

Insurance  Agency

Medicare

Carve-out

January - December 2014



ISMA
INDIANA
STATE
MEDICAL
ASSOCIATION

ISMA Insurance Agency
(317) 471-4229
(877) 647-2242
www.ismanet.org

When you attain age 65

When you attain age 65, you will become eligible for Medicare Parts A and B.

If you or your spouse work for an employer with 20 or more employees that pays any part of your health insurance premiums, the employer-provided health insurance will continue to be primary, and Medicare will be secondary. You can wait to start Medicare Part B (for which you will pay a monthly premium) until you or your spouse retires, at which point Medicare will become primary.

If neither you nor your spouse work for an employer with 20 or more employees that pays any part of your health insurance premiums, Medicare will be primary and your Anthem health insurance policy will be changed to a Medicare Carve-out, which is a supplement to Medicare.

If Medicare will be your primary insurer, about 3 months before you attain age 65, you should call the Social Security Administration at 1-800-772-1213 to apply for Medicare Parts A and B. Your Medicare coverage will start on the first day of the month in which you attain age 65, unless your birth date is on the first day of a month, in which case your Medicare coverage will start on the first day of the month prior. (For example, if you attain age 65 on July 20, your Medicare coverage will start on July 1. If you attain age 65 on July 1, your Medicare coverage will start on June 1.)

If you want benefits for prescription drugs, you will also need to purchase a Medicare Prescription Drug Plan that covers your specific medications. To determine which of the many plans will provide you with the lowest overall cost, go to www.medicare.gov and follow the prompts to obtain a list of plans that cover your prescriptions. Or, call Donna at the ISMA at (317) 454-7743 for assistance.

If you have a spouse and/or children who are currently covered under your policy, they will be moved to a separate policy when you are moved to the Medicare Carve-out. Anthem will send them a new ID card with their own unique ID number. They will need to alert their health care providers and pharmacy to this new number to ensure proper claims administration.

ISMA Medicare Carve-out

For covered persons who are eligible for Medicare, ISMA offers a Medicare Carve-out policy. The term “carve-out” is used because under this adaptation of a complete major medical insurance policy, Anthem calculates the benefits the plan would pay if it were the subscriber’s only insurance, subtracts (or carves out) whatever Medicare pays, and then pays the difference.

Quality coverage at a reasonable price

After reviewing the details, we think you’ll agree that the ISMA Medicare Carve-out will provide you with the quality coverage you need at a reasonable price.

The plan works like this: Eligible charges covered under Basic benefits are paid in full with no deductible. You pay nothing*. Eligible charges covered under Major Medical benefits are subject to a \$100 annual deductible, then are covered at 80% for the next \$2,000 of expenses, then at 100% for the balance of the calendar year. You pay the first \$100, then 20% on the next \$2,000 of charges, then nothing* for the balance of the calendar year. *If Medicare's allowable is greater than Anthem's allowable, you may also be responsible for this difference.

A valuable benefit for

- Physicians who are members of the Indiana State Medical Association and their spouses.
- Employees of insured ISMA members who work at least 20 hours per week (on an ongoing basis) in a medical office or medically related facility, and their spouses.
- Surviving spouses of deceased ISMA members, assuming member was covered immediately prior to death.

You should know

Although each person’s situation is different, it is generally not advisable to purchase more than one supplement to Medicare. Benefits are not cumulative and are not often paid from more than one policy. You may wish to consult an insurance professional or other trusted advisor on this matter.

Underwriting requirements

If you are already insured with Anthem through the ISMA when you become eligible for Medicare as your primary carrier, you will automatically be changed to the Medicare Carve-out plan. If you are not already insured with Anthem through the ISMA, coverage is subject to underwriting approval and is not guaranteed.

Pre-existing conditions

A pre-existing condition is a condition (mental or physical) that was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 3 month period ending on your enrollment date. Genetic information may not be used as a condition in the absence of a diagnosis.

A new subscriber who had (and who documents) prior creditable coverage will have no waiting period for pre-existing conditions. Prior coverage does not count as creditable if there was a break in coverage of 63 days or more prior to enrolling for coverage under this Plan.

A new subscriber who did not have prior creditable coverage within 62 days prior to enrolling for coverage under this Plan will have a 9 month waiting period (15 month waiting period for a late applicant) for expenses resulting from a pre-existing condition.

Effective date

Coverage begins effective the first day of the month following approval. After approved, you will be mailed a wallet identification card and a benefit booklet describing benefits, limitations, and claim filing in more detail.

About Medicare Prescription Drug Plans

The ISMA Medicare Carve-out does not provide benefits for prescription drugs. You may purchase a separate Medicare Prescription Drug Plan from a number of insurers through the state of your primary residence. For more information contact ISMA Insurance Agency at 1-877-647-2242.

General information

The ISMA Medicare Carve-out divides benefits into two categories:

1 Basic benefits

Basic benefits are paid in full with no deductible*. *If Medicare's allowable is greater than Anthem's allowable, you may also be responsible for this difference.

2 Major Medical benefits

Major Medical benefits are subject to the calendar year deductible, co-insurance, and lifetime major medical maximum benefit. For all major medical benefits *combined*, you pay a \$100 deductible, then 20% of the next \$2,000 per calendar year. After that, coverage is 100% for the remainder of the calendar year. *Your maximum annual out-of-pocket expense for eligible major medical charges is \$500**. *If Medicare's allowable is greater than Anthem's allowable, you may also be responsible for this difference.

Exclusions

Services not covered under the Medical Plans include:

- Services or supplies which are not medically necessary.
- Routine physical examinations, routine tests such as those given during physicals, and vaccinations.
- Dental care not caused by an accident unless you are covered under the Dental Plan.
- Cosmetic surgery.
- Eyeglasses or hearing aids.
- Services covered by Worker's Compensation.

A complete list of exclusions are printed in the benefit booklet.

Limitations

Unless otherwise noted, covered charges are eligible up to the Usual, Customary, and Reasonable Allowance which is measured and determined by comparing actual provider charges with the charges customarily made for similar services and supplies to individuals with similar medical conditions.

SERVICES	MEDICARE PAYS	ISMA MED CARVE-OUT
HOSPITALIZATION		
Semi-private room and board, general nursing services and supplies and recovery room, anesthesia and rehabilitation.		
First 60 days:	All but \$1,216 deductible.	\$1,216*.
61st through 90th day:	All but \$304 per day.	\$304 per day
91st through 150th day: (Lifetime Reserve Days)	All but \$608 per day.	\$608 per day
Once 60 Lifetime Reserve Days are Used:	Nothing.	100% of all e mum of 365 c then unlimite Major Medica
SKILLED NURSING FACILITY Starting within 30 days after at lea		
* A benefit period begins on the first day you receive service as an inpa have not received skilled care in any other facility for 60 days in a row.		
First 20 days:	100% of Medicare's al- lowed amount.	No benefit ne
21st through 100th day:	All but \$152 per day.	\$152 per day
After 100 Days:	Nothing.	Nothing.
BLOOD, In-hospital		
After first three pints	100% of Medicare's al- lowed amount.	Unlimited am Benefits*. ¹
MEDICAL SERVICES		
Covers physicians' services in the hospital or office, hospital out-patier		
After Medicare Part B \$147 deductible	80% of Medicare's al- lowed amount.	<u>Inpatient:</u> On consultation p <u>Outpatient se</u> under Major I
BLOOD, Outpatient		
After first three pints	80% of Medicare's al- lowed amount.	Unlimited am Benefits*. ¹
BENEFITS ABROAD		
	Nothing.	Same as if in
OUTPATIENT PRESCRIPTION DRUGS		
	Nothing.	Nothing.

¹See section entitled **Major Medical benefits** on page 5 for further deta

*If Medicare's allowable is greater than Anthem's allowable, you may alk



MEDICARE WHAT IT PAYS	WHAT YOU PAY
such as intensive care units, diagnostic x-rays, MRIs, lab tests, operating	
	Nothing*.
.	Nothing.
.	Nothing.
eligible expenses for a maximum of 30 days under Basic Benefits, and a maximum number of days under Major Medical Benefits*. ¹	Nothing for 365 days, then Major Medical Deductible and Co-Insurance ¹ , then nothing*.
at least 3 consecutive days in the hospital.	
patient in a hospital and ends after you have been out of the hospital and	
needed.	Nothing*.
.	Nothing.
	All costs.
amount under Major Medical	Major Medical Deductible and Co-Insurance ¹ , then nothing*.
for durable medical equipment, prosthetics, physical and speech therapies, etc.	
for a physician's visit and one day of care per day paid at 100%*.	Nothing*.
for services: Unlimited amount under Major Medical Benefits. ¹	Major Medical Deductible and Co-Insurance ¹ , then nothing*.
amount under Major Medical	Major Medical Deductible and Co-Insurance ¹ , then nothing*.
in the United States.	Same as if in the United States.
	All costs. For info on a Medicare Prescription Drug Plan call the ISMA Insurance Team at (800) 257-4762.

illnesses. You may be responsible for this difference.



Basic benefits

Basic benefits are paid in full with no deductible.

- **Inpatient Hospital Care:** Unlimited number of days of semi-private room or ward accommodations and other necessary services not included in the room charges.
- **In-hospital Medical Care:** Visits by your doctors during confinement.
- **Diagnostic X-rays and Lab Tests:** Not included are routine tests such as those given during physicals.
- **Surgery.**
- **Anesthesia.**
- **Consultation:** Bedside consultations.
- **Radiation Therapy:** Treatment of abnormal growths by radiation (inpatient or outpatient basis).
- **Mental and Nervous Illness and Substance Abuse:** Up to 42 days hospital confinement per calendar year. Up to 92 professional visits per calendar year (42 in-hospital and 50 outpatient) covered as Major Medical benefit.

Major Medical benefits

Major Medical benefits are subject to the calendar year deductible and co-insurance. For all major medical benefits *combined*, you pay a \$100 deductible, then 20% of the next \$2,000 per calendar year. After that, coverage is 100% for the remainder of the calendar year. *Your maximum annual out-of-pocket expense for eligible charges is \$500.*

- **Skilled Nursing Facility:** Provides benefits for 21st to 100th day of skilled nursing facility care, per benefit period. A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- **Doctor Home and Office Calls:** Routine checkups excluded.
- **Wellness Benefits:** Benefits provided each calendar year for one screening mammogram for women, one PSA test for men, and one colorectal exam for both sexes.
- **Ambulance.**
- **Approved Home Health Care Services:** Up to 100 visits per calendar year; includes private duty nursing. \$10,000 annual and \$50,000 lifetime maximum benefits.

- **Physical/Occupational Therapy** - Covers 60 visits per calendar year
- **Speech Therapy** - Covers 60 visits per calendar year.
- **Spinal Manipulation** - Covers 12 visits per calendar year.
- **Use of Durable Medical Equipment** at home, such as hospital beds and wheelchairs.
- **Artificial Limbs, Eyes, etc.**
- **Crutches and Braces:** Corrective shoes not included.
- **Hospice Care:** Approved program for terminally ill.
- **Foreign Travel:** Same benefits paid in or outside the U.S. Please have all bills translated into English.
- **Human Organ or Tissue Transplant Rider:** Covers these human to human organ and tissue transplants: bone marrow; heart; heart/lung; lung; liver; pancreas; and kidney/pancreas.
- **Benefit Management Program:** To help contain health-care costs, pre-notification is required for all hospital admissions (no penalty for non-compliance). In catastrophic and chronic high cost cases, alternative means of care may be offered, subject to approval of the insured and the attending physician. Examples include skilled nursing facility, home health care, hospice care, or special medical equipment such as ventilators and respirators.

Foreign travel

The ISMA Medicare Carve-out covers you when you travel outside of the United States. As explained on page 1 of this brochure, Anthem calculates the benefits the plan would pay as if it were the member's only insurance, subtracts what Medicare pays (which in the case of foreign travel is nothing), then pays the difference. "Medigap" policies provide limited benefits for foreign travel.

Optional Dental Plan

You may include Dental Plan coverage for the additional monthly rate shown in the rate chart. The Dental Plan is available only in addition to medical coverage.

Deductible

\$50 per person per calendar year.

Applies to all benefits except diagnostic, preventive, and orthodontia.

Diagnostic and Preventive

- No deductible; covered in full if service provided by Anthem Dental PPO provider, otherwise 80% benefit.
- Covered services include Oral evaluations, X-rays, cleanings, space maintainers and other selected diagnostic and preventive services.

General (Adjunctive), Restorative, Endodontic, Oral Surgery, Periodontal

- Subject to annual \$50 deductible; 80% benefit.
- Covered services include 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

- Covered after 12-month waiting period. Subject to annual \$50 deductible; 50% benefit.
- Covered services include crowns/onlays, partial and full dentures and other selected prosthodontic services.

Orthodontic

- Covered after 12-month waiting period. No deductible; 50% benefit; \$1,000 per person lifetime maximum benefit.
- Covered services include non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth, examination, records, tooth guidance and repositioning (straightening) of the teeth. Orthodontia benefits cease at end of Benefit Period in which Member reaches age 19.

Annual maximum benefit


There is a maximum dental benefit of \$1,500 per person per calendar year.

Indiana Anthem Dental network

If you purchase the Anthem Dental Plan and your dentist is in the Indiana Anthem Dental network, you will not be responsible for amounts billed over the Usual and Customary Allowance. And your preventive and diagnostic services will not be subject to the deductible. To determine whether your dentist is in the Indiana Anthem Dental network, visit anthem.com and search for Indiana Anthem Dental network providers.

Exclusions for the Dental Plan

- Charges which the insured is not legally obligated to pay, such as services from a dental or medical department maintained by an employer, charges for U.S. Government Hospital confinement and services, and charges payable as Worker's Compensation claims.
- Charges for any portion of a dental procedure performed before the effective date or after the termination of the individual's insurance.
- Charges for facings on crowns, or pontics, posterior to the second bicuspid.
- Charges for replacement of lost or stolen appliances, dentures, or bridgework.
- Charges for appointments which are not kept.
- Be sure to check your dental plan booklet for a complete list of dental charges not covered.





Anthem Blue Cross Blue Shield[†] provides the medical and dental insurance plans for members of the Indiana State Medical Association and their employees. Anthem Blue Cross Blue Shield provides a special Claims Paying Unit for processing ISMA claims, with access through toll-free phone lines.

[†]Anthem Blue Cross Blue Shield is a member of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.

For information on a new policy, contact:

ISMA Insurance Agency
877-647-2242



For information on an existing policy, contact:

ISMA Health Insurance Administration
800-257-4762

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 January 1, 2014.



2014 ISMA/Anthem Medicare Carve-out

Highlights

- If you are already insured with the ISMA when you turn 65, and choose the ISMA/Anthem Medicare Carve-out, your covered spouse and/or child(ren) can continue coverage through the ISMA. (If you purchase a Medicare Supplement outside the ISMA plan, your dependents will not be eligible to continue coverage through the ISMA.)
- If you are already insured with the ISMA when you turn 65, no paperwork is required to change to the Medicare Carve-out; the change will be automatic.
- The ISMA/Anthem Medicare Carve-out offers a solid package of benefits including:
 - Medicare Part A Deductible (\$1,216/yr in 2014) covered in full
 - Medicare Part A Coinsurance or Copayment (for extended hospitalizations) covered in full
 - Medicare Part B Deductible (\$147/yr in 2014) covered at 80% after first \$100
 - Medicare Part B Coinsurance (20% generally not covered by Medicare Part B) covered in full after an annual out-of-pocket of \$500 is met
 - Blood (first 3 pints) covered in full
 - Foreign Travel fully eligible for coverage (other plans cover 80% during first 60 days of each trip after \$250 deductible)
 - Hospice Care Coinsurance or Copayment covered in full
 - Skilled Nursing Facility Coinsurance covered in full
- Premiums for the ISMA/Anthem Medicare Carve-out were cut by 8% in 2011, were held in 2012 and 2013, and were raised by only 5.3% in 2014.

Monthly Rates

	65-69	70-74	75 & up	Dental
Member	\$171.97	\$203.43	\$232.79	\$44.72
Spouse	\$173.67	\$205.43	\$235.06	\$34.18

Questions?

Please see the **Frequently Asked Questions** document or call the ISMA Insurance Team at (800) 257-4762.



ISMA Health Insurance Subscribers Attaining Age 65 Frequently Asked Questions

Q. When will my Medicare coverage start?

A. Your Medicare coverage will start on the first day of the month in which you attain age 65, unless your birth date falls on the first day of the month, in which case your Medicare coverage will start on the first day of the month before.

Q. Will Medicare be my primary or secondary insurance?

A. If you are retired or are part of an employer with fewer than 20 employees that pays some part of your health insurance premiums, when you become eligible for Medicare, Medicare will be your primary insurance.

If you are part of an employer with 20 or more employees that pays some part of your health insurance premiums, when you become eligible for Medicare, Medicare will be your secondary insurance.

Q. What do I need to do to apply for Medicare?

A. You can apply for Medicare about 3 months before you turn 65 by calling Social Security at (800) 772-1213. (We'll send a letter to remind you.) If Medicare will be your primary insurance, you should apply for Medicare Parts A and B. If Medicare will be your secondary insurance, you should apply for Medicare Part A only.

Q. How will my health insurance change when Medicare becomes my primary insurance and what will it cost me?

A. Instead of your current medical insurance policy with Anthem, you will have:

Medicare Part A: Part A is hospital insurance that helps cover inpatient care in hospitals, skilled nursing facility, hospice, and home health care. Most people do not pay a monthly Part A premium because they or a spouse has 40 or more quarters of Medicare-covered employment.

Medicare Part B: Part B helps cover medically-necessary services like doctors' services, outpatient care, home health services, and other medical services. Part B also covers some preventive services.

In 2013, people who have individual incomes of \$85,000 or less and married couples with incomes of \$170,000 or less will pay the Medicare Part B standard

premium of \$104.90 per month. High-income consumers will pay more, as outlined below:

Monthly Medicare premiums for 2013
Single and filed an individual tax return, or married and filed a joint tax return

Modified Adjusted Gross Income (MAGI) in 2011	Part B Monthly Premium Amount	Prescription Drug Coverage Premium Amount
Individuals with a MAGI of \$85,000 or less Married couples with a MAGI of \$170,000 or less	\$104.90	2013 standard premium for the Medicare Part D plan you choose
Individuals with a MAGI above \$85,000 up to \$107,000 Married couples with a MAGI above \$170,000 up to \$214,000	\$146.90	Standard premium for the Medicare Part D plan you choose + \$11.60
Individuals with a MAGI above \$107,000 up to \$160,000 Married couples with a MAGI above \$214,000 up to \$320,000	\$209.80	Standard premium for the Medicare Part D plan you choose + \$29.90
Individuals with a MAGI above \$160,000 up to \$214,000 Married couples with a MAGI above \$320,000 up to \$428,000	\$272.70	Standard premium for the Medicare Part D plan you choose + \$48.30
Individuals with a MAGI above \$214,000 Married couples with a MAGI above \$428,000	\$335.70	Standard premium for the Medicare Part D plan you choose + \$66.60

Monthly Medicare premiums for 2013
Married and lived with spouse during part of taxable year but filed a separately

Modified Adjusted Gross Income (MAGI) in 2011	Part B Monthly Premium Amount	Prescription Drug Coverage Premium Amount
Individuals with a MAGI of \$85,000 or less	\$104.90	2013 standard premium for the Medicare Part D plan you choose
Individuals with a MAGI above \$85,000 up to \$129,000	\$272.70	Standard premium for the Medicare Part D plan you choose + \$48.30
Individuals with a MAGI above \$129,000	\$335.70	Standard premium for the Medicare Part D plan you choose + \$66.60

For more details, go to www.medicare.gov/cost and click on **Higher-income consumers may pay more**, to the right of **Part B monthly premium**.

Medicare Supplement: Medicare Supplement policies come in the form of Medicare Carve-out policies (for example the ISMA/Anthem Medicare Carve-out) and Medigap policies. These policies provide coverage that fills gaps in coverage provided by Medicare Parts A and B. The ISMA Medicare Carve-out has a premium of \$163.31 per month for a physician or employee age 65-59, or \$164.93 per month for a spouse age 65-59 in 2013. Medigap premiums vary by plan and insurance carrier.

Medicare Part D Prescription Drug Plan: Medicare prescription drug coverage is insurance run by an insurance company or other private company approved by Medicare. *You do not have to buy a Medicare Part D Plan but if you decide not to when you're first eligible, and you don't have other credible prescription drug coverage, you will likely pay a late enrollment penalty.* Most people will pay about \$20 to \$40 per month for a Medicare Part D Plan but more comprehensive plans may cost more than \$200 per month. High-income consumers will pay more, as outlined above.

You can apply for a Medicare Part D Plan about 3 months before you turn 65. It's important to be prompt to avoid a break in your prescription benefits. Also, there's a penalty for enrolling more than three months after your 65th birthday. You can switch plans during the annual open-enrollment period, which typically runs from mid-October to early December.

Q. Will I continue to use my current Anthem ID card after Medicare becomes my primary insurance?

A. No. Anthem will issue a new ID card for your Medicare Carve-out, which you should receive just before your plan changes. If you currently cover a spouse, Anthem will also issue a new ID card to him (or her). To ensure accurate processing of claims, the first time you present your new ID card to each of your health care providers, you should point out that you have a new ID number so they can update their records. Your spouse will need to ask your pharmacy to update their records using his new ID card, otherwise prescription benefits will be denied.

Q. Do I need to request the ISMA change my Anthem policy to a Medicare Carve-out?

A. No. The ISMA keeps track of birth dates and will automatically change your Anthem policy to a Medicare Carve-out at the appropriate time. If you cover a spouse and/or children, separate policies will automatically be created.

Q. Which Medicare Part D Prescription Drug Plan does the ISMA recommend?

A. Because different plans cover different lists of prescription drugs at different levels of benefits, there is no "one-size fits all" plan. We suggest you ask your pharmacy for help in choosing a Medicare Prescription Drug Plan because they already know which prescriptions you are using, and many pharmacies offer this service to their customers at no charge. Or, go to www.medicare.gov and follow the prompts to obtain a list of plans that cover your prescriptions. Or, call Donna at the ISMA at (317) 454-7743 for assistance; if you provide

her a list of the prescription drugs you use and their dosages, she will use the Drug Plan Finder at www.medicare.gov to find the top two or three plans for you.

Q. If I decide to purchase a Medicare Supplement outside the ISMA plan, can my spouse continue coverage through the ISMA?

A. Your participation in the ISMA plan is what makes your spouse eligible for coverage through the ISMA. If you purchase a Medicare Supplement outside the ISMA plan, your spouse will not be eligible to continue coverage through the ISMA.

Q. If I have a Health Savings Account (HSA), what happens when I turn 65?

A. Once you enroll in Medicare you may no longer contribute to your HSA. Your maximum contribution and your catch-up contribution for that calendar year must be prorated based on the number of months you were eligible to contribute. (If you have already fully funded your HSA for the year in which you turn 65, to avoid potential tax consequences you should write your HSA administrator to request a withdrawal of the overfunded amount and any interest earned by the amount overfunded for that year.)

EXAMPLE: You and your spouse are enrolled in an HSA-qualified High Deductible Health Plan (HDHP) and have a Family Health Savings Account (HSA). Your spouse is two years younger than you. You attain age 65 on May 15, and become eligible for Medicare on May 1. Therefore, you can contribute to your HSA for January 1 through April 30, which is 4 months. The 2013 HSA contribution limit for a Family is \$6,450; you can contribute 4/12 of this amount, which is \$2,150. The 2013 catch-up contribution limit is \$1,000; you can contribute 4/12 of this amount, which is \$333.33. This produces a total maximum contribution of \$2,483.33.

Q. If I have a Health Savings Account (HSA), can my spouse make contributions after I turn 65?

A. Yes, if your spouse opens a separate Health Savings Account in his (or her) name on the date you enroll in Medicare.

As long as he is or she is enrolled in an HSA-qualified High Deductible Health Plan (HDHP), he (or she) is eligible to make a prorated contribution based on the number of months remaining in the calendar year when the HSA is opened. If your spouse is between age 55-64, he can include the full catch-up contribution; the catch-up contribution is not prorated.

EXAMPLE: You and your spouse are enrolled in an HSA-qualified High Deductible Health Plan (HDHP) and have a Family Health Savings Account (HSA). Your spouse is two years younger than you. You attain age 65 on May 15, and become eligible for Medicare on May 1. Your spouse can open his (or her) own HSA starting May 1. He can contribute to his HSA for May 1 through December 31, which is 8 months. The 2013 HSA contribution limit for a Single is \$3,250; he can contribute 8/12 of this amount, which is \$2,166.66. The 2013 catch-up contribution limit is \$1,000.00; he can contribute that full amount. This produces a total maximum contribution of \$3,166.66.

Q. If I have a Health Savings Account (HSA), how are disbursements from my HSA taxed after I turn 65?

A. You can continue to use your HSA account tax-free for eligible out-of-pocket expenses.

When your Medicare coverage takes effect, you can also use HSA funds on a tax-free basis to pay for Medicare Part B premiums, Medicare Part D premiums, deductibles and copays, qualified long term care insurance premiums, and COBRA premiums (but not for a Medicare Carve-out or Medigap plan).

At this age, you can also use HSA funds for non-medical reasons; the amount withdrawn will be taxable as income, but is not subject to penalties.

Anthem Enrollment Application



Individual

Your Anthem enrollment application is inside.

It is essential that you read it carefully and complete all the necessary sections.

If you are a new enrollee:

- a) applying for health and / or dental coverage please complete sections 1, 2, and 4 through 10.
- b) waiving medical coverage for any eligible dependent(s) not enrolling, please complete section 11.

If you are adding a dependent(s),
complete section 3 in addition to the above.

It is important that you read and understand the Significant Terms, Conditions and Authorizations on the last page.

Your signature is required on the last page.

Note: You may be required to supply additional information.



www.ismanet.org

***Thanks for choosing Anthem
Blue Cross and Blue Shield.***

www.anthem.com

Enrollment Application



Individual

Please complete in ink and return to your employer. Use extra sheets of paper if necessary. All information given should apply to this employer.
To search Blue AccessSM PPO Providers, visit www.anthem.com

1. Billing Address					
Group #		Request. Effective Date		Applicant # / Dept. name	
		/ /			
Anthem use:	Plan	Health Effective Date	Dental Effective Date	COB	Pre-ex (date)
		/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /
ISMA use:	Agent	Risk Class	Bill Cycle	Record #	
			M Q S Y	ME #	

2. Reason for Application <input type="checkbox"/> New enrollment <input type="checkbox"/> Waiver <input type="checkbox"/> Annual open enrollment Qualifying event _____ Event date ____/____/____		<input type="checkbox"/> New hire <input type="checkbox"/> Rehire (date) ____/____/____ <input type="checkbox"/> Add dependent (see section 3)					
3. Status Change/Event Event date ____/____/____ <input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Adoption* <input type="checkbox"/> Legal Guardianship* <input type="checkbox"/> Other _____ *Include legal documentation.		4. Type of Coverage/Plan <table border="1"> <tr> <th>Health Coverage</th> <th>Dental Coverage</th> </tr> <tr> <td> <input type="checkbox"/> Employee only <input type="checkbox"/> Employee + spouse <input type="checkbox"/> Employee + child(ren) <input type="checkbox"/> Family coverage <input type="checkbox"/> No coverage </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>		Health Coverage	Dental Coverage	<input type="checkbox"/> Employee only <input type="checkbox"/> Employee + spouse <input type="checkbox"/> Employee + child(ren) <input type="checkbox"/> Family coverage <input type="checkbox"/> No coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Coverage	Dental Coverage						
<input type="checkbox"/> Employee only <input type="checkbox"/> Employee + spouse <input type="checkbox"/> Employee + child(ren) <input type="checkbox"/> Family coverage <input type="checkbox"/> No coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No						

5. Employee Information												
Last name		First name, M.I.		Date of birth		Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social security #		<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married	Height	Weight
Home address				City		State		ZIP code		County (KY residents include Municipality)		
Home telephone () -			Business telephone () -			eMail Address						
Are you:	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation			Full time hire date		Hours working per week	Income reported by: <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Other: _____		

6. Family Information Spouse and dependents to be covered. (Attach a separate sheet if necessary.)												
1 Last name			First name, M.I.			Relationship to applicant			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	Fulltime student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is dependent's address different than applicant's address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide full address)												
Date of birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #		Height	Weight	Eligible for federal income tax exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No		Court ordered health care coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include legal documentation)		Currently hospitalized or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give reason)	
2 Last name			First name, M.I.			Relationship to applicant			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	Fulltime student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is dependent's address different than applicant's address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide full address)												
Date of birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #		Height	Weight	Eligible for federal income tax exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No		Court ordered health care coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include legal documentation)		Currently hospitalized or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give reason)	
3 Last name			First name, M.I.			Relationship to applicant			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	Fulltime student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is dependent's address different than applicant's address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide full address)												
Date of birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #		Height	Weight	Eligible for federal income tax exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No		Court ordered health care coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include legal documentation)		Currently hospitalized or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give reason)	
4 Last name			First name, M.I.			Relationship to applicant			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	Fulltime student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is dependent's address different than applicant's address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide full address)												
Date of birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #		Height	Weight	Eligible for federal income tax exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No		Court ordered health care coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include legal documentation)		Currently hospitalized or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give reason)	
5 Last name			First name, M.I.			Relationship to applicant			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	Fulltime student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is dependent's address different than applicant's address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide full address)												
Date of birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #		Height	Weight	Eligible for federal income tax exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No		Court ordered health care coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include legal documentation)		Currently hospitalized or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give reason)	

7. Other Health Coverage *Please check one:* YES (complete below.) NO
 On the day your coverage begins, list family members, including yourself, who will be covered by any other health coverage.

Provide name, phone number and address of the HMO or insurance company		Policy/certificate number		Effective date / /
Policy/certificate holder's name	Social Security number - -	Date of birth / /	Relationship to applicant	

If you and/or your dependents are enrolled in Medicare Part A or Medicaid, complete the following.

Enrollee's name(s)	Medicare/Medicaid ID #	Medicare Part A effective date / /	Medicare Part B effective date / /	ESRD onset date / /

Reason for Medicare enrollment:
 Age Disability ESRD & Disability End Stage Renal Disease (ESRD)

8. Prior Health Coverage *Please check one:* YES (complete below.) NO

Have you been covered by Anthem within the past two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Group name/ID #	Dates policy in effect: / / — / /
Have you and/or your dependents had prior coverage with another carrier(s) within the past two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	List prior carrier(s)	Dates policy in effect: / / — / /

Please check the type of prior coverage
 Employee Employee / Spouse Employee / Child(ren) Employee / Spouse / Child(ren)

Termination reason: Divorce/legal separation Death of spouse COBRA coverage exhausted Employment terminated Group plan terminated Employer/group contribution ceased
 Other:

9. Medical Information
Please note that no person will be denied health coverage on an individual basis due to the answers provided below, except for Medicare Carve-Out.

(If yes, circle condition)

<p>1. Do you or your dependents regularly take medication?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has a physician told you or any of your dependents that surgery or special tests or treatment may be necessary in the future?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you or any of your dependents currently pregnant?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, name _____ due date / /</p> <p>4. In the last 5 years have you or any of your dependents been diagnosed or treated for any: heart/circulatory condition; cancer/tumor; disorder of the blood or immune system; stroke, aneurysm, diabetes (list age of onset below); mental/nervous disorder, depression, alcohol or drug abuse/dependency; kidney, liver or pancreas disorder; ulcerative colitis; Crohn's disease; lupus; lung disorder; COPD; emphysema; arthritis; back/disk disorder; multiple sclerosis; or muscular dystrophy?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. In the past 5 years have you or any of your dependents been diagnosed with AIDS or HIV?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you or any of your dependents visited the emergency room on 2 or more occurrences for the same condition in the last 12 months?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you or your dependents used tobacco products in the last 12 months?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>(If yes, circle condition)</i></p> <p>8. To the best of your knowledge, have you or any of your dependents, within the last 5 years, had a diagnosis of or treatment for the following:</p> <p>a. Ulcer, hernia, diverticulitis, irritable bowel or other intestinal disorder?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Thyroid, goiter or gallbladder disorder?<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. High blood pressure, cholesterol or triglycerides?<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Anemia, chest pain, heart murmur or disorder of the veins/circulatory system?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Rheumatic fever, carpal tunnel syndrome or disorder of the muscles or joints?<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Epilepsy, convulsions, paralysis or disorder of the brain or nervous system?.... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Asthma, allergies, sinus, or disorder of the respiratory system?<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h. Any STD or disorder of the prostate, genital, reproductive or urinary system?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>i. Any disorder of the skin, ears, or eyes?<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you or any of your dependents, within the last 2 years, engaged in skydiving, hang gliding, underwater diving, racing (any type), rodeo, mountaineering, professional sports, piloting a plane or are any such activities contemplated?<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Are you or any of your dependents presently disabled or had a condition not identified above during the past 5 years?<input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Explain "YES" answers to any question. Give complete details to avoid delay. (Attach a separate sheet of paper if necessary)

Quest. #	Name of individual	Diagnosis	Treatment	Medication	Date(s) of treatment	Hospitalized? (Y/N)	Surgery? (Y/N)	Recovered? (Y/N)	Physician's name
					/ /				
					/ /				
					/ /				
					/ /				
					/ /				
					/ /				

Please read the TERMS on the reverse side of this page. Your Signature is required on the reverse side of this to submit this application.

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 authorize deduction from my wages/pension, if necessary for the required premium for the coverage for which I, or any dependents have applied.
3. I am applying for the coverage selected on this application. If I select a coverage, or combination of coverages, not available to me and / or a class for which I am not eligible, I agree that my selection(s) is hereby automatically amended to be consistent with the employer's application.
4. I understand that, to the extent permitted by law, Anthem reserves the right to accept or decline this application (and that Anthem Life Insurance Company may accept only certain persons or conditions for coverage) and that no right whatsoever is created by this application. I also understand that this coverage, if approved, may exclude coverage for pre-existing conditions. (Ohio only - unless I applied for HMO/HIC coverage, in which case there is no such exclusion.)
5. I am responsible to timely notify my employer of any change that would make me or any dependent ineligible for coverage.
6. 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 questions 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 or failure to report new medical information prior to my effective date 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 give this authorization for and on behalf of any eligible dependents and myself if covered by the Plan. I am acting as their agent and representative.

Your health coverage will be provided by

In Indiana: Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.

Thank you for choosing Anthem Blue Cross and Blue Shield

10. Read the TERMS section above carefully before signing. Please review your application for errors or omissions.	
By signing this, I am indicating that I have read and understand the language in the TERMS section of this application and agree to all of its terms.	
Applicant Signature	Date / /

11. PLEASE READ: If you are declining coverage for yourself, spouse, or dependents, you must complete and list all below, and sign and date application.	
Check all that apply. Waiving: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> All	
Name of person waiving	Already protected by coverage of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None <input type="checkbox"/> Other
Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
Check all that apply. Waiving: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> All	
Name of person waiving	Already protected by coverage of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None <input type="checkbox"/> Other
Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
Check all that apply. Waiving: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> All	
Name of person waiving	Already protected by coverage of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None <input type="checkbox"/> Other
Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
Check all that apply. Waiving: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> All	
Name of person waiving	Already protected by coverage of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None <input type="checkbox"/> Other
Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
Check all that apply	
<input type="checkbox"/> I certify that I have been given an opportunity to apply for Anthem Blue Cross and Blue Shield coverage and after careful consideration, have decided not to take advantage of this offer. In the event I wish to apply for such coverage hereafter, I may do so, subject to established procedures. If I am declining enrollment for myself or my dependents (including my spouse) because of other health insurance coverage, I may in the future be able to enroll myself or my dependents in this plan, provided that enrollment is requested within 31 days after other coverage ends. My dependent(s) or I may be subject to pre-existing condition restrictions or waiting periods specified in the group certificate, if a dependent or I are late enrollees. In addition, if I have a dependent as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself and my dependents provided that I request enrollment within 31 days after the marriage, birth, adoption or placement of adoption.	
<input type="checkbox"/> I certify that I have been given the opportunity to apply for the available group life benefits offered by my employer/group, the benefits have been explained to me, and I and / or my dependent(s) decline to participate. Neither my dependent(s) nor I were induced or pressured by my employer/group, agent or life carrier, into declining this coverage, but elected of my (our) own accord to decline coverage. I understand that if I wish to apply for such coverage in the future, I may be required to provide evidence of insurability at my expense.	
Applicant signature	Date / /