



MEDICARE

2023 Summary of Benefits

True Blue® (HMO) Medicare Advantage Plans
Southwest Idaho, West Central Mountain, North Idaho, Clark County



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

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.

WEBSITE

[medicare.bcidaho.com](https://www.medicare.bcidaho.com)

EXTRA HELP (FOR PART D)

[medicare.gov/your-medicare-costs/get-help-paying-costs](https://www.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](https://www.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).

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

True Blue® plans have a network of doctors, hospitals and pharmacies. If you use providers not in our network, your plan may not pay. Find a list of providers online or call to have one mailed to you:

- [bcidaho.com/FindTrueBlueDoctors](https://www.bcidaho.com/FindTrueBlueDoctors)
- [bcidaho.com/SLHP-doctors](https://www.bcidaho.com/SLHP-doctors)
- [bcidaho.com/Preferred-doctors](https://www.bcidaho.com/Preferred-doctors)
- [bcidaho.com/FindAPharmacy](https://www.bcidaho.com/FindAPharmacy)

NETWORK PROVIDERS, PHARMACIES, DRUG LISTS

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

- [bcidaho.com/DrugList](https://www.bcidaho.com/DrugList)

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

- [bcidaho.com/FindADentist](https://www.bcidaho.com/FindADentist)

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

October 1 to March 31: seven days a week, 8 a.m. to 8 p.m.

April 1 to September 30: Monday through Friday, 8 a.m. to 8 p.m.

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: Spanish, Chinese Mandarin, Chinese Cantonese, Tagalog, French, Vietnamese, German, Korean, Russian, Hindi, Italian, Portuguese, French Creole, Polish, Japanese, Bantu, Farsi, Nepali, Romanian and Serbo-Croatian.

PARA HISPANOHABLANTE

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.





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. Request an Evidence of Coverage by calling Blue Cross of Idaho Care Plus, Inc. Customer Service at 1-888-492-2583.

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

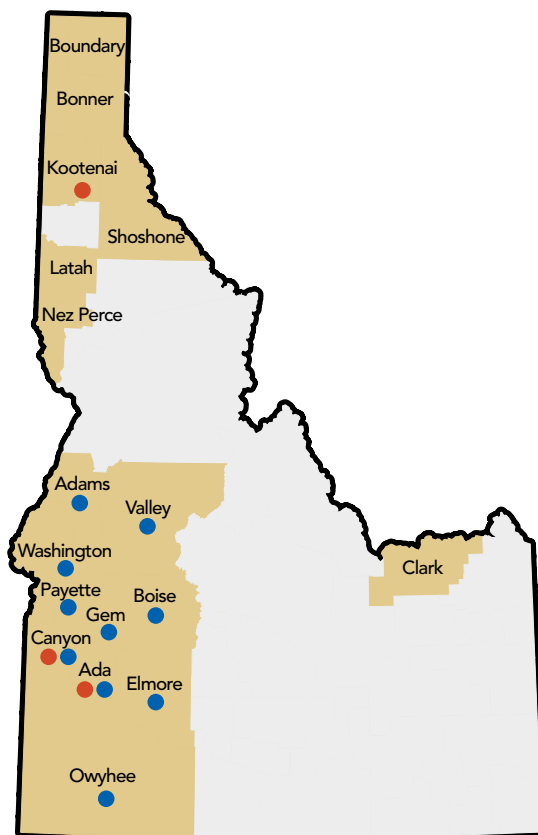
Ada, Adams, Boise, Bonner, Boundary, Canyon, Clark, Elmore, Gem, Kootenai, Latah, Nez Perce, Owyhee, Payette, Shoshone, Valley and Washington counties

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, Canyon and Kootenai 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)**
Plan Number	H1350-026-0	H1350-023-1	H1350-027-1
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
Part B Premium Buydown	\$30	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
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	\$5,200	\$5,500
Inpatient Hospital Coverage Prior authorization may be required	\$405 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
Outpatient Hospital, Observation Coverage Prior authorization may be required	\$375 copay	\$275 copay	\$325 copay
Ambulatory Surgery Center Prior authorization may be required	\$250 copay	\$150 copay	\$220 copay
Doctor Visits Primary Care	\$10 copay	\$0: you pay nothing	\$0 copay Tier 1; \$15 copay Tier 2
Specialists No referral required	\$50 copay	\$35 copay	\$35 copay; \$0 copay dermatologist

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

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

Premiums and Benefits	True Blue Rx Gem (HMO) S.W. and W. Central Idaho	True Blue Rx Gem (HMO) N. Idaho	True Blue Valor (HMO)
Plan Number	H1350-024-1	H1350-024-3	H1350-006-0
Monthly Plan Premium You must continue to pay your Medicare Part B premium	You pay \$26	You pay \$29	You pay \$34
Part B Premium Buydown	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
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.	\$5,800	\$6,200	\$3,000
Inpatient Hospital Coverage Prior authorization may be required	\$325 daily: 1-5 days \$0 daily: 6+ days	\$360 daily: 1-5 days \$0 daily: 6+ days	\$100 daily: 1-5 days \$0 daily: 6+ days
Outpatient Hospital, Observation Coverage Prior authorization may be required	\$350 copay	\$350 copay	\$150 copay
Ambulatory Surgery Center Prior authorization may be required	\$250 copay	\$250 copay	\$100 copay
Doctor Visits Primary Care	\$0: you pay nothing	\$10 copay	\$10 copay
Specialists No referral required	\$40 copay; \$0 copay dermatologist	\$40 copay	\$25 copay

Premiums and Benefits	True Blue Rx (HMO)	True Blue Rx Option I (HMO)	True Blue Rx Option II (HMO)
Plan Number	H1350-030-0	H1350-028-0	H1350-029-0
Monthly Plan Premium You must continue to pay your Medicare Part B premium	You pay \$69	You pay \$152	You pay \$116
Part B Premium Buydown	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
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	\$6,500	\$6,400
Inpatient Hospital Coverage Prior authorization may be required	\$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	\$325 copay	\$275 copay	\$325 copay
Ambulatory Surgery Center Prior authorization may be required	\$275 copay	\$225 copay	\$275 copay
Doctor Visits Primary Care	\$10 copay	\$5 copay	\$10 copay
Specialists No referral required	\$40 copay; \$0 copay dermatologist	\$30 copay; \$0 copay dermatologist	\$40 copay; \$0 copay dermatologist

Premiums and Benefits	True Blue Rx Essentials (HMO)	True Blue Rx St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**
Plan Number	H1350-026-0	H1350-023-1	H1350-027-1
Preventive Care	\$0: you pay nothing	\$0: you pay nothing	\$0: you pay nothing
Emergency Care*** Copay waived if admitted to the hospital within 24 hours	\$95 copay	\$95 copay	\$95 copay
Urgent Care***	\$40 copay	\$40 copay	\$0 copay Tier 1; \$40 copay Tier 2
Worldwide Emergency and Urgent Coverage (\$25,000 benefit maximum)	\$95 copay; \$265 ambulance	\$95 copay; \$275 ambulance	\$95 copay; \$255 ambulance
Diagnostic Tests and Procedures Prior authorization may be required	\$30 copay 20% of cost for sleep studies	\$30 copay 20% of cost for sleep studies	\$30 copay 20% of cost for sleep studies
Lab Services Prior authorization may be required	\$20 copay	\$0: you pay nothing	\$0 copay Tier 1; \$20 copay Tier 2
Diagnostic Radiology (MRI, CT, PET) Prior authorization may be required	\$250 copay	\$250 copay	\$250 copay
X-rays	\$25 copay	\$15 copay	\$0 copay Tier 1; \$20 copay Tier 2
Medicare-Covered Hearing Services	\$50 copay	\$35 copay	\$35 copay

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

** True Blue Rx Preferred is only available in Ada, Canyon and Kootenai 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) S.W. and W. Central Idaho	True Blue Rx Gem (HMO) N. Idaho	True Blue Valor (HMO)
Plan Number	H1350-024-1	H1350-024-3	H1350-006-0
Preventive Care	\$0: you pay nothing	\$0: you pay nothing	\$0: you pay nothing
Emergency Care*** Copay waived if admitted to the hospital within 24 hours	\$95 copay	\$95 copay	\$95 copay
Urgent Care***	\$40 copay	\$40 copay	\$25 copay
Worldwide Emergency and Urgent Coverage (\$25,000 benefit maximum)	\$95 copay; \$270 ambulance	\$95 copay; \$265 ambulance	\$95 copay; \$175 ambulance
Diagnostic Tests and Procedures Prior authorization may be required	\$30 copay 20% of cost for sleep studies	\$30 copay 20% of cost for sleep studies	\$30 copay \$0 copay for sleep studies
Lab Services Prior authorization may be required	\$0: you pay nothing	\$10 copay	\$0: you pay nothing
Diagnostic Radiology (MRI, CT, PET) Prior authorization may be required	\$250 copay	\$250 copay	\$250 copay
X-rays	\$15 copay	\$15 copay	\$0: you pay nothing
Medicare-Covered Hearing Services	\$40 copay	\$40 copay	\$25 copay

***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 (HMO)	True Blue Rx Option I (HMO)	True Blue Rx Option II (HMO)
Plan Number	H1350-030-0	H1350-028-0	H1350-029-0
Preventive Care	\$0: you pay nothing	\$0: you pay nothing	\$0: you pay nothing
Emergency Care*** Copay waived if admitted to the hospital within 24 hours	\$95 copay	\$95 copay	\$95 copay
Urgent Care***	\$40 copay	\$25 copay	\$40 copay
Worldwide Emergency and Urgent Coverage (\$25,000 benefit maximum)	\$95 copay; \$270 ambulance	\$95 copay; \$275 ambulance	\$95 copay; \$300 ambulance
Diagnostic Tests and Procedures Prior authorization may be required	\$30 copay 20% of cost for sleep studies	\$30 copay 10% of cost for sleep studies	\$30 copay 15% of cost for sleep studies
Lab Services Prior authorization may be required	\$5 copay	\$10 copay	\$10 copay
Diagnostic Radiology (MRI, CT, PET) Prior authorization may be required	\$250 copay	\$250 copay	\$250 copay
X-rays	\$15 copay	\$10 copay	\$15 copay
Medicare-Covered Hearing Services	\$40 copay	\$30 copay	\$40 copay

***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 Essentials (HMO)	True Blue Rx St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**
Plan Number	H1350-026-0	H1350-023-1	H1350-027-1
TruHearing® Hearing Exam	Same benefits as other plans True Trio: \$24.20 optional bundle (dental, vision, hearing)	\$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
Preventive Dental	\$20 copay per visit	\$25 copay per visit	\$25 copay per visit
	<ul style="list-style-type: none"> • Two routine preventive exams per year • Two cleanings per year • One annual emergency exam • One bitewing and fluoride application per year • One full mouth X-ray every three years • \$500 coverage limit 		
Comprehensive Dental	N/A	Basic services: \$25 copay/visit Major services: 50% of cost \$1,000 coverage limit	
	N/A	Basic: <ul style="list-style-type: none"> • Fillings, extractions • Scaling, root planing once per quadrant every two years • Full mouth debridement every three years • Periodontal maintenance up to four visits per year Major: <ul style="list-style-type: none"> • Crowns, root canals, bridge repairs once per tooth every seven years 	

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

Premiums and Benefits	True Blue Rx Gem (HMO) S.W. and W. Central Idaho	True Blue Rx Gem (HMO) N. Idaho	True Blue Valor (HMO)
Plan Number	H1350-024-1	H1350-024-3	H1350-006-0
TruHearing® Hearing Exam	\$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	\$40 copay	\$25 copay
Preventive Dental	\$25 copay per visit	\$25 copay per visit	\$25 copay per visit
	<ul style="list-style-type: none"> • Two routine preventive exams per year • Two cleanings per year • One annual emergency exam • One bitewing and fluoride application per year • One full mouth X-ray every three years • \$500 coverage limit 		
Comprehensive Dental	Basic services: \$25 copay/visit Major services: 50% of cost \$1,000 coverage limit		
	Basic: <ul style="list-style-type: none"> • Fillings, extractions • Scaling, root planing once per quadrant every two years • Full mouth debridement every three years • Periodontal maintenance up to four visits per year Major: <ul style="list-style-type: none"> • Crowns, root canals, bridge repairs once per tooth every seven years 		

Premiums and Benefits	True Blue Rx (HMO)	True Blue Rx Option I (HMO)	True Blue Rx Option II (HMO)
Plan Number	H1350-030-0	H1350-028-0	H1350-029-0
TruHearing® Hearing Exam	\$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	\$30 copay	\$30 copay
Preventive Dental	\$20 copay per visit	N/A	
	<ul style="list-style-type: none"> • Two routine preventive exams per year • Two cleanings per year • One annual emergency exam • One bitewing and fluoride application per year • One full mouth X-ray every three years • \$500 coverage limit 		
Comprehensive Dental	N/A	N/A	
	N/A	N/A	

Premiums and Benefits	True Blue Rx Essentials (HMO)	True Blue Rx St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**
Plan Number	H1350-026-0	H1350-023-1	H1350-027-1
Optional Supplemental Dental Plan	<p>TRUE TRIO: \$24.20 optional bundle (dental, vision, hearing)</p> <p>Dental:</p> <ul style="list-style-type: none"> • \$1,000 max. benefit • \$50 deductible <p>Basic: fillings, extractions</p> <ul style="list-style-type: none"> • In-network: 20% of cost • Out-of-network: 50% of cost <p>Major: (i.e., crown, root canal)</p> <ul style="list-style-type: none"> • In- and out-of-network: 50% • Six-month waiting period for basic, major services 	N/A	N/A
<p>Medicare Covered Eye Exam</p> <p>Diagnosis and treatment of medical eye diseases and conditions</p>	\$0: you pay nothing	\$0: you pay nothing	\$0: you pay nothing

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

Premiums and Benefits	True Blue Rx Gem (HMO) <i>S.W. and W. Central Idaho</i>	True Blue Rx Gem (HMO) <i>N. Idaho</i>	True Blue Valor (HMO)
Plan Number	H1350-024-1	H1350-024-3	H1350-006-0
Optional Supplemental Dental Plan	N/A	N/A	N/A
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

Premiums and Benefits	True Blue Rx (HMO)	True Blue Rx Option I (HMO)	True Blue Rx Option II (HMO)
Plan Number	H1350-030-0	H1350-028-0	H1350-029-0
Optional Supplemental Dental Plan	<p>True Dental Enhanced: \$19.80</p> <ul style="list-style-type: none"> • Deductible: \$50 • \$1,000 max. benefit • Six-month waiting period <p>Basic: (i.e., fillings and extractions)</p> <ul style="list-style-type: none"> • In-network: 20% • Out-of-network: 50% • Same tooth surface restoration once every two years; scaling/root planing once every two years; full mouth debridement once every three years <p>Major: (i.e., crown, root canal)</p> <ul style="list-style-type: none"> • In-network: 50% • Out-of-network: 50% 	<p>True Dental: \$24.60</p> <ul style="list-style-type: none"> • \$1,000 max. • \$50 deductible (does not apply to in-network preventive) <p>Preventive: two oral exams, one emergency exam per year, cleanings, X-rays, fluoride</p> <ul style="list-style-type: none"> • In-network: \$20 copay • Out-of-network: 50% of cost <p>Basic: (i.e., fillings, extractions)</p> <ul style="list-style-type: none"> • Six month waiting period • In-network: 20% of cost • Out-of-network: 50% of cost 	
<p>Medicare Covered Eye Exam</p> <p>Diagnosis and treatment of medical eye diseases and conditions</p>	\$0: you pay nothing	\$0: you pay nothing	\$0: you pay nothing

Premiums and Benefits	True Blue Rx Essentials (HMO)	True Blue Rx St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**
Plan Number	H1350-026-0	H1350-023-1	H1350-027-1
VSP® Vision Exam Annual	Same benefits as other plans True Trio: \$24.20 optional bundle (dental, vision, hearing)	\$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	\$405 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
Outpatient Mental Health Care (Individual and group therapy)	\$40 copay	\$0: you pay nothing	\$20 copay
Skilled Nursing Facility (SNF) Prior authorization may be required	\$0 daily: 1-20 days \$196 daily: days 21-100	\$0 daily: 1-20 days \$196 daily: 21-100 days	\$0 daily: 1-20 days \$196 daily: 21-100 days
Outpatient Rehabilitation Physical/Speech/Occupational Therapy	\$30 copay	\$20 copay	\$35 copay
Ambulance Ground or air transport Prior authorization may be required	\$265 copay	\$275 copay	\$255 copay
Transportation	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

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

Premiums and Benefits	True Blue Rx Gem (HMO) S.W. and W. Central Idaho	True Blue Rx Gem (HMO) N. Idaho	True Blue Valor (HMO)
Plan Number	H1350-024-1	H1350-024-3	H1350-006-0
VSP® Vision Exam Annual	\$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	\$325 daily: 1-5 days \$0 daily: 6+ days	\$360 daily: 1-5 days \$0 daily: 6+ days	\$100 daily: 1-5 days \$0 daily: 6+ days
Outpatient Mental Health Care (Individual and group therapy)	\$20 copay	\$20 copay	\$25 copay
Skilled Nursing Facility (SNF) Prior authorization may be required	\$0 daily: 1-20 days \$196 daily: 21-100 days	\$0 daily: 1-20 days \$196 daily: 21-100 days	\$0 daily: 1-20 days \$196 daily: days 21-100
Outpatient Rehabilitation Physical/Speech/ Occupational Therapy	\$40 copay	\$40 copay	\$15 copay
Ambulance Ground or air transport Prior authorization may be required	\$270 copay	\$265 copay	\$175 copay
Transportation	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	10% of the cost

Premiums and Benefits	True Blue Rx (HMO)	True Blue Rx Option I (HMO)	True Blue Rx Option II (HMO)
Plan Number	H1350-030-0	H1350-028-0	H1350-029-0
VSP® Vision Exam Annual	\$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	\$290 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 Mental Health Care (Individual and group therapy)	\$40 copay	\$25 copay	\$40 copay
Skilled Nursing Facility (SNF) Prior authorization may be required	\$0 daily: 1-20 days \$196 daily: 21-100 days	\$0 daily: 1-20 days \$196 daily: 21-100 days	\$0 daily: 1-20 days \$196 daily: 21-100 days
Outpatient Rehabilitation Physical/Speech/ Occupational Therapy	\$40 copay	\$30 copay	\$40 copay
Ambulance Ground or air transport Prior authorization may be required	\$270 copay	\$275 copay	\$300 copay
Transportation	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

Premiums and Benefits	True Blue Rx Essentials (HMO)	True Blue Rx St. Luke’s Health Partners (HMO)*	True Blue Rx Preferred (HMO)**
Plan Number	H1350-026-0	H1350-023-1	H1350-027-1
	Medicare Part D Prescription Drugs Costs may differ based on pharmacy type (preferred, non-preferred, mail order). Prior authorization may be required.		
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 per year for prescriptions	\$125 per year for prescriptions	\$150 per 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 \$4,660 in total drug costs. See chart below for exact amount.		
Part D preferred retail cost: up to 30-day supply			
Tier 1: Preferred generic retail	\$10 copay	\$0: you pay nothing	\$0: you pay nothing
Tier 2: Generic	\$15 copay	\$6 copay	\$6 copay
Tier 3: Preferred Brand	\$37 copay	\$37 copay	\$37 copay
Tier 4: Non-preferred	\$90 copay	\$90 copay	\$90 copay
Tier 5: Specialty	28% of cost	31% of cost	30% of cost
Tier 6: Select Care	\$10 copay	\$0: you pay nothing	\$0: you pay nothing

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

Premiums and Benefits	True Blue Rx Gem (HMO) S.W. and W. Central Idaho	True Blue Rx Gem (HMO) N. Idaho	True Blue Valor (HMO)
Plan Number	H1350-024-1	H1350-024-3	H1350-006-0
	Medicare Part D Prescription Drugs Costs may differ based on pharmacy type (preferred, non-preferred, mail order). Prior authorization may be required.		
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 per year for prescriptions	\$225/year for prescriptions	N/A
Stage 2	Initial Coverage Period You are responsible for a limited copay or coinsurance. You pay a small amount until you reach \$4,660 in total drug costs. See chart below for exact amount.		
Part D preferred retail cost: up to 30-day supply			
Tier 1: Preferred generic retail	\$3 copay	\$3 copay	N/A
Tier 2: Generic	\$10 copay	\$10 copay	N/A
Tier 3: Preferred Brand	\$37 copay	\$37 copay	N/A
Tier 4: Non-preferred	\$90 copay	\$90 copay	N/A
Tier 5: Specialty	29% of cost	29% of cost	N/A
Tier 6: Select Care	\$3 copay	\$3 copay	N/A

Premiums and Benefits	True Blue Rx (HMO)	True Blue Rx Option I (HMO)	True Blue Rx Option II (HMO)
Plan Number	H1350-030-0	H1350-028-0	H1350-029-0
	Medicare Part D Prescription Drugs Costs may differ based on pharmacy type (preferred, non-preferred, mail order). Prior authorization may be required.		
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	\$175 per year for prescriptions	\$0: you pay nothing	\$250 per 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 \$4,660 in total drug costs. See chart below for exact amount.		
Part D preferred retail cost: up to 30-day supply			
Tier 1: Preferred generic retail	\$5 copay	\$0: you pay nothing	\$5 copay
Tier 2: Generic	\$15 copay	\$12 copay	\$15 copay
Tier 3: Preferred Brand	\$37 copay	\$37 copay	\$37 copay
Tier 4: Non-preferred	\$90 copay	\$90 copay	\$90 copay
Tier 5: Specialty	30% of cost	33% of cost	28% of cost
Tier 6: Select Care	\$5 copay	\$0: you pay nothing	\$5 copay

Premiums and Benefits	True Blue Rx Essentials (HMO)	True Blue Rx St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**
Plan Number	H1350-026-0	H1350-023-1	H1350-027-1
Part D non-preferred retail cost: up to 30-day supply			
Tier 1: Preferred generic retail	\$15 copay	\$5 copay	\$15 copay
Tier 2: Generic	\$20 copay	\$15 copay	\$20 copay
Tier 3: Preferred	\$47 copay	\$47 copay	\$47 copay
Tier 4: Non-preferred	\$100 copay	\$100 copay	\$100 copay
Tier 5: Specialty	28% of cost	31% of cost	30% of cost
Tier 6: Select Care	\$11 copay	\$5 copay	\$11 copay
Part D preferred mail order cost: 90-day supply (100-day supply for Tier 6)			
Tier 1: Preferred generic retail	\$30 copay	\$0: you pay nothing	\$0: you pay nothing
Tier 2: Generic	\$45 copay	\$18 copay	\$18 copay
Tier 3: Preferred	\$111 copay	\$111 copay	\$111 copay
Tier 4: Non-preferred	\$270 copay	\$270 copay	\$270 copay
Tier 6: Select Care	\$30 copay	\$0: you pay nothing	\$0: you pay nothing
Stage 3	Coverage Gap You pay 25% for covered generic drugs, or covered brand drugs (plus dispensing fee) until you meet your \$7,400 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 \$7,400 true out-of-pocket cost, you pay the greater of either the copay (\$4.15 for generics, \$10.35 for all others) or a 5% coinsurance for the remainder of the plan year.		

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

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

Premiums and Benefits	True Blue Rx Gem (HMO) S.W. and W. Central Idaho	True Blue Rx Gem (HMO) N. Idaho	True Blue Valor (HMO)
Plan Number	H1350-024-1	H1350-024-3	H1350-006-0
Part D non-preferred retail cost: up to 30-day supply			
Tier 1: Preferred generic retail	\$15 copay	\$15 copay	N/A
Tier 2: Generic	\$20 copay	\$20 copay	N/A
Tier 3: Preferred	\$47 copay	\$47 copay	N/A
Tier 4: Non-preferred	\$100 copay	\$100 copay	N/A
Tier 5: Specialty	29% of cost	29% of cost	N/A
Tier 6: Select Care	\$11 copay	\$11 copay	N/A
Part D preferred mail order cost: 90-day supply (100-day supply for Tier 6)			
Tier 1: Preferred generic retail	\$9 copay	\$9 copay	N/A
Tier 2: Generic	\$30 copay	\$30 copay	N/A
Tier 3: Preferred	\$111 copay	\$111 copay	N/A
Tier 4: Non-preferred	\$270 copay	\$270 copay	N/A
Tier 6: Select Care	\$9 copay	\$9 copay	N/A
Stage 3	Coverage Gap You pay 25% for covered generic drugs, or covered brand drugs (plus dispensing fee) until you meet your \$7,400 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 \$7,400 true out-of-pocket cost, you pay the greater of either the copay (\$4.15 for generics, \$10.35 for all others) or a 5% coinsurance for the remainder of the plan year.		

Premiums and Benefits	True Blue Rx (HMO)	True Blue Rx Option I (HMO)	True Blue Rx Option II (HMO)
Plan Number	H1350-030-0	H1350-028-0	H1350-029-0
Part D non-preferred retail cost: up to 30-day supply			
Tier 1: Preferred generic retail	\$15 copay	\$5 copay	\$10 copay
Tier 2: Generic	\$20 copay	\$20 copay	\$20 copay
Tier 3: Preferred	\$47 copay	\$47 copay	\$47 copay
Tier 4: Non-preferred	\$100 copay	\$100 copay	\$100 copay
Tier 5: Specialty	30% of cost	33% of cost	28% of cost
Tier 6: Select Care	\$11 copay	\$5 copay	\$10 copay
Part D preferred mail order cost: 90-day supply (100-day supply for Tier 6)			
Tier 1: Preferred generic retail	\$15 copay	\$0: you pay nothing	\$15 copay
Tier 2: Generic	\$45 copay	\$36 copay	\$45 copay
Tier 3: Preferred	\$111 copay	\$111 copay	\$111 copay
Tier 4: Non-preferred	\$270 copay	\$270 copay	\$270 copay
Tier 6: Select Care	\$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 \$7,400 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 \$7,400 true out-of-pocket cost, you pay the greater of either the copay (\$4.15 for generics, \$10.35 for all others) or a 5% coinsurance for the remainder of the plan year.		

Premiums and Benefits	True Blue Rx Essentials (HMO)	True Blue Rx St. Luke's Health Partners (HMO)*	True Blue Rx Preferred (HMO)**
Plan Number	H1350-026-0	H1350-023-1	H1350-027-1
Annual Physical Exam	\$0: you pay nothing	\$0: you pay nothing	\$0: you pay nothing
Additional Telehealth Services	Follows your in-office copay for participating providers Virtual physical therapy \$10 per visit, 10 visit maximum		
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
Diabetes Supplies	\$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
Silver&Fit® One home fitness kit	\$10 per year	\$0: you pay nothing	\$0: you pay nothing
Over-the-Counter (OTC) Items	Not covered	\$60 allowance every three months	\$65 allowance every three months
Convenience Care Allowance in U.S. but outside of Idaho	\$3,000	\$2,500	\$2,500

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

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





Premiums and Benefits	True Blue Rx Gem (HMO) S.W. and W. Central Idaho	True Blue Rx Gem (HMO) N. Idaho	True Blue Valor (HMO)
Plan Number	H1350-024-1	H1350-024-3	H1350-006-0
Annual Physical Exam	\$0: you pay nothing	\$0: you pay nothing	\$0: you pay nothing
Additional Telehealth Services	Follows your in-office copay for participating providers Virtual physical therapy \$10 per visit, 10 visit maximum		
Medical Supplies Durable medical equipment, prosthetics, diabetes shoes/inserts Prior authorization may be required	20% of the cost	20% of the cost	10% of the cost
Diabetes Supplies	\$0: you pay nothing	\$0: you pay nothing	\$0: you pay nothing
Silver&Fit® Gym Membership	\$0: you pay nothing	\$0: you pay nothing	\$0: you pay nothing
Silver&Fit® One home fitness kit	\$0: you pay nothing	\$0: You pay nothing	\$0: you pay nothing
Over-the-Counter (OTC) Items	\$65 allowance every three months	\$60 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

Premiums and Benefits	True Blue Rx (HMO)	True Blue Rx Option I (HMO)	True Blue Rx Option II (HMO)
Plan Number	H1350-030-0	H1350-028-0	H1350-029-0
Annual Physical Exam	\$0: you pay nothing	\$0: you pay nothing	\$0: you pay nothing
Additional Telehealth Services	Follows your in-office copay for participating providers Virtual physical therapy \$10 per visit, 10 visit maximum		
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
Diabetes Supplies	\$0: you pay nothing	\$0: you pay nothing	\$0: you pay nothing
Silver&Fit® Gym Membership	\$50 per year	\$0: you pay nothing	\$50 per year
Silver&Fit® One home fitness kit	\$10 per year	\$0: You pay nothing	\$10 per year
Over-the-Counter (OTC) Items	\$65 allowance every three months	\$65 allowance every three months	\$60 allowance every three months
Convenience Care Allowance in U.S. but outside of Idaho	\$2,500	\$2,500	\$2,500




2023 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

-  The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **medicare.bcidaho.com** to view or call **1-888-492-2583 (TTY: 711)** to request 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.
-  Review the formulary to make sure your drugs are covered.

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. There is a Part B premium reduction on the True Blue Rx Essentials (HMO) plan. Depending on how you pay your Part B premium, the reduction may be credited to your Social Security check.
-  Benefits, premiums and/or copayments/coinsurance may change on January 1, 2024.
-  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).

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-627-1188 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-627-1188 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-800-627-1188 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 請此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-800-627-1188 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-627-1188 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-627-1188 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-627-1188 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-627-1188 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-627-1188 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-627-1188 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري, ليس عليك سوى الاتصال بنا على 1-800-627-1188 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-627-1188 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-627-1188 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-627-1188 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-627-1188 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-627-1188 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬 ランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳ご用命になるには、1-800-627-1188 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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

Farsi: دینک یم وگتفگ یسراف نابز مب رگا: هجوت یم مهارف امش یارب ناگیار تروصب ینابز تالی هست دیری گب سامت 1-800-627-1188 (TTY: 711) اب بشاب

Nepali: ध्यान दनिहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमिति भाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टिडिविडि: 711) ।

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

Call toll-free for more information

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

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

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.

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On behalf of Blue Cross of Idaho Care Plus, Inc., TruHearing, VSP Vision Care, American Specialty Health, Inc., and Convey, independent companies, administer supplemental benefit programs. VSP Vision Care administers the vision program, TruHearing administers the hearing aid coverage program, American Specialty Health Fitness, Inc. administers the Silver&Fit program and Convey administers the Over-The-Counter benefit program, to Medicare Advantage plan members.

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

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Blue Cross of Idaho Care Plus, Inc.

P.O. Box 8406, Boise, ID 83707