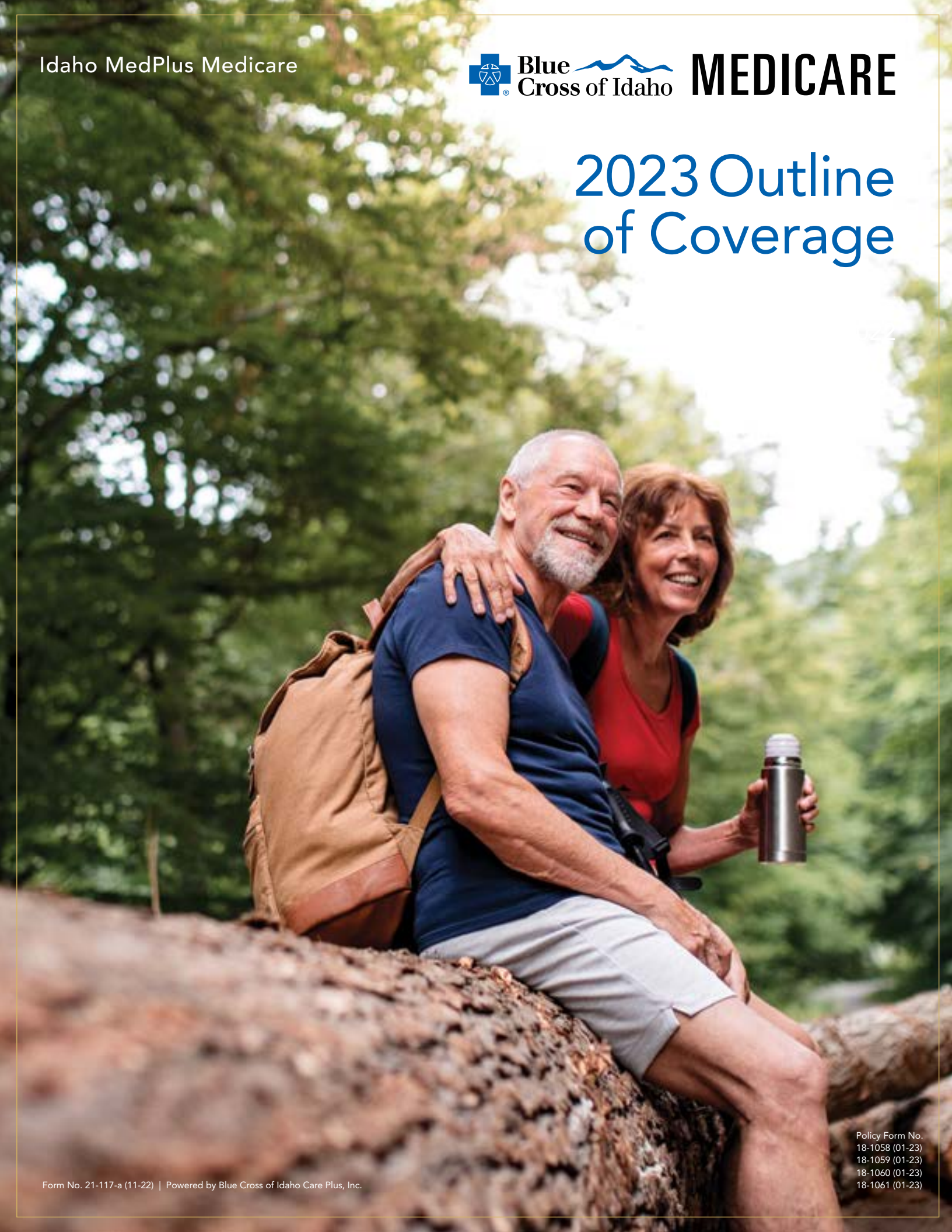
Idaho MedPlus Medicare

Blue Cross of Idaho MEDICARE

2023 Outline of Coverage



Policy Form No.
18-1058 (01-23)
18-1059 (01-23)
18-1060 (01-23)
18-1061 (01-23)

Form No. 21-117-a (11-22) | Powered by Blue Cross of Idaho Care Plus, Inc.

Outline of Medicare Supplement Coverage

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants' first eligible for Medicare before 2020 may purchase Plans C, F and high deductible F.

Note: A ✓ means 100% of the benefit is paid. Plans shaded light grey are offered by Blue Cross of Idaho Care Plus.

Benefits	Plans available to all applicants								Medicare first eligible before 2020 only	
	A	B	D	G[1]	K	L	M	N	C	F[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	Copays apply[2]	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓

[1]Plans F and G also have a high deductible option which require first paying a plan deductible of $2,700 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible. Blue Cross of Idaho Care Plus does not offer a high deducible Plan F.

[2]Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

Benefits	Plans available to all applicants								Medicare first eligible before 2020 only	
	A	B	D	G[1]	K	L	M	N	C	F[1]
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓					✓	✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2023[2]					$6,940[2]	$3,470[2]			✓	✓
Additional preventive benefits[3]				✓						

[1]Plans F and G also have a high deductible option which require first paying a plan deductible of $2,700 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible. Blue Cross of Idaho Care Plus does not offer a high deducible Plan F.

[2]Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[3]Not available on high deductible Plan G.

Idaho MedPlus Plan premium information

Premiums rates are effective March 1, 2023.

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	$373.50	$298.50	$96.00
65 and older	$167.00	$249.00	$199.00	$64.00
Household Discount	$13.00	$20.00	$16.00	$5.00

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)	$288.08	$429.53	$343.28	$110.40
65 and older	$192.05	$286.35	$228.85	$73.60
Household Discount	$13.00	$20.00	$16.00	$5.00

Household Discount

The household discount is a monthly premium reduction. Beneficiaries are eligible to receive a monthly premium discount when two or more members residing at the same address each have Blue Cross of Idaho Care Plus Medicare Supplement policies with an effective date of March 1, 2022 or after.

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

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

**High deductible Plan G requires first paying a plan deductible of $2,700 before the plan begins to pay.

***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.

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.

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 duties of both you and your insurance company.

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.

Policy Replacement: 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.

Notice: The policy you choose may not fully cover all of your medical costs. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare and You" for more details.

Complete Answers are Very Important: When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company 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.

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.

Renewal Provisions: The term of this policy shall be for one (1) month. If premiums are paid according to the terms of this policy, it will automatically renew for each subsequent monthly period, except as authorized by the Director of the Idaho Department of Insurance. Blue Cross of Idaho Care Plus may not cancel or nonrenew the terms of this Policy for any reason other than nonpayment of premium or material misrepresentation.

Payment Methods

When you choose an 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 if appropriate.

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.

Idaho MedPlus Plan A

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 and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization*	Semi-private room and board, general nursing and miscellaneous services and supplies		
First 60 days	All but $1,600	$0	$1,600 (Part A deductible)
Days 61 – 90	All but $400 a day	$400 a day	$0
Days 91 and after: While using 60 lifetime reserve days	All but $800 a day	$800 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible charges	$0**
Beyond the additional 365 days	$0	$0	All costs
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	All approved amounts	$0	$0
Days 21 – 100	All but $200 a day	$0	Up to $200 a day
Day 101 and after	$0	$0	All costs

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Idaho MedPlus Plan A

Medicare (Part A) Hospital Services Per Benefit Period (con't.)

Services	Medicare Pays	Plan Pays	You Pay
Blood			
First three pints	$0	Three pints	$0
Additional amounts	100%	$0	$0
Hospice Care	You must meet Medicare's requirements, including a doctor's certification of terminal illness.		
	All but limited copay/ coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/ coinsurance	$0

Idaho MedPlus Plan A

Medicare (Part B) medical services – per calendar year

Once you have been billed $226 of Medicare-approved amounts for covered services, noted below with a cross (+), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses	In or out of the hospital 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.		
First $226 of Medicare-approved amounts+	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	$0	All costs
Blood			
First three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts+	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Medicare (Parts A and B)

Home Health Care	Medicare-approved services		
Medically necessary skilled care services, medical supplies	100%	$0	$0
Durable Medical Equipment			
First $226 of Medicare-approved amounts+	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Idaho MedPlus Plan F

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 and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
***Hospitalization**	Semi-private room and board, general nursing and miscellaneous services and supplies		
First 60 days	All but $1,600	$1,600 (your Part A deductible)	$0
Days 61 – 90	All but $400 a day	$400 a day	$0
Days 91 and after: While using 60 lifetime reserve days	All but $800 a day	$800 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible charges	$0**
Beyond the additional 365 days	$0	$0	All costs
***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	All approved amounts	$0	$0
Days 21 – 100	All but $200 a day	Up to $200 a day	$0
Day 101 and after	$0	$0	All costs

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Idaho MedPlus Plan F

Medicare (Part A) Hospital Services Per Benefit Period (con't.)

Services	Medicare Pays	Plan Pays	You Pay
Blood			
First three pints	$0	Three pints	$0
Additional amounts	100%	$0	$0
Hospice Care	You must meet Medicare's requirements, including a doctor's certification of terminal illness.		
	All but limited copay/ coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/ coinsurance	$0

Idaho MedPlus Plan F

Medicare (Part B) medical services – per calendar year

Once you have been billed $226 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 Pays	Plan Pays	You Pay
Medical Expenses	In or out of the hospital 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.		
First $226 of Medicare-approved amounts+	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	100%	$0
Blood			
First three pints	$0	100%	$0
Next $226 of Medicare-approved amounts+	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Medicare (Parts A and B)

Home Health Care	Medicare-approved services		
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment			
First $226 of Medicare-approved amounts+	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Idaho MedPlus Plan F

Other Benefits – not covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
Foreign Travel Emergency-Not Covered by Medicare	Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.		
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	$20% and amounts over the $50,000 lifetime maximum
Vision	Please note: The vision benefits for this Idaho MedPlus plan exceeds the standard Medicare requirement. The benefit for vision care services is for routine eye exams not covered by Medicare.		
	$0	100% after $10 copay on exam only at contracting providers, $45 toward exam at non-contracting providers	$10 copay for exam at contracting providers, 100% of cost in excess of $45 for exam at non-contracting providers

Idaho MedPlus Plan G or High Deductible Plan G

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 and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year $2700 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2700. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

Services	Medicare Pays	Plan Pays **After you pay $2,700 deductible for High Deductible Plan G	You Pay **In addition to $2,700 deductible for High Deductible Plan G
***Hospitalization**	Semi-private room and board, general nursing and miscellaneous services and supplies		
First 60 days	All but $1,600	$1,600 (your Part A deductible)	$0
Days 61 – 90	All but $400 a day	$400 a day	$0
Days 91 and after: While using 60 lifetime reserve days	All but $800 a day	$800 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible charges	$0***
Beyond the additional 365 days	$0	$0	All costs

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Idaho MedPlus Plan G or High Deductible Plan G

Medicare (Part A) Hospital Services Per Benefit Period (con't.)

Services	Medicare Pays	Plan Pays **After you pay $2,700 deductible for High Deductible Plan G	You Pay **In addition to $2,700 deductible for High Deductible Plan G
***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	All approved amounts	$0	$0
Days 21 – 100	All but $200 a day	Up to $200 a day	$0
Day 101 and after	$0	$0	All costs
Blood			
First three pints	$0	Three pints	$0
Additional amounts	100%	$0	$0
Hospice Care	You must meet Medicare's requirements, including a doctor's certification of terminal illness.		
	All but limited copay/ coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/ coinsurance	$0

Idaho MedPlus Plan G or High Deductible Plan G

Medicare (Part B) medical services – per calendar year

Once you have been billed $226 of Medicare-approved amounts for covered services, noted below with an cross (+), your Part B deductible will have been met for the calendar year.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year $2700 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2700. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

Services	Medicare Pays	Plan Pays **After you pay $2,700 deductible for High Deductible Plan G	You Pay **In addition to $2,700 deductible for High Deductible Plan G
Medical Expenses	In or out of the hospital 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.		
First $226 of Medicare-approved amounts+	$0	$0	$226 (unless Part B deductible has been met)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	100%	$0
Blood			
First three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts+	$0	$0	$226 (Unless Part B deductible has been met)
Remainder of Medicare-approved amounts	80%	20%	$0

Idaho MedPlus Plan G or High Deductible Plan G

Medicare (Part B) medical services – per calendar year (con't.)

Services	Medicare Pays	Plan Pays **After you pay $2,700 deductible for High Deductible Plan G	You Pay **In addition to $2,700 deductible for High Deductible Plan G
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Medicare (Parts A and B)

Home Health Care	Medicare-approved services		
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment			
First $226 of Medicare-approved amounts+	$0	$0	$226 (unless Part B deductible has been met)
Remainder of Medicare-approved amounts	80%	20%	$0

Idaho MedPlus Plan G

Other Benefits – Not covered by Medicare

Services	Medicare Pays	Plan Pays **After you pay $2,700 deductible for High Deductible Plan G	You Pay **In addition to $2,700 deductible for High Deductible Plan G
Foreign Travel Emergency-Not Covered by Medicare	Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.		
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum
Additional Preventive Benefits – Exceeding the standard Medicare requirement	Not available for High Deductible Plan G.		
	$0	$0	Certain preventive care benefits* that are not covered by Medicare are covered at one hundred percent (100%) of the maximum allowance.

*Preventive care services are limited to a basic metabolic panel, general health panel, comprehensive metabolic panel, cholesterol screening, DHEA-S screening, folic acid screening, hemoglobin, international normalized ration monitoring training for home giver, anticoagulant management, and imaging of retina for detection or monitoring of disease. Services ordered and administered by your doctor are covered at 100% of the Medicare maximum allowance.

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 दनिुहोस्: तपार्इंले नेपाली बोल्नुहुन्छ भने तपार्इंको नमिर्ता भाषा सहायता सेवाहरू नःशुल्क 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).

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

medicare.bcidaho.com

Blue Cross of Idaho MEDICARE

3000 East Pine Avenue | Meridian, Idaho | 83642-5995
P.O. Box 7408 | Boise, Idaho | 83707
Toll Free: 1-888-492-2583 | TTY 711