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

Annual Notice of Changes for 2019

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

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,* and *1.5* 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 2019 Drug List and look in Section *1.4 and 1.6* for information about changes to our drug coverage.
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit https://go.medicare.gov/drugprices. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

☐ 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*, you don't need to do anything. You will stay in *True Blue Special Needs Plan*.
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in section 4.2, page 13 to learn more about your choices.

4. ENROLL: To change plans, join a plan between now and **December 31, 2018**

- If you **don't join another plan by December 31, 2018**, you will stay in *True Blue Special Needs Plan*.
  - If you **join another plan by December 31, 2018**, your new coverage will start the first day of the following month.
  - Starting in 2019, there are new limits on how often you can change plans. Look in section 5, page 14 to learn more.

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 8a.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 Qualifying Health Coverage (QHC)** 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*

- *True Blue Special Needs Plan is a HMO SNP health plan with a Medicare and Idaho Medicaid contract. Enrollment in True Blue Special Needs Plan 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*.

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Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for *True Blue Special Needs Plan* 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 Evidence of Coverage to see if other benefit or cost changes affect you.

Cost	2018 (this year)	2019 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	*$0*	*$0*
Doctor office visits	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
Inpatient hospital stays 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	2018 (this year)	2019 (next year)
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: *$0* *Copayment* during the Initial Coverage Stage: • Drug Tier 1: *$0 or $1.25 or $3.35* • Drug Tier 2: *$0 or $1.25 or $3.35* • Drug Tier 3: *$0 or $3.70 or $8.35* • Drug Tier 4: *$0 or $3.70 or $8.35* • Drug Tier 5: *$0 or $3.70 or $8.35*	Deductible: *$0* *Copayment* during the Initial Coverage Stage: • Drug Tier 1: *$0 or $1.25 or $3.40* • Drug Tier 2: *$0 or $1.25 or $3.40* • Drug Tier 3: *$0 or $3.80 or $8.50* • Drug Tier 4: *$0 or $3.80 or $8.50* • Drug Tier 5: *$0 or $3.80 or $8.50*
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	*$3,000* 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.	*$3,000* 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.

Annual Notice of Changes for 2019
Table of Contents

SECTION 1 Changes to Medicare Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2018 (this year)	2019 (next year)
Monthly premium (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	2018 (this year)	2019 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** 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.	*$3,000*	*$3,000* Once you have paid *$3,000* 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*. You may also call Customer

Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2019 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.

Section 1.4 – Changes to the Pharmacy Network

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*. You may also call Customer Service for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2019 Pharmacy Directory to see which pharmacies are in our network**.

Section 1.5 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* only tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4,

Benefits Chart (what is covered and what you pay), in your *2019 Evidence of Coverage.* A copy of the *Evidence of Coverage* will be separately mailed to you.

Cost	2018 (this year)	2019 (next year)
Hearing Services *Routine Hearing Exam*	Routine hearing exam is not covered.	You pay a $45 copay for one routine hearing exam. To receive the routine hearing exam benefit, you **must** use a TruHearing provider. The copayment you pay for a routine hearing exam does not apply to your yearly maximum out of pocket amount.
Hearing Services *Hearing Aids*	Hearing Aids are not covered.	You pay a $699 copay per aid for TruHearing Advanced Aids. You pay a $999 copay per aid for TruHearing Premium Aids. This benefit is limited to two TruHearing hearing aids per year (one per ear per year). The copayments you pay for hearing aids do not apply to your yearly maximum out of pocket amount.
Meals *Readmission Prevention*	Meals for readmission prevention are not covered.	You pay a $0 copay for readmission prevention meals. Meal benefit lasts 28 days and provides a maximum of 56 meals (Plan may authorize up to 4 weeks of meals post discharge)
Over-The-Counter (OTC) Items	*Over-The-Counter (OTC) Items* benefit is not covered	You receive a $60 allowance every three months
Podiatry Services *Routine Foot Care*	Routine foot care is not covered	You pay a $0 copay for routine foot care (6 visits every year)

Cost	2018 (this year)	2019 (next year)
Supervised Exercise Therapy (SET)	*Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease* is not covered	You pay a $0 copay *for Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) visits.*
Transportation	Transportation is not covered	You pay a $0 copay for transportation. Transportation includes 30 one-way trips every year for plan approved locations (Mode: Taxi; Van; Medical Transport)
Worldwide Emergency/Urgent care received outside the United States or United States Territories	No maximum plan benefit coverage amount	Maximum plan benefit coverage amount is $25,000

Section 1.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is provided electronically.

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 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. For 2019, members in long term care (LTC) facilities will now receive a temporary supply that is the same amount of temporary days supply provided in all other cases: *31-day supply* of medication rather than the amount provided in 2018 (*98-day supply* of medication). (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 2018 are valid for one year from the 2018 approval date. When your 2018 approved formulary exception expires in 2019, you and your provider can ask the plan for a new formulary exception.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

Starting in 2019, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. This means if you are taking the brand name drug that is being replaced by the new generic (or the tier or restriction on the brand name drug changes), you will no longer always get notice of the change 60 days before we make it or get a 60-day refill of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Also, starting in 2019, before we make other changes during the year to our Drug List that require us to provide you with advance notice if you are taking a drug, we will provide you with notice 30, rather than 60, days before we make the change. Or we will give you a *30* day, rather than a 60-day, refill of your brand name drug at a network pharmacy.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about the changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

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, 2018*, 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	2018 (this year)	2019 (next year)
Stage 1: Yearly Deductible Stage	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	2018 (this year)	2019 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** 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 *Evidence of Coverage*.	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: ***Preferred Generic*:** You pay *$0 or $1.25 or $3.35 per prescription.* ***Generic*:** You pay *$0 or $1.25 or $3.35 per prescription.* ***Preferred Brand*:** You pay *$0 or $3.70 or $8.35 per prescription.* ***Non-Preferred Drug*:** You pay *$0 or $3.70 or $8.35 per prescription.* ***Specialty Tier*:** You pay *$0 or $3.70 or $8.35 per prescription.* Once you have paid $*5,000* out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: ***Preferred Generic*:** You pay *$0 or $1.25 or $3.40 per prescription.* ***Generic*:** You pay *$0 or $1.25 or $3.40 per prescription.* ***Preferred Brand*:** You pay *$0 or $3.80 or $8.50 per prescription.* ***Non-Preferred Drug*:** You pay *$0 or $3.80 or $8.50 per prescription.* ***Specialty Tier*:** You pay *$0 or $3.80 or $8.50 per prescription.* Once you have paid $*5,100* out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

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	2018 (this year)	2019 (next year)
Home health agency care	*Prior authorization is required*	*Prior authorization is not required*
Inpatient hospital care	*A benefit period ends when: You have not been in an inpatient facility for 60 days in a row, or you remain in an inpatient facility and haven't received care for 60 days in a row*	*Benefit period is per admission or per stay with no cost sharing on the day of discharge*
Inpatient mental health care	*A benefit period ends when: You have not been in an inpatient facility for 60 days in a row, or you remain in an inpatient facility and haven't received care for 60 days in a row*	*Benefit period is per admission or per stay with no cost sharing on the day of discharge*
Outpatient rehabilitation service Covered services include: physical therapy, occupational therapy, and speech language therapy	*Prior authorization is required for services beyond the Medicare therapy cap limits*	*Prior authorization is not required*
Part D Transition fill for long term care (LTC) (For new members within the first 90 days)	*LTC is 98 days*	*LTC is 31 days*
Prescription drug coverage while on a cruise ship	*Not covered*	*We cover up to $500 of medically needed prescription drugs you obtain while on a cruise ship.*

Cost	2018 (this year)	2019 (next year)
Skilled nursing facility (SNF) care	*A benefit period ends when: You have not been in a SNF for 60 days in a row, or you remain in a SNF and haven't received skilled care for 60 days in a row*	*Benefit period is per admission or per stay with no cost sharing on the day of discharge*
Visitor/traveler benefit	*This benefit has a coverage maximum of $1,000 each calendar year*	*This benefit has a coverage maximum of $2,500 each calendar year*

SECTION 3 Changes to your Medicaid Benefits

Cost	2018 (this year)	2019 (next year)
Behavioral Health Case Management Services	*Prior authorization is required. A valid Notice of Decision authorizing services is required.*	*Prior authorization is not required.*
Community based Outpatient Behavioral Health Services	*Prior authorization is required. A valid Notice of Decision authorizing services is required.*	*Prior authorization may be required.*
Developmental Disabilities Targeted Service Coordination (TSC)	*$0 copay for Medicaid-covered Targeted Service Coordination.*	*Targeted Service Coordination is no longer covered by True Blue Special Needs Plan.* *If you qualify, this benefit will be provided directly by the State of Idaho Medicaid Program as of January 1, 2019.*

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in *True Blue Special Needs Plan*

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 2019.

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 2019 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

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 2019*, 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*.
- 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*.
- 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 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from now until December 31. The change will take effect on January 1, 2019.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. Starting in 2019, there are new limits on how often you can change plans. For more information, see Chapter 10, Section 2.1 of the *Evidence of Coverage.*

If you enrolled in a Medicare Advantage plan for January 1, 2019, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2019. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

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 Benefit 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*

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.

Read your 2019 *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 2019. For details, look in the 2019 *Evidence of Coverage* for *True Blue Special Needs Plan.* 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 located on our website at *www.truebluesnp.com*. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at *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).

Section 8.2 – Getting Help from Medicare

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 2019*

You can read *Medicare & You 2019* 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.

Section 8.3 – Getting Help from Medicaid

To get information from Medicaid you can call *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*.

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
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: إذا 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 فرا مهم 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-Croation 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).

Notes

Notes

3000 East Pine Avenue | Meridian, Idaho | 83642-5995
Mailing Address: PO Box 8406 | Boise, Idaho | 83707-2406
1-888-495-2583 | TTY 1-800-377-1363

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