Blue Cross of Idaho MEDICARE

# 2027 Enrollment Guide



TRUE BLUE®

## Rx 35PSP (HMO)

Available in Bannock, Bonneville and Jefferson counties



*medicare.bcidaho.com*

H1350-035-0




# 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.

We've partnered with Greater Good Health to bring Medicare-eligible adults in Bannock, Bonneville and Jefferson counties an innovative primary care experience. Through this plan, members work with a Greater Good Health care team that takes the time to understand their needs, coordinate their care, and support their overall well-being.

Members choose a Greater Good Health provider as their primary care provider (PCP). When specialty care is needed, their PCP can coordinate referrals to specialists throughout Blue Cross of Idaho's broad provider network

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.

**Formulary**
The list of covered drugs for a specific plan.

**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.

**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® Rx 35PSP (HMO)

H1350-035-000
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 1-888-494-2583 (TTY: 711) and request the "Evidence of Coverage" or access it online at ***bcidaho.com/HMOMemberResources***.

To join True Blue® Rx 35PSP (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: Bannock, Bonneville and Jefferson.

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 $89 |
| **Medical Deductible**<br>Medical deductible only applies to some services. For those services, you pay 100% of the cost up to the deductible, then your plan begins to help pay.<br><br>Other services are covered before you meet your deductible; however, you may still be responsible for a copayment or coinsurance.<br><br>The Summary of Benefits only lists some common services. For a complete list of services and if they apply to the deductible, refer to the plan's Evidence of Coverage (EOC). | $900 deductible<br>**See below for services where medical deductible applies** |
| **Maximum Out-of-Pocket Responsibility**<br>The most you pay for covered Part A and Part B medical services. Doesn't include Part D services or monthly premium. | $5,900 |
| **Inpatient Hospital Coverage**◊† | $425 daily: days 1 - 5;<br>$0 daily: days 6 - 90 |
| **Outpatient Hospital**◊† | $500 copay;<br>20% of cost for orthopedic surgery;<br>$0 diagnostic colonoscopy<br>**Medical deductible applies** |
| **Observation Coverage**◊† | $500 copay<br>**Medical deductible applies** |
| **Ambulatory Surgery Center**◊† | $250 copay;<br>20% of cost for orthopedic surgery;<br>$0 diagnostic colonoscopy<br>**Medical deductible applies** |
| **Doctor Visits**<br>Primary Care | $0: you pay nothing |
| **Specialists**† | $40 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 |

◊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.

| | |
|---|---|
| **Worldwide Emergency and Urgent Coverage** | $0 copay for emergency room and urgent care;<br>$0 copay for ambulance<br>**Medical deductible applies** |
| **Diagnostic Tests and Procedures†** | $35 copay<br>**Medical deductible applies** |
| **Lab Services◊†** | $0: you pay nothing |
| **Diagnostic Radiology (MRI, CT, PET)◊†** | $340 copay in a hospital-based facility;<br>$170 copay in a non-hospital-based facility;<br>$0 copay diagnostic mammogram<br>**Medical deductible applies** |
| **X-rays◊†** | $25 copay |
| **Medicare-Covered Hearing Services†** | $20 copay |
| **TruHearing® Hearing Exam**<br>Benefit is once per year | $0: you pay nothing |
| **TruHearing® Hearing Aids**<br>Benefit is up to 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>Benefit is limited to TruHearing® branded Standard, Advanced and Premium hearing aids.<br>Optional $50 additional cost per rechargeable aid on select models.<br>First year of follow-up provider visits for fitting/ evaluation of hearing aid and adjustments are covered. |
| **Medicare-Covered Dental Services** | $40 copay |
| **Preventive Dental** | $0: you pay nothing<br>• Two routine preventive exams per year<br>• Two cleanings per year<br>• One annual emergency exam per year<br>• One bitewing and fluoride application per year<br>• One full mouth X-ray every three years |

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

| | |
|---|---|
| **Optional Supplemental Dental Plan◊**<br>**True Dental Enhanced** | **True Dental Enhanced: $26.10 premium**<br>• $1,000 coverage limit<br>• $50 deductible<br>• Six-month waiting period<br>**Basic:** fillings and simple extractions<br>20% of cost after deductible<br>• Same tooth surface restoration covered once in a two-year period<br>• Scaling and root planing once per quadrant every two years; periodontal maintenance not to exceed four visits per year<br>• Full mouth debridement once every three years<br>**Major:** crowns, root canals and bridge repairs<br>50% of cost after deductible<br>• Crowns, bridge and bridge repairs once per tooth every seven years<br>• Root canals one per tooth per lifetime |
| **Medicare-Covered Eye Exam◊†**<br>Diagnosis and treatment of medical eye diseases and conditions | $0: you pay nothing |
| **VSP® Vision Exam**<br>Benefit is once per year | $0: you pay nothing |
| **VSP® Eyewear**<br>Benefit is once 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 for elective contacts in lieu of glasses |
| **Inpatient Mental Health Care◊†** | $425 daily: days 1 - 5;<br>$0 daily: days 6 - 90 |
| **Outpatient Mental Health Care†**<br>Individual and Group therapy | $35 copay |
| **Skilled Nursing Facility (SNF)◊†** | $0 daily: days 1 - 20;<br>$221 daily: days 21 - 55;<br>$0 daily: days 56 - 100 |
| **Occupational Therapy†** | $40 copay |
| **Physical and Speech Therapy†** | $40 copay |
| **Ground Ambulance◊** | $320 copay |
| **Air Ambulance◊** | $500 copay |

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

| | |
|---|---|
| **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 | 20% of cost<br>**Medical deductible applies** |
| **Part B Insulin**<br><br>Part B drugs may be rebatable and subject to a lower coinsurance | 20% of cost;<br>$35 maximum per month |

[◊]Your provider may need to obtain prior authorization.
[**]Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

# Medicare Part D: Prescription Drugs

Costs may vary based on pharmacy type (standard, preferred, mail-order). Your provider may need to get prior authorization.

## ANNUAL DEDUCTIBLE

You are responsible for the full cost of your prescription drugs until you meet the deductible first.

| Drug tiers group your prescription drugs into levels that determine your share of the cost | |
|---|---|
| **Tier 1 Part D** | $0: you pay nothing |
| **Tier 2 Part D** | |
| **Tier 3 Part D** | $205 per year for prescriptions |
| **Tier 4 Part D** | |
| **Tier 5 Part D** | |

## INITIAL COVERAGE PERIOD

After you meet the deductible, you are then responsible for a limited copay or coinsurance. You pay a small amount until you reach $2,400 in total out-of-pocket drug costs. You can save by visiting a preferred retail pharmacy or using mail order. See the chart below for the cost share amounts per month.

| | Preferred retail cost: 30-day supply | Standard retail cost: 30-day supply | Standard mail-order** cost: 30-day supply |
|---|---|---|---|
| **Tier 1: Preferred Generic**<br>Up to 100-day supply | $0 copay | | |
| **Tier 2: Generic**<br>Up to 100-day supply | $4 copay | $15 copay | $4 copay |
| **Tier 3: Preferred Brand** | 22% of cost;<br>$35 copay for insulin | | |
| **Tier 4: Non-Preferred Drug** | 26% of cost;<br>$35 copay for insulin | | |
| **Tier 5: Specialty Tier**<br>Only available in 30-day supply | 31% of cost | | |

## CATASTROPHIC

After you reach $2,400 in out-of-pocket costs, you pay nothing for Part D drugs.

**Wondering what your prescriptions will cost?** Scan this code with your phone's camera to visit ***bcidaho.com/FindAPharmacy***. Enter your prescriptions to check coverage and tiers, or see if your local pharmacy is covered or considered preferred in order to save money.

Part D drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

**See next page for mail-order options

## WHAT IF MY DRUG ISN'T COVERED

If your medication is not covered, you still have options. Your provider may:

- Request a coverage determination
- Prescribe a lower-cost alternative

Visit ***bcidaho.com/pharmacy*** or call 1-855-479-3661 (TTY: 711) for help with next steps.

## MEDICARE PRESCRIPTION PAYMENT PLAN

You may be eligible for this voluntary payment option to help you manage your drug costs by spreading them across the calendar year. This program may help you manage your expenses, but it doesn't save you money or lower your drug costs. Visit ***bcidaho.com/pharmacy*** or call 1-855-479-3661 to help you determine if this program is right for you.

## MAIL ORDER

**You have choices when it comes to getting your medicines from a mail-order pharmacy.

**CarelonRx Pharmacy;** Have your provider send your prescription to CarelonRx Pharmacy, or you can set up mail order by logging in to your member account at ***members.bcidaho.com/pharmacy***. Contact CarelonRx Pharmacy at 1-833-396-0309 (TTY: 711) if you need help or have questions.

**Amazon Pharmacy;** Your provider can send your prescription directly to Amazon Pharmacy, or you can transfer existing prescriptions online. To sign up for an Amazon Pharmacy account visit ***pharmacy.amazon.com***. You will need an Amazon account but do not need an Amazon Prime account. For questions about setting up an account, call 1-855-745-5725 or visit ***amazon.com***.

## Additional Benefits

| | |
|---|---|
| **Annual Physical Exam** | $0: you pay nothing |
| **Additional Telehealth Services**† | Follows your in-office copay for in-network participating providers. |
| **Durable Medical Equipment**◊ | 20% of cost |
| **Prosthetic Medical Devices**◊ | 20% of cost |
| **Diabetic Shoes and Inserts** | 20% of cost |
| **Diabetic Supplies & Monitors** | $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<br>**Medical deductible applies** |

†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.

Members on this plan must visit a Greater Good Health clinic in Idaho for their primary care needs. A Greater Good Health provider must refer patients to a specialist if specialty care is needed.

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

Amazon Pharmacy is an independent company that contracts with Blue Cross of Idaho Rx's pharmacy benefits manager to offer online pharmacy services. Amazon Pharmacy is solely responsible for its services. Blue Cross of Idaho Rx is not responsible for the provision of, or failure to provide, any services offered by Amazon Pharmacy.

Out-of-network/non-contracted 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_Q_0926_M

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

# Medicare Part D Transition

## What is Part D transition?

A Part D transition is a policy that provides you immediate access to the prescription drugs you use when your coverage for those drugs is changing. It's a good idea during your transition period to talk with your doctor about getting a formulary exception, or about other drugs that might work for you.

## When does a Part D transition apply?

You're eligible for a Part D transition when:

- You are a new Medicare Advantage member who enrolls in a plan with prescription drug coverage
- Our yearly Drug List (formulary) changes and impacts you negatively

## What changes to a Drug List can have a negative impact?

A negative impact can happen when medications are removed from a Drug List, prior authorization or step therapy requirements are added, or quantity limitations are changed for drugs on the list.

## How does Part D transition work?

- **If you are a new member or current member who was affected by a yearly Drug List change:** You have a transition period of 90 days. During that time, you can get a one-time 30-day supply of your affected prescriptions.

## What happens when you need a refill?

We will mail you a letter within three days after receiving your transition supply of drugs. The letter explains how you can request an exception and encourages you to discuss your medications with your doctor.

## How much will you pay?

It depends on the tier level of the drug. If the drug is not on our list, you pay the cost of our exception tier. Members who qualify for a Low Income Subsidy (LIS) pay an amount pre-determined by their level of assistance.

## Where can you learn more?

Visit ***bcidaho.com/pharmacy*** to learn more about Part D transition, including transitioning into a long-term care facility, or how to request an exception or appeal a decision.

You can also contact us at 1-855-479-3661 (TTY: 711)

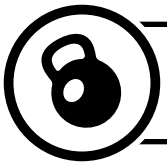
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Form No. 16-4271 (09-26)

# Notes

# 2027 Extras and Optional Buy-up

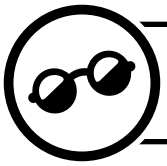


## Gym membership and home fitness kit

**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.



# 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.

- $0 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.



## 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.

# 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 includes preventive dental services at no extra premium.

### Preventive dental benefits

**$0 copay**

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

## Buy-Up Option

### Optional Supplement Dental; $26.10 monthly premium

Selecting the optional **True Dental Enhanced** buy-up during enrollment adds comprehensive dental services to your plan's preventive coverage for an additional monthly premium of **$26.10**.

### Comprehensive dental benefits
### $50 deductible, $1,000 coverage limit

(6 month waiting period without evidence of continuous coverage)

### Basic dental care: 20% of cost

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

### Major dental care: 50% of cost

- Root canals
- Crowns
- Bridges and bridge repairs

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

# 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

Blue Cross of Idaho Health Service, Inc. is a Medicare Advantage health 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, an independent company, administers the vision program, TruHearing, an independent company, administers the hearing aid coverage program, and American Specialty Health, Inc., an independent company, 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.

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.

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

# CONTACT INFORMATION

## Medical 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/FindGreaterGoodDoctors***
- Dentist*: ***bcidaho.com/FindADentist***

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

**Greater Good Health - Ammon**
3017 Eagle Drive, Ammon, ID 83406
Phone: 208-225-4525 to schedule an appointment

**Greater Good Health - Chubbuck**
409 E. Chubbuck Road, Chubbuck, ID 83202
Phone: 208-225-4525 to schedule an appointment

## Pharmacy questions

**Blue Cross of Idaho Rx**

- Members call toll free: 1-855-479-3661 (TTY: 711)
  24 hours a day, seven days a week.
- Website: ***bcidaho.com/Pharmacy***
- Find an in-network pharmacy: ***bcidaho.com/FindAPharmacy***
- List of covered drugs: ***bcidaho.com/DrugList***

**Mail Order Options:**

- CarelonRx Pharmacy 1-833-396-0309 (TTY: 711)
- Amazon Pharmacy: ***pharmacy.amazon.com***

# 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)

***Your plan does not have full dental benefits. To learn more about how to add optional supplemental dental benefits, call Blue Cross of Idaho Customer Service at 1-888-494-2583 (TTY: 711).**

Members on this plan must visit a Greater Good Health clinic in Idaho for their primary care needs. A Greater Good Health provider must refer patients to a specialist if specialty care is needed. Members do not have benefits for out-of-network care except in cases of urgent or emergency care. Members traveling outside of Idaho have a $2,500 annual Convenience Care allowance for out-of-network non-emergency care.

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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_L_0926_C

Form No. 16-2062-L (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 and for filling your prescriptions.

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)

# Notes

# Notes

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

Members on this plan must visit a Greater Good Health clinic in Idaho for their primary care needs.

Other Pharmacies, Physicians and Providers are available in our network.

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

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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***

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Form No. 16-3490-A (09-26)