

2027

SMALL GROUP HEALTH PLAN OPTIONS





Blue Cross of Idaho is committed to serving the people of Idaho.

Blue Cross of Idaho has served Idahoans for more than 80 years, and our commitment to the businesses of our state is stronger than ever. As the cost of care continues to rise, employers can trust that our product offerings work to address key cost drivers while delivering the coverage that helps keep their workforce healthy. Explore our portfolio of solutions in this guide.

Taking care of business

Blue Cross of Idaho makes it easy for small businesses to offer health benefits and manage their health plan.

Selecting a Blue Cross of Idaho plan for the first time

Work with your broker: Let your broker know which plan options you want to pursue.

Don't have a broker? Contact us at 888-462-7677 so we can connect you with one.

Managing your Blue Cross of Idaho plan

Employer portal: Access invoices, reports and more. Visit employers.bcidaho.com.

Online Enrollment Center: Enroll and disenroll employees, find member ID cards and more. Visit secure-enroll.com/go/bci.

Member website and app: Stay on top of your and your dependents' health plan benefits: Find care, access your member ID card, view/submit claims, check your benefits and more. Visit members.bcidaho.com.

For all other matters

Contact Blue Cross of Idaho at 888-462-7677 or your Blue Cross of Idaho account representative.

Health plan options for small businesses

Qualified Health Plans

Qualified Health Plans meet certain federal standards for benefits and member cost share. Most small businesses with employer-sponsored health benefits offer Qualified Health Plans.

- Groups with five or fewer members can choose one medical plan.
- Groups with six or more members can choose up to three medical plans.

Metal levels

Blue Cross of Idaho offers three levels of Small Group plans – Bronze, Silver and Gold – that are organized based on how much the employer and member pay vs. how much the plan pays.



Bronze:

Lower monthly premiums,
higher cost share for care.



Silver:

Lower member cost share
than bronze, lower premium
than gold.



Gold:

Lower cost share for care,
higher monthly premiums.

2027 Small Group QHP medical health plan options

	Bronze 8000	Silver 6000	Silver 4500 Rx 1000
Networks offered	SmartCare, CCO	SmartCare, CCO	SmartCare, CCO
In-network annual costs (what member pays)			
Individual deductible	\$8,000	\$6,000	\$4,500
Coinsurance	50%	40%	40%
Individual out-of-pocket maximum	\$10,600	\$9,000	\$10,000
Frequently used benefits			
Telehealth virtual care services	Available for any category of covered outpatient services at same cost as in-person office visit.		
Counseling through BPA Health office visit (deductible does not apply)	3 visits, covered 100%		
Preventive care	Covered 100%		
Pediatric office visit	\$60	\$40	\$0
Primary care office visit			\$40
Specialist office visit	50% after deductible	\$95	\$70
Urgent care visit		40% after deductible	
Mental health and substance abuse outpatient office visit	50% after deductible	\$40	\$40 \$0 Pediatric
Chiropractic care	Deductible and coinsurance; 18 visits per member, per benefit period		
Other benefits			
Diagnostic labs	50% after deductible	40% after deductible	40% after deductible
Diagnostic X-rays			\$250 copay, then deductible and coinsurance
Advanced imaging (e.g., MRIs, CT scans)			
Emergency room services ¹			Deductible, then \$500 copay
Inpatient hospital			40% after deductible
Outpatient hospital			
Outpatient rehabilitation ² therapy (speech, physical, occupational)	\$60 20 visit limit	\$40 20 visit limit	\$40 20 visit limit
Maternity care	50% after deductible	40% after deductible	40% after deductible
Prescription drug benefits			
Prescription Rx deductible	Integrated with medical	Integrated with medical	\$1,000
Preventive Rx	Covered 100%		
Tier 1: Preferred generic	\$25	\$15	\$20
Tier 2: Non-preferred generic	\$35	\$25	\$30
Tier 3: Preferred brand	30% after deductible	30% after deductible	\$50
Tier 4: Non-preferred brand	50% after deductible	50% after deductible	\$60 after Rx deductible
Tier 5: Preferred specialty	40% after deductible	40% after deductible	40% after Rx deductible
Tier 6: Non-preferred specialty	50% after deductible	50% after deductible	50% after Rx deductible

¹For treatment of emergency medical conditions as defined in the policy/contract, Blue Cross of Idaho will provide in-network benefits for covered services, even if they are provided out-of-network.

	Gold 3000	Gold 1000 Rx 750	Bronze HSA 8500	Silver HSA 4500	
Networks offered	SmartCare, CCO	SmartCare, CCO	SmartCare, CCO	SmartCare, CCO	
	In-network annual costs (what member pays)				
Individual deductible	\$3,000	\$1,000	\$8,500	\$4,500	
Coinsurance	20%	30%	0%	25%	
Individual out-of-pocket maximum	\$8,000	\$8,500	\$8,500	\$8,000	
	Frequently used benefits				
Telehealth virtual care services	Available for any category of covered outpatient services at same cost as in-person office visit.				
Counseling through BPA Health office visit (deductible does not apply)	3 visits, covered 100%				
Preventive care	Covered 100%				
Pediatric office visit	\$15	\$25	0% after deductible	25% after deductible	
Primary care office visit					
Specialist office visit	\$40	\$50			
Urgent care visit	\$50				
Mental health and substance abuse outpatient office visit	\$15	\$25	0% after deductible	25% after deductible	
Chiropractic care	Deductible and coinsurance; 18 visits per member, per benefit period				
	Other benefits				
Diagnostic labs	20% after deductible	30% after deductible	0% after deductible	25% after deductible	
Diagnostic X-rays					
Advanced imaging (e.g., MRIs, CT scans)					
Emergency room services ¹	Deductible, then \$350 copay	Deductible, then \$350 copay			
Inpatient hospital	20% after deductible	30% after deductible			
Outpatient hospital					
Outpatient rehabilitation ² therapy (speech, physical, occupational)	\$15 20 visit limit	\$25 20 visit limit			
Maternity care	20% after deductible	30% after deductible			
	Prescription drug benefits				
Prescription Rx deductible	Integrated with medical	\$750	Integrated with medical	Integrated with medical	
Preventive Rx	Covered 100%				
Tier 1: Preferred generic	\$5	\$10	0% after deductible	20% after deductible	
Tier 2: Non-preferred generic	\$10	\$15	0% after deductible	25% after deductible	
Tier 3: Preferred brand	30% after deductible	30% after Rx deductible	0% after deductible	30% after deductible	
Tier 4: Non-preferred brand	50% after deductible	50% after Rx deductible	0% after deductible	50% after deductible	
Tier 5: Preferred specialty	40% after deductible	40% after Rx deductible	0% after deductible	40% after deductible	
Tier 6: Non-preferred specialty	50% after deductible	50% after Rx deductible	0% after deductible	50% after deductible	

²Outpatient rehabilitation and habilitation therapy services are EACH limited to a combined physical therapy, speech therapy and occupational therapy total of 20 visits per member, per benefit period. Treatment for Autism Spectrum Disorder is covered the same as any other condition, depending on the services rendered. Visit limits do not apply to Treatments for Autism Spectrum Disorder.



Network options for employers and members

Blue Cross of Idaho offers two types of network plans: a broad network with statewide access and tailored Coordinated Care Organization (CCO) networks centered around regional health systems. We encourage employers to offer different network plan options alongside one another to maximize choice and affordability.

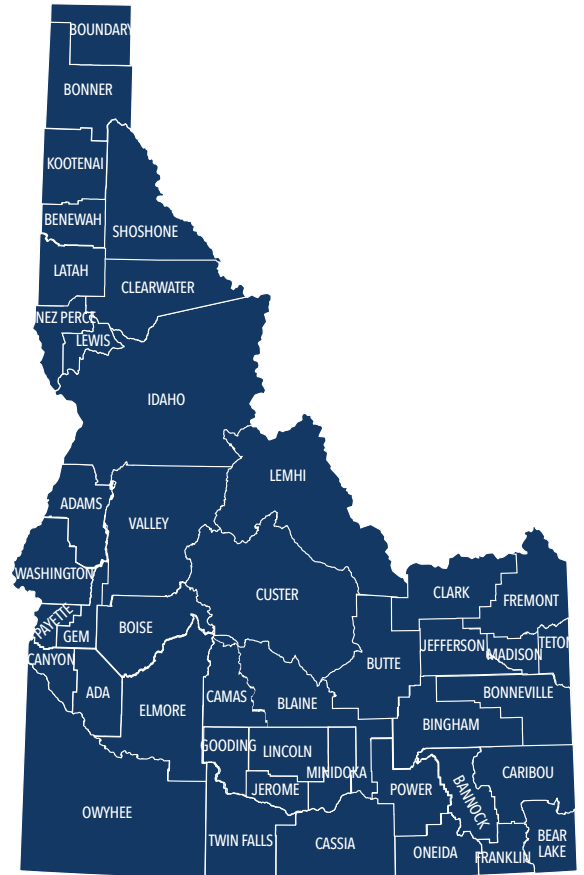
SmartCare Network

★ **New for 2027:** Blue Cross of Idaho's SmartCare Network gives members broad statewide access to the majority of Idaho's providers – 98% of the providers our members see and all but one hospital* – as well as access to the national BlueCard network.

While not required, we highly encourage members with a SmartCare Network plan to choose a PCP to be their partner in health, especially when care may be needed from a specialist.

Coordinated Care Organizations

Our Coordinated Care Organization (CCO) network plans deliver cost savings through tailored networks designed around regional health systems. Members are required to select a PCP but do not need a referral to see an in-network specialist. Blue Cross of Idaho and health system team members can assist members who need out-of-network care get the appropriate referrals.



* Only one hospital in Idaho refuses to contract with any health insurer.

Network options

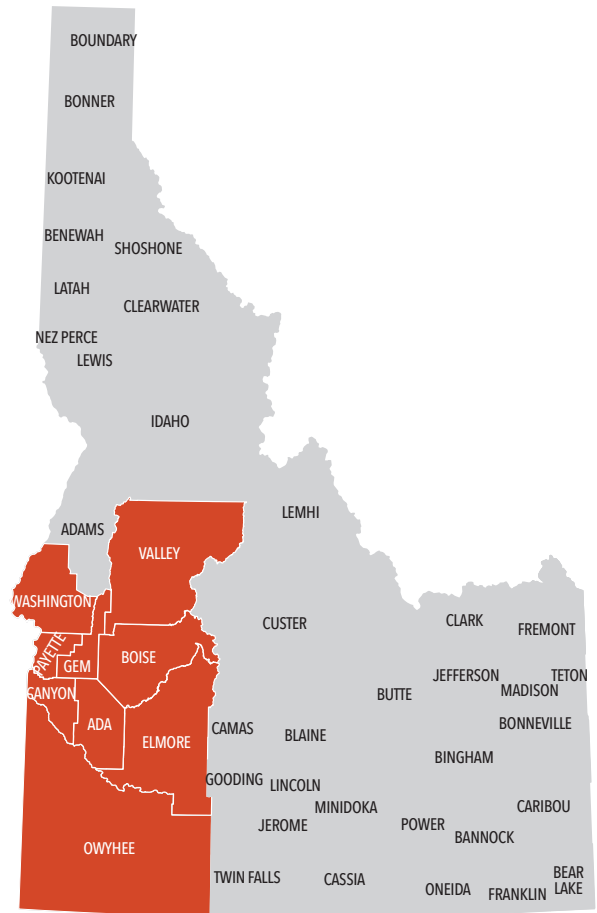
If your employees...	SmartCare Network	CCO Network
Need a plan with statewide provider options	✓	
Need a quality but lower-cost plan		✓
Primarily live and work in Southwest Idaho or Eastern Idaho	✓	✓
Live and work throughout Idaho	✓	
Have a PCP affiliated with Saint Alphonsus Health Alliance, Patient Quality Alliance, Mountain View Network or Independent Doctors of Idaho		✓

In Southwest Idaho

Saint Alphonsus Health Alliance (SAHA)

- For members who have a Saint Alphonsus PCP and want to continue to get care from Saint Alphonsus facilities
- Approximately 4,290 providers, affiliated with the Saint Alphonsus Health System
- In-network providers located in Ada, Boise, Canyon, Elmore, Gem, Owyhee, Malheur, Payette, Valley and Washington counties

bcidaho.com/saintalphonsus

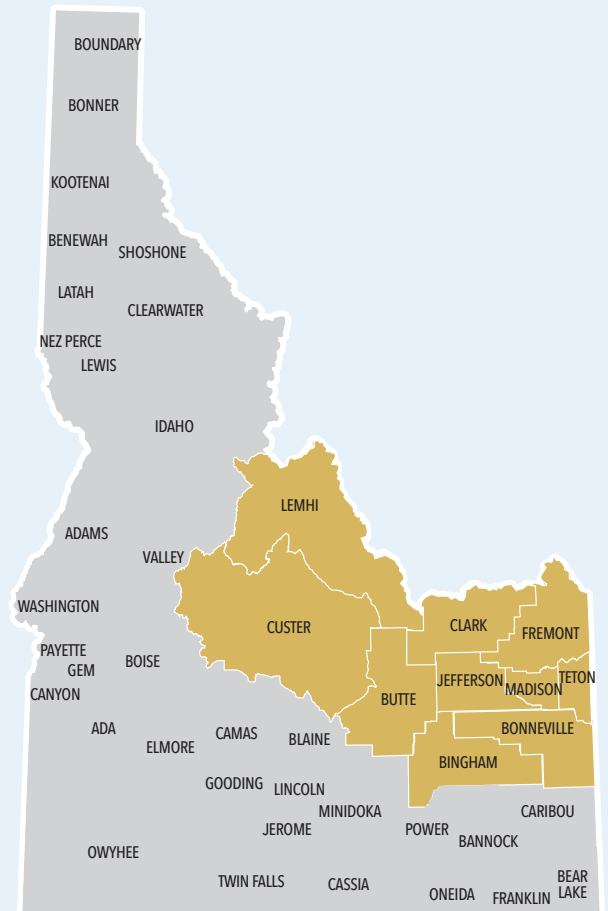


In Eastern Idaho

Mountain View Network (MVN)

- For members living in the Idaho Falls area who want to get care from Mountain View Hospital facilities
- More than 2,600 providers affiliated with Mountain View Hospital
- Several hospitals and surgery centers
- In-network providers located in Bannock, Bingham, Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton counties

bcidaho.com/mvn

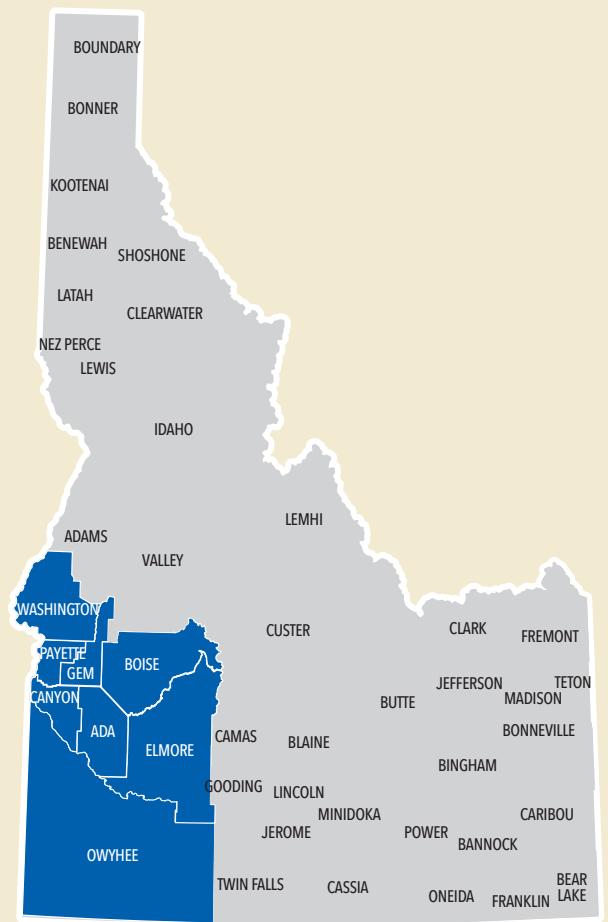


Independent Doctors of Idaho (IDID)

- More than 2,000 independent providers affiliated with Primary Health Medical Group, Treasure Valley Hospital, and many more Blue Cross of Idaho-contracted providers and facilities
- In-network providers located in Ada, Boise, Canyon, Elmore, Gem, Owyhee, Payette and Washington counties

★ **New for 2027:** Plan members can select a Saint Alphonsus Primary Medical Group provider as their PCP

bcidaho.com/idid



Patient Quality Alliance (PQA)

- For members living in the Pocatello area who want to get care from Portneuf Medical Center facilities
- More than 1,100 providers affiliated with Patient Quality Alliance
- In-network providers located in Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida and Power counties

bcidaho.com/pqa



Hospital Options by Network Choice

HOSPITALS

NETWORKS

	SMART CARE	SAHA	IDID	MVN	PQA
NORTH AND NORTH CENTRAL IDAHO					
Benewah Community Hospital	●				
Bonner General	●				
Boundary Community	●				
Clearwater Valley	●				
Gritman Medical Center	●				
Kootenai Health	●				
Northern Idaho Advanced Care	●				
Northwest Specialty Hospital	●				
Shoshone Medical Center	●				
St. Joseph Regional Medical Center	●				
St. Mary's Hospital	●				
Syringa Hospital	●				
TriState Health	●				
SOUTHWEST AND SOUTH CENTRAL IDAHO					
Saint Alphonsus Boise	●	●	●		
Saint Alphonsus Eagle (ER only)	●	●	●		
Saint Alphonsus Nampa	●	●	●		
Saint Alphonsus Ontario	●	●	●		
St. Luke's Regional Medical Center – Boise	●				
St. Luke's Regional Medical Center – Meridian	●				
St. Luke's Regional Medical Center – Nampa	●				
St. Luke's Elmore Medical Center	●				
St. Luke's Wood River Medical Center	●				
St. Luke's Jerome	●				
St. Luke's Magic Valley Medical Center	●				
St. Luke's Fruitland	●				
St. Luke's McCall	●				
Treasure Valley Hospital	●	●	●		
Valor Health	●	●	●		
Weiser Memorial Hospital	●	●	●		
West Valley Medical Center	●	●			

HOSPITALS

NETWORKS

	SMART CARE	SAHA	IDID	MVN	PQA
EASTERN IDAHO					
Bear Lake Memorial	●				
Bingham Memorial	●			●	
Caribou Medical Center	●				●
Eastern Idaho Regional Medical Center (EIRMC)	●				
Franklin County Medical Center	●				●
Idaho Falls Community Hospital	●			●	
Intermountain Health Cassia Regional	●				
Lost Rivers District Hospital	●			●	●
Madison Memorial	●			●	
Minidoka Memorial	●				
Mountain View	●			●	
Nell J. Redfield Memorial	●				●
North Canyon Medical Center	●				
Portneuf Medical Center	●				●
Power County	●				
Steele Memorial	●				
Teton Valley Health Care	●				



Extra Value for you Included benefits and services

Each Blue Cross of Idaho QHP medical plan includes clinical solutions and services to help plan members get and stay healthy, and help them save money.



- **Clinical programs**

- Behavioral health
- Care Management
- Condition Support
- Diabetes Prevention Program
- Nurse Advice Line
- Digital exercise therapy
- Cancer Care



- **Member savings programs**

- Blue365
- Identity Protection



- **Pharmacy solutions**

- Rx Savings Solutions
- Medical Drug Benefit Management
- Medication Savings Note

Additional options

If a Qualified Health Plan doesn't meet your needs or budget, Blue Cross of Idaho offers other options. Talk to your broker to learn more about alternatives that may be available to you.

Balanced Funding

Available to groups with at least 20 plan members. Talk to your broker if you're interested in balanced funding.

- Balances flexible plans and predictable costs, along with monthly claims reporting
- Stop-loss insurance protects against higher-than-expected claims costs

Association Health Plans

Blue Cross of Idaho partners with trade groups to offer health plan options to association members. Contact your broker to find out if you're eligible to offer an association health plan or a pooled group plan through one of our partners:

- Idaho Home Builders Association
- Idaho Manufacturing Alliance



Ancillary products and services

Blue Cross of Idaho's Ancillary products and services complement Group medical plans to help employers complete their benefit package offering.



Blue Cross of Idaho Dental Plans

Blue Cross of Idaho offers group dental plan options that fit any employer's budget, so our members have access to dental care that supports their overall health.

Networks:

- Dental Preferred Provider Organization (DPPO) includes more than 1,100 Idaho-based dental providers.
- GRID National Dental Network offers members access to more than 125,000 providers in one of the largest national dental networks.
- Dental Traditional Provider Network offers extensive coverage with select plans.

Choices for employers

- Several plan options, including the Dental Copay Plan and premier Optimal Dental Plan.
- Employer- and employee paid plan options available.
- Managed care plans offered in partnership with Willamette Dental.
- Affordable Care Act-qualified dental plans available, designed for small businesses.

Bundled savings

- Groups can save 5% on their dental premium in the first year when you bundle medical and dental.
- Groups that add dental to an existing medical plan at renewal, can save 5% of the dental in the first year.



Blue Cross of Idaho Vision Plans

Blue Cross of Idaho partners with Vision Service Plan (VSP) to offer a variety of vision plan options at competitive rates.

- WellVision Exam included with all plans
- Extensive network of 36,000 vision providers in the VSP network
- Employer-paid and employee-paid plan options
- Personalized benefits available with VSP EasyOptions



Additional Ancillary products

Consumer-Driven Health Plans	HealthEquity products let Group members save for healthcare expenses with a Health Savings Account (HSA), and employers can pair an industry-leading account option – a Health Reimbursement Arrangement (HRA) or a Flexible Spending Account (FSA) – with plan benefit offerings.
Accident, critical illness and hospital coverage	Help control costs and give employees peace of mind with voluntary options to cover out-of-pocket costs resulting from accidents, critical illness and hospital stays.
Life and Disability Coverage	Optional life, accidental death and dismemberment, and short and long-term disability insurance plans can give their employees financial peace of mind.
Employee Assistance Program	An Employee Assistance Program (EAP) can help employers support their employees' overall health by providing confidential support to face all of life's challenges. Blue Cross of Idaho's EAP partner, BPA Health, has been offering confidential support, expert information and valuable resources for more than 40 years.
Travel Medical Insurance	BCBS Global Solutions provides peace of mind to world travelers and expats by delivering access to a network of providers, innovative mobile and online tools, telemedicine options and customer service.

Exclusions and Limitations Section

In addition to the exclusions and limitations listed elsewhere in this Policy, the following exclusions and limitations apply to the entire Policy, unless otherwise specified.

I. GENERAL EXCLUSIONS AND LIMITATIONS

There are no benefits for services, supplies, drugs or other charges that are:

A. Not Medically Necessary. If services requiring Prior Authorization by Blue Cross of Idaho are performed by a Contracting Provider and benefits are denied as not Medically Necessary, the cost of said services are not the financial responsibility of the Insured. However, the Insured could be financially responsible for services found to be not Medically Necessary when provided by a Noncontracting Provider.

B. In excess of the Maximum Allowance.

C. For hospital Inpatient or Outpatient care for extraction of teeth or other dental procedures, unless necessary to treat an Accidental Injury or unless an attending Physician certifies in writing that the Insured has a non dental, life endangering condition which makes hospitalization necessary to safeguard the Insured's health and life.

D. Not prescribed by or upon the direction of a Physician or other Professional Provider; or which are furnished by any individuals or facilities other than Licensed General Hospitals, Physicians, and other Providers.

E. Investigational in nature.

F. Provided for any condition, Disease, Illness or Accidental Injury to the extent that the Insured is entitled to benefits under occupational coverage, obtained or provided by or through the employer under state or federal Workers' Compensation Acts or under Employer Liability Acts or other laws providing compensation for work related injuries or conditions. This exclusion applies whether or not the Insured claims such benefits or compensation or recovers losses from a third party.

G. Provided or paid for by any federal governmental entity or unit except when payment under this Policy is expressly required by federal law, or provided or paid for by any state or local governmental entity or unit where its charges therefore would vary, or are or would be affected by the existence of coverage under this Policy.

H. Provided for any condition, Accidental Injury, Disease or Illness suffered as a result of any act of war or any war, declared or undeclared.

I. Furnished by a Provider who is related to the Insured by blood or marriage and who ordinarily dwells in the Insured's household.

J. Received from a dental, vision, or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust or similar person or group.

K. For Surgery intended mainly to improve appearance or for complications arising from Surgery intended mainly to improve appearance, except for:

1. Reconstructive Surgery necessary to treat an Accidental Injury, infection or other Disease of the involved part; or
2. Reconstructive Surgery to correct Congenital Anomalies in an Insured who is a dependent child.
3. Benefits for reconstructive Surgery to correct an Accidental Injury are available even though the accident occurred while the Insured was covered under a prior insurer's coverage.

L. Rendered prior to the Insured's Effective Date.

M. For personal hygiene, comfort, beautification (including non-surgical services, drugs, and supplies intended to enhance the appearance) even if prescribed by a Physician.

N. For exercise or relaxation items or services even if prescribed by a Physician, including but not limited to, air conditioners, air purifiers, humidifiers, physical fitness equipment or programs, spas, hot tubs, whirlpool baths, waterbeds or swimming pools.

O. For convenience items including but not limited to Durable Medical Equipment such as bath equipment, cold therapy units, duplicate items, home traction devices, or safety equipment.

P. For relaxation or exercise therapies, including but not limited to, educational, art, aroma, dance, sex, sleep, electro sleep, vitamin, chelation, homeopathic, or naturopathic, massage, or music even if prescribed by a Physician.

Q. Recreational therapy or therapeutic recreation programs, which can include, but are not limited to, diabetes camps, adventure therapy, and/or wilderness therapy (which can include, but are not limited to, programs for outdoor behavioral health, childhood diabetes, and childhood cancer).

R. For telephone consultations, and all computer or Internet communications, except as provided by or in connection with Telehealth Virtual Care Services.

S. For failure to keep a scheduled visit or appointment; for completion of a claim form; for interpretation services; or for personal mileage, transportation, food or lodging expenses unless specified as a Covered Service in this Policy, or for mileage, transportation, food or lodging expenses billed by a Physician or other Professional Provider.

T. For Inpatient admissions that are primarily for Diagnostic Services or Therapy Services; or for Inpatient admissions when the Insured is ambulatory and/or confined primarily for bed rest, special diet, environmental change or for treatment not requiring continuous bed care.

U. For Inpatient or Outpatient Custodial Care; or for Inpatient or Outpatient services consisting mainly of educational therapy, behavioral modification, self care or self help training, except as specified as a Covered Service in this Policy.

V. For any cosmetic foot care, including but not limited to, treatment of corns, calluses, and toenails (except for surgical care of ingrown or Diseased toenails).

W. Related to Dentistry or Dental Treatment, even if related to a medical condition; or orthoptics, eyeglasses or contact Lenses, or the vision examination for prescribing or fitting eyeglasses or contact Lenses, unless specified as a Covered Service in this Policy.

X. For hearing aids or examinations for the prescription or fitting of hearing aids, except as specified as a Covered Service in this Policy.

Y. For any treatment of sexual dysfunction, or sexual inadequacy, including erectile dysfunction and/or impotence, except as related to a prostatectomy.

Z. Made by a Licensed General Hospital for the Insured's failure to vacate a room on or before the Licensed General Hospital's established discharge hour.

AA. Not directly related to the care and treatment of an actual condition, Illness, Disease or Accidental Injury.

AB. Furnished by a facility that is primarily a nursing home, a convalescent home, or a rest home.

AC. For Acute Care, Rehabilitative care, diagnostic testing, except as specified as a Covered Service in this Policy; for Mental or Nervous Conditions and Substance Use Disorder or Addiction services not recognized by the American Psychiatric and American Psychological Associations.

AD. For any of the following:

1. For appliances, splints or restorations necessary to increase vertical tooth dimensions or restore the occlusion, except as specified as a Covered Service in this Policy;
2. For orthognathic Surgery, including services and supplies to augment or reduce the upper or lower jaw;
3. For implants in the jaw; for pain, treatment, or diagnostic testing or evaluation related to the misalignment or discomfort of the temporomandibular joint (jaw hinge), including splinting services and supplies;
4. For alveolectomy or alveoloplasty when related to tooth extraction.

AE. For weight control or treatment of obesity or obesity, even if Medically Necessary, including but not limited to Surgery for obesity. For reversals or revisions of Surgery for obesity, except when required to correct a life-endangering condition.

AF. For use of operating, cast, examination, or treatment rooms or for equipment located in a Contracting or Noncontracting Provider's office or facility, except for emergency room facility charges in a Licensed General Hospital unless specified as a Covered Service in this Policy.

AG. For the reversal of sterilization procedures, including but not limited to, vasovasostomies or salpingoplasties.

AH. Treatment for reproductive procedures, including but not limited to, ovulation induction procedures and pharmaceuticals, intrauterine insemination, in vitro fertilization, embryo transfer or similar procedures, or procedures that in any way augment or enhance an Insured's reproductive ability, including but not limited to laboratory services, radiology services or similar services related to treatment for reproduction procedures.

AI. For Transplant services and Artificial Organs, except as specified as a Covered Service under this Policy.

AJ. For acupuncture.

AK. For surgical procedures that alter the refractive character of the eye, including but not limited to, radial keratotomy, myopic keratomileusis, Laser-In-Situ Keratomileusis (LASIK), and other surgical procedures of the refractive keratoplasty type, to cure or reduce myopia or astigmatism, even if Medically Necessary, unless specified as a Covered Service in a Vision Benefits Section of this Policy, if any. Additionally, reversals, revisions, and/or complications of such surgical procedures are excluded, except when required to correct an immediately life endangering condition.

AL. For Hospice, except as specified as a Covered Service in this Policy.

AM. For pastoral, spiritual, bereavement or marriage counseling.

AN. For homemaker and housekeeping services or home delivered meals.

AO. For the treatment of injuries sustained while committing a felony, voluntarily taking part in a riot, or while engaging in an illegal act or occupation, unless such injuries are a result of a medical condition or domestic violence.

AP. For treatment or other health care of any Insured in connection with an Illness, Disease, Accidental Injury or other condition which would otherwise entitle the Insured to Covered Services under this Policy, if and to the extent those benefits are payable to or due the Insured under any medical payments provision, no fault provision, uninsured motorist provision, underinsured motorist provision, or other first party or no fault provision of any automobile, homeowner's, or other similar policy of insurance, contract, or underwriting plan.

In the event Blue Cross of Idaho (BCI) for any reason makes payment for or otherwise provides benefits excluded by the above provisions, it shall succeed to the rights of payment or reimbursement of the compensated Provider, the Insured, and the Insured's heirs and personal representative against all insurers, underwriters, self insurers or other such obligors contractually liable or obliged to the Insured, or their estate for such services, supplies, drugs or other charges so provided by BCI in connection with such Illness, Disease, Accidental Injury or other condition.

AQ. For which an Insured would have no legal obligation to pay in the absence of coverage under this Policy or any similar coverage; or for which no charge or a different charge is usually made in the absence of insurance coverage; or charges in connection with work for compensation or charges; or for which reimbursement or payment is contemplated under an agreement with a third party.

AR. For a routine or periodic mental or physical examination or laboratory test that is not connected with the care and treatment of an actual Illness, Disease or Accidental Injury; or for an examination or laboratory test required for any employment-related purpose; or related to an occupational injury; for a marriage license; or for insurance, school or camp application; or for sports participation physicals; or a screening examination including routine hearing examinations, except as specified as a Covered Service in this Policy.

AS. For immunizations, except as specified as a Covered Service in this Policy.

AT. For breast reduction Surgery or Surgery for gynecomastia.

AU. For nutritional supplements.

AV. For replacements or nutritional formulas except, when administered enterally due to impairment in digestion and absorption of an oral diet and is the sole source of caloric need or nutrition in an Insured, or except as specified as a Covered Service in this Policy.

AW. For vitamins and minerals, unless required through a written prescription and cannot be purchased over the counter.

AX. For an elective abortion, except to preserve the life of the Insured upon whom the abortion is performed.

AY. For alterations or modifications to a home or vehicle.

AZ. For special clothing, including shoes (unless permanently attached to a brace).

AAA. Provided to a person enrolled as an Eligible Dependent, but who no longer qualifies as an Eligible Dependent due to a change in eligibility status that occurred after enrollment.

AAB. Provided outside the United States, which if had been provided in the United States, would not be a Covered Service under this Policy.

AAC. For complications arising from the acceptance or utilization of services, supplies or procedures that are not a Covered Service.

AAD. For the use of Hypnosis, as anesthesia or other treatment, except as specified as a Covered Service.

AAE. For dental implants, appliances (with the exception of sleep apnea devices), and/or prosthetics, and/or treatment related to Orthodontia, even when Medically Necessary unless specified as a Covered Service in this Policy.

AAF. For arch supports, orthopedic shoes, and other foot devices, except as specified as a Covered Service in this Policy.

AAG. For wigs.

AAH. For cranial molding helmets, unless used to protect post cranial vault surgery.

AAI. For surgical removal of excess skin that is the result of weight loss or gain, including but not limited to association with prior weight reduction (obesity) Surgery.

AAJ. For the purchase of Therapy or Service Dogs/Animals and the cost of training/maintaining said animals.

AAK. For procedures including but not limited to breast augmentation, liposuction, Adam's apple reduction, rhinoplasty and facial reconstruction and other procedures considered cosmetic in nature.

AAL. Any newly FDA approved Prescription Drug, biological agent, or other agent until it has been reviewed and implemented by BCI's Pharmacy and Therapeutics Committee.

AAM. For the treatment of injuries sustained while operating a motor vehicle under the influence of alcohol and/or narcotics. For purposes of this Policy exclusion, "Under the influence" as it relates to alcohol means having a whole blood alcohol content of .08 or above or a serum blood alcohol content of .10 or above as measured by a laboratory approved by the State Police or a laboratory certified by the Centers for Medicare and Medicaid Services. For purposes of this Policy exclusion, "Under the influence" as it relates to narcotics means impairment of driving ability caused by the use of narcotics not prescribed or administered by a Physician.

AAN. All services, supplies, devices and treatment that are not FDA approved.

AAO. Any services, interventions occurring within the framework of an educational program or institution; or provided in or by a school/ educational setting; or provided as a replacement for services that are the responsibility of the educational system.

II. PRESCRIPTION DRUG EXCLUSIONS AND LIMITATIONS

In addition to any other exclusions and limitations of this Policy, the following exclusions and limitations apply to Prescription Drug Services. No benefits are available under this Policy for the following:

A. Drugs used for the termination of early pregnancy, and complications arising therefrom, except when required to correct an immediately life-endangering condition.

B. Over-the-counter drugs other than insulin, even if prescribed by a Physician. Notwithstanding this exclusion, BCI, through the determination of the BCI Pharmacy and Therapeutics Committee may choose to cover certain over-the-counter medications when Prescription Drug benefits are provided under this Policy. Such approved over-the-counter medications must be identified by BCI in writing and will specify the procedures for obtaining benefits for such approved over-the-counter medications. Please note that the fact a particular over-the-counter drug or medication is covered does not require BCI to cover or otherwise pay or reimburse the Insured for any other over-the-counter drug or medication.

C. Charges for the administration or injection of any drug, except for vaccinations listed on the Prescription Drug Formulary.

D. Therapeutic devices or appliances, including hypodermic needles, syringes, support garments, and other non-medicinal substances except Diabetic Supplies, regardless of intended use.

E. Drugs labeled "Caution—Limited by Federal Law to Investigational Use," or experimental drugs, even though a charge is made to the Insured.

F. Immunization agents, except for vaccinations listed on the Prescription Drug Formulary, biological sera, blood or blood plasma. Benefits may be available under the Medical Benefits Section of this Policy.

G. Medication that is to be taken by or administered to an Insured, in whole or in part, while the Insured is an Inpatient in a Licensed General Hospital, rest home, sanatorium, Skilled Nursing Facility, extended care facility, convalescent hospital, nursing home, or similar institution which operates or allows to operate on its premises, a facility for dispensing pharmaceuticals.

H. Any prescription refilled in excess of the number specified by the Physician, or any refill dispensed after one (1) year from the Physician's original order.

I. Any Prescription Drug, biological or other agent, which is:

- a) Prescribed primarily to aid or assist the Insured in weight loss, including all anorectics, whether amphetamine or nonamphetamine.
- b) Prescribed primarily to retard the rate of hair loss or to aid in the replacement of lost hair.
- c) Prescribed primarily to increase fertility, including but not limited to, drugs which induce or enhance ovulation.
- d) Prescribed primarily for personal hygiene, comfort, beautification, or for the purpose of improving appearance.
- e) Prescribed primarily to increase growth.
- f) Provided by or under the direction of a Home Intravenous Therapy Company, Home Health Agency or other Provider approved by BCI. Benefits are available for this Therapy Service under the Medical Benefits Section of this Policy.

J. Lost, stolen, broken or destroyed Prescription Drugs except in the case of loss due directly to a natural disaster.

III. TRANSPLANT EXCLUSIONS AND LIMITATIONS

A. Transplants of brain tissue or brain membrane, intestine, pituitary and adrenal glands, hair Transplants, or any other Transplant not specifically named as a Covered Service in this section; or for Artificial Organs including but not limited to, artificial hearts or pancreases.

B. Any eligible expenses of a donor related to donating or transplanting an organ or tissue unless the recipient is an Insured who is eligible to receive benefits for Transplant services.

C. The cost of a human organ or tissue that is sold rather than donated to the recipient.

D. Transportation costs including but not limited to, Ambulance Transportation Service or air service for the donor, or to transport a donated organ or tissue.

E. Living expenses for the recipient, donor, or family members, except as specifically listed as a Covered Service in this Policy.

F. Costs covered or funded by governmental, foundation or charitable grants or programs; or Physician fees or other charges, if no charge is generally made in the absence of insurance coverage.

G. Any complication to the donor arising from a donor's Transplant Surgery is not a covered benefit under the Insured Transplant recipient's Policy. If the donor is a BCI Insured, eligible to receive benefits for Covered Services, benefits for medical complications to the donor arising from Transplant Surgery will be allowed under the donor's policy.

H. Costs related to the search for a suitable donor.

I. No benefits are available for services, expenses, or other obligations of or for a deceased donor (even if the donor is an Insured).

IV. HOSPICE EXCLUSIONS AND LIMITATIONS

A. Hospice Services not included in a Hospice Plan of Treatment and not provided or arranged and billed through a Hospice.

B. Continuous Skilled Nursing Care except as specifically provided as a part of Respite Care or Continuous Crisis Care.

C. Hospice benefits provided during any period of time in which an Insured is receiving Home Health Skilled Nursing Care benefits.

V. PREEXISTING CONDITION WAITING PERIOD

There is no preexisting condition waiting period for benefits available under this Policy.

DISCRIMINATION IS AGAINST THE LAW

Blue Cross of Idaho complies with applicable Federal civil rights laws and does not discriminate, exclude or treat less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability or sex.

Blue Cross of Idaho:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Blue Cross of Idaho Civil Rights Coordinator at 1-800-627-1188 (TTY: 711).

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 at:

Civil Rights Coordinator
3000 E. Pine Ave., Meridian, ID 83642
Telephone: 1-800-274-4018
Fax: 208-331-7493
Email: grievancesandappeals@bcidaho.com
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator 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/smartscreen/main.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 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

ATTENTION: If you speak Arabic, Bantu, Chinese, Farsi, French, German, Japanese, Korean, Nepali, Romanian, Russian, Serbo-Croatian, Spanish, Tagalog, or Vietnamese, appropriate auxiliary aids and language assistance services are available free of charge. Call 1-800-627-1188 (TTY: 711).

Arabic: انتبه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً اتصل على 1-800-627-1188 (للسم والبكم: 711).

Bantu: ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (TTY: 711).

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: 711)。

Farsi: توجه: اگر به زبان فارسی صحبت می کنید، خدمات رایگان پشتیبانی زبان، در دسترس شما است. شماره تماس 1-800-627-1188 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (TTY: 711).

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: 711) 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: 711)번으로 전화해 주십시오.

Nepali: ध्यान दनिहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको नमिति भाषा सहायता सेवाहरू नैःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टटिविडि: 711) ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 711).

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: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 711).

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: 711).

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: 711).



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