

# 2019 SUMMARY OF BENEFITS

SERVING SELECT  
COUNTIES IN IDAHO

# For more information:

## MEMBERS

1-800-289-7921

TTY 1-800-377-1363

## ADDRESS

PO Box 8266, Boise, ID 83707

## HOURS OF OPERATION

Monday through Friday

from 8 a.m. to 6 p.m. MST

## FOR MORE INFORMATION

Visit us online at [bcidaho.com/  
bcidahomedicaidplus](http://bcidaho.com/bcidahomedicaidplus)

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

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

Blue Cross Idaho Medicaid Plus is an HMO health plan with an Idaho Medicaid contract. Enrollment in Blue Cross Idaho Medicaid Plus depends on contract renewal and your eligibility as a dual eligible beneficiary.

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)。



**THIS IS A SUMMARY  
OF DRUG AND HEALTH  
SERVICES COVERED  
BY BLUE CROSS IDAHO  
MEDICAID PLUS,  
FROM JANUARY 1 TO  
DECEMBER 31, 2019.**

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 be an Idaho Medicaid Plus member, individuals must be eligible for and enrolled in both Medicare (Parts A, B and D) and Enhanced Medicaid. They must be over the age of 21 and reside in the service area of select Idaho counties. Enrollment in Blue Cross Idaho Medicaid Plus depends on your eligibility as a dual eligible beneficiary.

## WHICH PROVIDERS CAN I USE?

Blue Cross Idaho Medicaid Plus (BCIMP) has a network of providers that have an agreement with us to accept our payment and any plan cost-sharing as payment in full. We have arranged for these providers to deliver covered services to members in our plan. The most recent list of providers is available on our website at [bcidaho.com/FindAProvider](https://bcidaho.com/FindAProvider).

If you use providers that are not in our network, the plan may not pay for these services.

## WHAT DO WE COVER?

As an Idaho Medicaid health plan, Blue Cross Idaho Medicaid Plus must cover all services covered by Idaho Medicaid.

## WHAT IS THE MONTHLY PLAN PREMIUM?

You pay nothing because of your Medicaid eligibility.

## WHAT PRESCRIPTIONS DOES THIS PLAN COVER?

This plan does not cover your Medicare Part D drugs.

Some prescription drugs are covered for you under your Medicaid benefits. The plan has a list of covered drugs. We call it the "Medicaid Drug List" for short. It tells which prescription drugs are covered under the benefits included in Blue Cross Idaho Medicaid Plus.



The Medicaid Drug List helps you find which drugs are covered by Medicaid. To get the most complete and current information about which drugs are covered, you can visit the plan's website at [bcidaho.com/bcidahomedicaidplus](http://bcidaho.com/bcidahomedicaidplus) or call Customer Service (phone numbers are printed on the back cover of this booklet).

## HOW DO I USE THE SUMMARY OF BENEFITS?

Review the Medicaid benefits that start on page 6.

To know more about the coverage and costs associated with this plan, review your Evidence of Coverage or call Customer Service at 1-800-289-7921.

### BLUE CROSS IDAHO MEDICAID PLUS

Premium and Benefits	In-Network Cost Sharing
<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>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>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.

# SUMMARY OF MEDICAID-COVERED BENEFITS

Blue Cross Idaho Medicaid Plus plan 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 Blue Cross Idaho Medicaid Plus

## 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. Blue Cross Idaho Medicaid Plus 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 [healthandwelfare.idaho.gov](https://healthandwelfare.idaho.gov).

The following pages show a comparison between benefits and services provided by the State of Idaho Medicaid program and Blue Cross Idaho Medicaid Plus.

# SUMMARY OF MEDICAID-COVERED BENEFITS

The benefits described below are covered by Medicaid.

What you pay for covered services may depend on your level of Medicaid eligibility.

Benefits	Blue Cross Idaho Medicaid Plus	In-Network Cost Sharing What You Pay
<b>Care Coordination</b>	<p>Care coordination is covered for all participants.</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>	You pay nothing.
<b>Inpatient Care</b>		
<b>Inpatient Mental Health Care</b>	\$0 copay for mental healthcare services	<p><b>In-Network</b></p> <p>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.</p> <p>\$0 annual service category deductible</p> <p>\$0 copay</p> <p><b>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</b></p>
<b>Long-Term Care Services</b>		
<b>Nursing Facility Services</b>	<p>A supervised nursing service provided on a daily basis by a licensed care facility.</p> <p>The service may help with rehabilitative care and assistance with daily living needs.</p>	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>Personal Care Services</b>	Medically focused services for those with special physical or functional needs.	You pay nothing.

Benefits	Blue Cross Idaho Medicaid Plus	In-Network Cost Sharing What You Pay
<b>Community Based Outpatient Behavioral Health Services</b>	Prior authorization may be required. In addition to current Medicare benefits, Blue Cross Idaho Medicaid Plus will also cover: <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>	You pay nothing.
<b>Durable Medical Equipment</b> <i>(Includes wheelchairs, oxygen, etc.)</i>	Prior authorization is required for items and rentals that exceed \$1,000.  A valid prescription from your physician is required.	You pay nothing.
<b>Family Planning Services</b>	Blue Cross Idaho Medicaid Plus will cover: <ul style="list-style-type: none"> <li>• Basic fertility screenings</li> <li>• Contraceptives</li> <li>• Birth control pills</li> <li>• Condoms</li> <li>• Diaphragms</li> <li>• Emergency contraception</li> <li>• Injectable methods</li> <li>• IUD</li> <li>• Nuvaring</li> <li>• Counseling and education on birth control, sexual health, and pregnancy planning</li> <li>• Sterilization services</li> <li>• A valid prescription from your physician is required for over-the-counter items</li> </ul>	You pay nothing.

# AGED & DISABLED WAIVER SERVICES

Not all participants will qualify for these services.

Benefits	Blue Cross Idaho Medicaid Plus
<p><b>Adult Day Health Services*</b></p>	<p><b>General Information</b>            A supervised service is 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>
<p><b>Attendant Care Services*</b></p>	<p><b>General Information</b>            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.            This assistance may take the form of performing a task for the member or helping the member to perform a task.</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>

Benefits	Blue Cross Idaho Medicaid Plus
<p><b>Chore Services*</b></p>	<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:</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> <li>• Intermittent assistance such as yard work, minor home repair, heavy housework, sidewalk maintenance and trash removal</li> </ul> <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>Companion Services*</b></p>	<p><b>General Information</b>            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>            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>Consultation Services*</b></p>	<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.</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>            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>

Benefits	Blue Cross Idaho Medicaid Plus
<p><b>Day Habilitation Services*</b></p>	<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.</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>            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>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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Laundry</li> <li>• Essential errands</li> <li>• Meal preparation</li> <li>• Other routine housekeeping duties if there is no one else in the household capable of performing these tasks</li> </ul> <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>

Benefits	Blue Cross Idaho Medicaid Plus
<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>
<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>
<p><b>Skilled Nursing Services*</b></p>	<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>

Benefits	Blue Cross Idaho Medicaid Plus
<p><b>Specialized Medical Equipment and Supplies*</b></p>	<p><b>General Information</b> Equipment and supplies that include:</p> <ul style="list-style-type: none"> <li>• Devices, controls, or appliances that help with daily living</li> <li>• Items necessary for life support or ancillary supplies and equipment necessary for the proper functioning of such items</li> <li>• Durable and non-durable medical equipment</li> </ul> <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>
<p><b>Supported Employment*</b></p>	<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>

\*Coverage of the benefits described depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Blue Cross Idaho Medicaid Plus will cover the benefits described in the Covered Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Customer Service at 1-800-289-7921 or TTY 1-800-377-1363, 8 a.m. to 6 p.m. MST, Monday - Friday.

## Nondiscrimination Statement: Discrimination is Against the Law

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. Blue Cross of Idaho Care Plus, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross of Idaho Care Plus, Inc.:

- 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 Care Plus, Inc.'s Customer Service Department. Call 1-800-627-1188 (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 Care Plus, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you

### Arabic

ملطوحة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-627-1188 (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 1-800-627-1188 (TTY: 1-800-377-1363)。

**French** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS: 1-800-377-1363).

**German** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (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。1-800-627-1188 (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. 1-800-627-1188 (TTY: 1-800-377-1363) 번으로 전화해 주십시오.

### Persian-Farsi

1-800-627-1188 تماس بگیرد. توجه: اگر به ابزن فارسی گفتگو می دینک، تسهیلات ی نابز و صبرت اگی ارن بریا شما فرا می دشا. با (TTY: 1-800-377-1363)

**Romanian** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 1-800-377-1363).

**Russian** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 1-800-377-1363).

**Serbo-Croatian** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (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 1-800-627-1188 (TTY: 1-800-377-1363).

**Sudanic Fulfulde** MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-627-1188 (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 1-800-627-1188 (TTY: 1-800-377-1363).

**Ukrainian** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-627-1188 (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 1-800-627-1188 (TTY: 1-800-377-1363).

can file a grievance with Blue Cross of Idaho Care Plus, Inc.'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 1-800-627-1188 (TTY: 1-800-377-1363).



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Monday through Friday  
from 8 a.m. to 6 p.m. MST

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