

# 2025 Enrollment Guide

TRUE BLUE® RX (HMO)

H1350-030-0





# Transition smoothly into the right Medicare plan for you.

We know you want a Medicare health plan that meets your individual needs, and offers you value every day, from low copays to valuable extras that help cover your total health. All the key details about this plan, as well as your enrollment form, are right here. Whether you're enrolling in Medicare for the first time, or switching from your current plan, you can be confident that you'll find the care and protection you deserve with a Blue Cross of Idaho Care Plus, Inc.

We're a plan you can count on to be here for you, not just when you're sick but to help keep you healthy, so you can stay active and independent. We've been looking after the people of Idaho for over 80 years. We're based here. Decisions are made here. Your home is our home. When you call customer service, you'll speak to a fellow Idaho resident who can understand your needs and will get you a quick response. Everything we do in Idaho is an ongoing investment in you. We look forward to having you as a member.



# Table of Contents

Summary of Benefits .....	5
Extra Benefits .....	13
Enrollment Form.....	19
Pre-Enrollment Checklist .....	29
Pharmacy Benefit Guide.....	30
What Happens Next? .....	35
Star Rating .....	37
Contact Information .....	39
Non-discrimination and Language Assistance .....	43

## Covered counties

- Ada
- Adams
- Bannock
- Bingham
- Boise
- Bonner
- Bonneville
- Boundary
- Canyon
- Cassia
- Clark
- Elmore
- Fremont
- Gem
- Gooding
- Jefferson
- Jerome
- Kootenai
- Latah
- Madison
- Minidoka
- Nez Perce
- Owyhee
- Payette
- Power
- Shoshone
- Twin Falls
- Valley
- Washington



## Health plan terms to understand

**Premium:** The fixed cost you pay each month to be a member of the health plan.

**Medical deductible:** The amount you pay before the health plan helps with medical costs. Good news for you: none of our plans have a medical deductible.

**Copay:** A kind of cost sharing where you pay a fixed dollar amount for some covered services.

**Coinsurance:** A kind of cost sharing where you pay a percentage of the cost for some covered services.

**Maximum out-of-pocket amount:** A yearly limit on how much money you have to spend out of your own pocket for covered healthcare. Once you reach that limit, you don't pay anything for covered care for the rest of your plan year.

**Formulary:** The list of covered drugs for a specific plan.

# 2025 Summary of Benefits

## True Blue® Rx (HMO)

H1350-030-000

January 1, 2025 – December 31, 2025

Blue Cross of Idaho Care Plus, Inc. is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-888-492-2583 (TTY: 711) and request the "Evidence of Coverage" or access it online at ***bcidaho.com/HMOMemberResources***.

To join True Blue® Rx (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in Idaho: Ada, Adams, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Latah, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley, and Washington.

Except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at ***medicare.gov*** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

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

Free language interpreter services are available for non-English speakers.

For more information, please call customer service at: 1-888-494-2583 (TTY: 711)

8 a.m. – 8 p.m.

Oct. – Mar.: seven days a week

Apr. – Sept.: Mon. – Fri.

Or please visit us at  
***medicare.bcidaho.com***.

<b>Monthly Plan Premium</b> You must continue to pay your Medicare Part B premium	You pay \$78
<b>Medical Deductible</b> This plan does not have a medical deductible	\$0: you pay nothing
<b>Maximum Out-of-Pocket Responsibility</b> The most you pay for covered Part A and Part B medical services. Doesn't include Part D services or monthly premium.	\$6,200
<b>Inpatient Hospital Coverage*</b>	\$295 daily: 1 - 6 days; \$0 daily: 7+ days
<b>Outpatient Hospital*</b>	\$325 copay; \$0 diagnostic colonoscopy
<b>Observation Coverage*</b>	\$325 copay
<b>Ambulatory Surgery Center*</b>	\$275 copay; \$0 diagnostic colonoscopy
<b>Doctor Visits</b> Primary Care	\$10 copay; \$0 Chronic Care Management Services
<b>Specialists</b> No referral required	\$40 copay; \$0 Chronic Care Management Services
<b>Preventive Care</b>	\$0: you pay nothing
<b>Emergency Care**</b> Copay waived if admitted to the hospital within 24 hours	\$100 copay
<b>Urgent Care**</b>	\$40 copay
<b>Worldwide Emergency and Urgent Coverage</b>	\$0 copay emergency/urgent/ambulance
<b>Diagnostic Tests and Procedures</b>	\$30 copay; \$0 cardiovascular stress tests 20% of cost for sleep studies; 0% home sleep studies
<b>Lab Services*</b>	\$5 copay
<b>Diagnostic Radiology (MRI, CT, PET)*</b>	\$250 copay in a hospital-based facility; \$125 copay in a non-hospital-based facility; \$0 copay diagnostic mammogram
<b>X-rays*</b>	\$15 copay

\*Your provider may need to obtain prior authorization.

\*\*Emergency care or urgently needed services that you get from an out-of-network provider are covered. Your cost is the same as in-network.

<b>Medicare-Covered Hearing Services</b>	<b>\$40 copay</b>
<b>TruHearing® Hearing Exam</b>	<b>\$0: you pay nothing for one exam per year</b>
<b>TruHearing® Hearing Aids</b>	<p>Up to two TruHearing-branded hearing aids every year (one per ear per year).</p> <p>Benefit is limited to the TruHearing Standard, Advanced and Premium hearing aids with an optional \$50 additional cost per rechargeable aid on select models.</p> <p>First year of follow-up provider visits for fitting/evaluation of hearing aid and adjustments are covered.</p> <p>Standard \$499 copay; Advanced \$699 copay; Premium \$999 copay</p>
<b>Medicare-Covered Dental Services</b>	<b>\$40 copay</b>
<b>Preventive Dental</b>	<p>\$20 copay per visit; \$500 coverage limit:</p> <ul style="list-style-type: none"> <li>• Two routine preventive exams per year</li> <li>• Two cleanings per year</li> <li>• One annual emergency exam per year</li> <li>• One bitewing and fluoride application per year</li> <li>• One full mouth X-ray every three years</li> </ul>



<b>Optional Supplemental Dental Plan*</b>	<b>True Dental Enhanced: \$21.40</b> <ul style="list-style-type: none"> <li>• \$1,000 benefit maximum</li> <li>• \$50 deductible</li> <li>• Six-month waiting period</li> </ul> <b>Basic:</b> fillings and simple extractions <ul style="list-style-type: none"> <li>• In-network: 20% of cost</li> <li>• Out-of-network: 50% of cost</li> <li>• Same tooth surface restoration covered once in a two-year period</li> <li>• Scaling and root planing once per quadrant every two years; periodontal maintenance not to exceed four visits per year</li> <li>• Full mouth debridement once every three years</li> </ul> <b>Major:</b> crowns, root canals and bridge repairs <ul style="list-style-type: none"> <li>• In-network: 50%</li> <li>• Out-of-network: 50%</li> <li>• Crowns, bridge and bridge repairs once per tooth every seven years</li> <li>• Root canals one per tooth per lifetime</li> </ul>
<b>Medicare-Covered Eye Exam*</b> Diagnosis and treatment of medical eye diseases and conditions	\$0: you pay nothing
<b>VSP® Vision Exam*</b>	\$20 copay; benefit is once per year
<b>VSP® Eyewear*</b>	\$35 copay for one pair of glasses (lenses and frames in the VSP Genesis Collection); \$50 allowance for non-Genesis frames \$35 copay for medically necessary contacts \$100 allowance for elective contacts in lieu of glasses Benefit is for every two years.
<b>Inpatient Mental Health Care*</b>	\$290 daily: 1 - 6 days; \$0 daily: 7+ days
<b>Outpatient Mental Health Care</b> Individual and Group therapy	\$40 copay

\*Your provider may need to obtain prior authorization.



<b>Skilled Nursing Facility (SNF)*</b>	\$0 daily: 1 - 20 days; \$203 daily: 21 - 55 days; \$0 daily: 56 - 100 days
<b>Occupational Therapy</b>	\$40 copay
<b>Physical and Speech Therapy</b>	\$40 copay
<b>Ambulance*</b> Ground or air transport Your provider must obtain prior authorization for non-emergency transportation	\$270 copay
<b>Transportation</b>	Not covered
<b>Medicare Part B Prescription Drugs* **</b> (i.e., chemotherapy, hospital-administered infusions).	0%-20% of the cost. The minimum coinsurance is set at 0% to reflect the lowest possible coinsurance for a Part B rebatable drug. \$35 maximum for insulin.

\*Your provider may need to obtain prior authorization.

\*\*Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

## Medicare Part D: Prescription Drugs

Costs may differ based on pharmacy type (standard, mail-order).  
Your provider may need to obtain prior authorization.

### Annual Deductible

You are responsible for the cost of your prescription drugs until you have met the deductible.

**Tiers 1, 2 and 6 Part D Prescription Drug Deductible; \$0:** you pay nothing.

**Tiers 3-5 Part D Prescription Drug Deductible; \$175** per year for prescriptions.

### Initial Coverage Period

You are responsible for a limited copay or coinsurance. You pay a small amount until you reach \$2,000 in total drug costs. See chart below for exact amounts.

You may be eligible for the Medicare Prescription Payment Plan, a voluntary payment option to help you manage your drug costs by spreading them across the calendar year. This program may help you manage your expenses, but it doesn't save you money or lower your drug costs. Visit [bcidaho.com/pharmacy](https://bcidaho.com/pharmacy) or call 1-855-479-3661 to help you determine if this program is right for you.

	Part D standard retail cost: up to 30-day supply	Part D insulin standard retail cost: up to 30-day supply	Part D standard mail-order**cost: 90-day supply (100-day supply for Tier 6)	Part D mail-order**insulin cost: 90-day supply
<b>Tier 1: Preferred Generic</b>	\$5 copay		\$10 copay	
<b>Tier 2: Generic</b>	\$15 copay		\$30 copay	
<b>Tier 3: Preferred Brand</b>	\$47 copay	\$35 copay	\$94 copay	\$70 copay
<b>Tier 4: Non-Preferred Drug</b>	50% of cost	\$35 copay	50% of cost	\$70 copay
<b>Tier 5: Specialty Tier</b>	31% of cost		N/A	
<b>Tier 6: Select Care Drugs</b>	\$0 copay		\$0 copay	

### Catastrophic Coverage

After you reach \$2,000 in true out-of-pocket costs, you pay nothing for Part D drugs.

\*\*You have multiple options to fill your drugs using mail-order pharmacy.

**CarelonRx Pharmacy;** Have your provider send your prescription to CarelonRx Pharmacy, or you can set up mail order by logging in to your member portal at [members.bcidaho.com/pharmacy](https://members.bcidaho.com/pharmacy). Contact CarelonRx Pharmacy at 833-396-0309 (TTY:711) for any additional help or questions.

**Amazon Pharmacy;** Your provider can send your prescription directly to Amazon Pharmacy, or you can transfer existing prescriptions online. To sign up for an Amazon Pharmacy account visit [pharmacy.amazon.com](https://pharmacy.amazon.com). You will need an Amazon account but do not need an Amazon Prime account. For additional questions about setting up an account, call 855-745-5725 or visit [amazon.com](https://amazon.com).

# Additional Benefits

Annual Physical Exam	\$0: you pay nothing
Additional Telehealth Services	Follows your in-office copay for in-network participating providers. \$10 copay for virtual physical therapy; 10-visit max
Durable Medical Equipment*	20% of cost
Prosthetic Medical Devices*	20% of cost
Diabetic Shoes and Inserts	20% of cost
Diabetic Supplies	\$0: you pay nothing
Silver&Fit® Membership	\$0: you pay nothing for a variety of fitness options such as gym memberships or at-home equipment
Over-the-Counter OTC items	\$65 allowance every three months
Convenience Care* Allowance outside of the Blue Cross of Idaho service area but inside the United States	\$2,500 per year

\*Your provider may need to obtain prior authorization.

For more information, call **1-888-492-2583 (TTY: 711)**.

8 a.m. to 6 p.m, Monday - Friday

Blue Cross of Idaho Care Plus, Inc. is an HMO Medicare Advantage plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal.

©2024 Blue Cross of Idaho Care Plus, Inc. ("Blue Cross of Idaho Care Plus") is an Independent Licensee of the Blue Cross and Blue Shield Association, with services provided by Blue Cross of Idaho Health Service, Inc.

On behalf of Blue Cross of Idaho Care Plus, Inc., TruHearing, VSP Vision Care, American Specialty Health, and Convey, independent companies, administer supplemental benefit programs. VSP Vision Care administers the vision program, TruHearing administers the hearing aid coverage program, American Specialty Health administers the fitness program and Convey administers the Over-The-Counter benefit program, to Medicare Advantage plan members.

Amazon Pharmacy is an independent company that contracts with Blue Cross of Idaho Rx's pharmacy benefits manager to offer online pharmacy services. Amazon Pharmacy is solely responsible for its services. Blue Cross of Idaho Rx is not responsible for the provision of, or failure to provide, any services offered by Amazon Pharmacy.

Out-of-network/noncontracted providers are under no obligation to treat Blue Cross of Idaho Care Plus, Inc. True Blue Medicare Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.



# 2025 Extras and Buy-Ups

True Blue<sup>®</sup> Rx (HMO)



## Gym or home fitness membership

**Silver&Fit®: 1-888-818-2747**  
**SilverandFit.com**

Focus on well-being and healthy aging with Silver&Fit. Your plan includes fitness center memberships, a Home Fitness Kit and online fitness resources all at no cost to you.

- **Fitness Center Membership:** Memberships to participating fitness centers or YMCAs near you. Many participating fitness centers may also offer low-impact classes.
- **Home Fitness Kits:** You are eligible to receive one Home Fitness Kit per benefit year from a variety of fitness categories.
- **Well-Being Club:** Register online and set preferences for well-being topics, see resources tailored to your interests and healthy aging goals including articles and videos, and get connected to a community through virtual and in-person events.
- **Digital Workouts:** You can view on-demand videos through the website's digital workout library, including Silver&Fit Signature Series Classes®.
- **Workout Plans:** By answering a few online questions about your areas of interest, you will receive a customized workout plan, including instructions on how to get started and suggested workout videos.



## Over-the-counter (OTC) products

**OTC Fulfillment Center: 1-833-703-5170 (TTY: 711)**  
**bcidaho.com/OTC**  
**OTC-Anywhere Mobile App (Apple or Android)**

Receive a \$65 allowance every three months for OTC products you use every day, at no additional cost to you.

### Get supplies like:

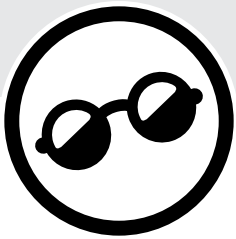
- Allergy tablets
- Bandages and first aid items
- Incontinence supplies
- Toothpaste and denture cream
- Pain relievers
- Diabetic socks
- Hand sanitizer
- Vitamins
- Eye drops
- Blood pressure monitors and more



## 24/7 medical advice

**Blue Cross of Idaho**  
**Nurse Advice Line: 1-800-704-0727**

We have registered nurses on call day and night to answer questions about your prescriptions or health conditions at no cost to you. Along with in-the-moment advice, they can also recommend healthcare providers to help resolve your health issues in the long term.



## Eyewear and eye care

**VSP: 1-844-566-3503 (TTY: 711)**  
**[vsp.com](https://www.vsp.com)**

Your plan includes comprehensive vision coverage through VSP® Advantage. When you visit a VSP Advantage provider, you'll only pay a small copay for your annual exam, new lenses, and a frame from the Genesis collection.

- \$20 copay for one routine eye exam per year.
- As low as \$35 copay for frame and lenses once every two years. Includes UV and scratch-resistant coating at no extra cost.
- If you'd like contact lenses instead, VSP offers 15% off your exam, plus \$100 to apply toward the rest of the exam cost and the lenses.



## Out-of-area health plan coverage

**Blue Cross of Idaho**  
**Customer Service: 1-888-494-2583**

If you'd like to visit a provider outside of the Blue Cross of Idaho Care Plus, Inc. service area but within the U.S., you can still get in-network cost sharing for some services. Our Convenience Care program provides you with benefits up to \$2,500 at no additional cost to you.

- Some restrictions apply. See the Evidence of Coverage for complete details.



## Hearing coverage

**TruHearing®: 1-888-989-9220,**  
**8 a.m. – 8 p.m., Monday – Friday**  
**[TruHearing.com/bcidmedicare](https://www.truhearing.com/bcidmedicare)**

Your benefit covers a \$0 routine hearing exam and up to two Bluetooth®-enabled hearing aids per year, from \$499 to \$999 per aid. These aids feature enhanced speech clarity and convenient streaming from your phone.

For an additional \$50 per aid, you can upgrade to rechargeable aids on select styles. Some styles include a portable charger providing up to 36 hours of use per charge.

All hearing aid purchases include the following:

- Fitting and evaluation
- Risk-free 60-day trial period
- One year of follow-up visits
- 80 free batteries per non-rechargeable hearing aid
- Full three-year manufacturer warranty





## Dental coverage

**Blue Cross of Idaho**  
**Customer Service: 1-888-494-2583**

Original Medicare doesn't cover dental services such as routine exams, cleanings, and other common dental services. Your plan helps bridge this gap with preventive dental services for no extra premium.

### **Preventive dental benefits**

**\$20 copay/visit; \$500 coverage limit**

- Preventive exams
- Cleanings
- Emergency exam
- X-rays
- Fluoride application

Selecting the optional **True Dental Enhanced** buy-up during enrollment adds comprehensive dental services to your plan's preventive coverage for an additional monthly premium of **\$21.40**.

### **Comprehensive dental benefits**

**\$50 deductible, \$1,000 coverage limit**

(6 month waiting period w/o evidence of continuous coverage)

### **Basic dental care: 20% of cost (50% out of network)**

- Fillings, extractions
- Scaling, root planing
- Full mouth debridement
- Periodontal maintenance

### **Major dental care: 50% of cost**

- Root canals
- Crowns
- Bridges and bridge repairs

Contact Blue Cross of Idaho Customer Service with any questions regarding your dental coverage. See the Evidence of Coverage for more complete details.

For questions, call Blue Cross of Idaho Customer Service at **1-888-494-2583 (TTY: 711)**.

**October 1 – March 31:** 8 a.m. to 8 p.m., seven days a week

**April 1 – September 30:** 8 a.m. to 8 p.m., Monday through Friday

Blue Cross of Idaho Care Plus, Inc. is a Medicare Advantage health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal.

©2024 Blue Cross of Idaho Care Plus, Inc. ("Blue Cross of Idaho Care Plus"), an Independent Licensee of the Blue Cross Blue Shield Association, with services provided by Blue Cross of Idaho Health Service, Inc.

On behalf of Blue Cross of Idaho Care Plus, Inc., TruHearing, VSP Vision Care, American Specialty Health, Inc., and Convey, independent companies, administer supplemental benefit programs. VSP Vision Care, an independent company administers the vision program, TruHearing, an independent company, administers the hearing aid coverage program, American Specialty Health, Inc., an independent company, administers the fitness program, and Convey, an independent company administers the Over-The-Counter benefit program to Medicare Advantage plan members.

Out-of-network/noncontracted providers are under no obligation to treat True Blue Medicare Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Silver&Fit program is provided by ASH Fitness, a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit and Silver&Fit Signature Series Classes are trademarks of ASH and used with permission herein. Fitness center participation may vary by location and is subject to change. Kits are subject to change.

# Ready to Enroll?

True Blue<sup>®</sup> Rx (HMO)

# 2025 Enrollment Form

## True Blue<sup>®</sup> Rx (HMO)

### Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

### To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

**Important:** To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

### When do I use this form?

You can join a plan:

- Between October 15 – December 7 each year (for coverage starting January 1)
- Within three months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

### What do I need to complete this form?

- Your Medicare ID number (the number on your red, white and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

### Reminders:

- If you want to join a plan during fall Annual Enrollment Period (October 15 – December 7), the plan must get your completed form by December 7.

- Your plan will send you a bill for the plan's premium—you can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

### What happens next?

Send your completed and signed form to:

Blue Cross of Idaho Care Plus, Inc.  
P.O. Box 8406  
Boise, ID 83707-2406

Or enroll online at **medicare.bcidaho.com**.

Once they process your request to join, they'll contact you.

### How do I get help with this form?

Call Blue Cross of Idaho Care Plus, Inc. at 1-888-492-2583. TTY users can call 711.

We are available Monday through Friday from 8 a.m. to 6 p.m.

Or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, seven days a week.

**En español:** Llame a Blue Cross of Idaho Care Plus, Inc. al 1-888-494-2583 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

### Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.



**CONFIRM THE PLAN YOU ARE APPLYING FOR BY CHECKING THE BOX BELOW**

☐ True Blue Rx (HMO) **\$78**

Available in Ada, Adams, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Latah, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley and Washington counties.

**OPTIONAL SUPPLEMENTAL COVERAGE:**

☐ Please add **True Dental Enhanced** optional supplemental comprehensive dental, including basic and major coverage, for **\$21.40** per month.

Are you currently enrolled in a Blue Cross of Idaho dental plan? ☐ Yes ☐ No

If yes, do you want to keep your current dental plan? ☐ Yes ☐ No

If yes, Name of Dental Plan: \_\_\_\_\_ ID Number: \_\_\_\_\_

Basic dental services have a six-month waiting period without evidence of existing continuous coverage. Dental waiting periods can be waived when you submit your application if you had 12 consecutive months of dental insurance prior to enrolling in this plan, with a lapse in coverage of 60 days or less.

☐ Yes, I have had 12 consecutive months of dental insurance and would like my waiting periods waived.

Prior Carrier: \_\_\_\_\_ ID/Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination/End Date: \_\_\_\_\_

☐ No, I do not have 12 consecutive months of dental insurance.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**IMPORTANT Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on the previous page to send your completed form to the plan.**

Section 1 – All fields on this page are required (unless marked optional)

PLEASE PROVIDE YOUR INFORMATION:

First Name	Last Name	M.I. (optional)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date (MM/DD/YYYY)	Phone (     )	Alternate Phone (     )	
Email Address*		County (optional)	

Permanent Residence street address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):

Address	City	State	Zip Code
---------	------	-------	----------

Mailing address, if different from your permanent address (P.O. Box allowed):

Address	City	State	Zip Code
---------	------	-------	----------

\*OPTIONAL: By providing us with your email address you are agreeing to receive communications regarding your plan benefits and well-being. You can opt out at any time.

YOUR MEDICARE INFORMATION:

Medicare ID Number:    \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_  
*Medicare Beneficiary Identifier (MBI)*

ANSWER THIS IMPORTANT QUESTION:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Blue Cross of Idaho?  
☐ Yes    ☐ No

Name of other Coverage:                      Member Number for this Coverage:                      Group Number for this Coverage:  
\_\_\_\_\_

Dates of other coverage:  
Start date (MM/DD/YYYY): \_\_\_\_\_ End date (MM/DD/YYYY): \_\_\_\_\_

✂ Fold and tear along dotted line to detach pages for mailing ✂

**PLEASE CONFIRM YOUR ELIGIBILITY FOR ENROLLMENT:**

**Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period (AEP) from October 15 through December 7 of each year.** There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

**Please read the following statements carefully and check the box if the statement applies to you.**

By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled. If none of these statements applies to you or you're not sure, you can speak with an enrollment expert at 1-888-492-2583 (TTY 711) 8 a.m. to 6 p.m. Monday to Friday to see if you are eligible to enroll.

- ☐ I am enrolling during the Annual Enrollment Period (AEP) October 15 – December 7.
- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP) January 1 - March 31.
- ☐ I am in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change.
- ☐ I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved or will move on (insert date) \_\_\_\_\_.
- ☐ I recently was released from incarceration. I was or will be released on (insert date) \_\_\_\_\_.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I moved or will move back to the U.S. on (insert date) \_\_\_\_\_.
- ☐ I recently obtained lawful presence status in the United States. I got or will get this status on (insert date) \_\_\_\_\_.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid). This change happened on (insert date) \_\_\_\_\_.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help). This change happened on (insert date) \_\_\_\_\_.
- ☐ I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.
- ☐ I recently moved out of a long term care facility within the last two months (for example, a nursing home or a rehabilitation hospital). I moved on (insert date) \_\_\_\_\_.
- ☐ I moved into or I already live in a long term care facility (for example, a nursing home or rehabilitation hospital).
- ☐ I am new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started. I was notified of getting Medicare on (insert date) \_\_\_\_\_.

**Continued on next page**

- ☐ I have had Medicare prior to now, but I am now turning 65.
- ☐ I left coverage from my employer or union (including COBRA coverage). I left or will leave on (insert date) \_\_\_\_\_.
- ☐ I lost other, non-Medicare prescription drug coverage that's as good as Medicare prescription drug coverage (creditable coverage), or my other, non-Medicare prescription drug coverage changed and is no longer considered creditable. This happened on (insert date) \_\_\_\_\_.
- ☐ I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.
- ☐ I lost my Special Needs Plan because I no longer have a condition required for that plan. This change happened on (insert date) \_\_\_\_\_.
- ☐ I lost my coverage because Medicare ended its contract with my plan. I received a letter from Medicare saying I can join another plan. My plan ended on or will end on (insert date) \_\_\_\_\_.
- ☐ I lost my coverage because my plan no longer covers the area that I live or it ended its contract with Medicare.
- ☐ I recently left a PACE (Programs of All-Inclusive Care for the Elderly) program. I dropped my coverage on (insert date) \_\_\_\_\_.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. That plan started on (insert date) \_\_\_\_\_.
- ☐ I am in a plan that has had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.
- ☐ I am in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
- ☐ I was affected by an emergency or a major disaster (as declared by the Federal Emergency Management Agency, or by federal, my state, or my local government). One of the other statements on this page applied to me, but I was unable to make my request because of the disaster.
- ☐ I requested plan materials in an accessible format and was not given equal time to make an enrollment decision.
- ☐ Other \_\_\_\_\_.



## Section 2 – All fields on this page are optional

**ANSWERING THESE QUESTIONS IS YOUR CHOICE.**

**You can't be denied coverage because you don't fill them out.**

Are you Hispanic, Latino/a, or of Spanish origin? Select all that apply.

☐ No, not of Hispanic, Latino/a or Spanish origin

☐ Yes, Cuban

☐ Yes, Mexican, Mexican American, Chicano/a

☐ Yes, another Hispanic, Latino/a or Spanish origin

☐ Yes, Puerto Rican

☐ **I choose not to answer**

What's your race? Select all that apply.

☐ American Indian or Alaska Native

☐ Black or African American

☐ White

**Asian:**

**Native Hawaiian or  
Pacific Islander:**

☐ **I choose not to answer**

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian

☐ Guamanian or Chamorro

☐ Native Hawaiian

☐ Samoan

☐ Other Pacific Islander

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format.

☐ Spanish ☐ Another accessible format (audio, Braille or large print): \_\_\_\_\_

Please contact a customer advocate at 1-888-494-2583 (TTY: 711) if you need information in an accessible format or language other than what is listed above.

We are available seven days a week from 8 a.m. to 8 p.m., October 1 to March 31 and 8 a.m. to 8 p.m. Monday through Friday April 1 to September 30.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

Please choose a primary care provider (PCP) from the True Blue (HMO) Provider Network. Enter the PCP ID number exactly as it appears on the website or in the Provider Directory. It will be five to eight digits (examples: BB123, 12345678). Please visit [bcidaho.com/FindTrueBlueDoctors](https://bcidaho.com/FindTrueBlueDoctors) for a list of participating network providers.

Name of Primary Care Provider (PCP): \_\_\_\_\_

PCP ID Number: \_\_\_\_\_ Are you an existing patient? ☐ Yes ☐ No

If you do not specify a PCP, one will be assigned for you.

Requested Service Effective Date: \_\_\_\_\_

**PLEASE SELECT A PREMIUM PAYMENT OPTION:**

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by choosing one of the following options.

*If you don't select an option below, we will keep your current billing option in place, or send you a monthly bill.*

☐ **Automatic deduction from monthly Social Security or Railroad Retirement Board (RRB) benefit check.**

The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. **You are responsible for paying your premium until we notify you of your start date.** In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point that withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

I get monthly benefits from: ☐ Social Security ☐ RRB

☐ **Monthly bill**

☐ **Automatic deduction from your bank account – automated clearing house (ACH)**

Please attach a voided check (not a deposit slip). Your signature is required. We automatically deduct your payment on the 5th of each month, unless you choose a different date.

Account Holder Name: \_\_\_\_\_

Bank Name and Address (city and state): \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Holder Signature(s): \_\_\_\_\_

Day of the month you would like your payment to draft (1st-10th): \_\_\_\_\_

**Retiree Billing or PERSI:** You will be sent a monthly bill if your premium exceeds your available funds

☐ **City of Boise Retiree**

☐ **College of Idaho Retiree**

☐ **Elmore County Retiree**

☐ **PERSI:** We will contact PERSI for permission to access your funds. **You are responsible for paying your premium until we notify you of your start date.**

I am a State of Idaho/Statewide Schools:

☐ Retiree ☐ Individual requesting payment from my spouse who is a PERSI retiree

Retiree Name: \_\_\_\_\_

Retiree Social Security Number: \_\_\_\_\_

Member Social Security Number (if different from retiree): \_\_\_\_\_

Statewide School District Number: \_\_\_\_\_

**If you have to pay a Part D Income Related Monthly Adjustment Amount (Part D IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Blue Cross of Idaho Care Plus, Inc. the Part D IRMAA.**

✂ Fold and tear along dotted line to detach pages for mailing ✂

## IMPORTANT – READ AND SIGN BELOW:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Blue Cross of Idaho Care Plus, Inc.
- By joining this Medicare Advantage Plan, I acknowledge that Blue Cross of Idaho Care Plus, Inc. will share my information with Medicare, who may use it to track my enrollment, to make payment, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time, and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Blue Cross of Idaho Care Plus, Inc. coverage begins, I must get all of my medical and prescription drug benefits from Blue Cross of Idaho Care Plus, Inc. Benefits and services provided by Blue Cross of Idaho Care Plus, Inc. and contained in my Blue Cross of Idaho Care Plus, Inc. Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Blue Cross of Idaho Care Plus, Inc. will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  1. This person is authorized under state law to complete this enrollment.
  2. Documentation of this authority is available upon request by Medicare.

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Relationship to beneficiary: ☐ Self ☐ Authorized Representative ☐ Other \_\_\_\_\_

If you're the authorized representative (i.e. agents, brokers, SHIP counselors, family members, or other third parties), sign above and fill out these fields. If applicable, please attach a power of attorney form.

Name: \_\_\_\_\_ Relationship to Enrollee: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ National Producer Number: \_\_\_\_\_  
(Agents/Brokers only)

## FOR OFFICE OR AGENT USE ONLY:

Name of Agent/Broker (if assisted in enrollment): \_\_\_\_\_ Broker ID: \_\_\_\_\_

Date Enrollment Form Taken by Agent: \_\_\_\_\_

Enrollment was performed via ☐ Telephone/Teleconference ☐ In person

Plan ID Number: \_\_\_\_\_

ICEP/IEP: \_\_\_\_\_ AEP: \_\_\_\_\_ SEP (type): \_\_\_\_\_ Not Eligible: \_\_\_\_\_

Broker Email: \_\_\_\_\_

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

✂ Fold and tear along dotted line to detach pages for mailing ✂

©2024 Blue Cross of Idaho Care Plus, Inc. ("Blue Cross of Idaho Care Plus"), an Independent Licensee of the Blue Cross Blue Shield Association, with services provided by Blue Cross of Idaho Health Service, Inc.

# 2025 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative toll-free at **1-888-492-2583 (TTY: 711)**, 8 a.m. to 6 p.m., Monday through Friday.

## Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **[bcidaho.com/HMOMemberResources](https://www.bcidaho.com/HMOMemberResources)** to view or call **1-888-492-2583 (TTY: 711)** to request a copy of the EOC.

- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

- ☐ Review the formulary to make sure your drugs are covered.

## Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2025.

- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.



# Pharmacy Benefit Guide

The Blue Cross of Idaho Care Plus, Inc. website is your comprehensive guide to your pharmacy benefits.

Visit the website at ***[bcidaho.com/pharmacy](https://www.bcidaho.com/pharmacy)*** or contact us at 1 (855) 479-3661.

# Benefit Information



## How to get help when you encounter problems at the pharmacy or have questions about your pharmacy benefits

- » There may be times when you have questions or encounter an issue with your pharmacy or using your pharmacy benefits.
- » Blue Cross of Idaho Rx is available to help you with questions regarding your pharmacy benefits.
  - Call us at 1-855-479-3661.
  - Visit **[bcidaho.com/pharmacy](https://bcidaho.com/pharmacy)** for a comprehensive guide to your pharmacy benefits.



## Important information you should know:

- **How to find an in-network pharmacy**
  - » Visit **[bcidaho.com/FindAPharmacy](https://bcidaho.com/FindAPharmacy)**. Find a local pharmacy in our network to help make getting your prescriptions convenient while providing the service you need.
- **How to know if your prescription is covered.**
  - » Visit **[bcidaho.com/FindAPharmacy](https://bcidaho.com/FindAPharmacy)**. Enter your prescriptions to see if they are covered, get an estimated cost or find lower-cost alternatives.
- **Visit [bcidaho.com/Druglist](https://bcidaho.com/Druglist) to:**
  - » Find and print your list of covered drugs (formulary).
  - » Find out what medications have quantity limits or require additional approval before filling them at a pharmacy.
- **How to conveniently have your prescriptions delivered direct to your home.**

You have multiple options to fill your drugs using mail-order pharmacy.

  - » **CarelonRx Pharmacy**; Have your provider send your prescription to CarelonRx Pharmacy, or you can set up mail order by logging in to your member portal at **[members.bcidaho.com/pharmacy](https://members.bcidaho.com/pharmacy)**. Contact CarelonRx Pharmacy at 1-833-396-0309 (TTY:711) for additional help.
  - » **Amazon Pharmacy**; Your provider can send your prescription directly to Amazon Pharmacy, or you can transfer existing prescriptions online. To sign up for an Amazon Pharmacy account visit **[pharmacy.amazon.com](https://pharmacy.amazon.com)**. You will need an Amazon account but do not need an Amazon Prime account. Call 1-855-745-5725 or visit **[amazon.com](https://amazon.com)** for additional help.

- **What do to if your prescription drug is not covered or requires additional approval**

- » Ask your doctor to use the “Real Time Benefit Tool” when prescribing your medication. This will let them know if the prescription is covered, what your cost share is, and if there are any limits to be aware of.
- » When additional review is required, it is called a coverage determination request. You have the right to ask for a coverage determination. Examples include:
  - Prior Authorization: Your medication requires additional documentation before we can pay for the claim
  - Formulary Exception: Your medication is not on our list of covered drugs
  - Quantity Limit Exception: You need more of a medication than your plan allows
  - Step Therapy: We require you to try another medication before we pay for the medication you are trying to fill at the pharmacy

Information on how to submit a coverage determination request can be found at [bcidaho.com/pharmacy](https://www.bcidaho.com/pharmacy).



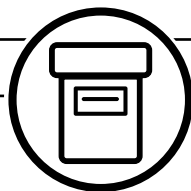
---

### **Blue Cross of Idaho offers comprehensive clinical support for members and their medications.**

---

- » We check behind the scenes to make sure your prescribed medications are appropriate and safe for you. We collaborate with your doctor to spot and solve potential problems.
- » We provide automatic refill reminder calls to help keep you on track with refilling your prescription medications. Not taking medications as prescribed can lead to problems and worsening health conditions.
- » Based on your specific medications and health conditions, we may contact you for medication check-ins over the course of the year to answer questions and help navigate any challenges you may experience with taking your prescription medications.
- » Additionally, we perform annual medication reviews to members that qualify for our Medication Therapy Management (MTM) program.
  - MTM enrollment is automatic and based on the number of long-term health conditions you have, number of covered maintenance drugs taken, and your yearly prescription drug costs. To find out more about the MTM program, visit [bdidaho.com/pharmacy](https://www.bdidaho.com/pharmacy) or contact us at 1-855-479-3661.

Be sure to take advantage of the clinical outreach you get to make sure you're getting the most from not only your medications, but your pharmacy benefits.



## Medicare Prescription Payment Plan

Starting in 2025, you can opt into a **voluntary** payment plan for your Part D drugs. This plan is managed by Blue Cross of Idaho Care Plus, Inc.

- **How does this plan work with my Part D drug coverage?**

- » You will not pay your pharmacy for your Part D covered drugs.
- » We will pay your pharmacy the copay or coinsurance. This will occur behind the scenes and no action is required by you.
- » We will send you an invoice for your monthly portion of your expected annual Part D drug cost.

- **Is this plan right for me?**

- » Speak with your trusted advisor or call 1-855-479-3661 to help you determine if this program is right for you.

- **Important Reminders**

- » This plan **does not lower** the cost of your **Part D** drugs – **you will not save money** because your total annual drug cost will not change but it *may help you manage your monthly costs*.
- » This plan **does not include** any prescription drugs or services covered under **Medicare Part B**.
  - Common examples include: Diabetic testing supplies or certain medications used to prevent your body from rejecting a transplanted organ that was paid for by Medicare (immunosuppressants).
- » The most you will pay out-of-pocket for your covered Part D drugs is \$2,000. This cap still applies even if you are participating in the Medicare Prescription Payment Plan. After that, you pay nothing for your Part D drugs.

Visit [bcidaho.com/pharmacy](https://bcidaho.com/pharmacy) to learn more.

For questions, call Blue Cross of Idaho Rx Customer Service  
at **1-855-479-3661 (TTY: 711)**.

**24 hours a day, seven days a week**

©2024 Blue Cross of Idaho Care Plus, Inc. ("Blue Cross of Idaho Care Plus"), an Independent Licensee of the Blue Cross Blue Shield Association, with services provided by Blue Cross of Idaho Health Service, Inc.

Amazon Pharmacy is an independent company that contracts with Blue Cross of Idaho Rx's pharmacy benefits manager to offer online pharmacy services. Amazon Pharmacy is solely responsible for its services. Blue Cross of Idaho Rx is not responsible for the provision of, or failure to provide, any services offered by Amazon Pharmacy.

# What Happens Next?

## 1

### Confirmation letter

Look for a confirmation letter notifying you that your enrollment is complete. If you have questions or concerns, you can call us at 1-888-494-2583 (TTY: 711).

### Your Identification Cards

You will receive your Blue Cross of Idaho Care Plus, Inc. member ID card. Keep that with you and leave your red, white and blue Medicare ID card at home for safekeeping. You'll only need one member ID card for all your medical services and for filling your prescriptions.

## 2

### Go online or go mobile

Go to **[members.bcidaho.com](https://members.bcidaho.com)** to create an online account. From there you can:

- View your benefits details
- View your claims
- See your progress toward your yearly deductible
- Order a new member ID card
- Find an in-network provider
- Learn more about Health and Wellness programs

Download the Blue Cross of Idaho Member app from the Apple App Store or Google Play and use your [bcidaho.com](https://members.bcidaho.com) member username and password to log in.

- Find an in-network provider or urgent care closest to where you are
- See your progress toward your yearly deductible
- See benefit details
- View member ID cards
- Email or fax member ID cards straight to your healthcare providers

## 3

### Schedule your visits

- If you're new to Medicare, within the first 12 months you can schedule a "Welcome to Medicare" preventive care visit. If you're an existing Medicare beneficiary, simply schedule your Annual Wellness Visit early in the year and take advantage of your plan's benefits.
- We also encourage you to schedule an optional 45-to-60 minute health assessment visit at your home with a nurse practitioner at no cost to you. This is a basic health screening and does not replace any check-ups with your doctor. Look for a letter in the mail with additional details.



# Notes

[illegible]

## IMPORTANT INFORMATION:

### 2025 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



#### Blue Cross of Idaho - H1350

For 2025, Blue Cross of Idaho - H1350 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★  
**Health Services Rating:** ★★★★★  
**Drug Services Rating:** ★★★★★



Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

#### Get More Information on Star Ratings Online

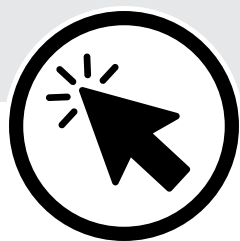
Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

Contact Blue Cross of Idaho 7 days a week from 8:00 a.m. to 8:00 p.m. Mountain time at 888-492-2583 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Mountain time. Current members please call 888-494-2583 (toll-free) or 711 (TTY).

Blue Cross of Idaho Care Plus, Inc. is an HMO health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal. ©2024 Blue Cross of Idaho Care Plus, Inc. ("Blue Cross of Idaho Care Plus"), an Independent Licensee of the Blue Cross Blue Shield Association, with services provided by Blue Cross of Idaho Health Service, Inc.

This page intentionally left blank.



## Contact information

### Questions?

#### Members call toll-free:

1-888-494-2583 (TTY: 711)

#### October 1 – March 31:

8 a.m. to 8 p.m., seven days a week

#### April 1 – September 30:

8 a.m. to 8 p.m., Monday through Friday

### Website:

[medicare.bcidaho.com](http://medicare.bcidaho.com)

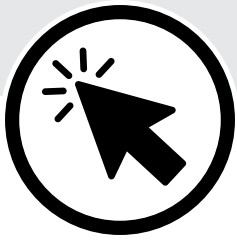
### Find a network provider, pharmacy or drug list:

- 1-888-494-2583 (TTY: 711)
- **Provider:**  
[bcidaho.com/FindTrueBlueDoctors](http://bcidaho.com/FindTrueBlueDoctors)
- **Pharmacy:**  
[bcidaho.com/FindAPharmacy](http://bcidaho.com/FindAPharmacy)
- **List of covered drugs:**  
[bcidaho.com/DrugList](http://bcidaho.com/DrugList)
- **Dentist\*:**  
[bcidaho.com/FindADentist](http://bcidaho.com/FindADentist)

### Blue Cross of Idaho Local Office

3000 East Pine Ave.

Meridian, ID 83642-5995



## Contact information: extra benefits

### Gym or Home Fitness

- Silver&Fit®: 1-888-818-2747  
SilverandFit.com

### OTC: how to order

- Online: [bcidaho.com/OTC](https://bcidaho.com/OTC)
- Mobile app: OTC-Anywhere
- Phone: 1-833-703-5170 (TTY: 711)
- Mail-in form (in catalog)

### Dental\*

- Blue Cross of Idaho  
Customer Service:  
1-888-494-2583 (TTY: 711)

### 24/7 Medical advice

- Blue Cross of Idaho  
Nurse Advice Line:  
1-800-704-0727

### Eyewear and Eye Care

- VSP®: 1-844-566-3503 (TTY: 711)  
[vsp.com](https://vsp.com)

### Hearing Coverage

- TruHearing®: 1-888-989-9220
- [TruHearing.com/bcidmedicare](https://TruHearing.com/bcidmedicare)

### Convenience Care

- Blue Cross of Idaho  
Customer Service:  
1-888-494-2583

\*Your plan may not have full dental benefits. To learn more about how to add optional supplemental dental benefits call Blue Cross of Idaho Customer Service at 1-888-494-2583 (TTY: 711).

©2024 Blue Cross of Idaho Care Plus, Inc. ("Blue Cross of Idaho Care Plus") is an Independent Licensee of the Blue Cross and Blue Shield Association, with services provided by Blue Cross of Idaho Health Service, Inc.

On behalf of Blue Cross of Idaho Care Plus, Inc., TruHearing, VSP Vision Care, American Specialty Health, Inc., and Convey, independent companies, administer supplemental benefit programs. VSP Vision Care administers the vision program, TruHearing administers the hearing aid coverage program, American Specialty Health, Inc. administers the fitness program and Convey administers the Over-The-Counter benefit program, to Medicare Advantage plan members.

# Notes

[illegible]

# Notes

[illegible]



## DISCRIMINATION IS AGAINST THE LAW

Blue Cross of Idaho and Blue Cross of Idaho Care Plus, Inc., (collectively referred to as 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 (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)).

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).

**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 (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 (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.

Y0010\_MK25110\_C  
H9656\_MK25111\_C

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](mailto: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/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 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Nepali:** ध्यान दनिहोस्: तपाईंले नेपाली बोलनुहुन्छ भने तपाईंको नमिता भाषा सहायता सेवार्हू ने: शुल्क 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).

For more information, contact your local independent agent or call the toll-free number below.

**1-888-492-2583 (TTY: 711)**

8 a.m. to 6 p.m., Monday to Friday

Blue Cross of Idaho Care Plus, Inc. is an HMO health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal.

On behalf of Blue Cross of Idaho Care Plus, Inc., TruHearing, VSP Vision Care, American Specialty Health, and Convey, independent companies, administer supplemental benefit programs. VSP Vision Care administers the vision program, TruHearing administers the hearing aid coverage program, American Specialty Health administers the fitness program and Convey administers the Over-The-Counter benefit program, to Medicare Advantage plan.

Out-of-network/non-contracted providers are under no obligation to treat True Blue Medicare Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

©2024 Blue Cross of Idaho Care Plus, Inc. ("Blue Cross of Idaho Care Plus") is an Independent Licensee of the Blue Cross and Blue Shield Association, with services provided by Blue Cross of Idaho Health Service, Inc.

To file a marketing complaint call Medicare at 1-800-MEDICARE (24 hours a day/7 days a week) or Blue Cross of Idaho Care Plus, Inc. at 1-888-494-2583 (TTY: 711). It is important to provide an agent or broker name with your complaint.



3000 East Pine Avenue  
Meridian, Idaho 83642-5995

P.O. Box 8406  
Boise, Idaho 83707

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