Blue Cross of Idaho

2026

HEALTH PLANS FOR GROUPS



Policy Form Numbers
18-180 (01-26)
18-187 (01-26)
18-190 (01-26)
18-907 (01-26)

Form No. 3-1337 (05-25)

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

Blue Cross of Idaho is built to support our members, business owners and the health of all Idahoans.

What that means to you:

- We fight to lower the cost of care.
- We help local businesses keep healthcare costs in check.
- We strive to improve the health and wellbeing of our members.
- We develop options for businesses to help them create productive, desirable workplaces.
- We invest and partner with high-quality, low-cost providers that increase Idahoans' access to care.

Our health plan options and solutions are crafted to deliver high-value coverage and support to you, your employees and their families. Because what matters to you matters to us.

Funding options

Fully Insured

- Blue Cross of Idaho takes on the financial risk for the group's healthcare claims
- Group pays premiums to Blue Cross of Idaho
- Billed monthly in advance

Self-Funded

- Group bears all the financial risk of paying healthcare claims, unless stop-loss insurance is purchased
- Group contracts with Blue Cross of Idaho as a third-party administrator for claims processing and network access
- Billed monthly in advance for the administrative services, and weekly for paid claims
- Group may also purchase stop-loss insurance from Blue Cross of Idaho



Balanced Funded

★ New for 2026: Available to groups with 20+ enrolled employees.

Groups with at least 20+ enrolled employees may find that a Balanced Funded arrangement makes the most sense for them. Balanced Funding can provide more predictability and flexibility than a Fully Insured option but carry less financial risk than Self-Funding. Talk to your broker to learn more about Balanced Funding.

- Employer and Blue Cross of Idaho can share the risk for the group's healthcare costs
- Employer pays Blue Cross of Idaho a set monthly amount to cover projected claims, administration costs and re-insurance
    - If claims are less than projected, the employer may get a refund
    - If claims are more than projected, the re-insurance can help cover the difference

Learn more about Balanced Funded plans in the Balanced Funded Plans Brochure.

Choice of network options

Give your employees more choices so they can make the best selection for themselves, their families and their budgets. All our plan options can be offered with either network. As a reminder, we recommend employers offer at least one PPO-network health plan and at least one CCO-network health plan.

Preferred Provider Organization (PPO)

- Gives members access to the greatest number of providers
- Includes 100% of acute care hospitals and 95% of all healthcare providers in Idaho
- National BlueCard PPO network includes 97% of hospitals and 83% of physicians

Coordinated Care Organization (CCO) plans

- Options available to employees based in Southwest and/or Eastern Idaho
- Combines high-quality care, cost savings and improved member experience
- Care coordination from dedicated teams help members navigate care needs while keeping costs low

Learn more about CCO plans in our Group Network Solutions brochure.

Pharmacy plan options

We offer a 3-Tier or 6-Tier formulary so employers can select the best option for their employees.

Separate Rx out-of-pocket options:		Tier 1	Tier 2	Tier 3	Deductible on Tiers 2 and 3
$1,000 $2,000 $3,000	3 Tier	$10	$25	$40	$0
		$15	$30	$45	$0
		$10	$30	$50	$250
		$10	$30	$50	$500

Separate Rx out-of-pocket options:		Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Optional Deductible: Tier 3/Tier 4/ Tier 5/Tier 6
$1,000 $2,000 $3,000	6 Tier	$5	$15	$30	$50	20%	30%	$0, $250, $500, $750
		$10	$20	$30	$50	20%	30%	

Combined Rx and Medical out-of-pocket		Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
	6 Tier	$10	$20	$30	$50	20%	30%

Pharmacy solution options

Our integrated approach to pharmacy benefits

Our integrated pharmacy model allows for real-time pharmacy data to quickly identify at-risk members, close gaps and reduce costs. We also have exclusive contracts, programs and relationships in place that ensure our members always get the best value.

Sample offerings

Medical Drug Benefit Management: Creates savings for both members and groups on high-cost specialty drugs covered by the medical benefit. Now a Core offering with no group opt in required.

Medication Savings Note: CarelonRx pharmacists review claims and contact prescribers to offer clinical consultation and recommend member-specific, evidence-based alternatives.*

Cost Relief: Offers a $0 copay on certain specialty drugs. *(Not available to members with an HSA plan.)**

Mail order: Delivers up to 4% savings on gross pharmacy spend. Members can get deliveries through CarelonRx Pharmacy or Amazon Pharmacy.

**These solutions are available with fully insured and balanced funded plans and for purchase with self-funded plans.*

Behavioral healthcare resources for members

Trust that Blue Cross of Idaho is committed to ensuring our members have access to the behavioral healthcare they need.

Our commitment to members on all plans

- Blue Cross of Idaho offers virtual behavioral healthcare through telehealth partners: Rula and Talkspace. Members pay their applicable cost share, with no additional fees.
- Our competitive reimbursement rates and active recruiting give our members significant options for local behavioral healthcare providers.
- All member-facing Blue Cross of Idaho employees are trained to respond to those in crisis and are skilled at connecting them with the immediate, local resources they need.

Employee Assistance Plan (EAP)

- With an EAP, employers can offer easy-to-access counseling services to employees to help them manage life circumstances that may impact their job performance, relationships, and health and wellbeing. Available as a buy-up.





Plan options

In-network benefits highlights

	PPO and CCO Plans	HSA Plans
$0 copayment for dependent children's office visits *(age 17 and younger)*	$0 copayment	$0 copayment after deductible
Chiropractic benefit	$30 copayment 18 visits	Deductible/coinsurance 18 visits
Physical/speech/occupational therapy	$60 copayment 30 visits combined	Deductible/coinsurance 30 visits combined
Urgent care	Specialist visit copay	Deductible/coinsurance
Emergency room services	$100 copayment plus deductible/coinsurance	$100 copayment plus deductible/coinsurance
First $DXL buy-up option	$250 or $400 (if no buy-up, deductible/coinsurance)	No buy-up – deductible/coinsurance
Option for combined Rx and medical OOP	Yes	All HSA plans are combined
Preventive care services	Members pay nothing out of pocket for covered preventive care services from in-network providers. Includes annual physical examinations, screenings for conditions like breast and colorectal cancer, immunizations, services for pregnant women and children, and more.	

Physician or other service copayments

In-network benefits highlights

ChoiceDocs is the basis for our physician copay model in our PPO plans.

PPO Copay Options			
ChoiceDocs	Non ChoiceDocs	ChoiceDocs	Non ChoiceDocs
PCP	PCP	Specialist	Specialist
$0	$20	$20	$40
$10	$30	$30	$50
$20	$40	$40	$60

We have split copays for our CCO plans.

CCO Copay Options	
PCP	Specialist
$0	$30
$0	$40
$0	$50
$0	$60

For other service types with copay:

- **Allergy injections:** $5 copay
- **Behavioral health outpatient visits**: Match the PCP copay (exception: if the ChoiceDocs option on a PPO plan is a $0-20 option for PCP visits, the behavioral health copay will also be $0)
- **Cardiac and pulmonary rehabilitation:** $10 copay
- **Chiropractic services:** $30 copay on all plans for in-network services. Out-of-network services require deductible and coinsurance.
- **Diabetes education:** PPO network plans: Same as non-ChoiceDocs PCP copay. CCO network plans: Same as PCP copay.
- **Maternity care:** $500 copay on all maternity professional services through delivery (not including inpatient care after delivery) on CCO plans.
- **Occupational rehabilitation and habilitation therapy services:** $60 copay on all plans for in-network services. Out-of-network services require deductible and coinsurance.
- **Urgent care:** Same as non-ChoiceDocs specialist copay

Optional benefits:

FOR MIDSIZE *(51-99 enrolled employees)* **AND LARGE GROUPS** *(100+ enrolled employees)*

- MDLIVE
  - $10 copay for PPO or CCO
  - Deductible/Coinsurance for HDHP plans
- Hearing aids *(optional for adults)*

DXL first dollar payment benefits

- Standard is deductible and coinsurance for both in- and out-of-network services
- $250 – First $250 of medical claim is paid by Blue Cross of Idaho – in-network only
- $400 – First $400 of medical claim is paid by Blue Cross of Idaho – in-network only

Occupational rehabilitation and habilitation therapy copayment

- Standard benefit is for a $60 copay for these therapy services
- Optional buy-up benefit is a $30 copay for these therapy services

FOR LARGE GROUPS
(100+ enrolled employees)

Acupuncture: Option for $30 copay for in-network services. There is a deductible and coinsurance for out-of-network services. 24-visit limit.

Copay amounts are not applicable on HSA plans.

2026 plan options: HSA plans

In-network benefits highlights

Aggregate/Embedded: PPO HSA or CCO HSA								
Individual deductible	$3,400	$3,400	$3,400	$4,000	$5,000	$6,800	$7,500	$8,050
Family deductible	$6,800	$6,800	$6,800	$8,000	$10,000	$13,600	$15,000	$16,100
Individual out-of-pocket maximum options *(in-network)*	$3,400 / $6,800	$5,000 / $10,000	$8,000 / $16,000	$4,000 / $8,000 $5,500 / $11,000	$5,000 / $10,000 $6,550 / $13,100	$6,800 / $13,600	$7,500 / $15,000	$8,050 / $16,100
Coinsurance	0%	10% 20% 30%	20%	0% 10% 20% 30%	0% 10% 20% 30%	0%	0%	0%
Prescription options	Combined medical/Rx, included HSA preventive list							
Preventive care/ screenings	No charge							
Pediatric office visits *(includes outpatient behavioral health)*	$0 copay after deductible							
CCO Primary Care Office Visit								
CCO Specialist Office Visit	Deductible and coinsurance							
PPO Primary Care Office Visit								
PPO Specialist Office Visit								
Emergency room services	$100 copay, plus deductible and coinsurance							

Umbrella/Non-Embedded: PPO HSA or CCO HSA			
Family deductible	$3,400	$5,000	$7,000
Individual/Family out-of-pocket maximum options *(in-network)*	$7,000 / $10,000	$7,000 / $10,000	$7,000 /$10,000
Coinsurance	10% 20% 30%	10% 20% 30%	10% 20% 30%
Rx options	Combined medical / Rx, included HSA preventive list		
Preventive care	No charge		
Pediatric office visits *(includes outpatient behavioral health)*	$0 copay after deductible		
CCO primary care office visit	$0 copay after deductible		
PPO primary care office visit	Deductible and coinsurance		
PPO specialist office visit	Deductible and coinsurance		
Emergency room services	$100 copay, plus deductible and coinsurance		

2026 plan options: Clearview Copay Plans and Gateway 9200

In-network benefits highlights

	Clearview Copay Plans					Gateway 9200
	$3,000	$4,000	$5,000	$6,000	$9,000	
Individual Deductible	$0	$0	$0	$0	$0	$9,200
Family Deductible	$0	$0	$0	$0	$0	$18,400
Individual out-of-pocket maximum options *(in network)*	$3,000	$4,000	$5,000	$6,000	$9,000	$9,200
Coinsurance	35%					0%
Prescription Options	3-Tier combined medical/Rx $20 / 20% / 30%					
Preventive care/ screenings	No charge					No charge
Pediatric office visits *(includes outpatient behavioral health)*	$0 copay					$0 copay
CCO primary care office visit	$0 copay					$50 copay
CCO specialist office visit	$85	$85	$125	$125	$185	$125 copay
Primary care office visit ChoiceDocs/ Non-ChoiceDocs	$25/$50	$25/$50	$25/$50	$25/$50	$25/$50	$50 copay
Specialist office visit ChoiceDocs/ Non-ChoiceDocs	$50/$85	$50/$85	$50/$125	$50/$125	$50/$185	$125 copay
CCO maternity care[1]	$500					Deductible and coinsurance
PPO maternity care[1]	$500					Deductible and coinsurance
Emergency room services	$750					$100 copay, then deductible and coinsurance

[1] *Professional services through delivery*

2026 plan options

In-network benefits highlights

Preferred Blue PPO or CCO							
Individual deductible	$0	$250	$500	$750	$1,000	$1,500	$2,000
Family deductible	$0	$500	$1,000	$1,500	$2,000	$3,000	$4,000
Individual out-of-pocket maximum options *(in-network)*	$5,000	$1,750	$2,000	$2,250	$2,500	$3,000	$2,000
		$3,250	$3,500	$3,750	$4,000	$4,500	$3,500
		$4,750	$5,000	$5,250	$5,500	$5,500	$5,000
					$7,000	$7,000	$5,500
					$8,000	$8,000	$7,000
					$9,000	$9,000	$8,000
							$9,000
Coinsurance *(what a member pays)*	30%	10% 20% 30%	10% 20% 30%	10% 20% 30%	10% 20% 30%	10% 20% 30%	0% 10% 20% 30%
Preventive care	No charge						
Pediatric office visits *(includes outpatient behavioral health)*	$0 copay						
CCO primary care office visit	$0 copay						
CCO specialist office visit	Choose: $30, $40, $50, $60						
Primary care office visit ChoiceDocs/ Non-ChoiceDocs	Choose: $0/$20, $10/$30, $20/$40						
Specialist office visit ChoiceDocs/ Non-ChoiceDocs	Choose: $20/$40, $30/$50, $40/$60						
CCO maternity care *(professional services through delivery)*	$500						
PPO maternity care *(professional services through delivery)*	Deductible and coinsurance						
Emergency room services	$100 copay, plus deductible and coinsurance						

Deductible: Combined in-network/out-of-network accumulator
Out-of-pocket maximum: Separate accumulator for in and out of network

Preferred Blue PPO or CCO								
$2,500	$3,000	$4,000	$5,000	$6,000	$7,000	$8,150	$8,500	$9,100
$5,000	$6,000	$8,000	$10,000	$12,000	$14,000	$16,300	$17,000	$18,200
$2,500	$3,000	$4,000	$5,000	$6,000	$7,000	$8,150	$8,500	$9,100
$4,000	$4,500	$5,500	$5,500	$7,500	$8,000			
$5,500	$5,500	$7,000	$7,000	$8,000	$9,000			
$7,000	$7,500	$8,000	$8,000	$9,000				
$8,000	$9,000	$9,000	$9,000					
$9,000								
0% 10% 20% 30%	0% 10% 20% 30%	0% 10% 20% 30%	0% 10% 20% 30%	0% 10% 20% 30%	0% 10% 20% 30%	0%	0%	0%
No charge								
$0 copay								
$0 copay								
Choose: $30, $40, $50, $60								
Choose: $0/$20, $10/$30, $20/$40								
Choose: $20/$40, $30/$50, $40/$60								
$500								
Deductible and coinsurance								
$100 copay, plus deductible and coinsurance								

Included benefits and ancillary products

Included benefits and ancillary products and services complement a medical plan to help members achieve total health, wellbeing and financial protection.

Employee Assistance Programs (EAP)

Support your employees' overall health by providing confidential support to face all of life's challenges. Blue Cross of Idaho's EAP partner, BPA Health, offers confidential support, expert information, valuable resources and access to more than 36,000 licensed therapists.

COBRA

Group health continuation coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) allows former employees and their families to temporarily continue their job-based health coverage at near-group rates.

Nurse Advice Line

This service lets members talk with a registered nurse 24/7 to help them make informed choices about their health.

Consumer-driven health plans

Pair an industry-leading account option with plan benefit offerings. Account options include Health Savings Accounts (HSAs), Health Reimbursement Arrangements (HRAs) and Flexible Spending Accounts (FSAs).

Blue365

Blue Cross of Idaho members get access to discounted services, programs and products to help them achieve their health, wellness and fitness goals. These are provided by independent sources who have agreed to offer exclusive discounted rates to our members.

Member shopping tools

Members can use our Find Care tool to compare costs of healthcare services before making an appointment. ChoiceDocs and ChoiceLocations signal quality, low-cost providers for members in our Find Care tool.

Included with all medical plans for all group types

Included with fully insured and balanced funded group plans, available as a buy-up with self-funded group plans

Available to purchase as an add-on product or service

Clinical solutions and services

All Blue Cross of Idaho medical plans include solutions and services powered by clinicians who operate under this clinical care model. These clinicians – from nurses to social workers to psychiatrists to dietitians, along with teams who support them – ensure members get the care they need while getting the most out of their healthcare benefits.

Care Management

This solution helps employees and their covered dependents who may be facing a complex health condition. Care managers work with members to help guide them through the maze of complex decision-making that may come with a serious health situation.

Condition Support

Care managers offer personal health support to members with asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease (COPD), or congestive heart failure along with hypertension and hyperlipidemia. Includes access to the Welldoc App.

MSK+

This solution bundle addresses prevention, early intervention, care navigation, aftercare and cost management to help members manage musculoskeletal issues. Tools and resources for members ensure they are supported throughout their wellbeing journey.

Cancer Care

This solution's benefits, services and support from specially trained Blue Cross of Idaho clinicians to help members prevent and detect cancer early, navigate the healthcare system after a diagnosis, and manage treatment costs.

Behavioral Health Management

Members in need get support from a care manager who ensures members get the highest quality and right site of care.

Diabetes Prevention Program

This solution helps members decrease their risk of developing Type 2 diabetes, by learning how to make lasting lifestyle changes during this 16-week program.

Included with all medical plans for all group types

Included with fully insured and balanced funded group plans, available as a buy-up with self-funded group plans

Available to purchase as an add-on product or service

Find peace of mind by offering medical, dental and vision plans from Blue Cross of Idaho

High-quality benefits are critical to keeping current and future employees happy and healthy. We understand the challenges you face to keep costs low, but a sticker price only tells part of the story.

Offering medical, dental and vision benefits from Blue Cross of Idaho gives you and your employees:

- Efficient claims processing and authorization reviews
- Support from clinical teams that have access to a greater array of member claims data, leading to improved health outcomes
- Streamlined plan experience: one member website, one member ID card and one set of plan documents
- A dedicated Account Services team that can manage all business matters
- A single Customer Service point of contact
- Less administrative lift, with one invoice and a single online employer services website

Learn more about our additional plan options in our Group Dental and Group Vision brochures.



Covered services

Blue Cross of Idaho health plans offer members a range of covered services to support any preventive, acute and long-term care needs they may have. Members may be responsible for a portion of the cost for these services.

- Allergy injections
- Ambulance transportation services
- Breastfeeding support and supply services (limited to one breast pump purchase per benefit period, per insured)
- Chiropractic care (limited to 18 visits combined per insured, per benefit period)
- Dental services related to accidental injury
- Diabetes self-management education services (only for accredited providers approved by Blue Cross of Idaho)
- Diagnostic services (including diagnostic mammograms)
- Durable medical equipment, orthotic devices and prosthetic appliances
- Emergency services – facility services (copayment waived if admitted)
- Emergency services – professional services
- Hearing aids for eligible dependent children only (benefits are limited to one device per ear, every three years, and includes 45 speech therapy visits during the first 12 months after delivery of the covered device)
- Home health skilled nursing
- Home intravenous therapy
- Hospice services
- Hospital services (inpatient and outpatient services at a licensed general hospital or ambulatory surgical facility)
- Inpatient rehabilitation or habilitation services
- Maternity services and/or involuntary complications of pregnancy
- Outpatient applied behavioral analysis
- Mental health – inpatient (facility and professional services)
- Mental health – outpatient psychotherapy services
  - Facility and other professional services
  - Outpatient cardiac rehabilitation services
- Outpatient habilitation therapy services (Includes physical, speech and occupational therapies. Limited to 30 visits combined per insured, per benefit period.)
- Outpatient rehabilitation therapy services (includes physical, speech and occupational therapies. Limited to 30 visits combined per insured, per benefit period.)
- Palliative care services
- Physician office visit
- Pediatric physician office visit (for insureds younger than 18)
- Prescribed contraceptive services (includes diaphragms, intrauterine devices [IUDs], implantables, injections and tubal ligation)
- Post-mastectomy/lumpectomy reconstructive surgery
- Pulmonary rehabilitation services
- Skilled nursing facility (limited to 30 days combined per insured, per benefit period)
- Sleep study services
- Surgical/medical professional services
- Supplemental breast cancer screening for members at heightened risk
- Therapy services (including chemotherapy, growth hormone therapy, radiation and renal dialysis)
- Transplant services
- Preventive care benefits
  (See a complete list at ***bcidaho.com/health-and-wellbeing/preventive-care-benefits***.)
- Immunizations
- Telehealth virtual care services
- Treatment for autism spectrum disorder
- Urgent care

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

In addition to any other exclusions and limitations of this Policy, the following exclusions and limitations apply to Transplant or Autotransplant services. No benefits are available under this Policy for the following:

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

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

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 مجانًا اتصل على 1-800-627-1188 (للصم 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 (711:TTY).

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 दनिुहोस्: तपाईंले नेपाली बोलनुहुनछ भने तपाईंको नमिर्ता भाषा सहायता सेवाहरू नःिशुल्क रूपमा उपलब्ध छ । फोन गरनुहोस
1-800-627-1188 (टटिविाइ: 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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Form No. 3-1187 (08-25)



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