

## ***True Blue Special Needs Plan (HMO SNP) offered by Blue Cross of Idaho Care Plus, Inc.***

# **Annual Notice of Changes for 2018**

You are currently enrolled as a member of *True Blue Special Needs Plan (HMO SNP)*. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

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### **What to do now**

#### **1. ASK: Which changes apply to you**

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 1.1, 1.2, 1.5, and 3 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2018 Drug List and look in Sections *1.4 and 1.6* for information about changes to our drug coverage.
- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors in our network?
  - What about the hospitals or other providers you use?
  - Look in Section *1.3* for information about our Provider Directory.

- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

## 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 4.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

## 3. CHOOSE: Decide whether you want to change your plan

- If you want to **keep** *True Blue Special Needs Plan (HMO SNP)*, you don’t need to do anything. You will stay in *True Blue Special Needs Plan (HMO SNP)*.
- If you want to **change to a different plan** that may better meet your needs, you can switch plans at any time. Your new coverage will begin on the first day of the following month. Look in section 4.2, page 10 to learn more about your choices.

## Additional Resources

- This document is available for free in Spanish.
- Esta información está disponible sin costo alguno en otros idiomas. Para información adicional, por favor marque a nuestro número de servicio al cliente 1-888-495-2583 de 8 a.m. a 8 p.m. Usuarios de TTY llamar al 1-800-377-1363.
- Please contact our Customer Service number at 1-888-495-2583 for additional information. (TTY users should call 1-800-377-1363.) Hours are 8 a.m. to 8 p.m., seven days a week.
- *This document may be available in alternate formats such as large print or audio. Please call Customer Service if you need this in another format.*
- **Coverage under this Plan qualifies as minimum essential coverage (MEC)** and satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

### **About True Blue Special Needs Plan (HMO SNP)**

- *True Blue Special Needs Plan (HMO SNP) is a HMO SNP health plan with a Medicare and Idaho Medicaid contract. Enrollment in True Blue Special Needs Plan (HMO SNP) depends on contract renewal.*
- *When this booklet says “we,” “us,” or “our,” it means Blue Cross of Idaho Care Plus, Inc. When it says “plan” or “our plan,” it means True Blue Special Needs Plan (HMO SNP).*

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## Summary of Important Costs for 2018

The table below compares the 2017 costs and 2018 costs for *True Blue Special Needs Plan (HMO SNP)* in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes* and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.**

Cost	2017 (this year)	2018 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0	\$0
<b>Doctor office visits</b>	Primary care visits: \$0 copay per visit  Specialist visits: \$0 copay per visit	Primary care visits: \$0 copay per visit  Specialist visits: \$0 copay per visit
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$0 copay for inpatient hospital care	\$0 copay for inpatient hospital care

Cost	2017 (this year)	2018 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.6 for details.)</p>	<p>Deductible: \$0</p> <p><i>Copayment</i> during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 or \$1.20 or \$3.30</li> <li>• Drug Tier 2: \$0 or \$1.20 or \$3.30</li> <li>• Drug Tier 3: \$0 or \$3.70 or \$8.25</li> <li>• Drug Tier 4: \$0 or \$3.70 or \$8.25</li> <li>• Drug Tier 5: \$0 or \$3.70 or \$8.25</li> </ul>	<p>Deductible: \$0</p> <p><i>Copayment</i> during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 or \$1.25 or \$3.35</li> <li>• Drug Tier 2: \$0 or \$1.25 or \$3.35</li> <li>• Drug Tier 3: \$0 or \$3.70 or \$8.35</li> <li>• Drug Tier 4: \$0 or \$3.70 or \$8.35</li> <li>• Drug Tier 5: \$0 or \$3.70 or \$8.35</li> </ul>
<p><b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>\$3000</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$3000</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

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## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2017 (this year)	2018 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2017 (this year)	2018 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.  Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3000	\$3000  Once you have paid \$3000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

### Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [www.bcidaho.com/FindAProvider](http://www.bcidaho.com/FindAProvider). You may also call Customer

Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2018 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

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## **Section 1.4 – Changes to the Pharmacy Network**

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at [www.bcidaho.com/SNPpharmacy](http://www.bcidaho.com/SNPpharmacy). You may also call Customer Service for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2018 Pharmacy Directory to see which pharmacies are in our network.**

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## **Section 1.5 – There are No Changes to your Benefits or Amounts you Pay for Medical Services**

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Our benefits and what you pay for these covered medical services will be exactly the same in 2018 as they are in 2017.



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## Section 1.6 – Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” An updated Drug List is located on our website at [www.bcidaho.com/SNPDrugs](http://www.bcidaho.com/SNPDrugs). You may also call Customer Service to ask us to mail you a copy of our Drug List.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Formulary exceptions approved in 2017 are valid for one year from the 2017 approval date. When your 2017 approved formulary exception expires in 2018; you and your provider can ask the plan for a new formulary exception.

### Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. Because you receive “Extra Help” and haven’t received this

insert by *September 30, 2017*, please call Customer Service and ask for the “LIS Rider.” Phone numbers for Customer Service are in Section 8.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look in your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)

### Changes to the Deductible Stage

Stage	2017 (this year)	2018 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	The deductible is \$0.  Because we have no deductible, this payment stage does not apply to you.	The deductible is \$0.  Because we have no deductible, this payment stage does not apply to you.

### Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2017 (this year)	2018 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Preferred Generic:</b> You pay \$0 or \$1.20 or \$3.30 per prescription.</p> <p><b>Generic:</b> You pay \$0 or \$1.20 or \$3.30 per prescription.</p> <p><b>Preferred Brand:</b> You pay \$0 or \$3.70 or \$8.25 per prescription.</p> <p><b>Non-Preferred Drug:</b> You pay \$0 or \$3.70 or \$8.25 per prescription.</p> <p><b>Specialty Tier:</b> You pay \$0 or \$3.70 or \$8.25 per prescription.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Preferred Generic:</b> You pay \$0 or \$1.25 or \$3.35 per prescription.</p> <p><b>Generic:</b> You pay \$0 or \$1.25 or \$3.35 per prescription.</p> <p><b>Preferred Brand:</b> You pay \$0 or \$3.70 or \$8.35 per prescription.</p> <p><b>Non-Preferred Drug:</b> You pay \$0 or \$3.70 or \$8.35 per prescription.</p> <p><b>Specialty Tier:</b> You pay \$0 or \$3.70 or \$8.35 per prescription.</p>
	<p>Once you have paid \$4,950 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Once you have paid \$5,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

### Changes to the Coverage Gap and Catastrophic Coverage Stages

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage.**

For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

**SECTION 2 Administrative Changes**

Cost	2017 (this year)	2018 (next year)
<i>Cardiac rehabilitation services</i>	Prior authorization is required.	Prior authorization is <b>not</b> required.
<i>Durable medical equipment (DME) and related supplies</i>	Prior authorization is required for items and rentals over \$500.	Prior authorization is required for items and rentals that equal or exceed \$1,000.
<i>Outpatient rehabilitation services</i>	Prior authorization is required.	Prior authorization is required for services beyond the Medicare therapy cap limits.
<i>Part D tiering exceptions</i>	<p>If your drug is in Tier 4 Non-Preferred Drug you can ask us to cover it at a lower cost-sharing amount that applies to drugs in Tier 3 Preferred Brand. This would lower your share of the cost for the drug.</p> <p>You cannot ask us to change the cost-sharing tier for any drug in Tier 1, Preferred Generic, Tier 2, Generic, Tier 3, Preferred Brand and Tier 5 Specialty Drugs.</p>	You cannot ask us to change the cost-sharing tier for any drug in Tier 5 Specialty Drugs.
<i>Prosthetic devices and related supplies</i>	Prior authorization is required for items and rentals over \$500.	Prior authorization is required for items and rentals that equal or exceed \$1,000.
<i>Pulmonary rehabilitation services</i>	Prior authorization is required.	Prior authorization is <b>not</b> required.

### SECTION 3 Changes to your Medicaid Benefits

Cost	2017 (this year)	2018 (next year)
<i>Idaho Medicaid Dental Services</i>	Idaho Medicaid Dental Services are included in True Blue Special Needs Plan (HMO SNP).	Idaho Medicaid Dental Services are <b>not</b> included in True Blue Special Needs Plan (HMO SNP).  These services are provided by Idaho Department of Health and Welfare.

### SECTION 4 Deciding Which Plan to Choose

#### Section 4.1 – If you want to stay in *True Blue Special Needs Plan (HMO SNP)*

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2018.

#### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2018 follow these steps:

##### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan at any time,
- -- OR-- You can change to Original Medicare at any time.

Your new coverage will begin on the first day of the following month. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2018*, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, *Blue Cross of Idaho Care Plus, Inc.* offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

## Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from *True Blue Special Needs Plan (HMO SNP)*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *True Blue Special Needs Plan (HMO SNP)*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 8.1 of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 5 Deadline for Changing Plans

Because you are eligible for Medicare and Full Medicaid Benefits you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In *Idaho*, the SHIP is called *Senior Health Insurance Benefits Advisors (SHIBA)*.

*SHIBA* is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. *SHIBA* counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer

questions about switching plans. You can call *SHIBA* at 1-800-247-4422. You can learn more about *SHIBA* by visiting their website (<http://www.doi.idaho.gov/shiba/default.aspx>.)]

For questions about your *Idaho Medicaid* benefits, contact *Idaho Department of Health and Welfare* at 1-877-456-1233, 8 a.m. to 5 p.m., Monday through Friday. TTY users should call 711. Ask how joining another plan or returning to Original Medicare affects how you get your *Idaho Medicaid* coverage.

## SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the *Idaho AIDS Drug Assistance Program (IDAGAP)*. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-208-334-5612. TTY users should call 711.

## SECTION 8 Questions?

### Section 8.1 – Getting Help from *True Blue Special Needs Plan (HMO SNP)*

Questions? We’re here to help. Please call Customer Service at 1-888-495-2583. (TTY only, call 1-800-377-1363.) We are available for phone calls 8 a.m. to 8 p.m., seven days a week. Calls to these numbers are free.

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## **Read your 2018 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2018. For details, look in the 2018 *Evidence of Coverage for True Blue Special Needs Plan (HMO SNP)*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is included in this envelope.

### **Visit our Website**

You can also visit our website at [www.truebluesnp.com](http://www.truebluesnp.com). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

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## **Section 8.2 – Getting Help from Medicare**

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans.”)

### **Read Medicare & You 2018**

You can read *Medicare & You 2018 Handbook*. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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## **Section 8.3 – Getting Help from Medicaid**

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To get information from Medicaid you can call *Idaho Department of Health and Welfare* at 1-877-456-1233. TTY users should call 711



## **Nondiscrimination Statement: Discrimination is Against the Law**

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's Customer Service Department. Call 1-888-494-2583 (TTY: 1-800-377-1363), 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 East Pine Avenue, Meridian, Idaho 83642  
Telephone: (800) 274-4018 ext.3838, Fax: (208) 331-7493  
Email: [grievances&appeals@bcidaho.com](mailto:grievances&appeals@bcidaho.com)  
TTY: 1-800-377-1363

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>. Reference: <https://federalregister.gov/a/2016-11458>

**ATTENTION:** If you speak Arabic, Chinese, French, German, Korean, Japanese, Persian (Farsi), Romanian, Russian, Serbo-Croatian, Spanish, Sudanic Fulfulde, Tagalog, Ukrainian, or Vietnamese, language assistance services, free of charge, are available to you. Call 1-888-494-2583 (TTY: 1-800-377-1363).

### **Arabic**

ملحوظة: إذ كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-494-2583 (رقم هاتف الصم والبكم: 1-800-377-1363).

**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 1-888-494-2583 (TTY：1-800-377-1363)。

**French** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1- 888-494-2583 (ATS : 1-800-377-1363).

**German** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1- 888-494-2583 (TTY: 1-800-377-1363).

**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- 888-494-2583 (TTY: 1-800-377-1363) 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- 888-494-2583 (TTY: 1-800-377-1363)번으로 전화해 주십시오.

**Persian-Farsi** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت اریگان برای شما فراهم می باشد. با 1 888-494-2583 (TTY: 1-800-377-1363) تماس بگیرید.

**Romanian** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1- 888-494-2583 (TTY: 1-800-377-1363).

**Russian** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1- 888-494-2583 (телетайп: 1-800-377-1363).

**Serbo-Croatian** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1- 888-494-2583 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-377-1363).

**Spanish** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- 888-494-2583 (TTY: 1-800-377-1363).

**Sudanic Fulfulde** MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1- 888-494-2583 (TTY: 1-800-377-1363).

**Tagalog** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1- 888-494-2583 (TTY: 1-800-377-1363).

**Ukrainian** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1- 888-494-2583 (телетайп: 1-800-377-1363).

**Vietnamese** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-494-2583 (TTY: 1-800-377-1363).







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