

Idaho MedPlus Medicare



2022 Outline of Coverage



Protect Your Healthcare from Gaps

with an Idaho MedPlus Medicare Supplement plan from Blue Cross of Idaho Care Plus

Find the Medicare Supplement plan that works for you.

Our low-cost Idaho MedPlus Medicare Supplement plans work to fill the gaps in your Medicare coverage, helping with out-of-pocket fees like coinsurance, deductibles and copays.

With our award-winning customer service located right here in Idaho and our partnership with highly skilled doctors and hospitals, we've got you covered to improve your overall health with more financial peace of mind. We can help you decide which plan will provide you with the coverage you need.

For more information, call your local independent agent today, or call us toll-free at 1-888-492-2583 (TTY: 711).

Outline of Medicare Supplement Coverage, for plans effective January 1, 2022

(For plans after March 1, 2022, see page 11)

The chart to the right shows the various benefit plans included in each of the standard Medicare Supplement plans. **Every company must make Plan A available.** Some plans may not be available in Idaho.

Basic Benefits:

- Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end
- Medical Expenses: Part B coinsurance (generally 20% of Medicare approved expenses) or copays for hospital outpatient services – Plans K and L require insureds to pay a portion of Part B coinsurance or copays
- Blood: First three pints of blood each year
- Hospice: Part A coinsurance

The plans highlighted in gray are offered by Blue Cross of Idaho Care Plus, Inc.

| Plans | A | B | C | D | F* | G | K | L | M | N** |
|--|---|---|-----|-----|-----|-----|--|--|-----|-----|
| Medicare Part A coinsurance and hospital costs | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part B coinsurance or copay | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| First 3 pints of blood | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| Part A hospice care coinsurance or copay | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| Coinsurance for skilled nursing facility | | | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| Medicare Part A deductible | | | ✓ | ✓ | ✓ | ✓ | 50% | 75% | 50% | ✓ |
| Medicare Part B deductible | | | ✓ | | ✓ | | | | | |
| Medicare Part B excess charges | | | | | ✓ | ✓ | | | | |
| Foreign travel emergency | | | 80% | 80% | 80% | 80% | | | 80% | 80% |
| Out-of-pocket limit | | | | | | | \$6,620; paid at 100% after limit is reached | \$3,310; paid at 100% after limit is reached | | |

*Plan F is available only to those who became eligible to Medicare prior to January 1, 2020. (There is also a High Deductible Plan F that is not currently offered by Blue Cross of Idaho.)

**Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to \$50 for emergency room visits that don't result in an inpatient admission.

For plans after March 1, 2022, see pages 11 & 12

Idaho MedPlus Plan Premium Information

Premiums rates are effective January 1, 2022. Blue Cross of Idaho Care Plus, Inc. can raise your premium only if we raise the premium for all individuals within your Blue Cross of Idaho Care Plus Medicare Supplement benefit plan.

NON-TOBACCO USER RATES

| Issue Age | Plan A #18-544 | *Plan F #18-545 | Plan G #18-912 | Plan K #18-546 | Plan N #18-547 |
|-----------------|-------------------|--------------------|-------------------|-------------------|-------------------|
| Under 65 | \$242.49 | \$355.33 | \$275.00 | \$182.47 | \$273.34 |
| 65 | \$161.66 | \$237.15 | \$183.33 | \$121.91 | \$182.49 |
| 66 | \$166.17 | \$243.74 | \$188.45 | \$125.29 | \$187.56 |
| 67 | \$170.79 | \$250.50 | \$193.69 | \$128.75 | \$192.76 |
| 68 | \$175.40 | \$257.24 | \$198.92 | \$132.20 | \$197.93 |
| 69 | \$179.96 | \$263.90 | \$204.08 | \$135.62 | \$203.06 |
| 70 | \$184.49 | \$270.52 | \$209.22 | \$139.01 | \$208.14 |
| 71 | \$188.96 | \$277.07 | \$214.30 | \$142.37 | \$213.18 |
| 72 | \$193.41 | \$283.57 | \$219.34 | \$145.70 | \$218.17 |
| 73 | \$197.79 | \$289.97 | \$224.31 | \$148.98 | \$223.10 |
| 74 | \$202.11 | \$296.28 | \$229.20 | \$152.21 | \$227.95 |
| 75 | \$206.34 | \$302.48 | \$234.00 | \$155.38 | \$232.71 |
| 76 | \$210.50 | \$308.55 | \$238.72 | \$158.50 | \$237.38 |
| 77 | \$214.54 | \$314.46 | \$243.30 | \$161.53 | \$241.92 |
| 78 | \$218.98 | \$320.96 | \$248.34 | \$164.86 | \$246.92 |
| 79 | \$222.77 | \$326.49 | \$252.63 | \$167.69 | \$251.17 |
| 80 | \$226.45 | \$331.88 | \$256.81 | \$170.45 | \$255.31 |
| 81 | \$229.98 | \$337.03 | \$260.81 | \$173.09 | \$259.27 |
| 82 | \$233.31 | \$341.90 | \$264.58 | \$175.59 | \$263.02 |
| 83 | \$235.96 | \$345.78 | \$267.59 | \$177.57 | \$265.99 |
| 84 | \$238.82 | \$349.96 | \$270.84 | \$179.72 | \$269.21 |
| 85+ | \$241.33 | \$353.62 | \$273.68 | \$181.59 | \$272.03 |

* Plan F is available only to those who became eligible for Medicare prior to January 1, 2020.

For plans after March 1, 2022 see pages 11 & 12

TOBACCO USER RATES**

| Issue Age | Plan A #18-5442 | *Plan F #18-5453 | Plan G #18-9124 | Plan K #18-5466 | Plan N #18-5477 |
|-----------------|--------------------|---------------------|--------------------|--------------------|--------------------|
| Under 65 | \$278.86 | \$408.50 | \$316.25 | \$209.71 | \$314.22 |
| 65 | \$185.91 | \$272.60 | \$210.83 | \$140.08 | \$209.74 |
| 66 | \$191.10 | \$280.19 | \$216.72 | \$143.96 | \$215.58 |
| 67 | \$196.42 | \$287.97 | \$222.75 | \$147.95 | \$221.55 |
| 68 | \$201.72 | \$295.72 | \$228.76 | \$151.92 | \$227.51 |
| 69 | \$206.96 | \$303.38 | \$234.70 | \$155.85 | \$233.40 |
| 70 | \$212.16 | \$310.99 | \$240.60 | \$159.74 | \$239.25 |
| 71 | \$217.30 | \$318.50 | \$246.43 | \$163.60 | \$245.03 |
| 72 | \$222.43 | \$325.99 | \$252.25 | \$167.44 | \$250.79 |
| 73 | \$227.46 | \$333.34 | \$257.95 | \$171.20 | \$256.44 |
| 74 | \$232.42 | \$340.60 | \$263.58 | \$174.92 | \$262.02 |
| 75 | \$237.30 | \$347.74 | \$269.11 | \$178.58 | \$267.50 |
| 76 | \$242.07 | \$354.71 | \$274.52 | \$182.15 | \$272.86 |
| 77 | \$246.73 | \$361.52 | \$279.80 | \$185.64 | \$278.10 |
| 78 | \$251.83 | \$368.99 | \$285.59 | \$189.47 | \$283.84 |
| 79 | \$256.18 | \$375.34 | \$290.53 | \$192.72 | \$288.72 |
| 80 | \$260.42 | \$381.54 | \$295.33 | \$195.90 | \$293.48 |
| 81 | \$264.48 | \$387.47 | \$299.93 | \$198.94 | \$298.04 |
| 82 | \$268.31 | \$393.07 | \$304.28 | \$201.81 | \$302.35 |
| 83 | \$271.35 | \$397.51 | \$307.72 | \$204.08 | \$305.77 |
| 84 | \$274.64 | \$402.34 | \$311.46 | \$206.55 | \$309.47 |
| 85+ | \$277.52 | \$406.54 | \$314.73 | \$208.71 | \$312.71 |

**Includes hookah, e-cigarettes, dissolvables, smokeless tobacco, cigarettes, all cigars, roll-your-own tobacco, pipe tobacco and future tobacco products that meet the statutory definition of a tobacco product.

Payment Methods

When you choose a Idaho MedPlus plan, you choose the payment schedule that works for you.

Monthly Automatic Bank Withdrawal

We accept monthly automatic bank withdrawal payments through electronic funds transfer from most financial institutions. To set up automatic payments from your bank account, call us at 1-800-365-2345 for assistance.

Monthly Billing

A monthly statement will be mailed on the 2nd of each month and will include a \$2 coupon fee. The \$2 billing charge will no longer apply after February 28, 2022. PERSI Public Employee Retirement System of Idaho for State of Idaho and Statewide School retirees who are eligible for PERSI payment may select this option.

One-Time Annual Payment

You can pay a one-time annual payment for the full amount of your premium at the time you submit your Idaho MedPlus application.

To figure the payment due, use this handy premium calculator:

- Number of months remaining in 2022, starting with month your coverage will begin: _____
- Monthly payment from chart above: _____
- Total payment amount to be submitted with application: _____

Medicare (Part A) Hospital Services Per Benefit Period

A benefit period begins on the first day you receive service as an inpatient in a hospital facility and ends after you are out of the hospital and don't receive skilled nursing care in any other facility for 60 days in a row. The following chart outlines coverage limits for plans A, F, G, K and N.

| Services | Medicare | MedPlus Plan A | MedPlus Plan F* | MedPlus Plan G | MedPlus Plan K | MedPlus Plan N |
|------------------------|--|--------------------|---|---|-------------------------------------|---|
| Hospitalization | Semi-private room and board, general nursing and miscellaneous services and supplies | | | | | |
| First 60 days | Covers all but \$1,556 | Covers \$0 | Covers \$1,556 (your Part A deductible) | Covers \$1,556 (your Part A deductible) | Covers 50% of the Part A deductible | Covers \$1,556 (your Part A deductible) |
| Days 61 – 90 | Covers all but \$389 a day | Covers \$389 a day | Covers \$389 a day | Covers \$389 a day | Covers \$389 a day | Covers \$389 a day |

*Plan F is available only to those who became eligible for Medicare prior to January 1, 2020.

| Services | Medicare | MedPlus Plan A | MedPlus Plan F* | MedPlus Plan G | MedPlus Plan K | MedPlus Plan N |
|---|--|--|--|--|---|--|
| Days 91 and after, while using 60 lifetime reserve days | Covers all but \$778 a day | Covers \$778 a day | Covers \$778 a day | Covers \$778 a day | Covers \$778 a day | Covers \$778 a day |
| After lifetime reserve days are used, additional 365 days | Covers \$0 | Covers 100% of Medicare eligible charges | Covers 100% of Medicare eligible charges | Covers 100% of Medicare eligible charges | Covers 100% of Medicare eligible charges | Covers 100% of Medicare eligible charges |
| Beyond the additional 365 days | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Skilled Nursing Facility Care | You must meet Medicare's requirements, including having been in the hospital for at least three days and enter a Medicare-approved facility within 30 days after the hospital. | | | | | |
| First 20 days | Covers all approved amounts | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Days 21 – 100 | Covers all but \$194.50 a day | Covers \$0 | Covers up to \$194.50 a day | Covers up to \$194.50 a day | Covers up to \$97.25 a day | Covers up to \$194.50 a day |
| Day 101 plus | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Blood | | | | | | |
| First three pints | Covers \$0 | Covers 100% | Covers 100% | Covers 100% | Covers 50% | Covers 100% |
| Additional amounts | Covers 100% | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Hospice Care | Available as long as you meet Medicare's requirements, including a doctor's certification of terminal illness. | | | | | |
| | Covers all but limited copay/ coinsurance for outpatient drugs and inpatient respite care | Covers 100% Medicare eligible Part A copays/ coinsurance | Covers 100% Medicare eligible Part A copays/ coinsurance | Covers 100% Medicare eligible Part A copays/ coinsurance | Covers 50% Medicare eligible Part A copays/ coinsurance | Covers 100% Medicare eligible Part A copays/ coinsurance |

*Plan F is available only to those who became eligible for Medicare prior to January 1, 2020.

Medicare (Part B) Medical Services – Per Calendar Year

Once you have been billed \$233 of Medicare-approved amounts for covered services, noted below with an cross (+), your Part B deductible will have been met for the calendar year.

| Services | Medicare | MedPlus Plan A | MedPlus Plan F* | MedPlus Plan G | MedPlus Plan K | MedPlus Plan N |
|---|--|----------------|---|---|----------------|-------------------------|
| Medical Expenses | Inpatient and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, outpatient facility charges. | | | | | |
| First \$233 of Medicare-approved amounts+ | Covers \$0 | Covers \$0 | Covers \$233 (your Part B deductible) | Covers \$0 | Covers \$0 | Covers \$0 |
| Remainder of Medicare-approved amounts+ | Covers 80% | Covers 20% | Covers 20% | Covers 20% | Covers 10% | Plan pays the balance** |
| Preventive Benefits for Medicare covered services | Generally 100% or more of Medicare-approved amounts | Covers \$0 | Covers \$0 | Covers \$0 | Covers 100% | Covers \$0 |
| Part B excess charges (above Medicare-approved amounts) | Covers \$0 | Covers \$0 | Covers 100% of Medicare Part B excess charges up to a limiting charge as determined by Medicare | Covers 100% of Medicare Part B excess charges up to a limiting charge as determined by Medicare | Covers \$0 | Covers \$0 |

*Plan F is available only to those who became eligible for Medicare prior to January 1, 2020.

| Services | Medicare | MedPlus Plan A | MedPlus Plan F* | MedPlus Plan G | MedPlus Plan K | MedPlus Plan N |
|--|-------------|------------------|---------------------------------------|---------------------------------------|----------------|------------------|
| Blood | | | | | | |
| First three pints | Covers \$0 | Covers all costs | Covers all costs | Covers all costs | Covers 50% | Covers all costs |
| Next \$233 of Medicare-approved amounts+ | Covers \$0 | Covers \$0 | Covers \$233 (your Part B deductible) | Covers \$233 (your Part B deductible) | Covers \$0 | Covers \$0 |
| Remainder of Medicare-approved amounts+ | Covers 80% | Covers 20% | Covers 20% | Covers 20% | Covers 10% | Covers 20% |
| Home Health Care Medicare-approved services | | | | | | |
| Medically necessary skilled care services and medical supplies | Covers 100% | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Durable Medical Equipment | | | | | | |
| First \$233 of Medicare-approved amounts+ | Covers \$0 | Covers \$0 | Covers \$233 (your Plan B deductible) | Covers \$0 | Covers \$0 | Covers \$0 |
| Remainder of Medicare-approved amounts | Covers 80% | Covers 20% | Covers 20% | Covers 20% | Covers 10% | Covers 20% |
| Clinical Laboratory Services | | | | | | |
| Tests for diagnostic services | Covers 100% | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |

*Plan F is available only to those who became eligible for Medicare prior to January 1, 2020.

** Members are responsible for up to \$20 copay per doctor's office visit and up to \$50 for emergency room visits. The plan pays the remaining balance and waives up to a \$50 copay if a hospital admits the insured and the Medicare Part A expense covers the emergency visit.

Additional Services

| Services | Medicare | MedPlus Plan A | MedPlus Plan F* | MedPlus Plan G | MedPlus Plan K | MedPlus Plan N |
|----------------------------------|--|----------------|---|--|---|--|
| Foreign Travel Emergency | Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S. | | | | | |
| First \$250 each calendar year** | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Remainder of charges** | Covers \$0 | Covers \$0 | Covers 80% to a lifetime maximum benefit of \$50,000 | Covers 80% to a lifetime maximum benefit of \$50,000 | Covers \$0 | Covers 80% to a lifetime maximum benefit of \$50,000 |
| Vision | Please note: The vision benefits for some Idaho MedPlus plans exceed the standard Medicare requirement. The benefit for vision care services is for routine eye exams not covered by Medicare. | | | | | |
| | Covers \$0 | Covers \$0 | Covers 100% after \$10 copay on exam only at contracting providers, \$45 toward exam at non-contracting providers | Covers \$0 | Covers 100% after \$10 copay on exam only at contracting providers, \$45 toward exam at non-contracting providers | |

*Plan F is available only to those who became eligible for Medicare prior to January 1, 2020.

**Not covered by Medicare

Please see page 19 for additional information.

Outline of Medicare Supplement Coverage, for plans after March 1, 2022 effective dates

The plans highlighted in gray are offered by Blue Cross of Idaho Care Plus, Inc.

| Plans | A | B | C | D | F* | G** | K | L | M | N |
|--|---|---|-----|-----|-----|-----|--|--|-----|-----|
| Medicare Part A coinsurance and hospital costs | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part B coinsurance or copay | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| First 3 pints of blood | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| Part A hospice care coinsurance or copay | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| Coinsurance for skilled nursing facility | | | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| Medicare Part A deductible | | | ✓ | ✓ | ✓ | ✓ | 50% | 75% | 50% | ✓ |
| Medicare Part B deductible | | | ✓ | | ✓ | | | | | |
| Medicare Part B excess charges | | | | | ✓ | ✓ | | | | |
| Foreign travel emergency | | | 80% | 80% | 80% | 80% | | | 80% | 80% |
| Out-of-pocket limit | | | | | | | \$6,620; paid at 100% after limit is reached | \$3,310; paid at 100% after limit is reached | | |

*Plan F is available only to those who became eligible for Medicare prior to January 1, 2020. (There is also a high deductible Plan F that is not currently offered by Blue Cross of Idaho.)

**Plan G also has a high deductible option which requires first paying a plan deductible of \$2,490 before the plan begins to pay.

Idaho MedPlus Plan premium information

Premiums rates are effective March 1, 2022. Blue Cross of Idaho Care Plus, Inc. can raise your premium only if we raise the premium for all individuals within your Blue Cross of Idaho Care Plus Medicare Supplement benefit plan.

NON-TOBACCO USER RATES

| Issue Age | Plan A #18-1058 | Plan F* #18-1059 | Plan G #18-1061 | Plan HD G #18-1060 |
|---------------------|--------------------|---------------------|--------------------|-----------------------|
| Disabled (Under 65) | \$250.50 | \$363.00 | \$298.50 | \$103.50 |
| 65 and older | \$167.00 | \$242.00 | \$199.00 | \$69.00 |
| Household Discount | \$13.00 | \$20.00 | \$16.00 | \$5.00 |

TOBACCO USER RATES**

| Issue Age | Plan A #18-10582 | Plan F* #18-10593 | Plan G #18-10614 | Plan HD G #18-10607 |
|---------------------|---------------------|----------------------|---------------------|------------------------|
| Disabled (Under 65) | \$288.08 | \$417.45 | \$343.28 | \$119.03 |
| 65 and older | \$192.05 | \$278.30 | \$228.85 | \$79.35 |
| Household Discount | \$13.00 | \$20.00 | \$16.00 | \$5.00 |

Household Discount Eligibility

Household discount eligibility will be reviewed annually to determine if members remain eligible to receive it.

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**Includes hookah, e-cigarettes, dissolvables, smokeless tobacco, cigarettes, all cigars, roll-your-own tobacco, pipe tobacco and future tobacco products that meet the statutory definition of a tobacco product.

Payment Methods

When you choose a Idaho MedPlus plan, you choose the payment schedule that works for you.

Monthly Automatic Bank Withdrawal

We accept monthly automatic bank withdrawal payments through electronic funds transfer from most financial institutions. To set up automatic payments from your bank account, call us at 1-800-365-2345 for assistance.

Monthly Billing

A monthly statement will be mailed on the 2nd of each month. PERSI Public Employee Retirement System of Idaho for State of Idaho and Statewide School retirees who are eligible for PERSI payment may select this option.

One-Time Annual Payment

You can pay a one-time annual payment for the full amount of your premium at the time you submit your Idaho MedPlus application.

To figure the payment due, use this handy premium calculator:

- Number of months remaining in 2022, starting with month your coverage will begin: _____
- Monthly payment from chart above: _____
- Total payment amount to be submitted with application: _____





Medicare (Part A) Hospital Services Per Benefit Period

A benefit period begins on the first day you receive service as an inpatient in a hospital facility and ends after you are out of the hospital and don't receive skilled nursing care in any other facility for 60 days in a row. The following chart outlines coverage limits for plans A, F and G.

| Services | Medicare | MedPlus Plan A | MedPlus Plan F* | MedPlus Plan G** |
|------------------------|--|--------------------|---|---|
| Hospitalization | Semi-private room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | Covers all but \$1,556 | Covers \$0 | Covers \$1,556 (your Part A deductible) | Covers \$1,556 (your Part A deductible) |
| Days 61 – 90 | Covers all but \$389 a day | Covers \$389 a day | Covers \$389 a day | Covers \$389 a day |

*Plan F is available only to those who became eligible for Medicare prior to January 1, 2020.

**Plan G also has a high deductible option which requires first paying a plan deductible of \$2,490 before the plan begins to pay.

| Services | Medicare | MedPlus Plan A | MedPlus Plan F* | MedPlus Plan G** |
|---|--|--|--|--|
| Days 91 and after, while using 60 lifetime reserve days | Covers all but \$778 a day | Covers \$778 a day | Covers \$778 a day | Covers \$778 a day |
| After lifetime reserve days are used, additional 365 days | Covers \$0 | Covers 100% of Medicare eligible charges | Covers 100% of Medicare eligible charges | Covers 100% of Medicare eligible charges |
| Beyond the additional 365 days | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Skilled Nursing Facility Care | You must meet Medicare's requirements, including having been in the hospital for at least three days and enter a Medicare-approved facility within 30 days after the hospital. | | | |
| First 20 days | Covers all approved amounts | Covers \$0 | Covers \$0 | Covers \$0 |
| Days 21 – 100 | Covers all but \$194.50 a day | Covers \$0 | Covers up to \$194.50 a day | Covers up to \$194.50 a day |
| Day 101 plus | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Blood | | | | |
| First three pints | Covers \$0 | Covers 100% | Covers 100% | Covers 100% |
| Additional amounts | Covers 100% | Covers \$0 | Covers \$0 | Covers \$0 |
| Hospice Care | Available as long as you meet Medicare's requirements, including a doctor's certification of terminal illness. | | | |
| | Covers all but limited copay/ coinsurance for outpatient drugs and inpatient respite care | Covers 100% Medicare eligible Part A copays/ coinsurance | Covers 100% Medicare eligible Part A copays/ coinsurance | Covers 100% Medicare eligible Part A copays/ coinsurance |

*Plan F is available only to those who became eligible for Medicare prior to January 1, 2020.

**Plan G also has a high deductible option which requires first paying a plan deductible of \$2,490 before the plan begins to pay.

Medicare (Part B) Medical Services – Per Calendar Year

Once you have been billed \$233 of Medicare-approved amounts for covered services, noted below with an cross (+), your Part B deductible will have been met for the calendar year.

| Services | Medicare | MedPlus Plan A | MedPlus Plan F* | MedPlus Plan G** |
|---|--|----------------|---|---|
| Medical Expenses | Inpatient and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, outpatient facility charges. | | | |
| First \$233 of Medicare-approved amounts+ | Covers \$0 | Covers \$0 | Covers \$233 (your Part B deductible) | Covers \$0 |
| Remainder of Medicare-approved amounts+ | Covers 80% | Covers 20% | Covers 20% | Covers 20% |
| Preventive Benefits for Medicare covered services | Generally 100% or more of Medicare-approved amounts | Covers \$0 | Covers \$0 | Covers \$0 |
| Part B excess charges (above Medicare-approved amounts) | Covers \$0 | Covers \$0 | Covers 100% of Medicare Part B excess charges up to a limiting charge as determined by Medicare | Covers 100% of Medicare Part B excess charges up to a limiting charge as determined by Medicare |

*Plan F is available only to those who became eligible for Medicare prior to January 1, 2020.

**Plan G also has a high deductible option which requires first paying a plan deductible of \$2,490 before the plan begins to pay.

Medicare (Part B) Medical Services – Per Calendar Year

Once you have been billed \$233 of Medicare-approved amounts for covered services, noted below with an cross (+), your Part B deductible will have been met for the calendar year.

| Services | Medicare | MedPlus Plan A | MedPlus Plan F* | MedPlus Plan G** |
|--|-------------|------------------|---------------------------------------|---------------------------------------|
| Blood | | | | |
| First three pints | Covers \$0 | Covers all costs | Covers all costs | Covers all costs |
| Next \$233 of Medicare-approved amounts+ | Covers \$0 | Covers \$0 | Covers \$233 (your Part B deductible) | Covers \$233 (your Part B deductible) |
| Remainder of Medicare-approved amounts+ | Covers 80% | Covers 20% | Covers 20% | Covers 20% |
| Home Health Care Medicare-approved services | | | | |
| Medically necessary skilled care services and medical supplies | Covers 100% | Covers \$0 | Covers \$0 | Covers \$0 |
| Durable Medical Equipment | | | | |
| First \$233 of Medicare-approved amounts+ | Covers \$0 | Covers \$0 | Covers \$233 (your Plan B deductible) | Covers \$0 |
| Remainder of Medicare-approved amounts | Covers 80% | Covers 20% | Covers 20% | Covers 20% |
| Clinical Laboratory Services | | | | |
| Tests for diagnostic services | Covers 100% | Covers \$0 | Covers \$0 | Covers \$0 |

*Plan F is available only to those who became eligible for Medicare prior to January 1, 2020.

**Plan G also has a high deductible option which requires first paying a plan deductible of \$2,490 before the plan begins to pay.

Additional Services

| Services | Medicare | MedPlus Plan A | MedPlus Plan F* | MedPlus Plan G** |
|---|--|----------------|---|---|
| Foreign Travel Emergency | Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S. | | | |
| First \$250 each calendar year ⁺ | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Remainder of charges ⁺ | Covers \$0 | Covers \$0 | Covers 80% to a lifetime maximum benefit of \$50,000 | Covers 80% to a lifetime maximum benefit of \$50,000 |
| Vision | Please note: The vision benefits for some Idaho MedPlus plans exceed the standard Medicare requirement. The benefit for vision care services is for routine eye exams not covered by Medicare. | | | |
| | Covers \$0 | Covers \$0 | Covers 100% after \$10 copay on exam only at contracting providers, \$45 toward exam at non-contracting providers | Covers \$0 |
| Additional Preventive Benefits | Please note: The benefits for some Idaho MedPlus plans exceed the standard Medicare requirement. Not available for High Deductible Plan G. | | | |
| | Covers \$0 | Covers \$0 | Covers \$0 | Certain preventive care benefits administered or ordered by your doctor and not covered by Medicare are covered at one hundred percent (100%) of the maximum allowance. |

*Plan F is available only to those who became eligible for Medicare prior to January 1, 2020.

**Plan G also has a high deductible option which requires first paying a plan deductible of \$2,490 before the plan begins to pay.

⁺Not covered by Medicare

Important Information

Premium Information: Blue Cross of Idaho Care Plus, Inc. can raise your premium only if we raise the premium for all individuals within your Idaho MedPlus Medicare Supplement benefit plan.

Exclusions: Except as outlined previously in the Idaho MedPlus policy, all services not eligible for Medicare are excluded.

Disclosures: Use this brochure to compare benefits and premiums among policies. The Idaho MedPlus Medicare Supplement programs and its independent producers (agents) are not affiliated with Medicare.

Complete Answers – Very Important: When you fill out the application for the new policy, be sure to answer truthfully and complete all questions about your medical and health history, if required. We may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Right to Return Policy: If you find that you are not satisfied with your policy, you may return it to Blue Cross of Idaho Care Plus, Inc. at P.O. Box 7408, Boise, ID, 83707. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Read Your Policy Carefully: This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and responsibilities of both you and Blue Cross of Idaho Care, Inc.

Notice: The policy you choose may not fully cover all of your medical costs. This summary only briefly describes Medicare benefits. Consult your local Social Security Administration office or consult "The Medicare & You Handbook" for more details on Medicare.

Policy Information: If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Nondiscrimination Statement: 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.

ATTENTION: If you speak Arabic, Bantu, Chinese, Farsi, French, 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 1-855-854-1415 (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 1-855-854-1415 (TTY : 711)。 Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-854-1415 (TTY: 711).

For more information call your
local independent agent or call us
toll-free at 1-888-492-2583.

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