



STATEWIDE SCHOOLS RETIREE PROGRAM  
WE HAVE WHAT YOU NEED BEYOND TRADITIONAL MEDICARE.

For retirees older than 65

Form No. 3-906 (09-17)

3-011 (09-10) SWS Over 65 Medical Policy With no Prescription  
3-462 (01-17) SWS Over 65 Dental  
3-358 (04-17) SWS Over 65 Medical Policy Option 1  
18-698 (04-17) SWS Over 65 Medical Policy Option 2  
18-699 (04-17) SWS Over 65 Medical Policy Option 3

18-616 (01-17) SWS Over 65 Dental Benefit Outline  
18-617 (01-17) SWS Over 65 Dental  
18-618 (01-17) SWS Over 65 Vision Benefit Outline  
18-619 (01-17) SWS Over 65 Vision





## 2018 Benefits at a Glance

Blue Cross of Idaho offers retired educators and other school district employees health insurance specifically designed to complement your Medicare coverage. If you recently retired and are enrolled in Medicare Parts A and B, you are eligible for this health insurance program as long as the school district you retired from is enrolled with Blue Cross of Idaho. If you want to continue your coverage, you must complete the Blue Cross of Idaho Retiree Application Form. Eligible dependents younger than 65 qualify under the active school policy. This form is available from your district or school related group office. Fill out the form and return it to Blue Cross of Idaho.

## Your Out-of-Pocket Costs Are Minimal

Blue Cross of Idaho pays 80 percent of the balance remaining after Medicare's payment up to Blue Cross of Idaho's maximum allowance or 80 percent of Medicare's limiting charge. After the member has met the \$600 annual out-of-pocket limit\* (which includes a \$100 annual deductible), benefits increase to 100 percent for the remainder of the calendar year. The out-of-pocket limit does not include expenses for covered prescription drugs, amounts that exceed the maximum allowance, and non-covered services or supplies. Perhaps the most valuable benefit of all is that Blue Cross of Idaho automatically increases your coverage to meet higher Medicare deductibles and copayments when Medicare increases your costs on these items. You don't have to worry about these additional costs because Blue Cross of Idaho takes care of them for you.

\*Certain exceptions apply to the \$600 annual out-of-pocket limit. Please read your Statewide School Health Care Benefit policy for complete details.

## Optional Pharmacy Benefits

The prescription drug benefit has no annual deductible. The following table shows the percentages and copayments you will pay for generic, brand name and mail order prescriptions when you choose the optional pharmacy benefit.

Prescription Type	
<b>Deductible</b>	
You pay \$0	
<b>Retail</b>	
Generic – You pay \$10 plus 20% of the cost per 30 day supply	
Brand Name – You pay \$20 plus 20% of the cost per 30 day supply	
<b>Mail Order</b>	
<b>Option 1</b>	Generic Drugs – \$10 copayment Brand Name Drugs – \$20 copayment
<b>Option 2</b>	Generic Drugs – \$10 copayment, plus 20% coinsurance Brand Name Drugs – \$20 Copayment, plus 20% coinsurance
<b>Option 3</b>	Generic Drugs – \$10 copayment Brand Name Drugs – \$20 copayment, plus 20% coinsurance

Some brand name drugs may automatically be substituted with a generic equivalent. In this case, if you choose to purchase the brand name drug, you will pay the brand name copayment, plus the difference in cost of the brand name drug and the generic equivalent.

If you purchase prescription drugs at a nonparticipating pharmacy, you must pay the cost in full and file a claim for reimbursement. Nonparticipating pharmacy claims are paid at 80 percent of the balance after subtracting the prescription drug copayment from either the allowed or usual charge for that particular drug, whichever is less.

# Frequently Asked Questions for Anyone Thinking About Retirement

## Can I keep my current health insurance?

If you are retiring before age 65, and before you become eligible for Medicare, you can continue with the insurance currently being provided to the active employees of your school district or school related group. Your insurance coverage and rates will remain the same as those currently offered by your school district or school related group until you become eligible for Medicare. However, your premiums will be billed to the Public Employees Retirement System of Idaho (PERSI) or to yourself, and not to your school district or school related group.

Once you turn 65 and enroll in Medicare, you can also enroll in Blue Cross of Idaho's Statewide School Retiree Program. Because this plan complements Medicare you are required to participate in both Medicare Part A and Medicare Part B. This plan is different from most Medicare supplements available in the marketplace because it is a group plan and it includes significant pharmacy benefits and benefits in some areas not covered by Medicare. [Idaho Code 33-1228] (1) (a)]

## What do I need to do to keep my coverage?

If you are planning to retire and want to continue your coverage, it is very important that you complete the Blue Cross of Idaho Retiree Application Form. This form is available from your district or school related group office. Fill out the form and return it to Blue Cross of Idaho. Blue Cross of Idaho will notify PERSI to begin paying your premiums.

## Can I choose to enroll later?

If you choose not to continue coverage at the time of your retirement, you may not be able to enroll at a later date. Exceptions can only be made by submitting a written request to Blue Cross of Idaho asking for deferral of coverage and requesting a delay in drawing on unused sick leave funds because you currently have other group coverage. You may also complete the Statewide School Retiree Application (Form 4-150), select "Retiree Deferral Request", and sign in the designated area on the back of the form. This form may be supplied by your Group Administrator, or by calling Blue Cross of Idaho at 1-888-492-2583. Later enrollment is possible, as long as your school district or school

related group remains with the Blue Cross of Idaho School Insurance Program and you have maintained 12 months of continuous group coverage. If your school district or school related group chooses another insurance company for active employee coverage, the new company is not obligated to provide coverage to retirees. The new insurance company may require an application and health statement before determining if you are eligible.

## What about my accumulated sick leave?

When you retire from your school district or school related group PERSI will convert your accumulated sick leave to a dollar amount. That dollar amount can be used to pay premiums for you and your dependents. Your premium will be the same as the premiums of active employees in your school district or school related group and will stay at that same rate until you or your dependent(s) become eligible for the Blue Cross of Idaho Statewide Schools Retiree Program.

The accumulated sick leave dollar amount that PERSI uses to pay your premium will be equal to one-half the dollar value of your unused sick leave, calculated at your daily rate of pay at the time you retire. For example, if you have 40 hours of unused sick leave when you retire, those hours would be multiplied by your hourly rate of pay. The resulting dollar amount will be divided in half, giving you the amount of money to be used to pay premiums. This amount is available for health, accident, dental and life insurance premiums but cannot be used for any other purpose. If you and your covered spouse are different ages, it is possible for whoever is younger to be on your school district's existing plan and whoever is older, if they are eligible for Medicare, to be on the retiree plan. [Idaho Code 33-1228 (2)]

When you have used all your accumulated sick leave funds, PERSI will notify you. At that point you will have three options: (1) you can authorize that your premium amount be taken from your monthly retirement benefit (2) you can ask Blue Cross of Idaho to send you a monthly invoice and pay them directly or, (3) you can terminate your insurance coverage.

## What happens to my spouse's insurance coverage if I die?

Upon your death your surviving spouse's health coverage will still be available and will continue under the same terms and conditions.

However, any unused sick leave dollars remaining in your account will revert back to the PERSI sick leave account and will not be available to pay your surviving spouse's premiums.

This material is designed to help answer questions you may have about the insurance benefits and options available to you at retirement. It is for employees of school districts and school related groups currently participating in the Statewide School Retiree Program sponsored by the Idaho School District Council and administered by Blue Cross of Idaho.

### If you need additional information, please call us.

Idaho School District Council  
208-338-0427

Blue Cross of Idaho Customer Service  
208-344-7411  
800-627-1188



# 2018 Statewide Schools Retirement

	Original Medicare
Premiums	Part B monthly premium was \$134 in 2017, or higher depending on your income. Most people who get Social Security benefits pay less than this amount (\$109 on average).
Special Network Notes	Part B premium increased more than the cost-of-living increase for 2017 Social Security benefits.
Deductible	Annual Part B deductible is \$183
Out-of-Pocket Maximum/ Lifetime Benefit & Maximum	No maximum
	You Pay
PCP Office Visit	20%
Specialist Office Visit	20%
Inpatient Hospital Care	\$1,316 deductible per benefit period
Outpatient Services/Surgery	20%
Diagnostic Tests, Lab & X-rays	20% for diagnostic tests and X-rays \$0 for lab services
Advanced Imaging Such as MRI, MRA and PET scans	20%
Emergency Room Visit	20%
Urgent Care	20%
Ambulance	20%
Outpatient Physical, Occupational, Speech/Language Therapy	20%
Durable Medical Equipment	20%
Prosthetic Devices	20%
Skilled Nursing Facility Limit of 100 days for each benefit period	\$0 per day for days 1-20, \$164.50 per day for days 21-100
Chiropractic Services	20%
Podiatry Services	20%
Inpatient Mental Health Care	\$1,316 deductible per benefit period – 190 day lifetime maximum
Outpatient Mental Health	20%
Outpatient Substance Abuse	20%
Home Health Care	\$0
Preventive Services	\$0
Yearly "Wellness" Visit	\$0
<b>Part D Prescription Drug Coverage – option</b>	
Deductible	You must purchase a stand alone Prescription Drug Plan (PDP)
Retail	
Mail Order	

Vision Services – Available as an additional policy. \$25 copayment per eye exam and/or \$25 per frame and lenses or medically necessary contact lenses. Includes one basic eye exam.  
 Dental Services – Available as an additional policy. \$50 deductible, preventive, restorative and major services covered. Must have one year prior dental coverage to qualify. Can only enroll if you are currently enrolled in dental coverage. A financial counselor is available to assist you in making a decision about your coverage.

# Program Benefits at a Glance

Statewide Schools Retiree Program		
Enrollee With Prescription Benefits – Option 1: \$684.20 Option 2: \$627.10, Option 3: \$614.80 Enrollee/Spouse With Prescription Benefits – Option 1: \$1,368.40 Option 2: \$1,254.20 Option 3: \$1,229.60 W/O Prescription Benefits: Enrollee \$263.20 Enrollee/Spouse \$526.40		
You must have Medicare Part A & B to enroll. Medicare will pay as primary and Blue Cross of Idaho will pay the difference after deductible, coinsurance or copays are applied to the unpaid balance.		
\$100		
\$600 including the deductible (certain restrictions apply – refer to policy) / \$1,000,000		
After Medicare Pays		
Blue Cross of Idaho Pays	You Pay	
80%	20%	
80%	20%	
\$1,316	\$0	
80%	20%	
80%	20%	
80%	20%	
80%	20%	
80%	20%	
80%	20%	
80%	20%	
80% (Limited to \$800 per benefit period)	20%	
80%	20%	
80%	20%	
\$0 per day for days 1-20, 80% per day for days 21-100	\$0 per day for days 1-20, 20% per day for days 21-100	
80% (Limited to \$800 per benefit period)	20%	
80%	20%	
\$1,316	\$0	
50% (Maximum of 18 visits per benefit period)	50%	
50% (Maximum of 18 visits per benefit period)	50%	
\$0	\$0	
80%	20%	
80%	20%	
You pay \$0		
Generic – You pay \$10 plus 20% of the cost per 30 day supply Brand Name – You pay \$20 plus 20% of the cost per 30 day supply		
Option 1 Generic Drugs – \$10 copayment Brand Name Drugs – \$20 copayment	Option 2 Generic Drugs – \$10 copayment, plus 20% coinsurance Brand Name Drugs – \$20 Copayment, plus 20% coinsurance	Option 3 Generic Drugs – \$10 copayment Brand Name Drugs – \$20 copayment, plus 20% coinsurance

...m per year. Blue Cross of Idaho covers 100 percent of maximum allowance after copayment for participating VSP doctors. See Retiree Vision Program section for more details. ...ll at the time of retirement. This benefit information provided herein is a brief summary, but not a comprehensive description of available benefits. Additional information about benefits

## Exclusions

Except as outlined previously in the Statewide Schools Retiree Program policy, all services not eligible for Medicare are excluded.

## Retiree Dental Plan

Available as an additional policy for \$39.10 per person per month if enrolled in the Blue Cross of Idaho School Insurance Dental Plan during a one-year period just before your retire. Benefits include a \$50 annual deductible with a \$1,250 annual maximum. Preventive care is covered 100 percent and not subject to a deductible. Basic care is covered 80 percent, major care is covered 50 percent.

## Retiree Vision Program

Available as an additional policy for \$24.45 per person per month if enrolled in a qualified Blue Cross of Idaho School Insurance Vision Plan during a one-year period just before your retire. Benefits include a \$25 copayment for eye exams and/or \$25 per frame and lenses or medically necessary contact lenses. Coverage includes one eye exam per year and a \$130 allowance for prescribed lenses and frames. Blue Cross of Idaho pays 100 percent of the eye exam cost after deductible when visiting a participating VSP provider. Costs will vary when visiting a non-participating VSP provider. Contact Blue Cross of Idaho Customer Service Department at the number on the back of your member ID card for specific fees and information.

## Can I Choose to Enroll Later?

You may defer your enrollment in the retiree program, and your draw on the unused sick leave entitlement with PERSI. However, if you choose not to continue coverage at the time of your retirement, you may not be able to enroll at a later date. You may only make exceptions by submitting a written request to Blue Cross of Idaho asking for deferral of coverage and requesting a delay in drawing on PERSI funds because you currently have other group coverage. Later enrollment is possible only if your school district or school related group remains with Blue Cross of Idaho. If your school district chooses another carrier, you will not be able to enroll in the program.

## Maximum Allowance

Payments for covered services, supplies or procedures is based on Blue Cross of Idaho's maximum allowance or Medicare's limiting charges. Blue Cross of Idaho defines maximum allowance as the amount established by Blue Cross of Idaho as compensation for a covered service.

## Lifetime Benefit Limits

- \$150,000 lifetime benefit limit for inpatient physical rehabilitation

- \$10,000 lifetime benefit limit for hospice services
- \$1,000,000 comprehensive lifetime benefit limit

## Save Time – Eliminate Paperwork

In most instances, Blue Cross of Idaho has eliminated the paperwork required for you to file Medicare supplement claims for the medical services you receive. We use an electronic system for claims processing so our customers no longer have to fill out forms for their Medicare supplement claims. This is possible only if your healthcare providers bill Medicare electronically. With our electronic system, Blue Cross of Idaho receives the claim information directly from Medicare after it is entered by your doctor or hospital.

## Prescription Drug Exclusions and Limitations

Those who choose to purchase prescription drug coverage should keep in mind that the following exclusions and limitations apply throughout the policy for prescription drug coverage, unless otherwise specified.

If a member has a prescription drug discount through a manufacturer, coupon, store or discount card program, that discount will be subtracted from the cost of the medication before to applying the benefits available under this policy. Prescription drug benefits are limited to a member's out-of-pocket expenses under Blue Cross of Idaho's discount drug program, up to the limits under this policy.

No benefits are available for the following:

- Contraceptives (oral or other) regardless of intended use, except when they are medically necessary to treat a medical condition which requires hormone therapy.
- Over-the-counter drugs other than insulin, even if prescribed by a physician. The Blue Cross of Idaho Pharmacy and Therapeutics Committee may choose to cover certain over-the-counter medications for policies with prescription drug benefits. We will provide a written list of these approved medications and details of how to secure payment for them. Please note that just because a particular over-the-counter drug is covered, does not guarantee Blue Cross of Idaho will pay for these medications in all cases.
- Charges for administering or injecting any drug, except influenza and pneumonia vaccinations.
- Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medicinal substances except diabetic supplies, regardless of intended use.

- Drugs labeled "Caution – Limited by Federal Law to Investigational Use," or experimental drugs, even when charged to a member.
- Immunization agents, except influenza and pneumonia vaccinations, biological sera, blood or blood plasma.
- Medication that is to be taken by or administered, in whole or in part, while a member is receiving care as an inpatient at a hospital, rest home, sanatorium, skilled nursing facility, extended care facility, convalescent hospital, nursing home or similar institution which operates or houses a facility that dispenses pharmaceuticals.
- Any prescription refilled in excess of the amount specified by the physician, or refilled more than one year after the physician's original order.
- Any prescription drug, biological agent, or other agent newly approved by the Federal Drug Administration until it has been reviewed and approved by Blue Cross of Idaho's Pharmacy and Therapeutics Committee.
- Any prescription drug, biological or other agent, which is:
  - Prescribed primarily to assist with tobacco cessation.
  - Prescribed primarily to help with weight loss, including all anorectics, whether amphetamine or nonamphetamine.
  - Prescribed primarily to retard the rate of hair loss or to aid in the replacement of lost hair;
  - Prescribed primarily to increase fertility, including but not limited to drugs which induce or enhance ovulation.
  - Prescribed primarily for personal hygiene, comfort, beautification, or to improve personal appearance.
  - Prescribed primarily to increase growth, including, but not limited to, growth hormone. Benefits are available for this only when preauthorized and approved when medically necessary.
  - Provided by or under the direction of a home intravenous therapy company, home health agency or other provider approved by Blue Cross of Idaho. Benefits are available for this only when preauthorized and approved when medically necessary.

## Dental Exclusions and Limitations Section

In addition to the exclusions and limitations listed elsewhere in this Policy, the following exclusions and limitations apply to the entire Policy, unless otherwise specified.

### General Exclusions and Limitations

There are no benefits for services, supplies, drugs or other charges that are:

- Procedures that are not included in the Closed List of Dental Covered Services; or that are not Medically Necessary for the care of an Insured's covered dental condition; or that do not have uniform professional endorsement.
- Charges for services that were started prior to the Insured's Effective Date. The following guidelines will be used to determine the date when a service is deemed to have been started:
  - For full dentures or partial dentures: on the date the final impression is taken.
  - For fixed bridges, crowns, inlays or onlays: on the date the teeth are first prepared.
  - For root canal therapy: on the later of the date the pulp chamber is opened or the date canals are explored to the apex.
  - For periodontal Surgery: on the date the Surgery is actually performed.
  - For all other services: on the date the service is performed.
  - For orthodontic services, if benefits are available under this Policy: on the date any bands or other appliances are first inserted.
- Cast restorations (crowns, inlays or onlays) for teeth that are restorable by other means (i.e., by amalgam or composite fillings).
- Replacement of an existing crown, inlay or onlay that was installed within the preceding five (5) years or replacement of an existing crown, inlay or onlay that can be repaired.
- Appliances, restorations or other services provided or performed solely to change, maintain or restore vertical dimension or occlusion.
- A service for cosmetic purposes, unless necessitated as a result of Accidental Injuries received while the Insured was covered by BCI.
- In excess of the Maximum Allowance.
- A partial or full removable denture for fixed bridgework, or the addition of teeth thereto, if involving a replacement or modification of a denture or bridgework that was installed during the preceding five (5) years.
- Orthodontic services and supplies unless otherwise specifically listed in the Closed List of Dental Covered Services.
- Replacement of lost or stolen appliances.
- Ridge augmentation procedures.
- Any procedure, service or supply other than alveoplasty or alveolectomy required to prepare the alveolus, maxilla or mandible for a prosthetic appliance. Excluded services include, but are not limited to, vestibuloplasty, stomatoplasty and bone grafts (either synthetic or autogenous) to the alveolars, maxilla or mandible.
- Any procedure, service or supply required directly or indirectly to treat a muscular, neural, orthopedic or skeletal disorder, dysfunction or Disease of the temporomandibular joint (jaw hinge) and its associated structures including, but not limited to, myofascial pain dysfunction syndrome.
- Orthognathic Surgery, including, but not limited to, osteotomy, ostectomy and other services or supplies to augment or reduce the upper or lower jaw.
- Temporary dental services. Charges for temporary services are considered an integral part of the final dental services and are not separately payable.
- Any service, procedure or supply for which the prognosis for success is not reasonably favorable as determined by BCI.
- Myofunctional therapy and biofeedback procedures.
- For hospital Inpatient or Outpatient care for extraction of teeth or other dental procedures.
- Diagnostic casts.
- Occlusal adjustments.
- Not prescribed by or upon the direction of a Provider.
- Investigational in nature;
- Provided for any condition, Disease, Illness or Accidental Injury to the extent that the Insured is entitled to benefits under occupational coverage, obtained or provided by or through the employer under state or federal Workers' Compensation Acts or under Employer Liability Acts or other laws providing compensation for work-related injuries or conditions. This exclusion applies whether or not the Insured claims such benefits or compensation or recovers losses from a third party.
- Provided or paid for by any federal governmental entity or unit except when payment under this Policy is expressly required by federal law, or provided or paid for by any state or local governmental entity or unit where its charges therefor would vary, or are or would be affected by the existence of coverage under this Policy; or
- Provided for any condition, Accidental Injury, Disease or Illness suffered as a result of any act of war or any war, declared or undeclared.
- Furnished by a Provider who is related to the Insured by blood or marriage and who ordinarily dwells in the Insured's household.
- Received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust or similar person or group.
- For personal hygiene, comfort, beautification or convenience items even if prescribed by a Dentist, including but not limited to, air conditioners, air purifiers, humidifiers, physical fitness equipment or programs.
- For telephone consultations; for failure to keep a scheduled visit or appointment; for completion of a claim form; or for personal mileage, transportation, food or lodging expenses or for mileage, transportation, food or lodging expenses billed by a Dentist or other Provider.
- For Congenital Anomalies, or for developmental malformations, unless the patient is an Eligible Dependent child.
- For the treatment of injuries sustained while committing a felony, voluntarily taking part in a riot, or while engaging in an illegal act or occupation, unless such injuries are a result of a medical condition or domestic violence.
- For treatment or other health care of any Insured in connection with an Illness, Disease, Accidental Injury or other condition which would otherwise entitle the Insured to Covered Services under this Policy, if and to the extent those benefits are payable to or due the Insured under any medical payments provision, no fault provision, uninsured motorist provision, underinsured motorist provision, or other first party or no fault provision of any automobile, homeowner's or other similar policy of insurance, contract or underwriting plan;
- In the event Blue Cross of Idaho for any reason makes payment for or otherwise provides benefits excluded by this provision, it shall succeed to the rights of payment or reimbursement of the compensated Provider, the Insured, and the Insured's heirs and personal representative against all insurers, underwriters, self-insurers or other such obligors contractually liable or obliged to the Insured or his or her estate for such services, supplies, drugs or other charges so provided by Blue Cross of Idaho in connection with such Illness, Disease, Accidental Injury or other condition.
- Any services or supplies for which an Insured would have no legal obligation to pay in the absence of coverage under this Policy or any similar coverage; or for which no charge or a different charge is usually made in the absence of insurance coverage.

- Provided to persons who were enrolled as Eligible Dependents after they cease to qualify as Eligible Dependents due to a change in Eligibility status which occurs during the Policy term.
- Provided outside the United States, which if had been provided in the United States, would not be Covered Services under this Policy.
- Not directly related to the care and treatment of an actual condition, illness, Disease or Accidental Injury.
- For acupuncture or Hypnosis.
- Repair, removal, cleansing or reinsertion of Implants.
- Precision or semi-precision attachments (including implants placed to support a fixed or removable denture).
- Denture duplication.
- Oral hygiene instruction.
- Treatment of jaw fractures.
- Charges for acid etching.
- Charges for oral cancer screening which are included in a regular oral examination.

## Conditions

### Right to Review Dental Work

Before providing benefits for Covered Services, Blue Cross of Idaho has the right to refer the Insured to a Dentist of its choice and at its expense to verify the need, quantity and quality of dental work claimed as a benefit under this section.

### Care Rendered by More Than One Dentist

If an Insured transfers from the care of one Dentist to another Dentist during a Dental Treatment Plan, or if more than one Dentist renders services for one dental procedure, Blue Cross of Idaho will pay no more than the amount that it would have paid had but one Dentist rendered the service.

### Alternate Treatment Plan

If a Dentist and an Insured select a Dental Treatment Plan other than that which is customarily provided by the dental profession, payments of benefits available under this section shall be limited to the Dental Treatment Plan that is the standard and most economical, according to generally accepted dental practices.

## 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 1-800-627-1188 (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](mailto: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 1-800-627-1188 (TTY: 1-800-377-1363).

**Arabic**  
ملظوحة: إذ كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-627-1188 (رقم لغتف الصم ولابكم: 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 1-800-627-1188 (TTY: 1-800-377-1363)。

**French** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS : 1-800-377-1363).

**German** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (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。1-800-627-1188 (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. 1-800-627-1188 (TTY: 1-800-377-1363) 번으로 전화해 주십시오.

### Persian-Farsi

توجه: گار به اوزن فارسی گفتگو می دینک، تسهیلاتی نابز و صدبرت گیارن پریا شما فرا مه می شد اب با 1-800-627-1188 (TTY: 1-800-377-1363) تماس بگیرد.

**Romanian** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 1-800-377-1363).

**Russian** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 1-800-377-1363).

**Serbo-Croatian** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-377-1363).

**Spanish** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 1-800-377-1363).

**Sudanic Fulfulde** MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-627-1188 (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 1-800-627-1188 (TTY: 1-800-377-1363).

**Ukrainian** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-627-1188 (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 1-800-627-1188 (TTY: 1-800-377-1363).



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