

Individual Health Benefits Program

For ISMS, CMS and ISDS Members and Their Families



Physicians' Benefits Trust

Designed for Physicians by Physicians



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

A Broad Selection of Individual Health Plans Offering You and Your Family 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 family.

So when the Illinois State Medical Society (ISMS) and Chicago Medical Society (CMS) joined forces to form the Physicians' Benefits Trust, their primary goal was to develop an individual health plan program that meets and exceeds your expectations. That goal has now been expanded to include members of the Illinois State Dental Society.

PBT provides you and your eligible family members a wide choice of coverage options to best suit your individual needs. And as an ISMS, CMS, or ISDS member, you can enjoy the same level of benefits and value that you might expect with large group coverage.



Why Choose Physicians' Benefits Trust

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

- You enjoy "Freedom of Choice" to select any doctor or hospital
- Your coverage is completely portable--the coverage 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

What You need to Know about These Plans

Eligibility - You are eligible for the PBT Individual Health Benefits Program if you, as the primary insured, are a member of the Illinois State Medical Society, Chicago Medical Society, or the Illinois State Dental Society.

Eligible Dependents include a lawful spouse and unmarried dependent children under age 26 (or older if they are full time students).

All PBT health care plans are completely portable. So, even if you change employers, your PBT health care insurance travels with you.

Prescription drugs: Participation in a pharmacy discount and mail order program is included. Coverage is optional in the Value PPO and HSA Plans. In addition, prescription drugs are reimbursable as any other plan benefit.

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

Additionally, if your retirement occurs before age 65, you and your covered dependents are eligible to remain insured in a PBT Health Insurance Plan.

If your retirement occurs after age 65, you qualify for a PBT Medicare Supplement Plan. If you and your spouse are currently covered by a PBT Health Insurance Plan, you may both transfer at age 65, without any pre-existing condition limitation, to a PBT Medicare Supplement Plan.

Enrollment - to enroll in the PBT Individual Health Benefits Program:

- Complete the Application Form
- Provide all information that is requested
- Print legibly to avoid delays in processing your application
- You must complete a Health History Questionnaire for yourself and for each dependent who is applying for coverage. Coverage may be denied based upon medical history.

HIGHLIGHTS OF THE PREFERRED PPO AND PREFERRED CHOICE INDEMNITY PLANS

- Choose from a wide selection of deductibles to best fit your preferences. The maximum number of family deductibles is three if the \$150 or \$300 deductibles are chosen, or two for the higher deductibles.
- Newborn Routine Nursery Care is paid up to a maximum of \$1,200 when the services of an in-network provider are utilized.
- Preventive Care Benefit consists of routine physicals, pap smears, mammography screening (one each calendar year) and PSA testing. Well baby care consists of examinations, immunizations and associated laboratory tests and applies to children up to age 19.
- 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.
- Deductibles and out-of-pocket expenses may be satisfied by expenses incurred by any combination of family members per calendar year.
- No pre-certification or second opinion requirement except for organ transplants.
- 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.

HIGHLIGHTS AND REQUIREMENTS OF THE HSA-PREFERRED QUALIFIED PLAN OPTION AND THE VALUE HSA-QUALIFIED PLAN OPTION

- 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 10% penalty if you are under age 65.
- The family deductible for the Preferred HSA Plan must be met in full before benefits are payable for any individual.

NEW

The Value HSA Plan offers an embedded deductible for couples/families. This means benefits begin when the individual deductible is satisfied for that individual rather than the family deductible. Please see the Value HSA Plan chart for more information.

HIGHLIGHTS OF THE PPO VALUE PLANS

NEW

With PBT's Value Plans you can select the coverage that best fits your individual or family needs. These plans are designed to provide you with coverage flexibility when it comes to your health care insurance.

- Select from two calendar year deductibles at the individual or family level.
- A choice of options for your Prescription Drug coverage.
- The option to select Maternity coverage.
- Preventive Care Benefit consists of routine physicals, pap smears, immunizations, mammography screening (one each calendar year) and PSA testing.
- Your In-Network Deductible and Out-of-Pocket Maximum expenses will be tracked separately from your Out-of-Network Deductible and Out-of-Pocket Maximum.
- Rates are guaranteed for 12 months even if your next birthday occurs during the 12 month guaranteed rate period.

Additional Advantages of Any PBT Plan You Select

- Extensive network includes thousands of participating physicians, hospitals and other health care providers.
- Free and unrestricted choice of doctors and hospitals.
- Deductible Carry over for plans 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.
- Immunizations for children to age 19.
- \$5,000,000 lifetime benefit for each insured person.
- Coverage is guaranteed renewable.



About Physicians' Benefits Trust

The Board of Directors of Physicians' Benefits Trust is comprised of physicians from across Illinois. The PBT Individual Health Benefits Program is sponsored by the Illinois State Medical Society, Chicago Medical Society, and Illinois State Dental Society, and is available to their members and families.

About the PBT Individual Health Benefits Program

The PBT Individual Health Benefits Program is available only through Physicians' Benefits Trust Life Insurance Company and may not be purchased through any other source. PBT LIC is a wholly owned subsidiary of ISMIE Mutual Insurance Company. This brochure is an explanation of this program and is not a contract. Individuals who 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; medical care, services or supplies to the extent they are paid for, payable by or furnished under Medicare. Please refer to your Certificate of Insurance for a complete list of all exclusions.

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:



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PBT LIC is owned by: ISMIE Mutual Insurance Company

