



# Medical, Life and Dental Insurance

for members of the ISMA and their practices

July, 2016 - June, 2017

(317) 471-4229 • (877) 647-2242 • [www.ISMAIA.com](http://www.ISMAIA.com)

Check out our **Health Savings Account Plans**  
and our **High Deductible Plans**



Insurance  Agency

## Health Insurance - PPO and HSA Plans Available

### UNIQUE ADVANTAGES

- ✓ This health policy can provide physicians with seamless coverage from practice to retirement – and beyond.
- ✓ Unlike other group health plans, ISMA members may keep this policy if they retire or become disabled prior to age 65.
- ✓ Surviving spouses and children of deceased ISMA members may continue coverage subject to normal requirements, provided the member was covered immediately prior to death.
- ✓ Covered employees who retire at age 55 or over with at least 15 years of service with an ISMA member are eligible to remain in the plan. Covered employees who become disabled with less than one year employment can extend coverage for two months; with one to two years of employment, can extend coverage for one year; with more than two years of employment, can extend coverage for two years.
- ✓ Once subscribers attain age 65, they are eligible for our Medicare Carve-out plan when Medicare is primary.
- ✓ Children can be covered under parents' policies through the end of the year in which they attain age 26, regardless of tax, student or marital status.
- ✓ Children are eligible for separate policies from the date they are removed from parents' policies through the end of the year in which they attain age 29, at the low Member Only rate, provided the parent is insured in the ISMA program.
- ✓ Knowledgeable ISMA employees and agents provide customer service for all aspects of the plan aside from claims processing, which is handled by Anthem.
- ✓ Each physician may choose a medical plan that best fits their needs, while the employees participate in a separate medical plan.
- ✓ Practices with 10 or more employee subscribers can even offer employees a choice of two specifically paired medical plan options, provided at least 20% participate in each plan.

Practices with 10 or more employee subscribers can offer employees a choice of any of the following paired medical plan options, provided at least 20% participate in each plan:

	PPO 1000	PPO 1500	PPO 2500	PPO 4000	PPO 5000	HSA 2500/5000	Lumenos HSA	HSA 3500/7000	HSA 4000/8000	HSA 5000/10000
PPO 1000		X				X				
PPO 1500	X		X	X		X	X		X	
PPO 2500		X		X	X			X	X	
PPO 4000		X	X		X	X	X	X	X	
PPO 5000				X					X	X
HSA 2500/5000	X	X					X	X	X	
Lumenos HSA		X		X		X		X	X	
HSA 3500/7000			X	X		X	X			
HSA 4000/8000		X	X	X	X	X	X	X		
HSA 5000/10000					X			X		

## A Valuable Benefit For...

- Physicians who are members of the Indiana State Medical Association, their spouses (or domestic partners subject to certain requirements), and their children through the end of the year in which they attain age 26.
- Employees of insured ISMA members 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.

## Information You Should Know

- Deductibles and coinsurance start over on January 1 of each year.
- Medical expenses incurred from October 1 to December 31 that are applied toward deductible are also credited to the following year's deductible for all medical plans except Health Savings Account (HSA) plans.
- Individual health insurance policy premiums are reviewed on July 1 of each year.
- You may request changes from one medical plan to another on your plan's anniversary date. Additionally, you may request an off cycle plan change one time per year, but not within 100 days before your plan's anniversary date. Requests to upgrade plans may be subject to underwriting approval and may not be guaranteed.
- Newborn children must be added by contacting ISMA within 31 days of birth to be covered under the plan.

## Vision

The Preventive Care benefit under all plans covers one routine vision screening test (such as an eye chart exam or visual exam of the eye) per person per calendar year by a network provider. Other services included in a comprehensive eye exam (such as visual acuity and ophthalmological exam including refraction) are not covered.

## Dental Insurance - PPO Plan

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 ISMA Insurance Agency offers the following 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.

Plan Name	Preventive Care (PC) <sup>2</sup> ; Office Visit (OV)		Urgent Care (UC); Emergency Room (ER)		Rx Copay <sup>3</sup>		Deductibles <sup>4</sup>			Coinsurance <sup>4</sup>			Out of Pocket Maximum <sup>4</sup>		
	In Network	Out of Network	In Network	Out of Network	Pharmacy 30-day supply	Mail Order 90-day supply	In Network	Out of Network		In Network	Out of Network		In Network	Out of Network	
<b>PPO 1,000</b>	PC <sup>2</sup> - 100% OV- \$20 copay	DC <sup>1</sup>	UC- \$75 copay ER- \$300 copay	DC <sup>1</sup>	\$10/\$20/\$40/ 25% to \$200	\$20/\$40/\$80/ 25% to \$200	\$1,000 \$2,000	Per person Family max	\$2,000 \$4,000	90%/10% plan/insured	70%/30%		\$3,000 \$6,000	Per person Family max	\$6,000 \$12,000
<b>PPO 1,500</b>	PC <sup>2</sup> - 100% OV <sup>5</sup> - \$25 PCP copay; \$50 SCP copay	DC <sup>1</sup>	UC- \$75 copay ER- \$300 copay	DC <sup>1</sup>	\$10/\$30/\$60/ 25% to \$200	\$20/\$60/\$120/ 25% to \$200	\$1,500 \$3,000	Per person Family max	\$3,000 \$6,000	80%/20% plan/insured	60%/40%		\$5,000 \$10,000	Per person Family max	\$10,000 \$20,000
<b>PPO 2,500</b>	PC <sup>2</sup> - 100% OV <sup>5</sup> - \$25 PCP copay; \$50 SCP copay	DC <sup>1</sup>	UC- \$75 copay ER- \$300 copay	DC <sup>1</sup>	\$10/\$30/\$60/ 25% to \$200	\$20/\$60/\$120/ 25% to \$200	\$2,500 \$5,000	Per person Family max	\$5,000 \$10,000	80%/20% plan/insured	60%/40%		\$6,450 \$12,900	Per person Family max	\$15,000 \$30,000
<b>NEW PPO 4,000</b>	PC <sup>2</sup> - 100% OV- \$30 copay; \$5 allergy injection copay	DC <sup>1</sup>	UC- \$75 copay ER- \$300 copay	DC <sup>1</sup>	After \$250/person Rx deductible: <sup>6</sup> \$10/\$30/\$60/ 25% to \$200		\$4,000 \$12,000	Per person Family max	\$8,000 \$24,000	80%/20% plan/insured	60%/40%		\$6,450 \$12,900	Per person Family max	\$16,000 \$32,000
<b>PPO 5,000</b>	PC <sup>2</sup> - 100% OV <sup>5</sup> - \$25 PCP copay; \$50 SCP copay	DC <sup>1</sup>	UC- \$75 copay ER- \$300 copay	DC <sup>1</sup>	\$10/\$30/\$60/ 25% to \$200	\$20/\$60/\$120/ 25% to \$200	\$5,000 \$10,000	Per person Family max	\$10,000 \$20,000	80%/20% plan/insured	50%/50%		\$6,450 \$12,900	Per person Family max	\$20,000 \$40,000
<b>NEW HSA 4,000/8,000</b>	PC <sup>2</sup> - 100% OV- DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	After medical deductible: \$10/\$30/\$60/ 25% to \$200		\$4,000 \$8,000	Per person Family max	\$8,000 \$16,000	100%/0% plan/insured	70%/30%		\$5,000 \$10,000	Per person Family max	\$16,000 \$32,000

Under the following plans, when a policy covers only one person, he or she must meet the Single deductible. When the policy covers two or more people, they must meet the Family deductible; the Single deductible is not applicable in any way.

<b>HSA 2,500/5,000</b>	PC <sup>2</sup> - 100% OV- DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	Discount, DC <sup>1</sup>	no mail order	\$2,500 \$5,000	Single Family	\$5,000 \$10,000	100%/0% plan/insured	60%/40%		\$2,500 \$5,000	Single Family	\$10,000 \$20,000
<b>Lumenos HSA 3,000/6,000</b>	PC <sup>2</sup> - 100% OV- 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>	\$3,000 \$6,000	Single Family	\$3,000 \$6,000	100%/0% plan/insured	70%/30%		\$3,000 \$6,000	Single Family	\$6,000 \$12,000
<b>HSA 3,500/7,000</b>	PC <sup>2</sup> - 100% OV- DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	Discount, DC <sup>1</sup>	no mail order	\$3,500 \$6,850	Single Family	\$7,000 \$14,000	80%/20% plan/insured	50%/50%		\$6,000 \$6,850	Single Family	\$12,000 \$24,000
<b>HSA 5,000/10,000</b>	PC <sup>2</sup> - 100% OV- DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	DC <sup>1</sup>	Discount, DC <sup>1</sup>	no mail order	\$5,000 \$6,850	Single Family	\$10,000 \$20,000	80%/20% plan/insured	50%/50%		\$6,450 \$6,850	Single Family	\$20,000 \$40,000

1 DC = Covered, subject to Deductible and Coinsurance (if applicable).

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

3 Copays for generic/brand/non-formulary/specialty prescription drugs.

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

5 PCP = Primary Care Physician; SCP = Specialty Care Physician.

6 The subscriber is responsible for paying the first \$250 of prescription drug costs each calendar year before the plan begins to pay its share.

*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:** Coinsurances are percentages of expenses that you are required to pay after meeting your deductible.
- **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, one routine vision screening test per calendar year, 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 (except Lumenos HSA): Cover all In-network care coded as preventive at 100% including one routine vision screening test per calendar year. Lumenos HSA: Covers the following preventive care at 100%. For adults, screening tests for coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. One routine vision screening test per calendar year. Mammograms, pelvic exams, Pap tests, and contraceptive management. Immunizations for Hepatitis A and B, Diphtheria, Tetanus, Pertussis (Whooping cough), Varicella (chicken pox), Influenza (flu shot), Pneumonia, and Human Papilloma Virus (HPV). For children, screening tests for vision, hearing, and lead exposure. Pelvic exams, Pap tests, and contraceptive management for females who are 18 years old, or have been sexually active. Immunizations for Hepatitis A and B, Diphtheria, Tetanus, Pertussis (Whooping cough), Varicella (chicken pox), Influenza (flu shot), Influenza type B, Pneumonia, and Human Papilloma Virus (HPV), Polio, Measles, Mumps, and Rubella.
- **Physician Office Services:** PPO plans (except PPO 4,000): Office visits including all services performed during the office visit session and billed by the physician, office surgeries, preconception care & education, allergy testing and treatment - serum and injections. See Office Visit benefit in Plans chart for applicable copays. PPO 4,000: \$30 copay (primary and specialty care physician) for Office visits. \$5 copay for allergy injections. Allergy testing, MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products subject to deductible and coinsurance. HSA plans: 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 \$300 copay. Out of network subject to OON deductible and coinsurance. HSA plans: Subject to deductible and coinsurance.
- **Prescription Drugs:** Oral contraceptives are covered. PPO plans: Copay benefits for generic, brand, non-formulary or specialty drug (up to a 30-day supply). 90-day supply available by mail, typically at a lower cost than three 30-day supplies. See Plan Options chart for copay amounts. PPO 4,000 plan: Rx copay benefits apply after annual \$250 Rx deductible is met per each insured individual. HSA plans (except HSA 4,000/8,000): Prescription Drug discount, then charges subject to deductible and coinsurance. HSA 4,000/8,000: Prescriptions are subject to medical deductible, then copay benefits for generic, brand, non-formulary or specialty drugs apply until out-of-pocket maximums are met; 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 (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams.

## 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, 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. Lumenos HSA and HSA 4,000/8,000 plans exclude benefits for bariatric surgery.

## Groups - 2 or More Subscribers

- To establish a group plan, at least one staff physician or owner must be an ISMA member.
- The group plan requires at least two participants. 75 percent of all eligible employees must 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 must participate.
- Group plans renew on January 1, April 1, July 1 or October 1. Initial rates are guaranteed for 10, 11 or 12 months, dependent upon enrollment date. Second and subsequent plan years have 12-month rate guarantees.

## Compliance

- All medical plans are Affordable Care Act (ACA) compliant.
- The ISMA pays the ACA transitional reinsurance fees for all plan participants.
- The ISMA provides each insured employer group with an annual report containing the information they will need to file IRS Form 720 with PCORI fees.
- The ISMA issues COBRA offers for employers with 20 or more employees.



- **Skilled Nursing Facility:** 90 days per calendar year combined Network and Non Network.
- **Diagnostic X-rays and Lab Tests:** Subject to deductible and coinsurance.
- **Surgery:** Subject to deductible and coinsurance.
- **Anesthesia:** Subject to deductible and coinsurance.
- **Mental Health/Substance Abuse:** PPO plans (except PPO 4,000): In network physician office visits, outpatient professional and facility services covered with no copayment; 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. PPO 4,000: In network physician office visits, \$30 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 except PPO 4,000, Lumenos HSA and HSA 4,000/8,000 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:** PPO plans (except PPO 4,000) and HSA plans (except Lumenos HSA and HSA 4,000/8,000): 60 physical/occupational therapy visits, 20 speech therapy visits and 12 spinal manipulation visits per year. PPO 4,000, Lumenos HSA, HSA 4,000/8,000: 20 physical therapy visits, 20 occupational therapy visits, 20 speech therapy visits and 12 spinal manipulation visits per year. PPO 4,000 and HSA 4,000/8,000 plans only: 36 cardiac rehabilitation visits, 20 pulmonary rehabilitation visits. (All other plans have no specific limits for these therapies.) PPO plans: In network copay based on setting; Out of network subject to OON deductible and coinsurance. HSA plans: Subject to deductible and coinsurance.
- **Approved Home Health Care Services:** PPO plans (except PPO 4,000) and HSA plans (except Lumenos HSA and HSA 4,000/8,000): 90 visits per calendar year. PPO 4,000, Lumenos HSA, HSA 4,000/8,000: 100 visits per calendar year.
- **Foreign Travel:** Same benefits paid in or outside the U.S.
- **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.**
- **Save Money with Discounts:** If you need a little help getting fit, staying healthy or finding balance in your life, chances are you can find the incentive you need with discounts. It's just one more reason to choose Anthem Blue Cross and Blue Shield. Log in at [anthem.com](http://anthem.com) and look for [SpecialOffers@Anthem](mailto:SpecialOffers@Anthem).

## 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 and study the summary. Next, decide which plan best fits your needs and budget, and decide whether to include the Dental Plan. Then, follow these easy steps: 1) All full-time employees must complete an enrollment form per instructions on the first page of the form. 2) Complete and sign a Participating Unit Page (groups only).

Mail the above to your ISMA Benefit Representative, or to **ISMA Insurance Agency, c/o Brown & Brown of Indiana, 11555 N Meridian St, Ste 220 Carmel, IN 46032.**

Upon receipt of your completed application, an appropriate risk class will be assigned based on medical history, and you will be provided with a firm quote. If you accept, the ISMA will send a New Policy Confirmation and an initial invoice, and Anthem will send an identification card.

## Creating a User Account

Anthem makes it simple 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 the blue "Register Now" link below the "SECURE LOG IN" button on the right side of the page, and follow the prompts to set up a User account.

## For More Information

For more information, questions or group rates, please call the ISMA Insurance Agency at (317) 471-4227 or (800) 946-4227 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.*

# The ISMA Dental Plan

## Dental Plan Highlights

### OPTIONAL 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. The Dental Plan is available only in addition to the medical coverage. Dental coverage can be elected upon enrollment or added at any annual renewal date.

### 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.

### INDIANA ANTHEM DENTAL NETWORK

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 [anthem.com](http://anthem.com) and search for Indiana Anthem Dental network providers.

Deductible Applies	Your Responsibility		Category	Covered Services
	Network	Non-Network		
	CIF*	20%	<b>Diagnostic and Preventive</b>	Oral evaluations, X-rays, cleanings, space maintainers and other selected diagnostic and preventive services.
X	20%	20%	<b>General (Adjunctive), Restorative, Endodontic, Oral Surgery, Periodontal</b>	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.
X	50%	50%	<b>Prosthodontic</b> <i>(1 yr waiting period)</i>	Crowns/onlays, partial and full dentures and other selected prosthodontic services.
	50%	50%	<b>Orthodontic</b> <i>(1 yr waiting period; \$1,000 per person lifetime benefit)</i>	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.

# The ISMA Group Term Life Insurance Plan

In our effort to provide comprehensive benefits, the ISMA health plan 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 7/1/2016 for July renewals, 10/1/2016 for October renewals, 1/1/2017 for January renewals and 4/1/2017 for April renewals.*