

Group Health Benefits Program

For ISMS, CMS and ISDS Members and Their Employees



Physicians' Benefits Trust

Designed for Physicians by Physicians



Exclusively for ISMS, CMS, and ISDS Members...

A Broad Selection of Group Health Plans Offering You and Your Employees Uncompromising Quality, Flexibility, and Value.

As a medical professional, you are among the most qualified to judge the quality and completeness of a health insurance program for yourself and your employees. Our primary goal is to provide you with group health insurance protection that meets and exceeds your expectations.

PBT provides you and your employees a wide choice of coverage options within three plan groups to best suit the needs of your practice and of each covered employee. For example:

The number of coverage options will vary based upon the size of your Employer Group.

Why Choose Physicians' Benefits Trust

The PBT Group Health Benefits Program was designed exclusively for the needs of the Illinois State Medical Society, the Chicago Medical Society, and the Illinois State Dental Society members and their employees. When you choose PBT, you benefit from several distinct advantages:

- You enjoy "Freedom of Choice" to select any doctor or hospital.
- Exclusively for physicians and dentists – Your coverage is completely portable and travels with you, not your employment.
- The Program is managed by Physicians and Dentists.
- PBTLIC is a wholly owned subsidiary of ISMIE Mutual Insurance Company.
- The PBT Health Plans provide some of the most comprehensive eligibility for dependent children available.
- No pre-existing condition exclusion for children under age 19.
- There are no lifetime benefit maximums.

What You need to Know about These Plans

Eligibility - You are eligible for the PBT Group Health Benefits Program if your practice has two or more employees (including Physicians, Dentists, and staff), and at least one insured is a member of the Illinois State Medical Society, Chicago Medical Society, or the Illinois State Dental Society.

Eligible Dependents – Eligible dependents of each participating employee include a lawful spouse and children under age 26 regardless of marital status or financial dependency. Children over age 26 are eligible if they are full time students, are unmarried, and financially dependent on you. Children who are military veterans may be covered to age 30 subject to certain additional requirements.

Special Physician Coverage - Physicians and Dentists who change their employment are eligible to remain insured in a PBT Health Insurance Plan. Additional underwriting requirements will not apply depending upon the plan.

Additionally, if retirement occurs before age 65, you are eligible to remain insured in a PBT Health Insurance Plan. If retirement occurs after age 65, you qualify for a PBT Medicare Supplement Plan. If the physician and spouse are currently covered by a PBT Health Insurance Plan, both may transfer at age 65, without any pre-existing condition limitation, to a PBT Medicare Supplement Plan.

Transfer of Group Coverage - If your practice has five or more employees who have been covered under a prior health plan, the PBT Group Health Benefits Program will provide a credit of deductible and coinsurance amounts satisfied under the prior plan in the same calendar year.

New Employees and Groups Without Existing Health Insurance

Health insurance benefits for individuals age 19 or older, are not payable for pre-existing conditions. A pre-existing condition is a sickness or injury for which an individual has received medical care, advice or treatment within six months immediately preceding the effective date of coverage. These will not be covered until 12 months have elapsed.

The 12-month period will be reduced by the amount of prior creditable coverage, if any, an individual has accrued. Prior creditable coverage is coverage without a 63-consecutive-day break under another group or individual health care plan, Medicare, Medicaid, and certain other state and federal programs. Effective date of coverage means, for a regular enrollment, the first day of employment, and for a special or late enrollment, the first day of coverage. All new employees of a group currently covered under the PBT Group Health Benefits Program will be subject to the pre-existing condition limitation explained in this paragraph. Dependent children under age 19 are not subject to a pre-existing condition limitation.

Highlights of the PBT PREFERRED PROVIDER PPO and PREFERRED CHOICE INDEMNITY Plans

- Extensive provider network includes thousands of participating physicians, hospitals, and other health care providers.
- There are no maximum lifetime benefit limits.
- Newborn Routine Nursery Care benefits are available.
- Preventive Care Benefit - Benefits are payable at 100% if a network provider is utilized.
- After you satisfy the deductible and out-of-pocket maximum each calendar year, 100% of the balance of covered expenses is paid. Balance billing may result if an out-of-network provider is utilized.
- Deductible carry over for plans that are not HSA-qualified. Any covered expenses incurred in October, November and December in any calendar year that go toward satisfaction of the deductible will be carried forward and applied toward the deductible amount for the next calendar year.
- Deductibles and out-of-pocket expenses may be satisfied by expenses incurred by any combination of family members per calendar year.

Please refer to the PBT Preferred PPO or PBT Choice Indemnity Plan charts for more information.

Highlights and Requirements of the PBT and HSA-Qualified Plans

- A Health Savings Account (HSA) is a tax-favored account that is established to pay qualified medical expenses. To be eligible to open an HSA, you must be enrolled in a qualified High Deductible Health Plan (HDHP), as those offered through PBT. The tax deductible contributions made to your HSA can be used to pay for routine, lower cost medical expenses such as eyewear, prescription medication and dental work. HSA funds may also be used toward satisfying your health plan deductible and other medical costs not covered by your health plan.
- Contributions made to a qualified HSA are tax-deductible. Standards for HDHP minimum deductible and maximum out-of-pocket amounts are set by the Federal Government and subject to annual indexing for inflation.
- Withdrawals for approved medical expenses are tax-exempt, however, withdrawals for non-medical expenses are taxable and also subject to a penalty if you are under age 65.

Your contribution to your Health Savings Account:

The maximum allowable contribution may increase every year with the rise of the Consumer Price Index. Please visit www.pbtinsurance.com or www.isdsinsurance.com for the current family and individual contribution limits.

Please refer to the PBT HSA-Qualified Plan chart for more information.

COVERED SERVICES OF ALL THREE PLANS

- Prescription drugs - Participation in a pharmacy discount and mail order program is included. In addition, prescriptions are reimbursable as any other plan benefit.
- Benefits for Mental and Nervous Disorders are available and vary depending upon the size of the group.
- Organ transplants and related expenses are payable at 100% of eligible charges if provided by a participating transplant facility. If provided by a nonparticipating transplant facility, benefits will be payable at 70% of eligible charges. Pre-certification prior to admission is required for services provided by a participating transplant facility.
- Physicians can visit www.pbtinsurance.com for access to a network provider directory. Dentists, please visit www.isdsinsurance.com for the network provider directory.

ADDITIONAL ADVANTAGES OF ANY PBT PLAN YOU SELECT

- No pre-certification or second opinion requirements except for organ transplants.
- Coverage is guaranteed renewable.
- Premium is guaranteed for the first full year - Your rate may change if you move into a new age bracket during the first year of your coverage.

Plus! All plans include \$10,000 Group Term Life Insurance with Accidental Death and Dismemberment Benefit for each primary insured participant. Benefits include a Waiver of Premium feature for total disability.



Physicians' Benefits Trust

The Board of Directors of Physicians' Benefits Trust is comprised of physicians from across Illinois. PBT Group Health Benefits Program is sponsored by the Illinois State Medical Society, the Illinois State Dental Society and Chicago Medical Society, and is available to their members and employees. PBT offers the following high-quality plans:

- **Individual and Group Health Plans**

- **Medicare Supplement Plans**

Physicians' Benefits Trust Life Insurance Company (PBTLIC) has a proud history of excellent service. Our experienced customer service representatives will provide you with informed, accurate responses and quick claims handling every time.

The PBT Group Health Benefits Program

The PBT Group Health Benefits Program is available only through Physicians' Benefits Trust Life Insurance Company and may not be purchased through any other source. PBTLIC is a wholly owned subsidiary of ISMIE Mutual Insurance Company. This brochure is an explanation of this program and is not a contract. Groups that become covered under the program will receive a Certificate of Insurance defining their coverage. In the event of any conflict or inconsistency between the provisions outlined in this brochure and the provisions of the Certificate of Insurance, the terms and conditions of the Certificate of Insurance shall govern in all respects.

Exclusions

The PBT Health Insurance Plan does not cover charges that are covered by Workers' Compensation or Employer's Liability laws. Occupational sickness or accidents covered under Workers' Compensation, unless the covered employee is not eligible for such compensation; cosmetic surgery, unless treatment is due to an accident sustained while covered; dental treatment other than to repair accidental damage to the jaw or natural teeth (within six months of the accident); oral surgery; including temporomandibular joint dysfunction (TMJ) and related disorders; hearing aids; eyeglasses or eye examinations for the correction of vision or fitting of eyeglasses; treatment of infertility except as noted: medical care, services or supplies to the extent they are paid for, payable by or furnished under Medicare. Please refer to a Certificate of Insurance for a complete list of all exclusions.

HOW TO ENROLL

To enroll your group of two or more in the PBT Group Health Benefits Program:

- An Employer Application and Agreement must be completed
- Have each participating Physician, Dentist and employee complete an Application Form
- All participants including dependents, will be required to provide health history information
- Provide all information that is requested
- Print legibly to avoid delays in processing your application

QUESTIONS?

ISMS/CMS members **Call us toll-free: 1-800-621-0748**

Or visit us at: www.pbtinsurance.com

ISDS members **Call us toll-free: 1-866-898-0926**

Or visit us at: www.isdsinsurance.com

Arranged by:



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

Sponsored by:



PBTLIC is owned by: ISMIE Mutual Insurance Company

