

The ISMA Insurance Agency is pleased to provide this packet of information on the Indiana State Medical Association sponsored Anthem Medicare Supplement plan for ISMA members, their spouses, and employees with Medicare as their primary carrier.

This packet includes:

- Medicare Supplement Brochure
- ISMA Insurance Agency Privacy Notice
- Acknowledgement of Receipt of Privacy Notice
- Anthem Enrollment Application
- ACH Authorization

To apply for a Medicare Supplement policy, please complete the Anthem Enrollment Application, Acknowledgement, and ACH Authorization (if you want to set up automatic payments), then scan and email them to ismaia@ismanet.org, or fax them to our private fax line, (317) 261-2238.

If you have any questions, please email the ISMA Insurance Team at ismaia@ismanet.org or call (317) 217-1550.



ISMA-SPONSORED ANTHEM MEDICARE SUPPLEMENT

INCLUDES

Blue View Vision™



OPTIONAL DENTAL PLAN BENEFITS



ISMA-SPONSORED ANTHEM MEDICARE SUPPLEMENT

ISMA and Anthem are excited to bring you a high-quality, affordable health plan designed just for ISMA members to help you stay healthy and active. The ISMA-sponsored Medicare Supplement pays health care costs not covered by Original Medicare such as deductibles, co-payments, coinsurance, and health care when traveling outside the U.S.

The ISMA Medicare Supplement is available to all ISMA members and spouses who are eligible for Medicare as their primary carrier. It is also available to physicians' employees and spouses who are eligible for Medicare as their primary carrier.

QUALITY COVERAGE AT A COMPETITIVE PRICE

The ISMA Medicare Supplement will provide you with the quality coverage you need at a competitive price. It features both Basic benefits and Major Medical benefits that pay some of the costs not covered by Medicare at all, such as medical services outside the U.S.

With this plan, you have a low deductible (the amount you pay before your insurance starts to pay) that is equal to the Medicare Part B deductible. Thereafter, the plan pays 100% of the costs allowed under this plan for most covered care.

FREEDOM TO CHOOSE

No referrals, and you can go to any provider or facility that accepts Medicare patients.

SILVERSNEAKERS INCLUDED!

SilverSneakers is a fitness benefit, designed to improve your health and help you stay independent. Once you enroll in SilverSneakers - at no cost to you - you'll have access to a free membership at any of the 15,000+ participating gym locations, with support from trained instructors. Whether you play tennis, swim laps or lift weights, SilverSneakers has you covered. For more information, go to **www.SilverSneakers.com/Learn** or call (888) 423-4632.

ABOUT PRESCRIPTION DRUGS

This plan does not cover prescription drugs. For information on a Medicare Part D Prescription Drug Plan, go to **www.medicare.gov**. Or, to speak with a licensed sales agent at ISMA Insurance Agency, call (317) 217-1550.

Anthem Blue Cross Blue Shield provides the medical and dental insurance plans for members of the Indiana State Medical Association and their spouses. 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 or existing policy, go to **www.ismaia.com** or call: **(317) 217-1550**

This brochure is not a contract and it is not a complete description of the benefits, exclusions and limitations of any plan.

Effective January 1, 2026 - December 31, 2026

BASIC BENEFITS

When Medicare pays a portion of the cost of a medical service, Anthem coordinates with Medicare so that Basic Benefits pay all or most of what Medicare does not pay, up to the Medicare-approved amount. Providers who participate with Medicare accept assignment, meaning they agree to accept the Medicare-approved amount as full payment for Medicare-covered services. When other providers are used, the Medicare recipient may have additional costs.

COVERED SERVICES	MEDICARE PAYS	ISMA MEDICARE SUPPLEMENT PAYS	YOU PAY
MEDICARE PART A			
Inpatient Hospital Care			
First 60 days	All but Part A deductible	Part A deductible	\$0
Days 61 - 90	All but Part A daily coinsurance	Part A daily coinsurance	\$0
60 day lifetime reserve days	All but Part A daily coinsurance	Part A daily coinsurance	\$0
Continuous inpatient care after Medicare lifetime reserve is exhausted up to additional 365 days	Nothing	100% of all eligible expenses	\$0
Skilled Nursing Facility (starting within 30 days after at least 3 consecutive days in the hospital)			
First 20 days of skilled care	100% of approved amount	\$0	\$0
Days 21 - 100 of continued skilled care	All but daily coinsurance	SNF daily coinsurance	\$0
After 100 days	\$0	\$0	All costs
Home Health			
Non-custodial medical and nursing care	100% of approved amount	\$0	\$0
Hospice care (room and board is not covered)	100% of approved amount	\$0	\$0
MEDICARE PART B			
Annual deductible	Plan pays after the deductible	\$0	Amount of Part B deductible
Doctors' care including inpatient and outpatient visits	80%	20%	\$0
Outpatient services (includes surgeries, diagnostic services, physical therapy, x-rays)	80%	20%	\$0
Clinical laboratory services	100%	\$0	\$0
Durable medical equipment such as wheelchairs, walkers and hospital beds	80%	20%	\$0
Mental health counseling	80%	20%	\$0
Ambulance	80%	20%	\$0
Medicare designated preventive services ² received from providers who accept Medicare assignment	100%	\$0	\$0

¹ This chart is a summary of benefits only. Please refer to the Certificate for details about benefits, maximums, limits and exclusions.

² Medicare-covered preventive services are based on your age, gender, and risk factors. See [Medicare.gov](https://www.medicare.gov) booklet, *Your Guide to Medicare's Preventive Services*.

³ Providers who participate with Medicare accept assignment, meaning they agree to accept the Medicare-approved amount as full payment for Medicare-covered services. When other providers are used, the Medicare recipient may have additional costs. Providers who are not contracted with Anthem can balance bill for any difference between billed amounts and Anthem's allowable amounts. All charges may be reviewed by Medicare and Anthem to determine if they're medically necessary.

MAJOR MEDICAL BENEFITS

Medicare does not cover some medical services. Major Medical Benefits pay some of the costs not covered by Medicare.

Major medical benefits are subject to an annual deductible equal to the Medicare Part B deductible. Because these are not Medicare benefits, Anthem will use its own standards for determining medical necessity and allowed amounts, not Medicare's.

COVERED SERVICES	MEDICARE PAYS	ISMA MEDICARE SUPPLEMENT PAYS	YOU PAY
Continuous inpatient days beyond an additional 365	\$0	100% after deductible	\$0
Medical services outside the U.S.	\$0	100% after deductible	\$0
Excess charges for providers that don't accept Medicare assignment ²	\$0	100% after deductible	\$0
Out-of-hospital, skilled, private-duty nursing, and visiting nurses' association	\$0	100% after deductible	\$0
Accidental dental	\$0	100% after deductible	\$0
Morbid obesity	\$0 ³	100% of charges not covered by Medicare; after deductible	\$0
Routine/preventative physical exams not covered by Medicare	\$0	100% after deductible, up to \$150 annual max.	Amounts above \$150
Hearing exam	\$0	\$50	Amounts above \$50

¹You must pay one annual Major Medical deductible. Providers who are not contracted with Anthem can balance bill for any difference between billed amounts and Anthem's allowable amounts. ²Providers who haven't signed a contract with Medicare to accept assignment can charge you for amounts in excess of Medicare's Allowed Amount. Most doctors, providers and suppliers accept assignment, but you should always check to make sure.

³Medicare covers some bariatric surgical procedures, like gastric bypass surgery and lap banding surgery, when you meet certain conditions related to morbid obesity.

MONTHLY RATES JANUARY - DECEMBER, 2026

Monthly rates for the Medicare Supplement start at \$147.01 per month for subscribers age 65; inquire about rates for other ages The monthly rate for the optional Dental plan is \$65 per person.

OPTIONAL ISMA-SPONSORED ANTHEM DENTAL PLAN

You may include Anthem Dental Plan coverage for the additional monthly rate of \$65/month.

The Anthem 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 with no waiting period. Subject to annual \$50 deductible; 50% benefit
- Covered services include crowns/onlays, partial and full dentures, implants, and other selected prosthodontic services.

ANNUAL MAXIMUM BENEFIT

- There is a maximum dental benefit of \$2,500 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 ANTHEM 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 Implants
- Be sure to check your dental plan booklet for a complete list of dental charges not covered



Insurance Agency

ISMA Insurance Agency
(317) 217-1550
www.ismaia.com

ISMA Insurance Agency is a
wholly-owned subsidiary of





PRIVACY NOTICE

WHY?	Federal and state law require us to tell you how we collect, share, and protect your personal information. Please read this notice carefully. If you have a policy covered by the HIPAA regulations, you received a privacy notice that relates to the privacy of your medical information.	
WHAT?	In order to provide services to you, we collect from you certain types of personal information, including: ▪ Name ▪ Social Security number ▪ Date of birth ▪ Gender ▪ Height/Weight ▪ Address ▪ Phone number	▪ Fax number ▪ Email address ▪ Insurance policy information, including policy numbers, effective dates, and coverage types ▪ Bank account information ▪ Tax ID information ▪ Income
HOW?	Companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons the ISMAIA can share your personal information and with whom we share your personal information.	

Reasons we can share your personal information	Does ISMAIA share?	With whom do we share?
For our everyday business purposes – such as to process plan applications or to assist you with your policies	Yes – potentially all Personal Information we collect from you	Our Affiliate and Nonaffiliate service providers, including consultants that advise us in our business
For our marketing purposes – to offer products and services to you	Yes – limited Personal Information, such as name and address	Our Affiliate and Nonaffiliate service providers that perform some marketing services on our behalf
For our affiliates' everyday business purposes	No	N/A
For our affiliates/nonaffiliates to market to you	No	N/A
Questions?	Call the ISMAIA team at 1-800-257-4762	

WHAT WE DO	
How does ISMAIA protect my personal information?	To protect your personal information from unauthorized access and use, we restrict access to those employees who need to know your personal information to provide services to you and run our business. We also use security measures that comply with federal law, including computer safeguards, secured files, and a secured office environment.
How does ISMAIA collect my personal information?	We collect your personal information, for example, when you: ▪ Submit an application for health insurance coverage ▪ Submit an authorization for direct payment via an automated clearinghouse ▪ Communicate with us regarding your personal information so that we may provide services to you
Why can't I limit all sharing?	The law gives you the right to limit only certain types of disclosures of your Personal Information and we do not make those types of disclosures.
DEFINITIONS	
Affiliates	Companies related by common ownership or control. They can be financial or nonfinancial companies.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.

Acknowledgement of Receipt of ISMA Insurance Agency Privacy Notice

I acknowledge that I received a copy of the ISMA Insurance Agency Privacy Notice as part of the packet of information to obtain a quote for ISMA-sponsored Anthem health insurance for:

Name

Signature of Authorized Signer

Date

Name of Authorized Signer

Enrollment Application

ISMA-sponsored Anthem Medicare Supplement



Administered by:



Please complete in ink. Scan and email to ismaia@ismanet.org, or fax to (317) 261-2238, or mail to ISMA, 322 Canal Walk, Indianapolis, IN 46202.

ABOUT THE APPLICANT(S) (PLEASE PRINT)					
Last name		First	M.I.	SSN	
Address		City		State	ZIP code
Mobile Phone no.	Home Phone no.	Date of retirement	☐ Single ☐ Married	☐ Male ☐ Female	Birth date
YOUR COVERAGE OPTION					
☐ Member Only ☐ Spouse/DP only ☐ Member + spouse or domestic partner (DP)			Do you want the optional Dental Plan? ☐ Yes ☐ No		
ABOUT YOUR SPOUSE OR DOMESTIC PARTNER (list only if to be covered)					
Last name	First	M.I.	SSN	Birth date	Relationship
					☐ Wife ☐ Husband Disabled: ☐ Y ☐ N
ABOUT OTHER COVERAGE					
Are you, or any listed spouse or domestic partner, presently enrolled in Medicare Part A and Part B (required)?					
Member	Spouse/DP	Name	Medicare ID#	Effective Dates	
☐ Yes				☐ Part A _____ ☐ Part B _____	
	☐ Yes			☐ Part A _____ ☐ Part B _____	
Are you, or any listed spouse/DP, presently enrolled in any other type of hospital and/or medical coverage? ☐ Yes ☐ No If yes, complete the following questions:					
Name of insured		ID no.	Name of insurance company		Termination date
Insurance company address		City		State	ZIP code
Is current coverage a Medicare Advantage Plan?		Is current coverage a Medigap Plan?		Do you have Medicaid?	
☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
RECLASSIFICATION					
This request is to: ☐ Add spouse or DP ☐ Delete spouse or DP ☐ Correct existing information					
This coverage is to include: ☐ Member Only ☐ Member + spouse/DP					
Name (previous/new)	Birth date	Relationship	SSN	Reason	Date of Event
		☐ Wife ☐ Hus.			
PLEASE SIGN THE APPLICATION ON THE APPROPRIATE LINE BELOW.					
1. I may not assign any payment under my Anthem Blue Cross and Blue Shield administered benefit plan. 2. I am applying for the benefit 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 ISMA's application. 3. I understand that, to the extent permitted by law, Anthem reserves the right to accept or decline this application and that no right whatsoever is created by this application. 4. I am responsible to timely notify ISMA of any change that would make me or any dependent ineligible for benefits. 5. 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 enrollment. 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 my benefits or rates. Any material misrepresentation or significant omission found in the application may result in denial of benefits or rescission or cancellation of my benefits.					
SIGN HERE X _____			DATE _____		
EMAIL ADDRESS _____					



322 Canal Walk • Indianapolis, IN 46202-3268

(317) 261-2060 • Toll free: (800) 257-4762 • www.ismanet.org

Indiana State Medical Association
Group Health Insurance
Authorization for Direct Payment Via ACH (ACH Debit)
Instructions

The Indiana State Medical Association offers insurance subscribers the opportunity to make automatic ISMA/Anthem health insurance premium payments directly from their checking accounts.

When you sign up for the Direct Payment Via ACH Plan, your Anthem health insurance premiums will be deducted electronically from your bank account on the 25th day of each month (or the first business day thereafter) for the following month's premiums.

To join the Direct Payment Via ACH (ACH Debit) Plan:

1. Print the attached Payment Authorization Form.
2. Read the Terms and Conditions
3. Complete and sign the form.
4. Fax it to us at 1-317-261-2238 with a copy of a voided check to allow us to verify the bank routing number and account number.

ISMA will email you to confirm enrollment. Once enrolled, ISMA will notify you when the premium amount changes.

Please call the ISMA Health Insurance Team at (800) 257-4762 if you have any questions.



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Indiana State Medical Association Group Health Insurance Authorization for Direct Payment Via ACH (ACH Debit)

Direct Payment Via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) agree that ACH transactions I (we) authorize comply with all applicable law. I (we) authorize the Indiana State Medical Association to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Insured ID or Master Insured ID (from billing statement)

Personal Checking Account Business Checking Account (select one)

Name of Account Holder

Financial Institution Name/City/State

Routing #

Account #

To assist in verifying this account, please attach a voided check or a copy of a cleared check previously issued to the Indiana State Medical Association paying insurance premiums from this account.

I (we) authorize debit of the balance owed as reflected on the Group Health Insurance Billing Statement to be processed on the 25th day of the month prior to the month(s) of coverage, or on the next business day. I (we) understand that if any payment is returned by the Financial Institution for any reason, I (we) will be responsible for NSF and/or administration charges.

I (we) understand that this authorization will remain in full force and effect until I (we) notify the Indiana State Medical Association in writing by mail to the address above or by fax to (317) 261-2238 that I (we) wish to revoke this authorization. I (we) understand that the Indiana State Medical Association requires at least 3 weeks prior notice in order to cancel this authorization.

Name of Authorized Signer

Date

Signature of Authorized Signer

Email Address

FOR ISMA USE ONLY

_____ Date entered in banking and billing systems

_____ Date emailed confirmation