



2025 Available Plans for

Area 3:

North Idaho
Clark County



Compare the benefits in our Blue Cross of Idaho Care Plus, Inc. Medicare Advantage plans to find the plan that's right for you.

Please call us with any questions at **1-888-492-2583 (TTY: 711)**, Monday – Friday, 8 a.m. to 6 p.m.

Secure Blue Courage (PPO)

H1302-004

If you live in any of the following counties, you may enroll in this plan:

Bonner, Boundary, Clark, Kootenai, Latah, Nez Perce and Shoshone

	IN-NETWORK	OUT-OF-NETWORK
Monthly Plan Premium	\$0: you pay nothing; \$50 Part B premium reduction	\$0: you pay nothing; \$50 Part B premium reduction
Max Medical Out-of-Pocket	\$5,200	\$7,000
Primary Care Provider (PCP)	\$0: you pay nothing	\$45 copay
Specialists	\$40 copay	\$45 copay
Inpatient Hospital Coverage	\$350 daily 1-5 days; \$0 daily 6+ days	\$350 daily 1-10 days; \$0 daily days 11+
Outpatient Hospital Coverage	\$325 copay; \$0 diagnostic colonoscopy	20% coinsurance
Emergency Care	\$100 copay	\$100 copay
Urgent Care	\$40 copay	\$40 copay
Lab Services	\$0: you pay nothing	25% coinsurance
X-rays	\$15 copay	25% coinsurance
Dental (Preventive)	\$0 copay including exams, cleanings, X-rays and fluoride; \$500 limit	\$100 deductible (combined with comprehensive); 50% coinsurance
Dental (Comprehensive)	\$0 copay fillings, simple extractions, root canals and dentures; \$300 copay crowns and implants; \$1,500 limit	\$100 deductible (combined with preventive); 50% coinsurance
Hearing	\$0 copay for exam; hearing aid coverage starting at \$499 per aid	N/A
Vision	\$20 copay for annual routine exam; frames and lenses for as little as \$35, or \$100 towards contacts	\$20 copay; \$45 coverage limit for exam; \$50 allowance towards frames and \$30-\$100 allowance towards lenses or contacts
Gym	\$0: you pay nothing for an allotment of monthly credits to be used towards a variety of fitness options	N/A
Over-the-Counter (OTC)	\$60 allowance every quarter towards OTC items you use every day	N/A

True Blue Valor (HMO)

H1350-006

If you live in any of the following counties, you may enroll in this plan:

Bonner, Boundary, Clark, Kootenai, Latah, Nez Perce and Shoshone

Monthly Plan Premium	You pay \$34
Max Medical Out-of-Pocket	\$3,000
Primary Care Provider (PCP)	\$0 copay
Specialists	\$25 copay
Inpatient Hospital Coverage	\$100 daily for 1-5 days; \$0 daily for 6+ days
Outpatient Hospital Coverage	\$150 copay; \$0 diagnostic colonoscopy
Emergency Care	\$100 copay
Urgent Care	\$25 copay
Lab Services	\$0: you pay nothing
X-rays	\$0: you pay nothing
Dental (Preventive)	\$0 copay including exams, cleanings, X-rays and fluoride; \$500 limit
Dental (Comprehensive)	\$0 copay fillings, simple extractions, root canals and dentures; \$300 copay crowns and implants; \$1,500 limit
Hearing	\$0 copay for exam; hearing aid coverage starting at \$499 per aid
Vision	\$20 copay for annual routine exam; frames and lenses for as little as \$35, or \$100 towards contacts
Gym	\$0: you pay nothing for an allotment of monthly credits to be used towards a variety of fitness options
Over-the-Counter (OTC)	\$75 allowance every quarter towards OTC items you use every day

True Blue Rx Essentials (HMO)

H1350-026

If you live in any of the following counties, you may enroll in this plan:

Bonner, Boundary, Clark, Kootenai, Latah, Nez Perce and Shoshone

Monthly Plan Premium	\$0: you pay nothing; \$17 Part B premium reduction
Max Medical Out-of-Pocket	\$6,000
Part D Deductible	Tiers 1, 2, 6: no deductible; Tiers 3-5: \$275
Primary Care Provider (PCP)	\$10 copay; \$0 for Chronic Care Management Services
Specialists	\$50 copay; \$0 for Chronic Care Management Services
Inpatient Hospital Coverage	\$325 daily for 1-4 days; \$0 daily for 5+ days
Outpatient Hospital Coverage	\$375 copay; \$0 diagnostic colonoscopy
Emergency Care	\$100 copay
Urgent Care	\$40 copay
Lab Services	\$20 copay
X-rays	\$25 copay
Dental (Preventive)	\$20 copay including exams, cleanings, X-rays and fluoride; \$500 limit
Gym	\$0: you pay nothing for an allotment of monthly credits to be used towards a variety of fitness options

True Trio optional buy-up includes the following for \$18.50 per month

Dental (Comprehensive)	\$50 deductible; \$1000 limit 20% coinsurance: basic services like fillings and extractions 50% coinsurance: major services like crowns and root canals
Hearing	\$0: for exam; hearing aid coverage starting at \$499 per aid
Vision	\$20 copay for annual routine exam; frames and lenses for as little as \$35, or \$100 towards contacts

True Blue Rx Preferred (HMO)

H1350-031-3

Save money by choosing a Tier 1-designated Primary Care Provider (PCP) and visiting a Tier 1-designated facility.

If you live in the following county, you may enroll in this plan:

Kootenai

Monthly Plan Premium	\$0: you pay nothing
Max Medical Out-of-Pocket	\$5,700
Part D Deductible	Tiers 1, 2, 6: no deductible; Tiers 3-5: \$175
Primary Care Provider (PCP)	\$0 Tier 1; \$15 Tier 2
Specialists	\$25 copay; \$0 for Chronic Care Management Services; \$0 dermatologist visit
Inpatient Hospital Coverage	\$275 daily for 1-5 days; \$0 daily for 6+ days
Outpatient Hospital Coverage	\$250 copay; \$0 diagnostic colonoscopy
Emergency Care	\$100 copay
Urgent Care	\$0 Tier 1; \$40 Tier 2
Lab Services	\$0 Tier 1; \$20 Tier 2
X-rays	\$0 Tier 1; \$20 Tier 2
Dental (Preventive)	\$0 copay including exams, cleanings, X-rays and fluoride; \$500 limit
Dental (Comprehensive)	\$0 copay fillings, simple extractions, root canals and dentures; \$300 copay crowns and implants; \$2,000 limit
Hearing	\$0 for exam; hearing aid coverage starting at \$499 per aid
Vision	\$0: you pay nothing for annual routine exam; frames and lenses for as little as \$35, or \$100 towards contacts
Gym	\$0: you pay nothing for an allotment of monthly credits to be used towards a variety of fitness options
Over-the-Counter (OTC)	\$105 allowance every quarter towards OTC items you use every day

True Blue Rx Gem (HMO)

H1350-024-3

If you live in any of the following counties, you may enroll in this plan:

Bonner, Boundary, Clark, Kootenai, Latah, Nez Perce and Shoshone

Monthly Plan Premium	You pay \$51
Max Medical Out-of-Pocket	\$5,500
Part D Deductible	Tiers 1, 2, 6: no deductible; Tiers 3-5: \$175
Primary Care Provider (PCP)	\$10 copay; \$0 for Chronic Care Management Service
Specialists	\$40 copay; \$0 for Chronic Care Management Service
Inpatient Hospital Coverage	\$360 daily for 1-5 days; \$0 daily for 6+ days
Outpatient Hospital Coverage	\$300 copay; \$0 diagnostic colonoscopy
Emergency Care	\$100 copay
Urgent Care	\$40 copay
Lab Services	\$10 copay
X-rays	\$15 copay
Dental (Preventive)	\$0 copay including exams, cleanings, X-rays and fluoride; \$500 limit
Dental (Comprehensive)	\$0 copay fillings, simple extractions, root canals and dentures; \$300 copay crowns and implants; \$2,000 limit
Hearing	\$0 for exam; hearing aid coverage starting at \$499 per aid
Vision	\$20 copay for annual routine exam; frames and lenses for as little as \$35, or \$100 towards contacts
Gym	\$0: you pay nothing for an allotment of monthly credits to be used towards a variety of fitness options
Over-the-Counter (OTC)	\$70 allowance every quarter towards OTC items you use every day

True Blue Rx (HMO)

H1350-030

If you live in any of the following counties, you may enroll in this plan:

Bonner, Boundary, Clark, Kootenai, Latah, Nez Perce and Shoshone

Monthly Plan Premium	You pay \$78
Max Medical Out-of-Pocket	\$6,200
Part D Deductible	Tiers 1, 2, 6: no deductible; Tiers 3-5: \$175
Primary Care Provider (PCP)	\$10 copay; \$0 for Chronic Care Management Service
Specialists	\$40 copay; \$0 for Chronic Care Management Service
Inpatient Hospital Coverage	\$295 daily for 1-6 days; \$0 daily for 7+ days
Outpatient Hospital Coverage	\$325 copay; \$0 diagnostic colonoscopy
Emergency Care	\$100 copay
Urgent Care	\$40 copay
Lab Services	\$5 copay
X-rays	\$15 copay
Dental (Preventive)	\$20 copay for including exams, cleanings, X-rays and fluoride; \$500 limit
Hearing	\$0 exam; hearing aid coverage starting at \$499 per aid
Vision	\$20 copay for annual routine exam; frames and lenses for as little as \$35, or \$100 towards contacts
Gym	\$0: you pay nothing for an allotment of monthly credits to be used towards a variety of fitness options
Over-the-Counter (OTC)	\$65 allowance every quarter towards OTC items you use every day

True Dental Enhanced optional buy-up: \$21.40/month

Dental (Comprehensive)	\$50 deductible; \$1,000 limit 20% coinsurance: basic services like fillings and extractions 50% coinsurance: major services like crowns and root canals
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True Blue Rx Option I (HMO)

H1350-028

If you live in any of the following counties, you may enroll in this plan:

Bonner, Boundary, Clark, Kootenai, Latah, Nez Perce and Shoshone

Monthly Plan Premium	You pay \$141
Max Medical Out-of-Pocket	\$5,000
Part D Deductible	\$0; no deductible
Primary Care Provider (PCP)	\$5 copay; \$0 for Chronic Care Management Service
Specialists	\$30 copay; \$0 for Chronic Care Management Service
Inpatient Hospital Coverage	\$235 daily for 1-5 days; \$0 daily for 6+ days
Outpatient Hospital Coverage	\$275 copay; \$0 diagnostic colonoscopy
Emergency Care	\$100 copay
Urgent Care	\$25 copay
Lab Services	\$10 copay
X-rays	\$10 copay
Hearing	\$0 exam; hearing aid coverage starting at \$499 per aid
Vision	\$20 copay for annual routine exam; frames and lenses for as little as \$35, or \$100 towards contacts
Gym	\$0: you pay nothing for an allotment of monthly credits to be used towards a variety of fitness options
Over-the-Counter (OTC)	\$65 allowance every quarter towards OTC items you use every day

True Dental optional buy-up: \$25.70/month

\$1,000 maximum benefit; \$50 deductible

Dental (Preventive)	\$20 copay for exam, cleaning and X-rays
Dental (Comprehensive)	20% coinsurance after deductible for fillings and extractions; 6-month waiting period

True Blue Option II (HMO)

H1350-029

If you live in any of the following counties, you may enroll in this plan:

Bonner, Boundary, Clark, Kootenai, Latah, Nez Perce and Shoshone

Monthly Plan Premium	You pay \$130
Max Medical Out-of-Pocket	\$6,400
Part D Deductible	Tiers 1, 2, 6: no deductible; Tiers 3-5: \$250
Primary Care Provider (PCP)	\$10 copay; \$0 for Chronic Care Management Service
Specialists	\$40 copay; \$0 for Chronic Care Management Service
Inpatient Hospital Coverage	\$325 daily for 1-5 days; \$0 daily for 6+ days
Outpatient Hospital Coverage	\$325 copay; \$0 diagnostic colonoscopy
Emergency Care	\$100 copay
Urgent Care	\$40 copay
Lab Services	\$10 copay
X-rays	\$15 copay
Hearing	\$0 exam; hearing aid coverage starting at \$499 per aid
Vision	\$20 copay for annual routine exam; frames and lenses for as little as \$35, or \$100 towards contacts
Gym	\$0: you pay nothing for an allotment of monthly credits to be used towards a variety of fitness options
Over-the-Counter (OTC)	\$60 allowance every quarter towards OTC items you use every day

True Dental optional buy-up: \$25.70/month

\$1,000 maximum benefit; \$50 deductible

Dental (Preventive)	\$20 copay for exam, cleaning and X-rays
Dental (Comprehensive)	20% coinsurance after deductible for fillings and extractions; 6-month waiting period

Notes

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

8 a.m. to 6 p.m., Monday – Friday or learn more and shop online at **medicare.bcidaho.com**

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

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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.