



Exclusively for ISMS and CMS Members...
GROUP PRIVILEGE PLAN

through the PBT Group Health Benefits Program for members and their employees

*You are eligible for Group Privilege Plan health insurance
if your group has 10 or more full-time, eligible employees,
and satisfies a 75% participation requirement.†*

BENEFIT HIGHLIGHTS of Plan Options

- \$5,000,000 lifetime benefit for each insured person.
- Preventive Care Benefit consists of routine physicals, pap smears, mammography screening (one each calendar year). Well-Baby Care consists of examinations, immunizations and associated laboratory tests and applies to children up to age 19.
- Newborn Routine Nursery Care—The deductible is waived. If a network provider is utilized, benefits are payable to a maximum of \$1,200. If an out-of-network provider is utilized, benefits are payable to a maximum of \$800.
- Employees choose their own deductibles: \$150, \$300, \$500, \$750, \$1,000, \$2,000, or \$3,000 per calendar year (maximum of three offered per group).
- The maximum number of deductibles is three per family if the \$150 or \$300 deductibles are chosen, or two per family for the higher deductibles.

In Addition

- Greater Affordability with cost savings.
- 100% of the balance of covered expenses are paid after you have satisfied the in-/out-of-network deductible(s) and out-of-pocket maximum each calendar year. Balance billing may result if an out-of-network provider is utilized.
- Carry Over Deductibles—All covered expenses incurred in October, November and December that are applied toward satisfaction of the calendar year deductible will be applied toward reducing the deductible amount for the next calendar year. (This benefit is not applicable to HSA plans). For example, if you have a calendar year deductible of \$1,000 and pay \$200 toward reducing your deductible during the last three months of 2008, the same amount of \$200 will be applied toward reducing your deductible in 2009. In other words, you will have already satisfied \$200 of your deductible for 2009 and will only be responsible for \$800 in 2009.
- Transfer of Group Coverage—If your practice has ten or more employees who have been covered under a prior health plan, the Group Privilege Plan will provide a credit of deductible and coinsurance amounts satisfied under the prior plan in the same calendar year.

Questions?

Call us Toll-Free 1-800-621-0748

Physicians' Benefits Trust Life Insurance Company
200 East Randolph, 5th Floor • Chicago, IL 60601
www.pbtinsurance.com

† Employees insured in another group plan will not be considered in the 75% participation percentage.

Over, please

PREFERRED PROVIDER OPTIONS PLANS

	Option A Privilege		Option B Privilege		Option C Privilege	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductibles ¹	Individual Family ²	Individual Family ²	Individual Family ²	Individual Family ²	Individual Family ²	Individual Family ²
Coinsurance Percentage	80% of next \$5,000 of eligible charges then 100%	60% of next \$5,000 of eligible charges then 100%	80% of next \$25,000 of eligible charges then 100%	60% of next \$25,000 of eligible charges then 100%	80% of next \$5,000 of eligible charges then 100%	60% of next \$12,500 of eligible charges then 100%
Your Annual Out-of-Pocket Maximum*	\$1,000 plus deductible	\$2,000 plus deductible	\$5,000 plus deductible	\$10,000 plus deductible	\$1,000 plus deductible	\$5,000 plus deductible
Physician Office Visits	In-Network Provider: Insured pays a \$30 copay then PBT will pay 100% of the balance of charges Out-of-Network Provider: The insured is subject to the deductible, then PBT pays 60% co-insurance until insured's annual out-of-pocket maximum is satisfied; after which PBT pays 100% of the balance of charges. This includes charges by a physician for an examination for diagnosis and treatment of an injury, sickness or pregnancy, an initial or confirmatory consultation, diagnostic x-ray and lab services (except for high technology diagnostic procedures such as MRI, CAT scan or PET), diagnostic surgery, well baby care and allergy injections. The preceding services must be provided in the doctor's office.					
Preventive Care Benefit	In-Network Provider: PBT pays 80% of charges with Insured responsible for 20% (not subject to deductible). Out-of-Network Provider: PBT pays 60% of charges and Insured is responsible for 40% (not subject to the deductible). Annual maximum is \$500.					
Newborn Routine Nursery Care	In-Network Provider: PBT pays 80% of charges (not subject to deductible) with a \$1,200 maximum annual benefit. Out-of-Network Provider: PBT pays 60% of charges and Insured is responsible for 40% (subject to the deductible). Annual out-of-network maximum benefit is \$800. Combined annual maximum benefit for in and out-of-network is \$1,200. This includes charges made by the Hospital or similar institution for the routine nursery care of a healthy newborn child.					
Emergency Room	Insured pays a \$100 copay then PBT will pay 100% of the balance of charges					
Managed Care Requirement	None—except for organ transplants					

¹Then 100% of eligible charges for remainder of calendar year.

²Family is three times the individual amount for \$150 and \$300, otherwise two per family.

*There is a separate deductible for both in-network and out-of-network services that will apply for all Preferred Provider Option plans.

In the event of any conflict or inconsistency between the provisions of the Certificate of Insurance, the terms and conditions of the Certificate of Insurance shall govern in all respects. Refer to Group Health Benefits Programs brochure for additional information regarding Benefit Highlights and Covered Services.

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Arranged by:



Physicians' Benefits Trust Life Insurance Company
PBT Insurance Office • 200 East Randolph, 5th Floor • Chicago, IL 60601

Sponsored by:



PBT LIC is owned by: ISMIE Mutual Insurance Company

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