

STATEWIDE SCHOOLS RETIREE PROGRAM

2021 Benefits at a Glance





2021 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 Statewide Schools Retiree Application form (Form 4-150). 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 the address listed at the bottom of the form.

Your Out-of-Pocket Costs

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 medical 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 Schools Retiree Policy for complete details.*

Optional Pharmacy Benefits

The prescription drug benefit has no annual deductible and an annual \$5,000 out-of-pocket limit. The table below shows the copayments and percentages you will pay for generic, brand name and specialty prescriptions through retail or mail order when you choose the optional pharmacy benefit.

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. Non-participating 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.

Optional Pharmacy Benefits

Deductible: You pay \$0

Retail and Mail Order

Generic Drugs: You pay a \$15 copayment per 30-day supply.

Preferred Brand Name and Preferred Specialty Drugs: You pay a \$30 copayment + 20 percent coinsurance per 30-day supply

Non-Preferred Brand Name and Non-Preferred Specialty Drugs: You pay a \$45 copayment + 20 percent coinsurance per 30-day supply

\$5,000 prescription out-of-pocket maximum

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 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 Employee 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 Schools 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 Statewide Schools Retiree Application form (Form 4-150). 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 Schools Retiree Application form (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 Statewide Schools Group 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.

If you wish to defer the use of your PERSI funds and fail to complete the Retiree Deferral Request on Form 4-150, you will forfeit use of PERSI funds.

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 enrolled 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. To track the status or balance of your PERSI funds, please visit mypersi.idaho.gov/memberportal.

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 Schools 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



2021 STATEWIDE SCHOOLS RETIREE

| | Original Medicare |
|--|--|
| Premiums | Part B monthly premium was \$144.60 in 2020, or higher depending on your income. Most people who get Social Security benefits pay less than this amount. |
| Special Network Notes | Part B premium increased less than the cost-of-living increase for 2019 Social Security benefits. |
| Deductible | Annual Part B deductible is \$198 |
| Out-of-Pocket Maximum/ Lifetime Benefit & Maximum | No maximum |
| | You Pay |
| Primary Care Provider 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, CT and PET scans | 20% |
| Emergency Room Visit | 20% |
| Urgent Care Visit | 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 |
| Part D Prescription Drug Coverage – option | |
| 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 benefit per year. **Dental Services** – Available as an additional policy. \$50 deductible, preventive, restorative and major services covered. Must have one year prior to enrollment to receive benefits. Additional information about benefits is available to assist you in making a decision about your coverage.

PROGRAM BENEFITS AT A GLANCE

Statewide Schools Retiree Program

Enrollee/Spouse with Medical and Prescription Benefits – ENROLLEE: \$915.75 ENROLLEE/SPOUSE: \$1,831.50
Enrollee/Spouse with Medical-Only Benefits – ENROLLEE: \$322.60 ENROLLEE/SPOUSE: \$645.20

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 annual medical out-of-pocket (including the deductible) maximum
 \$5,000 annual prescription out-of-pocket maximum
 \$2,000,000 comprehensive lifetime limit

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% |

Optional Pharmacy Benefits

Deductible: You pay \$0

Retail and Mail Order

Generic Drugs: You pay a \$15 copayment per 30-day supply

Preferred Brand Name and Preferred Specialty Drugs: You pay a \$30 copayment + 20 percent coinsurance per 30-day supply

Non-Preferred Brand Name and Non-Preferred Specialty Drugs: You pay a \$45 copayment + 20 percent coinsurance per 30-day supply

Prescription Out-of-Pocket Maximum: \$5,000

Basic eye exam per year. Blue Cross of Idaho covers 100 percent of maximum allowance after copayment for participating VSP doctors. See Retiree Vision Program for dental coverage to qualify. Can only enroll at the time of retirement. This benefit information provided herein is a brief summary, but not a comprehensive description

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 \$41.80 per person per month if enrolled in a Blue Cross of Idaho school dental insurance plan during a one-year period just before you 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. This dental plan is not the same as the dental plan you had with your school.

Retiree Vision Program

Available as an additional policy for \$18.35 per person per month if enrolled in a Blue Cross of Idaho school vision insurance plan during a one-year period just before you 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 copayment 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
- \$2,000,000 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-medical 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 Plan, the following exclusions and limitations apply to the entire Plan, unless otherwise specified.

General Exclusions and Limitations

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

- A. Not Medically Necessary. If services requiring Prior Authorization by Blue Cross of Idaho are performed by a Contracting Provider and benefits are denied as not Medically Necessary, the cost of said services are not the financial responsibility of the Participant. However, the Participant could be financially responsible for services found to be not Medically Necessary when provided by a Noncontracting Provider.
- B. In excess of the Maximum Allowance.
- C. For hospital Inpatient or Outpatient care for extraction of teeth or other dental procedures, unless necessary to treat an Accidental Injury or unless an attending Physician certifies in writing that the participant has a non-dental, life-endangering condition which makes hospitalization necessary to safeguard the Participant's health and life.
- D. Not prescribed by or upon the direction of a Physician or other Professional Provider; or which are furnished by any individuals or facilities other than Licensed General Hospitals, Physicians, and other Providers.
- E. Investigational in nature.
- F. Provided for any condition, Disease, Illness or Accidental Injury to the extent that the Participant 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 Participant claims such benefits or compensation or recovers losses from a third party.
- G. Provided or paid for by any federal governmental entity except when payment under this Plan is expressly required by federal law, or provided or paid for by any state or local governmental entity where its charges therefore would vary, or would be affected by the existence of coverage under this Plan.
- H. Provided for any condition, Accidental Injury, Disease or Illness suffered as a result of any act of war or any war, declared or undeclared.
- I. Furnished by a Provider who is related to the Participant by blood or marriage and who ordinarily dwells in the Participant's household.
- J. Received from a dental, vision, or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust or similar person or group.
- K. For Surgery intended mainly to improve appearance or for complications arising from Surgery intended mainly to improve appearance, except for:
 1. Reconstructive Surgery necessary to treat an Accidental Injury, infection, or other Disease of the involved part; or
 2. Reconstructive Surgery to correct Congenital Anomalies in a Participant who is a dependent child.
 3. Benefits for reconstructive Surgery to correct an Accidental Injury are available even though the accident occurred while the Participant was covered under a prior insurer's coverage.
- L. Rendered prior to the Participant's Effective Date.
- M. For personal hygiene, comfort, beautification (including non-surgical services, drugs, and supplies intended to enhance the appearance) even if prescribed by a Physician.
- N. For exercise or relaxation items or services even if prescribed by a Physician, including but not limited to, air conditioners, air purifiers, humidifiers, physical fitness equipment or programs, spas, hot tubs, whirlpool baths, waterbeds or swimming pools.
- O. For convenience items including but not limited to Durable Medical Equipment such as bath equipment, cold therapy units, duplicate items, home traction devices, or safety equipment.
- P. For relaxation or exercise therapies, including but not limited to, educational, recreational, art, aroma, dance, sex, sleep, electro sleep, vitamin, chelation, homeopathic, or naturopathic, massage, or music, even if prescribed by a Physician.
- Q. For telephone consultations, and all computer or Internet communications, except as specified as a Covered Service in this Plan.
- R. For failure to keep a scheduled visit or appointment; for completion of a claim form; for interpretation services; or for personal mileage, transportation, food or lodging expenses, or for mileage, transportation, food or lodging expenses billed by a Physician or other Professional Provider.
- S. For Inpatient admissions that are primarily for Diagnostic Services or Therapy Services; or for Inpatient admissions when the Participant is ambulatory and/or confined primarily for bed rest, special diet, behavioral problems, environmental change, or for treatment not requiring continuous bed care.
- T. For Inpatient or Outpatient Custodial Care, or for Inpatient or Outpatient services consisting mainly of educational therapy, behavioral modification, self-care or self-help training, except as specified as a Covered Service in this Plan.
- U. For any cosmetic foot care, including but not limited to, treatment of corns, calluses, and toenails (except for surgical care of ingrown or Diseased toenails).
- V. Related to Dentistry or Dental Treatment, even if related to a medical condition; or orthoptics, eyeglasses or Contact Lenses, or the vision examination for prescribing or fitting eyeglasses or Contact Lenses, unless specified as a Covered Service in this Plan.
- W. For hearing aids or examinations for the prescription or fitting of hearing aids.
- X. For any treatment of either gender leading to or in connection with transsexual Surgery, gender transformation, sexual dysfunction, or sexual inadequacy, including erectile dysfunction and/or impotence, even if related to a medical condition.
- Y. Made by a Licensed General Hospital for the Participant's failure to vacate a room on or before the Licensed General Hospital's established discharge hour.
- Z. Not directly related to the care and treatment of an actual condition, Illness, Disease or Accidental Injury.
- AA. Furnished by a facility that is primarily a nursing home, a convalescent home, or a rest home.
- AB. For Acute Care, Rehabilitative care, diagnostic testing except as specified as a Covered Service in this Plan; for Mental or Nervous Conditions and Substance Abuse or Addiction services not recognized by the American Psychiatric and American Psychological Associations.
- AC. For any of the following:
 1. For appliances, splints or restorations necessary to increase vertical tooth dimensions or restore the occlusion, except as specified as a Covered Service in this Plan;
 2. For orthognathic Surgery, including services and supplies to augment or reduce the upper or lower jaw;
 3. For implants in the jaw; for pain, treatment, or diagnostic testing or evaluation related to the misalignment or discomfort of the temporomandibular joint (jaw hinge), including splinting services and supplies except as specified as a Covered Service under this Plan;
 4. For alveolectomy or alveoloplasty when related to tooth extraction.
- AD. For weight control or treatment of obesity, even if Medically Necessary, including but not limited to Surgery for obesity or for reversals or revisions of Surgery for obesity, except as specifically provided as a Covered Service in this Plan.
- AH. Treatment for reproductive procedures, including but not limited to, ovulation induction procedures and pharmaceuticals, artificial insemination, in vitro fertilization, embryo transfer or similar procedures, or procedures that in any way augment or enhance a Participant's reproductive ability, including but not limited to laboratory services, radiology services or similar services related to treatment for reproduction procedures. Any expenses, procedures or services related to Surrogate pregnancy, delivery or donor eggs.
- AI. For Transplant services and Artificial Organs, except as specified as a Covered Service under this Plan.
- AJ. For acupuncture.

- AK. For surgical procedures that alter the refractive character of the eye, including but not limited to, radial keratotomy, myopic keratomileusis, Laser-In-Situ Keratomileusis (LASIK), and other surgical procedures of the refractive-keratoplasty type, to cure or reduce myopia or astigmatism, even if Medically Necessary, unless specified as a Covered Service in a Vision Benefits Section of this Plan, if any. Additionally, reversals, revisions, and/or complications of such surgical procedures are excluded, except when required to correct an immediately life-endangering condition.
- AL. For Hospice, except as specified as a Covered Service in this Plan.
- AM. For pastoral, spiritual, bereavement or marriage counseling.
- AN. For homemaker and housekeeping services or home-delivered meals.
- AO. 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.
- AP. For treatment or other health care of any Participant in connection with an Illness, Disease, Accidental Injury or other condition which would otherwise entitle the Participant to Covered Services under this Plan, if and to the extent those benefits are payable to or due the Participant 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 plan of insurance, contract, or underwriting plan.
- In the event Blue Cross of Idaho (BCI) for any reason makes payment for or otherwise provides benefits excluded by the above provisions, it shall succeed to the rights of payment or reimbursement of the compensated Provider, the Participant, and the Participant's heirs and personal representative against all insurers, underwriters, self-insurers, or other such obligors contractually liable or obliged to the Participant, or his or her estate for such services, supplies, drugs or other charges so provided by BCI in connection with such Illness, Disease, Accidental Injury or other condition.
- AQ. Any services or supplies for which a participant would have no legal obligation to pay in the absence of coverage under this Plan or any similar coverage; or for which no charge or a different charge is usually made in the absence of health benefits or insurance coverage or charges in connection with work for compensation or charges for which reimbursement or payment is contemplated under an agreement with a third party.
- AR. For a routine or periodic mental or physical examination that is not connected with the care and treatment of an actual Illness, Disease or Accidental Injury or for an examination required on account of employment; or related to an occupational injury; for a marriage license; or for insurance, school or camp application; or for sports participation physicals; or a screening examination including routine hearing examinations, unless specified as a Covered Service under this Plan.
- AS. For immunizations except as specifically provided as a Covered Service in the Plan.
- AT. For breast reduction Surgery or Surgery for gynecomastia.
- AU. For nutritional supplements.
- AV. For replacements or nutritional formulas except, when administered enterally due to impairment in digestion and absorption of an oral diet and is the sole source of caloric need or nutrition in a Participant.
- AW. For vitamins and minerals, unless required through a written prescription and cannot be purchased over the counter.
- AX. For an elective abortion, except to preserve the life of the female upon whom the abortion is performed, unless benefits for an elective abortion are specifically provided by a separate Endorsement to this Plan.
- AY. For alterations or modifications to a home or vehicle.
- AZ. For special clothing, including shoes (unless permanently attached to a brace).
- AAA. Provided to a person enrolled as an Eligible Dependent, but who no longer qualifies as an Eligible Dependent due to a change in eligibility status that occurred after enrollment.
- AAB. Provided outside the United States, which if had been provided in the United States, would not be a Covered Service under this Plan.
- AAC. For outpatient pulmonary and/or outpatient cardiac Rehabilitation, except as specified as a Covered Service under this Plan.
- AAD. For complications arising from the acceptance or utilization of services, supplies or procedures that are not a Covered Service.
- AAE. For the use of Hypnosis, as anesthesia or other treatment, except as specified as a Covered Service.
- AAF. For dental implants, appliances, (with the exception of sleep apnea devices) and/or prosthetics, and/or treatment related to Orthodontia, even when Medically Necessary, unless specified as a Covered Service in this Plan.
- AAG. For arch supports, orthopedic shoes, and other foot devices.
- AAH. For wigs.
- AAI. For cranial molding helmets, unless used to protect post cranial vault surgery.
- AAJ. For surgical removal of excess skin that is the result of weight loss or gain, including but not limited to association with prior weight reduction (obesity) surgery.
- AAK. For the purchase of Therapy or Service Dogs/Animals and the cost of training/maintaining said animals.
- AAL. Any newly FDA approved Prescription Drug, biological agent, or other agent until it has been reviewed and implemented by BCI's Pharmacy and Therapeutics Committee.
- AAM. For the treatment of injuries sustained while operating a motor vehicle under the influence of alcohol and/or narcotics. For purposes of this Plan exclusion, "Under the influence" as it relates to alcohol means having a whole blood alcohol content of .08 or above or a serum blood alcohol content of .10 or above as measured by a laboratory approved by the State Police or a laboratory certified by the Centers for Medicare and Medicaid Services. For purposes of this Plan exclusion, "Under the influence" as it relates to narcotics means impairment of driving ability caused by the use of narcotics not prescribed or administered by a Physician.
- AAN. Rendered after exhaustion of an established benefit limit, unless authorized at the discretion of the Trust and in accordance with specific BCI medical criteria.
- AAO. All services, supplies, devices and treatment that are not FDA approved.
- AAP. Any services, interventions occurring within the framework of an educational program or institution; or provided in or by a school/educational setting; or provided as a replacement for services that are the responsibility of the educational system.

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.

DISCRIMINATION IS AGAINST THE LAW

Blue Cross of Idaho and Blue Cross of Idaho Care Plus, Inc., (collectively referred to as 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:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Blue Cross of Idaho 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

ATTENTION: If you speak Arabic, Bantu, Chinese, Farsi, French, German, Japanese, Korean, Nepali, Romanian, Russian, Serbo-Croatian, Spanish, Tagalog, or Vietnamese, language assistance services, free of charge, are available to you. Call 1-800-627-1188 (TTY: 1-800-377-1363).

Arabic: ركذا يبرعل ا شحتت تنك اذا: عطوح لمم
ن اجملاب لك رفاوتت ةيوغلل ا ءدعاسملا تامدخ ن ا ف، ةغلل
مصل ا فتاه مقر) 1-800-627-1188 مقر ب لصتا
م: 1-800-377-1363

Bantu: ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (TTY: 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)。

Farsi: دینک یم وگتفگ یسراف نابز هب رگا: هجوت
یم مهارف امش یارب ناگیار تروصب ین نابز تالیست
سامت) 1-800-627-1188 (TTY: 1-800-377-1363) اب. دشاب
دیریگب

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.

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 E. Pine Ave., Meridian, ID 83642
Telephone: 1-800-274-4018
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>.

Nepali: ध्यान दनुहोस: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको नमिति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस 1-800-627-1188 (टिपिडि: 1-800-377-1363) ।

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).

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).

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).

There when you need us,
never when you don't.

Sales 888-492-2583 | Customer Service 800-627-1188



3000 East Pine Avenue | Meridian, Idaho | 83642-5995

PO Box 7408 | Boise, Idaho | 83707-1408

1-800-365-2345 | TTY 1-800-377-1363

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