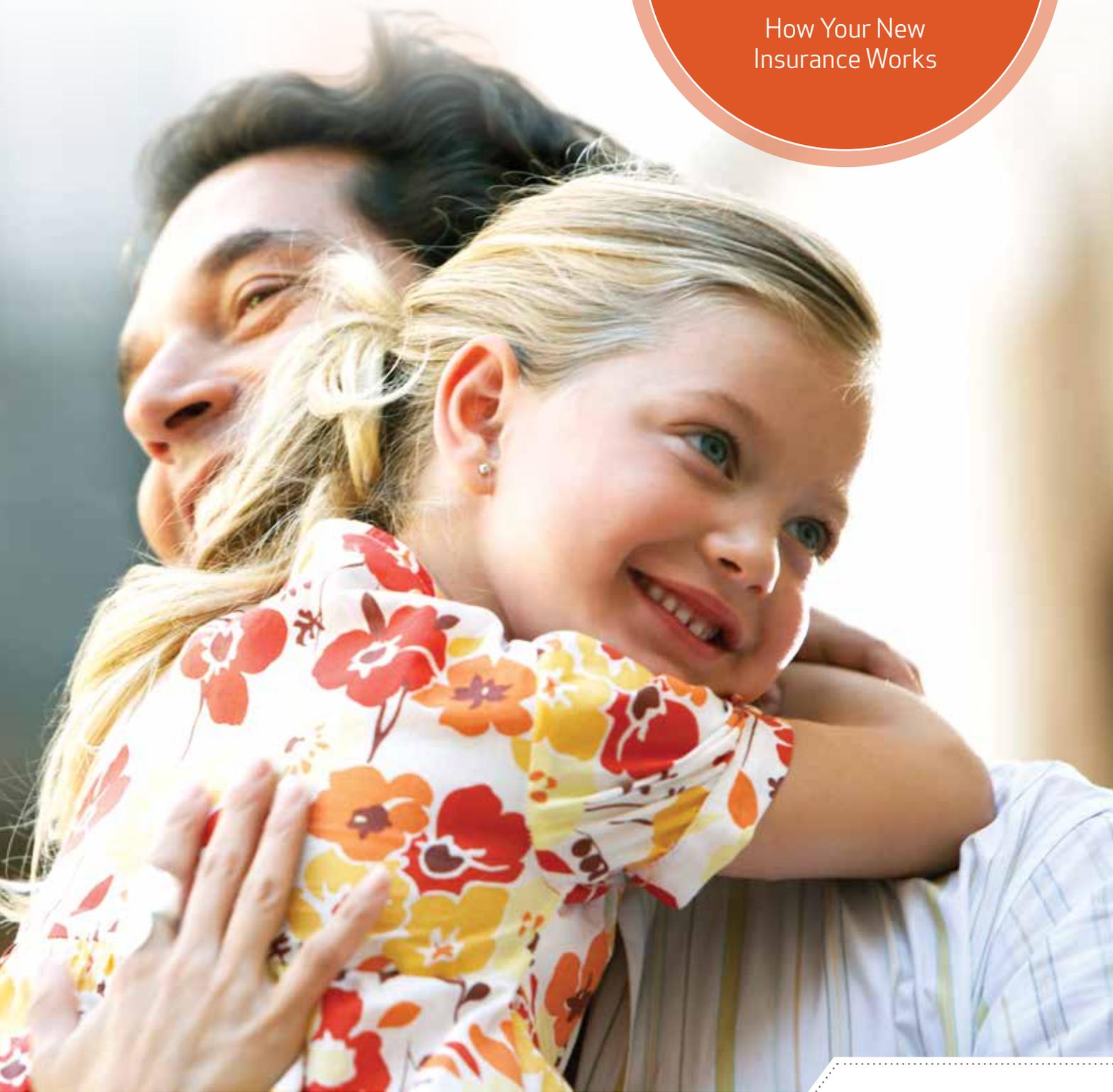


New Member Handbook

How Your New
Insurance Works







Welcome to Blue Cross of Idaho

For nearly 70 years, Blue Cross of Idaho has provided much more than just health insurance. We've been creating personal, individual relationships with the more than 700,000 members we cover. We've led the way with products, services and programs designed to provide Idaho's best healthcare coverage. We've worked with each member to make sure everyone has coverage that fits.

And now, we welcome you to a valuable part of your membership. With easy-to-read articles and a bright, no-nonsense layout, this publication offers you straight talk about your new health insurance and:

- Teaches you ways to get the most beneficial, cost-effective coverage, while being a proactive and engaged patient.
- Simplifies some of the more complex aspects of health insurance.
- Alerts you to ways you can lower your out-of-pocket costs, making healthcare more affordable for you and your family.

We look forward to making our relationship with you even stronger.

Zelda Geyer-Sylvia

A handwritten signature in white ink that reads "Zelda Geyer-Sylvia". The signature is written in a cursive, flowing style.

President and CEO, Blue Cross of Idaho

HOW TO USE THIS HANDBOOK

We created this book to help guide you through the world of health insurance. Whether you're a new member or just changing plans, on the following pages you'll find useful information on understanding your health benefits, as well as articles on your rights and responsibilities as a member and general descriptions about the services available to you.

Please take the time to review this information in conjunction with your member contract. Your contract contains all the details about your benefits including out-of-pocket amounts, covered healthcare services, and specific exclusions and limitations. You can find a copy of your contract on our member website at the web address below. After you log in, select **My Account**, then **My Contract** from the uppermost menu.

If you have any questions about your plan, visit our website at members.bcidaho.com for help or call a customer service advocate at the phone number on the back of your Blue Cross of Idaho ID card.

Thank you again for choosing Blue Cross of Idaho.

We look forward to serving you!

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HEALTH INSURANCE 101

Definitions You Need to Know

Health insurance is complex, but Blue Cross of Idaho wants to help make it easier. That's why we've created this list – to give you basic information so you get the most from your health insurance benefits. Below you'll find definitions of need-to-know health insurance terms.

1. Deductible

A set dollar amount you pay each year (also called a "benefit period") for covered services before your health insurance coverage begins paying benefits. Deductibles reset on January 1 each year.

2. Coinsurance

A percentage (for example 20 percent) of the allowed amount you pay for a covered healthcare service. Coinsurance applies after you have met your deductible.

3. Copayment

A fixed dollar amount (for example \$20 or \$30) you pay for specified covered services such as a visit to the doctor's office. A copayment applies each time the service is provided.

4. In-Network vs. Out-of-Network

Providers who have a contract with Blue Cross of Idaho are called in-network providers. They are also sometimes called contracting providers. Out-of-network providers are those who do not have contracts with Blue Cross of Idaho.

There are usually different benefits and costs when you visit in-network versus out-of-network providers. You'll see greater savings and spend less on out-of-pocket expenses when you visit a provider that's part of your healthcare network. When you visit providers who are out of the network, you may have to pay significantly more for your healthcare services.

5. Amount Charged vs. Amount Allowed

Amount charged is the amount a healthcare provider charges for a specific service. Some providers only charge what they know your insurance will pay; others charge more.

Amount allowed is the amount an in-network provider agreed to accept from Blue Cross of Idaho as payment for a specific service. When you choose to see a doctor who's in your provider network, you aren't responsible for any difference between what the doctor charges and what we have already agreed to pay.

On the other hand, if you see a doctor who isn't in your provider network, they can charge you the difference between what we allow and what they charge. That's called balance billing and is one of the best reasons to see only providers who are in your network.

6. Out-of-Pocket Maximum

A fixed dollar amount that is the most you will pay for deductibles, copayments and coinsurance for most covered services in the course of a year. Once the out-of-pocket maximum is met, most covered services are paid at 100 percent of the allowed amount.

7. Generic Drug

A prescription drug, approved by the FDA, that has the same active ingredients, strength, and dosage form as its brand-name drug. Generic drugs on average cost less than one-third of brand-name drugs but have the same therapeutic benefit.

8. Formulary

A list of drugs covered under a health insurance policy's prescription drug plan.

9. EOB

An explanation of benefits (EOB) statement lists the services for which you or your providers have sent claims for coverage. These forms are not bills but explain the payment result for each service submitted.

10. Non-Covered Service

A service or type of service that is specifically excluded from coverage in your policy. Read your member contract for a full list, but non-covered services often include those considered investigational or for convenience.

A Point About Providers

If you've ever wondered what "provider" means, remember this: Healthcare providers provide healthcare. Doctors, specialists, clinics/facilities and hospitals are all healthcare providers.

Common Questions and Answers for New Members

Q. What's the difference between a deductible and a copayment?

A. A deductible is the amount of money you have to pay for medical expenses before Blue Cross of Idaho begins paying benefits for covered services. The amount credited to the deductible is based on the maximum allowance or the actual charge, whichever is less, and deductibles are reset every year. A copayment, on the other hand, is a fixed dollar amount (for example, \$20 or \$30) you have to pay for specified covered services such as a doctor office visit or prescription medicine.

Q. What's the difference between charged amount and allowed amount?

A. A provider can charge you any amount for a service (charged amount), but Blue Cross of Idaho sets a maximum we will pay for a given covered service (allowed amount).

Often, the amount we allow for a service is less than the amount the provider charges. But in-network providers (also called contracting providers) have agreed to accept the amount Blue Cross of Idaho allows (which is called the maximum allowance in your policy) as full payment for a covered service.

The difference is a discount Blue Cross of Idaho passes on to you. In-network providers have agreed not to bill you the difference between the allowed amount and charged amount. If you have

a deductible or coinsurance, the amount you pay is based on the allowed amount, not the charged amount, when you use an in-network provider.

Q. What's an HSA?

A. A health savings account (HSA) is a tax-exempt savings account used to pay for certain allowed healthcare expenses. They are for some individuals because they can offer you more control over how you spend your healthcare dollars.

Think of it like a savings account for your health and wellness needs. The money you put into your HSA account is considered federal tax-deductible, and withdrawals are not taxed so long as they are used to pay for allowed medical expenses.

Additionally, you can earn tax-deferred interest on any unused balances, and you will never pay federal taxes on the interest as long as you use it for qualified medical expenses.

If you have purchased Blue Cross of Idaho's *Bronze Saver HSA* coverage, you can start an HSA account on your own through a financial institution of your choice. To qualify, you (and your spouse if you have one) must be under age 65 and on an HSA plan. Once set up, you can typically deposit money into an HSA account by check, money transfer or by wiring funds to the account.

The Life of an Insurance Claim

Ever wonder how Blue Cross of Idaho processes claims? Here's a rundown of how it happens, from start to finish.

Provider's Front Desk

Let's imagine you've got a friend named Bret. He's a Blue Cross of Idaho member and just visited his doctor. Like every good member, he was well prepared for his appointment and presented his member ID card. Once he leaves, a claim is created. All Blue Cross of Idaho in-network providers submit electronic or paper claims directly to us. Claims are typically prepared by the administrative staff at a provider's office and must contain specific information about the patient and provider.

Blue Cross of Idaho Claims Processing

Once we convert Bret's claim to a standardized, electronic format and all required information is present, the claim moves to the validation stage, where these rules must be met:

1. The provider is on file in our network and is covered for the services according to in-network or out-of-network provider status.
2. The patient is a valid member.
3. The claim doesn't duplicate one that's already been paid.
4. Procedure codes and diagnosis codes submitted are valid.
5. The service is covered by the member contract.
6. If prior authorization was needed, and if so, it was approved prior to the service.

Does Bret's Claim Pass Validation?

If there is any incomplete information or discrepancies, Bret's claim is not approved, but routed to a claims examiner for resolution. For example: let's say that Bret's claim includes an imaging test called an MRI. His coverage requires preauthorization for an MRI except in emergencies, but there's no record of either an authorization or an emergency. The claims examiner routes the claim to medical review to determine if the MRI was medically necessary. If yes, the claim is approved. If no, the claim is denied, and Bret has the option of appealing the decision. If it passes, the claim is approved. As an approved claim, it moves to the next stage – workflow.

Workflow

This stage involves electronic routing of accepted claims to two areas:

- Explanation of Benefits (EOB), which is prepared for Bret.
- Detail of Remittance, which prepares payment of the claim. Payment goes directly to providers contracted with Blue Cross of Idaho. If the provider Bret used doesn't have a contract with us, the payment is sent to Bret along with the EOB, and Bret must pay that provider the amount owed.

Note: *Out-of-State claims where the provider is contracting with a different Blue Cross and Blue Shield Plan follows this same process but may take a little longer. This is because we depend on the host plan's staff to validate the claim information before they send it to Blue Cross of Idaho.*

What's the Turnaround Time for Processing a Claim?

It depends on a lot of factors – including how long it takes your provider to get the claim to Blue Cross of Idaho and how complete the information is. As a member, you can help yourself and the claims process by knowing your plan coverage and asking questions in advance.

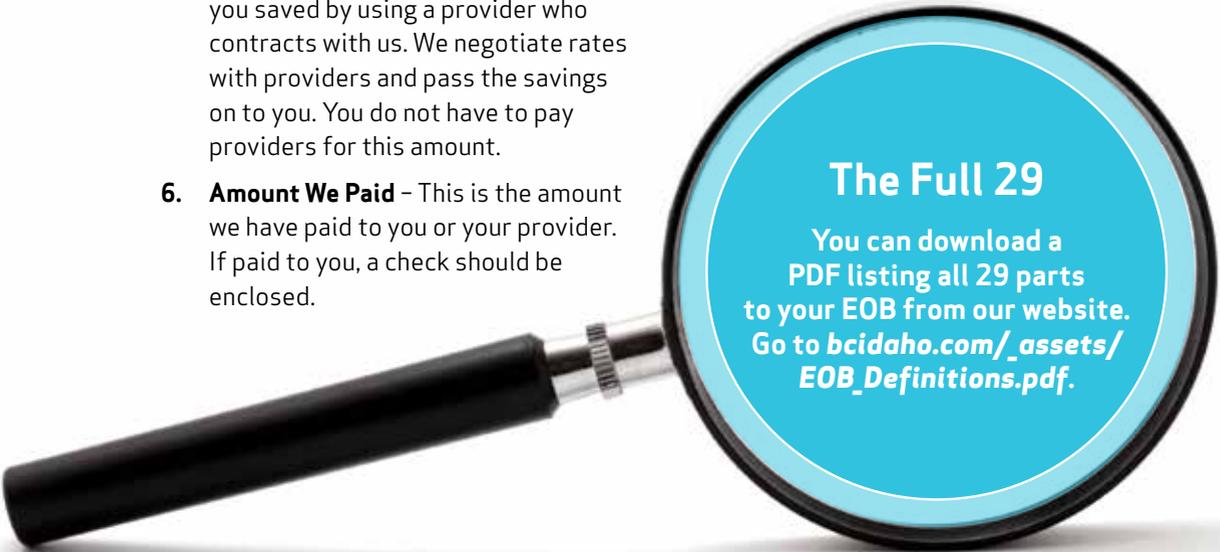


The ABCs of EOBs

How to read your explanation of benefits without pulling your hair out.

The explanation of benefits (EOB) generates more questions than almost any other insurance form. Perhaps we can help you find the information you need. There are 29 distinct parts to your EOB. We've picked 11 of the most important ones to get you started.

- 1. This is not a bill** – When you get your EOB, remember this important fact first. An EOB is **never** a bill. It's an explanation. That should help keep your blood pressure down.
- 2. Patient's Name** – The name of the person who received this service. It could be anyone in your family who has coverage under your health plan. This may not match the person the letter is addressed to.
- 3. Services Billed By** – This is who billed the service. This may or may not be the provider of services. Some providers bill their own services, while others use a billing service.
- 4. Charges** – This is the amount your provider billed for the services you received.
- 5. Network Savings** – This is the amount you saved by using a provider who contracts with us. We negotiate rates with providers and pass the savings on to you. You do not have to pay providers for this amount.
- 6. Amount We Paid** – This is the amount we have paid to you or your provider. If paid to you, a check should be enclosed.
- 7. What You Owe the Provider** – This is the amount that needs to be paid to your provider. Remember, this isn't your bill for that amount. This just explains why you owe it.
- 8. Deductible Status** – This is the amount of the deductible that has been met for this patient as of the date of this statement. Claims that are processed or adjusted after this date may change the deductible status. **Note:** *All EOBs may not show this information.*
- 9. Detail Information** – This box gives you detailed information for each claim shown in the EOB.
- 10. Notes** – These notes explain the action we took on this claim. Notes show why we process the claim the way we did. They may also show information we still need or an action that is required from you.
- 11. Appeal Procedures** – You have the right to appeal any coverage decision we make. This section (on the back of the EOB) tells you how to appeal.



The Full 29

You can download a PDF listing all 29 parts to your EOB from our website. Go to bcidaho.com/_assets/EOB_Definitions.pdf.



P.O. Box 7408 Boise, Idaho 83707-1408

EXPLANATION OF BENEFITS

1 THIS IS NOT A BILL

If you have a question about your claim, please call Customer Service at 208-331-7347 or 1-800-627-1188 www.bcidaho.com

SUMMARY

2 Patient Jacob Lastname		Identification No. XMH00000000000000		Group 0000000000 – Name of Group		
3 SERVICES SUBMITTED BY	4 CHARGES	5 NETWORK SAVINGS <small>Amount saved by using a Blue Cross of Idaho contracting provider.</small>	6 OTHER INSURANCE <small>Amount your other insurance paid.</small>	6 AMOUNT WE PAID	7 WHAT YOU OWE PROVIDER	
Health Care Clinic	344.00	46.00	0.00	238.20	59.80	
TOTAL	344.00	46.00	0.00	238.20	59.80	

DEDUCTIBLE STATUS 8

For benefit period 01/01/2013-03/01/2013, the following has been satisfied:	250.00 of the 250.00 Individual Deductible. 250.00 of the 250.00 Family Deductible.
---	--

DETAIL 9

Health Care Clinic

Provider Bill Cureall							Insurance Claim 000000000000000000		
Patient Account 000000000									
Service Date	Service Description	Charges	Network Savings	Other Insurance	Non Covered	Deductible	Copayment/ Coinsurance	Amount We Paid	Notes
02/21/13	Physician Care	329.00	46.00			4.00	55.80	223.20	1
02/21/13	Laboratory	15.00	0.00					15.00	
CLAIM TOTAL		344.00	46.00			4.00	55.80	238.20	

10
Notes
1 Amount listed in the Network Savings column exceed the allowable amount for this service. You may not be responsible for this amount. Amounts listed in the Noncovered column exceed the allowable amount for this service. You are responsible for this amount.

Suspect Fraud? Please help by calling our hotline at 1-800-682-9095.
An Independent Licensee of the Blue Cross and Blue Shield Association

11 (over)



Prior Authorization: Insurance-Speak for Saving You Money

One phone call can ensure you get proper, cost-effective treatment.

WHAT IS PRIOR AUTHORIZATION?

Prior authorization is the process of determining medical necessity for a nonemergency medical service or procedure. It's that simple.

HOW DOES PRIOR AUTHORIZATION WORK?

When your provider wants to perform a procedure or service, please contact us for prior authorization. Not all procedures or services require prior authorization. To find out which ones do, call the phone number on the back of your ID card. Our customer service advocates will be able to help you determine if you need prior authorization and will let you know what information is required.

After receiving the prior authorization request and reviewing all the necessary information, we will contact your provider. In some cases, if necessary, we may ask for more information.

WHAT HAPPENS IF I DON'T GET PRIOR AUTHORIZATION?

It depends. If we review the claim and the service was medically necessary, it may be processed normally. But if we require prior authorization and your provider doesn't get it before treating you, there could be more out-of-pocket costs for you. It's best to be sure a service doesn't need it – before you have it done. If a service is denied and you didn't have prior authorization, you can still appeal our decision using the Blue Cross of Idaho appeal process.

WHY IS PRIOR AUTHORIZATION IMPORTANT?

Prior authorization helps address the issue of rising healthcare costs by keeping procedures and services that are not medically necessary from being performed.

WHAT SERVICES NEED PRIOR AUTHORIZATION?

You can find a list of services that require prior authorization by:

- Calling customer service at the number on the back of your member ID card
- Reviewing the prior authorization list on our website, members.bcidaho.com
- Reading your member contract – you can find a copy at members.bcidaho.com. Log in, select **My Account**, then **My Contract** from the top menu.

Prior authorization is part of the process we call Utilization Management (UM). UM is what we call the work we do to make sure you get the right healthcare at the right time and pay the right price.

To do that, our UM team looks at healthcare services to make sure they are the right treatments. They work to make sure you get the service when you need it and not too early or too late. They also compare the treatment you get from your doctor with established medical guidelines. The UM team also makes sure you receive healthcare that comes from providers who don't get incentives or rewards for treating you a certain way.

You can reach our staff from 9 a.m. to 5 p.m., Monday through Friday by calling customer service at 208-331-7347 or toll-free at 800-627-1188 regarding decisions related to approvals, denials, or if you need further clarification related to utilization management, discharge coordination or transfers from one level of care to another. TDD/TTY and language assistance is available for callers with questions about Utilization Management at 800-377-1363. For language assistance, please call 800-627-1188.

Making the Most of Your Prescription Benefits

Your Blue Cross of Idaho prescription drug benefit gives you access to a wide range of clinically effective, affordable prescription medications through our large network of local and national pharmacies, managed by our pharmacy benefits manager (PBM), CVS Caremark.

For a list of participating pharmacies, call the CVS Caremark Rx Customer Care number on the back of your ID card or go to **members.bcidaho.com** and select **Pharmacy** from the resource center, then **Find a CVS Caremark Pharmacy** near you on the next page.

Blue Cross of Idaho's prescription drug formulary (or preferred drug list) is a list of drugs covered by your plan and helps our providers prescribe clinically sound, cost-effective medications. This list of covered drugs is developed and maintained by Blue Cross of Idaho's Pharmacy and Therapeutics Committee, which includes actively practicing primary care and specialty physicians, pharmacists and other healthcare professionals working in Idaho.

The formulary is available on Blue Cross of Idaho's website at **members.bcidaho.com**. Select **Prescription Drugs** then select **Search Prescription Drugs**. The formulary is **Covered Drug List for QHP Metallic Plans**. If you prefer, we can mail you a printed copy if you call our customer service department at the number on the back of your ID card. However, we encourage our members to obtain the most up-to-date version of the drug formulary online.

The copay levels in a four-tier system benefit are:

- **1st Tier Copayment-Covered** generic drugs. You will pay the least when your doctor prescribes generic drugs.
- **2nd Tier Copayment-Covered** preferred brand name drugs; brand name drugs that are preferred due to their quality and cost-effectiveness as determined by BCI's Pharmacy & Therapeutics Committee.
- **3rd Tier Copayment-Covered** non-preferred brand name drugs.
- **4th Tier Copayment-Covered** specialty drugs, regardless of brand or generic status. Specialty drugs are medications typically used to treat complex conditions and meet certain benefit criteria.

Generic Substitution Program

Our generic substitution program was developed to fight rising prescription drug costs. If you or your doctor requests a brand-name prescription when a generic equivalent is available, you are responsible to pay the difference between the allowed cost of the generic drug and the brand-name drug and any applicable brand-name copayment. The extra costs do not count toward your deductible or annual out-of-pocket maximum. Your doctor can request an exception to this policy by submitting a prior authorization request.

Prior Authorization

Blue Cross of Idaho requires prior authorization for some medications. This is a process where a prescription needs to be approved before we will cover it. All requests for prior authorization are reviewed by a licensed physician, a licensed registered nurse or pharmacy technician under the supervision of a licensed physician, but only a physician may deny a request.

Our team of clinicians reviews each request on a case-by-case basis and makes decisions based on individual needs and circumstances. You can find the pharmacy prior authorization form on our website members.bcidaho.com under **Prior Authorization**.

To request coverage of a drug that requires prior authorization or coverage of a non-preferred medication, your provider should fax a pharmacy prior authorization request along with supporting clinical information to Blue Cross of Idaho's Pharmacy Management department. Additional information regarding Blue Cross of Idaho's pharmacy prior authorization process is available by selecting the pharmacy link on our website, members.bcidaho.com.

If we deny your request for coverage or you have any questions regarding your prior authorization, please call Blue Cross of Idaho's customer service at the number on the back of your ID card or write to:

Appeals and Grievance Coordinator
Blue Cross of Idaho
PO Box 7408
Boise, ID 83707

Other Pharmacy Benefit Limitations

In addition to prior authorization, Blue Cross of Idaho uses other tools to guide the prescribing of clinically sound, cost-effective medications. These tools include step therapy and quantity or dispensing limits. Step therapy means that certain medications must be tried first before we will cover the cost of a second-line medication. An example of this would be requiring a trial of a generic medication(s) before we provide coverage for a brand-name alternative.

Blue Cross of Idaho may also impose quantity or dispensing limits based on FDA-approved dosages, safe use of medications or recommendations of specialists. We may restrict coverage to a pre-determined period of time (i.e. limited number of refills per year). Please see your member contract for more information about prescription drug exclusions and limitations. If you would like to review the Blue Cross of Idaho drug formulary or want more information about our Pharmacy and Therapeutics Committee procedures, please visit members.bcidaho.com and select **Pharmacy**, or contact customer service at the number on the back of your ID card.



**Always carry your
ID card in the event
you need emergency
healthcare services.**

HOW TO USE YOUR INSURANCE

You Enrolled in a Healthcare Plan – Now What?

Now that you have health insurance, you might be wondering, ‘what’s next?’ Here are a few things to keep in mind to help you start on the right foot.

- **Read your contract** – Everything you need to know about what your policy covers, your benefits, out-of-pocket maximums, exclusions and limitations and more is included within your member contract. You can find a copy of your contract at members.bcidaho.com. Log in and select **My Account**, then **My Contract** from the top menu. Before you use your Blue Cross of Idaho coverage, make sure you understand it, and call one of our customer service advocates at the number on the back of your ID card if you have any questions.
- **Watch your mail for your member ID card** – Blue Cross of Idaho sends an identification card in the mail to all members after we receive the first premium payment. Always carry it in the event you need healthcare services – it contains important information like your type of policy, dates of coverage and copayments, as well as customer service phone numbers.
- **Show your ID card to your doctor** – Whether you are a new Blue Cross of Idaho member or recently changed plans, show your member ID card to your doctor, pharmacist or any other healthcare professional when you receive services so they can file claims on your behalf and to make sure you receive the full benefit of your coverage.
- **Check your EOB** – Whenever Blue Cross of Idaho receives a claim for healthcare services you received, we generate an explanation of benefits (EOB) that offers an overview of several things, including what your provider charged, what he or she accepts as payment, and what (if anything) you may owe (see *The ABCs of EOBs* on page 10). It’s important to review your EOB to make sure you received the services listed, and compare any amounts owed with invoices you receive from doctors or hospitals to make sure the amounts are the same.

(FRONT)

		
Enrollee Name/Number	Medical	PPO
John Q.	PCP Office Visit	\$20
Public	Non-PCP Office Visit	\$40
XX X999999999	Dental	PPO
	Vision	Yes
Group Number 10000001		
Rx Bin 610053		
		

(BACK)

		For Customer Service, visit bcidaho.com or call the appropriate number below:
Medical:	(208) 331-7347	
	(800) 527-1188	
Providers:	(208) 286-3656	
	(866) 482-2250	
Vision:	(800) 877-7195	
CVS Caremark RX Customer Care:	(855) 839-5205	
BlueCard Access:	(800) 810-2583	
(to locate a provider outside of Idaho)		
Prior Authorization:	(208) 331-7535	
	(800) 743-1871	
Blue Cross of Idaho P.O. Box 7408 Boise, Idaho 83707		And independent licensee of the Blue Cross and BlueShield Association.
<small> Call to notify us when you or an eligible dependent have a hospital inpatient admission. You should obtain prior authorization for certain hospital and non-hospital services. Failure to call may affect your benefit payments. Providers: Please file your claims with your local BlueCross BlueShield Plan. If Medicare is primary, file Medicare claims with Medicare. Dental Providers: Please submit all dental claims to Blue Cross of Idaho. Blue Cross of Idaho provides administrative claims payment services only and does not assume financial obligation for claims. Blue Cross of Idaho may reinsure some claims. </small>		

Find a Doctor in Your Network

We've made it easier than ever to find a provider through our online directory.

Visit bcidaho.com/findaprovider and fill in the required fields to search by network, provider name, specialty, or location. If you don't have access to the internet, you can always call the phone number on the back of your member ID card. A Blue Cross of Idaho customer service advocate can help you locate an in-network provider and also answer any questions you have about a provider's specialty, education or credentials.

Choice Members

If you're a member of one of our *Choice* plans, you have open access to our wide network of doctors, clinics, and hospitals, and you don't need referrals – even to see specialists or mental healthcare providers.

While you aren't required to choose a primary care physician (PCP), you should find an in-network provider you are comfortable with, who meets your individual needs, and can serve as your "home base" for care. When you visit the same doctor for most of your healthcare, it becomes easier for that doctor to see how your overall health is changing through the years.

Our Find a Provider search on our website (bcidaho.com/findaprovider) lets you see a list of nearby doctors who serve as PCPs for Blue Cross of Idaho members. The search engine is also a great way to find a specific specialty care or mental healthcare provider. Finding a hospital is easy – our network includes 100% of the hospitals in Idaho!

Connect Members

If you're a member of one of our *Connect* plans, you will need to select a primary care physician (PCP). This doctor will be in charge of your overall healthcare and will provide you with referrals to other doctors or specialists. PCPs are not just family doctors but may also be general practitioners,

internists, pediatricians and obstetricians and gynecologists – depending upon your season of life and your personal healthcare needs.

You and your PCP will work together to navigate your medical options and effectively manage your health and wellness. When you need specialized medical care or mental healthcare, your PCP will refer you to a provider and organize your care to make sure you get the best treatment possible.

To get the most out of your Blue Cross of Idaho benefits, you must get a referral from your PCP before you see a specialist. In certain cases, you don't need a referral. For example:

- You do not need a referral to see an in-network obstetrician or gynecologist for covered maternity care, annual exams, or follow-up care for conditions diagnosed during maternity care or an annual exam.
- And – as always – you do not need a referral when you have a medical emergency.

If you don't choose a PCP when you enroll, Blue Cross of Idaho will automatically assign one to you. If you aren't happy with your PCP, you can switch doctors online from your personalized member page, or you can call customer service at the phone number on the back of your member ID card. Remember, your PCP will coordinate your care and you may incur additional costs if you get services outside of your network, or from a specialist without a referral.

On the Move Outside of Idaho

If you need a provider outside Idaho, navigate to bcidaho.com/findaprovider and simply select **Hospital/Medical Outside of Idaho** and the Blue Cross and Blue Shield Association provider finder tool will open.

If you don't know which medical network you're in, review your member contract or look at the top-right column on the front of your Blue Cross of Idaho member ID card. Finding a provider within your network will help you save out-of-pocket costs.



BlueCard – Your Benefits Travel with You

You're hiking the Grand Canyon when you fall and twist your knee. How can you get the medical attention you need without being stuck for high, out-of-network charges?

BlueCard® can help. BlueCard gives you in-network coverage just about anywhere you need it. The BlueCard program allows members to enjoy the same level of benefits whether they are traveling or at home. And we've made it easy to find a BlueCard provider in the United States and overseas. Just go to <http://provider.bcbs.com> and use the BlueCard Doctor and Hospital Finder.

No Internet hookup in the Grand Canyon? No worries. You can call BlueCard at 800-810-BLUE. For more information, call Customer Service at the number on your ID card.

View Your EOBs Online

Our Electronic EOB Program lets you view your explanation of benefits (EOB) statements from the comfort of your own computer. It's our latest offering designed to make managing your healthcare even easier.

Once you enroll, we will no longer mail statements to you. Instead, you'll get an email notifying you that there's new information for you to view. When you log on to the secure member area, you can review your materials and save them to your computer if you wish. Join the Electronic EOB Program and you'll get:

- Easier organization of your medical paperwork. The Electronic EOB Program lets you store and review your statements whenever and wherever it's most convenient.
- Safe and secure storage. Your EOB statements and medical information remain private with the Electronic EOB Program

Enroll now at bcidaho.com/electronic-eob.



Visit members.bcidaho.com for Health Information

Our health library offers wellness information and tools.

If you are already a registered user of members.bcidaho.com, you know the many resources available on our website under the **Health & Wellness** tab. From 24-hour access to your claims history, deductible balances, EOBs, or access to our wellness support tools – our site is the place to go for all things related to your insurance and health.

The health library is one of our favorite free features. Not only does it offer easy-to-follow definitions for health-related terms, but it also features interactive tools like a symptom checker and wellness quizzes and calculators.

Do you want to check what your target heart rate is? Are you considering lower back surgery? Maybe you're trying to get pregnant and want to know when you're most fertile? You can find answers to all of these questions in the health library after registering at members.bcidaho.com.

Be Your Best: Online Tools to Help Your Health

If you haven't heard it before, Blue Cross of Idaho wants you to be aware that your healthcare is a team effort. It takes a partnership that includes your doctors, your insurance company and you. As an insurer, our part of the effort is to provide you the best value in health insurance and tools for maintaining and improving your health.

To do that, we've posted some great tools on our website. When you log on to the website, members.bcidaho.com, and go to the *WellConnected* section, you will find free information and educational resources, as well as health and cost-management tools.

Preventive Guidelines

You never have to wonder if it's time for a mammogram or if your kids need a vaccination. All our preventive health guidelines are available for easy reference. Select **Preventive Guidelines** under the **Health & Wellness** tab.

Personal Health Support

If you have Asthma, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Coronary Artery Disease (CAD), or Heart Failure, our personal health support programs may help you control your condition better. Select **Personal Health Support** under the **Health & Wellness** tab.





Need Advice About Care After Hours?

Now you can talk to a Registered Nurse 24 hours a day, day or night, to help you make informed decisions about your family's health. Nurse Advice Line can give you peace of mind and help when you:

- Wonder whether you need to make an appointment.
- Need information about medications, medical tests, or procedures.
- Want to learn how to take care of a new or chronic condition.
- Want to find ways to talk more effectively with your healthcare provider.
- Have questions about how you or your family can stay healthy.

You can also access a nurse through “live chat” on your computer or tablet. Please note, you can only discuss general health information and not specific symptoms through live chat. Login to **members.bcidaho.com** to access the live chat link on your member home page.

Please Note: Nurse Advice Line is not a substitute for medical attention. Our Registered Nurses cannot provide diagnoses or treatment. If you have an emergency medical condition, please call 911 or your local emergency medical services number.

Reliable health information is a phone call away. If you bought your insurance through Your Health Idaho, call toll-free **877-848-9995**. If you bought your insurance another way, call toll-free **877-778-4509**.

GETTING THE MOST FROM YOUR BENEFITS

To Go or *Not* to Go?

How to Know when to Dial 911 or Head to the Local ER

Blue Cross of Idaho health insurance plans cover emergency services for all of our members. But what, exactly, is a medical emergency? A medical emergency includes any problem that may cause permanent damage or death, including:

- Chest pain
- Heavy bleeding
- Compound fracture
- Seizures
- Suddenly being unable to speak or breathe

If you experience any of these symptoms, it's time to pick up the phone and dial 911. You may be tempted to skip the ambulance, but in an emergency situation, you could risk serious injury or even death.

What if you aren't sure it's a true emergency?

If you ever find yourself considering a trip to the ER, stop and ask yourself, "Am I going to the emergency room because I have an emergency or because it is open and I don't need an appointment?" Visiting the ER only for emergencies

helps keep healthcare costs lower. It also saves this important resource for people who may truly be in danger of losing their life.

So, what's the alternative? If it's late in the day and your healthcare provider's office is closed, or you're experiencing an urgent medical need – such as broken bones, sprains, earaches, minor burns, sore throats, tension headaches or minor cuts – then you can visit another in-network physician, urgent care facility or walk-in clinic that is open after normal work hours.



Bottom Line:

Make sure to visit the emergency room when it's an emergency. All Blue Cross of Idaho plans provide some coverage for emergency services without a referral. Some emergency room visits can include a copayment that is waived if you are admitted to the hospital. For conditions that aren't really an emergency, visit an urgent care facility or make an appointment with your healthcare provider.

The Importance of Wellness Exams

Help prevent health problems with a simple, annual checkup.

A wellness exam focuses on prevention. It allows you and your physician to have a conversation about your health concerns and potential illnesses before serious issues arise. It also gives you an opportunity to ask about your medical history or general questions about your health. Plus, it's a good time to evaluate what health screenings you should schedule for the future, and review any medication you are taking. To put it plainly, it's a smart way to stay ahead of your health.

If you don't already have one, begin by finding a healthcare provider with an organized office and a helpful staff that listens and explains things in a way you understand.

How often should I have a wellness exam?

Schedule your wellness exams periodically, depending on your age and general health. Most people have at least one exam annually. For more preventive guidelines, visit members.bcidaho.com and select **Preventive Guidelines** from the **Health & Wellness** tab at the top of the page.

What should I expect from a wellness exam?

Typically, your healthcare provider will begin by checking your vital information, like your blood pressure, vision, pulse, weight and height. Once he or she gets an overview of your current health, a physician might spend time asking you questions and evaluating other aspects of your overall health picture to help advise you on ways to improve your health. Be prepared to answer questions about your medical and family history.

Other possible questions include:

- Do you currently have any concerns about your health?
- Do you have any conditions that might require regular medical screenings?
- What medications are you currently taking?
- What are your nutrition and exercise habits?
- Do you use tobacco, alcohol or recreational drugs?

You can help your healthcare provider perform the exam by preparing a few items before your appointment. Bring a list of questions about any health problems you've had since the last visit. Consider future health risks. A list of current medications you're taking will also help your doctor. Bring your insurance card, arrive on time and work with your provider to maintain your best health.

A person wearing a red and blue cycling jersey, black shorts, a white and black helmet, and sunglasses is riding a mountain bike on a dirt trail. The trail is surrounded by tall grasses and yellow wildflowers. The background is a dense forest of green trees.

Healthcare reform requires most insurance plans to cover wellness visits with no out-of-pocket costs (see page 29). Check your benefit information to see what your plan includes before scheduling your appointment.

Cancer Tests Could Save Your Life

Cancer screenings are a smart bet. Treatments are more effective if you catch cancer early. Review your healthcare plan to see how screenings are covered, then speak to your doctor about these testing options.

MAMMOGRAM To detect breast cancer before signs and symptoms are noticeable.	No special preparation is needed.	X-ray to identify lumps or abnormalities in the breast.	Every 1 to 2 years after age 40.
FECAL OCCULT BLOOD TEST (FOBT) To detect colorectal cancers	A special diet may be required.	Request a high-sensitivity FOBT; you receive an at-home test kit. A lab will check your sample for blood.	Annually, beginning at age 50 unless your doctor recommends earlier testing
FLEXIBLE SIGMOIDOSCOPY To detect polyps and colorectal cancers	Your doctor will advise you on what you can and cannot eat; a strong laxative is taken to empty the colon.	A thin, short, flexible, lighted tube is inserted in the rectum.	Every 5 years after age 50
COLONOSCOPY To detect colorectal cancers	Doctor will provide prep instruction; arrange for a ride home after procedure.	Medication is given to make the test more comfortable. Procedure is similar to sigmoidoscopy, but allows doctor to view the entire colon.	Every 10 years after age 50

It's Smart to Get Screened

Some preventive care services – including mammograms and Pap smears – are available to women at little or sometimes no out-of-pocket cost.

A mammogram is an X-ray of the breast used to screen for signs of breast cancer. The National Cancer Institute recommends that women age 40 and older have a screening mammogram every one to two years.

The Pap smear screens for abnormalities that may signal cervical cancer. It's recommended that women have a Pap test every three years beginning at age 18.

Recommendations for Preventive Screenings

This chart represents the recommended screening schedule for adults who have no known risk factors. If you have risk factors, like smoking or family history, or a serious health condition or disease, your doctor may recommend these screenings/immunizations at an earlier age or greater frequency. These are guidelines only and do not replace the recommendations of your doctor.

Blue Cross of Idaho covers the screenings and immunizations outlined below as part of your preventive services. For a complete list of covered benefits, please refer to your policy or visit healthcare.gov.



Physical exam	Men and women beginning at age 18	Every 1 - 2 years
Blood pressure	Men and women beginning at age 18	Every 2 years if 120/80 or lower Every year if 120 to 139/80 to 90
Cholesterol	Men age 20 - 35 and women age 20 - 45 if other risk factors for coronary heart disease exist Men age 35 and women age 45	Every 3 - 5 years
Colorectal	Men and women 50 to 75 years of age	Doctor's recommendation dependent upon results
Diabetes	Men and women at high risk (i.e., with hypertension or hyperlipidemia)	Doctor's recommendation
Height, weight, BMI	Men and women beginning at age 18	Every 1 - 2 years
Breast cancer	Women age 50 to 74 years of age	Every 1 - 2 years
Pap test	Women who are or have been sexually active or at age 18	Every 1 - 3 years
Tetanus-Diphtheria	Men and women age 18 and older	Every 10 years
Flu	Men and women age 50 and older	Every year
Pneumonia	Men and women age 65 and older	One dose

Sources: U.S. Preventive Services Task Force, American College of Preventive Medicine, Centers for Disease Control and Prevention

Plan your Doctor Visit

Good health takes good planning.

The best way to beat illness is to prevent it before it happens. That's why it's important to visit your healthcare provider for an annual wellness exam. Wellness exams also give you an opportunity to discuss your medical history or ask general questions about your health.

It's also a chance to evaluate what health screenings you should schedule, and review any medication you are taking. To put it simply: It's a great way to stay ahead of your health.

In general, you may receive immunizations and advice on health and wellness issues (nutrition, physical activity, healthy weight, injury prevention, tobacco and alcohol use, dental health and mental health) at a wellness exam.

Schedule your wellness exams periodically, depending on your age and general health. Most people have at least one exam annually. For more preventive guidelines, visit members.bcidaho.com and select *Preventive Guidelines* from under the *Health & Wellness* tab at the top of the page.

Women should also expect to discuss:

- Breast health and the importance of mammograms
- Cervical health and the importance of a Pap smear
- Bone density tests or DEXA scans
- Diabetes
- Blood pressure
- Cholesterol
- Colon screening and health
- Thyroid screening
- Eye health
- Skin exams
- Weight and body mass index (BMI)
- Hearing
- Vaccinations or booster shots like an annual influenza vaccination

Men should also expect to discuss:

- Prostate health and the importance of prostate cancer screening
- Colon health
- Blood pressure
- Cholesterol
- Diabetes
- Skin exams
- Eye health
- Vaccinations or booster shots like an annual influenza vaccination
- Weight and body mass index (BMI)
- Hearing

Roll Up Those Sleeves

Get your children ahead of the class and see your doctor for timely immunizations.

When historians write about the history of medicine 100 years from now, they will cheer one achievement in particular: childhood immunizations. "Immunization has been cited as one of the 10 great public health achievements of the 20th century. We can now protect children from more vaccine-preventable diseases than ever before," said Dr. Anne Schuchat, director of the National Center for Immunization and Respiratory Diseases.

Most schools require updated immunization records every year, so plan a trip to the doctor along with back-to-school shopping trips. Remember that your health insurance covers annual well-child visits, including any shots your children need. There's no out-of-pocket cost to you and the protection it gives your children is priceless. "We prevent millions of cases of disease and thousands of deaths when we vaccinate them," said Dr. Schuchat.

Prevent 15 Deadly Diseases

Vaccines help prevent 15 serious and often deadly diseases, including polio, diphtheria, hepatitis and measles. Sadly, many children still aren't up-to-date with shots. That puts them in danger. Children are less able to fight off these infections than adults are.

And they are more likely to develop more serious complications from them. According to the Centers for Disease Control and Prevention, one child in 30 who gets measles also develops pneumonia. For every 1,000 children who get measles, one or two die from it. About 70 percent of children under six months old who get whooping cough (pertussis) need to be hospitalized, and kids this age account for about 94 percent of all deaths from the disease.

No Excuses: If your children are covered by your Blue Cross of Idaho healthcare policy, their immunizations are covered.

The good news is that – thanks to vaccines – the number of cases of most of these diseases is at an all-time low in the U.S.

But diseases still torment children in other parts of the world. With international travel so easy these days, viruses are always coming back to our shores. That's why public health experts continue to push parents to get their kids vaccinated.

"The suffering or death of even one child from a vaccine-preventable disease is an unnecessary human tragedy," said Dr. Schuchat.

Make Your Health Album

A three-ring binder can be a handy tool for gathering your health information. Start with a short summary of important facts, including your blood type, significant medical conditions (such as diabetes, high blood pressure) and drug or food allergies. List the medications you take, including over-the-counter products. Also include the contact information of your primary care physician and an emergency contact person. Use the rest of the binder to note test results, surgical procedures, immunizations and family history. Bring this binder with you to every doctor's appointment, and use it to take notes.

Preparing for Your Next Doctor's Visit

Even in this high-tech age, it's important to communicate openly with your doctor. Ensuring good communication, however, means doing more than describing what ails you.

Before You Go

Lay a game plan for your appointment. Your doctor should listen carefully to your concerns, diagnose your ailment and recommend treatment. And to help your doctor in that process, you should provide accurate, detailed information on your condition, as well as your lifestyle habits, medications and medical past.

To make sure you don't forget any details, make notes and take them with you to your doctor's office. Ask yourself these questions:

- **What is my reason for seeing the doctor?** Don't be vague - even if your concern is of a private nature. Prepare to speak candidly and to answer equally candid questions.
- **What are my symptoms?** Review every aspect of your symptoms and jot down whatever occurs to you - even items that may seem unrelated. Don't skimp on details: Accuracy is crucial.
- **When did I first notice my symptoms?** For example, did your headaches begin on a specific date? Or did they appear gradually over several weeks? Try to identify exactly when the condition appeared and what sequence of events followed its appearance.
- **Have I had any past experience with this or a similar condition?** Your personal medical history will be useful at this point and may help your doctor determine whether your past holds the key to a diagnosis.

At Your Appointment

By preparing for your doctor's visit, you lay the groundwork for a successful appointment. It's important that you be an active participant in the consultation itself, asking every relevant question that occurs to you.

To help guide your questions, consider a program called *Ask Me 3*. Developed by the Partnership for Clear Communication, the *Ask Me 3* campaign encourages healthcare consumers to take a driver's seat in their care.

The questions to ask your doctor are:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Ask your doctor to answer these questions clearly and in simple language. Be sure you understand the answers. And don't be afraid to take notes.

How Do I Submit a Claim?

Good news! When you use an in-network provider, you won't have to submit a claim at all! When using an in-network provider, your healthcare provider will submit the claim on your behalf.

And, many non-network providers will also submit a claim on your behalf. However, if you need to personally submit a claim, you can print, complete and mail a member claim form to Blue Cross of Idaho.

Copies of the form are available on the member portion of our website, **members.bcidaho.com**. Select **Applications & Forms** under the **Tools & Resources** tab. If you need assistance submitting a claim, please contact the Blue Cross of Idaho Customer Service number on the back of your member identification card.

Before seeking medical care, we strongly recommend you find an in-network provider. It is easy to use the searchable provider directory on the Blue Cross of Idaho website at **members.bcidaho.com**. Select **Find a Provider** under the **Tools & Resources** tab. If you don't have access to the internet, call a Blue Cross of Idaho customer service advocate at the phone number on the back of your member ID card for assistance.

As a reminder, receiving care at any of the listed out-of-network facilities, or from any other out-of-network provider, will likely cost you more than the same care from an in-network provider.



Why Did I Receive a Bill From My Provider?

Often providers will issue a bill to you at the same time they send the claim to Blue Cross of Idaho for processing. If you received services from an in-network provider, you should wait to receive the EOB from Blue Cross of Idaho before paying any amount. Then you will be able to see how much Blue Cross of Idaho paid, and how much you may still owe in deductible, copayment or coinsurance.

If the provider you saw has not contracted with Blue Cross of Idaho (is out-of-network) or the services provided were not covered by your policy, the provider may bill you directly for the service and ask you to pay the full amount charged.

To ensure you get the greatest benefit from your health insurance coverage, check your policy to make sure the services you seek are covered, and don't hesitate to call us at the phone number on the back of your ID card if you need clarification about what services your policy covers or whether a provider is in-network.

Appealing a Denied Claim – We Can Help You

If you have questions or concerns about a claim or information about your EOB, please call the telephone number listed on your Blue Cross of Idaho ID card. It's within your rights to appeal a claim – here's how. Just follow the steps outlined on the back of every EOB you receive. The information on the EOB tells you to write a letter stating the reasons you believe our claim decision was incorrect. Include comments, documents, medical records or other relevant information with your letter.

You should also request copies of any guidelines or documents Blue Cross of Idaho used to make our decision. Send your letter and all documentation to the Appeals and Grievance Coordinator no later than 180 days after you receive notification of denied payment of services using the following address:

**Appeals and Grievance Coordinator
Blue Cross of Idaho
PO Box 7408
Boise, ID 83707**

We will mail you a decision within 15 days from the day we receive your appeal. You or your authorized representative may request copies of all documents related to this appeal at no charge. In Idaho, after exhausting the Blue Cross of Idaho appeals process, you may contact the Idaho Department of Insurance and request an external review of health claims denied for “medical necessity” or as an “investigational” service or supply.



HOW TO SAVE MONEY

10 Ways to Reduce Your Healthcare Costs

There are many things everyone can do to save money on medical costs without compromising on quality of care. Here are 10 money-saving ideas you can use to reduce your healthcare expenses.

Visit in-network doctors. Health insurers, including Blue Cross of Idaho, negotiate with providers and healthcare facilities for discounted fees. These providers make up the health plan's network. When you visit an in-network provider, you usually pay a lower copayment, lower deductible and lower coinsurance (depending on your plan). Visiting an out-of-network provider can cost you more.

Ask your doctor if a recommended service is absolutely necessary. Become an active participant in your healthcare and ask questions about all the services your physician recommends, including radiological services, hospital stays, lab tests, medications and anything else. Talk to your doctor and find out if a procedure is absolutely necessary. You could lower your healthcare costs by eliminating a needless test or procedure. That decision needs to happen in partnership with your doctor, but by asking, you could save money. If your doctor says you can schedule a specific procedure or service at a later time, then it's in your best interest to shop around to find the lowest cost.

Take care of yourself and stay healthy.

A great way to save money on your healthcare is to stay healthy. To maintain a healthy lifestyle, eat properly, exercise regularly, maintain a healthy weight and don't use tobacco. According to the American Medical Association, 25 cents of every healthcare dollar goes to treat diseases or disabilities that result from changeable behaviors.

Use generic drugs. Generic drugs, on average, cost one-third less than brand-name drugs but use the same active ingredients and have the same therapeutic benefit. In addition, many pharmacies offer generic discount programs that could save you money. The cost of these programs varies by pharmacy, but it's worth it to find out if your pharmacy's generic discount program will cost you less than your health plan's generic medication copayment. Ask your doctor or pharmacist if generic drugs are available for the brand-name drugs you take.



Go to the emergency room only for

emergencies. You will save money when you visit an in-network provider or walk-in clinic for routine ailments such as sore throats, colds, flu, earaches, minor back pain and tension headaches. Before you go to a hospital emergency room, ask yourself: “Am I going to the emergency room because I have an emergency or because it is open and I don’t need an appointment?” However, if you are experiencing an emergency, call 911, or seek emergency care immediately.

Follow your doctor’s instructions. Visiting the doctor is important and you’ll get the most out of your visit if you follow through on prescribed treatments and instructions. After a visit, follow your doctor’s instructions and treatment advice and take any medications exactly as prescribed.

Check your EOBs to make sure they only include services you’ve received. Carefully review the explanation of benefits (EOB) forms from your insurer to make sure they only include procedures and services you received. Call your health insurer if you find a mistake.

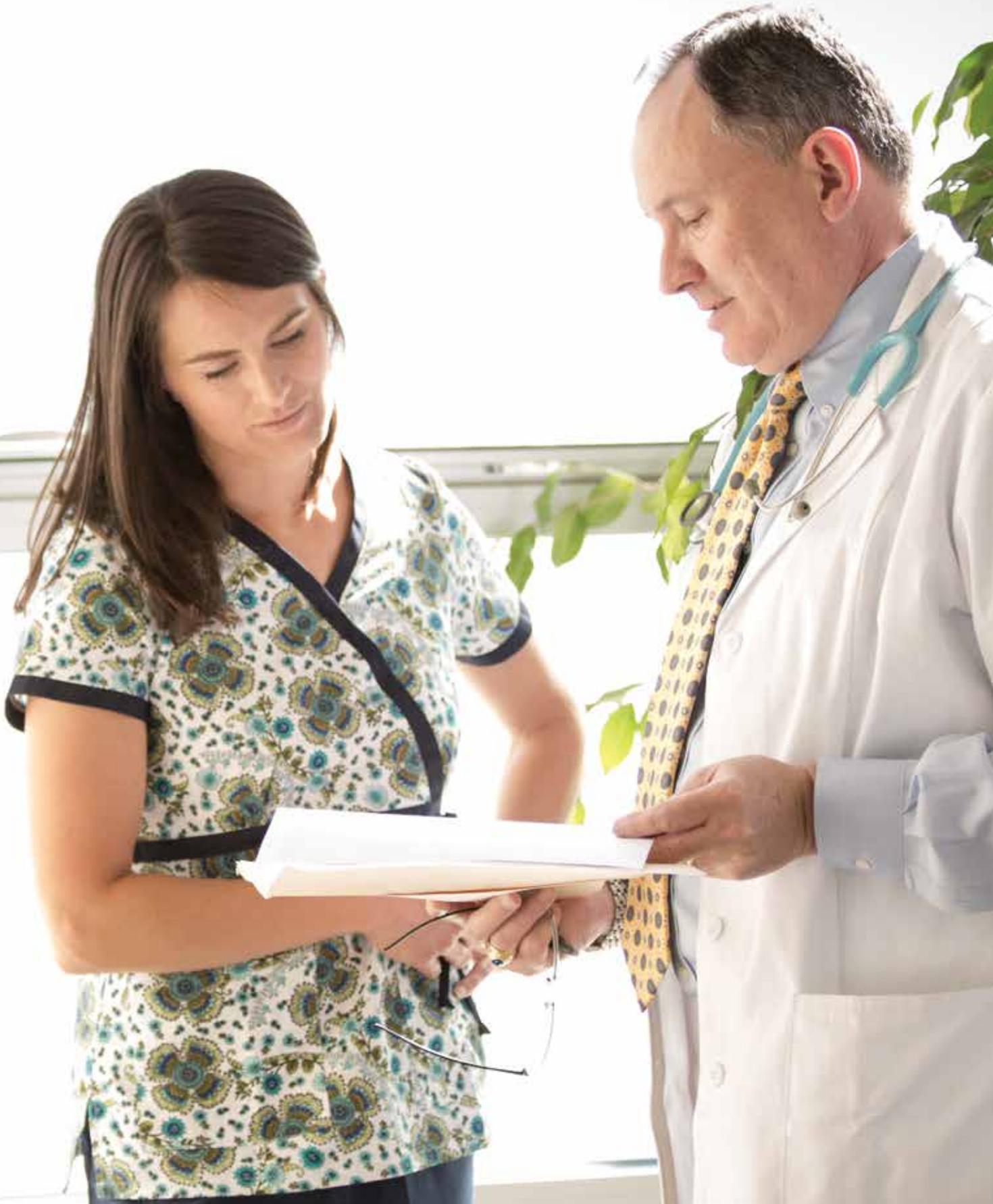
Follow preventive guidelines. Keep yourself healthy and save money on health expenses over time by following preventive guidelines for regular checkups, immunizations and tests (Pap smear, fecal occult blood, rubella, PKU, PSA and cholesterol). Your new coverage includes preventive care at no cost to you, so there’s no reason not to take good care of yourself! Check your benefit information to see what your plan includes before scheduling your appointment.

Use and get the most out of your flexible spending account.

If your employer sponsors a flexible spending account (FSA), use it. With a flexible spending account, you choose to have pretax dollars deducted from your paycheck for out-of-pocket medical costs. Most people don’t realize all that a FSA could cover, including prescription drugs, health insurance deductibles and copayments, acupuncture, eyeglasses, contact lenses, laser eye surgery, some over-the-counter drugs (allergy medications, cold medicines), crutches, bandages and dental care, including orthodontics.

Take advantage of online tools and resources to improve your health.

Our online health coaching tools and wellness workshops help you put your best foot forward with powerful, personalized-to-you insights, motivation, support, and tools. These tools can help you reduce stress, manage chronic conditions, improve nutrition, get fit, lose weight and quit smoking. They are easy to use, confidential and ready when you are.





Stay In-network, Save Money

Our members benefit from extensive networks of hospitals and physicians providing savings and convenient access to medical services.

Our networks are systems of healthcare physicians and hospitals contracting with Blue Cross of Idaho to offer flexible, affordable healthcare on a fee-for-service basis. You may choose to seek healthcare treatment from any licensed provider; however, the amount you pay out of pocket is determined by the provider you use. Choosing providers in your network will maximize your benefits. Look at your member ID card for information about which network you are in.

To find a network provider, visit our website at members.bcidaho.com. Select **Find a Provider** under the **Tools & Resources** tab. From there, you can select the type of provider you're searching for and enter your location. The results list nearby providers, their specialty, location and hospital affiliation. You can also call customer service at the number on the back of your member ID card.

In-network

An in-network provider is a provider that is contracted with a Blue Cross of Idaho network to provide services to you at discounted fees. When you visit a provider in your plan network, your out-of-pocket costs are likely to be lower than if you use one who isn't.

Out-of-network

An out-of-network provider is a provider who has not negotiated lower fees and who may charge you for any balance exceeding the local allowable limits. These amounts are in addition to charges for any copayment, deductible, or non-covered services that you may have already paid. The nonparticipating provider will generally submit claims for reimbursement on your behalf.

As a Blue Cross of Idaho member, your kids' immunizations are covered. So don't delay scheduling those back-to-school checkups and immunizations.

Why Does it Matter Which Doctor I See?

It matters for one simple reason: it's your money. We have special contracts with the providers in our network. When you use one of them, you are only responsible for your copayment, deductible or coinsurance. We cover the rest. Use an out-of-network provider, however, and you may be responsible for the entire bill or, at best, a large portion of that bill. You can bet your cost will be a lot higher than your copayment – perhaps hundreds or thousands of dollars.

For example, here are two real claims showing what you might pay using an in-network or out-of-network provider.

These examples assume that you have met your deductible and only coinsurance applies. They also assume a 20 percent coinsurance for in-network providers and 40 percent coinsurance for out-of-network providers.

Knee Surgery	\$415.27	\$830.54*
Back Surgery	\$542.34	\$1084.68*

*This amount may be in addition to any balance between Blue Cross of Idaho's allowed amount and what the provider charges.

Clearly, the difference in out-of-pocket cost to you is huge. So before you visit any doctor, clinic or lab, check our online provider directory for a list of in-network healthcare providers. Go to bcidaho.com/findaprovider. There you can enter your search criteria, and select **Search**. A new page will display a list of results.

If you don't have access to our website, call a Blue Cross of Idaho customer advocate at the phone number on the back of your member ID card for assistance.

Brand Name or Generic Medicine – What’s the Difference?

The only thing different is the price.

What, exactly, is a generic drug? Essentially, it’s an exact “copy” of the active ingredients in a brand-name drug. It contains the same active ingredient in the same dosage and form as a brand-name drug.

But generic products cost a lot less (on average) than the brand name. That can save you money in the form of lower copayments at the pharmacy. It pays to ask your doctor if a generic medicine is right for you.

Prilosec (20mg)	\$220	Omeprazole (20mg)	\$47
Prozac (20mg)	\$165	Fluoxetine (20mg)	\$16
Lipitor (20 mg)	\$170	Atorvastatin (20 mg)	\$35





BLUE CROSS OF IDAHO AND YOU

I Have a Question

How to receive excellent customer service from Blue Cross of Idaho.

Blue Cross of Idaho takes pride in providing exceptional service to all our members in an efficient, consistent and accountable manner.

At Blue Cross of Idaho, we go to great lengths to make sure important information is always at our members' fingertips by providing support when they need it, where they need it.

- Through our website, members.bcidaho.com
- Over the phone, dial the number on the back of your member ID card
- Via email at customerservice@bcidaho.com

Whether a member prefers researching a question on our website or contacting one of our specially trained customer service advocates on the telephone or via e-mail, we're here to help.

Here When You Need Us

Our website is easy to use, providing our members easy access to the information they need. Members can access their benefits outline, recent claims history, provider locations, and other important information without talking to a representative.

Blue Cross of Idaho also provides services to our members 24 hours a day through our automated telephone system. If you would rather talk to us on the phone, you can connect with one of our many experienced customer service advocates specifically trained to handle your needs.

Find What You're Looking For

Below are some common subjects our members have questions about and the avenues they can use to get answers quickly and efficiently.

-  Find it on our website, members.bcidaho.com
-  Call us for 24-hour assistance through our automatic telephone system.
-  Access the information on your mobile phone.

Eligibility & Coverage Information  

Deductible Information  

Accumulated Maximum Benefit Amounts 

Claims History  

Order New ID cards 

Explanations of Benefits 

Provider Locator (doctor or hospital)  

Prior Authorization Status  

Address Updates 

You can find more information about Blue Cross of Idaho and your coverage at members.bcidaho.com. If you would rather talk to us on the phone, our experienced customer service advocates are available Monday through Friday from 7 a.m. to 8 p.m. and Saturday from 8 a.m. to 12 p.m. (Your advocates are not available on Wednesdays from 8-8:30 a.m. so they can attend a staff meeting.)

Members can also e-mail us at customerservice@bcidaho.com.

Blue Cross of Idaho's Language Assistance

English: We have free interpreter services to answer any questions you may have about your health or drug plan. To get an interpreter, just call us at 800-627-1188 and someone will access an interpreter to help you. This is a free service.

Spanish: *Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 800-627-1188. Alguien va a tener acceso a un intérprete para que le ayude. Este es un servicio gratuito.*

TTY/TDD Customer Service Phone Numbers

If you're hearing impaired and have a question about your medical or dental benefits, Blue Cross of Idaho offers TTY/TDD phone assistance. Simply call 800-377-1363 and a customer advocate will assist you.

How Can Our Website Help You Today?

Looking for one place to go for all of your family's medical and insurance needs? We make it easy. Our website, **members.bcidaho.com**, lets you view your health insurance records, including your claims history, explanation of benefits for all claims, hospital admissions and prior authorizations.

The site also provides tools for assessing and maintaining your health, as well as information about our discount programs.

If you or a family member wants information on living a healthier life, you'll want to check out our new **WellConnected** wellness tools. It's free to visit and easy to navigate - **members.bcidaho.com**.

BlueExtras!sm Can Help You Save Money!

Your Blue Cross of Idaho health insurance includes Blue Extras, a variety of value-added services and discounted programs and products to help our members achieve their personal health, wellness and fitness goals. Save money on fitness club memberships, hearing and vision services, home safety products, orthodontia and alternative medicine providers. Select **Discount Programs** from the **Health & Wellness** tab at **members.bcidaho.com**.

How to Voice a Complaint

Blue Cross of Idaho is committed to ensuring you have the best customer experience possible. If you are ever dissatisfied, you can voice a complaint by calling our Customer Service department, sending us an email or writing us a letter. We research and address all complaints and make every effort to resolve the issue within a timely manner.

Email:
customerservice@bcidaho.com

Mailing address:
Blue Cross of Idaho, P.O. Box 7408,
Boise, Idaho 83707



We're Here to Help

If you have a question about a claim, your benefits, or coverage details, call the customer service number on the back of your ID card. Customer service is available from 7 a.m. to 8 p.m. MT, Monday through Friday and Saturday from 8 a.m. to 12 p.m. (The office is closed on Wednesday mornings from 8 to 8:30 a.m. for staff training.) You may also email questions to us from our website members.bcidaho.com. Just select **Contact** from the top menu.

Pay Your Premiums Online

Blue Cross of Idaho has options to make paying your premiums easier. You can conveniently pay online using a Visa or Mastercard debit card.

Log onto our website, members.bcidaho.com, and enter your user name and password. Select **My Account** from the menu at the top, then **Make Payment**. At this time, we don't accept credit cards online.

You can also eliminate paper billing statements altogether by signing up for monthly automatic withdrawal - we'll automatically deduct monthly premium payments from your bank account so you never have to worry about making a payment. Visit bcidaho.com/_forms/automaticwithdrawal.pdf to download the form.

Coordination of Benefits

Why Blue Cross of Idaho needs to know if you or your dependents have additional coverage.

Do you have a spouse who works and has health insurance coverage through his or her employer as well as through you? Or do you have children who are covered by both parents' health insurance coverage? If so, this information is important for us to know, because it helps us process insurance claims more quickly and accurately.

Before we can process claims, we must know if you, your spouse or your dependents have other health insurance coverage. This is called dual coverage, and it is more common than you might think. In fact, approximately 25 percent of all Blue Cross of Idaho members have coverage through more than one insurance policy.

We use this information to help coordinate benefits and prevent you from making duplicate payments. This could result in delay of payment or over- or underpayment to you or your healthcare provider. By providing Blue Cross of Idaho and your doctor with all your health insurance information, you help us process your claims right the first time and reduce administrative and overhead costs, which keeps your premiums lower.

Let Us Know

Here's how to notify us if you have recently changed or added health insurance coverage or carriers:

- **Online:** Go to *members.bcidaho.com* and log in as a member. Select *Applications & Forms* under the *Tools & Resources* tab. Download the *Coordination of Benefits* form, complete it, and mail it to the address listed on the bottom of the form.
- **By Phone:** Call our Customer Service line at the number listed on the back of your member ID card.



Can an Online Health Coach Help You?

Losing weight, quitting tobacco, and reducing stress are difficult things to do. As a member of Blue Cross of Idaho we offer a digital health coaching program that can help you with these things and more using an online health coach, at home, from your computer!

You begin by taking a short online assessment. You'll then receive a plan designed to help you address your struggles and reach your goals. There are 35 different online coaching sessions to help you with chronic conditions and to stay healthy, among them: back pain and headache relief, diabetes prevention, depression management and nutrition.

Get started by registering at members.bcidaho.com and selecting *Health Assessment* under the *Health & Wellness* section or email us at personalhealthsupport@bcidaho.com.

Do You Have a Chronic Condition?

If you've been diagnosed with:

- Asthma
- Diabetes
- Heart Failure
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Depression

Blue Cross of Idaho's clinical professional team can help you successfully manage your chronic condition. We identify potential participants through claims information, automatically enroll eligible members, and send them a welcome letter explaining our services. Once enrolled, we'll help you understand how to follow your physician's recommended treatment plan, make lifestyle adjustments that help you manage your condition, and make other positive changes. Participation is completely voluntary and you're free to opt out of the program at any time.

For more information about our services or to opt out, call Blue Cross of Idaho at 208-387-6924 or 800-627-6655, or email personalhealthsupport@bcidaho.com. Or visit members.bcidaho.com and select *Chronic Condition Management* under the *Health & Wellness* menu option.

Personal Health Support

At Blue Cross of Idaho, we make it our goal to step back and look at the big picture.

We look for ways to help you manage multiple health concerns. Think of Blue Cross of Idaho as a valuable member of your healthcare team, dedicated to making sure you get the quality, cost-effective healthcare you need, when you need it.

That's why we offer this service to help people who are dealing with complex health conditions, need assistance accessing care or coping with an unexpected health setback.

Clinical staff includes specially trained nurses, licensed mental health professionals and board certified medical directors to help you identify any barriers to quality healthcare, explore alternatives for services, and ensure that your health insurance benefits are used effectively.

Because everyone's needs are different

We know your needs and concerns are as individual as you are, and we're here to do everything we can to answer your questions and get you the care you need.

Our concern is YOU

We developed our services with you in mind. We use feedback from participating members to continually improve what we do.

You may request personal health support services by emailing: personalhealthsupport@bcidaho.com or calling the phone number listed on the back of your member ID card.



How Does New Technology Affect My Benefits?

To ensure you have access to safe and effective care, our Medical Quality Management (MQM) department reviews new and existing medical technology, procedures, medications, and treatments to make sure they are necessary and effective methods. And because healthcare is constantly changing, MQM never stops.

The Blue Cross of Idaho MQM team includes healthcare professionals that look at new technology, treatments or medications to decide whether:

- The technology received final approval from government agencies such as the Food and Drug Administration (FDA).
- There's solid scientific evidence that the technology is a good health therapy.
- The benefits outweigh any harmful effects or risks.
- The technology improves health outcomes as much as or more than current treatments.

Once a treatment is approved as a covered benefit under your Blue Cross of Idaho health insurance, your provider may still need prior authorization before giving you that treatment. Your provider will likely take care of contacting us if you need prior authorization for a recommended treatment, but you can also contact us yourself.

If you receive services from one of Blue Cross of Idaho's contracting providers without getting prior authorization, and we deny payment for the services, you are not financially responsible. However, if you receive services that are not medically necessary from a provider not contracting with Blue Cross of Idaho, you may be responsible for the entire cost of the services.

How We Keep Your Healthcare Our First Priority

You may have wondered about our policies regarding the way we pay our providers and claims processors. Well, it's simple. Blue Cross of Idaho:

- makes decisions based on whether or not the healthcare service you need is appropriate and covered by your plan
- does not use incentives that make it harder for you to get healthcare and customer service
- does not pay practitioners or individuals for denying claims
- does not offer incentives to encourage denials
- does not encourage decisions that result in low use of covered benefits
- makes sure that referral decisions are independent and impartial and do not influence hiring, compensation, termination, promotion and any other similar matters

Your Privacy Matters

Blue Cross of Idaho takes your privacy seriously and we work hard to protect all forms of your financial and health information (personal information) as we carry out insurance activities. Your personal information includes the details you provide when applying for coverage, such as your name, address, age, and social security number. We follow strict privacy policies in accordance with state and federal laws. For example, we never sell your personal information to anyone or disclose it to any company that may want to sell products to you.

How do we protect your personal information?

- We consider all personal information we collect from you to be confidential.
- Our privacy practices apply equally to personal information about future, current and former members.
- We allow access to your information by our employees and business associates only to the extent necessary to conduct our business of serving you.
- We train our employees on our written privacy and security policies and procedures and our employees are subject to disciplinary actions if they violate them.
- We won't disclose your personal information unless we are allowed or required by law, or if you (or your personal representative) give us permission.
- We take steps to secure our buildings and electronic systems from unauthorized access.

For detailed information about our privacy practices and your rights with respect to the handling of personal information, see the Blue Cross of Idaho Notice of Privacy Practices on our website at bcidaho.com/about_us/privacy_policy.asp. You can also contact our information privacy officer at 877-488-7788 for more information.



Your Member Rights & Responsibilities

Blue Cross of Idaho recognizes the specific needs of and maintains a mutually respectful relationship with members. The organization's member rights and responsibilities statement specifies that members have:

1. A right to get information about Blue Cross of Idaho, our services, our healthcare providers, and rights and responsibilities as a member.
2. A right to be treated with respect and understanding of your dignity and your right to privacy.
3. A right to help your healthcare providers make choices about your healthcare.
4. A right to an open discussion of suitable or medically needed treatments for your health conditions, regardless of cost or benefit coverage.
5. A right to voice complaints or appeals about Blue Cross of Idaho or the care you receive from healthcare providers who accept Blue Cross of Idaho health insurance.
6. A right to make suggestions about Blue Cross of Idaho's member rights and responsibilities policy.
7. A responsibility to give information (as you are able to) that Blue Cross of Idaho's healthcare providers need to give you care.
8. A responsibility to follow plans and directions for care that you agreed to with your healthcare providers.
9. A responsibility to understand your health problems and help develop treatment goals you and your healthcare provider agree on, to the best point possible.

Healthcare Fraud: What's it to You?

How to avoid paying more than you think (or should).

The National Health Care Anti-Fraud Association (NHCAA) estimates that at least 3 percent of the billions spent on healthcare is the direct result of outright fraud. And although this number represents only a small fraction of total transactions, fraudulent claims carry a high price tag.

While the immediate targets and victims of fraud are private health payers and government-funded health plans, every one of us ultimately pays with higher health insurance premiums, higher copayments and higher taxes.

You Can Help

To reduce what we all pay for fraud, follow these tips:

- Keep track of your medical treatments and services, and check your bills to make sure there are no errors. Always remember to write down:
 - o The date you received medical care
 - o Where the service took place
 - o What services you received
 - o The names of the providers
 - o What tests or additional services were ordered or recommended
- When you get a statement from your

provider, double check to make sure the services and charges match your records.

- When you get a prescription, check the dosage, quantity and frequency of medication. If you have questions about a prescription, ask the pharmacist, check with your doctor or call customer service to review your plan coverage.

Protect Yourself

Be cautious of “free” medical services or exams, copayment waivers or services advertised as “covered by insurance.”

To help prevent errors or fraud, carefully review your Explanation of Benefits (EOB) and payment notices from Medicare and Medicaid. The payment notices show what the provider submitted to your insurance company for reimbursement, what was paid and what you owe. Make sure your claims only include healthcare services or equipment that you received.

You are the best defense against healthcare errors. If you have questions about the services a provider has billed, contact his or her office first. In most cases, errors are the result of a clerical mistake, and the provider will gladly correct it.

If you suspect fraud, call Blue Cross of Idaho's fraud hotline at 800-682-9095 or email fraudreporting@bcidaho.com.

7 Things to Do Now That You Have Health Insurance

Read your contract

Everything you need to know about your healthcare coverage, benefit levels, out-of-pocket amounts, exclusions and limitations is between the covers of your member contract. Take the time to read it thoroughly before you receive any healthcare services, and then visit our website, members.bcidaho.com, or call the customer service phone number on the back of your ID card, if you have any questions.

Carry your ID card at all times

One of the first things you will receive as a new Blue Cross of Idaho member is your identification (ID) card. When it arrives in the mail, put it in your wallet or purse and carry it with you at all times – you never know when you're going to need it.

Then, the next time you visit your healthcare provider or pharmacist, show him or her the card. It contains information about your coverage they'll need to submit claims for any services or prescriptions you receive.

Stay healthy

Eating right, exercising and receiving regular health screenings is the best way to avoid out-of-pocket medical expenses. If you need additional resources or an extra push to change your diet or become active, visit our website, members.bcidaho.com, and register as a member. There you'll find a health library, information on healthy meals, and even a few exercise plans to get you started.

Visit a network provider

An in-network provider is a provider that is contracted with your health insurance network to provide services to you at discounted fees. When you visit a network provider, you will receive a higher rate of reimbursement than if you use a non-network provider.

If you need help finding an in-network provider, use the provider finder tool on our website, members.bcidaho.com.

Ask for generic drugs

Generic drugs, on average, cost one-third less than brand-name drugs but use the same active ingredients and have the same therapeutic benefit. In addition, many pharmacies offer generic discount programs that could save you money. The cost of these programs varies by pharmacy, but it's worth it to find out if your pharmacy's generic discount program will cost you less than your health plan's generic medication copayment. Ask your doctor or pharmacist if generic drugs are available for the brand name drugs you take.

Schedule a wellness visit

The best way to beat illness is to prevent it before it happens. That's why it's important to visit your healthcare provider for a wellness exam. A wellness exam focuses on prevention. It allows you and your physician to have a conversation about your health concerns and potential illnesses before serious issues arise. What's more, Blue Cross of Idaho's plans cover wellness visits

with no out-of-pocket costs, so there's no reason not to go.

Schedule your wellness exams periodically, depending on your age and general health. Most people have at least one exam annually.

For more preventive guidelines, visit members.bcidaho.com and select **Preventive Guidelines** from under the **Health & Wellness** tab at the top of the page.

Register with our website

Members that register with Blue Cross of Idaho's website have 24-hour access to claims history, deductible balances, past explanation of benefits, and our wellness support tools. It's a terrific self-help resource if you have any questions about your coverage, services you received or other nuances of your healthcare coverage.

To register, have your ID card handy, visit members.bcidaho.com, select Register and simply follow the instructions.







Meridian

STREET ADDRESS	MAILING ADDRESS
3000 East Pine Avenue Meridian, ID 83642-5995	P.O. Box 7408 Boise, ID 83707 208-387-6683 800-627-1188

CUSTOMER SERVICE
(208) 331-7347 | (800) 627-1188

Coeur d'Alene

1450 Northwest Boulevard, Suite 106
Coeur d'Alene, ID 83814
208-666-1495

Idaho Falls

STREET ADDRESS	MAILING ADDRESS
1910 Channing Way Idaho Falls, ID 83404	P.O. Box 2287 Idaho Falls, ID 83403 208-522-8813

Lewiston

STREET ADDRESS	MAILING ADDRESS
1010 17th Street Lewiston, ID 83501	P.O. Box 1468 Lewiston, ID 83501 208-746-0531

Pocatello

STREET ADDRESS	MAILING ADDRESS
275 South 5th Avenue Suite 150 Pocatello, ID 83201	P.O. Box 2578 Pocatello, ID 83206 208-232-6206

Twin Falls

STREET ADDRESS	MAILING ADDRESS
1431 North Fillmore Street Suite 200 Twin Falls, ID 83301	P.O. Box 5025 Twin Falls, ID 83303-5025 208-733-7258