



MEDICARE

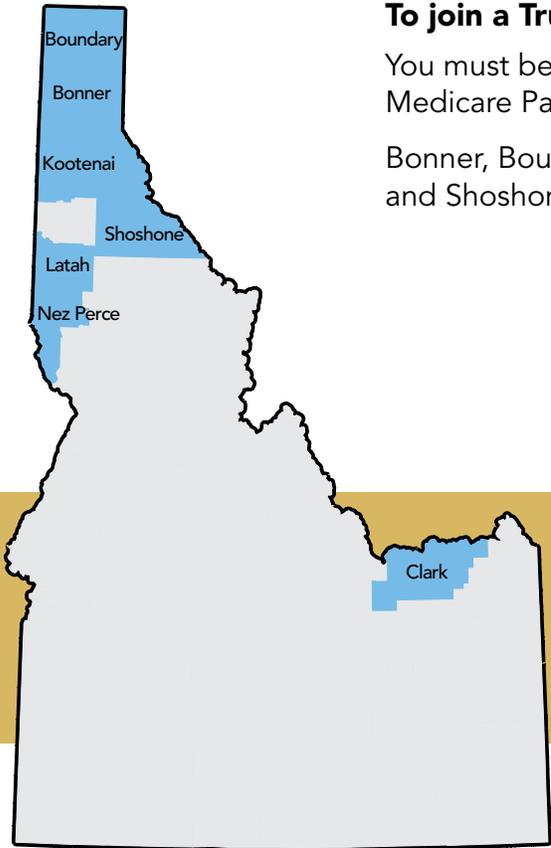


2021 Benefits at a Glance

Medicare Advantage Plans

North Idaho, Clark County: True Blue® (HMO)

Plans available where you live



To join a True Blue plan:

You must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in one of these counties:

Bonner, Boundary, Clark, Kootenai, Latah, Nez Perce and Shoshone

Call your local independent agent or call us:

Future member, toll-free
1-888-492-2583
TTY: 711

Current member, toll-free
1-888-494-2583
TTY: 711

Why choose a Medicare Advantage plan over Original Medicare?

- Original Medicare (Parts A and B) only pays 80% for covered services.
- Original Medicare does not cap annual out-of-pocket expenses for covered services.
- Our Medicare Advantage plans have an annual out-of-pocket maximum. If you reach the maximum amount, you pay nothing for covered medical services for the rest of the year.

Are my doctors in your network?

Our plans give you access to all of Idaho's major health systems. To make sure your providers are in-network, visit bcidaho.com/FindTrueBlueDoctors

Why choose our HMO plan?

- No referrals required. None of our HMO plans require a referral to see in-network providers and specialists.
- Thousands of doctors to choose from in our large network of Medicare Advantage providers. There is an excellent chance that your doctors are in our network.
- Copays make it easy. Our HMO plans generally feature a set copay amount for most services, rather than coinsurance (\$20 copay versus 20% coinsurance).

What can I expect to pay?

We cover more than Original Medicare alone. Most plans include an annual eyewear benefit, hearing aid services and a gym membership. Your share of the cost for many of the plan's benefits are covered inside this Benefits at a Glance.

This is not a complete listing of plans or benefits. For help comparing these options please call Blue Cross of Idaho or a local independent agent. Limitations, copayments and restrictions may apply. For a list of certified agents, please go to bcidaho.com/ma-agents.

More benefits than just Medicare

Here are some of the extra benefits you get with our Medicare Advantage plans. Refer to the Blue Cross of Idaho Care Plus, Inc. Summary of Benefits for more information.



Fitness program

Most members receive a free annual membership to participating Silver&Fit® gyms statewide. True Blue Rx members pay \$50 annually.



Over-the-counter (OTC)

\$40 quarterly allowance on approved over-the-counter drugs from the OTC catalog. Offered through CVS® OTC Health Solutions.



Dental coverage

Most plans include preventive and comprehensive dental coverage at no additional cost to you. Optional supplemental dental buy-up plan available for True Blue Rx.*



Vision benefit

\$20 copay for annual VSP® WellVision Exam® (comprehensive eye exam), and as low as \$35 copay for a pair of glasses including lenses and frames.



Hearing benefit

Through TruHearing®. Routine exam copay is \$0. Hearing aid copays of \$999 or less. Optional rechargeable aid for a fee of \$75 per aid.



Convenience Care

Stay healthy while away and get your non-emergent coverage when you are outside Idaho but within the U.S. for less than six months.



Nurse Advice Line

Need advice when your doctor's office is closed? Get convenient access to the Nurse Advice Line 24 hours a day, seven days a week.



Telehealth benefit

Visit the doctor with convenience and safety from home. Pay the same cost-share as in-office visits for PCP, specialist and behavioral health provider appointments.

True Dental Enhanced*

- \$26.90 month
- \$50 deductible
- \$1,000 benefit max

Comprehensive dental buy-up: basic, major services include fillings, extractions, crowns, root canals, deep cleaning and more



Premiums and Benefits	True Blue Rx Gem (HMO)	True Blue Rx (HMO)
Plan Number	H1350-024-3	H1350-019-1
Monthly Plan Premium You must continue to pay your Medicare Part B premium	You pay \$23	\$59
Medical Deductible	\$0: you pay nothing	\$0: you pay nothing
Primary Care Provider (PCP)	\$10 copay	\$10 copay
Specialists	\$40 copay	\$35 copay
Inpatient Hospital Coverage	\$325 daily for 1-5 days \$0 daily for 6+ days	\$295 daily for 1-6 days \$0 daily for 7+ days
Outpatient Hospital Coverage	\$300 copay	\$325 copay
Ambulatory Surgical Center	\$200 copay	\$275 copay
Emergency Care	\$90 copay	\$90 copay
Urgent Care	\$40 copay	\$40 copay
Ambulance	\$270 copay	\$270 copay
Dental (Preventive)	\$0 for exams, cleanings, X-rays, fluoride	\$10 for exams, cleanings, X-rays, fluoride
Dental (Comprehensive)	\$0 for fillings, extractions 50% coinsurance for crowns, root canals, deep cleaning	Not covered - True Dental Enhanced can be purchased as a optional \$26.90 buy-up
Dental (Benefit limit)	\$1,000 limit on all covered dental services	\$500 limit on on preventive services only
Lab Services	\$10 copay	\$5 copay
X-rays	\$15 copay	\$15 copay
Diagnostic Radiology (High-level imaging)	\$250 copay	\$250 copay
Skilled Nursing Facility (SNF)	\$0 daily for 1-20 days \$180 daily for 21-100 days	\$0 for days 1-20 \$180 for days 21-100
Outpatient Rehab (PT, ST, OT)	\$40 copay	\$40 copay
Medicare Covered Chiropractic Care	\$20 copay	\$20 copay
Durable Medical Equipment, Prosthetics	20% of the cost	20% of the cost
Diabetes Supplies	\$0: you pay nothing	\$0: you pay nothing
Maximum Out-of-Pocket Responsibility	\$6,200	\$6,200

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Premiums and Benefits	True Blue no Rx (HMO)
Plan Number	H1350-006-0
Monthly Plan Premium You must continue to pay your Medicare Part B premium	You pay \$29
Medical Deductible	\$0: you pay nothing
Primary Care Provider (PCP)	\$10 copay
Specialists	\$25 copay
Inpatient Hospital Coverage	\$100 daily for 1-5 days \$0 daily for 6+ days
Outpatient Hospital Coverage	\$150 copay
Ambulatory Surgical Center	\$100 copay
Emergency Care	\$90 copay
Urgent Care	\$25 copay
Ambulance	\$175 copay
Dental (Preventive)	\$0 for exams, cleanings, X-rays, fluoride
Dental (Comprehensive)	\$0 for fillings, extractions 50% coinsurance for crowns, root canals, deep cleaning
Dental (Benefit limit)	\$1,000 limit on all covered dental services
Lab Services	\$0: you pay nothing
X-rays	\$0: you pay nothing
Diagnostic Radiology (High-level imaging)	\$250 copay
Skilled Nursing Facility (SNF)	\$0 for days 1-20 \$180 for days 21-100
Outpatient Rehab (PT, ST, OT)	\$15 copay
Medicare Covered Chiropractic Care	\$20 copay
Durable Medical Equipment, Prosthetics	10% of the cost
Diabetes Supplies	\$0: you pay nothing
Maximum Out-of-Pocket Responsibility	\$3,000



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How Part D prescription drug coverage works

The costs you pay may change depending on the pharmacy you choose and when you enter another stage of the Part D benefit. For more information on your pharmacy-specific costs and the stages of your Part D benefit, please call us or get an Evidence of Coverage online at [medicare.bcidaho.com](https://www.medicare.bcidaho.com).

Our list of covered drugs has a wide range of generic and brand name drugs to meet your needs. Visit [bcidaho.com/DrugList](https://www.bcidaho.com/DrugList) for a complete list of covered drugs and their restrictions.

STAGE 1 Annual Deductible

You are responsible for the cost of your prescription drugs until you have met the deductible.

Tier 1 and 2 generic drugs do not have a deductible.

STAGE 2 Initial Coverage Period

You are responsible for a limited copay or coinsurance.

You pay a small amount until you reach \$4,130 in total drug costs. See next page for what you might pay.

STAGE 3 Coverage Gap

You are responsible for a larger copay or coinsurance until you have met your true out-of-pocket costs.

In most cases, you pay **25%** for covered generic drugs, and **25%** (plus dispensing fee) for covered brand drugs until you meet your \$6,550 in true out-of-pocket costs. The amount paid by the drug manufacturer combined with the **25%** you pay, count toward your true out-of-pocket cost.

STAGE 4 Catastrophic Coverage

You are responsible for a limited copay or coinsurance.

You pay the greater of either the copay (\$3.70 for generics, \$9.20 for all others) or a 5% coinsurance for the remainder of the plan year.



	Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred	Tier 4 Non- preferred	Tier 5 Specialty	Part D deductible Tiers 3, 4, 5	Medicare Part B prescription drugs*
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Preferred retail cost for 30-day supply

True Blue Rx Gem	\$3	\$10	\$37	\$90	29% of cost	\$190	20% of cost
True Blue Rx	\$5	\$15	\$37	\$90	30% of cost	\$125	20% of cost
True Blue no Rx	N/A	N/A	N/A	N/A	N/A	N/A	10% of cost

Non-preferred retail cost for 30-day supply

True Blue Rx Gem	\$15	\$20	\$47	\$100	29% of cost	\$190	20% of cost
True Blue Rx	\$15	\$20	\$47	\$100	30% of cost	\$125	20% of cost
True Blue no Rx	N/A	N/A	N/A	N/A	N/A	N/A	10% of cost

Preferred mail order cost for 90-day supply**

True Blue Rx Gem	\$9	\$30	\$111	\$270
True Blue Rx	\$15	\$45	\$111	\$270
True Blue no Rx	N/A	N/A	N/A	N/A

*Part B drugs are usually administered in an inpatient hospital setting like chemotherapy drugs. These are not the same as Part D prescription drugs.

**Mail order cost is a 90-day supply. Some drugs are limited to a 30-day supply.

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We are available seven days a week from 8 a.m. to 8 p.m.,
October 1 to March 31.

Our hours of operation for the rest of the year are Monday
through Friday from 8 a.m. to 8 p.m.

This information is not a complete description of benefits. Contact
the plan for more information. Limitations, copayments and
restrictions may apply.

Out-of-network/noncontracted providers are under no obligation
to treat members, except in emergency situations. Please call our
customer service number or see your Evidence of Coverage for
more information, including the cost-sharing that applies to out-of-
network services.

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German, Japanese, Korean, Nepali, Persian (Farsi), Romanian,
Russian, Serbo-Croatian, Spanish, Tagalog, or Vietnamese, language
assistance services, free of charge, are available to you.
Call 1-888-494-2583 (TTY: 711). Chinese 注意：如果您使用繁體中文，
您可以免費獲得語言援助服務。請致電 1-888-494-2583
(TTY : 711)。Spanish ATENCIÓN: si habla español, tiene a su
disposición servicios gratuitos de asistencia lingüística. Llame al
1-888-494-2583 (TTY: 711).

medicare.bcidaho.com

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