Blue Cross of Idaho MEDICARE

2022 Summary of Benefits

Medicare Advantage Plans
Southwest Idaho, West Central Mountain, North Idaho, Clark County

THE PLANS WITH ✓✓✓ APPLY TO NEZ PERCE AND N. IDAHO FOR THE LEWISTON SCHOOL DISTRICT

Powered by Blue Cross of Idaho Care Plus, Inc. | Form No. 16-011 (09-21)

How to Get in Touch

CALL	**1-888-492-2583** Calls to this number are free. We are available from 8 a.m. to 6 p.m., Monday to Friday.
TTY	**711** This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
EMAIL	**MACS@bcidaho.com**
WRITE	**Blue Cross of Idaho Care Plus, Inc.** P.O. Box 8406, Boise, ID 83707
USEFUL WEBSITES	**medicare.bcidaho.com** **bcidaho.com/FindTrueBlueDoctors** **bcidaho.com/SLHP-doctors** **bcidaho.com/Preferred-doctors**
EXTRA HELP (PART D)	**medicare.gov/your-medicare-costs/get-help-paying-costs** **1-800-MEDICARE (1-800-633-4227, TTY: 1-877-486-2048)**
CENTERS FOR MEDICARE AND MEDICAID	**medicare.gov** Learn about the coverage and costs of Original Medicare by checking the "Medicare & You" handbook. View online or get a copy by calling toll-free 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. (TTY: 1-877-486-2048).

NON-ENGLISH SPEAKERS

1-888-494-2583 (TTY: 711)

If your first language is not English, we provide free interpreter services in the following languages: Arabic, Bantu, Chinese, French, German, Japanese, Korean, Nepali, Romanian, Russian, Serbo-Croatian, Spanish, Tagalog, Vietnamese. We are available seven days a week, 8 a.m. to 8 p.m., from October 1 to March 31. From April 1 to September 30, we are available Monday through Friday, 8 a.m. to 8 p.m.

PARA HISPANOHABLANTES

1-888-494-2583 (TTY: 711)

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-494-2583 (TTY: 711). 1 de octubre hasta el 31 de marzo, 8 a.m. a 8 p.m., los siete días a la semana. Entre el 1 de abril y el 30 de septiembre, abrimos de lunes a viernes de 8 a.m. a 8 p.m.

PEOPLE WITH DISABILITIES

1-888-494-2583 (TTY: 711)

We provide information in other formats and qualified sign language interpreters.

NETWORK PROVIDERS, PHARMACIES AND DRUG LISTS

1-888-492-2583 (TTY: 711)

If you would like a copy mailed to you, you may call the number above or request one through our website. In-network providers and pharmacies are available on our website (see website addresses below).

IN-NETWORK PROVIDERS ONLINE

bcidaho.com/FindTrueBlueDoctors
bcidaho.com/SLHP-doctors
bcidaho.com/Preferred-doctors

True Blue plans have a network of doctors, hospitals and pharmacies. If you use providers not in our network, your plan may not pay.

IN-NETWORK PHARMACIES ONLINE

bcidaho.com/FindAPharmacy

FORMULARIES (DRUG LISTS) ONLINE

bcidaho.com/DrugList

Covered prescription drugs for each plan may be different. Check the formulary for your plan to see which drugs are covered.

FIND A DENTIST ONLINE

bcidaho.com/FindADentist

True Blue plans have a network of dentists. If you use a provider not in our network, your plan may not pay.

We Are Here to Help You When You Need Us

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. You can request an Evidence of Coverage by calling Blue Cross of Idaho Care Plus, Inc. at the numbers listed below.

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 **medicare.gov** or get a copy by calling toll-free **1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048**, 24 hours a day, seven days a week.

BLUE CROSS OF IDAHO

medicare.bcidaho.com

bcidaho.com/FindTrueBlueDoctors
bcidaho.com/DrugList
bcidaho.com/SLHP-doctors
bcidaho.com/Preferred-doctors

Toll-free

1-888-492-2583
TTY: 711

8 a.m. to 6 p.m., Monday to Friday

MEDICARE

medicare.gov

IDAHO COUNTIES COVERED BY TRUE BLUE® (HMO) PLANS

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

COVERED COUNTIES

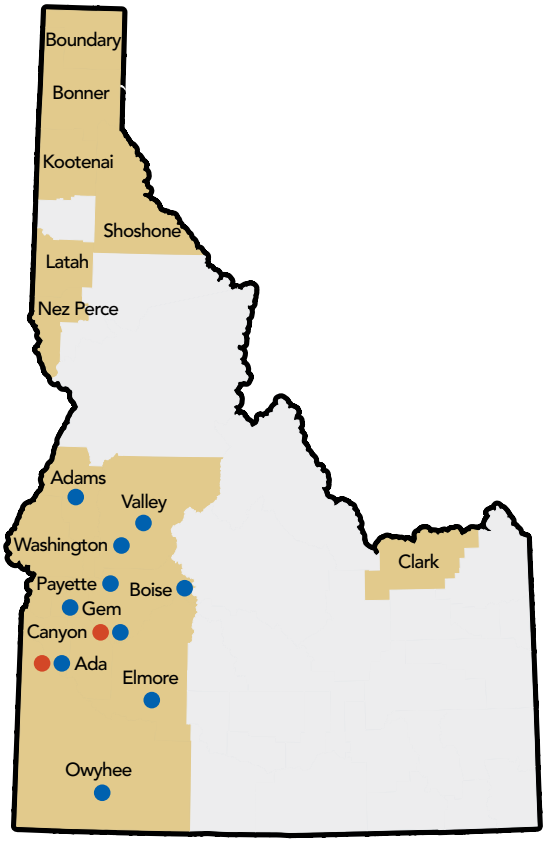
Ada, Adams, Boise, Bonner, Boundary, Canyon, Clark, Elmore, Gem, Kootenai, Latah, Nez Perce, Owyhee, Payette, Shoshone, Valley and Washington counties

COVERED COUNTIES FOR TRUE BLUE RX | ST. LUKE'S HEALTH PARTNERS (HMO)

Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley and Washington counties

COVERED COUNTIES FOR TRUE BLUE RX PREFERRED (HMO)

Ada and Canyon counties



Health plan terms to understand

Premium: The fixed cost you pay each month to be a member of the health plan.

Medical deductible: The amount you pay before the health plan helps with medical costs. Good news for you: none of our plans have a medical deductible.

Copay: A kind of cost sharing where you pay a fixed dollar amount for some covered services.

Coinsurance: A kind of cost sharing where you pay a percentage of the cost for some covered services.

Maximum out-of-pocket amount: A yearly limit on how much money you have to spend out of your own pocket for covered healthcare. Once you reach that limit, you don't pay anything for covered care for the rest of your plan year.

Formulary: The list of covered drugs for a specific plan.

Premiums and Benefits	✓✓✓ True Blue Rx Essentials (HMO)	True Blue Rx | St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**	True Blue Rx Gem (HMO) *S.W. and W. Central Idaho*
Plan Number	H1350-026	H1350-023-1	H1350-027-1	H1350-024-1
Monthly Plan Premium You must continue to pay your Medicare Part B premium	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	You pay $19
Part B Premium Buydown	$30	N/A	N/A	N/A
Medical Deductible These plans do not have a medical deductible	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing
Maximum Out-of-Pocket Responsibility The most you pay for covered Part A and Part B medical services. Doesn't include Part D services or monthly premium.	$6,200	$5,400	$5,500	$5,800
Inpatient Hospital Coverage Prior authorization may be required	$450 daily: 1-4 days $0 daily: 5+ days	$315 daily: 1-5 days $0 daily: 6+ days	$325 daily: 1-5 days $0 daily: 6+ days	$325 daily: 1-5 days $0 daily: 6+ days
Outpatient Hospital, Observation Coverage Prior authorization may be required	$375 copay	$275 copay	$325 copay	$350 copay

*True Blue Rx | St. Luke's Health Partners is only available in Ada, Adams, Boise, Canyon, Elmore, Gem, Owhyee, Payette, Valley and Washington counties.

**True Blue Rx Preferred is only available in Ada and Canyon counties.

Premiums and Benefits	✓✓✓ True Blue Rx Gem (HMO) *N. Idaho*	True Blue Valor (HMO)	✓✓✓ True Blue Rx (HMO)	✓✓✓ True Blue Rx Option I (HMO)	✓✓✓ True Blue Rx Option II (HMO)
Plan Number	H1350-024-3	H1350-006-0	H1350-019-1	H1350-015-1	H1350-016-1
Monthly Plan Premium You must continue to pay your Medicare Part B premium	You pay $23	You pay $30	You pay $65	You pay $149	You pay $110
Part B Premium Buydown	N/A	N/A	N/A	N/A	N/A
Medical Deductible These plans do not have a medical deductible	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing
Maximum Out-of-Pocket Responsibility The most you pay for covered Part A and Part B medical services. Doesn't include Part D services or monthly premium.	$6,200	$3,000	$6,200	$6,500	$6,400
Inpatient Hospital Coverage Prior authorization may be required	$360 daily: 1-5 days $0 daily: 6+ days	$100 daily: 1-5 days $0 daily: 6+ days	$295 daily: 1-6 days $0 daily: 7+ days	$235 daily: 1-5 days $0 daily: 6+ days	$325 daily: 1-5 days $0 daily: 6+ days
Outpatient Hospital, Observation Coverage Prior authorization may be required	$350 copay	$150 copay	$325 copay	$275 copay	$325 copay

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**True Blue Rx Preferred is only available in Ada and Canyon counties.

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Premiums and Benefits	True Blue Rx Essentials (HMO)	True Blue Rx | St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**	True Blue Rx Gem (HMO) *S.W. and W. Central Idaho*
Plan Number	H1350-026	H1350-023-1	H1350-027-1	H1350-024-1
Ambulatory Surgery Center Prior authorization may be required	$250 copay	$150 copay	$220 copay	$250 copay
Doctor Visits Primary Care	$10 copay	$0: you pay nothing	$0 copay Tier 1; $15 copay Tier 2	$0: you pay nothing
Specialists No referral required	$50 copay	$35 copay	$35 copay	$40 copay
Preventive Care	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing
Emergency Care* ** Copay waived if admitted to the hospital within 24 hours	$90 copay	$90 copay	$90 copay	$90 copay
Urgent Care*	$40 copay	$40 copay	$0 copay Tier 1; $40 copay Tier 2	$40 copay
Worldwide Emergency and Urgent Coverage ($25,000 benefit maximum)	$90 copay; $290 ambulance	$90 copay; $275 ambulance	$90 copay; $270 ambulance	$90 copay; $270 ambulance
Diagnostic Tests and Procedures Prior authorization may be required	20% of cost	20% of cost	20% of cost	20% of cost
Lab Services Prior authorization may be required	$20 copay	$15 copay	$0 copay Tier 1; $20 copay Tier 2	$0 copay

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** True Blue Rx Preferred is only available in Ada and Canyon counties.

***Emergency care or urgently needed services that you get from an out-of-network provider are covered. Your cost is the same as in-network.

Premiums and Benefits	✓✓✓ True Blue Rx Gem (HMO) *N. Idaho*	True Blue Valor (HMO)	✓✓✓ True Blue Rx (HMO)	✓✓✓ True Blue Rx Option I (HMO)	✓✓✓ True Blue Rx Option II (HMO)
Plan Number	H1350-024-3	H1350-006-0	H1350-019-1	H1350-015-1	H1350-016-1
Ambulatory Surgery Center Prior authorization may be required	$250 copay	$100 copay	$275 copay	$225 copay	$275 copay
Doctor Visits Primary Care	$10 copay	$10 copay	$10 copay	$5 copay	$10 copay
Specialists No referral required	$40 copay	$25 copay	$40 copay	$30 copay	$40 copay
Preventive Care	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing
Emergency Care* ** Copay waived if admitted to the hospital within 24 hours	$90 copay	$90 copay	$90 copay	$90 copay	$90 copay
Urgent Care* **	$40 copay	$25 copay	$40 copay	$25 copay	$40 copay
Worldwide Emergency and Urgent Coverage ($25,000 benefit maximum)	$90 copay; $265 ambulance	$90 copay; $175 ambulance	$90 copay; $270 ambulance	$90 copay; $275 ambulance	$90 copay; $300 ambulance
Diagnostic Tests and Procedures Prior authorization may be required	20% of cost	$0: you pay nothing	20% of cost	10% of cost	15% of cost
Lab Services Prior authorization may be required	$10 copay	$0: you pay nothing	$5 copay	$10 copay	$10 copay

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Premiums and Benefits	✓✓✓ True Blue Rx Essentials (HMO)	True Blue Rx | St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**	True Blue Rx Gem (HMO) *S.W. and W. Central Idaho*
Plan Number	H1350-026	H1350-023-1	H1350-027-1	H1350-024-1
Diagnostic Radiology (MRI, CT, PET) Prior authorization may be required	$250 copay	$250 copay	$250 copay	$250 copay
X-rays	$25 copay	$15 copay	$0 copay Tier 1; $20 copay Tier 2	$15 copay
Medicare-Covered Hearing Services	$50 copay	$35 copay	$35 copay	$40 copay
TruHearing® Hearing Exam	**True Trio:** Part of $30.90 buy-up bundle that includes dental, vision, and hearing benefits.	$0 for one exam/year	$0 for one exam/year	$0 for one exam/year
TruHearing® Hearing Aids		Up to two TruHearing-branded hearing aids every year (one per ear per year). Benefit is limited to the TruHearing Advanced and Premium hearing aids with an optional $50 additional cost per rechargeable aid. Advanced $699 copay; Premium $999 copay		
Medicare-Covered Dental Services	$50 copay	$35 copay	$35 copay	$40 copay
Dental Benefit Maximum	$500	$1,000	$1,000	$1,000
Preventive Dental	$0 for two routine preventive exams, cleanings; one emergency exam; one bitewing and fluoride application per year; one full mouth X-ray every three years			

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Premiums and Benefits	✓✓✓ True Blue Rx Gem (HMO) *N. Idaho*	True Blue Valor (HMO)	✓✓✓ True Blue Rx (HMO)	✓✓✓ True Blue Rx Option I (HMO)	✓✓✓ True Blue Rx Option II (HMO)
Plan Number	H1350-024-3	H1350-006-0	H1350-019-1	H1350-015-1	H1350-016-1
Diagnostic Radiology (MRI, CT, PET) Prior authorization may be required	$250 copay	$250 copay	$250 copay	$250 copay	$250 copay
X-rays	$15 copay	$0: you pay nothing	$15 copay	$10 copay	$15 copay
Medicare-Covered Hearing Services	$40 copay	$25 copay	$40 copay	$30 copay	$40 copay
TruHearing® Hearing Exam	$0 for one exam/year	$0 for one exam/year	$0 for one exam/year	$0 for one exam/year	$0 for one exam/year
TruHearing® Hearing Aids	Up to two TruHearing-branded hearing aids every year (one per ear per year). Benefit is limited to the TruHearing Advanced and Premium hearing aids with an optional $50 additional cost per rechargeable aid. Advanced $699 copay; Premium $999 copay				
Medicare-Covered Dental Services	$40 copay	$25 copay	$40 copay	$30 copay	$30 copay
Dental Benefit Maximum	$1,000	$1,000	$500	N/A	N/A
Preventive Dental	$0 for two routine preventive exams, cleanings; one emergency exam; one bitewing and fluoride application per year; one full mouth X-ray every three years		$10 for two routine preventive exams, cleanings; one emergency exam; one bitewing and fluoride application per year; one full mouth X-ray every three years	N/A	

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Premiums and Benefits	True Blue Rx Essentials (HMO)	True Blue Rx | St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**	True Blue Rx Gem (HMO) *S.W. and W. Central Idaho*
Plan Number	H1350-026	H1350-023-1	H1350-027-1	H1350-024-1
Comprehensive Dental	N/A	**Basic services, $0 copay:** fillings, extractions, scaling, root planing once per quadrant every two years, full mouth debridement once every three years; periodontal maintenance up to four visits per year **Major services, 50% of cost:** crowns, root canals, bridge repairs once per tooth every seven years.		
Optional Supplemental Dental Plan	**TRUE TRIO:** Part of $30.90 buy-up bundle that includes dental, vision and hearing benefits **Dental:** • $1,000 max. benefit • $50 deductible (does not apply to in-network preventive) **Basic:** fillings, extractions • In-network: 20% of cost • Out-of-network: 50% of cost **Major:** (i.e., crown, root canal, deep cleaning) • In- and out-of-network: 50% • Six-month waiting period for basic, major services	N/A	N/A	N/A

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Premiums and Benefits	✓✓✓ True Blue Rx Gem (HMO) *N. Idaho*	True Blue Valor (HMO)	✓✓✓ True Blue Rx (HMO)	✓✓✓ True Blue Rx Option I (HMO)	✓✓✓ True Blue Rx Option II (HMO)
Plan Number	H1350-024-3	H1350-006-0	H1350-019-1	H1350-015-1	H1350-016-1
Comprehensive Dental	**Basic services, $0 copay:** fillings, extractions, scaling, root planing once per quadrant every two years, full mouth debridement once every three years; periodontal maintenance up to four visits per year **Major services, 50% of cost:** crowns, root canals, bridge repairs once per tooth every seven years.		N/A	N/A	
Optional Supplemental Dental Plan	N/A	N/A	**True Dental Enhanced: $27.60** • Deductible: $50 • $1,000 max. benefit • Six month waiting period **Basic:** (i.e., fillings and extractions) • In-network: 20% • Out-of-network: 50% • Same tooth surface restoration once every two yrs; scaling/ root planing once every two yrs; full mouth debridement once/3 yrs **Major:** (i.e., crown, root canal, deep cleaning) • In-network: 50% • Out-of-network: 50%	**True Dental: $23.70** • $1,000 max. • $50 deductible (does not apply to in-network preventive) **Preventive:** two oral exams, one emergency exam/yr, cleanings, X-rays, fluoride • In-network: $20 copay • Out-of-network: 50% of cost **Basic:** (i.e., fillings, extractions) • Six month waiting period • In-network: 20% of cost • Out-of-network: 50% of cost	

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Premiums and Benefits	✓✓✓ True Blue Rx Essentials (HMO)	True Blue Rx | St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**	True Blue Rx Gem (HMO) *S.W. and W. Central Idaho*
Plan Number	H1350-026	H1350-023-1	H1350-027-1	H1350-024-1
Medicare Covered Eye Exam Diagnosis and treatment of medical eye diseases and conditions	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing
VSP® Vision Exam Annual	**True Trio:** Part of $30.90 buy-up bundle that includes dental, vision and hearing benefits.	$20 copay	$20 copay	$20 copay
VSP® Eyewear		$35 copay for one pair of glasses (lenses and frames in the VSP Genesis Collection); $50 allowance for non-Genesis frames. In lieu of glasses there is a $100 allowance towards contacts. Benefit is for every two years.		
Inpatient Mental Health Care	$450 daily: 1-4 days $0 daily: days 5-90	$315 daily: 1-5 days $0 daily: 6-90 days	$325 daily: 1-5 days $0 daily: 6-90 days	$325 daily: 1-5 days $0 daily: 6-90 days
Outpatient Mental Health Care (Individual and group therapy)	$40 copay	$0: you pay nothing	$20 copay	$20 copay
Skilled Nursing Facility (SNF) Prior authorization may be required	$0 daily: 1-20 days $188 daily: days 21-100	$0 daily: 1-20 days $188 daily: 21-100 days	$0 daily: 1-20 days $188 daily: 21-100 days	$0 daily: 1-20 days $188 daily: 21-100 days
Outpatient Rehabilitation Physical/Speech/ Occupational Therapy	$30 copay	$20 copay	$35 copay	$40 copay

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Premiums and Benefits	✓✓✓ True Blue Rx Gem (HMO) *N. Idaho*	True Blue Valor (HMO)	✓✓✓ True Blue Rx (HMO)	✓✓✓ True Blue Rx Option I (HMO)	✓✓✓ True Blue Rx Option II (HMO)
Plan Number	H1350-024-3	H1350-006-0	H1350-019-1	H1350-015-1	H1350-016-1
Medicare Covered Eye Exam Diagnosis and treatment of medical eye diseases and conditions	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing
VSP® Vision Exam Annual	$20 copay	$20 copay	$20 copay	$20 copay	$20 copay
VSP® Eyewear	$35 copay for one pair of glasses (lenses and frames in the VSP Genesis Collection); $50 allowance for non-Genesis frames. In lieu of glasses there is a $100 allowance towards contacts. Benefit is for every two years.				
Inpatient Mental Health Care	$360 daily: 1-5 days $0 daily: 6-90 days	$100 daily: 1-5 days $0 daily: days 6-90	$290 daily: 1-6 days $0 daily: 7-90 days	$235 daily: 1-5 days $0 daily: 6-90 days	$325 daily: 1-5 days $0 daily: 6-90 days
Outpatient Mental Health Care (Individual and group therapy)	$20 copay	$25 copay	$40 copay	$25 copay	$40 copay
Skilled Nursing Facility (SNF) Prior authorization may be required	$0 daily: 1-20 days $188 daily: 21-100 days	$0 daily: 1-20 days $188 daily: days 21-100	$0 daily: 1-20 days $188 daily: 21-100 days	$0 daily: 1-20 days $188 daily: 21-100 days	$0 daily: 1-20 days $188 daily: 21-100 days
Outpatient Rehabilitation Physical/Speech/ Occupational Therapy	$40 copay	$15 copay	$40 copay	$30 copay	$40 copay

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Premiums and Benefits	True Blue Rx Essentials (HMO)	True Blue Rx | St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**	True Blue Rx Gem (HMO) *S.W. and W. Central Idaho*
Plan Number	H1350-026	H1350-023-1	H1350-027-1	H1350-024-1
Ambulance Ground or air transport Prior authorization may be required	$290 copay	$275 copay	$270 copay	$270 copay
Transportation	Not covered	Not covered	Not covered	Not covered
Medicare Part B Prescription Drugs (i.e., chemotherapy, hospital-administered infusions). Prior authorization may be required.	20% of the cost	20% of the cost	20% of the cost	20% of the cost
Medicare Part D Prescription Drugs Prior authorization may be required	**PART D** Costs may differ based on pharmacy type (preferred, non-preferred, mail order)			
Stage 1: Annual Deductible	You are responsible for the cost of your prescription drugs until you have met the deductible. True Blue Valor does not have Part D benefits.			
Part D Prescription Drug Deductible Tiers 1, 2 and 6	Tier 1, 2 and 6 generic drugs do not have a deductible.			
Part D Prescription Drug Deductible Tiers 3-5	$275/year for prescriptions	$125/year for prescriptions	$150/year for prescriptions	$225/year for prescriptions
Stage 2: Initial Coverage Period	You are responsible for a limited copay or coinsurance. You pay a small amount until you reach $4,430 in total drug costs. See chart below for exact amount.			

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**True Blue Rx Preferred is only available in Ada and Canyon counties.

Premiums and Benefits	✓✓✓ True Blue Rx Gem (HMO) *N. Idaho*	True Blue Valor (HMO)	✓✓✓ True Blue Rx (HMO)	✓✓✓ True Blue Rx Option I (HMO)	✓✓✓ True Blue Rx Option II (HMO)
Plan Number	H1350-024-3	H1350-006-0	H1350-019-1	H1350-015-1	H1350-016-1
Ambulance Ground or air transport Prior authorization may be required	$265 copay	$175 copay	$270 copay	$275 copay	$300 copay
Transportation	Not covered	Not covered	Not covered	Not covered	Not covered
Medicare Part B Prescription Drugs (i.e., chemotherapy, hospital-administered infusions). Prior authorization may be required.	20% of the cost	10% of the cost	20% of the cost	20% of the cost	20% of the cost
Medicare Part D Prescription Drugs Prior authorization may be required	**PART D** Costs may differ based on pharmacy type (preferred, non-preferred, mail order)				
Stage 1: Annual Deductible	You are responsible for the cost of your prescription drugs until you have met the deductible. True Blue Valor does not have Part D benefits.				
Part D Prescription Drug Deductible Tiers 1, 2 and 6	Tier 1, 2 and 6 generic drugs do not have a deductible.				
Part D Prescription Drug Deductible Tiers 3-5	$225/year for prescriptions	Not covered	$175/year for prescriptions	No deductible	$250/year for prescriptions
Stage 2: Initial Coverage Period	You are responsible for a limited copay or coinsurance. You pay a small amount until you reach $4,430 in total drug costs. See chart below for exact amount.				

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**True Blue Rx Preferred is only available in Ada and Canyon counties.

Premiums and Benefits	✓✓✓ True Blue Rx Essentials (HMO)	True Blue Rx | St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**	True Blue Rx Gem (HMO) *S.W. and W. Central Idaho*
Plan Number	H1350-026	H1350-023-1	H1350-027-1	H1350-024-1
Preferred retail cost (up to 30 day supply)				
Tier 1: Preferred generic retail	$10 copay	$0: you pay nothing	$0: you pay nothing	$3 copay
Tier 2: Generic	$15 copay	$6 copay	$6 copay	$10 copay
Tier 3: Preferred Brand	$37 copay	$37 copay	$37 copay	$37 copay
Tier 4: Non-preferred Brand	$90 copay	$90 copay	$90 copay	$90 copay
Tier 5: Specialty	28% of cost	31% of cost	30% of cost	29% of cost
Tier 6: Select Care	$10 copay	$0: you pay nothing	$0: you pay nothing	$3 copay
Part D non-preferred retail cost (up to 30 day supply)				
Tier 1: Preferred generic retail	$15 copay	$5 copay	$15 copay	$15 copay
Tier 2: Generic	$20 copay	$15 copay	$20 copay	$20 copay
Tier 3: Preferred	$47 copay	$47 copay	$47 copay	$47 copay
Tier 4: Non-preferred	$100 copay	$100 copay	$100 copay	$100 copay
Tier 5: Specialty	28% of cost	31% of cost	30% of cost	29% of cost
Tier 6: Select Care	$11 copay	$5 copay	$11 copay	$11 copay

*True Blue Rx | St. Luke's Health Partners is only available in Ada, Adams, Boise, Canyon, Elmore, Gem, Owhyee, Payette, Valley and Washington counties.

**True Blue Rx Preferred is only available in Ada and Canyon counties.

Premiums and Benefits	✓✓✓ True Blue Rx Gem (HMO) *N. Idaho*	True Blue Valor (HMO)	✓✓✓ True Blue Rx (HMO)	✓✓✓ True Blue Rx Option I (HMO)	✓✓✓ True Blue Rx Option II (HMO)
Plan Number	H1350-024-3	H1350-006-0	H1350-019-1	H1350-015-1	H1350-016-1
Preferred retail cost (up to 30 day supply)					
Tier 1: Preferred generic retail	$3 copay	N/A	$5 copay	$0: you pay nothing	$5 copay
Tier 2: Generic	$10 copay	N/A	$15 copay	$12 copay	$15 copay
Tier 3: Preferred Brand	$37 copay	N/A	$37 copay	$37 copay	$37 copay
Tier 4: Non-preferred Brand	$90 copay	N/A	$90 copay	$90 copay	$90 copay
Tier 5: Specialty	29% of cost	N/A	30% of cost	33% of cost	28% of cost
Tier 6: Select Care	$3 copay	N/A	$5 copay	$0: you pay nothing	$5 copay
Part D non-preferred retail cost (up to 30 day supply)					
Tier 1: Preferred generic retail	$15 copay	N/A	$15 copay	$5 copay	$10 copay
Tier 2: Generic	$20 copay	N/A	$20 copay	$20 copay	$20 copay
Tier 3: Preferred	$47 copay	N/A	$47 copay	$47 copay	$47 copay
Tier 4: Non-preferred	$100 copay	N/A	$100 copay	$100 copay	$100 copay
Tier 5: Specialty	29% of cost	N/A	30% of cost	33% of cost	28% of cost
Tier 6: Select Care	$11 copay	N/A	$11 copay	$5 copay	$10 copay

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**True Blue Rx Preferred is only available in Ada and Canyon counties.

Premiums and Benefits	✓✓✓ True Blue Rx Essentials (HMO)	True Blue Rx | St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**	True Blue Rx Gem (HMO) *S.W. and W. Central Idaho*
Plan Number	H1350-026	H1350-023-1	H1350-027-1	H1350-024-1
Part D preferred mail order cost (90 day supply)				
Tier 1: Preferred generic retail	$30 copay	$0: you pay nothing	$0: you pay nothing	$9 copay
Tier 2: Generic	$45 copay	$18 copay	$18 copay	$30 copay
Tier 3: Preferred	$111 copay	$111 copay	$111 copay	$111 copay
Tier 4: Non-preferred	$270 copay	$270 copay	$270 copay	$270 copay
Tier 6: Select Care	$30 copay	$0: you pay nothing	$0: you pay nothing	$9 copay
Stage 3: Coverage Gap	You pay **25%** for covered generic drugs, or covered brand drugs (plus dispensing fee) until you meet your $7,050 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	After you reach your $7,050 true out-of-pocket cost, you pay the greater of either the copay ($3.95 for generics, $9.85 for all others) or a 5% coinsurance for the remainder of the plan year.			
Annual Physical Exam	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing
Additional Telehealth Services	Follows your in-office copay for in-network, primary care providers, mental health providers, substance abuse providers and specialists. Virtual physical therapy $10/visit. 10 visit max.	Follows your in-office copay for in-network, primary care providers, mental health providers, substance abuse providers and specialists.	Follows your in-office copay for in-network, primary care providers, mental health providers, substance abuse providers and specialists. Virtual physical therapy $10/visit. 10 visit max.	

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**True Blue Rx Preferred is only available in Ada and Canyon counties.

Premiums and Benefits	✓✓✓ True Blue Rx Gem (HMO) *N. Idaho*	True Blue Valor (HMO)	✓✓✓ True Blue Rx (HMO)	✓✓✓ True Blue Rx Option I (HMO)	✓✓✓ True Blue Rx Option II (HMO)
Plan Number	H1350-024-3	H1350-006-0	H1350-019-1	H1350-015-1	H1350-016-1
Part D preferred mail order cost (90 day supply)					
Tier 1: Preferred generic retail	$9 copay	N/A	$15 copay	$0: you pay nothing	$15 copay
Tier 2: Generic	$30 copay	N/A	$45 copay	$36 copay	$45 copay
Tier 3: Preferred	$111 copay	N/A	$111 copay	$111 copay	$111 copay
Tier 4: Non-preferred	$270 copay	N/A	$270 copay	$270 copay	$270 copay
Tier 6: Select Care	$9 copay	N/A	$15 copay	$0: you pay nothing	$15 copay
Stage 3: Coverage Gap	You pay **25%** for covered generic drugs, or covered brand drugs (plus dispensing fee) until you meet your $7,050 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	After you reach your $7,050 true out-of-pocket cost, you pay the greater of either the copay ($3.95 for generics, $9.85 for all others) or a 5% coinsurance for the remainder of the plan year.				
Annual Physical Exam	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing
Additional Telehealth Services	Follows your in-office copay for in-network, primary care providers, mental health providers, substance abuse providers and specialists. Virtual physical therapy $10/visit. 10 visit max.				

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**True Blue Rx Preferred is only available in Ada and Canyon counties.

Premiums and Benefits	✓✓✓ True Blue Rx Essentials (HMO)	True Blue Rx | St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**	True Blue Rx Gem (HMO) *S.W. and W. Central Idaho*
Plan Number	H1350-026	H1350-023-1	H1350-027-1	H1350-024-1
Medical Supplies Durable medical equipment, prosthetics, diabetes shoes/inserts Prior authorization may be required	20% of the cost	20% of the cost	20% of the cost	20% of the cost
Diabetes Supplies	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing
Silver&Fit® Gym Membership	$50 per year	$0: You pay nothing	$0: you pay nothing	$0: you pay nothing
Silver&Fit® One home fitness kit	$10 per year	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing
Over-the-Counter (OTC) Items	Not covered	$60 allowance every three months	$40 allowance every three months	$40 allowance every three months
Convenience Care Allowance in U.S. but outside of Idaho	$3,000	Not covered	$2,500	$2,500

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**True Blue Rx Preferred is only available in Ada and Canyon counties.

Premiums and Benefits	✓✓✓ True Blue Rx Gem (HMO) *N. Idaho*	True Blue Valor (HMO)	✓✓✓ True Blue Rx (HMO)	✓✓✓ True Blue Rx Option I (HMO)	✓✓✓ True Blue Rx Option II (HMO)
Plan Number	H1350-024-3	H1350-006-0	H1350-019-1	H1350-015-1	H1350-016-1
Medical Supplies Durable medical equipment, prosthetics, diabetes shoes/ inserts Prior authorization may be required	20% of the cost	10% of the cost	20% of the cost	20% of the cost	20% of the cost
Diabetes Supplies	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing	$0: you pay nothing
Silver&Fit® Gym Membership	$0: you pay nothing	$0: you pay nothing	$50 per year	$0: you pay nothing	$50 per year
Silver&Fit® One home fitness kit	$0: You pay nothing	$0: you pay nothing	$10 per year	$0: You pay nothing	$10 per year
Over-the-Counter (OTC) Items	$40 allowance every three months	$40 allowance every three months	$40 allowance every three months	$40 allowance every three months	$40 allowance every three months
Convenience Care Allowance in U.S. but outside of Idaho	$2,500	$2,500	$2,500	$2,500	$2,500

*True Blue Rx | St. Luke's Health Partners is only available in Ada, Adams, Boise, Canyon, Elmore, Gem, Owhyee, Payette, Valley and Washington counties.

**True Blue Rx Preferred is only available in Ada and Canyon counties.

2022 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative toll-free at **1-888-492-2583 (TTY 711)**, 8 a.m. to 6 p.m., Monday through Friday.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **medicare.bcidaho.com** or call **1-888-492-2583 (TTY 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

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:
  - 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 Customer Service Department. Call 1-800-627-1188 (TTY: 711), 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 E. Pine Ave., Meridian, ID 83642
Telephone: 1-800-274-4018
Fax: 208-331-7493
Email: ***grievances&appeals@bcidaho.com***
TTY: 711

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***.

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: 711).

Arabic انتبه: إذا كنت تتحدث اللغة العربية ، فإن خدمات المساعدة اللغوية متاحة لك مجانًا اتصل على 1-800-627-1188 (للصم والبكم: 711).

Bantu: ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (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 1-800-627-1188 (TTY：711)。

Farsi توجه: اگر به زبان فارسی صحبت می کنید، خدمات رایگان پشتیبانی زبان، در دسترس شما است. شماره تماس 1-800-627-1188 (TTY:711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (TTY: 711).

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:711）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: 711)번으로 전화해 주십시오.

Nepali: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टटिविइ: 711) ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 711).

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: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 711).

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: 711.

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: 711).

Form No. 3-1187 (09-20)

For more information find a local, independent agent at **bcidaho.com/ma-agents** or call the number below.

Future member? Toll-free

1-888-492-2583

TTY: 711

Blue Cross of Idaho

medicare.bcidaho.com

8 a.m. to 6 p.m., Monday to Friday

H1350_MK22085_M

Blue Cross of Idaho Care Plus, Inc. is an HMO health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal. ©2021 Blue Cross of Idaho Care Plus, Inc. ("Blue Cross of Idaho Care Plus") is an Independent Licensee of the Blue Cross and Blue Shield Association, with services provided by Blue Cross of Idaho Health Service, Inc.

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.

Blue Cross of Idaho

MEDICARE