



**Blue  
Cross of Idaho**

**Care  
Plus**

Medicare Advantage Plans True Blue® Special Needs Plan (HMO SNP)



# 2019 SUMMARY OF BENEFITS

SERVING SELECT  
COUNTIES IN IDAHO

# For more information:

## **MEMBERS**

1-888-495-2583

TTY 1-800-377-1363

## **ADDRESS**

PO Box 8406, Boise, ID 83707

## **HOURS OF OPERATION**

You can call us seven days a week  
from 8 a.m. to 8 p.m.

## **FOR MORE INFORMATION**

*[truebluesnp.com](http://truebluesnp.com)*

*[macs@bcidaho.com](mailto:macs@bcidaho.com)*

This document is available in accessible 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. Call 1-888-495-2583 (TTY 1-800-377-1363) for more information. Each member's cost share may vary based on the level of extra help you receive. This plan is available to full-benefit dual eligible beneficiaries who are at least 21 years of age, live in our service area, and receive medical assistance from Medicare and Idaho Medicaid. Please contact the plan for further details.

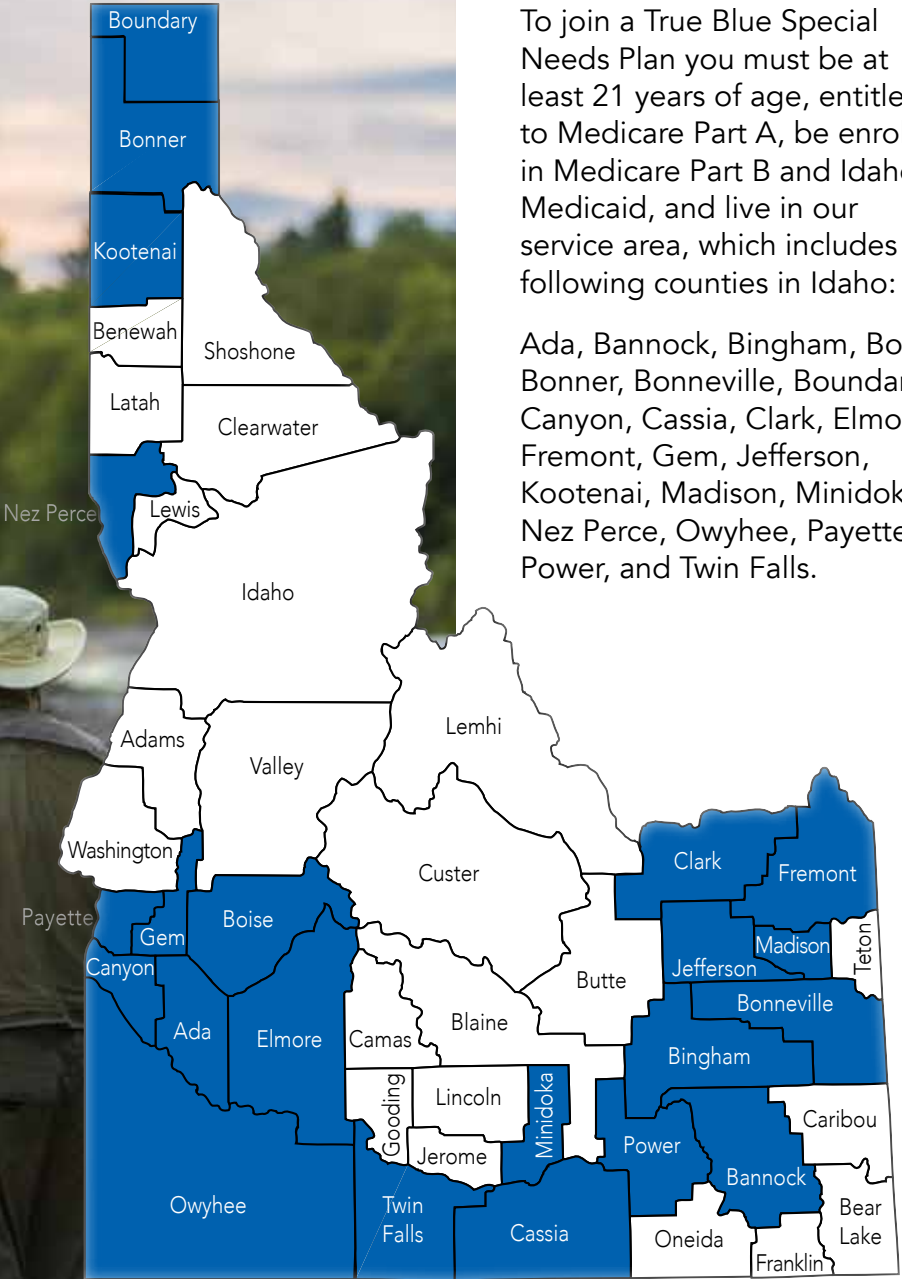


**THIS IS A SUMMARY OF DRUG AND HEALTH SERVICES COVERED BY TRUE BLUE SPECIAL NEEDS PLAN (HMO SNP), FROM JANUARY 1 TO DECEMBER 31, 2019.**

**WHO CAN JOIN?**

To join a True Blue Special Needs Plan you must be at least 21 years of age, 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.











## DOCTORS AND HOSPITALS

The True Blue Special Needs Plan has a network of doctors, hospitals, pharmacies and other providers. If you use 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 by visiting [bcidaho.com/FindAProvider](http://bcidaho.com/FindAProvider).
- You can find pharmacies in our network by visiting [bcidaho.com/SNPPharmacy](http://bcidaho.com/SNPPharmacy).
- Call us and we will send you a copy of the directories.

## WHAT WE COVER

We cover everything that Original Medicare covers – and more.

- Our plan members also get more than what is covered by Original Medicare. Some of the benefits are outlined here.
- 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) on our website, [bcidaho.com/SNPDrugs](http://bcidaho.com/SNPDrugs).
- Or, call us at 1-888-495-2583 and we will send you a copy of the formulary.

## DETERMINING 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.

## USING THE SUMMARY OF BENEFITS

- Confirm your eligibility by reviewing the 2019 True Blue Special Needs Plan Service Area Map on page 3.
- Review Medicare benefits that start on page 6.
- Review Medicaid benefits that start on page 9.

## True Blue® Special Needs Plan (HMO SNP)

PREMIUM AND BENEFITS	IN-NETWORK COST SHARING (WHAT YOU PAY)
<b>Monthly Plan Premium</b>	You pay nothing because of your Medicaid eligibility.
<b>Medical Deductible</b>	This plan does not have a medical deductible. You pay nothing
<b>Part D Prescription Drug Deductible</b>	This plan does not have a Part D prescription drug deductible. You pay nothing
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	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.
<b>Inpatient Hospital Coverage</b>	Our plan covers an unlimited number of days for an inpatient hospital stay. You pay nothing
<b>Outpatient Hospital Coverage</b>	You pay nothing
<b>Doctor Visits</b>	No referral required for specialist visits.
Primary Care	You pay nothing
Specialists	You pay nothing
<b>Preventive Care</b>	You pay nothing
<b>Emergency Care</b>	You pay nothing
<b>Urgently Needed Services</b>	Cost sharing for necessary urgently needed services furnished out-of-network is the same as for such services furnished in-network. You pay nothing
<b>Diagnostic Services/Labs/Imaging</b>	
Diagnostic Radiology Service (like CT, MRI)	You pay nothing
Lab Services	You pay nothing
Diagnostic Tests and Procedures	You pay nothing
<b>Hearing Services</b> Exam to diagnose and treat hearing and balance issues.	This plan provides additional hearing benefits – see page 20. You pay nothing

## True Blue® Special Needs Plan (HMO SNP)

PREMIUM AND BENEFITS	IN-NETWORK COST SHARING (WHAT YOU PAY)
<b>Dental Services</b>	<p>Limited Medicare covered dental services for non-routine dental care</p> <p>See the Summary of Medicaid-Covered Benefits section for more details.</p> <p style="text-align: center;">You pay nothing</p>
<b>Vision Services</b>	<p>Our plan pays up to \$100 every year for eyewear, including contact lenses, eyeglasses, frames and lenses.</p>
Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	You pay nothing
Routine Eye Exam (One Annually)	You pay nothing
<b>Mental Health Services</b>	
Inpatient Visit	You pay nothing
Outpatient group therapy visit	You pay nothing
Outpatient individual therapy visit	You pay nothing
<b>Skilled Nursing Facility (SNF)</b>	<p>Our plan covers up to 100 days per benefit period in a SNF.</p> <p style="text-align: center;">You pay nothing</p>
<b>Rehabilitation Services</b>	
Occupational therapy visit	You pay nothing
Physical therapy and speech and language therapy visit	You pay nothing
<b>Ambulance</b>	<p>Includes ground or air transport.</p> <p style="text-align: center;">You pay nothing</p>
<b>Transportation</b>	<p>30 one-way trips every year to plan approved locations (mode: taxi, van, medical transport).</p>
<b>Medicare Part B Drugs</b>	<p>Part B drugs are drugs usually administered in an inpatient hospital setting, like chemotherapy drugs. These are not the same as outpatient Part D prescription drugs.</p> <p style="text-align: center;">You pay nothing</p>
<b>Foot Care (podiatry services)</b>	
Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.	You pay nothing
Foot exams and treatment	You pay nothing (six visits per year)

## True Blue® Special Needs Plan (HMO SNP)

PREMIUM AND BENEFITS	IN-NETWORK COST SHARING (WHAT YOU PAY)
<p><b>Medical Equipment/ Supplies</b></p> <p>Durable Medical Equipment (like wheelchairs, oxygen)</p> <p style="padding-left: 40px;">Prosthetics (e.g. braces, artificial limbs)</p> <p style="padding-left: 40px;">Diabetes Supplies</p> <p style="padding-left: 40px;">Diabetes Shoes and Inserts</p>	<p>You pay nothing</p> <p>You pay nothing</p> <p>You pay nothing</p> <p>You pay nothing</p>
<p><b>Wellness Programs (e.g., fitness)</b></p> <p style="padding-left: 40px;">Silver&amp;Fit® Gym Membership</p> <p style="padding-left: 40px;">Silver&amp;Fit® Home Exercise kits</p>	<p>You have the option of choosing between the Silver&amp;Fit® Gym Membership or a home exercise program.</p> <p style="text-align: center;">\$50 annually</p> <p style="text-align: center;">\$10 annually</p>
<p><b>Over-the-Counter (OTC) Items</b></p>	<p>You receive a \$60 allowance every three months on approved items (including vitamins, sunscreen, pain relievers, cough/cold medicine and bandages).</p>

### OUTPATIENT PART D PRESCRIPTION DRUGS

<p><b>Part D Initial Coverage</b></p>	<p>Depending on your income and institutional status, you pay the following:</p> <p><b>For generic drugs (including brand drugs treated as generic), either:</b></p> <p style="padding-left: 40px;">\$0 copay; or \$1.25 copay; or \$3.40 copay</p> <p><b>For all other drugs, either:</b></p> <p style="padding-left: 40px;">\$0 copay; or \$3.80 copay; or \$8.50 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>
<p><b>Catastrophic Coverage</b></p>	<p>You pay nothing</p>



# SUMMARY OF MEDICAID- COVERED BENEFITS

The State of Idaho allows full benefit, dual eligible beneficiaries over the age of 21, who live in our service area, to sign up for Blue Cross of Idaho's True Blue Special Needs Plan. Dual eligible beneficiaries are individuals eligible for both Medicare and Medicaid. Medicaid coverage varies depending on income, resources and other factors.

## MEDICAID BENEFITS COVERED BY THE STATE OF IDAHO

The True Blue Special Needs Plan 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

For information regarding these Medicaid-provided services, call the Idaho Care Line at 211 or visit [www.healthandwelfare.idaho.gov](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.

# MEDICAID-COVERED BENEFITS

The summary of 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. Your share of cost for the benefits listed below is based on your level of Medicaid eligibility and will be determined by the Idaho Department of Health and Welfare.

Benefit	Idaho Medicaid	True Blue Special Needs Plan
<b>IMPORTANT INFORMATION</b>		
<b>Care Coordinator</b> (Service Coordination)	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.	<b>Care Coordination is covered for all participants that are members of the True Blue SNP Plan.</b>
<b>Doctor and Hospital Choice</b> (For more information, see <i>Emergency Care</i> )	You may go to any doctor, specialist or hospital that accepts Medicaid.  Referrals are required in some situations.	<b>Out-of-Service Area</b> With Easy Travel, you have coverage when you travel in the U.S. or its territories. This benefit has a coverage maximum of \$2,500 every year.
<b>INPATIENT CARE</b>		
<b>Hospice Care</b>	Covered	Covered
<b>Intermediate Care Facility Services</b>	Covered	Covered
<b>Inpatient Hospital Care</b> (Includes Substance Abuse and Rehabilitation Services.)	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Long-Term Care Services: Nursing Facility Services</b>	Covered	Covered
<b>Long-Term Care Services: Personal Care Services</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b> (In a Medicare-certified skilled nursing facility.)	Covered	Covered



Benefit	Idaho Medicaid	True Blue Special Needs Plan
<b>OUTPATIENT CARE AND SERVICES</b>		
<b>Acupuncture and Other Alternative Therapies</b>	Not covered	Not covered
<b>Ambulance Services</b> <i>(Medically necessary ambulance services.)</i>	Covered	Covered
<b>Behavioral Health Case Management Services</b>	Covered	Covered
<b>Cardiac and Pulmonary Rehabilitation Services</b>	Covered	Covered
<b>Chiropractic Services</b>	Covered	Covered
<b>Community Based Outpatient Behavioral Health Services</b>	Covered	Covered
<b>Dental Services</b>	Covered	This service is covered directly by the State of Idaho Medicaid Program.
<b>Developmental Disabilities Targeted Service Coordination (TSC)</b>	Covered	This service is covered directly by the State of Idaho Medicaid Program.
<b>Diabetes Programs and Supplies</b>	Covered	Covered
<b>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Durable Medical Equipment</b> <i>(Includes wheelchairs, oxygen, etc.)</i>	Covered	Covered
<b>Emergency Care</b> <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i>	Covered	Covered
<b>Family Planning Services</b>	Covered	Covered
<b>Hearing Services</b>	Medicare-covered diagnostic hearing exams	Our plan provides additional hearing services. Please see page 20 for details.
<b>Home Health Care</b>	Covered	Covered
<b>Kidney Disease and Conditions</b>	Covered	Covered

Benefit	Idaho Medicaid	True Blue Special Needs Plan
<b>Outpatient Mental Healthcare</b>	Covered	Covered
<b>Outpatient Substance Abuse Care</b>	Covered	Covered
<b>Outpatient Services</b>	Covered	Covered
<b>Over the Counter Tobacco and Smoking Use Cessation</b>	Covered	Covered
<b>Outpatient Rehabilitation Services</b> ( <i>Occupational Therapy, Physical Therapy, Speech and Language Therapy.</i> )	Covered	Covered
<b>Over-the-Counter Items</b>	Covered	Covered
<b>Podiatry Services</b>	Covered	Covered
<b>Prosthetic Devices</b> ( <i>Includes braces, artificial limbs and eyes, etc.</i> )	Covered	Covered
<b>Preventive Services</b>	Covered	Covered
<b>Transportation</b> ( <i>Routine</i> )	Covered	Covered – See page 7 for coverage limitations.
<b>Urgently Needed Care</b> ( <i>This is NOT emergency care</i> )	Covered	Covered
<b>Vision Services</b>	<p><b>Glasses for routine correction are not covered</b></p> <p>Glasses: Lenses are only covered if they are necessary to treat a medical condition that can progressively impact a member’s health or vision.</p> <p>Glasses or contacts for chronic conditions or post-cataract surgery covered.</p> <p><b>Prior authorization required.</b></p>	<p><b>In-Network</b> \$0 copay for:</p> <p>Medicare-covered diagnosis and treatment for diseases and conditions of the eye, including an annual glaucoma screening for people at risk.</p> <p>\$0 copay for up to 1 supplemental routine eye exam(s) every year</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery</p> <p><b>\$100 plan coverage limit for supplemental eyewear every year</b></p>
<b>Wellness/Education and Other Supplemental Benefits &amp; Services</b>	Not covered.	This plan provides a supplemental education/wellness program. Details can be found on page 21.



Benefit	Idaho Medicaid	True Blue Special Needs Plan
<b>PRESCRIPTION DRUG BENEFITS</b>		
<p><b>Outpatient Prescription Drugs</b></p>	<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><b>Medicaid assistance with cost-share may vary based on your income and institutional status.</b></p> <p><b>You must generally use network providers to fill your prescriptions for covered Part D drugs.</b></p> <p><b>General Information</b></p> <p>We will provide you a copy of the plan's list of covered drugs (formulary). We call it the "Drug List" for short. (List of Covered Drugs). You can also see the formulary Drug List at <a href="http://bcidaho.com/SNPDrugs">bcidaho.com/SNPDrugs</a> on the web.</p>
<b>PART D ANNUAL BENEFIT</b>		
	<p>Idaho Medicaid does not cover Part D prescription drugs.</p>	<p><b>In-Network</b></p> <p>You pay \$0 annual deductible for Part D drugs.</p>
<b>INITIAL COVERAGE</b>		
<p><b>Outpatient Prescription Drugs</b> <i>(continued)</i></p>	<p>Idaho Medicaid does not cover Part D prescription drugs.</p>	<p><b>Medicaid assistance with cost-share may vary based on your income and institutional status.</b></p> <p><b>Initial Coverage</b></p> <p>You pay the following based on your income and institutional status:</p> <p><b>For generic drugs (including brand drugs treated as generic), either:</b></p> <p>\$0 copay; or \$1.25 copay; or \$3.40 copay</p> <p><b>For all other drugs, either:</b></p> <p>\$0 copay; or \$3.80 copay; or \$8.50 copay</p>
<b>CATASTROPHIC COVERAGE</b>		
	<p>Idaho Medicaid does not cover Part D prescription drugs.</p>	<p>\$0 copay</p>

# AGED AND 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 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. TTY users call 1-800-377-1363, 8 a.m. to 8 p.m., seven days a week.

Benefit	True Blue Special Needs Plan
<b>AGED AND DISABLED WAIVER SERVICES</b>	
<p><b>Adult Day Health Services*</b></p>	<p><b>General Information</b>            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.            Adult day health services provided under this waiver will not include room and board payments.</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>
<p><b>Adult Residential Care Services*</b></p>	<p><b>General Information</b>            A range of services provided in a homelike setting that includes residential care or assisted living facilities and certified family homes.            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>            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
<p><b>Attendant Care Services*</b></p>	<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. 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>
<p><b>Chore Services*</b></p>	<p><b>General Information</b></p> <p>Services necessary to maintain the functional use of the home, or to provide a clean, sanitary and safe environment including:</p> <ul style="list-style-type: none"> <li>Washing windows</li> <li>Moving heavy furniture</li> <li>Shoveling snow</li> <li>Chopping wood for primary source of heat</li> </ul> <p>Intermittent assistance such as yard work, minor home repair, heavy housework, sidewalk maintenance and trash removal.</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
<p><b>Companion Services*</b></p>	<p><b>General Information</b></p> <p>Non-medical care, supervision, and socialization given to a functionally impaired adult.</p> <p>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.</p> <p>The service provider may help with occasional assistance with toileting, personal hygiene, dressing and other activities of daily living.</p> <p>Providers may also perform light housekeeping tasks.</p> <p>The primary responsibility is to provide companionship and be there in case they are needed.</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>
<p><b>Consultation Services*</b></p>	<p><b>General Information</b></p> <p>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.</p> <p>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></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>
<p><b>Day Habilitation Services*</b></p>	<p><b>General Information</b></p> <p>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 enrollee participates in.</p> <p>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></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
<p><b>Environmental Accessibility Adaptations*</b></p>	<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>
<p><b>Home Delivered Meals*</b></p>	<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>
<p><b>Homemaker Services*</b></p>	<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>
<p><b>Non-Medical Transportation*</b></p>	<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>



Benefit	True Blue Special Needs Plan
<p><b>Personal Emergency Response System*</b></p>	<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>
<p><b>Residential Habilitation Services*</b></p>	<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>
<p><b>Respite Care Services*</b></p>	<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>

Benefit	True Blue Special Needs Plan
<p><b>Skilled Nursing Services*</b></p>	<p><b>General Information</b></p> <p>Includes irregular or continuous supervision, training or skilled care.</p> <p>These services are not appropriate if they are less cost effective than a Home Health visit.</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>
<p><b>Specialized Medical Equipment and Supplies*</b></p>	<p><b>General Information</b></p> <p>Equipment and supplies that include:</p> <p>Devices, controls or appliances that help with daily living</p> <p>Items necessary for life support or ancillary supplies and equipment necessary for the proper functioning of such items</p> <p>Durable and non-durable medical equipment</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>\$0 cost share for Medicaid-covered Specialized Medical Equipment and Supplies.</p>
<p><b>Supported Employment*</b></p>	<p><b>General Information</b></p> <p>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.</p> <p>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></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>

# Additional Benefits you get with our True Blue plan

Below, we've listed some of the great additional benefits you get with this True Blue plan. There are some exciting changes and enhancements added to the plan for 2019.

## HERE ARE THE ADDITIONAL BENEFITS THAT COME WITH OUR TRUE BLUE SPECIAL NEEDS PLAN.



### VISION COVERAGE

- Get low out-of-pocket costs for your yearly vision exam.
- \$100 plan coverage limit for supplemental eyewear every year (glasses or contact lenses)



### HEARING AID COVERAGE

Save big on your hearing services through TruHearing.

- \$45 copay for a hearing exam plus three follow-up visits
- Hearing aids with copays of \$999 or less

Call TruHearing at 1-855-205-5392 or visit [truhearing.com](http://truhearing.com) for more information.



### OVER-THE-COUNTER (OTC) COVERAGE

Now you also get help with OTC products such as vitamins, pain relievers, cold medicine and bandages.

- \$60 every three months to spend on approved items
- You can order by calling 1-855-283-3784, online at [BCIdahoOTC.com](http://BCIdahoOTC.com) or through the mail. Refer to your OTC Product Catalog or call Customer Service for more information and a complete list of OTC items.



**WELLNESS PROGRAM**



**\$50 ANNUAL  
COPAY FOR GYM  
MEMBERSHIP**

### SILVER&FIT

For only \$50 a year, Silver&Fit gets you a membership at network fitness clubs and exercise centers around the state and across the country.

If you aren't up for heading to the gym, you can get two Home Fitness kits a year for only \$10.

**NEW FOR 2019  
FOOT CARE**



**ROUTINE FOOT CARE  
WITH NO COPAY**

### FOOT CARE

You pay nothing for six routine foot care visits every calendar year.

**NEW FOR 2019  
MEAL SERVICE**



**MEALS FOR  
MEMBERS AFTER  
A HOSPITAL VISIT**

### MEAL SERVICE

This benefit is eligible for members at the time of discharge from an inpatient hospital or a skilled nursing facility.

- Meal benefit lasts 28 days and provides a maximum of 56 meals.
- If you have questions, your Care Coordinator can provide information about this program and how to get enrolled.



### NEW FOR 2019 – TRANSPORTATION

Non-emergency transportation services:

- Receive up to thirty (30) one-way trips every calendar year to approved locations (such as the doctor's office, health clinic, eyeglass store, pharmacy, and other facilities where a member receives benefits that are approved by the plan).
- Transportation includes taxi, van or medical transport.
- To schedule transportation, call Customer Service at 1-888-495-2583.

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-888-495-2583 (TTY 1-800-377-1363), 8 a.m. to 8 p.m. seven days a week. When selecting an HMO product, remember that except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

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## UNDERSTANDING YOUR BENEFITS

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- Review the full list of benefits found in the **Evidence of Coverage (EOC)**, especially for those services for which you routinely see a doctor. Visit [truebluesnp.com](http://truebluesnp.com) or call 1-888-495-2583 (TTY 1-800-377-1363) to view a copy of your EOC.
- Review the **Provider Directory** (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the **Pharmacy Directory** to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

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## UNDERSTANDING IMPORTANT RULES

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- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2019.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual-eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

For more information, we are available 8 a.m. to 8 p.m., seven days a week.  
Call us at 1-888-495-2583 (TTY 1-800-377-1363). Or visit us at [truebluesnp.com](http://truebluesnp.com).

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

Blue Cross of Idaho Care Plus, Inc. 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.

Blue Cross of Idaho Care Plus, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-495-2583 (TTY: 1-800-377-1363). 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 1-888-495-2583 (TTY: 1-800-377-1363)。

## 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, Sudanese, 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

ملطوحة: إذا كنت تتحدث ذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-494-2583 (رقم اهتف الصم ولابكم: 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.

1-888-494-2583 تماس بگيرد ي توجه: ار به ابزن فارسی گفتگو می دينک، تسهيلات ي نابز و صديرت انگي ارن برياشما فرا مهمی دشابا (TTY: 1-800-377-1363)

**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).

**Sudanese** 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).

### Persian-Farsi



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

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

Visit [truebluesnp.com](http://truebluesnp.com)