



# ISMA-SPONSORED ANTHEM MEDICARE SUPPLEMENT



**NEW FOR 2022**  
**VISION BENEFITS** NOW INCLUDED!



## 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. If you already have ISMA-sponsored individual Anthem health insurance, you will automatically be enrolled in the ISMA Medicare Supplement when you become eligible for Medicare due to attaining age 65. If not, you will need to submit an enrollment application and be approved by underwriting.

## 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](http://www.SilverSneakers.com/Learn)** or call (888) 423-4632.

## NEW FOR 2022! VISION BENEFITS NOW INCLUDED!

Anthem Blue View Vision benefits include: annual exam with \$5 copay, \$130 allowance for frames, lenses with \$20 copay with discounts for upgrades/add-ons (progressive, anti-reflective, etc.), discounts on additional pairs, and a \$130 contact allowance.

## 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](http://www.medicare.gov)**. Follow our video tutorial for using the Medicare Plan Finder online tool to select a Medicare Drug Plan at **[www.ismaia.com/videos](http://www.ismaia.com/videos)**.

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](http://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, 2022 - December 31, 2022.*

## 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
<b>MEDICARE PART A</b>			
<b>Inpatient Hospital Care</b>			
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
<b>Skilled Nursing Facility</b> (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
<b>Home Health</b>			
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
<b>MEDICARE PART B</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 <sup>2</sup> received from providers who accept Medicare assignment	100%	\$0	\$0

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

<sup>2</sup> 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*.

<sup>3</sup> 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 <sup>2</sup>	\$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 <sup>3</sup>	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

<sup>1</sup>You 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. <sup>2</sup>Providers 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.

<sup>3</sup>Medicare 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, 2022

Monthly rates for the Medicare Supplement start at \$120 per month (including \$15/month discount) for subscribers age 65; inquire about rates for other ages The monthly rate for the optional Dental plan is \$40 per person.

### ENROLLMENT DISCOUNT

Applicants who are approved for coverage are eligible for monthly rate discounts if 1) they start a policy when newly eligible for Medicare at age 65; or 2) they are older and start a policy on the same date that they start Medicare Part B, if they delayed starting Medicare Part B because they had employer-provided health insurance and then lost that coverage. The discounts are:

- \$15 per month discount during the first 12 months
- \$10 per month discount during the second 12 months
- \$5 per month discount during the third 12 months

# OPTIONAL ISMA-SPONSORED ANTHEM DENTAL PLAN

You may include Anthem Dental Plan coverage for the additional monthly rate of \$40/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 after 12-month waiting period. Subject to annual \$50 deductible; 50% benefit
- Covered services include crowns/onlays, partial and full dentures and other selected prosthodontic services

## ANNUAL MAXIMUM BENEFIT

- There is a maximum dental benefit of \$1,500 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](http://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](http://www.ismaia.com)

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