



### About Physicians' Benefits Trust

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

- Long Term Disability\**
- Individual Major Medical*
- Excess Major Medical*
- Medicare Supplement*
- Term Life\**
- Dental*
- Business Overhead Expense\**
- Hospital Indemnity*
- Accidental Death & Dismemberment\**
- Long Term Care\**

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.

### About the Office Benefits Program

The Office Benefits Program is available only through Physicians' Benefits Trust Life Insurance Company (PBTLIC) 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. 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.

\*These insurance plans are insured by other financially strong companies unrelated to PBTLIC.

**Questions? Call us toll-free: 1-800-621-0748**

*Arranged by:*



Physicians' Benefits Trust  
Life Insurance Company  
1440 Renaissance Drive  
Park Ridge, Illinois 60068-1400

[www.pbt-ins.com](http://www.pbt-ins.com)

*Sponsored by:*



*PBTLIC is  
Owned by:*



# OFFICE BENEFITS

*Flexibility  
Freedom  
Choice  
Quality*

*Flexibility  
Freedom  
Choice  
Quality*



**The PBT Office Benefits Program**



When the Illinois State Medical Society and Chicago Medical Society joined forces to form the Physicians' Benefits Trust, they had one thing in mind: **providing the finest health insurance and services to the individuals who have made health care their profession and understand its importance.** The PBT Office Benefits Program provides Illinois physicians, their families, and employees with some of the finest health insurance plans available in the market today.

### Basic Plan

**Health Insurance Plan for Groups or Individual Physicians** — A comprehensive health plan which allows you the freedom to customize an insurance plan to meet the needs of you and your family, or you, your employees and dependents. The **PBT Preferred Choice Indemnity Plans** (including **Health Savings Accounts**), and **Preferred Provider Option (PPO) Plans** are available for extra flexibility.

### THE NEWEST HEALTH INSURANCE OPTION

#### Health Savings Account (HSA) High Deductible Health Plans

Choose from several qualified **High Deductible Health Plans (HDHP's)** that will enable you to open an HSA. HSAs are tax favored savings accounts established to pay routine medical expenses.

**Group Term Life Insurance with Accidental Death and Dismemberment Benefits** — \$10,000 in Term Life and Accidental Death and Dismemberment benefits automatically provided to all participating employees.

### Optional Plans

**Dental Protection Plan** — This plan provides a \$1,000 calendar year maximum benefit per person.

#### Supplemental Term Life Insurance and Dependent Term Life Insurance

A **Group of two or more** may apply for supplemental term life benefits, up to \$40,000. Groups of five or more insureds are eligible for guarantee issue coverage.

An **Individual Physician** may apply for the voluntary Term Life Insurance Plan. Contact the PBT Plan Administrator for information.

**Weekly Disability Coverage** — Groups of two or more are eligible to apply for weekly benefits of \$50 to \$250. These benefits are available to employees who are unable to work due to non-occupational injury or sickness.

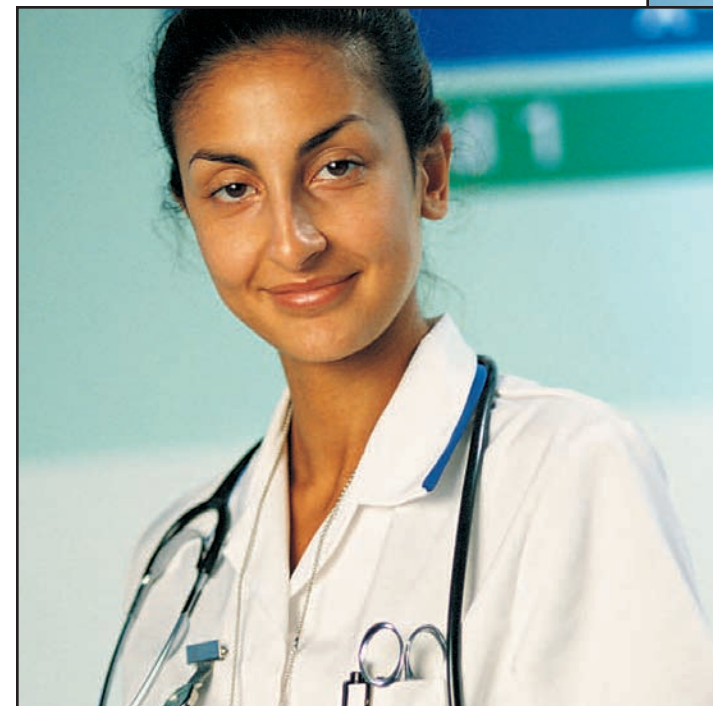
### A complete insurance benefits program

- Offered through the Physicians' Benefits Trust Life Insurance Company.
- Available to individual physicians and to physicians and their employees.
- Free and unrestricted choice of doctors and hospitals.
- Your coverage is guaranteed renewable.
- Your premium is guaranteed for the first year.
- No pre-certification or second-opinion requirements except for Organ Transplants.
- Sponsored by the Illinois State Medical Society (ISMS) and the Chicago Medical Society (CMS).

### Meet the insurance needs of your practice

- Pay the entire cost, or share the cost with your employees.
- No minimum participation requirements—PBT will insure all or just a portion of your group practice.
- Each participant may select his or her own deductible (maximum three per group).
- You may offer a combination of both the Preferred Choice Indemnity, PPO and HSA qualified HDHP options to your employees on an individually selected basis.

# Designed for Physicians, by Physicians



**You are eligible for Group Office Benefits Program health insurance** if your practice has two or more employees (including physicians and staff), and at least one insured is a member of the Illinois State Medical Society or Chicago Medical Society.

**You are eligible for Individual Office Benefits Program health insurance** if you are a member of the Illinois State Medical Society or the Chicago Medical Society.

**Dependents** are eligible for the Health Insurance Plan, Dental Protection Plan, and Dependent Term Life Plan. Dependents include a lawful spouse and unmarried dependent children under age 25 (or older if they are Full-time students).

### Special Physician Coverages

Physicians and their dependents are eligible for continued coverage following termination of the physician's employment or retirement. If retirement occurs before age 65, they are eligible to remain insured in a PBT Health Insurance Plan. If retirement occurs after age 65, they 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. Physicians who change their employment may continue their health care coverage with the Physicians' Benefits Trust Life Insurance Company - with no additional underwriting requirement.

**To enroll a group of 2 or more** in the PBT Group Office Benefits Program, simply have each participating physician and employee complete an Enrollment Form. All participants (including dependents) must also complete a Health History Form. An Employer Application and Agreement must be completed.

**To enroll** in the PBT **Individual** Office Benefits Program, the member physician must complete an enrollment form. The physician and each dependent applying for coverage must also complete a Health History Form. Coverage may be denied based upon medical history.



## The PBT Health Insurance Plans

The PBT Health Insurance Plans have been designed to provide Illinois physicians, their employees and dependents with freedom and flexibility in their choice of health insurance. PBT is now offering a variety of co-insurance options with its **PBT Preferred Choice Indemnity Plan**, as well as a selection of **Preferred Provider Option Plans**. We can custom design your health insurance plan to include the options that best suit the needs of your group practice.

The table below illustrates the variations of each plan including benefits for physician office visits, preventative care and emergency room benefits. It also illustrates the Preferred Choice Indemnity Plan's three available options and the PPO's three available options. Take a look and compare to see which plan and plan option(s) best suit the needs of your group practice.

### BENEFIT HIGHLIGHTS of All Plan Options

- \$5,000,000 lifetime benefit for each insured person.
- Preventative Care Benefit includes routine physicals, well-baby care, pap smears, mammography screening (one each calendar year), prescribed female contraceptives and prostate exams up to \$500.
- Newborn Routine Nursery Care – The deductible is waived (not applicable for HSA Plans) and a benefit of \$800 is paid (not available to newborns of dependent children).
- 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). Preferred Choice Plan Option 5 offers \$2,500 and \$5,000 deductibles.

### In Addition

- 100% of the balance of covered expenses are paid after you have satisfied the deductible and out-of-pocket maximum each calendar year. Balance billing may result if an out-of-network provider is utilized.
- Deductible Carry Over – 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 (not applicable to HSA Plans).

### Family Coverage

- Deductibles and out-of-pocket expenses may be satisfied by expenses incurred by any combination of family members per calendar year.
- The maximum number of family deductibles is three if the \$150 or \$300 deductibles are chosen, or two for the higher deductibles (not applicable to HSA Plans).

## Preferred Provider Options Plans

	Option A	Option B	Option C
<b>Co-Insurance Percentage</b>	After deductible PBT pays <b>In-Network Provider:</b> 80% of Next \$5,000 of Eligible Charges then 100% <b>Out-of-Network Provider:</b> 60% of Next \$5,000 of Eligible Charges then 100%	After deductible PBT pays <b>In-Network Provider:</b> 80% of Next \$25,000 of Eligible Charges then 100% <b>Out-of-Network Provider:</b> 60% of Next \$25,000 of Eligible Charges then 100%	After deductible PBT pays <b>In-Network Provider:</b> 80% of Next \$5,000 of Eligible Charges then 100% <b>Out-of-Network Provider:</b> 60% of Next \$12,500 of Eligible Charges then 100%
<b>Your Annual Out-of-Pocket Maximum*</b>	<b>In-Network Provider:</b> \$1,000 Plus Deductible <b>Out-of-Network Provider:</b> \$2,000 Plus Deductible	<b>In-Network Provider:</b> \$5,000 Plus Deductible <b>Out-of-Network Provider:</b> \$10,000 Plus Deductible	<b>In-Network Provider:</b> \$1,000 Plus Deductible <b>Out-of-Network Provider:</b> \$5,000 Plus Deductible
<b>Physician Office Visits</b>	<b>In-Network Provider:</b> \$20 Copay then 100% <b>Out-of-Network Provider:</b> Subject to Deductible & Coinsurance		
<b>Preventative Care Benefit</b>	<b>In-Network Provider:</b> 80% (Not Subject to Deductible) <b>Out-of-Network Provider:</b> 60% (Subject to Deductible) Maximum Annual Benefit (In and Out) is \$500		
<b>Emergency Room</b>	\$100 co-pay, then 100%		
<b>Managed Care Requirements</b>	None – except for organ transplants		

\*then 100% of Eligible Charges.

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## Covered Services

- Maternity coverage is treated the same as any illness.
- Prescription drugs: Participation in a pharmacy discount and mail order program is included. In addition, prescriptions are reimbursable as any other plan benefit.
- Mental and nervous disorders are covered for in- or out-patient care at 50% of Eligible Charges expenses, up to \$10,000 annually, after meeting the deductible. (PPO Physician Office Visit co-pays are not applicable.)
- In-hospital and out-patient services are covered, including: hospital room and board (up to semi-private rate); hospital services; surgical charges; doctor's fees; emergency room treatment; physical, speech, and occupational therapies; intensive care; hospice; home health care; equipment rental; blood; physiotherapy; radiation therapy; initial artificial eyes and limbs; braces, supports, and crutches; certain prosthetic devices; and treatment in an extended care facility. The plan covers infertility treatment for groups of 26 or more employees. Please see your plan certificate for a full description of covered benefits.
- Organ Transplants and related expenses are payable at 100% of Eligible Charges if provided by a Participating Transplant Facility. If provided by a Non-Participating Transplant Facility, benefit will be payable at 70% of Eligible Charges. Notification prior to admission is required for services provided by a Participating Transplant Facility.
- PBTLIC has contracted with both Preferred Plan, Inc. (PPI) and HealthLink for network coverage in the State of Illinois. To access a provider directory for PPI, or to check providers with HealthLink in Southern Illinois and Missouri, please log onto [www.pbt-ins.com](http://www.pbt-ins.com).

## THE NEWEST HEALTH CARE OPTION Health Savings Account (HSA)

- An HSA is a tax-favored savings account which is established to pay unreimbursed medical expenses.
- Choose from several qualified High Deductible Health Plans for individual or family.
- Includes preventative care benefits not subject to deductible.
- Review the HSA High Deductible Health Plans insert for plan options.

### Transfer of Group Coverage:

If your practice has five or more employees who have been covered under a prior health plan, the OBP will provide a credit of deductible and co-insurance amounts satisfied under the prior plan in the same calendar year.

### New Employees and Groups without Existing Health Insurance

Health insurance benefits payable for sickness or injury for which an individual has received medical care, advice or treatment within six months immediately preceding the Effective Date of Coverage 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 Office Benefits Program will be subject to the pre-existing condition limitation explained in this paragraph.

## PBT Group Preferred Choice Indemnity Plans

	Option 1	Option 3	Option 5
<b>Co-Insurance Percentage</b>	After deductible PBT pays <b>In-Network Provider:</b> 90% of Next \$5,000 of Eligible Charges <b>Out-of-Network Provider:</b> 80% of Next \$5,000 of Eligible Charges	After deductible PBT pays <b>In-Network Provider:</b> 70% of Next \$12,500 of Eligible Charges <b>Out-of-Network Provider:</b> 60% of Next \$12,500 of Eligible Charges	After deductible PBT pays <b>In-Network Provider:</b> 100% of Eligible Charges <b>Out-of-Network Provider:</b> 90% of Next \$10,000 of Eligible Charges
<b>Your Annual Out-of-Pocket Maximum*</b>	<b>In-Network Provider:</b> \$500 Plus Deductible <b>Out-of-Network Provider:</b> \$1,000 Plus Deductible	<b>In-Network Provider:</b> \$3,750 Plus Deductible <b>Out-of-Network Provider:</b> \$5,000 Plus Deductible	<b>In-Network Provider:</b> Deductible Amount <b>Out-of-Network Provider:</b> \$1,000 Plus Deductible
<b>Physician Office Visits</b>	<b>In-Network Provider:</b> 1st three Annually at 90% (Not Subject to Deductible) <b>Out-of-Network Provider:</b> 1st three Annually at 80% (Not Subject to Deductible) <b>In &amp; Out:</b> Thereafter, deductible and co-insurance applies	<b>In-Network Provider:</b> 1st three Annually at 70% (Not Subject to Deductible) <b>Out-of-Network Provider:</b> 1st three Annually at 60% (Not Subject to Deductible) <b>In &amp; Out:</b> Thereafter, deductible and co-insurance applies	<b>In-Network Provider:</b> Subject to Deductible and co-insurance <b>Out-of-Network Provider:</b> Subject to Deductible and co-insurance <b>In &amp; Out:</b> Thereafter, deductible and co-insurance applies
<b>Preventative Care Benefit</b>	<b>In-Network Provider:</b> Payable at 90% (Not Subject to Deductible) <b>Out-of-Network Provider:</b> Payable at 80% (Not Subject to Deductible) Maximum Annual Benefit (In & Out) is \$500 and not subject to deductible	<b>In-Network Provider:</b> Payable at 70% (Not Subject to Deductible) <b>Out-of-Network Provider:</b> Payable at 60% (Not Subject to Deductible) Maximum Annual Benefit (In & Out) is \$500 and not subject to deductible	<b>In-Network Provider:</b> Payable at 100% (Not Subject to Deductible) <b>Out-of-Network Provider:</b> Payable at 90% (Not Subject to Deductible) Combined Annual Maximum is \$500 and not subject to deductible
<b>Managed Care Requirements</b>	None – except for organ transplants		

\*then 100% of Eligible Charges.

Call 1-800-621-0748 for information on Options 2 and 4.

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## Group Term Life and Accidental Death and Dismemberment Benefits

- **\$10,000 in Group Term Life and Accidental Death and Dismemberment benefits automatically provided to all participating physicians and employees.** Supplemental coverage is available for purchase, up to \$40,000 (see below).
- Group Term Life and Accidental Death and Dismemberment benefits are reduced by 35% at age 65; 50% at age 70; 70% at age 75; and 80% at age 80.
- Group Term Life premiums are waived during a period of total disability if an insured becomes totally disabled before age 60, and remains disabled for at least six consecutive months.

## Supplemental Term Life Benefits

- In a group of two or more, Physicians and employees may apply for supplemental term life benefits, up to \$40,000. Groups of five or more insureds are eligible for guarantee issue coverage.
- Dependent spouse and children are eligible for a \$2,500 benefit. Children age two weeks to six months are eligible for a \$250 benefit.
- Individual physicians are eligible to apply for the voluntary Term Life Insurance Plan. Contact the PBT Sponsored Plan Administrator for information.

## Optional Weekly Disability Income

- Available to all employees who participate in the Health Insurance Plan.
- Benefit is payable if unable to work due to non-occupational injury or sickness.
- Choose your weekly benefit from \$50 to \$250, in \$10 increments. Your weekly benefit may not exceed 60% of your gross weekly salary.
- Choose 13- or 26-week benefit period per disability.
- Pays from the 15<sup>th</sup> day of disability due to a covered injury or sickness.
- Coverage terminates at age 70.

### Transfer of group coverage

If your practice is covered under another group weekly disability income group plan, it is eligible for a waiver of the pre-existing condition limitation under the PBT Office Benefits Program Weekly Disability Plan.

### New employees and groups without existing coverage

If your practice is not currently covered by a weekly disability income plan, benefits payable for sickness or injury for which an individual has received medical treatment or consultation within three consecutive months preceding the effective date of coverage will not be considered (1) until the employee has been covered for 12 consecutive months, or (2) until three consecutive months have elapsed during which no treatment was received, or expense incurred, for such pre-existing condition. Any new physician or employee of a group currently covered under the PBT Office Benefits Program will be subject to the pre-existing condition limitations explained in the above.

# Optional Dental Protection Plan

## Dental Protection Plan

- \$1,000 calendar year maximum benefit per person.
- Available to groups of two or more, as long as one insured is a member of ISMS or CMS.
- Individual physicians may also enroll.
- Eligible physicians and employees (in groups of two or more employees) may join this plan even if they do not purchase the Health Insurance Plan.
- No need to submit claims for pre-review unless they are estimated to exceed \$300.
- Choice of deductible: \$25 or \$50 per calendar year for each participant (maximum three per family).
- No minimum participation requirement.

### Benefits Paid

- Freedom in your choice of Dental Provider.
- No deductible for Preventative Dentistry, including oral exams, required x-rays, and preventative cleaning (one cleaning per six months). Charges are paid at 80% of the reasonable and customary rate.
- Basic Services, including fillings, root canals, anesthesia, fluoride treatments (age 13 and under), and tissue biopsy, are paid at 80% after the deductible is satisfied.
- Major Services, including inlays and crowns, periodontic services, gold fillings, initial dentures, and replacement dentures, are paid at 60% after the deductible is satisfied.

### Waiting Periods

- Preventative and Basic Services: **3 months.**
- Major Services: **12 months.**
- Eligible physicians and employees who do not join the plan when first eligible have a 12 month waiting period for preventative services.

### Exclusions for the Health Insurance Plan

Charges covered by Worker's Compensation or Employer's Liability laws. Occupational sickness or accidents covered under Worker's 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 your Certificate of Insurance for a complete list of all exclusions.

### Exclusions for the Accidental Death and Dismemberment Plan

Hernia, disease, bodily or mental infirmity or treatment thereof; ptomaines or bacterial infection; war or any act of war, whether declared or not; suicide or attempted suicide; loss occurring more than 90 days after the date of the accident; service in the armed forces of any country; commission of a felony or engagement in any illegal occupation; intentionally inflicted injuries; injury sustained while riding in any aircraft, except as a fare-paying passenger on a regularly scheduled airline; or injury sustained while under the influence of alcohol or any non-prescribed drug or narcotic. Please refer to your Certificate of Insurance for a complete list of all exclusions.

### Exclusions for the Dental Protection Plan

Orthodontia; temporomandibular joint dysfunction (TMJ) and related disorders; implants; non-prescription drugs; instructions for oral hygiene; any operation or procedure performed for cosmetic reasons; accidents arising out of and in the course of employment; illness covered by Worker's Compensation or Occupational Disease Law. Please refer to your Certificate of Insurance for a complete list of all exclusions.

### Exclusions for the Weekly Disability Income Plan

Disabilities directly resulting from war or any act of war, whether declared or not; intentionally self-inflicted injuries; injury or sickness for which the insured is entitled to benefits under Worker's Compensation or Occupational Disease Law; disabilities for which the insured is not treated by a physician. Please refer to your Certificate of Insurance for a complete list of all exclusions.



### Transfer of Group Coverage

New groups with prior coverage may be eligible for a waiver of certain plan provisions, including accumulated calendar year deductibles and waiting periods. New hires must satisfy all deductibles and waiting periods.