



Medical, Life and Dental Insurance

for members of the ISMA and their practices

2011-2012

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Insurance  Agency

Plan Options - all PPO plans use Anthem Blue Access Network

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Plan Name	Office Visit (OV); Preventive Care (PC) ²		Urgent Care (UC); Emergency Room (ER)		Rx Copay ³		Deductibles ⁴			Coinsurance ⁴			Out of Pocket Maximum ⁴		
	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	In Network	Out of Network	
PPO 500	All- \$15 copay	DC ¹	UC- \$50 copay ER- \$100 copay	DC ¹	\$10/\$20/\$40	\$20/\$40/\$80	\$500 single \$1,000 family	\$1,000 \$2,000	90% plan pays 10% insured pays	70% 30%	\$1,000 single \$2,000 family	\$2,000 \$4,000			
PPO 1,000	All- \$20 copay	DC ¹	UC- \$50 copay ER- \$100 copay	DC ¹	\$10/\$20/\$40	\$20/\$40/\$80	\$1,000 single \$2,000 family	\$2,000 \$4,000	90% plan pays 10% insured pays	70% 30%	\$3,000 single \$6,000 family	\$6,000 \$12,000			
PPO 1,500	All- \$30 copay	DC ¹	UC- \$75 copay ER- \$150 copay	DC ¹	\$10/\$30/\$60	\$20/\$60/\$120	\$1,500 single \$3,000 family	\$3,000 \$6,000	80% plan pays 20% insured pays	60% 40%	\$5,000 single \$10,000 family	\$10,000 \$20,000			
PPO 2,500	All- \$30 copay	DC ¹	UC- \$75 copay ER- \$150 copay	DC ¹	\$10/\$30/\$60	\$20/\$60/\$120	\$2,500 single \$5,000 family	\$5,000 \$10,000	80% plan pays 20% insured pays	60% 40%	\$7,500 single \$15,000 family	\$15,000 \$30,000			
PPO 5,000	All- \$30 copay	DC ¹	UC- \$75 copay ER- \$150 copay	DC ¹	\$10/\$30/\$60	\$20/\$60/\$120	\$5,000 single \$10,000 family	\$10,000 \$20,000	80% plan pays 20% insured pays	50% 50%	\$10,000 single \$20,000 family	\$20,000 \$40,000			
PPO 10,000	All- \$30 copay	DC ¹	UC- \$75 copay ER- \$150 copay	DC ¹	\$10/\$40/\$60	\$20/\$100/\$150	\$10,000 single \$20,000 family	\$20,000 \$40,000	80% plan pays 20% insured pays	50% 50%	\$20,000 single \$40,000 family	\$20,000 \$40,000			
HSA 2,500/5,000	OV- DC ¹ PC- 100% ²	DC ¹	DC ¹	DC ¹	Discount, DC ¹	no mail order	\$2,500 ⁵ single \$5,000 ⁵ family	\$5,000 ⁵ \$10,000 ⁵	100% plan pays 0% insured pays	60% 40%	\$2,500 ⁵ single \$5,000 ⁵ family	\$10,000 ⁵ \$20,000 ⁵			
Lumenos HSA⁶ 3,000/6,000	OV- DC ¹ PC- 100% ²	DC ¹	DC ¹	DC ¹	Discount, DC ¹	Discount, DC ¹	\$3,000 ⁵ single \$6,000 ⁵ family	\$3,000 ⁵ \$6,000 ⁵	100% plan pays 0% insured pays	70% 30%	\$3,000 ⁵ single \$6,000 ⁵ family	\$6,000 ⁵ \$12,000 ⁵			
HSA 3,500/7,000	OV- DC ¹ PC- 100% ²	DC ¹	DC ¹	DC ¹	Discount, DC ¹	no mail order	\$3,500 ⁵ single \$7,000 ⁵ family	\$7,000 ⁵ \$14,000 ⁵	80% plan pays 20% insured pays	50% 50%	\$6,000 ⁵ single \$12,000 ⁵ family	\$12,000 ⁵ \$24,000 ⁵			
HSA 5,000/10,000	OV- DC ¹ PC- 100% ²	DC ¹	DC ¹	DC ¹	Discount, DC ¹	no mail order	\$5,000 ⁵ single \$10,000 ⁵ family	\$10,000 ⁵ \$20,000 ⁵	80% plan pays 20% insured pays	50% 50%	\$10,000 ⁵ single \$20,000 ⁵ family	\$20,000 ⁵ \$40,000 ⁵			
Traditional 1,500	DC ¹		DC ¹		Discount, DC ¹	no mail order	\$1,500 single \$3,000 family	⁴ ⁴	80% plan pays 20% insured pays	⁴ ⁴	\$4,000 single \$8,000 family	⁴ ⁴			

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

2 Preventive Care -- **PPO plans** cover physical exams, one routine vision exam 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, subject to appropriate copay for Network providers or deductible and coinsurance for Out of Network providers. **HSA plans** cover all In Network preventive care at 100% including one routine vision exam per calendar year. **Lumenos HSA plan** covers the following preventive care at 100%. For adults, screening tests for coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. Mammograms, pelvic exams, Pap tests, and contraceptive management. Immunizations for Hepatitis A and B, Diphtheria, Tetanus, Pertussis (Whooping cough), Varicella (chickenpox), 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), Pneumonia, and Human Papilloma Virus (HPV), Polio, Measles, Mumps, and Rubella. **Traditional plans** cover State mandated routine or preventive services; subject to deductible and coinsurance.

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

4 PPO plans have separate In Network and Out of Network Deductibles, Coinsurance and Out of Pocket maximums; Traditional plans consider all providers to be In Network

5 Under HSA options, plans covering an individual are considered Single; policies covering two or more family members are Family. With Family plans, the entire family deductible must be satisfied whether charges are incurred by one person or multiple family members.

6 The Lumenos HSA plan is designed to empower you to take control of your health, as well as the dollars you spend on your health care. You can earn rewards by taking certain steps to improve your health. Rewards you can earn: Complete the Health Assessment online, \$50; Enroll in the Personal Health Coach Program, \$100; Graduate from the Personal Health Coach Program, \$200; Complete our Smoking Cessation Program, \$50; complete our Weight Management Program, \$50. Lumenos HSA limits: Skilled Nursing Facility: Maximum 100 days per calendar year. Annual Therapy Limits: 20 physical therapy visits; 20 occupational therapy visits; 20 speech therapy visits; 12 spinal manipulation visits. Durable Medical Equipment: \$4,000 maximum per year for all prosthetic devices; \$4,000 maximum per calendar year for all durable medical equipment and orthotics. No benefits for bariatric surgery.

All plans have an unlimited lifetime maximum benefit

The ISMA Insurance Agency offers the following insurance plans

Health Insurance - PPO, HSA, Traditional Plans Available

UNIQUE ADVANTAGES

- ✓ This health policy can provide physicians with seamless coverage from practice to retirement – and beyond.
- ✓ Unlike other group health plans, members may keep this policy if they retire or become disabled prior to age 65. Once physicians turn 65, they are eligible for our Medicare Carve-out plan.
- ✓ Any covered employee retiring at age 55 or over with at least 15 years of service with an ISMA member is also eligible to remain in the plan.
- ✓ Unmarried dependent children can be covered under the insured's plan through 12/31 of the year in which age 26 is attained; full-time student status is not required. Then eligible for a separate policy through age 29 at the low Member Only rate, if 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.
- ✓ A practice can set up a [Dual-Option Plan](#). Each physician may choose a medical plan that best fits their needs, while the staff participates in a separate plan. Practices with 10+ employee subscribers can offer employees the choice of two paired medical plan options as long as at least 20% participate in each plan.

Paired Plan Options available to practices with 10 or more employee subscribers:

PPO 500 & PPO 1,000	PPO 1,500 & PPO 2,500	PPO 5,000 & HSA 5,000/10,000
PPO 500 & Traditional 1,500	PPO 1,500 & HSA 2,500/5,000	PPO 10,000 & HSA 3,500/7,000
PPO 1,000 & PPO 1,500	PPO 1,500 & Lumenos HSA	HSA 2,500/5,000 & HSA 3,500/7,000
PPO 1,000 & Traditional 1,500	PPO 2,500 & HSA 3,500/7,000	HSA 2,500/5,000 & Lumenos HSA
PPO 1,000 & HSA 2,500/5,000	PPO 2,500 & PPO 5,000	HSA 3,500/7,000 & Lumenos HSA
PPO 1,500 & Traditional 1,500	PPO 5,000 & PPO 10,000	HSA 3,500/7000 & HSA 5,000/10,000

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.)

Vision

One routine vision exam per person per calendar year included under Preventive Care benefit in all PPO plans.

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 unmarried dependent children.
- 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, their spouses (or domestic partners subject to certain requirements), and their unmarried dependent children.
- Surviving spouses and unmarried dependent children of deceased ISMA members subject to normal requirements, provided member was covered immediately prior to death.

What's Covered: The Details

DEFINITIONS

- **Deductibles:** Charges for certain services are subject to deductibles that accumulate from January 1 through December 31 of each year. **PPO plans have separate In Network (IN) and Out of Network (OON) deductibles;** Traditional plans have only one deductible.
- **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 prescription drug copays and human organ and tissue transplants, excluding kidney and cornea).

COVERED BENEFITS— ALL MEDICAL PLANS

(Subject to calendar year deductible, coinsurance and lifetime maximum benefit unless otherwise specified.)

- **Preventive Care:** PPO plans (non-HSA) cover physical exams, one routine vision exam 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 cover all In Network preventive care at 100% including one routine vision exam per calendar year. Lumenos HSA plan covers the following preventive care at 100%. For adults, screening tests for coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. 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. Traditional plans cover federal and state mandated preventive services.
- **Physician Office Services:** (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): PPO Plans – See Office Visit benefit in Plans chart. Traditional Plans – Subject to deductible and coinsurance.

- Unmarried children are eligible for separate policies from date removed from parent's policy through December 31 of the year in which age 29 is attained, or until date of marriage, at the low Member Only rate, provided the parent is insured in the ISMA program.
- Disabled – Any employee with less than one year employment is eligible for a two-month extension of eligibility for coverage; one to two years of employment, one-year extension of eligibility; more than two years of employment, two-year extension of eligibility.

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. Requests to upgrade plans may be subject to underwriting approval and may not be guaranteed.
- Members turning age 65, when Medicare coverage begins, are automatically changed to Medicare Carve-out if there are less than 20 employees in the office. Rates are automatically adjusted. (Members who become eligible for Medicare due to disability must contact the ISMA to change to the Medicare Carve-out.)
- Newborn children must be added by contacting ISMA within 31 days of birth to be covered under the plan.

GROUPS — 2 or more covered employees

- 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 rates are guaranteed for 10, 11 or 12 months dependent upon enrollment date during the first year. Second and subsequent plan years have 12-month rate guarantees.

PRE-EXISTING CONDITIONS AND PORTABILITY

Any pre-existing condition waiting period will be reduced by the aggregate of the periods of prior creditable coverage you had from a qualified plan. Prior coverage does not count as creditable if there was a 63-day or more break in coverage prior to enrolling for coverage under this plan.

No benefits will be paid for expenses incurred during the first 9 months after your enrollment date (15 months if you are a late enrollee) if those expenses result from a pre-existing condition. 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. Pregnancy is not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

What's Not Covered

LIMITATIONS

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

EXCLUSIONS FOR ALL MEDICAL PLANS (complete list of exclusions printed in Certificate)

Services not covered under the Medical Plans include services or supplies not medically necessary, routine physical examinations and vaccinations (except as otherwise stated), 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.

- **Urgent Care:** (Includes all services billed with urgent care encounter claim): PPO Plans (non-HSA) with \$1,000 deductible and lower – In network \$50 copay. Other PPO Plans (non-HSA) - In network \$75 copay. Out of network subject to OON deductible and coinsurance. Traditional and HSA Plans – Subject to deductible and coinsurance.
- **Emergency Room:** (Includes all services performed, facility and professional; waived if admitted): PPO Plans (non-HSA) with \$1,000 deductible and lower – In network \$100 copay. Other PPO Plans (non-HSA) - In network \$150 copay. Out of network subject to OON deductible and coinsurance. Traditional and HSA Plans – Subject to deductible and coinsurance.
- **Prescription Drugs:** Oral contraceptives are covered. Plans with lower deductibles provide a Prescription Drug copay card with separate copays for each generic, brand, or non-formulary 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. All other plans provide a Prescription Drug discount card, then charges subject to deductible and coinsurance.
- **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
- **Skilled Nursing Facility:** Non-Lumenos plans: No specific limit. Lumenos HSA: 100 days per calendar year.
- **Diagnostic X-rays and Lab Tests:** PPO Plans (non-HSA) – In network paid subject to setting based copays (billed along with an office visit, paid in full; billed by a hospital or freestanding facility, subject to deductible and coinsurance); Out of network subject to OON deductible and coinsurance. Traditional and HSA Plans – Subject to deductible and coinsurance.
- **Surgery**
- **Anesthesia**
- **Consultation:** Inpatient or outpatient consultations
- **Radiation Therapy:** Treatment of abnormal growths by radiation (inpatient or outpatient basis)
- **Mental Health/Substance Abuse:** PPO Plans (except HSA) – 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. Traditional and HSA Plans – Subject to deductible and coinsurance.
- **Maternity:** Benefits paid same as for any illness
- **Infertility:** All plans except Lumenos HSA include \$5,000 lifetime maximum benefit per person for treatment of infertility
- **Temporomandibular Joint (TMJ) Services:** Benefits paid same as for any illness
- **Ambulance:** All plans – Subject to deductible and coinsurance.
- **Medical Supplies, Equipment and Appliances:** All Plans – Subject to deductible and coinsurance. Lumenos HSA: \$4,000 maximum per year for all prosthetic devices; \$4,000 maximum per year for all durable medical equipment and orthotics.

How to Apply

Review the Medical and Dental Insurance 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: All full-time employees must complete an enrollment form per instructions on the first page of the form. 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, the ISMA will mail you a letter either confirming coverage or informing you of its status. When the application is approved, an appropriate risk class will be assigned based on your medical history. You will be issued a packet with a confirmation letter, identification card, benefit booklet and a supply of claim forms. An invoice for your first premium also will be mailed.

Group Term Life Insurance/AD&D

Group plans typically include \$20,000 of coverage on each employee and \$50,000 on each physician. Groups of two or more insureds on the health plan are eligible for this benefit. *See last page of brochure for details.*

Voluntary Employee Benefits

Allow employees to purchase these voluntary, discounted, portable insurance plans through payroll deductions at no cost to your practice.

Voluntary Dental Insurance

- Several plans to choose from
- Requires three participants

Short-Term Disability Insurance

- Participants can design their own plan of income protection

Term Life Insurance

- Provides additional term life insurance coverage for employees, spouses and children

Universal Life Insurance

- Provides permanent, portable life insurance coverage at reasonable premiums

Cancer Plan

- Provides coverage for out-of-pocket expenses associated with cancer

Section 125 Flex Plan

- Allows employees to pay most insurance premiums with pre-tax dollars

We Make Communication and Enrollment Easy!

When you choose to establish a voluntary employee benefit plan, an ISMA benefit representative will come to your practice to educate your employees on the different plans available. The representatives will then schedule one-on-one meetings with each employee to complete enrollment on a lap-top computer. At the time of enrollment, each participating employee and the practice will receive a personalized printout detailing the plans selected, their cost and the tax savings generated by this new plan.

For 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.

- **Outpatient Therapy:** Non-Lumenos plans: 60 physical/occupational therapy visits, 20 speech therapy visits and 12 spinal manipulation visits per year. Lumenos HSA: 20 physical therapy visits, 20 occupational therapy visits, 20 speech therapy visits and 12 spinal manipulation visits per year. Non-HSA PPO Plans – In network copay based on setting; Out of network subject to OON deductible and coinsurance. Traditional and HSA Plans – Subject to deductible and coinsurance.
- **Approved Home Health Care Services:** PPO Plans – In network no limits; Out of network up to 30 visits per year. Traditional Plans – no limits.
- **Foreign Travel:** Same benefits paid in or outside the U.S.
- **Hospice Services:** Non-HSA PPO Plans – Covered in full. Traditional and 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.
- **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.
- **Mandatory Precertification on Inpatient and Selected Outpatient Services with Noncompliance Penalty:** PPO Plans – 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. Traditional Plans – Inpatient, 30% penalty.
- **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) 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 and look for SpecialOffers@Anthem.

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 and search for Indiana Anthem Dental network providers.

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

Check us out online at www.ISMAIA.com

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

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 July 1, 2011.