience, and/or 3) a change in home zip code since policy inception.

Applications, changes due December 31

On January 1, subscribers may change medical plans, add or remove dental coverage or remove dependents. Also, subscribers who previously waived coverage for dependents can add them without a special qualifying event. All requests for January 1 changes must be received by December 31.

The enclosed **Plan Options and Rates** illustration provides rates for your current plan selection and all other available plan options.

To renew your current option, simply pay the enclosed invoice by December 31.

*To request a change in medical plans or to add or delete dental, circle your new selection, sign and date the enclosed Plan Options and Rates Page and return it in the provided reply envelope with your payment; no need to include your original invoice. If requesting a change to a medical plan with a higher premium or the addition of dependents, you must include a completed Anthem Enrollment Application with your request. Print an Anthem Enrollment Application from the **RESOURCES** page at www.ISMAIA.com, email ismaia@ismanet.org to request to receive one by email, or call ISMA at (317) 261-2060 and ask for a member of the Insurance team to mail one.*

Please keep in mind when you change to a plan with a higher deductible that any future request to change to a plan with a lower deductible will require a completed Anthem Enrollment Application and Underwriting approval.



Watch for new Anthem ID card in mid-December

Effective January 1, 2020, Anthem will migrate subscribers in the ISMA Individual Health Insurance Plan from the current platform to a newer, more versatile platform. A new group number will be assigned to replace the current group number (00010014). Anthem will issue new ID cards in mid-December. If you insure dependents, you should receive a separate Anthem ID card for each covered dependent that lists their name.

Anthem started migrating group plans to the newer platform on January 1, 2019, and learned some lessons along the way. We're hopeful for a seamless transition but please let us know if you experience something unexpected after the first of the year.

Slight adjustments to HSA 2700/5400

Effective January 1, 2020, the annual deductible for the HSA 2700/5400 plan will increase from \$2,700/person and \$5,400/family to \$2,800/person and \$5,600/family. The annual out-of-pocket maximum will also reflect this change. The plan will continue to pay 100% benefits after the deductible is met. This change will be made to keep this plan in compliance with IRS rules for High Deductible Health Plans, which are designed to work with Health Savings Accounts.

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Insurance  Agency

(317) 261-2060

Changes to Individual Plan expected in 2021

As the benefit world continues to evolve and change with ACA and Marketplace Plans, the ISMA Individual Health Insurance plan will continue to evolve and change too. Benefit Experts and Industry Leaders are working with the ISMA to design, build, and price benefit plans that will serve all ISMA Individual Health Insurance plan members and their families in 2021. Keep an eye out for more updates in the months ahead.

Frequently Asked Questions

Q What options are available for billing and payment of premiums?

A You have a choice of being billed monthly, quarterly, semi-annually or annually. You can pay by check or by ACH debit, where premiums are automatically deducted from your checking account within 6 days before premiums are due. ISMA Insurance Agency notifies you whenever premiums change. To start automatic payments, find and print the ACH Authorization Form at www.ismaia.com, **RESOURCES**, complete, sign, print scan and email the form and a voided check to ismaia@ismanet.org or fax it to ISMA Insurance Agency's private fax line, (317) 261-2238.

Q What can I do to minimize the cost of my prescription drugs?

A When buying 30-day prescriptions at a retail pharmacy, remember that costs vary widely by pharmacy. According to Consumer Reports, in 2018, *the average price of prescription drugs was much lower at Costco and Sam's Club* than at Walmart, Kmart, Kroger, Publix, Walgreens, Rite Aid or CVS/Target. When buying 90-day prescriptions, the mail order pharmacy typically offers the lowest cost.

Q Is the ISMA plan compliant with the Affordable Care Act?

A Yes. All ISMA policies are Affordable Care Act (ACA) compliant.

Q Do Anthem plans provide benefits for routine vision exams with an optometrist or ophthalmologist?

A No. However, discounts on prescription eyeglasses and contacts are available through Anthem's Special Offers program. Login to your Anthem Member account and click **Discounts** on the green menu bar at the top of the **Home** page.

What is a Summary of Benefits?

In compliance with the Affordable Care Act (ACA), the Indiana State Medical Association (ISMA) is enclosing a Summary of Benefits and Coverage (SBC) for your Anthem health insurance plan with this renewal package.

The SBC provides standardized and easy-to-understand information about health plan benefits and coverage. It is designed to allow you to more easily make "apples-to-apples" comparisons among your insurance options.

The SBC includes information about covered health benefits, out-of-pocket costs, and network providers. A glossary defines terms commonly used in the health insurance market, such as "deductible" and "co-pay," using clear language.

Created your Anthem online account yet?

Anthem makes it simple for subscribers to create an online user account to view benefits, check year-to-date deductibles, review claim status, order new ID cards, check the Anthem prescription drug formulary, refill mail order prescriptions, save money on health-related products and services with discounts from Anthem – and more. To begin using Anthem online access, go to www.anthem.com, click the **Log in or start your member registration** button, click **Registration** link, and follow the prompts to set up a Member account.

Discounts on health-related products

Check out savings on health-related products by going to www.anthem.com/specialoffers. You'll find discounts on prescription eyeglasses, fitness memberships, books, safety products and more through Anthem's Special Offers program.

Out-of-network authorization

If there is not a network provider within 30 miles of your home who can render the specific services you need, you can contact Anthem's Pre-Certification Department to request an out-of-network authorization. The Pre-Certification Department will verify there are no network providers in your area who can render services, and if not, they will approve an out-of-network authorization for a specific number of visits. This allows all claims for covered services from this provider to be processed based on network benefits, using Anthem's allowed amount. Please note that if the out-of-network provider's charge is higher than Anthem's allowed amount, you can be billed for the difference.

Prescriptions for self or family members

Like other insurers, Anthem excludes coverage for prescription drugs prescribed by a member of your immediate family, including your spouse, child, brother, sister, parent or self. To be eligible for benefits, prescriptions must be written by an unrelated physician.

For More Information

Call your agent, whose name and phone number are listed on your invoice. If your agent is ISMA Insurance Agency, call the ISMA at (800) 257-4762 and ask for the Insurance department. Email jjcollins@ismanet.org, dmallinckrodt@ismanet.org, jenderle@ismanet.org or tmartens@ismanet.org. Or visit www.ISMAIA.com.



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