Blue Cross of Idaho | Care Plus

Medicare Advantage Plans True Blue® HMO

2018

SUMMARY OF BENEFITS

True Blue® Rx (HMO)
True Blue® Rx Option I (HMO)

True Blue® Rx Option II (HMO)
True Blue® no Rx (HMO)

Serving Select Counties in Idaho

H1350_MK18015 Accepted

Form No. 16-011 (09-17)

FOR MORE INFORMATION:

Call us at **1-888-492-2583** (TTY 1-800-377-1363)

We are available seven days a week from 8 a.m. to 8 p.m., from October 1 to February 14. Our hours of operation for the rest of the year are Monday through Friday from 8 a.m. to 8 p.m.

Visit us online at ***www.bcidaho.com/medicare***

Email us at ***sales@bcidaho.com***

Send correspondence to **P.O. Box 8406, Boise, ID 83707**

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

Blue Cross of Idaho Care Plus, Inc. is a HMO health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The provider network may change at any time. You will receive notice when necessary.

True Blue (HMO) Plans
SUMMARY OF BENEFITS

This is a summary of drug and health services covered by True Blue (HMO) health plans, from January 1, 2018 to December 31, 2018.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

Who can join?

To join a True Blue (HMO) plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Service Area 1 includes the following counties in Idaho: Ada, Boise, Bonner, Boundary, Canyon, Clark, Elmore, Gem, Kootenai, Nez Perce, Owyhee, and Payette.

Service Area 2 includes the following counties in Idaho: Bannock, Bingham, Bonneville, Cassia, Fremont, Jefferson, Madison, Minidoka, Power, and Twin Falls.

Which doctors, hospitals and pharmacies can I use?

True Blue (HMO) plans have a network of doctors, hospitals, pharmacies, and other providers. **If you use providers that are not in our network, the plan may not pay for these services.**

As a member of a True Blue plan, you are required to select a Primary Care Provider (PCP) who will help you navigate your access to health services. **True Blue (HMO) plans *do not* require referrals from your PCP for you to access and visit specialists in the provider network.**

- You can see our plan's provider directory by visiting ***www.bcidaho.com/FindAProvider***
- You can find pharmacies in our network by visiting ***www.bcidaho.com/FindAPharmacy***
- Or call us and we will help you locate a provider or pharmacy, or send you a provider directory.

How do I determine my drug costs?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

Please note that some True Blue HMO plans use different formularies (list of covered drugs). This means covered prescription drugs for each plan with Part D prescription drug coverage may be different.

- True Blue Rx (HMO) uses the **Essentials formulary**.
- True Blue Rx Option I (HMO) and True Blue Rx Option II (HMO) use the **Performance formulary**.
- You can see the complete plan formulary and any restrictions on our website at ***www.bcidaho.com/medicare***
- You can search for covered drugs and their cost by visiting ***www.bcidaho.com/DrugList***.
  - Enter your zip code where you live.
  - Choose the True Blue Rx plan you want to search for covered drugs and their cost.
  - Type in the names of drugs to get more information.
- Or call us and we will send you the most up-to-date 2018 formulary for your plan.

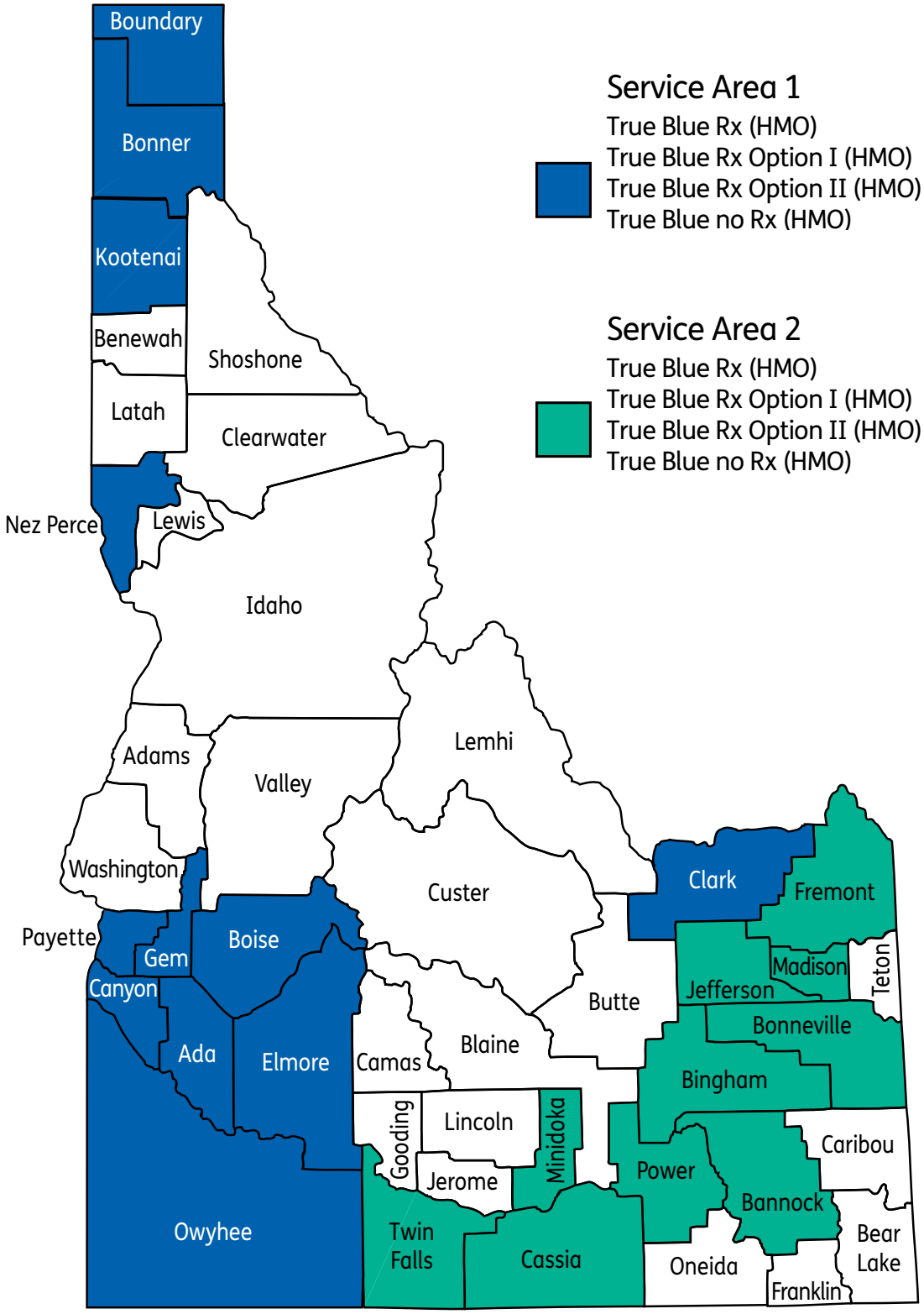
How do I use the Summary of Benefits?

- Confirm your eligibility by reviewing the 2018 Medicare Advantage Service Area Map on page 2.
- Compare premiums, deductibles and benefits of each plan in the benefits grid that starts on page 3.
- Compare Part D Prescription Drug coverage of each plan in the Outpatient Prescription Drugs grid on pages 8 and 9.
- Review Optional Supplemental Benefits on page 10.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at ***http://www.medicare.gov*** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Blue Cross of Idaho | Care Plus

2018 Medicare Advantage Plan Service Area



True Blue (HMO) Plans

SUMMARY OF BENEFITS

January 1, 2018 - December 31, 2018

Premiums and Benefits	True Blue Rx (HMO)	True Blue Rx Option II (HMO)	True Blue Rx Option I (HMO)	True Blue no Rx (HMO)
Plan Number	*H1350-019-1 and H1350-019-2*	*H1350-016-1 and H1350-016-2*	*H1350-015-1 and H1350-015-2*	*H1350-006-0*
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.			
Service Area 1 (Blue area of service map)	You pay $55.00	You pay $89.00	You pay $139.00	You pay $30.00
Service Area 2 (Green area of service map)	You pay $70.00	You pay $89.00	You pay $146.00	You pay $30.00
Medical Deductible	These plans do not have a medical deductible.			
	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Part D Prescription Drug Deductible	True Blue Rx Option II has a Part D Deductible. There is no deductible for Tier 1 and Tier 2 generic prescription drugs.			This plan does not cover Part D prescription drugs.
	You pay nothing	$200 per year for Tiers 3 through 5 prescription drugs	You pay nothing	You pay nothing
Maximum Out-of-Pocket Responsibility (does not include prescription drugs or monthly plan premium)	The most you pay for copays, coinsurance and other costs for medical services for the year.			
	$6,700	$6,700	$6,700	$3,000
Inpatient Hospital Coverage [1]	Our plans cover an unlimited number of days for an inpatient hospital stay.			
	$300 per day for days 1-6	$275 per day for days 1-5	$175 per day for days 1-5	$100 per day for days 1-5

*Services with a **1** may require prior authorization*

Premiums and Benefits	True Blue Rx (HMO)	True Blue Rx Option II (HMO)	True Blue Rx Option I (HMO)	True Blue no Rx (HMO)
Plan Number	*H1350-019-1 and H1350-019-2*	*H1350-016-1 and H1350-016-2*	*H1350-015-1 and H1350-015-2*	*H1350-006-0*
Outpatient Surgery				
Ambulatory Surgical Center	$250 copay	$250 copay	$175 copay	$100 copay
Outpatient Hospital	$250 copay	$250 copay	$175 copay	$100 copay
Doctor Visits	**No referral required for specialist visits.**			
Primary Care	$10 copay	$10 copay	$5 copay	$10 copay
Specialists	$40 copay	$40 copay	$25 copay	$25 copay
Preventive Care	Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at $0 cost.			
	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Emergency Care	If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.			
	$80 copay	$80 copay	$80 copay	$80 copay
Urgently Needed Services	Cost sharing for necessary urgently needed services furnished out-of-network is the same as for such services furnished in-network.			
	$40 copay	$40 copay	$25 copay	$25 copay
Diagnostic Services/Labs/ Imaging	Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.			
Diagnostic Radiology Service [1] (like CT, MRI)	20% of the cost	15% of the cost	10% of the cost	$175 copay
Diagnostic Tests and Procedures	20% of the cost	15% of the cost	10% of the cost	You pay nothing

*Services with a **1** may require prior authorization*

Premiums and Benefits	True Blue Rx (HMO)	True Blue Rx Option II (HMO)	True Blue Rx Option I (HMO)	True Blue no Rx (HMO)
Plan Number	*H1350-019-1 and H1350-019-2*	*H1350-016-1 and H1350-016-2*	*H1350-015-1 and H1350-015-2*	*H1350-006-0*
Lab Services	20% of the cost	15% of the cost	10% of the cost	You pay nothing
TruHearing® Select Services	Exam to diagnose and treat hearing and balance issues.			
Routine and Medically Necessary Exam	$45 copay	$45 copay	$45 copay	$45 copay
Hearing Aids – Advanced / Premium	$699 / $999 copay	$699 / $999 copay	$699 / $999 copay	$699 / $999 copay
Dental Services	Limited Medicare covered dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth). Routine dental coverage is available with additional premium.			
	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Mental Health Services				
Inpatient Visit	$265 per day for days 1-6	$275 per day for days 1-5	$175 per day for days 1-5	$100 per day for days 1-5
Outpatient Group Therapy Visit	$40 copay	$40 copay	$25 copay	$25 copay
Outpatient Individual Therapy Visit	$40 copay	$40 copay	$25 copay	$25 copay
VSP® Vision Services	$35 hardware (lens and frames) copayment (Genesis Collection through VSP)			
Exam to diagnose and treat diseases and conditions of the eye	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Routine Eye Exam (One Annually)	$20 copay	$20 copay	$20 copay	$20 copay

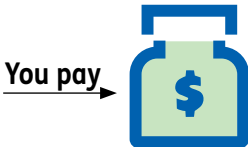
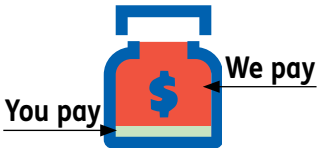
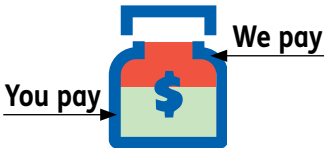
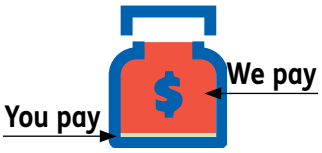
Premiums and Benefits	True Blue Rx (HMO)	True Blue Rx Option II (HMO)	True Blue Rx Option I (HMO)	True Blue no Rx (HMO)
Plan Number	*H1350-019-1 and H1350-019-2*	*H1350-016-1 and H1350-016-2*	*H1350-015-1 and H1350-015-2*	*H1350-006-0*
Skilled Nursing Facility (SNF) [1]	Our plan covers up to 100 days per benefit period in a SNF.			
	$0 per day for days 1-20 $160 per day for days 21-63 $0 per day for days 64-100	$0 per day for days 1-20 $125 per day for days 21-75 $0 per day for days 76-100	$0 per day for days 1-20 $125 per day for days 21-75 $0 per day for days 76-100	$0 per day for days 1-20 $150 per day for days 21-100
Rehabilitation Services				
Occupational Therapy Visit [1]	$40 copay	$40 copay	$25 copay	$15 copay
Physical Therapy and Speech [1] and Language Therapy Visit	$40 copay	$40 copay	$25 copay	$15 copay
Ambulance	Includes ground or air transport.			
	$270 copay	$210 copay	$200 copay	$175 copay
Transportation	Not covered.			
Foot Care (podiatry services)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.			
Foot Exams and Treatment	$40 copay	$40 copay	$25 copay	$25 copay
Medical Equipment/ Supplies				
Durable Medical Equipment (like wheelchairs, oxygen)[1]	20% of the cost	20% of the cost	20% of the cost	10% of the cost
Prosthetics (e.g. braces, artificial limbs) [1]	20% of the cost	20% of the cost	20% of the cost	10% of the cost

*Services with a **1** may require prior authorization*

Premiums and Benefits	True Blue Rx (HMO)	True Blue Rx Option II (HMO)	True Blue Rx Option I (HMO)	True Blue no Rx (HMO)
Plan Number	*H1350-019-1 and H1350-019-2*	*H1350-016-1 and H1350-016-2*	*H1350-015-1 and H1350-015-2*	*H1350-006-0*
Diabetes Supplies	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Diabetes Shoes and Inserts	20% of the cost	20% of the cost	20% of the cost	10% of the cost
Wellness Programs (e.g. fitness)	Silver&Fit®			
Silver&Fit® Gym Membership	$50 annually	$50 annually	$50 annually	$50 annually
Silver&Fit® Home Exercise kits	$10 annually	$10 annually	$10 annually	$10 annually
Medicare Part B Drugs	Part B drugs are drugs usually administered in a inpatient hospital setting, like chemotherapy drugs. These are not the same as outpatient Part D prescription drugs.			
	20% for chemotherapy drugs 20% for other Part B drugs	20% for chemotherapy drugs 20% for other Part B drugs	20% for chemotherapy drugs 20% for other Part B drugs	10% for chemotherapy drugs 10% for other Part B drugs
Outpatient Part D Prescription Drugs				
Initial Coverage	Cost-Sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.			This plan does not cover Part D prescription drugs.
	See page 8 to see how coverage works. **See page 9** for Initial Coverage cost sharing	**See page 8** to see how coverage works. **See page 9** for Initial Coverage cost sharing	**See page 8** to see how coverage works. **See page 9** for Initial Coverage cost sharing	

Outpatient Prescription Drugs

How Part D Prescription Drug Coverage Works

STAGE 1 Annual Deductible	STAGE 2 Initial Coverage Period	STAGE 3 Coverage Gap	STAGE 4 Catastrophic Coverage
 If your drug plan has a deductible, you must meet it before coverage begins.	 You pay a small amount until you reach $3,750 in total drug costs.	 Until you pay $5,000 in true out-of-pocket costs, you pay a larger amount.	 You pay a small amount when true out-of-pocket costs are over $5,000.
You are responsible for the cost of your prescription drugs until you have met the deductible. True Blue Rx Option II has a deductible for drugs from tiers 3, 4 and 5. Tier 1 and 2 generic drugs do not have a deductible. You then reach Stage 2 Initial Coverage Period.	During this stage of coverage, you either pay a copay, or coinsurance for your prescriptions. Covered drugs fall into five tiers. The lower the tier, the less you will pay. This will continue until total drug costs – what you pay and what we pay combined – reaches $3,750. You then reach Stage 3 Coverage Gap.	During the Coverage Gap stage, you pay more for covered Part D Drugs. In most cases, you pay 44% for covered generic drugs, and 35% for covered brand drugs. This will continue until your true out-of-pocket costs for Part D drugs totals $5,000. You then reach Stage 4 Catastrophic Coverage.	Once your true out-of-pocket costs for Part D drugs totals $5,000, you pay a smaller amount for covered drugs than you did during the Stage 3 Coverage Gap. This will continue for the remainder of the plan year.
What you will pay			
YOU PAY: All costs until you meet the plan's deductible THE PLAN PAYS: Nothing	YOU PAY: A limited copay or coinsurance See table to the right for tier pricing THE PLAN PAYS: The remaining cost	YOU PAY: 35% coinsurance for some brand drugs 44% coinsurance for generic drugs THE PLAN PAYS: A partial amount	YOU PAY THE GREATER OF: 5% coinsurance OR $3.35 for generic drugs $8.35 for all other drugs THE PLAN PAYS: The remaining cost

Outpatient Prescription Drugs

What You Pay During STAGE 2 Initial Coverage Period

	True Blue Rx (HMO)	True Blue Rx *Option II* (HMO)*	True Blue Rx *Option I* (HMO)
Formulary Name	**Essentials**	**Performance**	**Performance**
Part D Deductible	$0	$200*	$0
Preferred Retail Cost	**30-day supply**	**30-day supply**	**30-day supply**
Tier 1 (Preferred Generic)	$0	$0	$0
Tier 2 (Generic)	$6 copay	$12 copay	$6 copay
Tier 3 (Preferred Brand)	$31 copay	$37 copay	$35 copay
Tier 4 (Non-Preferred Drug)	$90 copay	$90 copay	$85 copay
Tier 5 (Specialty Tier)	33% of cost	29% of cost	33% of cost
Non-Preferred Retail Cost	**30-day supply**	**30-day supply**	**30-day supply**
Tier 1 (Preferred Generic)	$15 copay	$10 copay	$5 copay
Tier 2 (Generic)	$20 copay	$20 copay	$12 copay
Tier 3 (Preferred Brand)	$47 copay	$47 copay	$45 copay
Tier 4 (Non-Preferred Drug)	$100 copay	$100 copay	$95 copay
Tier 5 (Specialty Tier)	33% of cost	29% of cost	33% of cost
Mail Order Cost	**90-day supply**	**90-day supply**	**90-day supply**
Tier 1 (Preferred Generic)	$0	$0	$0
Tier 2 (Generic)	$18 copay	$36 copay	$18 copay
Tier 3 (Preferred Brand)	$93 copay	$111 copay	$105 copay
Tier 4 (Non-Preferred Drug)	$270 copay	$270 copay	$255 copay
Tier 5 (Specialty Tier)	30-day supply only (33% of cost)	30-day supply only (29% of cost)	30-day supply only (33% of cost)

**True Blue® Rx Option II $200 Part D deductible does not apply to Tier 1 and Tier 2 generic drugs. Initial coverage period begins immediately for preferred generic and generic drugs.*

Cost-Sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

HealthySmiles℠

Optional Supplemental Dental Coverage

Healthy Smiles Plus

For only $24.20 more per month, Healthy Smiles Plus covers preventive dental services with no maximum limits, no in-network deductibles and no waiting periods. Because Blue Cross of Idaho covers 100 percent of in-network preventive services after a $20 copayment, this plan is the best option if you're looking for a low premium dental plan that encourages good oral habits that help maintain a healthy smile.

Healthy Smiles Plus preventive benefits include:

- Oral examinations – once in a six-month period
- Emergency oral examination
- Panoramic X-ray or full mouth series X-ray – one time in any five consecutive years
- Bitewing X-rays – once per benefit period
- Periapical X-rays
- Cleanings – regular cleaning or periodontal maintenance – once in a six-month period

Additional Basic Dental Services

Healthy Smiles Plus offers the following basic dental services *after satisfying a six-month waiting period* and $50 deductible (in-network preventive services don't apply to deductible).

- Fillings – same tooth surface restoration covered once in a two-year period
- Extractions

PREVENTIVE	IN-NETWORK	OUT-OF-NETWORK
Deductible	$0	$50 per member, per benefit period
Benefit Period Maximum	None	
Preventive Dental Services (oral exams, cleanings, x-rays)	Covered at 100% of maximum allowance after $20 copayment per visit	Covered at 50% of maximum allowance after deductible
BASIC	**IN-NETWORK**	**OUT-OF-NETWORK**
Deductible	$50 per member, per benefit period	
Plan Benefit Period Maximum	$1,000 per member, per benefit period	
Basic Dental Services (fillings, extractions)	Covered at 80% of the maximum allowance after deductible	Covered at 50% of maximum allowance after deductible

Blue Cross of Idaho | Care Plus

Better Hearing Better Health

With Blue Cross of Idaho's hearing aid plan, administered by TruHearing®, you are provided with high-quality hearing aids and local professional care at a fraction of the cost. Most health plans – including traditional Medicare – don't offer a hearing aid benefit, leaving you to pay $2,000–$3,000 per hearing aid on the retail market.

2018 Hearing Aid Coverage

Your plan covers up to two hearing aids per year.

Flyte *770* ***Advanced Features*** 14 channels | 4 programs | 6 styles Retail Price: ~~$1,850~~	**$699 copay/aid**
Flyte *990* ***Premium Features*** 17 channels | 4 programs | 9 styles Retail Price: ~~$2,995~~	**$999 copay/aid**
Initial Hearing Exam Performed by in-network provider	**$45 exam fee**

Included in the following plans:

True Blue Rx (HMO)
True Blue Rx Option I (HMO)
True Blue Rx Option II (HMO)
True Blue no Rx (HMO)

Flyte ***smartphone*** *compatible!**

Call TruHearing to learn more and schedule an appointment

1-855-205-5392 | For TTY, dial 711

Hours: 8 a.m. – 8 p.m., Monday–Friday

TruHearing® Select

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(over)

How to Take Advantage of Your Hearing Benefit

1. *Call TruHearing*
2. *Schedule a hearing exam*
3. *Order your hearing aid*
4. *Return for fitting and programming*

Your TruHearing Flyte Purchase Includes:

- 3 in-person, follow-up visits with a local, in-network provider for fitting and adjustments
- Extended 3-year manufacturer warranty for repairs and one-time loss and damage replacement
- 45-day trial
- 48 batteries per hearing aid

All Flyte Hearing Aid Models Feature:

- Smartphone compatibility*
- Latest DSP technology for a more natural hearing experience
- High performance in noisy situations
- 2.4 GHz wireless connectivity
- 4 programs
- Up to 9 styles in a variety of colors

→ Call TruHearing to learn more and schedule an appointment

1-855-205-5392 | For TTY, dial 711

Hours: 8 a.m.–8 p.m., Monday–Friday

**Flyte hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Connectivity also available to many Android phones with use of a phone clip accessory.*

Three follow-up visits must be used within one year after the date of initial purchase. Forty-five-day trial and hearing aid returns, repairs, and replacements subject to provider and manufacturer fees. For questions regarding fees, contact TruHearing customer service.

All content ©2018 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing average based on a survey of national retail hearing aid prices.

Blue Cross of Idaho Care Plus, Inc. is a Medicare Advantage health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Blue Cross of Idaho Care Plus, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-494-2583 (TTY: 1-800-377-1363).Llame al 1-888-494-2583 (TTY: 1-800-377-1363). **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** 1-888-494-2583 (TTY: 1-800-377-1363)。
Y0010_MK 18019

Blue Cross of Idaho | Care Plus

Seeing is believing

With a Blue Cross of Idaho vision plan administered by VSP, you get comprehensive coverage that helps keep your eyes healthy. Many health plans, including traditional Medicare, don't offer a vision benefit. A Medicare Advantage policy from Blue Cross of Idaho Care Plus, Inc. will help keep your vision in check.

2018 Vision Coverage

WELLVISION EXAM You'll get the highest level of care, including a WellVision Exam® – the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.	**$20 copayment**
PRESCRIPTION GLASSES • Frames (Genesis Collection) **included*** • Lenses **included** • Standard progressive lenses **Covered in full** • Scratch-resistant coatings **Covered in full** • UV Coating **Covered in full**	**$35 copayment**

Visit *VSP.com* or call 800-877-7195 for more details on the coverage and exclusive savings and promotions available to members.

USING YOUR BENEFIT IS EASY AS 1-2-3

- **Find an eye care provider who's right for you**. To find a VSP provider, call 800-877-7195 or visit ***vsp.com***.
- **At your appointment, tell them you have VSP.** If you'd like a card as a reference, you can print one at ***vsp.com*** after you register on the site.
- **That's it! We'll handle the rest –** there are no claim forms to complete when you see a VSP provider.

PLAN INFORMATION

VSP Coverage Effective Date: 01/01/2018
VSP Provider Network: VSP Advantage

Blue Cross Idaho Care Plus, Inc. True Blue HMO – Elements Advantage and VSP provide you with an affordable eyecare plan.

Y0010_MK18020

VSP® Vision care for life

(over for plan information)

Get up to $110 back

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands from Bausch + Lomb and CooperVision.

$1,000 savings on LASIK

Members can save on LASIK at NVISION Eye Centers and TLC Laser Eye Centers

Save up to $2,500

Exclusive member extras, members can save with special offers and rebates through VSP and other leading industry partners.

Learn More

Visit ***vsp.com/specialoffers***.

Benefit	Description	Copayment
Your Coverage with a VSP Doctor		
WellVision Exam	• Focuses on your eyes and overall wellness • Every 12 months	$20
Prescription Glasses		**$35**
*Frame (every other calendar year)	• Covered in full when selected from **Genesis Eyewear Collection** (only available through VSP doctor) • $50 allowance for frames **outside** of Genesis Collection	Included in prescription glasses
Lenses (every other calendar year)	• Single vision, lined bifocal, and lined trifocal lenses	Included in prescription glasses
Lens Enhancements (every other calendar year)	• Standard progressive lenses • Scratch resistant coatings • UV coating	Covered in full Covered in full Covered in full
Contacts (instead of glasses; every other calendar year)	• $100 allowance for contacts and contact lens exam (fitting and evaluation) • 15 percent savings on a contact lens exam (fitting and evaluation)	$0
Extra Savings and Discounts	***Laser Vision Correction*** • Average 15 percent off the regular price or 5 percent off the promotional price; discounts only available from contracted facilities	

Your Coverage with Out-of-Network Providers	
Visit ***vsp.com*** for details if you plan to see a provider other than a VSP network provider.	
Exam ..... up to $45 Frame..... up to $50 Single Vision Lenses.....up to $30 Lined Bifocal Lenses.....up t0 $50	Lined Trifocal Lenses..... up to $60 Progressive Lenses ..... up to $50 Contacts ..... up to $100
VSP guarantees coverage from VSP doctors only.	

Blue Cross of Idaho Care Plus, Inc. is a Medicare Advantage health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Blue Cross of Idaho Care Plus, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-494-2583 (TTY: 1-800-377-1363).Llame al 1-888-494-2583 (TTY: 1-800-377-1363). 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 1-888-494-2583 (TTY: 1-800-377-1363)。
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Nondiscrimination Statement: Discrimination is Against the Law

Blue Cross of Idaho complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross of Idaho does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross of Idaho:

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

If you need these services, contact Blue Cross of Idaho's Customer Service Department. Call 1-888-494-2583 (TTY: 1-800-377-1363), or call the customer service phone number on the back of your card.

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 with Blue Cross of Idaho's Grievances and Appeals Department at:

Manager, Grievances and Appeals
3000 East Pine Avenue, Meridian, Idaho 83642
Telephone: (800) 274-4018 ext.3838, Fax: (208) 331-7493
Email: grievances&appeals@bcidaho.com
TTY: 1-800-377-1363

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Grievances and Appeals team 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/portal/lobby.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 (TTY). Complaint forms are available at ***http://www.hhs.gov/ocr/office/file/index.html***. Reference: ***https://federalregister.gov/a/2016-11458***

ATTENTION: If you speak Arabic, Chinese, French, German, Korean, Japanese, Persian (Farsi), Romanian, Russian, Serbo-Croatian, Spanish, Sudanic Fulfulde, Tagalog, Ukrainian, or Vietnamese, language assistance services, free of charge, are available to you. Call 1-888-494-2583 (TTY: 1-800-377-1363).

Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1- 888-494-2583 (رقم هاتف الصم والبكم: 1-800-377-1363).

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 1-888-494-2583（TTY：1-800-377-1363）。

French ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1- 888-494-2583 (ATS : 1-800-377-1363).

German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1- 888-494-2583 (TTY: 1-800-377-1363).

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- 888-494-2583（TTY: 1-800-377-1363）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- 888-494-2583 (TTY: 1-800-377-1363)번으로 전화해 주십시오.

Persian-Farsi توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت اریگان برای شما فرا مه می باشد. با 1 888-494-2583 (TTY: 1-800-377-1363) تماس بگیرید.

Romanian ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1- 888-494-2583 (TTY: 1-800-377-1363).

Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1- 888-494-2583 (телетайп: 1-800-377-1363).

Serbo-Croation OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1- 888-494-2583 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-377-1363).

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- 888-494-2583 (TTY: 1-800-377-1363).

Sudanic Fulfulde MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1- 888-494-2583 (TTY: 1-800-377-1363).

Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1- 888-494-2583 (TTY: 1-800-377-1363).

Ukrainian УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1- 888-494-2583 (телетайп: 1-800-377-1363).

Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-494-2583 (TTY: 1-800-377-1363).

Medicare Advantage Plans True Blue® HMO

3000 East Pine Avenue | Meridian, Idaho | 83642-5995
Mailing Address: P.O. Box 8406 | Boise, Idaho | 83707-2406
1-888-492-2583 | TTY 1-800-377-1363

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Form No. 16-011 (09-17)