

# 2019 SUMMARY OF BENEFITS

SERVING SELECT  
COUNTIES IN IDAHO

Secure Blue® no Rx (PPO)



# For more information:

## PROSPECTIVE MEMBERS

1-888-492-2583  
TTY 1-800-377-1363

## CURRENT MEMBERS

1-888-494-2583  
TTY 1-800-377-1363

## HOURS OF OPERATION

October 1 to March 31,  
you can call us seven days a week  
from 8 a.m. to 8 p.m.

April 1 to September 30,  
you can call us Monday – Friday  
from 8 a.m. to 8 p.m.

## FOR MORE INFORMATION

Visit us at [medicare.bcidaho.com](http://medicare.bcidaho.com).  
[bcidaho.com/FindAProvider](http://bcidaho.com/FindAProvider)

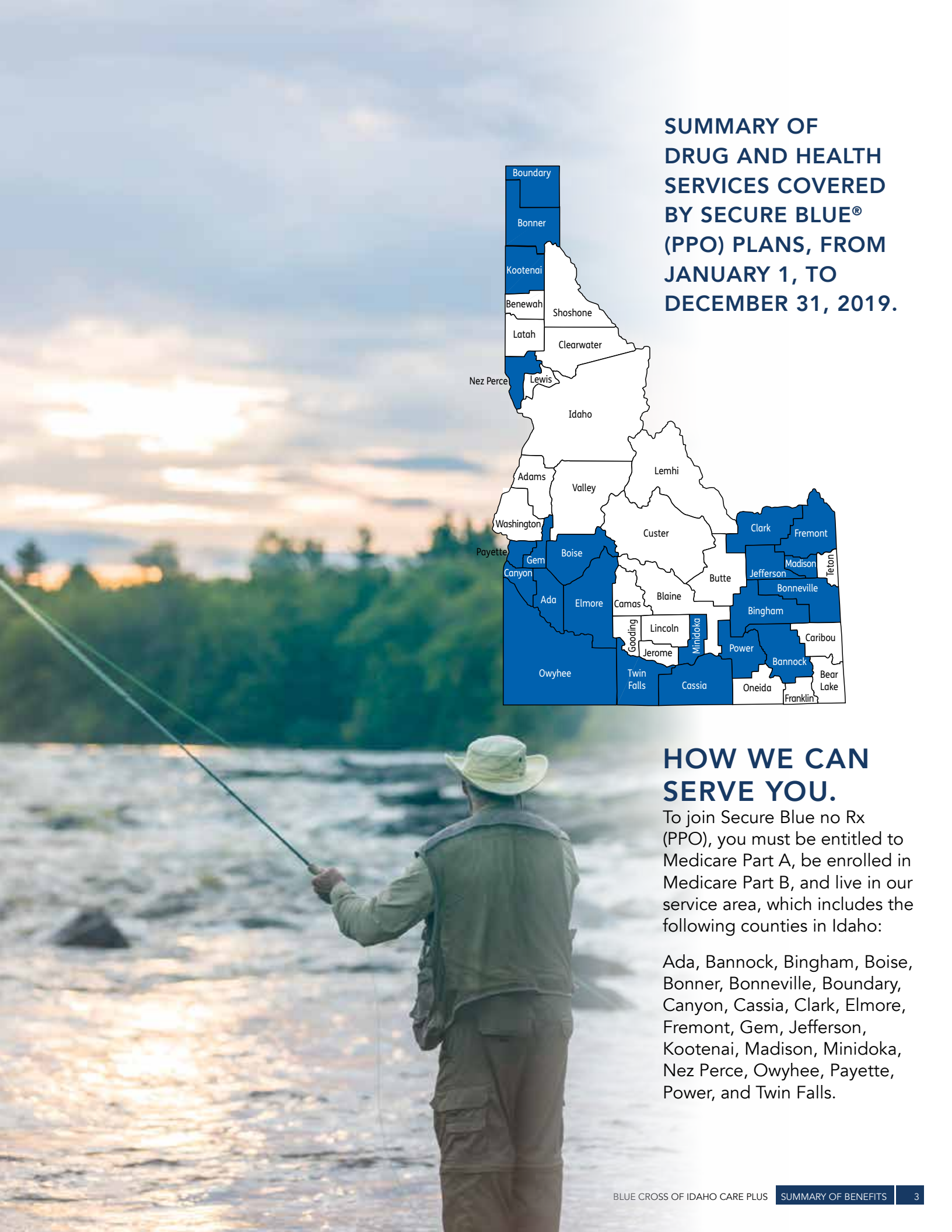
Or email us at [sales@bcidaho.com](mailto:sales@bcidaho.com).

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."

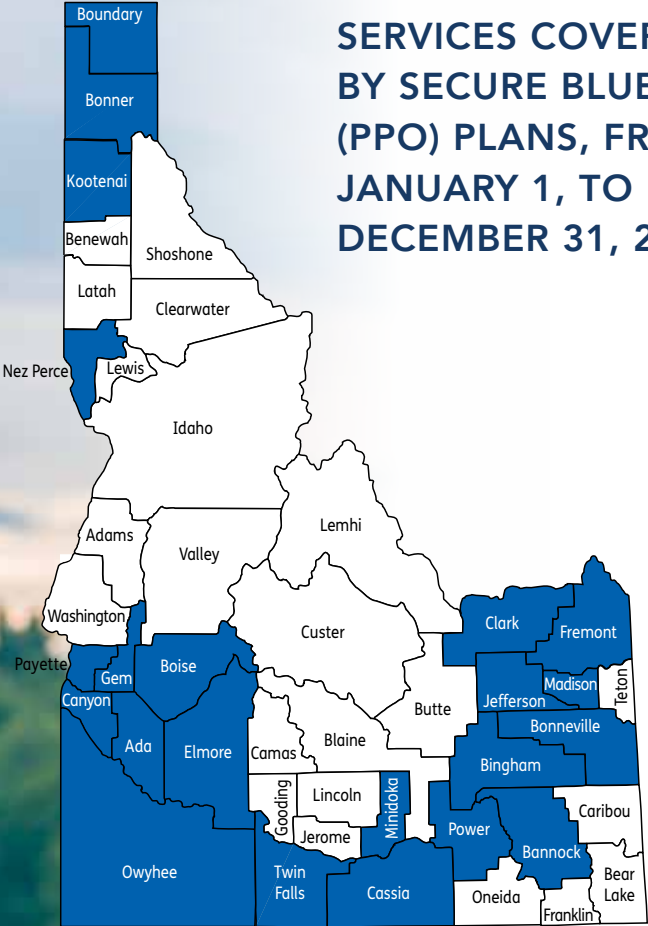
If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](http://medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

Blue Cross of Idaho Care Plus, Inc. is a PPO health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal. This information is not a complete description of benefits. Contact Blue Cross of Idaho at 1-888-492-2583 (TTY: 1-800-377-1363) for more information. Out-of-network/non-contracted providers are under no obligation to treat Blue Cross of Idaho Care Plus members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.



**SUMMARY OF  
DRUG AND HEALTH  
SERVICES COVERED  
BY SECURE BLUE®  
(PPO) PLANS, FROM  
JANUARY 1, TO  
DECEMBER 31, 2019.**



**HOW WE CAN  
SERVE YOU.**

To join Secure Blue no Rx (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, 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

Secure Blue no Rx has a network of doctors, hospitals and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

As a member of Secure Blue no Rx, you are not required to select a primary care provider (PCP). However, we encourage all members to select a PCP so he or she can help guide you to the health services you need. Secure Blue no Rx does not require referrals from a PCP for you to access and visit specialists in or out of your plan's network.

- See our plan's provider directory by visiting **[bcidaho.com/FindAProvider](http://bcidaho.com/FindAProvider)**.
- Or call us and we will help you locate a provider or send you a provider directory.

## DETERMINING MY DRUG COSTS

Secure Blue no Rx covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.

- If you buy a Medicare Advantage plan that does not include Part D drug coverage, like Secure Blue no Rx, you cannot purchase a stand-alone Part D drug plan from another company during the plan year.
- If you have creditable prescription drug coverage (as least as good as Part D coverage) through an employer plan or another program, you can continue to use that prescription drug coverage while a member of Secure Blue no Rx.

Once you've confirmed your eligibility by reviewing the service area map on page 3, check out the benefits offered by Secure Blue on the next page. And don't miss the supplemental benefits you get with your plan, on pages 8 and 9.

Premiums and Benefits	SECURE BLUE NO RX (PPO)	
Plan Number	H1302-004-000	
	In-Network	Out-of-Network
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.	
Blue area of the map	You pay \$29	
Medical Deductible	These plans do not have a medical deductible.	
	You pay nothing	
Part D Prescription Drug Deductible	This plan does not have Part D prescription drug coverage.	
Maximum Out-of-Pocket Responsibility	The most you pay for copays, coinsurance and other costs for covered Part A and Part B medical services for the year.	
Does not include prescription drugs or monthly plan premium	\$3,400 In-network and \$5,000 out-of-network combined	
Inpatient Hospital Coverage	Our plans cover an unlimited number of days for an inpatient hospital stay.	
	\$175 per day for days 1 - 5 \$0 per day for days 6 - 90 \$0 per day for days 91+	\$200 per day for days 1-10 \$0 per day for days 11 - 90 \$0 per day for days 91+
Outpatient Hospital Coverage		
Outpatient Hospital & Ambulatory Surgical Center	\$175 copay	20% of the cost
Doctor Visits	No referral required for specialist visits.	
Primary Care	\$15 copay	\$30 copay
Specialists	\$25 copay	\$30 copay
Preventive Care	Any additional preventive services approved by Medicare during the contract year will be covered. Some items are not covered at \$0 cost.	
	You pay nothing	
Emergency Care	If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.	
	\$90 copay	
Urgently Needed Services	Cost sharing for necessary urgently needed services furnished out-of-network is the same as for such services furnished in-network.	
Urgent Care	\$25 copay	
Worldwide Emergency & Urgent Coverage (\$25,000 benefit maximum)	\$90 copay	
Diagnostic Services/Labs/Imaging	Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.	
Diagnostic Tests & Procedures		
Lab Services		
Diagnostic Radiology (MRI, CT, PET)	10% of the cost	25% of the cost
X-rays		

Premiums and Benefits	SECURE BLUE NO RX (PPO)	
Plan Number	H1302-004-000	
	In-Network	Out-of-Network
<b>Hearing Services</b> Medicare-Covered exam to diagnose and treat hearing and balance issues	\$45 copay	
<b>Additional Hearing Benefits</b>		
Annual Routine Hearing Exam	\$45 copay	
Hearing Aids	Up to two TruHearing-branded hearing aids every year (one per ear per year). Benefit is limited to the TruHearing Advanced and Premium hearing aids. Advanced \$699 copay; Premium \$999 copay	
<b>Dental Services</b>	Limited Medicare dental benefit (does not include services in connection with care, treatment, filling, removal or replacement of teeth). 10% of the cost	
		25% of the cost
<b>Additional Dental Benefits</b>	Includes two oral exams, two cleanings, and two bitewing X-rays every year; One full mouth X-ray every three years; \$500 coverage limit per year \$10 copay	
		\$100 deductible and 50% of the cost
<b>Optional Supplemental Dental Plan</b>	Healthy Smiles Basic \$50 deductible; Basic dental services (filling, extractions) covered at 80% in-network (50% out-of-network) of maximum allowance after deductible; \$750 benefit maximum 6-month waiting period for all basic services	
<b>Vision Services</b>	Medicare-Covered eye exam to diagnose and treat diseases and conditions You pay nothing	
<b>Additional Vision Benefits</b>		
Annual Routine Eye Exam	\$20 copay	\$20 copay + \$45 reimbursement limit
Eyewear	\$35 copay for one pair of glasses (lenses and frames in the VSP Genesis Collection); \$50 allowance for non-Genesis frames.  In lieu of glasses there is a \$100 allowance towards contacts.	Reimbursement limits include: Single-vision lenses - \$30; Bifocal lenses - \$50; Trifocal lenses - \$60; \$50 for progressive lenses; Lenticular lenses - \$75; Frames - \$50; Elective contact lenses - \$100; Medically necessary contact lenses - \$210
<b>Mental Health Services</b>		
Inpatient Visit	\$175 per day for days 1 - 5 \$0 per day for days 6 - 90	\$200 per day for days 1-10 \$0 per day for days 11 - 90
Outpatient Mental Health Care (Individual & Group)	\$25 copay	25% of the cost
<b>Skilled Nursing Facility (SNF)</b>	Our plan covers up to 100 days per benefit period in a Skilled Nursing Facility. Prior authorization may be required for some services. \$0 per day for days 1 - 20 \$150 per day for days 21 - 100	
		\$100 per day for days 1 - 12 \$150 per day for days 13 - 100
<b>Outpatient Rehabilitation</b>		
Physical Therapy Speech Therapy Occupational Therapy	\$25 copay	\$30 copay

Premiums and Benefits	SECURE BLUE NO RX (PPO)	
Plan Number	H1302-004-000	
	In-Network	Out-of-Network
<b>Ambulance</b> Ground or Air transport	Prior authorization is required for non-emergency transportation.	
<b>Transportation</b>	\$175 copay	
<b>Medicare Part B Drugs</b>	Not covered	
	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.	
	20% of the cost	30% of the cost
<b>Podiatry Services</b> Medicare-Covered Foot Exams and Treatment	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.	
	\$25 copay	\$30 copay
<b>Medical Supplies</b> Durable Medical Equipment (wheelchairs, oxygen) Prosthetics (braces, artificial limbs) Diabetes Supplies Diabetes Shoes and Inserts	10% of the cost   You pay nothing 10% of the cost	20% of the cost
<b>Silver&amp;Fit® Wellness Programs</b> Gym Membership Home Exercise kits	Silver&Fit® Exercise and Healthy Aging Program	
	\$50 annually	N/A
	\$10 annually for two kits	N/A
<b>Over the Counter (OTC)</b>	\$60 allowance every three months	N/A
<b>Part D Prescription Drugs</b>	This plan does not cover Part D prescription drugs.	

## Benefits you get with Secure Blue no Rx

Here are some of the extra benefits you get with our Secure Blue plan. For more information, please refer to your Evidence of Coverage.



### 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



## ROUTINE EYEWEAR



**\$35 COPAY  
COMPLETE PAIR  
OF GLASSES**

### VISION COVERAGE

Get low out-of-pocket costs with Vision Service Plan (VSP) providers for your yearly vision exam.

- \$20 copay for your yearly vision exam
- \$35 copay for a complete pair of glasses from the Genesis Collection (frames and lenses)

Call VSP at 1-800-877-7195 or visit [vsp.com](https://www.vsp.com) to learn more.

## HEARING AIDS



**COPAYS OF \$999  
OR LESS**

### HEARING AID COVERAGE

Save big on your hearing with coverage through TruHearing.

- 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](https://www.truhearing.com) for more information.

## 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.

## NURSE ADVICE



**CALL 24-HOURS  
A DAY, SEVEN DAYS  
A WEEK**

### 24/7 NURSE ADVICE LINE

Any time, day or night, you can speak with a registered nurse at no cost to you.

Ask questions about your prescriptions, finding a doctor or specialist, or understanding a health condition.

## OPTIONAL SUPPLEMENTAL DENTAL PLAN



### HEALTHY SMILES BASIC

If you choose Secure Blue No Rx, you can add Healthy Smiles Basic for an additional \$9.20 per month.

Basic dental services have a six-month waiting period.

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 1-888-494-2583 (TTY 1-800-377-1363), 8 a.m. to 8 p.m. seven days a week, from October 1 to March 31 and Monday through Friday from April 1 to September 30.

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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 that you routinely see a doctor. Visit [medicare.bcidaho.com](http://medicare.bcidaho.com) or call 1-888-494-2583 (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.

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## UNDERSTANDING IMPORTANT RULES

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- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2019.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

For more information, we are available 8 a.m. to 8 p.m., seven days a week from October 1 to March 31 and Monday through Friday from April 1 to September 30. Call us at 1-888-494-2583 (TTY 1-800-377-1363). Or visit [medicare.bcidaho.com](http://medicare.bcidaho.com).

## 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

ملطوحة: إذا كنت تتحدث اذكر 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. توجه: اگر به ايزن فارسی گفتگو می دينک، تسهيلات ي نابز و صديرت انگي ارن برياشما فرا مهمی دشابا. (TTY: 1-800-377-1363)

### Persian-Farsi

**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).

3000 East Pine Avenue | Meridian, Idaho | 83642-5995  
PO Box 8406 | Boise, Idaho | 83707-2406  
1-888-492-2583 | TTY 1-800-377-1363

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We are available from 8 a.m. to 8 p.m.,  
seven days a week,  
from October 1 to March 31.

The rest of the year, we are available  
Monday through Friday,  
from 8 a.m. to 8 p.m.

Visit [medicare.bcidaho.com](https://www.medicare.bcidaho.com)