

# True Blue Rx Gem (HMO)

North Idaho, Clark County

Premiums and Benefits	True Blue Rx Gem (HMO)
Plan Number	H1350-024-3
Monthly Plan Premium*	You pay \$29
Medical Deductible	\$0: you pay nothing
Primary Care Provider (PCP)	\$10 copay
Specialists	\$40 copay
Inpatient Hospital Coverage	\$360 daily for 1-5 days; \$0 daily for 6+ days
Outpatient Hospital Coverage	\$350 copay
Ambulatory Surgical Center	\$250 copay
Emergency Care	\$95 copay
Urgent Care	\$40 copay
Ambulance	\$265 copay
Lab Services	\$10 copay
X-rays	\$15 copay
Diagnostic Radiology (High-level imaging)	\$250 copay
Skilled Nursing Facility (SNF)	\$0 for days 1-20; \$196 for days 21-100
Outpatient Rehab (PT, ST, OT)	\$40 copay
Medicare Covered Chiropractic Care	\$20 copay
Durable Medical Equipment, Prosthetics	20% of the cost
Diabetes Supplies	\$0: you pay nothing
Medical Maximum Out-of-Pocket Responsibility	\$6,200
Dental (Preventive)	<ul style="list-style-type: none"> <li>• \$25 copay/visit</li> <li>• Exams, cleanings, X-rays and fluoride included</li> <li>• \$500 limit for covered services</li> </ul>
Dental (Comprehensive)	<ul style="list-style-type: none"> <li>• \$25 copay/visit basic services (i.e., fillings, extractions)</li> <li>• 50% major services (i.e., crowns, root canals)</li> <li>• \$1,000 limit for covered services</li> </ul>
Medicare Part B Drug Coverage (i.e., chemotherapy, hospital-administered infusions)	20% of cost

\*You must continue to pay your Part B premium.

For more information, contact your local, independent agent or call:

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

# Prescription Drug Coverage (Part D)

	Tier 1 Pref. Generic	Tier 2 Generic	Tier 3 Pref.	Tier 4 Non-pref.	Tier 5 Specialty	Tier 6 Select Care
<b>Part D Coverage</b> <b>Deductible: \$225</b> (For Tiers 3, 4, 5)	<b>Preferred retail cost for 30-day supply</b>					
	\$3	\$10	\$37	\$90	29% cost	\$3
	<b>Non-preferred retail cost for 30-day supply</b>					
	\$15	\$20	\$47	\$100	29% cost	\$11
	<b>Preferred mail order cost**</b>					
	\$9	\$30	\$111	\$270		\$9

\*\*Mail order cost is for a 90-day supply for Tiers 1-4. Tier 6 is for a 100-day supply. Some drugs are limited to a 30-day supply.



## Your plan comes with extra benefits!

Your plan includes a lot of extra benefits, such as a free gym membership, an over-the-counter allowance and much more.

More information at [bcidaho.com/medicare-extras](https://bcidaho.com/medicare-extras).

This information is not a complete description of benefits. Call 1-888-492-2583 (TTY: 711) for more information. Blue Cross of Idaho Care Plus, Inc. is an HMO plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal. ©2022 Blue Cross of Idaho Care Plus, Inc. ("Blue Cross of Idaho Care Plus"), an Independent Licensee of the Blue Cross Blue Shield Association, with services provided by Blue Cross of Idaho Health Service, Inc.