Blue Cross of Idaho MEDICARE

# 2027 Enrollment Guide



TRUE BLUE®

## VALOR (HMO)



Available in Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Canyon, Cassia, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Madison, Minidoka, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley and Washington counties

*medicare.bcidaho.com*

H1350-006-0




# FINDING THE RIGHT MEDICARE PLAN FOR YOU

At Blue Cross of Idaho, we've been helping Idahoans care for their health for more than 80 years. We're here to make Medicare easier to understand – and easier to choose.

Whether you're new to Medicare or exploring a change, you'll find plans that offer fair costs, helpful extras and coverage that supports your whole health. With us, you can be confident that you're getting the care and protection you deserve.

The key details about this plan, as well as an enrollment form, are included here.

Thank you for being a valued Blue Cross of Idaho member.

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## Enclosed:

– Enrollment Form
– Star Rating

# HEALTH PLAN TERMS TO UNDERSTAND

**Coinsurance**
A kind of cost sharing where you pay a percentage of the cost for some covered services.

**Copay**
A kind of cost sharing where you pay a fixed dollar amount for some covered services.

**Maximum out-of-pocket amount**
A yearly limit on how much money you have to spend out of your own pocket for covered healthcare. Once you reach that limit, you don't pay anything for covered care for the rest of your plan year.

**Deductible**
The amount you pay before the health plan helps with certain medical costs. This plan does not have a deductible.

**Premium**
The fixed cost you pay each month to be a member of the health plan.

**Prior authorization**
A process where your provider requests approval from us before providing certain medical items or services.

**Referral**
A written order from your primary care doctor for you to visit a specialist or get certain medical services. Without a referral, our plan may not pay for these services.

**In-network providers**
The group of providers that Blue Cross of Idaho contracts with who've agreed to see our members for a lower cost. You get the most out of your benefits when you see in-network providers.

**Out-of-network providers**
The providers who have not contracted with Blue Cross of Idaho. This plan does not have out-of-network benefits.

# 2027 Summary of Benefits

## True Blue® Valor (HMO)

H1350-006-000
January 1, 2027 – December 31, 2027

Blue Cross of Idaho Health Service, Inc. is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in Blue Cross of Idaho Health Service, Inc. depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-888-492-2583 (TTY: 711) and request the "Evidence of Coverage" or access it online at ***bcidaho.com/HMOMemberResources***.

To join True Blue® Valor (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in Idaho: Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Canyon, Cassia, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Madison, Minidoka, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley, and Washington.

Except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at ***medicare.gov*** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

This document is available in other formats such as braille, large print or audio.

Free language interpreter services are available for non-English speakers.

For more information, please call customer service at: 1-888-494-2583 (TTY: 711)

8 a.m. – 8 p.m.
Oct. – Mar.: seven days a week
Apr. – Sept.: Mon. – Fri.

Or please visit us at ***medicare.bcidaho.com***.

| | |
|---|---|
| **Monthly Plan Premium**<br>You must continue to pay your Medicare Part B premium | You pay $34 |
| **Medical Deductible**<br>This plan does not have a medical deductible | $0: you pay nothing |
| **Maximum Out-of-Pocket Responsibility**<br>The most you pay for covered Part A and Part B medical services. Doesn't include monthly premium. | $3,000 |
| **Inpatient Hospital Coverage**[◊†] | $250 daily: 1 - 5 days;<br>$0 daily: 6 - 90 days |
| **Outpatient Hospital**[◊†] | $150 copay;<br>$0 diagnostic colonoscopy |
| **Observation Coverage**[◊†] | $150 copay |
| **Ambulatory Surgery Center**[◊†] | $100 copay;<br>$0 diagnostic colonoscopy |
| **Doctor Visits**<br>Primary care | $0: you pay nothing |
| **Specialists**[†] | $25 copay |
| **Preventive Care** | $0: you pay nothing |
| **Emergency Care**[*]<br>Copay waived if admitted to the hospital within 24 hours | $130 copay |
| **Urgent Care**[*] | $50 copay |
| **Worldwide Emergency and Urgent Coverage** | $0 copay for emergency room and urgent care;<br>$0 copay for ambulance |
| **Diagnostic Tests and Procedures**[†] | $30 copay;<br>$0 copay for sleep studies |
| **Lab Services**[◊†] | $0: you pay nothing |
| **Diagnostic Radiology (MRI, CT, PET)**[◊†] | $200 copay in a hospital-based facility;<br>$100 copay in a non-hospital-based facility;<br>$0 copay diagnostic mammogram |
| **X-rays**[◊†] | $0: you pay nothing |

[◊]Your provider may need to obtain prior authorization.
[†]This service may require a referral from your primary care physician (PCP).
[*]Emergency care or urgently needed services that you get from an out-of-network provider are covered. Your cost is the same as in-network.

| | |
|---|---|
| **Medicare-Covered Hearing Services**† | $20 copay |
| **TruHearing® Hearing Exam**<br>Benefit is for one per year | $0: you pay nothing |
| **TruHearing® Hearing Aids**<br>Benefit is two per year (one per ear per year) | $499 copay per Standard aid;<br>$699 copay per Advanced aid;<br>$999 copay per Premium aid<br><br>Benefit is limited to the TruHearing Standard, Advanced, and Premium hearing aids.<br>Optional $50 additional cost per rechargeable aid on select styles.<br>First year of follow-up provider visits for fitting/ evaluation of hearing aid and adjustments are covered. |
| **Medicare-Covered Dental Services** | $25 copay |
| **Preventive Dental** | $0 copay per visit:<br>• Two routine preventive exams per year<br>• Two cleanings per year<br>• One annual emergency exam<br>• One bitewing and fluoride application per year<br>• One full mouth X-ray every three years |
| | $500 preventive dental coverage limit |
| **Comprehensive Dental**◊ | $0 copay:<br>• Fillings once per tooth every two years<br>• Simple extractions<br>• Scaling, root planing once per quadrant every two years<br>• Full mouth debridement once every three years<br>• Periodontal maintenance up to four visits per year<br>50% of cost:<br>• Crowns: once per tooth every seven years, one tooth per year<br>• Root canals: one per tooth per lifetime<br>• Implants: once per tooth every seven years<br>• Bridge/bridge repairs: once per tooth every seven years<br>• Dentures: one set every seven years |
| | $1,000 comprehensive dental coverage limit |

†This service may require a referral from your primary care physician (PCP).
◊Your provider may need to obtain prior authorization.

| | |
|---|---|
| **Medicare-Covered Eye Exam**[◊†]<br>Diagnosis and treatment of medical eye diseases and conditions | $0: you pay nothing |
| **VSP® Vision Exam**<br>Benefit is for one per year | $20 copay |
| **VSP® Eyewear**<br>Benefit is for every two years | $35 copay for one pair of glasses (lenses and frames in the VSP Genesis Collection);<br>$50 allowance for non-Genesis frames<br>$35 copay for medically necessary contacts;<br>$100 allowance towards contacts in lieu of glasses |
| **Inpatient Mental Health Care**[◊†] | $250 daily: 1 - 5 days;<br>$0 daily: 6 - 90 days |
| **Outpatient Mental Health Care**[†]<br>Individual and group therapy | $25 copay |
| **Skilled Nursing Facility (SNF)**[◊†] | $0 daily: 1 - 20 days;<br>$221 daily: 21 - 55 days;<br>$0 daily: 56 - 100 days |
| **Occupational Therapy**[†] | $15 copay |
| **Physical and Speech Therapy**[†] | $15 copay |
| **Ground Ambulance**[◊] | $175 copay |
| **Air Ambulance**[◊] | $175 copay |
| **Transportation** | Not covered |
| **Medicare Part B Prescription Drugs**[◊**]<br>(i.e., chemotherapy, hospital-administered infusions)<br><br>Part B drugs may be rebatable and subject to a lower coinsurance | 10% of cost |
| **Part B Insulin**<br><br>Part B drugs may be rebatable and subject to a lower coinsurance | 10% of cost; $35 maximum per month |

[◊]Your provider may need to obtain prior authorization.
[†]This service may require a referral from your primary care physician (PCP).
[**]Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

## Additional Benefits

| | |
|---|---|
| **Annual Physical Exam** | $0: you pay nothing |
| **Additional Telehealth Services**† | Follows your in-office copay for participating providers |
| **Durable Medical Equipment**◊ | 10% of cost |
| **Prosthetic Medical Devices**◊ | 10% of cost |
| **Diabetic Shoes and Inserts** | 10% of cost |
| **Diabetic Supplies**<br>Glucose monitors, test strips, and lancets | $0: you pay nothing |
| **Silver&Fit® Membership** | $0: you pay nothing for gym memberships at participating Silver&Fit® locations<br>$0: you pay nothing for one Home Fitness Kit |
| **Convenience Care**◊<br>Allowance outside of the Blue Cross of Idaho service area but inside the United States | $2,500 per year |

†This service may require a referral from your primary care physician (PCP).
◊Your provider may need to obtain prior authorization.

For more information, call **1-888-492-2583 (TTY: 711)**.

8 a.m. to 6 p.m, Monday - Friday

Blue Cross of Idaho Health Service, Inc. is an HMO Medicare Advantage plan with a Medicare contract. Enrollment in Blue Cross of Idaho Health Service, Inc. depends on contract renewal.

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On behalf of Blue Cross of Idaho Health Service, Inc., TruHearing, VSP Vision Care, and American Specialty Health, Inc., independent companies, administer supplemental benefit programs. VSP Vision Care administers the vision program, TruHearing administers the hearing aid coverage program, and American Specialty Health, Inc. administers the fitness program to Medicare Advantage plan members.

Out-of-network/noncontracted providers are under no obligation to treat Blue Cross of Idaho Health Service, Inc. True Blue Medicare Advantage members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

H1350_16_2009_B_0926_M

Form No. 16-2009-B (09-26)

# 2027 EXTRA BENEFITS

## Gym membership and home fitness kit

**Silver&Fit®: 1-888-818-2747 (TTY: 711) | *SilverandFit.com***

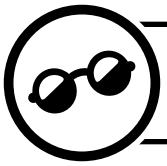
Focus on well-being and healthy aging with Silver&Fit program. Your plan includes fitness center memberships, a Home Fitness Kit and online fitness resources, all at no cost to you.

- **Fitness Center Membership:** Memberships to participating fitness centers or YMCAs near you. Many participating fitness centers may also offer low-impact classes.
- **Home Fitness Kits:** You are eligible to receive one Home Fitness Kit per benefit year from a variety of fitness categories.
- **Well-Being Club:** Register online and set preferences for well-being topics, see resources (including articles and videos) tailored to your interests and healthy aging goals, and get connected to a community through virtual and in-person events.
- **Digital Workouts:** You can view on-demand videos through the website's digital workout library, including Silver&Fit Signature Series Classes®.
- **Workout Plans:** By answering a few questions about your areas of interest, you will receive a customized workout plan, including instructions on how to get started and suggested workout videos.

## 24/7 medical advice

**Blue Cross of Idaho Nurse Advice Line: 1-800-704-0727 (TTY: 711)**

We have registered nurses on call day and night to answer questions about your prescriptions or health conditions at no cost to you. Along with in-the-moment advice, they can also recommend healthcare providers to help treat any health issues over the long term.



## Eyewear and eye care

**VSP: 1-844-566-3503 (TTY: 711) | *vsp.com***

Your plan includes comprehensive vision coverage through VSP® Advantage. When you visit a VSP Advantage provider, you'll only pay a small copay for your annual exam, new lenses, and a frame from the Genesis collection.

- $20 copay for one routine eye exam per year.
- As low as $35 copay for frame and lenses once every two years. Includes UV and scratch-resistant coating at no extra cost.
- If you'd like contact lenses instead, VSP offers 15% off your exam, plus $100 to apply toward the rest of the exam cost and the lenses.



## Hearing coverage

**TruHearing®: 1-888-989-9220 (TTY: 711)**
***TruHearing.com/bcidmedicare***

Your benefit covers a $0 routine hearing exam and up to two Bluetooth®-enabled hearing aids per year, from $499 to $999 per aid. These aids feature enhanced speech clarity and convenient streaming from your phone.

For an additional $50 per aid, you can upgrade to rechargeable aids on select styles. Some styles come with a portable charger providing up to 36 hours of use per charge.

All hearing aid purchases include the following:

- Fitting and evaluation
- Risk-free 60-day trial period
- One year of follow-up visits
- 80 free batteries per non-rechargeable hearing aid
- Full three-year manufacturer warranty

# Out-of-area health plan coverage

### Blue Cross of Idaho Customer Service: 1-888-494-2583 (TTY: 711)

If you'd like to see a provider outside of the Blue Cross of Idaho service area, but within the U.S., you can still get in-network cost sharing for some services. Our Convenience Care program provides you with benefits up to $2,500 at no additional cost to you.

- Some restrictions apply. See the Evidence of Coverage for complete details.

# Dental coverage

### Blue Cross of Idaho Customer Service: 1-888-494-2583 (TTY: 711)

Original Medicare doesn't cover dental services such as routine exams, cleanings and other common dental procedures. Your plan bridges this gap with preventive and comprehensive dental services at no extra premium.

Contact Blue Cross of Idaho Customer Service with any questions regarding your dental coverage. See the Evidence of Coverage for more complete details.

## Preventive dental benefits ($500 coverage limit)

### $0 copay

- Preventive exams
- Cleanings
- Emergency exam
- X-rays
- Fluoride application

## Comprehensive dental benefits ($1,000 coverage limit)

### Basic dental care: $0 copay

- Fillings, simple extractions
- Scaling, root planing
- Full mouth debridement
- Periodontal maintenance

### Major dental care: 50% coinsurance

- Root canals
- Bridges and bridge repairs
- Dentures
- Crowns
- Implants

# FOR QUESTIONS,

**call Blue Cross of Idaho Customer Service at 1-888-494-2583 (TTY: 711).**

**October 1 – March 31:** 8 a.m. to 8 p.m., seven days a week
**April 1 – September 30:** 8 a.m. to 8 p.m., Monday through Friday

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The Silver&Fit program is provided by ASH Fitness, a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit and Silver&Fit Signature Series Classes are trademarks of ASH and used with permission herein. Fitness center participation may vary by location and is subject to change. Kits are subject to change.

H1350_16_2049_B_0926_M

Form No. 16-2049-B (09-26)

# CONTACT INFORMATION



## Questions?

**Members call toll-free:** 1-888-494-2583 (TTY: 711)
**October 1 – March 31:** 8 a.m. to 8 p.m., seven days a week
**April 1 – September 30:** 8 a.m. to 8 p.m., Monday through Friday

**Website:** ***medicare.bcidaho.com***

**Find an in-network provider:**

- 1-888-494-2583 (TTY: 711)
- Provider: ***bcidaho.com/FindTrueBlueDoctors***
- Dentist: ***bcidaho.com/FindADentist***

**Address:** **Blue Cross of Idaho**
3000 East Pine Ave., Meridian, ID 83642-5995

# Contact information: Extra benefits

### Gym or Home Fitness

- Silver&Fit®: 1-888-818-2747 (TTY: 711) / ***SilverandFit.com***

### Dental

- Blue Cross of Idaho Customer Service: 1-888-494-2583 (TTY: 711)

### 24/7 Medical Advice

- Blue Cross of Idaho Nurse Advice Line: 1-800-704-0727 (TTY: 711)

### Eyewear and Eye Care

- VSP®: 1-844-566-3503 (TTY: 711) / ***vsp.com***

### Hearing Coverage

- TruHearing®: 1-888-989-9220 (TTY: 711) / ***TruHearing.com/bcidmedicare***

### Convenience Care

- Blue Cross of Idaho Customer Service: 1-888-494-2583 (TTY: 711)

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On behalf of Blue Cross of Idaho Health Service, Inc., TruHearing, VSP Vision Care and American Specialty Health, Inc., independent companies, administer supplemental benefit programs. VSP Vision Care administers the vision program, TruHearing administers the hearing aid coverage program and American Specialty Health, Inc. administers the fitness program to Medicare Advantage plan members.

H1350_16_2062_C_0926_C

Form No. 16-2062-C (09-26)

# WHAT HAPPENS NEXT?

1

## Confirmation letter

Look for a confirmation letter notifying you that your enrollment is complete. If you have questions or concerns, you can call us at 1-888-494-2583 (TTY: 711).

## Your identification cards

You will receive your Blue Cross of Idaho member ID card. Keep that with you and leave your red, white and blue Medicare ID card at home for safekeeping. You'll only need one member ID card for all your medical services.

2

## Go online or go mobile

Go to ***members.bcidaho.com*** to create an online account. From there you can:

- Pay your premium
- View your benefits details
- View your claims
- See your progress toward your yearly deductible
- Order a new member ID card
- Find an in-network provider
- Learn more about Health and Wellness programs

Download the Blue Cross of Idaho Member app from the Apple App Store or Google Play and use your ***bcidaho.com*** member username and password to log in.

- Pay your premium
- Find an in-network provider or urgent care closest to where you are
- See your progress toward your yearly deductible
- See benefit details
- View member ID cards
- Email or fax member ID cards straight to your healthcare providers

3

## Schedule your visits

- If you're new to Medicare, within the first 12 months you can schedule a "Welcome to Medicare" preventive care visit. If you're an existing Medicare beneficiary, simply schedule your Annual Wellness Visit early in the year and take advantage of your plan's benefits.
- We also encourage you to schedule an optional 45-to-60 minute health assessment visit at your home with a nurse practitioner at no cost to you. This is a basic health screening and does not replace any check-ups with your doctor. Look for a letter in the mail with additional details.

## DISCRIMINATION IS AGAINST THE LAW

Blue Cross of Idaho complies with applicable Federal civil rights laws and does not discriminate, exclude or treat less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability or sex.

Blue Cross of Idaho:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, contact Blue Cross of Idaho Civil Rights Coordinator at 1-800-627-1188 (TTY: 711).

If you believe that Blue Cross of Idaho has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance at:

Civil Rights Coordinator
3000 E. Pine Ave., Meridian, ID 83642
Telephone: 1-800-274-4018
Fax: 208-331-7493
Email: ***grievancesandappeals@bcidaho.com***
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ***https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf***, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at ***https://www.hhs.gov/ocr/complaints/index.html***.

**ATTENTION:** If you speak Arabic, Bantu, Chinese, Farsi, French, German, Japanese, Korean, Nepali, Romanian, Russian, Serbo-Croatian, Spanish, Tagalog, or Vietnamese, appropriate auxiliary aids and language assistance services are available free of charge. Call 1-800-627-1188 (TTY: 711).

**Arabic** انتبه: إذا كنت تتحدث اللغة العربية ، فإن خدمات المساعدة اللغوية متاحة لك مجانًا اتصل على 1-800-627-1188 (للصم والبكم: 711).

**Bantu:** ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (TTY: 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-627-1188 (TTY：711) 。

**Farsi** توجه: اگر به زبان فارسی صحبت می کنید، خدمات رایگان پشتیبانی زبان، در دسترس شما است. شماره تماس 1-800-627-1188 (TTY:711).

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS : 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (TTY: 711).

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-627-1188 (TTY:711) まで、お電話にてご連絡ください。

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-627-1188 (TTY: 711)번으로 전화해 주십시오.

**Nepali:** ध्यान दनिुहोस्: तपाईंले नेपाली बोलनुहुनछ भने तपाईंको नमिर्ता भाषा सहायता सेवाहरू नःशिुल्क रूपमा उपलब्ध छ । फोन गरनुहोस्
1-800-627-1188 (टटिविइ: 711) ।

**Romanian:** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 711).

**Serbo-Croatian:** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-627-1188 (TTY: 711.

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-627-1188 (TTY: 711).

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Form No. 3-1187 (08-25)

For more information, contact your local independent agent or call the toll-free number below.

## 1-888-492-2583 (TTY: 711)

8 a.m. to 6 p.m., Monday to Friday

Blue Cross of Idaho MEDICARE

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To file a marketing complaint call Medicare at 1-800-MEDICARE (24 hours a day/ 7 days a week) or Blue Cross of Idaho Health Service, Inc. at 1-888-494-2583 (TTY: 711). It is important to provide an agent or broker name with your complaint.

Street Address:
3000 East Pine Avenue
Meridian, Idaho 83642

Mailing Address:
P.O. Box 8406
Boise, Idaho 83707

Visit ***medicare.bcidaho.com***

H1350_16_3486_A_0926_M

Form No. 16-3486-A (09-26)