



Administrative Policies for Groups

Indiana State Medical Association Anthem Group Health Insurance

We are pleased that you have chosen to place your office's Group health insurance plan with ISMA and Anthem. The purpose of this document is to help you keep your plan running smoothly. Please refer to the end of this publication for contact information if you have questions or need forms.

NEW EMPLOYEES AND PHYSICIANS

Anthem enrollment forms

It is very important that you always have every new full-time employee complete an Anthem enrollment form, whether applying for or waiving coverage. Please check enrollment forms for missing information before faxing or mailing, as this could delay the start of coverage; forms must be signed within 60 days of the effective date. Enrollment forms are provided in your Group Health Insurance Administration Kit or are available from the ISMA Insurance department.

Effective date for new physicians

New physicians are eligible for coverage immediately. If hired on the first day of a month the normal effective date is the hire date; otherwise the normal effective date is the first day of the month following the hire date.

Effective date for non-physicians

New non-physicians are eligible for coverage after fulfilling their employer's designated waiting period, starting from their hire date. (Your group designates the waiting period annually on a Participating Unit Page, completed during the two-month period before your renewal date). If hired on the first day of a month, the normal effective date is the first day of the month in which the waiting period ends; otherwise the normal effective date is the first day of the month following the end of the waiting period. **Under no circumstance should an employee cancel their present health insurance coverage without prior notice of approval by the ISMA.**

Timely versus late applicants

Ideally, ISMA will receive an enrollment form from a new employee 3 weeks before their normal effective date. This will allow time for processing so the new employee may receive their ID card, benefit booklet, etc. before their effective date. However, an applicant is considered "timely" if their enrollment form is completed, signed, mailed or faxed, and received by ISMA within 31 days after their normal effective date. An enrollee is considered "late" if the above time requirement is not met, and may start coverage only on your group's next annual renewal by submitting a completed Enrollment form to ISMA no later than one week before the renewal date.

Exception: All employees can apply for this coverage within 31 days of a special qualifying event. Special qualifying events include loss of coverage due to legal separation, divorce, death, termination of employment, reduction of hours worked, employer stopped contributions or exhaustion of COBRA coverage.

WHO IS ELIGIBLE

Physicians who are members of the ISMA, their spouses, and children to the end of the calendar year in which the child attains age 26.

Non-physicians employed by ISMA members who work the required minimum number of hours designated by their employer's Participating Unit Page in a medical office or medically related facility, their spouses, and children based on the same requirements as children of physicians. Non-physician employees must fulfill the waiting period designated by their employer before becoming eligible for coverage.

Employees of medical societies who work at least the minimum hours per week designated by the employer (this can be between 20 and 30), their spouses, and their children based on the same requirements as children of physicians. Medical society employees must fulfill the waiting period designated by their employer before becoming eligible for coverage.

Surviving spouses and children of deceased ISMA members. Spouses are eligible for the rest of their lives unless they remarry; children based on the same requirements as children of physicians.

DENTAL PLAN

Medical plan subscribers can optionally include dental coverage. Dental coverage cannot be purchased without medical coverage. Each physician can independently decide whether to include dental coverage. Non-physicians can include dental coverage if all non-physicians with medical coverage do so. If a subscriber elects dental coverage, that coverage will be included for the subscriber and all dependents covered with medical coverage; the subscriber cannot elect dental for only certain family members.

EXTENSION OF ELIGIBILITY

Physicians

A physician leaving your group may change to an Individual policy if he/she is an ISMA member. Individual policies provide exactly the same medical and dental benefits as group policies. Cost will be adjusted slightly. A physician may continue in the ISMA-sponsored health insurance program as long as he/she maintains ISMA membership. Retired members are exempt from membership dues. Non-retired physicians who leave the state of Indiana typically cannot continue ISMA membership, and therefore lose eligibility for health insurance at the end of the calendar year in which membership expires.

Non-physicians

Retired non-physicians age 55 or over with at least 15 years of service with an ISMA member are eligible to remain in the ISMA-sponsored health insurance program for the rest of their lives (including Medicare Carve-out). To exercise this privilege, the retiring employee must provide the ISMA with a letter stating 1) the date on which he or she will retire, the number of

years he or she has worked for one or more members of ISMA, and the address to which they want to be billed. They will retain the group's risk class, and will be changed to the "Individual" rate table, with a July 1 annual renewal date.

Disabled non-physicians

Disabled non-physicians with less than one year employment are eligible for two months continuation of coverage; one to two years of employment, one year continuation of coverage; more than two years employment, two years continuation of coverage.

Children of insured ISMA members and of insured non-physician employees

Children of insured ISMA members and of insured non-physician employees are eligible for separate policies from age 26 through December 31 of the year in which age 29 is attained, at the Member Only rate.

COBRA CONTINUATION

COBRA is federally mandated for offices with 20 or more employees on payroll and requires that employers offer terminated employees continuation of coverage for 18 months. Divorced or surviving spouses of insureds must be offered continuation of coverage for 36 months. See policy booklet for complete explanation of provisions. ISMA issues COBRA continuation notices and election forms and provides copies to employers and dependents unless requested not to do so.

CONVERSION POLICIES

All terminated subscribers except those eligible for Medicare can contact ISMA in writing within 31 days after their termination date to request an offer for a conversion policy. Conversion policies provide exactly the same medical and dental benefits as group policies and can be continued indefinitely at a cost of 150% of the premium for Individual subscribers.

PARTICIPATION REQUIREMENTS

For any Group to remain eligible, participation is required of at least 75% of employees who 1) work the minimum number of hours per week required to obtain health insurance designated by the employer, and 2) are not covered through their spouse, and 3) are not covered by an employer-provided PPO or HMO.

Failure of any group to maintain 75% participation will result in the termination of coverage under this plan.

Additionally, groups with 50 or more employees must have at least 50% participation of the total number of employees.

PREMIUM BILLING

Invoices are issued on the first day of the month and are due by the last day of the month for the following month's premiums. There is a 31-day grace period. Invoices include adjustments for prior periods when appropriate due to enrollment forms, changes and cancellations processed after the issue of prior invoices. Failure to pay premiums by the end of the grace period will result in termination of coverage retroactive to the date to which premiums have been paid.

FOR MORE INFORMATION

Contact ISMA Health Insurance Department by phone at 317-261-2060 or toll-free at 800-257-4762. Or email us at tmartens@ismanet.org or jcollins@ismanet.org.