

**2018**

SUMMARY OF BENEFITS



**Serving Select Counties in Idaho**

## FOR MORE INFORMATION:



Call us at **1-888-495-2583** (TTY 1-800-377-1363)

We are available seven days a week from 8 a.m. to 8 p.m.

Visit us online at **[www.TrueBlueSNP.com](http://www.TrueBlueSNP.com)**



Email us at **[MACS@bcidaho.com](mailto:MACS@bcidaho.com)**

Send correspondence to **P.O. Box 8406, Boise, ID 83707**



This document is available in other formats such as Braille, large print or audio.

Blue Cross of Idaho Care Plus, Inc. is a HMO SNP health plan with a Medicare and Idaho Medicaid contract. Enrollment in Blue Cross of Idaho Care Plus Inc. depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The provider network may change at any time. You will receive notice when necessary.



# True Blue<sup>®</sup> Special Needs Plan (HMO-SNP) SUMMARY OF BENEFITS

This is a summary of drug and health services covered by True Blue Special Needs Plan (HMO-SNP), from January 1, 2018 to December 31, 2018.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage.”

## Who can join?

To join True Blue Special Needs Plan (HMO-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Idaho Medicaid, and live in our service area, which includes the following counties in Idaho:

Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls.

## Which doctors and hospitals can I use?

True Blue Special Needs Plan (HMO-SNP) has a network of doctors, hospitals, pharmacies and other providers. **If you use the providers that are not in our network, the plan may not pay for these services.**

- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can see our plan’s provider directory at our website ([www.bcidaho.com/FindAProvider](http://www.bcidaho.com/FindAProvider))
- You can see our plan’s pharmacy directory at our website (<http://www.bcidaho.com/SNPpharmacy>).
- Or, call us and we will send you a copy of the provider and pharmacy directories.

## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get all of the benefits covered by Original Medicare.**

- **Our plan members also get more than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.
- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.
- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [www.bcidaho.com/SNPdrugs](http://www.bcidaho.com/SNPdrugs).
- Or, call us and we will send you a copy of the formulary.

## How do I determine my drug costs?

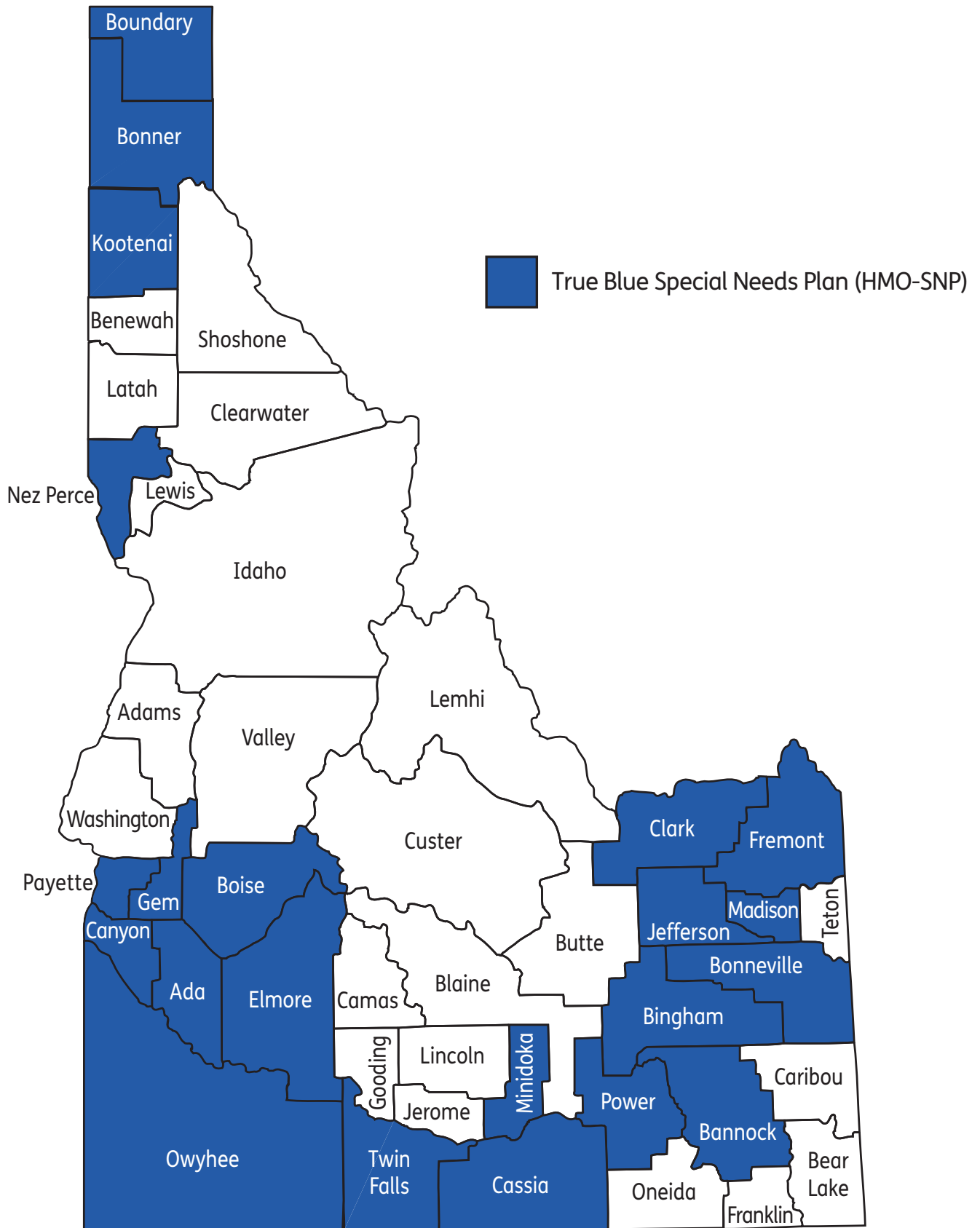
The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage and Catastrophic Coverage.

## How do I use the Summary of Benefits?

- **Confirm your eligibility** by reviewing the 2018 True Blue Special Needs Plan (HMO-SNP) Service Area Map on page 2.
- **Compare Medicare benefits**, that starts on page 3.
- **Review Medicaid benefits** that start on page 10.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.medicare.gov> or get a copy 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.

# 2018 True Blue® Special Needs Plan (HMO-SNP) Service Area



## True Blue® Special Needs Plan (HMO-SNP) – January 1 – December 31, 2018

PREMIUM AND BENEFITS	IN-NETWORK COST SHARING
<p><b>Monthly Plan Premium</b> (Blue area of service map)</p>	<p>You pay nothing because of your Medicaid eligibility.</p>
<p><b>Medical Deductible</b></p>	<p>This plan does not have a medical deductible. You pay nothing</p>
<p><b>Part D Prescription Drug Deductible</b></p>	<p>This plan does not have a Part D prescription drug deductible. You pay nothing</p>
<p><b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)</p>	<p>In this plan, you may pay nothing for some services, depending on your level of Idaho Medicaid eligibility. \$3,000 for services you receive from in-network providers for Medicare covered services Contact the plan for details regarding cost sharing for Medicaid services that do not have a yearly limit.</p>
<p><b>Inpatient Hospital Coverage</b></p>	<p>Our plans cover an unlimited number of days for an inpatient hospital stay. You pay nothing</p>
<p><b>Doctor Visits</b> Primary Care Specialists</p>	<p>No referral required for specialist visits. You pay nothing You pay nothing</p>
<p><b>Preventive Care</b></p>	<p>You pay nothing</p>
<p><b>Emergency Care</b></p>	<p>You pay nothing</p>
<p><b>Urgently Needed Services</b></p>	<p>Cost sharing for necessary urgently needed services furnished out-of-network is the same as for such services furnished in-network. You pay nothing</p>
<p><b>Diagnostic Services/Labs/Imaging</b> Diagnostic Radiology Service (like CT, MRI) Lab Services Diagnostic Tests and Procedures</p>	<p>You pay nothing You pay nothing You pay nothing</p>
<p><b>Dental Services</b></p>	<p>Limited Medicare covered dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth). <b>See the Summary of Medicaid-Covered Services section for more details.</b> You pay nothing</p>

## True Blue® Special Needs Plan (HMO-SNP) – January 1 – December 31, 2018

PREMIUM AND BENEFITS	IN-NETWORK COST SHARING
<p><b>Hearing Services</b></p>	<p>Exam to diagnose and treat hearing and balance issues.</p> <p>You pay nothing</p>
<p><b>Vision Services</b></p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p> <p>Routine Eye Exam (One Annually)</p>	<p>Our plan pays up to \$100 every year for eyewear, including contact lenses, eyeglasses, frames and lenses.</p> <p>You pay nothing</p> <p>You pay nothing</p>
<p><b>Mental Health Services</b></p> <p>Inpatient Visit</p> <p>Outpatient group therapy visit</p> <p>Outpatient individual therapy visit</p>	<p>You pay nothing</p> <p>You pay nothing</p> <p>You pay nothing</p>
<p><b>Skilled Nursing Facility (SNF)</b></p>	<p>Our plan covers up to 100 days per benefit period in a SNF.</p> <p>You pay nothing</p>
<p><b>Rehabilitation Services</b></p> <p>Occupational therapy visit</p> <p>Physical therapy and speech and language therapy visit</p>	<p>You pay nothing</p> <p>You pay nothing</p>
<p><b>Ambulance</b></p>	<p>Includes ground or air transport.</p> <p>You pay nothing</p>
<p><b>Transportation</b></p>	<p>While Medicare does not cover Transportation, Idaho Medicaid does provide non-medical transportation for full-benefit, dual eligible participants. <b>See the Summary of Medicaid-Covered Services section for more details.</b></p> <p>Not covered</p>
<p><b>Foot Care (podiatry services)</b></p> <p>Foot exams and treatment</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p>You pay nothing</p>
<p><b>Medical Equipment/ Supplies</b></p> <p>Durable Medical Equipment (like wheelchairs, oxygen)</p> <p>Prosthetics (e.g. braces, artificial limbs)</p>	<p>You pay nothing</p> <p>You pay nothing</p>

## True Blue® Special Needs Plan (HMO-SNP) – January 1 – December 31, 2018

PREMIUM AND BENEFITS	IN-NETWORK COST SHARING
Diabetes Supplies Diabetes Shoes and Inserts	You pay nothing You pay nothing
<b>Wellness Programs</b> (e.g., fitness)  Silver&Fit® Gym Membership Silver&Fit® Home Exercise kits	<p>You have the option of choosing between the Silver&amp;Fit® Gym Membership, which gives you access to network of fitness clubs for \$50 annually, or you can participate in the home exercise program and receive up to two home exercise kits for \$10 annually.</p> \$50 annually \$10 annually
<b>Medicare Part B Drugs</b>	<p>Part B drugs are drugs usually administered in a inpatient hospital setting, like chemotherapy drugs. These are not the same as outpatient Part D prescription drugs.</p> You pay nothing
<b>Outpatient Surgery</b>  Ambulatory Surgical Center Outpatient Hospital	  You pay nothing You pay nothing
<b>Outpatient Part D Prescription Drugs</b>	
Part D Initial Coverage	<p>Depending on your income and institutional status, you pay the following:</p> <p><b>For generic drugs</b> (including brand drugs treated as generic), either: \$0 copay; or \$1.25 copay; or \$3.35 copay</p> <p><b>For all other drugs</b>, either: \$0 copay; or \$3.70 copay; or \$8.35 copay</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p>
Catastrophic Coverage	You pay nothing

# SUMMARY OF MEDICAID-COVERED BENEFITS

True Blue® Special Needs Plan (HMO SNP) must provide every prospective enrollee, prior to enrollment, a comprehensive written statement that describes:

- The benefits that the individual is entitled to under Title XIX (Medicaid);
- The cost-sharing protections that the individual is entitled to under Title XIX (Medicaid);
- A description of the benefits and cost-sharing protections that are covered under the True Blue Special Needs Plan (HMO SNP).

This section provides the required information in detail. **The State of Idaho allows full benefit, dual eligible beneficiaries over the age of twenty-one, who live in our service area, to sign up for Blue Cross of Idaho's True Blue Special Needs Plan (HMO SNP).**

## Service Coordination

Medicaid currently covers coordination of services for those who are unable, or have limited ability to gain access or coordinate or maintain services on their own or through other means. The True Blue Special Needs Plan (HMO SNP) coverage replaces the State of Idaho Medicaid coverage, except for the Medicaid services listed below, which are provided directly by the State of Idaho Medicaid program:

- Medicaid Dental Services
- Non-emergency Medical Transportation
- Developmental Disability Services (the True Blue Special Needs Plan covers Targeted Service Coordination for Developmental Disability Services)

For information regarding these Medicaid-provided services, call the Idaho Care Line at 211 or visit <http://www.healthandwelfare.idaho.gov>.

The following pages show a comparison between benefits and services provided by the State of Idaho Medicaid program and True Blue Special Needs Plan (HMO SNP).



# SUMMARY OF MEDICAID-COVERED BENEFITS

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Idaho Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Benefit	Idaho Medicaid	True Blue® Special Needs Plan (HMO SNP)
<b>Important Information</b>		
<p><b>Care Coordinator</b> (Service Coordination)</p>	<p>\$ 0 copay for Service Coordination.</p> <p>Medicaid may provide coordination of services for those who are unable or have limited ability to gain access, coordinate or maintain services on their own or through other means.</p>	<p><b>Care Coordination is covered for all participants that are members of the True Blue Plan.</b></p> <p>You will have a Care Coordinator assigned as your primary contact that helps coordinate your care. They will work with your doctor, caregivers and family members to assist in getting you services you may need.</p> <p><b>In-Network</b> \$0 cost share for Care Coordination provided by True Blue.</p>
<p><b>Doctor and Hospital Choice</b> (For more information, see Emergency Care)</p>	<p><b>You may go to any doctor, specialist or hospital that accepts Medicaid.</b></p> <p><b>Referrals are required in some situations.</b></p>	<p><b>In-Network</b> You must go to True Blue network doctors, specialists, and hospitals.</p> <p>No referral is required for network doctors, specialists, and hospitals.</p> <p>Authorization rules may apply.</p> <p><b>Out of Service Area</b> The True Blue plan covers you when you travel in the U.S. or its territories. This benefit has a coverage maximum of \$1,000 every year.</p>
<b>Inpatient Care</b>		
<p><b>Hospice Care</b></p>	<p>You must get care from a Medicare-certified hospice.</p> <p>You may be responsible for a cost share for Intermediate Care Facility Services, after the Medicare nursing facility benefit is used. The Idaho Department of Health and Welfare will determine if your income and certain expenses require you to have a patient liability.</p>	<p><b>General Information</b></p> <p>In addition to our current Medicare benefits, True Blue will cover Certified Nursing facility care.</p> <p>You may be required to use a network nursing facility.</p> <p><b>In-Network</b> You may be responsible for a cost share for Intermediate Care Facility Services, after the Medicare nursing facility benefit is used. The Idaho Department of Health and Welfare will determine if your income and certain expenses require you to have a patient liability.</p>

Benefit	Idaho Medicaid	True Blue® Special Needs Plan (HMO SNP)
<b>Inpatient Care</b>		
<b>Intermediate Care Facility Services</b>	You may be responsible for a cost share for nursing facility services, after the Medicare nursing facility benefit is used. The Idaho Department of Health and Welfare will determine if your income and certain expenses require you to have a patient liability.	<b>General Information</b> Medical and skilled nursing care provided on a regular basis to maintain optimal health.  <b>In-Network</b> You may be responsible for a cost share for nursing facility services, after the Medicare nursing facility benefit is used. The Idaho Department of Health and Welfare will determine if your income and certain expenses require you to have a patient liability.
<b>Inpatient Hospital Care</b>  <i>(Includes Substance Abuse and Rehabilitation Services.)</i>	\$0 copay for Medicaid-covered services.	<b>In-Network</b> No limit to the number of days covered by the plan each hospital stay. \$0 annual service category deductible \$0 copay  <b>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</b>
<b>Inpatient Mental Health Care</b>	\$0 copay for mental healthcare services.	<b>In-Network</b> You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. \$0 annual service category deductible \$0 copay  <b>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</b>
<b>Long-Term Care Services: Nursing Facility Services</b>	You may be responsible for a cost share for nursing facility services, after the Medicare nursing facility benefit is used. The Idaho Department of Health and Welfare will determine if your income and certain expenses require you to have a patient liability.	<b>General Information</b> A supervised nursing service provided on a daily basis by a licensed care facility. The service may help with rehabilitative care and assistance with daily living needs.  <b>In-Network</b> You may be responsible for a cost share for nursing facility services, after the Medicare nursing facility benefit is used. The Idaho Department of Health and Welfare will determine if your income and certain expenses require you to have a patient liability.

Benefit	Idaho Medicaid	True Blue® Special Needs Plan (HMO SNP)
<b>Long-Term Care Services: Personal Care Services</b>	You may be responsible for a cost share for Long-Term Care Services: Personal Care Services. The Idaho Department of Health and Welfare will determine if your income and certain expenses require you to have a patient liability.	<b>General Information</b> Medically focused services for those with special physical or functional needs.  <b>In-Network</b> \$0 cost share for Medicaid-covered Long-Term Care Services.
<b>Skilled Nursing Facility (SNF)</b>  <i>(In a Medicare-certified skilled nursing facility.)</i>	\$0 copay skilled nursing facility services.	<b>Authorization rules may apply.</b> <b>In-Network</b> Plan covers up to 100 days each benefit period No prior hospital stay is required. \$0 annual service category deductible \$0 copay for SNF services
<b>Outpatient Care and Services</b>		
<b>Acupuncture and Other Alternative Therapies</b>	Not covered.	<b>In-Network</b> This plan does not cover Acupuncture and other alternative therapies.
<b>Ambulance Services</b>  <i>(Medically necessary ambulance services.)</i>	\$0 copay for medically necessary ambulance services.	<b>Authorization rules may apply.</b> <b>In-Network</b> \$0 copay for Medicare-covered ambulance benefits.
<b>Behavioral Health Case Management Services</b>	\$0 cost share for Medicaid-covered Behavioral Health Case Management.	<b>General Information</b> In addition to current Medicare benefits, True Blue will also cover Case Management that includes the following assistance: Assessment and periodic reassessment of an individual to determine the need for any medical, educational, social or other services.  <b>In-Network</b> \$0 cost share for Medicaid-covered Behavioral Health Case Management.
<b>Cardiac and Pulmonary Rehabilitation Services</b>	\$0 copay for Cardiac Rehabilitation services  \$0 copay Intensive Cardiac Rehabilitation services  \$0 copay Pulmonary Rehabilitation services	<b>Authorization rules may apply.</b> <b>In-Network</b> \$0 copay for:  Medicare-covered Cardiac Rehabilitation, Intensive Cardiac Rehabilitation and Pulmonary Rehabilitation Services

Benefit	Idaho Medicaid	True Blue® Special Needs Plan (HMO SNP)
<b>Chiropractic Services</b>	<p>\$0 copay for covered chiropractic visits.</p> <p>Covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p><b>Medicaid is limited to six chiropractic visits annually.</b></p>	<p><b>In-Network</b> \$0 copay for Medicare-covered chiropractic visits</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor.</p>
<b>Community Based Outpatient Behavioral Health Services</b>	<p>\$0 cost share for Medicaid-covered services.</p>	<p>In addition to current Medicare benefits, True Blue will also cover:</p> <ul style="list-style-type: none"> <li>Treatment planning</li> <li>Psychotherapy</li> <li>Partial care treatment</li> <li>Behavior health nursing</li> <li>Drug screening</li> <li>Peer support/Family support.</li> </ul> <p><b>In-Network</b> \$0 cost share for Medicaid-covered services.</p>
<b>Dental Services</b>	<p>\$0 cost share for Medicaid-covered services.</p>	<p>Limited Medicare covered dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth. This plan does not cover Medicaid dental services.</p>
<b>Developmental Disabilities Targeted Service Coordination (TSC)</b>	<p>\$0 cost share for Medicaid-covered Targeted Service Coordination.</p>	<p><b>General Information</b> Assists in coordinating development disability waiver services.</p> <p><b>In-Network</b> \$0 cost share for Medicaid-covered Targeted Service Coordination.</p>
<b>Diabetes Programs and Supplies</b>	<p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered Diabetes self-management training</p> <p>\$0 copay for Medicare-covered Diabetes monitoring supplies and therapeutic shoes or inserts</p>
<b>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	<p>\$0 copay for covered:</p> <ul style="list-style-type: none"> <li>lab services</li> <li>diagnostic procedures and tests</li> <li>X-rays</li> <li>diagnostic radiology services</li> <li>therapeutic radiology services</li> </ul>	<p><b>Authorization rules may apply.</b></p> <p><b>In-Network</b> \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>lab services</li> <li>diagnostic procedures and tests</li> <li>X-rays</li> <li>diagnostic radiology services (not including X-rays)</li> <li>therapeutic radiology services</li> </ul>



Benefit	Idaho Medicaid	True Blue® Special Needs Plan (HMO SNP)
<b>Doctor Office Visits</b>	\$0 copay for each doctor visit. \$0 copay for urgent care visit. \$0 copay for each specialist doctor visit.	<b>In-Network</b> \$0 copay for each Medicare-covered primary care doctor visit. \$0 copay for each Medicare-covered specialist visit.
<b>Durable Medical Equipment</b> <i>(Includes wheelchairs, oxygen, etc.)</i>	\$0 copay for Medicaid covered items Incontinence products include briefs, diaper style and pull on undergarments. Latex gloves are included.	<b>Authorization rules may apply.</b> Incontinence products include briefs, diaper style and pull on undergarments. Latex gloves are included. <b>In-Network</b> \$0 copay for Medicare-covered durable medical equipment
<b>Emergency Care</b> <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i>	\$0 copay for the doctor. <b>NOT covered outside the U.S. except under limited circumstances.</b>	\$0 copay for Medicare-covered emergency room visits <b>Worldwide coverage</b>
<b>Family Planning Services</b>	0% coinsurance for: Basic fertility screenings Contraceptives Birth control pills Condoms Diaphragms Emergency contraception Injectable methods IUD Nuvaring Counseling and education on birth control, sexual health, and pregnancy planning Sterilization services	<b>In-Network</b> \$0 copay for: Basic fertility screenings Contraceptives Birth control pills Condoms Diaphragms Emergency contraception Injectable methods IUD Nuvaring Counseling and education on birth control, sexual health, and pregnancy planning Sterilization services
<b>Hearing Services</b>	\$ 0 copay diagnostic hearing exams	<b>In-Network</b> \$0 annual service category deductible for Medicare-covered diagnostic hearing exams. <b>In general, supplemental routine hearing exams and hearing aids not covered.</b> \$0 copay for: Medicare-covered diagnostic hearing exams
<b>Home Health Care</b>	\$0 copay for home healthcare services.	<b>General Information</b> Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc. <b>Authorization rules may apply.</b> <b>In-Network</b> \$0 copay for Medicare-covered home health visits

Benefit	Idaho Medicaid	True Blue® Special Needs Plan (HMO SNP)
<b>Kidney Disease and Conditions</b>	\$0 copayment for renal dialysis  \$0 copay for nutrition therapy for end-stage renal disease	<b>In-Network</b> \$0 copay for Medicare-covered renal dialysis  \$0 copay for Medicare-covered kidney disease education services
<b>Outpatient Mental Healthcare</b>	\$0 copay for mental health visits. \$0 copay for each visit with a psychiatrist.	<b>Authorization rules may apply.</b> <b>In-Network</b> \$0 copay for: Each Medicare-covered individual therapy visit Each Medicare-covered group therapy visit \$0 copay for: Each Medicare-covered individual therapy visit with a psychiatrist Each Medicare-covered group therapy visit with a psychiatrist \$0 copay for Medicare-covered partial hospitalization program services
<b>Outpatient Substance Abuse Care</b>	\$0 copay for outpatient substance abuse care.	<b>In-Network</b> \$0 copay for: Each Medicare-covered individual substance abuse outpatient treatment visit Each Medicare-covered group substance abuse outpatient treatment visit
<b>Outpatient Services</b>	\$0 copay for ambulatory surgical center visits. \$0 copay for each outpatient hospital facility visit.*	<b>In-Network</b> \$0 copay for each Medicare-covered ambulatory surgical center visit  \$0 copay for each Medicare-covered outpatient hospital facility visit
<b>Over the Counter Tobacco and Smoking use cessation</b>	\$0 copay for Medicaid covered items, including: Nicotine gum Nicotine patches Nicotine lozenges	In addition to our covered Medicare benefits, True Blue will cover: Nicotine gum Nicotine patches Nicotine lozenges
<b>Outpatient Rehabilitation Services</b> <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy.)</i>	\$0 copay for Occupational Therapy visits. \$0 copay for Physical and/or Speech and Language Therapy visits.	<b>Authorization rules may apply.</b> Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. <b>In-Network</b> \$0 copay for Medicare-covered Occupational Therapy visits  \$0 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits

Benefit	Idaho Medicaid	True Blue® Special Needs Plan (HMO SNP)
<b>Over-the-Counter Items</b>	Over-the-counter items may be purchased only for the enrollee.  Contact Idaho Medicaid for specific instructions for using this benefit.	Please visit our plan website to see our list of covered over-the-counter items.  Over-the-counter items may be purchased only for the enrollee.  <b>Please contact the plan for specific instructions for using this benefit.</b>
<b>Podiatry Services</b>	\$0 copay for covered podiatry service.  Covered podiatry benefits are for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<b>In-Network</b> \$0 copay for Medicare-covered podiatry visits  Medicare-covered podiatry visits are for medically-necessary foot care.
<b>Prosthetic Devices</b> <i>(Includes braces, artificial limbs and eyes, etc.)</i>	\$0 copay for covered items.	<b>Authorization rules may apply.</b>  <b>In-Network</b> \$0 copay for Medicare-covered: prosthetic devices, medical supplies related to prosthetics, splints, and other devices
<b>Preventive Services</b>	\$0 copay for all preventive services covered under Original Medicare.	\$0 copay for all preventive services covered under Original Medicare at \$0 cost sharing.  Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.  Plan covers a physical exam annually.
<b>Transportation</b> <i>(Routine)</i>	<b>You are eligible for routine medical transportation by contacting the State of Idaho Medicaid Program.</b>	<b>In-Network</b> This plan does not cover supplemental routine transportation.
<b>Urgently Needed Care</b> <i>(This is NOT emergency care)</i>	\$0 copay for urgent-care visits.	\$0 copay for Medicare-covered urgently-needed-care visits
<b>Vision Services</b>	<b>Glasses for routine correction are not covered</b>  Glasses: Lenses are only covered if they are necessary to treat a medical condition that can progressively impact a member's health or vision.  Glasses or contacts for chronic conditions or post-cataract surgery covered  <b>Prior authorization required.</b>	<b>In-Network</b> \$0 copay for:  Medicare-covered diagnosis and treatment for diseases and conditions of the eye, including an annual glaucoma screening for people at risk  \$0 copay for up to 1 supplemental routine eye exam(s) every year  \$0 copay for one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery eyeglasses (lenses and frames) contact lenses eyeglass lenses eyeglass frames  <b>\$100 plan coverage limit for supplemental eyewear every year</b>

Benefit	Idaho Medicaid	True Blue® Special Needs Plan (HMO SNP)
<b>Wellness/Education and Other Supplemental Benefits &amp; Services</b>	Not covered.	<p><b>In-Network</b> The plan covers the following supplemental education/wellness programs:</p> <p>Health Education</p> <p><b>Health Club Membership/Fitness Classes (a one-time \$50 annual copay applies)</b></p> <p>Nursing Hotline</p>
<b>Prescription Drug Benefits</b>		
<b>Outpatient Prescription Drugs</b>	<p>\$0 copayment Part B covered chemotherapy drugs and other Part B covered drugs</p> <p><b>Medicare Part D drugs are NOT covered by Medicaid. If you want Part D coverage, you must choose a Medicare Part D prescription drug plan.</b></p>	<p>\$0 copay for Part B chemotherapy drugs and other Part-B drugs.</p> <p><b>Drugs covered under Medicare Part D</b></p> <p>General Information</p> <p>We will send you a copy of the plan's formulary (List of Covered Drugs). You can also see the formulary at <a href="http://www.bcidaho.com/SNPdrugs">http://www.bcidaho.com/SNPdrugs</a> on the web.</p> <p><b>Different out-of-pocket costs may apply for people who:</b></p> <ul style="list-style-type: none"> <li>have limited incomes,</li> <li>live in long term care facilities, or</li> <li>have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p><b>Your provider must get prior authorization from True Blue for certain drugs.</b></p> <p>For a very limited number of drugs, you must go to certain pharmacies due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed in the formulary, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.Medicare.gov">http://www.Medicare.gov</a>.</p> <p>If the actual cost of a drug is less than the copay amount for that drug, you will pay the actual cost, not the higher amount.</p>
<b>Part D Annual Deductible</b>		
	Idaho Medicaid does not cover Part D prescription drugs.	<p><b>In-Network</b> You pay \$0 annual deductible for Part D drugs.</p>



Benefit	Idaho Medicaid	True Blue® Special Needs Plan (HMO SNP)
<b>Initial Coverage</b>		
<p><b>Outpatient Prescription Drugs</b> (continued)</p>	<p>Idaho Medicaid does not cover Part D prescription drugs.</p>	<p><b>Initial Coverage</b> You pay the following based on your income and institutional status:</p> <p><b>For generic drugs</b> (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>A \$0 copay; or</li> <li>A \$1.25 copay; or</li> <li>A \$3.35 copay</li> </ul> <p><b>For all other drugs</b>, either:</p> <ul style="list-style-type: none"> <li>A \$0 copay; or</li> <li>A \$3.70 copay; or</li> <li>A \$8.35 copay.</li> </ul> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p><b>Retail Pharmacy</b> Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> <li>One-month (30-day) supply</li> <li>Three-month (90-day) supply</li> </ul> <p><b>Long Term Care Pharmacy</b> Long term care pharmacies must dispense brand name drugs in amounts less than a 14-day supply at one time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> <li>One-month (31-day) supply of drugs</li> </ul> <p><b>Mail Order</b> Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> <li>three-month (90-day) supply</li> </ul>
<b>Catastrophic Coverage</b>		
	<p>Idaho Medicaid does not cover Part D prescription drugs.</p>	<p><b>You pay a \$0 copay.</b></p>

Benefit	Idaho Medicaid	True Blue® Special Needs Plan (HMO SNP)
<b>Out-of-Network Prescription Drug Coverage – Initial Coverage</b>		
<b>Outpatient Prescription Drugs</b> <i>(continued)</i>	Idaho Medicaid does not cover Part D prescription drugs.	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from True Blue.</p> <p>You can get out-of-network drugs the following way:</p> <p>One-month (30-day) supply Out-of-Network Initial Coverage</p> <p>Depending on your income and institutional status, you will be reimbursed by True Blue Special Needs Plan (HMO SNP) up to the plan’s cost of the drug minus the following:</p> <p><b>For generic drugs purchased out-of-network</b> (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>A \$0 copay; or</li> <li>A \$1.25 copay; or</li> <li>A \$3.35 copay</li> </ul> <p><b>For all other drugs purchased out-of-network</b>, either:</p> <ul style="list-style-type: none"> <li>A \$0 copay; or</li> <li>A \$3.70 copay; or</li> <li>A \$8.35 copay.</li> </ul>
<b>Out-of-Network Prescription Drug Coverage - Catastrophic Coverage</b>		
	Idaho Medicaid does not cover Part D prescription drugs.	You will be reimbursed the in-network contracting rate for drugs purchased out-of-network. See the 2018 Evidence of Coverage, Chapter 5 Section 2.5 for more information.

# AGED & DISABLED WAIVER SERVICES

## (Not all participants will qualify for these services)

\*Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, True Blue Special Needs Plan (HMO SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to call: 1-888-495-2583 or TTY 1-800-377-1363, from 8:00 a.m. to 8:00 p.m., seven days a week.

Benefit	True Blue® Special Needs Plan (HMO SNP)
<b>Aged and Disabled Waiver Services</b>	
<b>Adult Day Health Services*</b>	<p><b>General Information</b></p> <p>A supervised service usually for four or more hours per day on a regular basis. It is provided outside the home in a community setting, and includes activities of daily living.</p> <p>Adult day health services provided under this waiver will not include room and board payments.</p> <p><b>Type of Service</b></p> <p>A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>
<b>Adult Residential Care Services*</b>	<p><b>General Information</b></p> <p>A range of services provided in a homelike setting that includes residential care or assisted living facilities and certified family homes.</p> <p>Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.</p> <p><b>Type of Service</b></p> <p>A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>
<b>Attendant Care Services*</b>	<p><b>General Information</b></p> <p>Services that involve tasks dealing with functional needs and accommodating those needs for long-term maintenance, supportive care, or activities of daily living.</p> <p>These services may include personal assistance that can be done by unlicensed persons. Services are based on personal abilities and limitations, regardless of age, medical diagnosis, or other category of disability.</p> <p>This assistance may take the form of actually performing a task for the member or helping the member to perform a task.</p> <p><b>Type of Service</b></p> <p>A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>

Benefit	True Blue® Special Needs Plan (HMO SNP)
<b>Chore Services*</b>	<p><b>General Information</b>            Services necessary to maintain the functional use of the home, or to provide a clean, sanitary, and safe environment including:            Washing windows            Moving heavy furniture            Shoveling snow            Chopping wood for primary source of heat            Intermittent assistance such as yard work, minor home repair, heavy housework, sidewalk maintenance, and trash removal.</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>
<b>Companion Services*</b>	<p><b>General Information</b>            Non-medical care, supervision, and socialization given to a functionally impaired adult. These are in-home services to ensure the safety and well-being of a person who cannot be left alone because of their health, or inability to respond in an emergency situation.            The service provider may help with occasional assistance with toileting, personal hygiene, dressing, and other activities of daily living.            Providers may also perform light housekeeping tasks.            The primary responsibility is to provide companionship and be there in case they are needed.</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>
<b>Consultation Services*</b>	<p><b>General Information</b>            Services are provided by a Personal Assistance Agency to a member or family member to increase their skills as an employer or manager of their own care.            These services attempt to reach the highest level of independence and self-reliance possible by gaining a better understanding of the needs of the Enrollee and the role of the caregiver.</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>
<b>Day Habilitation Services*</b>	<p><b>General Information</b>            Services that help with improvement in self-help, socialization, and adaptive skills that take place outside the home. Services will focus on enabling the Enrollee to get or maintain his or her maximum functional level and will be coordinated with any physical therapy, occupational therapy, or speech-language pathology services the Enrollee participates in.            Services will normally be furnished four or more hours per day on a regular basis, for one or more days per week.</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>



Benefit	True Blue® Special Needs Plan (HMO SNP)
<b>Environmental Accessibility Adaptations*</b>	<p><b>General Information</b>            These services include minor housing modifications that are necessary to enable greater independence in the home.            Without these modifications, the Enrollee would require institutionalization or pose a risk to their health and safety.</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            \$0 cost share for Medicaid-covered Environmental Accessibility Adaptations.</p>
<b>Home Delivered Meals*</b>	<p><b>General Information</b>            Meals delivered to the Enrollee’s home to promote good nutrition. One or two meals per day may be provided to those who are alone for significant parts of the day, have no caregiver for extended periods of time, or are unable to make a meal without assistance.</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>
<b>Homemaker Services*</b>	<p><b>General Information</b>            Services helping or assisting with the following tasks:            Laundry            Essential errands            Meal preparation            Other routine housekeeping duties if there is no one else in the household capable of performing these tasks.</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>
<b>Non-Medical Transportation*</b>	<p><b>General Information</b>            Transportation that allows an enrollee to gain access to waiver and other community services and resources for non-medical reasons.</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            \$0 cost share for Medicaid-covered Non-Medical Transportation.</p>
<b>Personal Emergency Response System*</b>	<p><b>General Information</b>            An electronic device that calls for help in an emergency. You may wear a portable “help” button to allow for mobility. The response center is staffed by trained professionals.</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>

Benefit	True Blue® Special Needs Plan (HMO SNP)
<b>Residential Habilitation Services*</b>	<p><b>General Information</b>            These services and supports are designed to assist the Enrollees to reside successfully in their own homes, with their families, or in certified family homes.</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>
<b>Respite Care Services*</b>	<p><b>General Information</b>            This service provides short-term breaks for non-paid caregivers. The caregiver or Enrollee is responsible for selecting, training, and directing the provider.            While receiving respite care services, the Enrollee cannot receive other services that are duplicative in nature.            Respite care services do not include room and board payments. Respite care services may be provided in the Enrollee's residence, a Certified Family Home, a Developmental Disabilities Agency, a Residential Assisted Living Facility, or an Adult day health facility.</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>
<b>Skilled Nursing Services*</b>	<p><b>General Information</b>            Includes irregular or continuous supervision, training, or skilled care.            These services are not appropriate if they are less cost effective than a Home Health visit.</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>
<b>Specialized Medical Equipment and Supplies*</b>	<p><b>General Information</b>            Equipment and supplies that include:            Devices, controls, or appliances that help with daily living            Items necessary for life support or ancillary supplies and equipment necessary for the proper functioning of such items            Durable and non-durable medical equipment</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            \$0 cost share for Medicaid-covered Specialized Medical Equipment and Supplies.</p>
<b>Supported Employment*</b>	<p><b>General Information</b>            For individuals with the most severe disabilities when competitive employment has not traditionally occurred, or has been interrupted or intermittent as a result of a severe disability. Because of the nature and severity of their disability, these individuals need intensive supported employment services or extended services in order to perform such work.</p> <p><b>Type of Service</b>            A&amp;D Waiver. Authorization rules may apply.</p> <p><b>In-Network</b>            Your cost share, if any, will be determined by Idaho Department of Health and Welfare.</p>

## **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).



**Medicare Advantage Plans** True Blue<sup>®</sup> Special Needs Plan (HMO-SNP)

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