MPC

Medical Practice Consortium

THE MEDICAL PRACTICE CONSORTIUM IS PROUD TO OFFER

GROUP MEDICAL INSURANCE

THROUGH ISMA INSURANCE AGENCY FOR PHYSICIANS AND THEIR PRACTICES

January, 2027 - December, 2027

(317) 217-1550 • www.ISMAIA.com

Check out our PPO Plans and our Health Savings Account Plans

Insurance ISMA Agency

The Medical Practice Consortium - strength in numbers

One of the biggest challenges for many medical practices is finding first-rate health insurance at an affordable price. In 2018, the Medical Practice Consortium was formed to help face this challenge. The Consortium consists of multiple independent medical practices that have pooled together to leverage the strength in numbers to obtain affordable health insurance coverage for their physicians, employees and families. The five-member Consortium board has assembled a team of benefit and actuarial consultants, legal counsel and licensed insurance professionals to help facilitate this goal.

The Consortium offers PPO and HSA plans with a range of deductibles through Anthem, using the broad Blue Access network.

Unique advantages

- All medical plans use the broad Anthem Blue Access Network, providing network benefits for a very wide selection of physicians, other medical professionals, hospitals and medical facilities. Many competitive plans use more restrictive networks that limit the selection of network providers.
- Premiums are discounted based on favorable claims experience.
- More consistent annual renewal rate adjustments than many competitive plans.
- Children can be covered under parent's policies through the end of the year in which they attain age 26, regardless of student or marital status.
- Knowledgeable ISMA Insurance Agency agents and support staff provide customer service and premium administration. Anthem processes all claims.
- Physicians, allied health professionals, and executives can choose from any medical plan.
- All plans have two deductibles per family instead of three, which is common among competitive plans.
- Practices with 10 or more employee subscribers can offer employees a choice of paired medical plan options, provided at least 20% participate in each plan:

PPO 2000/4000	or HSA 4000/8000
PPO 2000/4000	or HSA 5000/10000
PPO 3000/6000	or HSA 4000/8000

PPO 3000/6000	or HSA 5000/10000
PPO 5000/10000	or HSA 5000/10000
HSA 3500/6000	or HSA 5000/10000

Information you should know

- A medical practice is required to be a member of the ISMA Employer Association to receive coverage through the Medical Practice Consortium. There is no membership fee for the ISMA Employer Association.
- All medical practices will have a common January 1 renewal date.
- You may change from one medical plan to another on the January 1. You may also request an off cycle change to a plan with a lower premium one time per year, between February 1 and August 1.
- Deductibles and coinsurance start over on January 1 of each year.
- Newborn children must be added by contacting ISMA Insurance Agency within 31 days of birth to be covered under the plan.

A VALUABLE BENEFIT FOR...

- Physicians who work at least 20 hours per week, their spouses (or domestic partners subject to certain requirements), and their children through the end of the year in which they attain age 26. (75% of insured physicians must be members of the Indiana State Medical Association.)
- Non-physician employees 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.

SAVE MONEY WITH DISCOUNTS

The Anthem medical plans do not provide benefits for routine vision exams, eyeglasses or contacts. However, as an Anthem subscriber, you will qualify for discounts on eyeglasses and contacts through providers like LensCrafters®, Pearle Vision®, Target Optical® and 1-800-Contacts®. Discounts are also offered on gym memberships, weight-loss programs, smoking cessation programs, hearing aids and more.

Login to your account at www.anthem.com and click the Discounts link for more information.

PRESCRIPTION DRUG MANAGEMENT

Navitus /EpiphanyRx was selected to manage the prescription drug benefit for MPC medical plans because of their aligned, transparent business model, which provides significant, ongoing savings and overall value. Lumerica Health Services provides innovative specialty pharmacy solutions, framed in the core principles of transparency and stewardship. Their high-touch care illuminates patient health and well-being.

The Medical Practice Consortium sponsors the following Anthem medical insurance plans

All plans use the Anthem Blue Access Network; search for providers at 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.

Choose a PPO plan with copay benefits for office visits, urgent care, ER, and prescription drugs.

	Preventive Care[2]		Office Visit[5] PCP = Primary Care Physician SCP = Specialty Care Physician AI = Allergy Injection		Urgent Care		Emergency Room		Prescription Drugs Tier 1 / Tier 2 / Tier 3 / Tier 4 (Specialty)		Deductibles[4]		Coinsurance[4] (After deductible, plan pays part of costs, you pay part of costs)		Out of Pocket Maximum[4]	
Plan Name	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	Retail (30-day supply) Copays	Mail Order (90-day supply) Copays	In Network Single /Family	Out of Network Single /Family	In Network Plan Pays / You Pay	Out of Network Plan Pays / You Pay	In Network Single /Family	Out of Network Single /Family
PPO 2,000 /4,000	100%	DC[1]	$25 PCP copay $50 SCP copay $5 AI copay	DC[1]	$75 copay	DC[1]	$250 copay plus 20%	DC[1]	$10/$30/$60 /25% up to $300 max.[3]	$20/$60/$120 /25% up to $300 max.[3]	$2,000 $4,000	$5,000 $10,000	80% 20%	50% 50%	$5,000 $10,000	$10,000 $20,000
PPO 3,000 /6,000	100%	DC[1]	$25 PCP copay $50 SCP copay $5 AI copay	DC[1]	$75 copay	DC[1]	$250 copay plus 20%	DC[1]	$10/$30/$60 /25% up to $300 max.[3]	$20/$60/$120 /25% up to $300 max.[3]	$3,000 $6,000	$5,000 $10,000	80% 20%	50% 50%	$6,500 $13,000	$10,000 $20,000
PPO 5,000 /10,000	100%	DC[1]	$25 PCP copay $50 SCP copay $5 AI copay	DC[1]	$75 copay	DC[1]	$250 copay plus 20%	DC[1]	$10/$30/$60 /25% up to $300 max.[3]	$20/$60/$120 /25% up to $300 max.[3]	$5,000 $10,000	$10,000 $20,000	80% 20%	50% 50%	$7,350 $14,700	$20,000 $40,000

Choose a plan you can pair with a Health Savings Account through an HSA provider of your choice to take advantage of HSA tax benefits.

HSA 3,500 /6,000	100%	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	$3,500 $6,000	$5,000 $10,000	100% 0%	50% 50%	$3,500 $6,000	$10,000 $20,000
HSA 4,000 /8,000	100%	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	$4,000 $8,000	$10,000 $20,000	80% 20%	50% 50%	$5,000 $10,000	$10,000 $20,000
HSA 5,000 /10,000	100%	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	DC[1]	$5,000 $10,000	$10,000 $20,000	80% 20%	50% 50%	$6,650 $13,300	$20,000 $40,000

1 DC = Allowable amounts are covered, subject to Deductible and Coinsurance (if applicable).

2 See Preventive Care item under What is Covered below for more detailed description of benefits for each plan.

3 Copays for Tier 1/2/3/4 prescription drugs. The copay listed for tier 4 (Specialty) drugs is 25%, up to a maximum of $300 per prescription.

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

5 Allergy testing, MRAs, MRIs, PETS, CT-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products subject to deductible and coinsurance.

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:** After deductibles are met, the plan pays part of the costs and the subscriber pays part of the costs, until the Out of Pocket Maximum is reached.
- **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: Covers physical exams, 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: Covers all In-network care coded as preventive at 100%.
- **Physician Home and Office Services:** PPO plans: Primary Care Physician and Specialty Care Physician home and office visits covered, subject to Office Visit copays listed in Plan Options chart. $5 copay for allergy injections. Allergy testing, MRAs, MRIs, PETS, CT-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products are subject to deductible and coinsurance. HSA plans: Subject to deductible and coinsurance.
- **LiveHealth Online®:** With LiveHealth Online, you get immediate doctor visits through live video, your choice of U.S. board-certified doctors, private, secure and convenient online visits. For more information or to sign up, go to www.LiveHealthOnline.com. PPO plans: Subject to PCP copay. HSA plans: A cost of only $49 per visit, 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 $250 copay followed by 20% coinsurance. Out of network subject to OON deductible and coinsurance. HSA plans: Subject to deductible and coinsurance.
- **Prescription Drugs:** Oral contraceptives covered under all plans. PPO plans: Rx copay benefits for Tier 1, 2, 3 and 4 drugs. See Plan Options chart for copay amounts. HSA plans: Charges subject to deductible and coinsurance; 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, Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams.
- **Diagnostic X-rays and Lab Tests:** Subject to deductible and coinsurance.
- **Surgery:** Subject to deductible and coinsurance.
- **Anesthesia:** Subject to deductible and coinsurance.

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, vision exams, cosmetic surgery, dental care not caused by an accident, eyeglasses or hearing aids, services covered by worker's compensation.

ELIGIBILITY REQUIREMENTS

- To establish a group plan, at least one staff physician or owner must be an ISMA member. 75% of insured physicians must be ISMA members.
- The group plan requires at least two participants. 75 percent of all eligible employees should 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 should participate.

COMPLIANCE

- ISMA Insurance Agency issues COBRA offers for employers with 20 or more employees.
- All medical plans are Affordable Care Act compliant.
- The MPC submits annual PCORI fees for all MPC participating employers and their subscribers.
- For insured employer groups with 2-50 employees, ISMA Insurance Agency provides each insured employee with an IRS form 1095-B to document health insurance coverage, and files those forms with the IRS on behalf of the MPC. ISMA Insurance Agency provides each insured employer with more than 50 subscribers with the data needed to prepare 1095-C forms for insured employees.

WHAT'S COVERED (CONTINUED)

- **Mental Health/Substance Abuse:** PPO plans: In network physician office visits, subject to primary care office visit 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 include $5,000 lifetime maximum benefit per person for treatment of infertility.
- **Ambulance:** Subject to deductible and coinsurance. Maximum $50,000 per nonemergency trip for Non Network providers.
- **Medical Supplies, Equipment and Appliances:** Subject to deductible and coinsurance.
- **Outpatient Therapy:** All plans include 60 physical/occupational therapy visits, 20 speech therapy visits, 12 spinal manipulation visits, 36 cardiac rehabilitation visits and 20 pulmonary rehabilitation visits per calendar year. PPO plans: In network copay based on setting; Out of network subject to OON deductible and coinsurance. HSA plans: Subject to deductible and coinsurance.
- **Skilled Nursing Facility:** 90 days per calendar year combined Network and Non Network.
- **Approved Home Health Care Services:** All plans include 100 visits per calendar year.
- **Private Duty Nursing:** 82 visits per calendar year combined Network and Non Network; 164 visits per lifetime combined Network and Non Network.
- **Foreign Travel:** Same benefits paid in or outside the U.S. Outside the U.S., subscriber may be required to pay provider at time of service, and file a claim form and an itemized bill with Anthem upon return. Please note: If you travel outside the United States and want coverage for international air ambulance, you may want to purchase a separate air medical evacuation insurance policy. For information on GeoBlue international travel plans, go to www.ismaia.com/international-travel.
- **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.
- **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 are 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.

WELLNESS

Wellness education and resources are offered by Anthem at timewellspent.anthem.com, offering tools for prevention, living well and eating healthy.

HOW TO APPLY

Review this brochure. Then, go to www.ismaia.com, Consortium, click on Request a Quote, and follow the instructions to complete and submit the necessary information.

Upon receipt, your information will be reviewed, and we will provide you with firm rates for each medical plan. If you accept, ISMA Insurance Agency will send a Confirmation package and an initial invoice, and Anthem will send identification cards (within 10-14 business days of entry into Anthem's system).

ANTHEM SYDNEY HEALTH APP

The Sydney Health app is a free Anthem Blue Cross Blue Shield app that gives you fast and convenient access to your health insurance right on your phone. It's like having a personal health assistant in the palm of your hand.

Download Sydney Health in the Apple App Store or Google Play.

FOR MORE INFORMATION

For more information, please call the ISMA Insurance Agency at (317) 217-1550, email us at ismaia@ismanet.org, or go to 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.

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Check us out online at **www.ISMAIA.com**

Anthem Blue Cross and Blue Shield provides the true group medical 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 1/1/2027.